Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION AGENDA

Venue: The Cap Centre, Smethwick, B66 3LX **Date:** 1st March 2018, 0930h – 1245h

Members:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Mr M Reynolds	(MR)	Chief Informatics Officer
Miss Clare Dooley	(CD)	Head of Corporate Governance
Ms L Barnett	(LB)	Deputy Director – Human Resources
Board support		
Ms R Fuller	(RF)	Executive Assistant

Time	Item	Title	Reference Number	Lead
0930h	1.	**Welcome, apologies and declarations of interest** *To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.* **Apologies: Mrs Goodby**	Verbal	**Chair**
0931h	2.	**Patient Story**	Presentation	**EN**
0940h	3.	**Questions from members of the public**	Verbal	**Chair**
0945h	4.	**Chair's opening comments**	Verbal	**Chair**
		UPDATES FROM THE BOARD COMMITTEES		
0950h	5a	To: (a) receive the update from the Charitable Funds Committee meeting held on 15th February 2018 (b) receive the minutes from Charitable Funds Committee meeting held on 16th November 2017	SWBTB (03/18) 001 SWBTB (03/18) 002	**WZ** **WZ**
0955h	5b	To: (c) receive the update from the Major Projects Authority on meeting held on 16th February 2018 (d) receive the minutes from Major Projects Authority meeting held on 15th December 2017	SWBTB (03/18) 003 SWBTB (03/18) 004	**RS** **RS**
1000h	5c	To: (a) receive the update from the Quality and Safety Committee held on 23rd February 2018 (b) receive the minutes from the Quality and Safety Committee held on 26th January 2018	SWBTB (03/18) 005 SWBTB (03/18) 006	**OD** **OD**

Time	Item	Title	Reference Number	Lead
1005h	5d	To: (a) receive the update from the Public Health, Community Development and Equality Committee held on 15th February 2018 (b) receive the minutes from the Public Health, Community Development and Equality Committee held on 16th November 2017	SWBTB (03/18) 007 SWBTB (03/18) 008	KT KT
1010h	5e	To: (c) receive the update from the Finance and Investment Committee held on 23rd February 2018 (d) receive the minutes from the Finance and Investment Committee held on 26th January 2018	SWBTB (03/18) 009 *To follow* SWBTB (03/18) 010	MH MH
		MATTERS FOR APPROVAL OR DISCUSSION		
1015h	6.	**Chief Executive's Report**	SWBTB (03/18) 011	TL
1030h	7.	**Trust Risk Register**	SWBTB (03/18) 012	KD
1035h	7.1	**Results Acknowledgement Risk 2642**	SWBTB (03/18) 013	DC
1040h	8.	**Integrated Quality & Performance Report**	SWBTB (03/18) 014	TW
1050h	8.1	**Financial Performance – P10 January 2018**	SWBTB (03/18) 015	TW
1105h	9.	**CQC Improvement Plan Progress**	SWBTB (03/18) 016	KD
1115h		**BREAK**		
1120h	10.	**Unity: Implementation and Approval Journey**	SWBTB (03/18) 017	MR
1135h	11.	**Capital Plan: Affordability and Hard Choices**	SWBTB (03/18) 018	TW
1150h	12.	**Nurse Establishment Review**	SWBTB (03/18) 019	EN
1205h	13.	**Winter Plan: Bed Closures to 31st March 2018**	SWBTB (03/18) 020	RB
1215h	14.	**Forward Look on Trust and Health Economy Financing**	SWBTB (03/18) 021	TL
		UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS		
1225h	15.	**Minutes of the previous meeting and action log** (a) To approve the minutes of the meeting held on 1st February 2018 as a true/accurate record of discussions (b) Update on actions from previous meetings (action log)	SWBTB (03/18) 022 SWBTB (03/18) 023	Chair Chair
	16.	**Matters Arising**		
1230h	16.1	**Overnight Bed Moves**	SWBTB (03/18) 024	RB
		MATTERS FOR INFORMATION		
1245h	17.	**Any other business**	Verbal	
	18.	**Details of next meeting -** the next public Trust Board meeting will be held on **Thursday 5th April 2018 at 09:30am in Education Centre and Sandwell General Hospital** **Please note the Annual General Meeting date is 21st June 2018, 18.00-20.00, the Education Centre, Sandwell General Hospital**		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CHARITABLE FUNDS COMMITTEE UPDATE	
Date of meeting	15th February 2018
Attendees	Cllr Waseem Zaffar ***(Chair),*** Mrs Ruth Wilkin, Mr Johnny Shah, Mrs E Newell, Mr Tony Waite, and Miss Yulander Charles.
Apologies	Apologies were received from Mr Richard Samuda and Mr Toby Lewis
Key points of discussion relevant to the Board	***The key areas of focus were:*** • Major Grants Programme – existing grants and pipeline for end of funding • Payroll Giving • Midland Met Hospital fundraising appeal
Positive highlights of note	• ***Payroll Giving*** – At the December 2017 Board Development session the team was asked to look into the establishment of payroll giving within the Trust. Although the scheme has been active within the trust it was not widely promoted. As a result this will be re-energised by the team and is now being promoted as a Staff Benefit. • Staff are able to donate to any charity via payroll giving and we will promote Your Trust Charity as one of the charities that employees can donate to directly from their pay. This would create a Staff Charity Fund and we would recruit staff representatives to contribute to how the fund is expended. **Wellcome Trust bid** for Arts funding for Midland Met Appeal has been submitted and a response is due by end of March 2018. • Approval of two spend plans within existing funds.
Matters of concern or key risks to escalate to the Board	***Midland Met Hospital fundraising appeal*** – A risk assessment developed by the campaign team was presented to the Committee. The initial risk assessment showed that, due to the current situation with the construction, the costs associated with the fundraising team will increase over the lifetime of the appeal. Any delay however allows a longer period of time to plan for the public appeal and secure major gifts.. The teams work has been re-profiled. • ***Major Grants Programme – existing grants and pipeline for end of funding –*** the team has found funds to allocate a further six months of funding for the IDVA project run in partnership with Black Country Women's Aid. Alternative options for external funding have been and continue to be pursued. The Sapphire project has been extended to end of June 2018.
Matters presented for information or noting	Midland Met Appeal pipeline and appointment of appeal council members.
Decisions made	To approve the spending plans within two funds.
Actions agreed	To further develop the management accounting reports.Next meeting: 17th May 2018

Cllr Waseem Zaffar
Chair of Charitable Funds Committee
For the meeting of the Trust Board scheduled for 1st March 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

SWBCF (11/17) 031

CHARITABLE FUNDS COMMITTEE - MINUTES

Venue: D29 meeting room, Corporate suite, City Hospital **Date:** 16th November 2017 – 1130 - 1300

Members present:
Cllr W Zaffar – Chair **(WZ)**
Mr T Lewis – Chief Executive **(TL)**
Ms E Newell – Chief Nurse **(EN)**

In attendance:
Mrs R Wilkin, Director of Communications **(RW)**
Mr J Shah, Head of the Trust Charity **(JS)**
Mr T Reardon- Deputy Chief Finance Officer **(TR)**
Mr P Hooton –Deputy Chief Nurse **(PH)**

Committee support:
Miss Y Charles – Executive Assistant **(YC)**

Minutes	**Paper Reference**
1. Welcome, apologies and declarations of interest	Verbal
Apologies was received from Mr Samuda and Mr Waite. Mr Reardon represented Mr Waite in his absence.	
2. Minutes of the previous meeting held on 14th September 2017	**SWBCF (09/17) 023**
• *Section 7.* Later Life Planning proposal – It was clarified that Ms Wilkin would be the sole signatory on the contract and not jointly with Mr Waite. This was the only change in the minutes, once noted the committee agreed that the minutes were accurate.	
3. **Matters arising from the previous meeting (action log)**	**SWBCF (09/17)**
• ***Volunteer Service:*** Opportunity to undertake joint recruitment with Birmingham City Council to be explored – these posts have now been recruited via NHS Jobs so this action can be ***closed*** • ***Legacy pack*** to be provided in a number of languages – this is being updated as part of the later life planning proposition and can be ***closed*** • ***SLA*** with Women's Aid to include caveat for Black Country Women's Aid and Birmingham and Solihull Women's Aid to work together – this was done in May so can be ***closed*** • Information regarding ***founder patrons*** to be circulated to the Board with a view to members sharing within their networks – this has been incorporated within the campaign plan and will be covered in the proposed orientation session with Board • Mr Lewis asked whether similar ***income streams*** through the Charity were investigated to ensure they were being corrected routed - This has been researched –so this action can be ***closed***	

• ***Later Life Planning Proposal*** - Mr Shah to work closely with Mr Hooton and Mrs Newell to pre-empt and elevate any concerns raised as to the engagement of this service with vulnerable patients and their families and to ensure mechanisms are in place to counteract these – this has taken place and can be ***closed***	
4. Head of Trust Charity's programme report	**SWBCF (11/17) 026**
Mr Shah gave an update on the progress of the work within the charity. The charity has currently reached 36% of its target and has held a number of successful events. Mr Shah formally thanked the Chief Nurse and CEO on taking part in recent charity events contributing to a raised total of £13,000. Mr Shah also highlighted that the Charity has been shortlisted for Not-For-Profit Finance Team of the Year at the West Midlands Finance Awards. Competition is tight as we are up against the likes of the Birmingham Royal Ballet and the West Midlands Combined Authority. The Chair commended the team on its recent Away day, which was well coordinated and constructive. Both Chair and Mr Lewis continued by complimenting the team on its work of heightening its visibility in terms of actively putting the Charity forward for awards and seeking external funding opportunities. It was also noted that although staff engagement had improve – specifically in terms of the recent fundraising events e.g. Birmingham Velo and Birmingham Half Marathon the committee discussed whether more could be done. Several incentives discussed were; selling Your Trust Charity branded Christmas cards; engaging with retiring staff to see if they would like to take part in fundraising events; payroll giving whereby staff could make a donation to the charity direct from their salaries. The Chair suggested a calendar of fundraising events to be published for staff to see upcoming events they may sign up for or support	
Action: • **The team to provide a calendar of fundraising events so that staff can they can sign up for or support** • **The team to implement payroll giving for staff who want to contribute to the Trust Charity directly from their salaries via Payroll**	
5. Major Grants Progress report	**SWBCF (11/17) 027**
Ms R Wilkin gave an update on the progress and performance achieved to date and on the development of flagship initiatives and projects in terms of Major Grants. It was highlighted that the team is currently working at recouping any unspent funds, particularly as some grants were coming to the end of the scheme. The team is also assessing external large scale funding that we might be eligible in applying for. The Committee was asked to discuss and approve the following: • The content of the report for information • To note the range of projects being explored and currently in development, and where applicable the financial, project management and resource implications for 2017/18 and 2018/19	

Mr Lewis enquired on the progress of extending the Domestic Violence funding for an extra six months. Ms Wilkin explained that there had been some difficulty in obtaining the extra funds from the Women & Child Health fund and asked the committee for their approval to look elsewhere for the required funds. Mr Lewis stressed the need to see this project funded and suggested reserving six months of charity funding - around 60K to the project, while waiting for the outcome of external funding. Mr Lewis also asked that the team provide a list of projects that are within six months of their end date - with an exit plan i.e. whether they will be extended or closed.	
ACTION: • **The team to provide an exit plan for any grant funded project with a six month end date. Report to also include timescale for funding and whether or not the project will be sustained or closed**	
6. Management Accounts - Dormant funds and Financial & legal update	**SWBCF (11/17) 028**
The report presented consisted of; • Budget, actuals and variance for Your Trust Charity for 2017-18. These are reviewed monthly by the charity team. • Dormant funds (no spend plan, no activity and no communications with the charity in the last 12 months) under £1,000. • Potentially dormant funds of £1,001 - £5,000. • Upcoming legislative changes regarding GDPR and what actions the Trust Charity proposes to take, following advice from Information Governance and the Association of NHS Charities. The committee was asked to discuss and approve the following: • The format of management accounts. • Dormant funds under £1,000 are closed and moved to the general fund. • For the charity team to contact fund managers of potentially dormant funds of £1,001 - £5,000, proposing a deadline to submit robust spending plans. If the deadline is not met, the funds will be closed and funds moved to the general fund. • To draw up and sign an agreement between SWBH NHS Trust and Your Trust Charity. SWBH NHS Trust will act as the data controller, and Your Trust Charity will act as the data processor. The implications around the GDPR were discussed at length. It was agreed that any agreements needed to be raised at Board level in the first instance, (December 2017 Board meeting) once agreed then a single approach will be initiated Trust wide. The committee agreed the closure of dormant funds under £1000 and the re- allocation of these funds to a general fund.	

The committee also approved the proposal of contacting fund managers responsible for dormant funds of **£**1,001 - £5,000 proposing a deadline to submit robust spending plans. If the deadline is not met, the funds will be closed and funds moved to the general fund.	
7. Midland Met Hospital fundraising appeal	**SWBCF (11/17) 029**
The presented paper outlined the level of donations that could be raised for the Midland Met Appeal - in particular the final million pound target through the public campaign - by monetising spaces within the hospital. It also outlined the various items (such as stars) that could be used to generate further donations. A business case was also presented for the purchasing of static collection boxes for the Midland Met Appeal. The Committee was asked to discuss and approve the following: • The donor recognition chart and the rewards contained within it are acceptable to the Committee. • The listed areas within the Midland Met can be used to generate donations. • Hanging items can be used to generate donations. • Smaller items (such as stars) can be used to generate donations. • Agree to the purchasing of static collection boxes. • To keep the contents of the first paper private and confidential, ensuring that any donors potentially interested in naming and convention rights are signposted to the fundraising campaign team in the first instance. The committee expressed satisfaction in terms of the level of donations that could be raised for the Midland met appeal along with the donor recognition chart and reward. The committee also approved that this be kept confidential for the time being. The initiative of high network donors was deliberated. Mr Lewis stated that there might be scope for this to be considered further at the Board development session in December. Discussion around the purchase of static collection boxes ensued. Clarity was sought as to whether the boxes would be visibly labelled for Your Trust Charity or Midland Met. The charity team was asked to ensure that the collection boxes were specifically labelled as Your Trust Charity or Midland Met with both having equal visibility. It was also suggested that marketing materials should also be produced in a variety of languages.	

ACTION: • **Marketing material around the Midland Met appeal and Your Charity to be published in a variety of local languages** • **Midland Met and Your Trust Charity static collection boxes to have separate but equal visibility**	
8. Annual Report and Accounts 2016/17	**SWBCF (11/17) 030**
The Annual Report and Draft Financial Statement of the Corporate Trustee of the Sandwell and West Birmingham Hospitals NHS Trust Charities (the Charity) for the financial year ending 31 March 2017 were presented to the committee by Mr Reardon. The committee was asked to note: 1. Receives and notes the report of the auditors to those charged with governance 2. Receives and confirms the Accounts for the year 3. Challenges and confirms the representations as being fair and complete 4. Recommends the Accounts and Letter of Representation are presented and approved by the Trust Board in its capacity as Corporate Trustee After some deliberation the committee felt that the reported required re-formatting. There wasn't enough information on the "moving ahead" section; the table of risks was too long – the structure needed to be more concise. The Appendix needed to be separated i.e. Appendix 1 to be the financial accounts and Appendix 2 – structure of charity and risk. Overall the document to take on a glossier positive stance. The Chair and Ms Wilkin are both to oversee the alterations after which it will be presented to the Board.	
ACTION: • **The team to provide a re-formatted publication of the Annual report**	

9. Matters to raise to the Board and Audit & risk Management Committee	**Verbal**
The committee agreed to share the following themes; • Annual Accounts • Funding proposal for the Domestic Violence project	
10. Meeting effectiveness	
The committee agreed that the meeting was content was robust	
11. Any other business	**Verbal**
Ms Wilkin informed the committee on the recent meeting with the QE Charity team, primarily concerning the due diligence of Cancer funds and confirmed that there is no ground to transfer funds to the QE team. It was also confirmed that we are actively seeking other partners to work with.	
Date and time of next meeting: 15th February 2018 at 11:30 in Anne Gibson committee room, City Hospital	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

MAJOR PROJECTS AUTHORITY SUMMRY	
	16th February 2018
Attendees	Mr Hoare, Mr Lewis, Mr Waite, Mr Kenny, Mr Reynolds, Ms Barlow and Mrs Goodby
Apologies	Apologies were received from Mr Samuda
Key points of discussion relevant to the Board	**Taper Relief** Mr Waite explained the trust has successfully recovered £7.0m of taper relief income profiled to 2017.18.The income is proposed to be recognised in full in the trust's accounts for this year and which supports the intention to deliver on control total with consequent optimisation of STF incentive funds recovery. The impact of delay & restructuring is such that the trust shall need to pursue with NHSE, with the support of NHSI, a case of need for additional taper relief support. **Infrastructure Plan** Mr Reynolds explained the IT infrastructure plan which set out red, amber and green ratings across key indicators. A plan to tackle the red items and eliminate them by the end of March was agreed. Mark Reynolds was asked to present to the next meeting both a resolution plan for amber items and clarity about why they were amber rather than green or red. **Digital Dashboard** The committee reviewed the range of indications set out in the paper. The red rated items will be subject to resubmission with a recovery plan at the next meeting. **Proposed milestones to 3 month post go live** The committee did not discussion this item, which was to be reviewed in the CLE digital committee prior to submission to the Board. The drafted milestones stopped at go live. **Update on Hospital Company Progress** Mr Lewis talked through the position and progress to date and undertook to share a note of that description with the Board (the note is appended to the private Board CEO report in commercial confidence). The CEO, Finance Director and director of Estates are working on 3 options for resolution: A) Maintenance of existing contract – with further financing and a new contractor B) Re-commissioning of a new supply chain C) As (b) but via public finance if no liquid market exists Mr Lewis outlined the current approach to site security and ensuring that the vesting of material is available to the Trust. He noted that the scheme remained essential to the Trust, on the basis of safety and quality, and stressed that delivery of the hospital in 2019-20 remained a focus of work, albeit that some options made that difficult to achieve.

	Delivery of the 2018/19 capital plan Mr Kenny explained the paper that has been circulated to the committee provides a summary of the Estates and Equipping projects to be delivered over coming years. The capital programme is wholly funded from internal funds and as such the committee discussed options to address any shortfall in funding. Mr Kenny was asked to urgently assess the risks of equipping delay with the Medical Director and Chief Nurse. Mr Lewis agreed to discuss with Mr Waite whether the presented refinancing options outlined were worth progressing outwith any funding shortfall. **KPIs for the people plan** Mrs Goodby explained work is commencing on the band 4 apprenticeship scheme but there is a risk around the new nursing scheme as the standards have not been delivered as yet and a model has not been agreed at national level. BME leader numbers above 8a demonstrates a 1.4% increase in number of BME leaders since the launch of the People Plan.
Positive highlights of note	All remaining variations in the contract with THC have been resolved and in the Trust's favour, without recourse to formal dispute.
Matters of concern or key risks to escalate to the Board	Progress with remedying Carillion's default has already taken some weeks, and there is a very real risk of material delay. Unity is now over six months behind schedule and the executive are not yet able to confirm a delivery date
Matters presented for information or noting	People plan items
Decisions made	To support the recasting of the capital programme in alignment with I&E progress during 2018-19, subject to the oversight of the Board. To prioritise the eradication of red risk infrastructure arrangements not later than 31-3-2018

Mike Hoare
CHAIR OF THE MAJOR PROJECTS AUTHORITY MEETING
For the meeting of the Trust Board scheduled for 1st March 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Major Projects Authority Committee Minutes

Venue Anne Gibson Committee Room, City Hospital Date 15th December 2017 0930 - 1100

Members Present:

Mr Richard Samuda	Non-Executive Director (Chair)		
Mr Alan Kenny	Director of Estates and New Hospital	In attendance:	
Rachel Barlow	Chief Operating Officer	Miss Claire Wilson	Executive Assistant
Mr Tony Waite	Finance Director		
Mr Mark Reynolds	Chief Informatics Officer		
Mrs Raffaela Goodby	Director of People and OD		

1. Welcome, apologies and declarations of interest	Verbal
Mr Samuda welcomed the members to the meeting. Apologies had been received from Mr Lewis. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	SWBMPA (10/17) 001
The minutes of the previous meeting held on 20th October 2017 were agreed as a true record.	
3. Matters arising (action log)	SWBMPA (10/17) 002
All actions to be reviewed through the items on the agenda. Capital Plan Mr Waite explained that work has commenced and it will be discussed at January's private board meeting. Mr Samuda asked about pathology plans and if BCP does not happen how this affects the current capital 5 year programme. Mr Waite stated additional work would be required as this is not part of the original plan and costings would need to be identified.	
3.1 Midland Met Inventory & Logistics Update Report	SWBMPA (12/17) 003

Mr Waite explained DHL have concluded their work and there is a workable operational logistics model for Midland Met, which is capable of implementation.

It is recommended that the model operates within a 'closed loop' management system. The report challenges whether the trust has the capability to do that effectively and that options for in-house / in-source and out-source should be considered in determining the way forwards.

There are three specific pinch points:

- Theatres [specifically T&O and cardiology]
- Lifts [criticality to movement of goods; impact of operation downtime]
- Vehicle yard [capacity to deal with un-scheduled deliveries; constraints of surrounding roads]

Mr Samuda asked if DHL have done a move like this before. Mr Waite stated they have in other sectors but not in the NHS and they are aware they are helping with the analytical move not the implementation of the process.

Mr Hoare asked about the pre-planning of the implementation and how the logistics will be provided within relevant areas within timely manner (i.e. theatre instruments). Mr Waite stated this issue has been recognised but has not been addressed yet. Operational and logistics plans to be devised. Ms Barlow stated they know improvement work needs to commence, which also includes plans for where there is a change in demand.

Mr Waite stated DHL have raised no concerns about ward storage. They have undertaken a review and feel there is sufficient storage. Work needs to commence on how the equipment gets from the hub to the appropriate areas and who will facilitate this.
The vehicle yard capacity has been raised as an issue relating to number of unscheduled deliveries which could cause issues and impact on the services/demand and this issue is being looked into.

Mr Hoare asked about the cost benefits of the services. Mr Waite stated this not included in the scope as they were asked for an implementation solution.

Mr Samuda asked about the disposal of waste. Mr Waite explained there is an AGV schedule available which shows we have nine vehicles and we only need seven for the service.

The Committee challenged and confirmed the conclusions of the DHL report and supported the establishment of an appropriate & fit for purpose project to progress implementation.

Discrete from discussion of the inventory management system the Committee questioned how the tracking of equipment could be monitored. Mr Reynolds explained this work has not yet commenced, however, implementation will be considered following the Unity launch and the timescale of this needs to be agreed.

3.2 Accredited manager programme	Verbal

Mrs Goodby explained that the dates have been agreed for the training and the content of the five models have been drafted and they relate to the technical competencies of management.
The five foundation modules are:

Module 1 – Aspiring to Excellence PDR

Module 2 – Managing your team's wellbeing

Module 3 – Attracting and retaining talented people – recruitment retention

Module 4 – Managing resources efficiently and effectively

Module 5 – Managing risk and governance

Mrs Goodby explained the team has worked with the operational team to map the training to ensure dates do not conflict with other key trust training.

Mrs Goodby to circulate to the committee the documentation on how they will monitor/evaluate the programme.

Action:

Mrs Goodby to circulate to the committee the documentation on how they will monitor/evaluate the programme.

4.0 Digital Plan 4.1 Digital Delivery scorecard	SWBMPA (12/17) 004

Mr Reynolds gave an update on the various digital work streams.

<u>Digital Plan</u>
Infrastructure and security are now starting to move forward after them being stalled due to lack of resources. These will move to Amber once there is evidential progress to plan.
Digital delivery remains red as scope/plan for digital correspondence not clear
EPR is 'red' pending confirmation of go-live date.

<u>Infrastructure</u>
The Third line team is now well resourced and starting to make progress in the projects. The project will move to amber once the plans are documented and approved by the CIO.
Good progress has been made with the decommissioning of SWELLHOT which will conclude during November after a delay of many months

Mr Hoare asked about the current infrastructure process as current problems are being fixed but is there preparation being done ensure the infrastructure can consume the new services. Mr Reynolds explained that we are doing both and assessments have been carried out to give an overview of the current processes. Mr Reynolds offered for Mr Hoare to spend some time in the IT department so he can go through the work in more detailed.

4.2 Digital Infrastructure Current Status	SWBMPA (12/17) 005

Mr Reynolds gave an overview of the paper.

Mr Hoare asked about the delivery of the postage plan. Mr Reynolds stated the technical side is available and they are working with synaps and alfresco on the final sign off of the programme and the Trusts operational lead is Liam Kennedy DCOO.

Mr Samuda asked about the WIFI coverage. Mr Reynold explained they are looking at becoming part of NHS WIFI scheme which will replace our current WIFI and be installed in MMH and provide free usage for patients. This should be implemented by end March 2018.
Mr Reynolds explained about telephone coverage and that they are unsure of were blackspots are in Midland Met, until the building work has been complete and the phone company will be attending to do their own assessments of the briefing. Mr Reynolds also explained that in the future wifi-calling will be implemented and this will help resolve the situation.

4.3 Digital Maturity Index	SWBPA (12/17) 006

Mr Reynolds explained 18 months ago was the first time the survey was undertaken. The Trust was ranked second from bottom in England reflecting the poor state of infrastructure and clinical systems. The results were used nationally to identify global digital exemplars but were not used elsewhere.
This year the Trust has improved on strategy, governance, resourcing and IT infrastructure reflecting where our time and money has been spent. The Trust has not moved on the clinical measures as many of these will come with Unity. There is work to do in the future on remote assistance and asset management.

5.0 - People plan 5.1 Full delivery scorecard and year one delivery estimate.	SWBMPA (12/17) 007

The People Plan is one of the Trust's enabling strategies (along with Estates and Digital) that will support SWBH to deliver the 2020 Vision. The People Plan Balanced Scorecard demonstrates progress and performance of specific KPIs at end of Month 7 2017/2018. The aim is to highlights delivery and areas that continue to provide a challenge to the Trust.

The scorecard indicates delivery as follows:

- 'Total Time to Fill' rate remains the same at 21.3 weeks; indicating the improvements achieved are being maintained.
- The delivery of the Accredited Managers foundation module begins January 2018. All planning and delivery is on track, the service expects to achieve the target of 100% completion of the module.
- Aspire to Excellence PDR training compliance remains static at 90%. To ensure all Managers complete the training, and to achieve 100% compliance, two additional training sessions per month are being provided, up to 31 March 2018.
- There has been a slight increase in the proportion of BME leaders/managers within the Trust from the previous month; the target of 25% has been achieved.

Mrs Goodby explained the apprentices programme and that we currently have 73 apprentices that have been recruited into the Trust. However one of the issues they currently face is that all apprentices require a vacancy to go into at the end of the training which we currently cannot deliver due to current workforce changes that have commenced. Mrs Goodby stated they are looking at changing the criteria to state there is potential for a job opportunity at the end of their scheme.

6.0 Hard FM Provision in Midland Met	Verbal

Mr Kenny advised that Carillion had announced their intention to withdraw and dispose of its interests in the healthcare market. Carillion had also confirmed that a number of operational Hard FM service provision contracts have been sold to Serco.

With regard to the Hard FM service provision contract proposed for Midland Met, Carillion advised that it was intended that the contract would be disposed of / sold in Autumn 2018. In-practice this means that Trust staff who may have expected to be TUPED/transferred to Carillion will have to wait until Carillion has sold its interest in its Hard FM contract associated with the Midland Met to another service provider. Mr Kenny advised that Carillion had suggested a joint statement be issued to staff that will be affected. Mr Kenny advised Carillion that in-response, any statement intended to be issued to Trust staff, would need to be reviewed and approved by Mr Lewis and Mrs Goodby prior to a statement being issued.

Post meeting note:
The FM contract for Midland Met is currently held by Carillion ABMS Ltd. At the time of writing that company is not in liquidation. As part of its recovery planning to secure the delivery of Midland Met The Hospital Company is considering how those FM obligations shall be provided.

7.0 Meeting Effectiveness	Verbal

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

8.0 Matters to raise to Trust Board.	Verbal

- IT dependency
- Progress on DHL

9.0 Any Other Business	Verbal

<u>Cerner / Unity</u>
Mr Waite reported that the dispute in respect of costs of delay had ben satisfactorily resolved with Cerner.

<u>Taper Relief</u>
Mr Waite confirmed that the trust had secured the full Taper Relief allocation of £7m.
An update on the prospective source & application of taper relief shall be brought to the next meeting.

The Committee commended Mr Waite and his team for their work.

Action:
Full report on Taper relief to be brought to next meeting

Next meeting is commencing on 16th February, 0930 in the Anne Gibson Committee room at City Hospital.

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Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE UPDATE	
Date of meeting	23rd February 2018, 1045 - 1215
Attendees	Ms. O. Dutton (Chair), Miss K. Dhami, Ms. R. Barlow, Ms. E. Newell, Ms. C. Parker
Apologies	Apologies were received from Mr. R. Samuda; Ms. M. Perry; Mr T. Waite and Dr D. Carruthers
Key points of discussion relevant to the Board	• ***CQC Improvement Plan: Close out of December actions:*** the Committee was updated on the progress on the actions which were targeted for completion at the end of December 2017. It was noted that 6 of the red actions have now been successfully completed and 12 have a revised completion date. A further however 2 are proving challenging to implement. One is determinant of Midland Met whilst the other is around providing substantive registrar cover. Substantive funding is being allocated to support a second Registrar overnight post this will reduce the need for constant shift changes to compensate for lack of staff. We are also looking at cross-site working rather that single site to provide a greater balance of staff. Although there is a national difficulty in recruitment of Registrars efforts are also being made to actively recruit. • ***IPR: Persistent Reds: plans to address non-compliance –*** The IPR and Persistent Reds data were discussed. Concerns were raised as to the incompleteness of the report in certain areas; e.g. The Workforce section. Assurance was given that this would be rectified before the March Board. The following items were discussed in more detail: **Elective Operations Cancellations-** There were 37 late cancellations declared for January. 17 cancellations were related to a lack of bed capacity, 7 of which were being access to ICU beds for planned post-operative care. This was due to an increased emergency demand over the period. With this exception, the underlying controls and cancellation rate is improving and the trajectory to improve anticipated to be met at the end of Quarter 4. **3x 28 Day Breaches -** In January; regrettably 3 patients operations were cancelled for a second time cases due to lack of beds secondary to exceptional urgent care demand. All these cancellations were approved on a risk assessed basis and were as a result of the share volume of work **Neutropenic sepsis -** These remains below 100% standard, but shows improvement, 7% of patients (3/46) patients did not receive treatment within the required 1hr timeframe. 2 of these breaches were for clinical reasons. February continues to see breaches out of hours and work continues to ensure sustained improvement in March. It was highlighted however that the breaches were only just outside the regulated time frame e.g. out be a few minutes. This will continue to be monitored via the OMC meetings.
Positive highlights of note	• ***Purple Point: Delivery Plan update:*** Purple Point has a scheduled 'go live' date of 27 February at Sandwell and Rowley Regis Hospitals and the following day at City Hospital. Calls will be answered by a dedicated team within the Governance Support Unit (GSU). The team will deals with the daily concerns from patients and their representatives and help to resolve 'low level' issues.

QUALITY AND SAFETY COMMITTEE UPDATE	
	• ***Worry Wards update:*** Following an earlier report there has been significant turnaround in quality and safety mechanism around Wards D16 and Lyndon 5. Ward D16 the issue had been related to complicated HR matter and since being resolved indicators show stronger support from the senior nursing team and our two EDs. Work is currently being done with each of our medical wards and all have recent shown outstanding results for February on early warning triggers. This has been down to the implementation of Consistency in Care. Medical wards have also shown a 98% result in terms of the safety plan checks resulting in single figures for this month.
Matters to escalate to the Board	The Committee wished to bring the following matters to Trust Board's attention; • ***CQC Improvement Plan: Close out of December actions – as above*** • ***IPR: Persistent Reds: plans to address non-compliance***
Matters presented for information or noting	See above.
Decisions made	There were no specific actions beyond those being progressed by management
Actions agreed	No specific additional actions beyond those being progressed by management.

Olwen Dutton
CHAIR OF THE QUALITY AND SAFETY COMMITTEE MEETING
For the meeting of the Trust Board scheduled for 1st March 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Anne Gibson Committee Room, City Hospital **Date** 26th January 2018; 1030 - 1200

Members attending:		**In attendance:**	
Ms. O. Dutton	Non-Executive Director & Chair	Mrs. S. Cattermole	Executive Assistant
Mr. R. Samuda	Chairman		
Ms. M. Perry	Non-Executive Director		
Mrs. E. Newell	Chief Nurse		
Miss K. Dhami	Director of Governance		
Ms. R. Barlow	Chief Operating Officer		

Minutes	**Paper Reference**
1. Welcome, apologies for absence and declarations of interest	***Verbal***
Apologies were received from Dr. D. Carruthers, Mr. T. Waite and Ms. C. Parker. The members present did not have any interests to declare.	
2. Minutes of the previous meeting	***SWBQS (01/18) 002***
The minutes of the previous meeting held on the 22 December 2017 were approved as a correct record. ***Getting It Right First Time****:* positive comments were received from the Non-Executive Directors on the GIRFT meetings that they had attended with plenty of ideas and opportunities for improvement generated in the conversations among clinicians and managers. Ms. Dutton confirmed that she would like to attend the Orthopaedic QIHD session in March to see what has been put in place since the GIRFT meeting that she attended in January. Mrs. Cattermole agreed to send the relevant information to Ms. Dutton on the T&O QIHD Session in March once the details have been received.	
3. Matters and actions arising from previous meetings	***SWBQS (01/18) 003***
The matters and actions from previous meetings were agenda items.	
4. Patient story for the February Trust Board	***Verbal***
Ms. Newell informed members that the Patient Story at the February Board is a video showing a Rowley Regis patient who has been transferred between sites. This will give the Board opportunity to talk about out of hours transfer issues. A briefing paper is also being provided to Board members outlining the issues that will need to be discussed regarding he importance of discussion and involvement of patients when planning EDD. Ms. Barlow informed Committee members about the work that is taking place to reduce length of stay of patients. A Consultant of the Week rota is being introduced with a fortnightly rotation starting on Monday.	
5. Winter Plan: impact on quality and safety	***SWBQS (01/18) 004***
In response to the current winter pressures, Ms. Barlow and Ms. Newell outlined the work that is being done on the Winter Plan. Some of the matters discussed included how we minimise and/or mitigate risk to our patients ensuring that safety remains a primary focus, the patient related quality and safety indicators from which we can seek assurance and what our current data is telling us about the impact of Winter pressures on patient safety outcomes. There are a number of operational processes in place to minimise risk, which alert and allow timely response to	

immediate or sustained pressures within the system, ultimately safeguarding patient safety. There are a number of performance measures in place which inform and alert teams when the safety of our patients might be compromised. In analysing the most recent data it is important to recognise that the nature, volume and acuity of winter related medical illness, will potentially result in higher levels of morbidity and mortality. A number of indicators have been reviewed in an effort to determine whether there has been an increase in the level of incidents and / or avoidable harms. No such incidents have happened. Patient transport was briefly discussed. **A full report on the Winter Plan will be provided at the Board meeting in February.**

6. Integrated Quality and Performance Report and Persistent Reds	***SWBQS* (01/18) *005 & 006***

In the absence of Mr. Waite, Ms. Barlow gave an update on the IPR and Persistent Reds data. Information was given on the work that has taken place on the trajectory, performance and actions for persistent reds. The 3 persistent reds that will be resolved by 31 March 2018 are :

- Harm Free Care - Neutropenia sepsis door to needle time greater than one hour;
- Access to Emergency Care and Flow - emergency care patient impact – unplanned re-attendance rate %;
- Referral to Treatment – Treatment Functions Underperforming (Admitted, Non Admitted, Incomplete).

A further 15 areas will be improved, 19 are being worked up further, 4 are being tolerated and 3 are being removed.

Workforce matters will be raised at the People and OD Committee meeting. Information on Mortality reviews will be given at the next Q&S meeting. The 12 hour DTA breech in A&E will be covered through the Board. The Mortality rate indictor RAMI was briefly discussed. An update will be provided at the next meeting.

ACTIONS :

- *Information on Mortality reviews will be given at the next Q&S meeting.*
- *An update on the Mortality rate indictor RAMI will be provided at the next meeting.*

7. Safety Plan: IPR indicators and missed checks update	***SWBQS* (01/18) *007***

Ms. Newell informed members that as we approach close down of the Safety Plan project, focus has turned to the process by which ongoing monitoring and governance is embedded within Directorates and Clinical Groups; specifically, the process by which 'missed checks' are closed down and/or escalated by 36 hours.

The responsibility for the follow up and provision of assurance relating to missed checks sits firmly with the Ward Manager and responsible Matron. Shift by shift check and challenge is designed to recognise and address missed checks in a responsive and timely manner and the Ward Manger is responsible for ensuring that this process is embedded.

Daily compliance and missed check reports are circulated at 6am each morning to senior members within Directorate and Group Management Teams. This shows outstanding checks from the preceding 24 hours. It is expected that responsible Matrons will prompt staff to complete any missed checks within their areas, seeking positive affirmation from Ward Managers that these are completed and removed from the checks outstanding report. The Matron will report by exception any outstanding missed checks to the GDON no later than 3pm. The GDON will then take responsibility for ensuring that the check has been completed by 5pm. A second daily report will be issued electronically at 6pm showing any outstanding checks. The Chief Nurse or nominated Deputy will be responsible for taking action on any checks still outstanding at this time.

Monitoring and Governance relating to safety plan performance is the primary responsibility of the Directorates / Groups. All Groups have well established Safety Plan PMO's operating within well-rehearsed reporting frameworks. Inclusion of safety plan data within the monthly IPR will add to the suite of data available to groups. The data/performance thresholds will be reported at Group and Directorate level on a monthly basis. It is intended that the IPR report will include Safety Plan data in the report published at the end of February.

8. Perinatal Mortality: External and internal case reviews	***SWBQS (01/18) 008***

Ms. Newell gave an update on the perinatal mortality review work and action plan. The initial report provided by the external reviewers demonstrated that only a very small number of cases had been reviewed during the process.

The outcomes indicated the need to review Governance processes; factual inaccuracies were raised by the Directorate and amendments agreed by the review team. The final version of the report has again been requested and is expected imminently. The resulting action plan, with progress that was attached in the report was briefly discussed.

A new, standardised method for reviewing cases of perinatal mortality was introduced in July 2017, with all cases of perinatal mortality that arose since April 2017 having been reviewed through this rigorous, standardised process.

The purpose of the paper was to share the outcome of the action requested by the Executive Trust Board; all perinatal mortality cases that were not reviewed by as an SI between the dates 1st January 2017 – 30th March 2017 and determine if:

a) The CESDI grading was correct and
b) If not correct assign the new CESDI grading and
c) Explain the reasons for re-grading the case.

Of the 16 cases, 10 were regraded, 5 remained the same and 1 had a CESDI grade assigned as none had been assigned previously. Of the 10 regraded, 8 were downgraded and 2 were upgraded. Of the latter one was upgraded from 2 to 3 and one from 0 to 2. Full details of the report will provided to the Board. A Perinatal Mortality Safety Summit is also being arranged in February to share the information and look at improvements.

9. CQC Improvement Plan : December 2017 actions update	***Verbal***

Miss Dhami reminded Committee members that the Executive Quality Committee (EQC) was tasked with monitoring and assessing improvement plan delivery, reporting to the CLE and Board Quality and Safety Committee. The timeline set for delivering the improvement plan in full is March 2018. Miss Dhami confirmed that the majority of December delivery deadlines have been met and the outstanding actions are being tracked for speedy completion.

10. Strategic BAF: Q3 reporting	***SWBQS* (01/18) *009***

The 2017/19 Strategic Board Assurance Framework has been reviewed and updated by Executive Leads (Trust risk owners) in January 2018. The report provided to the Quality and Safety Committee was for discussion/probing of the status ratings of mitigating action delivery and to seek assurance how non-compliance will be addressed (including timescales). In summary, the 2017/19 Strategic Board Assurance Framework has 4 risks aligned to the Quality and Safety Committee for oversight. The BMEC issue is sighted on and is being escalated. This matter will be discussed at the Board.

11. T&O: Safety Dashboard	***SWBQS* (01/18) *010***

Ms. Barlow tabled the safety dashboard that has been developed to support the monitoring of agreed improvements and performance across the T&O service in response to clinical concerns raised last year. Most recent data collection and audit information indicates five of the standards have improved during December with a further 10 maintaining 100% compliance. The most significant improvement was in medical assessment and completion of the clerking proforma. There is scope for further improvement in certain parameters such as achieving the BPT in management of hip fractures and mortality reviews within 42 working days. There have been significant improvements in Antibiotic review at 72 hours 75% to 95% and Deep Wound Infection Bundle which is now at 100%. Ms. Barlow was asked to thank the staff that have been involved in the work so far to improve targets.

12. Complaints Report: Q3	***SWBQS* (01/18) *011***

Miss Dhami called out that the report provided high level data on Formal and Informal Complaints (previously

referred to as PALS and Complaints), the reasons those complaints were made and work underway to improve complaints management. Year to date, 95% of complaints received since April 2017 have been managed within their target date. In this quarter, it was reported that the complaints activity has stayed the same as the previous quarter, at 206 compared to 203, and also shows that 82% of complaints have been managed within their target (total case load). In response to a request at the Quality and Safety Committee, an appendix has been added showing this data in comparison to previous months/quarters.

Miss Dhami gave an update on the Purple Point Implementation. 30+ phones have been ordered and will be available outside the wards to patients and relatives to raise concerns from 9am to 9pm, seven days a week. The Governance Support Unit, who are experienced in helping customers will speak to the caller about their concern and then make sure that the relevant colleague is informed so that the issue can be resolved quickly. Communications regarding Purple Point will be circulated in January's Heartbeat.

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

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

- Addressing the Persistent Reds in the IPR.
- The Perinatal Mortality Report.

14. Meeting Effectiveness	***Verbal***

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

15. Any other business	***Verbal***

NHSI Letter to CEO – Mr. Samuda informed Committee members that NHSI have sent a letter to the CEO regarding the Ambulatory data accuracy. Work is being done to ensure that patient admissions are counted in a consistent way.

Clinical Audits – following an enquiry from Ms. Perry, Miss Dhami confirmed that clinical audits will be picked up at the Audit and Risk Committee at the end of Q1.

16. Date and time of the next meeting

Next meeting: 23rd February 2018 at 10.30h in the Anne Gibson Committee Room at City Hospital.

Signed ……
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Date ……

Sandwell and West Birmingham Hospitals NHS
NHS Trust

PUBLIC HEALTH, COMMUNITY DEVELOPMENT AND EQUALITY COMMITTEE UPDATE	
Date of meeting	15th February 2018
Attendees	Prof Kate Thomas, Cllr Waseem Zaffar, Mrs Raffaela Goodby, Mrs Elaine Newell, Mrs Ruth Wilkin, Mr Toby Lewis and Ms Rosie Fuller
Apologies	Mr. Richard Samuda and Mrs Chris Rickards
Key points of discussion relevant to the Board	• Halal Food (update on communication campaign) • Community Development Map • Action Plan for Eastern and Central European Communities • Diversity Pledges and implementation model • Volunteers • Public Health Priorities
Positive highlights of note	**Halal Food**. The communication campaign to raise awareness of Halal and other specialist foods has been extensive, including social media, the trust website and internal comms. The catering team have initiated many different methods to attract new customers which include an 'app' to order and pay for food prior to collection. The team are also now looking at times when staff want food i.e. after clinics, training sessions and Friday prayers to ensure variety of food to available at peak times. There is now an extensive new range of foods available including halal, vegan and kosher. The catering team will also review through customer feedback to ensure the service remains relevant. **Community Development Map**. A Birmingham constituent ward map highlighted the challenges with West Birmingham with many communities where English is not the first language. The challenge is still to engage with smaller communities within these areas. It was noted there was some positive relationships forming with the cooperation of Helpforce. The Midland Met also has provided an opportunity for people to engage in the Smethwick area on a number of projects. In the summer, the Trust will be involved in the Windrush 70 celebrations and the Simmer Down Festival in Handsworth park in August. There will also be activities planned for the NHS70 birthday celebrations. **Action Plan for Eastern and Central European Communities**. Representatives from community groups have provided feedback on how accessible we are as a trust. The main action was to: 1. form a guide of local services and how to access our health system as it is different in many Eastern and Central European communities. The guide will be used to show which service is best as many Eastern and Central European patients do not have understanding of a primary care model. 2. Utilise trust staff from our workforce to launch a new staff network, an exec sponsor, Chief Nurse, will lead this network. **Diversity Pledges**. Implementation model has been worked up including who will be leading each pledge. Some pledges have a natural cross over between staff and patients with the ability to influence patient care. The patient pledges will be fleshed out more during the next 6 months and monitoring of the pledges will be undertaken by the Public Health (CLE Committee) which has representatives from all clinical and directorate groups. The Therapy Dogs and Transgender policies are now at approval stage, with approval expected by the time the Board meet.

	Volunteers. Work by the HelpForce volunteers as the trust is one of 5 pilot sites in the country. The HelpForce volunteers are working on mobility while in hospital and looking at therapeutic activities assisting patients in going to the in house or accessing retail outlets for a coffee/magazine. These activities are designed to keep patients mobile during their stay until they are ready for discharge. Volunteers receive specific training along with the induction process and are clear about the parameters of their work. The volunteers are currently on the OPAU at Sandwell and D26 at City, this is expected to expand into the assessment units.
Matters to escalate to the Board	• Halal and food/choice availability • Work on community map and new staff network to be formed • Diversity pledges and patient pledges to be worked up further in the next 6 months. • Volunteers – work undertaken by HelpForce to keep patient mobile while an inpatient
Matters presented for information or noting	none
Decisions made	New staff network to be formed
Actions agreed	➢ **Body Data set**. Demography of deceased patients requesting early release to be obtained and circulated to Committee. ➢ **Community Development** – Cllr Zaffar and Prof Thomas to contact Mrs Wilkin and provide details of contacts within the migration services to help see patterns forming as to where migrates will reside. ➢ **Diversity Pledges** – implementation model to be actioned and further development of patient pledges during next 6 months.

Prof Kate Thomas
CHAIR OF THE PUBLIC HEALTH, COMMUNITY DEVELOPMENT AND EQUALITY COMMITTEE MEETING
For the meeting of the Trust Board scheduled for 1st March 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Health, Community Development and Equality Committee

Venue D29 Meeting Room, City Hospital **Date** 16th November 2017, 1400h – 1530h

Members Present		In Attendance	
Prof Kate Thomas (Chair)	KT	Mrs. Ruth Wilkin	RW
Cllr Waseem Zaffar	WZ	Mrs. Chris Rickards	CR
Mr. Toby Lewis	TL		
Mrs. Raffaela Goodby	RG	**Secretariat**	
Mrs. Elaine Newell	EN	Miss Rosie Fuller	RF

Minutes	**Paper Reference**
1 Welcome and Apologies	**Verbal**
Apologies were received from Richard Samuda.	
2 Minutes from the meeting held on 4th October 2017	**SWBPH (10/17) 009**
The minutes of the meeting held on the 4th October 2017 were accepted as a true record.	
3 Matters and actions arising from previous meetings	**SWBPH (10/17) 010**

The following matters and actions were noted.

Volunteering. The Committee discussed the benefits of staff who become volunteers both within and outside of the organisation. Mrs Wilkin commented that a business case is being progressed looking for staff to volunteer for a day, once a year, either volunteering for the Trust or in the local community. Details will be included within the business case on the cost to the organisation. Mrs Goodby informed the Committee planning for a series of 1 day events could be offered, however this would need to be managed carefully as some projects may require a lot of staff.

Cllr Zaffar stated this would be a good opportunity to involve our local schools and he would speak to Mrs Goodby outside of the meeting to discuss further. Prof Thomas also stated that a gardening project may deliver the public health message, along with getting the community involved in growing fruit and vegetables.

Mr Lewis asked for the development menu to be scoped on an 'opt in' format for staff to sign up to for the next meeting.

Halal Food. Mrs Wilkin informed the Committee the communication campaign has commenced and attention is now focusing on the information provided on the intranet to patient and visitors. Work is continuing with the catering services team to test views of the food to improve the Halal food option.

Halal Food Kitchens. Mr Lewis informed the Committee the option of converting a kitchen into a Halal kitchen could not progress, on the basis of the high cost to implement, and insufficient justification to amend the Trust's current arrangements. Cllr Zaffar was disappointed with this decision and would speak to Mr. Lewis outside of the meeting, along with options for sourcing locally produced meals. Mr. Lewis continued to inform the Committee that a review of locally sourced foods has already taken place, and there are licencing issues with some providers which made them not applicable for locally sourced foods. Mr Lewis agreed to document the reasons why local suppliers were not used and would share with Cllr Zaffar. The Committee were advised that the kitchens at Midland Met would not be amended to include a Halal kitchen, also based on the high cost of conversion.

Deutsche Bank. Mr. Samuda has visited the occupational health department and discussion on work place stress is progressing.

Guide Dogs. Mr. Lewis informed the Committee a guide and therapy dog policy has been drafted but not to the extent of the Committee's requirements. Therefore, the policy would be revised and signed off by Mrs Newell, and it was confirmed therapy dogs would be allowed in the Trust by Christmas 2017. The policy will also cover patients bringing in their own dogs. Mrs Newell informed there are a small number of aseptic areas where dogs could not go but consulting rooms were acceptable. Mrs Newell continued to inform the Committee that the original complaint on this issue was from a patient who could not take their dog into the Pain Management clinic, and confirmed the revised policy would also cover pain management and specialist clinics.

Equality Plan. Mrs. Goodby informed the Committee the ethnicity coding data for outpatients was not yet completed. Mr Lewis informed the Committee that last year's quality report was signed off but progress over 12 months on outpatient ethnicity coding was requested and to-date no information on the analysis or clarity on the improvement trajectory has been provided. Mrs Goodby was asked to liaise with Mrs. Rachel Barlow on outpatient coding and provide an update to the next meeting. Mrs. Goodby stated the Annual Equality Report would be completed by mid December 2017, and requested an extraordinary meeting to be arranged so the Committee could approve the report before presentation to the January 2018 Trust Board.

ACTION:

- Mr Lewis to share with Cllr Zaffar the data on locally sourced foods
- Mrs Goodby to update the Committee on outpatient ethnicity coding
- A teleconference be arranged for the Committee to discuss and approve the Annual Equality Report

4 Female representation among Band 8 and above staff	**Verbal**

Mrs Goodby reported the female representation of the workforce was 78%, split across all bands from 2 to board level and a target to increase the number of women in band 8 and above roles to 25% by 2020 was progressing. The monitoring of female workforce would continue and reviewed again in February 2018 to ensure there were no major fluctuations.

Cllr Zaffar informed the Committee that he was working with a third sector organisation (BRAP) on equality. The organisation were comparing equality data over 6 – 7 years and reviewing any changes. As part of this work, the Trust may receive a freedom of information request.

Mr Lewis reported that he would be meeting with Mrs Goodby to discuss succession planning over the next 2 months to grow BME roles to 7.5%. The Committee commended the Trust Board had a 50/50 split of male and female directors, which was unusual benchmarked across many other Trusts. The Committee discussed how the Trust could become the 'Trust of Choice' for women in choosing a place to work. Cllr Zaffar informed the Committee he would share with Mrs. Goodby data showing that Birmingham rated 6 out 7 worse Cities, but the Trust could become distinctive within the city of Birmingham with its good practices and environment.

5 Body Release dataset	**Verbal**

Mr Lewis tabled an enclosure informing the Committee that during the weekends in 2017 to date, 20 bodies were released early (14 at City and 6 at Sandwell). Following a brief discussion, the Committee asked for an additional data set identifying the demographic of deceased patients (including babies) that were not released early and why/where the delay occurred, i.e. the Trust, the coroner's office or another. It was noted the mortuary site would move entirely to Sandwell once Midland Met is opened which would move all coroner input to the borough of Sandwell. Cllr Zaffar commented that he has been contacted from families who had problems over the weekend on release of bodies. It was discussed the Committee would benefit from sight of the Rapid Release Policy and the follow up should also include staff awareness on the policy. The Committee stressed the release of bodies was a multi faith issue, not polarised to one community or religion, and families asking for such a request were not a special request, but rather an everyday request.

ACTION:

- Additional Data set required to ascertain demographic of deceased patients.
- Rapid Release of bodies policy to be circulated to the Public Health Committee.

6 To approve Public Health Plan with revised SMBC input	SWBPH (10/17) 002

Mr Lewis presented the draft joint Public Health plan with Sandwell MBC which is due to be presented to the December Sandwell Council meeting and highlights the shared goals to help employees and communities to live well for longer, through common goals and priorities. Mr Lewis commented it was unfortunate that due to a leadership change within the Council the plan had to be revised which has led to a slight delay in getting the draft adopted.

The plan has a number of priorities and provides details of accountability for delivery, the objectives for the Trust will require PMO resourcing to assist with achievement.

Attention was drawn to priority number 7 – 'Increasing uptake of NHS health checks'. This priority is a health check for Sandwell employees, but the all SWBH staff will be able to undertake a health check regardless of where they live. Mr Lewis agreed to discuss how to take this initiative forward with the incoming Medical Director.

The Committee enquired if a similar undertaking was in train with Birmingham City Council. Mr Lewis confirmed there was not a similar agreement with Birmingham. However, he would contact the Council to develop a similar co-operative working on its public health agenda.

It was discussed and confirmed that monitoring of the objectives will take place at this Committee and the Committee agreed to concentrate/focus on 3 – 4 priorities per meeting to ensure delivery is kept on track.

ACTION:

- Mr Lewis to discuss with the incoming Medical Director how to take forward the joint public health priority of 'increasing update of NHS health checks' to SWBH employees
- Mr Lewis to contact Birmingham City Council to develop a similar co-operative working on its public health agenda.

7 To consider next steps on Community Development map	SWBPH (10/17) 003

Mrs Wilkin updated the Committee on work undertaken on how the Trust engages with a range of community groups and organisations through its services, informal networks and formal partnerships. The data to complete the map has been taken from a number of resources but it has been a challenge to create a single map. Mrs Wilkin informed the Committee of strong links through the midwifery service to Somali nationals, refugees and asylum seekers and the recent Midland Met Topping Out ceremony and a community leader event hosted by Cllr Zaffar has been an opportunity to engage further with some of harder to reach communities. Also reported was the work undertaken by the volunteers and how 'community ambassadors' are being developed so when the new hospital opens there will be representatives from many community areas available to welcome patients and visitors. Mrs Wilkin continued to discuss work to ensure communities which are small in number are also supported. The Committee were keen to see a Birmingham version of the map, which Mrs Wilkin would develop for a future meeting noting the Birmingham constituents rather than a West Birmingham map would be beneficial as information on a ward basis, was available.

Prof Thomas enquired if the trust workforce understood or knew about the community map and if not would staff who spoke another language be willing to engage with our communities. Mrs Wilkin confirmed that in maternity engagement is well known and very active, but agreed the message may be less obvious in other parts of the organisation, and she would be discussing with her team how to address this. Mr Lewis commented that work is already progressing with staff who speak another language to assist with the Trust Ambassador scheme. Mr Lewis also stated the Trust had many specialities like diabetes, bowel screening, where contact was being made. However, in general this was a grey area and hopefully using trust ambassadors would target cultures and communities outside of a speciality based service which would generate more interest in what was trying to be achieved.

Cllr Zaffar agreed this engagement work would not be easy to achieve but with the building of the new hospital this would generate interest. Also, the links the Trust is forming through its networks could be an asset, but he noted it

was a struggle to engage with some of the Muslim employees through the BME network, even though that committee has a co-Muslim chair. Mrs Goodby commented that work on bringing issues to the attention of our Muslim workforce was being progressed to form a more positive meeting and Mr Lewis would be refreshing the BME network to ensure all representations are aware of the work being undertaken.

The Committee also discussed and noted work to ensure hearing impaired patients/visitors are catered for, as the percentage of residents in Sandwell was high. The Committee was informed on planned open days for the community to engage in at the new hospital which included a music festival. Work on a language and signage map was progressing as well as discussing issues in these areas with local GPs. Prof Thomas suggested finding 2 – 3 other organisations that do this well and learn from them to get an action plan formed.

The Committee asked Mrs Wilkin to address the issues with Eastern and Central European communities with Cllr Zaffar and provide an action plan to the next meeting.

ACTION:

- Mrs Wilkin to develop a Birmingham community map based on constituents/ward areas.
- Mrs Wilkin to addresses the of Eastern and Central European communities and provide an action plan to the next meeting.

8 To discuss implementation model for Diversity Pledges	**Verbal**

Mrs. Goodby reported disability pledges. Stuart Young, Head of Diversity and Inclusion has been appointed and will be developing the patient and staff pledges into action plans, with input from Mrs Newell on Therapy Dogs. Mr Lewis asked if the Committee could have the dates of the other network meeting for 2018 as well as the Terms of Reference.

Mrs. Goodby also commented that Mrs Rickards is assisting with work on the WRES action plan as it was viewed as not ambitious enough to achieve its target.

The Committee discussed the disability diversity pledges and agreed to review them over the next two meetings. The Committee would be focusing on sight and hearing impairment and would ask Mr Alan Kenny, to attend a future meeting to provide an update, as the ambition is to become a leading ambassador for deaf and visually impaired people. It was suggested an audit might take place of the organisation to see what is available and an action plan to implement change within a short time period to be developed.

ACTION:

- Mrs Goodby to provide dates of the Network meetings for 2018 and terms of reference.
- Diversity pledges to be reviewed on disability for the next meeting.
- Mr Kenny to be invited to a future meeting to discuss disability in Midland Met.

9 To consider work programme for future meetings	**Verbal**

The following items were considered to be discussed for future meetings:

- Work on public health plan – next meeting present delivery plans
- Work on Community development, review staff ambassadors, central/eastern European community – what is the programme as the Public Health Committee want to take part
- Volunteering
- Patient diversity pledges
- Visual and impaired hearing patients
- Release of bodies
- Halal Food

Mr Lewis agreed to produce a work programme for the year of the following ideas.

ACTION:

- Mr. Lewis to produce a work programme for 2018

10 Matters to raise to the Board	**Verbal**

The following items were agreed to raise to the Trust Board:

- Work on the public health plan
- Body release dataset
- Therapy Dogs

11 Any Other business	**Verbal**

No other business was discussed.

12 Next meeting	**Verbal**

The next meeting will be held on 15th February 2018 D29 Corporate Suite, City Hospital

Signed ……..

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Sandwell and West Birmingham Hospitals NHS
NHS Trust

FINANCE & INVESTMENT COMMITTEE MINUTES

Venue: Anne Gibson Committee Room, City Hospital

Date: 26 January 2018, 0830h – 1000h

Members present:		**In attendance:**	
Mr Mike Hoare	Chair	Ms Dinah McLannahan	Deputy Finance Director (item 4 onwards)
Mr Richard Samuda	Non-Executive Director		
Mrs Marie Perry	Non-Executive Director		
Mr Tony Waite	Director of Finance		
Ms Rachel Barlow	Chief Operating Officer	Mrs Elaine Quinn	Executive Assistant

Minutes	**Paper Reference**
1. Welcome, apologies and declarations of interest	**Verbal**
The Chair welcomed all to the meeting. Apologies had been received from Mr Harjinder Kang and Mrs Raffaela Goodby. The members present did not have any interests to declare.	
2. Minutes of the previous meeting held on 22 December 2017	**SWBFI (01/18) 002**
The minutes were agreed as a true record.	
2.1. Matters arising and update on actions from the previous meetings	SWBFI (01/18) 002(a)
The Committee noted that any on-going actions were included for discussion as part of the agenda.	
3. Financial Performance – P09 December 2017	**SWBFI (01/18) 003**
The Committee noted that to date, the Trust is reporting a surplus and a significant positive variance from plan, which was noted as being driven by the use of non-recurrent technical items; mainly the profit on land sale. This should enable recovery of Quarter 3 finance related STF funds. The Committee noted the underlying position to date is a deficit of £22.957m, an adverse variance to plan of £7.468m. Underlying pay costs were noted to remain stubborn at £26.3m; with agency spend flat month on month after adjustment for non-recurrent benefits. This was in line with expectations previously reported to the Committee. A recovery plan is being developed by the Trust Executive that is designed to address the underlying position, as well as the incremental challenge for 2018/19. This is to be covered in a separate report to the private Trust Board. The revised plan for 2017/18 was a pre-STF deficit no greater than £4m. The forecast pre-STF deficit was noted as being £0.5m, being compliant with Control Total. The Committee was advised that improvement was a consequence of key risks being mitigated and further non-recurrent opportunities being identified. The benefit of securing compliance with Control Total would be recovery of £2.6m of STF in respect of Quarter 4. It was management's judgement that 2017/18 provided the best situation to utilise those opportunities to secure that cash having regard to the prospective scale of CIP challenge in 2018/19. The Committee was advised of the key assumptions underpinning that forecast. Specifically, that it included the benefit	

of £1.1m of winter funding to the bottom line together with £0.95m funding to support additional beds in lieu of CIP. The Committee was also alerted to issues regarding the recovery of £1.8m contingent CQUIN funding but advised that this was not expected to impair compliance with control total.

The Committee challenged and confirmed the prospective delivery of key assumptions and residual scope for mitigation. The Committee confirmed that out-turn as being objective and consistent with the Trust's commitment to secure the best out-turn possible. Any significant costs arising from the prospective restructuring of the Midland Met contract would be exceptional to this forecast.

Capital spend at £17m was noted as being £11.9m behind plan to date. A draft revised forward capital plan is to be brought to the Committee meeting in February and then the Board meeting in April.

Cash balances were noted as being ahead of plan at 31 December and any requirement for loans was confirmed as falling into the new year.

4. Cash & capital update	**SWBFI (01/18) 004**

The Committee noted that the cash flow forecast indicated that the requirement to access revenue funding is now not likely to crystallise in this financial year, and is currently expected in Q1 of 2018/19. This is based on the assumptions in relation to CCG payments, taper relief, capital phasing and winter pressures, together with the incremental challenge in relation to 2018/19. This indicates under a base case and downside scenario that a revenue working capital facility is likely to be required during May 2018, to be repaid by the end of the financial year.

Borrowing was reported as being subject to the achievement of £12m of CIP in Month 12 of 2018/19. Regular dialogue is being maintained with NHSI in this respect. Mrs Perry felt that it would be helpful for the Committee to have insight into how CIPs affect key decision points in terms of tracking and planning. Mr Waite confirmed it was possible to set out the framework of critical assumptions to track against and agreed to include in future reporting.

The Committee noted that it should expect further updates in relation to cash and capital in the coming months as plan details are formalised and confirmed.

5. Strategic Board Assurance Framework Q3	**Verbal**

Mr Waite reported that the Quarter 3 version of the Strategic BAF had been updated in readiness for discussion at the Board meeting in February. The only material change to note was in relation to risk BAF5 (risk to delivery of CIP), which recognises the risk of Midland Met being added to the scale of challenge. The mitigation in this respect is that the burden doesn't fall on the Trust or others in the local health economy. The risk has a 'red' rating, at it is not yet resolved. There were no other material changes to what had previously been reported that were pertinent to the Committee.

6. Matters to highlight to the Trust Board and Audit & Risk Management Committee	**Verbal**

The Committee wished to highlight the following matters:

- Mitigation of key risks and realisation of additional opportunities such that prospective compliance with Control Total could credibly be forecast;
- CIP progress;
- Achievement of 2018/19 run rate position;
- A revised Capital plan to be submitted to the February FIC and April Board meetings.

7. Meeting Effectiveness Feedback	**Verbal**

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

8. Any Other Business	**Verbal**

There were no other items of business.

Details of the next meeting	**Verbal**
The next Finance and Investment Committee meeting will be held on 23rd February 2018 at 0900h – 1030h in the Anne Gibson Committee Room, City Hospital.	

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Date ……..

Chief Executive's Report to Trust Board

March 2018

I reported last month on the relative success of the Trust in meeting our key standards obligations around cancer waits, surgical procedures, and our finances. That position remains. The unacceptable delays for emergency care continue, and we need to continue to assess our route to improvement, and to sustaining safety.

The position with Midland Met remains ongoing. I will provide an oral update on progress and likely timescales for crystallising a solution and opening the hospital. We would expect to achieve a decision in time for the next meeting of the Board, and are cautiously optimistic of some progress with getting work back on site before the spring. Our interest is in seeing a high quality hospital open soon, not least to address the quality of care issues that arise from cross site working.

1. Our patients

We continue to operate with more beds open than we had expected to need. This reflects some increases in arriving and admitting demand, as well as challenges in reducing length of stay and occupancy as fast or as far as we had planned. A revised trajectory for change is needed if we are to reduce reliance on temporary staff and cut even further our vacancy position. Such change is also central to our financial plan, and the journey into the new hospital. We do now have our consultant of the week model operating medicine wide, and are beginning to reshape the relationship between ED, acute medicine and our base wards. At the same time we have now changed our out of hours management structure, on site and remotely, and are exploring how best to operate out of hours medical cover. Vacancies among junior staff, as well as sickness with our enhanced reporting, remains part of the picture, and a key factor in driving improvements in performance, care and staff experience. We have been, as a Board, curious about assurances on hours reporting and workload pressure, and we need to address in adult acute care the number of times that a consultant is needing to step in, or where we rely on an unfamiliar locum member of staff. A single site in 2019-20 will help but we need to be sustainable and resilient now too.

This week sees the launch of our Purple Point project to support easier routes for patients or relatives to raise concerns during their care, in the first instance focused on hospital based inpatient care. This creates real-time opportunity to address in particular communication issues for families, and David Carruthers will take the lead in making sure that there is no implication that raising concerns will in any way adversely 'impact' on the way a patient is looked after. As a seven day service the project in particular will offer us all an insight into some of the challenges of care over weekends. I know Board members visited the prototype service last month, and we will look carefully over the next three months at themes and trends in how this service is used. No other NHS provider is seeking to work in this way, and make such overt use of patient real time feedback to tackle either care or communication issues.

The papers to the Board contains an update via the quality and safety committee on the action plan from the Trauma and Orthopaedic safety summit we held in the autumn. The data is showing significant improvements in care and in governance processes, which is very encouraging. That the clinical team have taken on board the lessons from error and the leadership feedback that they received is especially helpful. It provides a basis for expecting a sustained improvement. Crucially we now have an agreed algorhythm for assessing and responding to high risk cases which is shared across the team. Since the Board last met, I chaired the maternity safety summit that we requested. Our external review of perinatal mortality did not find underlying weaknesses in the service, albeit our own review saw a small spike in CESDI 3 rated deaths in 2017 compared to prior years. The outcome of the summit will come forward in due course as an action plan, and be monitored as we have done with T&O. I am expecting that that plan will:

- Note material changes made since July 2017 on which we can place reliance
- Draw actions from the upcoming SCOR survey of staff on the culture of the department
- Support the work being done on CGT and growth restriction which was part of our quality plan improvements
- Seek to introduce greater clarity and discipline into how communication and dissemination happens within the specialty (with a view to local improvement and wider Trust learning)

More generally I would expect by the end of April to be able to bring back to the Board, through our new medical director, a wider plan to implement the 2020 Quality Plan, or parts thereof. The success of our safety plan is work to build on and we should be determined to do so, with our Quality Improvement Half Days as a key vehicle through which to improve. The Board today reviews the CQC Improvement Plan (December milestones), and we are progressing well. During March one of the key actions in our plan, in relation to quality assuring the skills of temporary staff by shift (as distinct from via contract award) goes live.

2. Our workforce

We are making progress with being ready for our new appraisal system next quarter. In preparation for that we are looking to complete all "old style" appraisals to 1-2-18 and then migrate the whole organisation to the new system from 01-04-18. Board members will recall that this change is a big switch to assessing potential and performance. It will provide an organisation wide view of individual performance and create the opportunity through that to assess teams as a whole too. Line managers are presently going through the process of our Accredited Manager programme, and that, with its ongoing skills passport, will provide a basis for assessing leadership strength in our organisation at a distributed level.

Elsewhere in the Board papers is an important paper on staffing establishments. We expect to make some investments, for example in our HIT team, as well as in focused care. There are some specific acuity investments but also some areas where we expect to be able to make savings for reinvestment. A detailed and inclusive process has been undertaken to arrive at these proposals. I know that the executive would welcome scrutiny and challenge of the ideas, but also support with the tracking mechanism that is proposed.

My annexes continue to show our recruitment progress. It is welcome that this last month has seen three respiratory physicians appointed to the Trust. However, the news about Midland Met has the potential to damage our ability to recruit and retain key staff, as everyone wishes to work in a cohered and well configured health system. In that context it is welcome that the Black Country STP is determined to focus its time and 'value add' on workforce, and an ambition to make our area the very best place to work in the wider NHS. The Trust will continue to support that ambition contributing our work on apprentices, as well as innovations like the nursing skills escalator. Medical trainee feedback remains outstanding, and our task is to match that with good recruitment not just in hospital medicine but also in primary care.

3. Our partners (including Unity and Midland Met)

We are not yet able to confirm when we will go live with Unity. The criteria for decision are established again in a paper to this month's meeting. These work well if an amber or better infrastructure rating is achieved by the end of March, and the MPA was advised that this would be done. There is further work on the project's risks, which takes place in the days after the Board, and we would therefore expect to use the next Board meeting to establish a final timetable for deployment.

Discussions with commissioners continue over our forward contracts. Good progress is being made on the funding model for acute oncology and gynae cancer surgery. A process has been established to address the stranded costs of the oncology transfer which completes in April 2018. Board members will recall there is a review going on of oncology with a view to settling a proposed long term model.

We are meeting again with commissioners and regulators in mid March with a view to creating a wider long term financial agreement across the SWB system for 2018-2020. Initial indications are of a strong measure of agreement, recognising that the ask of all parties is significant. Given the scale of issues faced locally it makes sense to take some time to try and construct a robust longer term agreement against which investments can be made and difficult decisions reached. Notwithstanding that our clinical review of the Halcyon Birth Centre has concluded that there is a case for closure later this year. The Board is asked to discuss further information needed on that matter whilst we initiate the process of discussion with commissioners and the wider public.

4. **Our regulators**

Regulatory discussions are dominated presently by the undertakings process and by the work on wider system governance. The output report on oncology incidents is due shortly.

The Trust has hosted a visit from the neonatal network, and some specific and elevated concerns were raised within that. Elaine Newell is taking the lead in responding to that, bearing in mind the excellent quality of the service and continued challenges in moving level 3 babies out of the unit.

5. Black Country Sustainability and Transformation Plan

Proposals to conclude discussions on specialist pathology, are discussed within the private board papers. Beyond that discussions continue about how best to transition from BCA into the BCPP, and what funding may be available next year to support that work.

The STP leadership continues to examine how best to develop a shared implementation plan. A very productive set of discussions has been held to date and by the end of March there is an expectation that a plan across primary, social and health care might be developed. The Trust is active in supporting this partnership, and I have agreed to take on the leadership of the Local Maternity System workstream in succession to Richard Kirby.

Attached to this report are our standard papers on recruitment trajectories for hard to fill roles and on nurse safe staffing. Also appended are working papers on nurse establishments discussed above, and on the nurse escalator financial model likewise.

Toby Lewis, Chief Executive

February 23rd 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Safe staffing
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell – Chief Nurse
AUTHOR:	Elaine Newell
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

Jan Summary

The summary level Unify data demonstrates overall % fill rates during the January period at 94.3% and 93.7% respectively for (day) and 91.2% and 97.9% respectively (Night).

Early warning trigger data demonstrates an overall improvement in performance against key quality and safety indicators with the exception of P2. This area has not fallen below the recommended RN safe staffing levels on the Unify return and is subject to a rigorous monitoring and improvement programme which will see clear improvements within one month.

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:

Feb Trust Board

Nurse Fill Rate' (Safer Staffing) data for January 2018

Ward name	Main 2 Specialties on each ward	Main 2 Specialties on each ward	Day Registered midwives/nurses	Day Registered midwives/nurses	Day Care Staff	Day Care Staff	Night Registered midwives/nurses	Night Registered midwives/nurses	Night Care Staff	Night Care Staff	Day	Day	Night	Night	Care Hours Per Patient Day (CHPPD)				Note
	Specialty 1	Specialty 2	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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	
Critical Care - Sandwell	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	3920	3156	473	432	5704	2904	0	77	80.5%	91.3%	50.9%	#DIV/0!	247	24.5	2.1	26.6	
AMU A - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	3565	3340	1426	1725	3565	3496	1426	1598	93.7%	121.0%	98.1%	112.1%	1382	4.9	2.4	7.4	
Older Persons Assessment Unit (OPAU) -	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1426	1414	1069	1046	1069	1081	1069	1127	99.2%	97.8%	101.1%	105.4%	579	4.3	3.8	8.1	New Oct 16
Lyndon 1 - Paediatrics	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	930	549	372	279	1364	913	341	297	59.0%	75.0%	66.9%	87.1%	413	3.5	1.4	4.9	
Lyndon 2 - Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1782	1661	1771	1661	1069	1046	1483	1472	93.2%	93.8%	97.8%	99.3%	869	3.1	3.6	6.7	
Lyndon 3 - T&O/Stepdown	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	1782	1518	1782	1564	1069	1092	1782	1656	85.2%	87.8%	102.2%	92.9%	888	2.9	3.6	6.6	
Lyndon 4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1782	1638	1782	1604	1426	1391	1782	1702	91.9%	90.0%	97.5%	95.5%	997	3.0	3.3	6.4	
Lyndon 5 - Acute Medicine	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1782	1638	1782	1339	1426	1564	1782	1587	91.9%	75.1%	109.7%	89.1%	977	3.3	3.0	6.3	Data from 25/9/2017
Lyndon Ground - PAU/Adolescents	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	1116	1020	341	258	814	627	341	55	91.4%	75.7%	77.0%	16.1%	388	4.2	0.8	5.1	
AMU B - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	Closed
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	1725	1782	1661	1069	1069	1782	1759	96.8%	93.2%	100.0%	98.7%	856	3.3	4.0	7.3	
Newton 4 - Stepdown/Stroke/Neurology	314 - REHABILITATION	300 - GENERAL MEDICINE	1426	1357	1069	1035	1426	1426	1069	1046	95.2%	96.8%	100.0%	97.8%	861	3.2	2.4	5.6	
Newton 5 - Haematology	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	713	805	356	264	713	724	356	345	112.9%	74.2%	101.5%	96.9%	409	3.7	1.5	5.2	
Priory 2 - Colorectal/General Surgery	100 - GENERAL SURGERY	100 - GENERAL SURGERY	1782	1667	1069	1138	1426	1426	1069	1184	93.5%	106.5%	100.0%	110.8%	793	3.9	2.9	6.8	
Priory 4 - Stroke/Neurology	300 - GENERAL MEDICINE	400 - NEUROLOGY	2139	1765	1069	1069	1782	1748	1069	1150	82.5%	100.0%	98.1%	107.6%	687	5.1	3.2	8.3	
Priory 5 - Gastro/Resp	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1426	1334	1069	1063	1069	1334	713	1069	93.5%	99.4%	124.8%	149.9%	962	2.8	2.2	5.0	
SAU - Sandwell	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1782	1730	713	580	1426	1414	356	333	97.1%	81.3%	99.2%	93.5%	439	7.2	2.1	9.2	See N2
CCS - Critical Care Services - City	300 - GENERAL MEDICINE	301 - GASTROENTEROLOGY	2976	3318	372	414	2728	3014	0	0	111.5%	111.3%	110.5%	#DIV/0!	263	24.1	1.6	25.7	
D5/D7 - Cardiology (Female)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	3565	3651	713	621	2852	3105	0	0	102.4%	87.1%	108.9%	#DIV/0!	1035	6.5	0.6	7.1	Merged with D5/D7
D11 - Male Older Adult	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1069	1063	1069	1063	1069	1058	713	713	99.4%	99.4%	99.0%	100.0%	636	3.3	2.8	6.1	
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	1098	1035	707	1069	1012	678	690	102.7%	68.3%	94.7%	101.8%	665	3.2	2.1	5.3	
D16 - (Female)	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1069	1029	1069	833	1069	1046	713	713	96.3%	77.9%	97.8%	100.0%	619	3.4	2.5	5.8	
D19 - Paediatric Medicine	420 - PAEDIATRICS	120 - ENT	837	816	100	81	682	407	341	0	97.5%	81.0%	59.7%	0.0%	289	4.2	0.3	4.5	
D21 - Male Urology / ENT	101 - UROLOGY	120 - ENT	1069	1184	713	552	713	1000	713	632	110.8%	77.4%	140.3%	88.6%	578	3.8	2.0	5.8	
D26 - Female Older Adult	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069	1029	1069	1040	1069	1069	713	724	96.3%	97.3%	100.0%	101.5%	605	3.5	2.9	6.4	
D27 - Oncology	502 - GYNAECOLOGY		586	399	414	237	744	420	372	240	68.1%	57.2%	56.5%	64.5%	430	1.9	1.1	3.0	
AMU 2 & West Midlands Poisons Unit - (	300 - GENERAL MEDICINE	305 - CLINICAL PHARMACOLOGY	1610	1610	322	442	1610	1345	322	391	100.0%	137.3%	83.5%	121.4%	517	5.7	1.6	7.3	
Surgical Assesment 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	1075	1426	1259	1069	1058	1069	1012	75.4%	88.3%	99.0%	94.7%	790	2.7	2.9	5.6	
D47 - Geriatric MEDICAL			1069	902	1247	1184	713	598	713	713	84.4%	94.9%	83.9%	100.0%	564	2.7	3.4	6.0	
D7 - Cardiology (Male)	320 - CARDIOLOGY	300 - GENERAL MEDICINE									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	Merged with D5
Female Surgical (D17)	101 - UROLOGY	120 - ENT	1190	1207	713	672	874	989	713	644	101.4%	94.2%	113.2%	90.3%	398	5.5	3.3	8.8	
Labour Ward - City	501 - OBSTETRICS	501 - OBSTETRICS	3921	3239	713	695	3921	3197	713	713	82.6%	97.5%	81.5%	100.0%	306	21.0	4.6	25.6	
City Maternity - M1	501 - OBSTETRICS	424- WELL BABIES	1069	1196	713	782	1069	1058	356	356	111.9%	109.7%	99.0%	100.0%	454	5.0	2.5	7.5	
City Maternity - M2	501 - OBSTETRICS	424- WELL BABIES	1069	1115	663	667	1069	1012	356	345	104.3%	100.6%	94.7%	96.9%	486	4.4	2.1	6.5	
AMU 1 - City	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2668	2587	1138	1115	2668	2645	1138	1069	97.0%	98.0%	99.1%	93.9%	809	6.5	2.7	9.2	
Neonatal			2495	2593	713	471	2495	2392	713	586	103.9%	66.1%	95.9%	82.2%	763	6.5	1.4	7.9	
Serenity Birth Centre - City	501 - OBSTETRICS	501 - OBSTETRICS	1069	1127	713	425	1069	1069	356	494	105.4%	59.6%	100.0%	138.8%	70	31.4	13.1	44.5	
Ophthalmology Main Ward - City	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	300	311	232	221	573	555	0	74	103.7%	95.3%	96.9%	#DIV/0!	165	5.2	1.8	7.0	
Eliza Tinsley Ward - Community RTG	318- INTERMEDIATE CARE	300 - GENERAL MEDICINE	1069	971	1426	1230	713	713	1069	1046	90.8%	86.3%	100.0%	97.8%	691	2.4	3.3	5.7	
Henderson	318- INTERMEDIATE CARE		1069	1029	1558	1374	713	690	1069	1035	96.3%	88.2%	96.8%	96.8%	662	2.6	3.6	6.2	
Leasowes	318- INTERMEDIATE CARE		1020	984	1302	1302	744	588	744	732	96.5%	100.0%	79.0%	98.4%	590	2.7	3.4	6.1	
MCCarthy	318- INTERMEDIATE CARE		1069	1017	1426	1265	713	724	1069	1040	95.1%	88.7%	101.5%	97.3%	707	2.5	3.3	5.7	
	Trust Totals		**64557**	**60867**	**38784**	**35370**	**58425**	**54019**	**31063**	**30419**	**94.3%**	**91.2%**	**92.5%**	**97.9%**	**24839**	**4.6**	**2.6**	**7.3**	

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Halcyon Stand-alone Birth Centre
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell
AUTHOR:	Elaine Newell / Rachel Carter
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

Halcyon Birth Centre was opened in 2011, created to provide women a venue for birth that was located within the Sandwell borough after the relocation of intrapartum activity from Sandwell to City hospital site. However in spite of initiatives to attract more women to birth in the center, local women have not made this choice; instead planning their births at the alongside midwifery led unit, Serenity, or in the delivery suite at City hospital, Birmingham.

Halcyon's now static activity falls far below the anticipated numbers of births outlined at the outset as a requirement to render it a financially sustainable option. The minimal number of births at Halcyon can be comfortably absorbed within the existing facilities within the City site (or as home births) and Midland Met will of course provide a Sandwell based facility for women which includes an alongside midwifery led unit.

Within the existing contract, the Trust has a 'break clause' option in October 2018. For the break clause to be valid there is a 6 month notice period required following which the building will be handed back to NHS properties. Based on the findings detailed within the body of this report, it is recommended that the Board agree to serve notice on this contract, thereby agreeing to the cessation of service provision at Halcyon. Degree of change and scale of impact will be considered to determine the need for public engagement or consultation in accordance with JHSC, CCG and NHSE processes.

REPORT RECOMMENDATION:

The Board is asked to approve the issue of the required contractual notice, thereby agreeing to the cessation of service provision at Halcyon.

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

Accept	Approve the recommendation	Discuss
	x	

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

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

Comments:

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

PREVIOUS CONSIDERATION:

Position Paper: **Halcyon Standalone Birth Centre 2017-18**

Paper Prepared by: Rachel Carter (Group Director of Midwifery for Women & Children's)

1. Executive Summary

Halcyon is a stand-alone midwifery led birthing centre which is located in Sandwell, as part of SWBH maternity care provision for low risk women. It was designed and purpose built to support women to have choice regarding place of birth, as part of the Sandwell and West Birmingham Hospitals (SWBH) reconfiguration of Maternity services. Halcyon was created to provide women a venue for birth that was located within the Sandwell borough after the relocation of intrapartum activity from Sandwell to City hospital site.

Since opening in November 2011, 337 women have accessed the birthing centre for intrapartum care, of which 290 gave birth at Halcyon. This is significantly fewer births than the forecast of 400 births per annum (12% of target). Halcyon is also utilised for community activity, including provision of antenatal care, birth and parenting preparation and postnatal clinics.

Despite initiatives to attract more women to birth in the centre, in line with evidence (Place of Birth, DOH, 2011), decreasing numbers of women have made this choice. Whilst there are 21 recorded incidences where availability of staff to provide care to women in Halcyon prevented this choice, the low numbers of women choosing to birth in Halcyon is not a direct result of this.

Offering choice alongside high quality, safe and sustainable care for all women is a priority for the Trust in line with National Agenda (Better Births, 2016). This review of the continuation of Halcyon as a viable entity is therefore essential and timely, particularly with the relocation of the obstetric unit and Serenity to the Midland Metropolitan Hospital (MMH) in the Sandwell borough in 2019, alongside the continuing home birth option.

This paper provides overview of Halcyon activity since opening and, regrettably, questions continuing provision of Halcyon as a sustainable, viable place of birth option, in the context of usage and affordability.

2. Background

The development of a stand-alone midwifery led unit was born as part of the reconfiguration proposals relating to the centralisation of maternity services from Sandwell Hospital to City Hospital. The formal public consultation took place between 12th October 2009 and 18th January 2010.

The preferred option from the consultation saw 43% of the 788 respondents preferring the following immediate and long term option to:

- temporarily relocate all consultant antenatal care and all complicated births to City Hospital and offer the choice of birth in the collocated midwife-led birth centre (Serenity) for women with low risk births and who met the criteria for the midwife-led birth centre.
- Set up a standalone/ community midwife-led birth centre in Sandwell (i.e. Halcyon) as a more local choice for low risk Sandwell women who met the criteria for the stand-alone midwife-led birth centre.

One of the drivers for this option was expressed within the detail of the feedback in relation to the importance for Sandwell women to have the choice to give birth in Sandwell. It was also however noted that, whilst there was support for a midwife-led birth centre, the greater preference was for a collocated facility over a stand-alone unit.

In January 2010, the Joint Health Scrutiny Committee gave support for this option. On 21st January 2011, all births and consultant led antenatal care relocated from Sandwell Hospital site onto City Hospital Site. Halcyon then opened in November 2011.

Despite stand-alone midwifery led units being identified as one of the 4 optimal options for place of birth ('Better Births', 2016), Halcyon has not proven to be a popular choice amongst Sandwell and West Birmingham women who evidently favour the Serenity alongside midwifery led unit which delivers in the region of 1500 women per year.

Targeted initiatives were recognized to be essential to increase the number of births at Halcyon and reach the position where Halcyon may be financially viable as a continuing Trust offer for place of birth as it is currently funded. In April 2017, work was commenced to optimise the 'place of birth' discussions with women through a standardised approach. This was supported by the University of Birmingham (UoB) and involved implementation of their evidence based tool. This intervention aimed to produce an incremental increase in the number of women who chose to 'book' for a birth outside of the hospital (i.e. at home or Halcyon). The evaluation stage of this work is now commencing however, local intelligence reflects that there has not been any notable increase in home or Halcyon births.

3. Situation

4.1 Choice for place of birth

The Midland Metropolitan Hospital (Midland Met) is anticipated to open in 2019. At this time, all City Hospital birth activity and Consultant led antenatal clinics will relocate to Midland Met, affording all Sandwell women the opportunity to give birth in the Sandwell borough. Midland Met will offer the same choice of birth environment as at City Hospital now, but with additional capacity in the alongside midwife-led unit and increased facilities for water births on the delivery suite together with symmetry between low and high risk environments, affording improvements for all women.

Better Births (2016) advocates' optimal choice for place of birth for all women, in line with the Place of birth study (DOH, 2011). Whilst Halcyon represents a home-from-home facility, the fundamental suitability criteria is the same as for women for whom a home birth is a safe option, with the same staff facilitating this choice and service. Halcyon was purpose built to provide women with choice to birth in Sandwell where homebirth was not their preference; sadly, the uptake has not reached that which would secure the facility as viable but instead has reduced, failing to deliver in line with initial projections and therefore impacting consequential affordability as reflected in Table 2.

Table 2: Halcyon Clinical Activity

Year	Halcyon Triage Activity	Admission in Labour	Halcyon Births	Intrapartum transfers to City Hospital	Postnatal Transfers to City Hospital
2011 -2012 (Nov-Mar)	89	53	47	6	4
2012 -2013	137	84	68	16	16
2013 - 2014	102	63	50	13	6
2014 - 2015	112	71	59	12	9
2015 - 2016	63	41	32	9	9
2016 - 2017	28	23	18	5	1
2017-2018 (up to end Jan)	19	2	16	0	7
TOTAL	550	337	290	61	52

For context, Table 3 shows the number of women who gave birth in the alternative locations, provided and supported by SWBH; together with each as a percentage of total births. These options include births at home, Serenity, Obstetric unit and those born before the arrival of a health care professional, outside of any planned birthing environment ((BBA) - booked and unbooked).

Table 3: Clinical activity by place of birth

Year	Home Births	Babies born before arrival of health care professional (BBA)	Serenity Births	Halcyon Births	City Hospital Obstetric Unit births (all birth types)	Total Births
2011 -2012	46	50	1120	(Nov-Mar) 47	4422	5685
2012 -2013	32	104	1446	68	4359	5941
2013 - 2014	37	82	1273	50	4066	5508
2014 - 2015	16	78	1292	59	4160	5605
2015 - 2016	12	77	1328	32	4200	5649
2016 - 2017	15	107	1337	18	4788	5967
2017 – 2018* (YTD 31.01.18)	13	94	1156	16	3721	5000
%TOTAL births (*n)*	0.43% (171)	1.5% (592)	22.75% (8952)	0.74% (290)	75.5% (29716)	39355

To optimise women's awareness and familiarity with Halcyon as a suitable place of birth option, community midwives have increased footfall through the centre by facilitating community midwifery antenatal clinics and therapy sessions. Despite this, the number or women choosing to birth at Halcyon have reduced where originally anticipated to increase and stabilize. The weekly activity is summarised in Table 4, below.

Table 4: Non-birth activity at Halcyon

Weekday	AM	PM
Monday	FU clinic for low risk women pending new way of covering halcyon	
Tuesday	2 lists of all day follow ups, New bookings and postnatal	
Tuesday		Reflexology
Wednesday	2 lists of Bookings all day	
Thursday	FU clinic for low risk women	
Friday	FU clinic for low risk women	
Saturday	Parent education 10- 14:00 (serenity team)	
Sunday		

In addition to birth choice and individual preferences, staff availability has been considered as a factor impacting Halcyon birth activity. This was reviewed, with community teams considering alternative staffing models to offer more flexible working opportunities however, owing to the need to prioritise the majority service over the intrapartum care element for a small number of women, this has not been implemented. As the implementation of Better Births (2016) is actuated across the local maternity system (Black Country), further opportunities will arise for this to be explored however the numbers of women who have received care at Halcyon have not yet warranted such a change.

The incident reporting system is used by midwives to record occasions where the service is interrupted or limited owing to staffing numbers. According to this system, since Halcyon opened, there have been 21 incidents reported over the 7 year period, whereby women who had intended a Halcyon birth were diverted to Serenity owing to a lack of staff being available to attend Halcyon. There have not been any complaints associated with this action. This is therefore not considered a contributory factor influencing the number of women who have given birth at Halcyon nor, indeed, to have impacted their birth experience.

4.2 Financial Impact

Activity and financial risks were identified during the options appraisal relating to Halcyon and the decommissioning of Sandwell Maternity Centre where it was identified that "*the impact of attracting less than 400 births per annum may raise issues about financial, clinical and operational viability of the standalone birth centre*" (SWBH Maternity service-Medium term Review: Business case for change, 2010). This risk has now become a reality despite initiatives to increase activity.

In the planning stages, additional investment was identified to be required to run Halcyon with 5.75wte midwives diverted from the community midwifery establishment into Serenity (cost neutral) and an increase in funding for one additional midwife on call each night, provided by community midwifery teams. The staffing model required one midwife and a Maternity Support worker from Serenity to join a community midwife when a woman who had chosen to birth at Halcyon was in labour.

As the majority of low risk women have instead chosen to birth at Serenity, the sustained and increased births in this environment justify the establishment and any decision to suspend the Halcyon service would not bring about a release of pay costs.

Equally, the stock and non-pay for Halcyon is funded from the Serenity budget (for birth activity) and community midwifery (for community midwifery care provided). There is therefore no specific non-pay budget aligned with Halcyon.

Rental costs are the identified saving associated, should SWBH services at Halcyon be withdrawn (see Table 5, below), however consideration needs to be afforded for costs yet to be identified associated with relocating the community midwifery activity that currently takes place at Halcyon.

Table 5. Financial benefits of Closing Halcyon (TPRS WC424)

1	Annual rental charges	237,000.00
2	Facilities Costs (Domestic services, estates, Waste management)	26,990.00
	TOTAL	263,990.00

Please note – non pay costs excluded as assumed activity redeployed to Serenity Birth Centre.

4.3 *Halcyon rental costs*

	Rental/ Total
2011 -2012 (Nov-Mar)	62,500
2012 -2013	216,817
2013 - 2014	237,000
2014 - 2015	225,659
2015 - 2016	165,280
2016 - 2017	189,288
2017-2018 (Apr-Jan)	157,740
Total	£1,254,284

*variances under review pending outcome advice NHS property services

4. National agenda and impact

Better Births (2016) identified the importance of, and recommendation that, maternity services providers have facilities and staff to offer place of birth choices for women in both, community and hospital settings. Currently, SWBH is the only West Midlands provider that offers all 4 options within this recommendation, facilitating complete choice for the local population. In view of the infancy of this report and impetus of the recommendations, the UoB place of birth intervention package will be aligned with these recommendations and serve to re-energise community midwives in line with national recommendations. It is evident that, despite this focused work and increased footfall of pregnant women through Halcyon, there has been no impact on increasing the number of women who choose Halcyon as their preferred place of birth.

In view of the low numbers of women who have chosen to birth at Halcyon, should closure be ultimately recommended, the impact on the local population would be minimal. For future women, Midland Met offers Sandwell borough as a location for births with both, High and Low risk birth environments and capacity to deliver 7000 women per year, hence sufficient options for expansion should births continue to increase.

Currently, the greatest impact if Halcyon were to be withdrawn would be on the provision of the community venue where community midwifery outpatient activity is currently provided; this would need to be relocated with suitable alternative venues secured and funded.

Degree of change and scale of impact will be considered to determine the need for public engagement or consultation in accordance with JHSC, CCG and NHSE processes, should the service be unable to sustain Halcyon as a choice for place of birth for SWBH women.

6. Conclusion

This position paper demonstrates that, despite Halcyon being an established place for women to choose to birth, and an optimal birth environment in line with national evidence, local women have not made this choice; instead planning their births at the alongside midwifery led unit, Serenity, or in the delivery suite at City hospital, Birmingham.

Halcyon's now static activity falls far below the anticipated numbers of births outlined at the outset as a requirement to render it a sustainable option. If closure of Halcyon is recommended, the alternative future location for local women to plan for the births of their babies will be in the most suited birth unit at Midland Met (Sandwell), or in the community, at home.

Recruitment Activity Report

Report Date: 15/02/2018

Criteria		Measure/Month		Actual						Forecast		
				Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
Band 5 Nurses	SIP	FTE	Establishment	817.62	817.62	817.62	817.62	817.62	818.32	817.62	817.62	812.17
		FTE	FTE In Post	692.36	692.36	689.60	697.08	692.20	683.79	692.28	692.28	723.84
		FTE	New Starters	5.23	43.67	15.33	13.05	3.00	39.00	11.92	13.05	
		FTE	Leavers	7.07	15.80	12.55	6.21	8.13	14.73	10.34	10.34	
		FTE	Vacancies in month	125.26	125.26	128.02	120.54	125.42	134.53	125.34	125.34	88.33
	Offers External Applicants	FTE	Conditional offers (in month)	10.27	15.92	13.80	6.00	1.00	8.88	3.61	8.88	
		FTE	Offers Confirmed (in month)	16.74	16.74	8.00	8.41	15.00	11.53	5.96	11.53	
Band 6 Nurses	SIP	FTE	Establishment	437.83	437.83	438.83	445.21	445.21	445.68	442.02	442.02	438.83
		FTE	FTE In Post	400.83	400.83	399.81	403.91	401.47	411.79	401.15	401.15	404.78
		FTE	New Starters	3.56	7.00	7.33	8.80	6.00	3.73	6.50	6.50	
		FTE	Leavers	4.20	5.61	4.57	3.93	3.73	4.00	4.10	4.10	
		FTE	Vacancies in month	37.00	37.00	39.02	41.30	43.74	33.89	40.87	40.87	34.05
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	3.00	15.73	9.60	3.61	3.93	1.00	6.82	3.93	
		FTE	Offers Confirmed (in month)	0.00	2.73	5.95	5.00	5.40	1.00	1.00	2.73	
Band 5 Community Nurses	SIP	FTE	Establishment	164.35	164.35	164.35	165.47	165.47	165.47	164.91	164.91	164.91
		FTE	FTE In Post	131.27	131.27	132.62	139.82	139.43	142.26	136.03	136.03	
		FTE	New Starters	2.00	2.00	2.20	2.46	0.00	2.20	0.00	2.00	
		FTE	Leavers	4.48	4.48	0.40	0.00	0.00	5.64	2.44	2.44	
		FTE	Vacancies in month	33.08	33.08	33.08	25.65	26.04	23.21	28.88	28.88	31.73
	Offers External Applicants	FTE	Conditional offers (in month)	1.46	1.46	1.00	0.00	0.00	1.00	1.00	1.00	
		FTE	Offers Confirmed (in month)	1.46	1.46	1.00	2.00	1.00	1.00	0.00	1.00	
Band 6 Community Nurses	SIP	FTE	Establishment	143.55	143.55	143.55	150.15	150.15	150.15	146.85	146.85	143.55
		FTE	FTE In Post	133.94	133.94	136.02	140.32	139.41	140.41	137.72	137.72	136.02
		FTE	New Starters	0.00	0.00	1.36	2.60	1.00	1.36	0.60	1.00	
		FTE	Leavers	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	
		FTE	Vacancies in month	9.61	9.61	9.61	9.61	10.74	10.74	9.13	9.13	9.61
	Offers External Applicants	FTE	Conditional offers (in month)	2.00	2.00	2.36	0.00	0.00	0.00	0.00	0.00	
		FTE	Offers Confirmed (in month)	0.60	0.60	1.96	1.00	1.60	1.00	0.00	1.00	
Band 5 Midwives	SIP	FTE	Establishment	8.25	8.25	8.25	8.25	8.25	8.25	8.25	8.25	
		FTE	FTE In Post	23.16	31.16	39.16	41.24	41.24	40.64	39.90	39.90	
		FTE	New Starters	0.00	13.76	5.00	3.00	0.00	2.10	0.00	2.10	
		FTE	Leavers	0.00	1.00	2.00	0.00	0.00	0.00	0.00	0.00	
		FTE	Vacancies in month	-14.91	-22.91	-30.91	-32.99	-32.99	-32.39	-31.65	-31.65	-34.72
	Offers External Applicants	FTE	Conditional offers (in month)	9.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	
		FTE	Offers Confirmed (in month)	4.00	4.00	3.00	2.00	0.00	0.00	0.00	2.00	
Band 6 Midwives	SIP	FTE	Establishment	184.30	184.30	184.30	184.14	184.14	184.14	184.22	184.22	188.00
		FTE	FTE In Post	127.09	129.53	125.43	125.85	123.53	121.63	125.64	125.64	122.48
		FTE	New Starters	0.00	2.84	2.00	0.00	0.60	1.05	0.00	0.60	
		FTE	Leavers	1.00	1.00	2.32	1.26	3.44	3.00	1.79	1.79	
		FTE	Vacancies in month	57.21	54.77	58.87	58.29	60.61	62.51	58.58	58.58	61.36
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	0.00	0.00	0.60	0.00	0.00	3.22	0.00	0.00	
		FTE	Offers Confirmed (in month)	0.00	0.00	1.00	0.60	0.00	0.00	0.00	0.00	
Consultants	SIP	FTE	Establishment	321.10	320.10	320.10	320.10	320.10	320.10	320.10	320.10	320.10
		FTE	FTE In Post	283.37	284.82	291.12	292.25	287.39	286.70	287.04	287.04	286.74
		FTE	New Starters	5.00	6.00	3.00	1.00	1.00	2.39	1.00	2.39	
		FTE	Leavers	3.00	1.00	2.05	0.55	4.00	3.80	2.53	2.53	
		FTE	Vacancies in month	37.73	35.28	28.98	27.85	32.71	33.40	33.06	33.06	33.36
	Offers External Applicants	FTE	Conditional offers (in month)	0.00	2.00	3.00	1.00	6.00	1.00	4.00	2.00	
		FTE	Offers Confirmed (in month)	5.00	5.00	0.00	1.00	0.00	1.00	1.00	1.00	

Band 2 HCAs	**SIP**	**FTE**	**Establishment**	**511.56**	**511.56**	**511.56**	**517.50**	**517.50**	**517.50**	*514.53*	*514.53*	*507.48*
		FTE	**FTE In Post**	*445.64*	*463.12*	*478.00*	*484.14*	*486.32*	*492.74*	*481.07*	*481.07*	*487.90*
		FTE	**New Starters**	**13.61**	**31.80**	**15.00**	**15.80**	**5.40**	**4.61**	*7.82*	*13.61*	
		FTE	**Leavers**	**8.51**	**9.13**	**4.51**	**4.60**	**1.00**	**1.00**	*4.56*	*4.56*	
		FTE	**Vacancies in month**	**65.92**	**48.44**	**33.56**	**33.36**	**31.18**	**24.76**	*33.46*	*33.46*	*19.58*
	Offers External Applicants	**FTE**	**Conditional offers (in month)**	**19.00**	**14.41**	**4.60**	**1.60**	**4.53**	*2.62*	*1.00*	*4.53*	
		FTE	**Offers Confirmed (in month)**	**16.50**	**22.00**	**5.00**	**13.40**	**8.80**	*7.00*	*4.60*	*8.80*	
Band 3 HCAs	**SIP**	**FTE**	**Establishment**	**92.48**	**92.48**	**92.48**	**93.97**	**93.97**	**93.97**	*93.23*	*93.23*	*90.24*
		FTE	**FTE In Post**	**88.37**	**84.16**	**87.71**	**90.71**	**91.99**	**90.95**	*89.54*	*89.54*	*87.68*
		FTE	**New Starters**	**0.46**	**0.00**	**0.96**	**2.00**	**1.00**	**0.18**	*0.00*	*0.46*	
		FTE	**Leavers**	**0.00**	**2.00**	**0.00**	**0.00**	**0.00**	**1.00**	*0.00*	*0.00*	
		FTE	**Vacancies in month**	**4.11**	**8.32**	**4.77**	**3.26**	**1.98**	**3.02**	*3.69*	*3.69*	*2.56*
	Offers External/Internal Applicants	**FTE**	**Conditional offers (in month)**	**0.00**	**5.24**	**1.00**	**2.00**	**3.00**	*0.00*	*0.00*	*1.00*	
		FTE	**Offers Confirmed (in month)**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	*3.00*	*0.00*	*0.00*	

Notes:

New starters: Figures based on agreed dates with new hires

New starters forecast: Based on average number of new recruits as a result of recruitment campaigns

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

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

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

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

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

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

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

Band 2 HCAs: Includes apprentice HCAs

Data source: ESR and Recruitment data base

Band 5 Nurses	
	Assuming appointing 13.05 wte per month based on regular one stop interivews with N+L and pre-employment checks completed on the interview day Recruitment events including university open days and external recruitment fairs planned for Feb, March , April , May and Oct 2018. 20 student nurses (due to qualify in Sept 18) were offered posts at Recruitment Fairs held in 2017
Forecast for Student Nurses	48 final year students due to qualify in Sept 18 have returned preferences and are being allocated postions by the Clinical Groups.
Band 6 Nurses	Band 6's - counting all band 6 nurses with the exception of midwives
Band 5 Midwives	Band 5 Midwives - New starters - median number of new starters based on last 12 months - 1.97
Band 6 Midwives	New starters - median based on recruitment activity over the last 12 months + number of band 5's due to commence in band 6 roles following successful completion of training.
Band 3 HCA's	New starters - median based on recruitment activity over the last 12 months.
Band 2 HCAS	Excludes care support workers (Occ code - all H1's)
staters	this includes all starters from the first of the month
staff in post	this includes staff in post as at the first of the month

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Trust Risk Register
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Refeth Mirza, Head of Risk Management
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

The Trust Risk Register (TRR) provides the Board with details on all identified operational risk exposures across Sandwell and West Birmingham Hospitals NHS Trust. The Executives have identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration should the mitigation plans be ineffective.

There are two areas where, having implemented the planned mitigating actions, the potential of an adverse impact on the Trust remains significant. These relate to the Lack of results acknowledgment and the workforce plan and merit a Board discussion on further actions planned and/ or required to reduce the probability or severity of the risks materialising.

REPORT RECOMMENDATION:

Trust Board is recommended to:

a) consider, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control; and
b) advise on any further risk treatment required.

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

Accept	Approve the recommendation	Discuss
	✓	✓

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

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

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

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

PREVIOUS CONSIDERATION:

Risk Management Committee and Clinical Leadership Executive

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1 March 2018

Trust Risk Register

1. Introduction

1.1 The Trust Risk Register (TRR) provides the Board with details on all identified operational risk exposures across Sandwell and West Birmingham Hospitals NHS Trust. Significant risks which feature in the TRR are those with a risk score of 15 or above, or those with a lower rating but which the Board has decided to keep under surveillance. These risks are currently subject to monthly review at the Risk Management Committee and Clinical Leadership Executive. This report has been updated to capture any decisions made by those Committees.

1.2 The Executives have identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration should the mitigation plans be ineffective.

1.3 A summary of the main controls and mitigating actions for the significant risks currently identified in each Clinical Group and Corporate Directorate is available in **Appendix A.**

2. Discussion points

2.1 Since the TRR was reported to the Board at its February 2018 meeting the Head of Risk Management has supported risk owners in further reviewing their risks and updated each risk assessment to provide an accurate position against the progress of mitigating actions.

2.2 All risks on the TRR have been reviewed in a timely way ensuring that actions are carried out so that none are overdue. The TRR is being actively monitored and updated with progress to maintain its current position.

2.3 Following discussions at February Board, two areas below have been discussed at February Risk Management Committee (RMC) and the updated risk assessments will be provide to next month's RMC and subsequently Clinical Leadership Executive (CLE) and Trust Board. **Risk 2642** (results acknowledgement) The Medical Director has reviewed and updated this risk with a mitigated plan and this is appended. **Risk 114** (Workforce Plan), Following discussions at February Board, the Executive Director of People & Organisation is reviewing this risk and an update with mitigating actions will be presented to March Risk Management Committee and subsequently CLE and Board. It is to be noted that this risk has been increased due to the increased paybill. Groups/Directorates have been requested to develop and implement additional CIP plans to address identified CIP shortfall.

2.4 The two areas shown below were highlighted at the February Trust Board and then subsequently discussed at February RMC as it were felt that having implemented the planned mitigating actions; the potential of an adverse impact on the Trust remains significant. Following discussions and review by the Executive leads, these have been now been updated on further actions planned and/ or required to reduce the probability or severity of the risks materialising.

Risk No. 114	Risk No. 2642
Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment due to a reduction of 1400 WTEs, leading to excess pay costs.	*There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.*

2.4.1 **Risk 2849** (Unfunded beds – Impact on financial delivery of CIP); **Risk 215** (Delayed Transfer of Care) – Following the Boards' recommendation last month, these risks will remains on the TRR, for monitoring only. Should the risk at any point fall back to 'Red 'or 'Amber' the Directorates/Group is advised to escalate it back to CLE following discussions at Risk Management Committee. The Chief Operating Officer has set targets for 3 months and the KPI's will be monitored on the monthly Integrated Performance Report (IPR) and weekly Sitrep.

2.5 There are no new risks are being escalated for the Board to discuss

3. Recommendations

Trust Board is recommended to:

a) consider, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control; and
b) Advice on any further risk treatment required.

Refeth Mirza
Head of Risk Management

19 February 2018

TRUST RISK REGISTER - February 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Severity	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	4 Major	Amanda Geary ***Rachel Barlow***	20/01/2018	3x4=12	**Cross charging tariff affecting financial position.** **1**-Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed. **(28/02/2018))** **2**-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. **(28/02/2018)**	2x4=8	28/02/2018	Live (With Actions)
221 22/09/2015	Medical Director Office	Informatics(C)	There is a risk of failure of a trust wide implementation of a new EPR. Failure of the EPR to go-live in the timescale specified will impact on cost and lost benefits resulting in an inability to meet strategic objectives.	4x4=16	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Funding allocated to LTFM 3-Delivery risk shared with supplier through contract 4-Project prioritised by Board and management. 5-Project governance including development, approval and tracking to plan. 6-Focus on resources to deliver the implementation including business change, training and champions.	4 Major	Kulvinder Kalsi ***Mark Reynolds***	18/01/2018	3x4=12	**Insufficient skilled resources within the Trust to deliver the EPR system.** **1**-Develop and publish implementation checklists and timescales for EPR. Report progress at Digital PMO and Committee **COMPLETED** **2**-Agree a plan for Unity to go live meeting the needs of clinicians, Informatics and operational staff.. **(28/02/2018)** **3**-Embed Informatics implementation and change activities in Group PMOs and production planning **(31/03/2018)** **4**-Agree and implement super user and business change approaches and review and re-establish project governance **(30/01/2018)**	1x2=2	31/05/2018	Live (With Actions)
1643 11/02/2016	Corporate Operation	__	Unfunded beds with inconsistent nursing and medical rotas are reliant on temporary staff to support rotas and carry an unfilled rate against establishment. This could result in underperformance of the safety plan, poor documentation and inconsistency of care standards.	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTOCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned. **Additional controls** - Funded bed model approved in Q3 and recruitment on track with substantive staffing improving. Medicine forecast 35 band 5 vacancies at end of Q4 2017. Safety plan and Early warning trigger tools in place on all wards and tracked through Consistency of Care and Executive Performance Committee. Associated risks are managed at group level and tracked through Risk Management Committee.	4 Major	Rachel Barlow ***Rachel Barlow***	15/03/2018	4x4=16	**Unfunded beds - insufficient staff capacity.** 1. Patient flow programme to be delivered to reduce LOS and close beds. This includes: consultant of the week model for admitting specialties / new push/ ull AMU led MDT/ADAPT pathway / no delay for TTA project/criteria led discharge / OPAU to directly admit from ED - **31/03/2018** Contingency bed plan is agreed in October for winter - L5 to be opened in November.**(31/12/2017) - COMPLETED**	1x4=4	31/03/2018	Live (With Actions)
228 22/09/2015	Medical Director Office	Informatics(C)	There is a risk that a not fit for purpose IT infrastructure as current systems are not flexible to support clinical activity redesign. This will result in a failure to achieve strategic objectives and significantly diminishes the ability to realise benefits from related capital investments.	3x4=12	1-Approved Business Case in place for Infrastructure Stabilisation programme (approved by Trust Board June 2015) 2-Specialist technical resources engaged (both direct and via supplier model) to deliver key activities 3-Informatics has undergone organisational review and restructure to support delivery of key transformational activities 4-Informatics governance structures and delivery mechanisms have been initiated to support of transformational activities	4 Major	Dean Harris ***Mark Reynolds***	14/02/2018	3x3=9	**IT infrastructure not fit for purpose.** **1**-Establish infrastructure plan and track progress. **(31/12/2017) - Awaiting update from Dean Harris** **2**-Migrate SAN storage and close P4500 and 3PAR **(31/03/2018)** **3**-Migrate VMs from VMware to Hyper-V - **(31/03/2018)** **4**-Standardise network config to resolve performance issues **(31/03/2018)**	1x1=1	31/03/2018	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics(C)	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	4x4=16	1-Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case 2-Information security assessment completed and actions underway.	4 Major	Mark Reynolds ***Mark Reynolds***	14/02/2018	2x4=8	**Sytems in place to prevent cyber attack.** **1**- Upgrade servers from version 2003. **(31/03/2018)** **2**-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. **(31/03/2018)** **3**-Achieve Cyber Security Essentials **(31/03/2018)** **4**-The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. **(31/03/2018)** **5**-Complete rollout of Windows 7. **(31/03/2018)** Restricted Devices Security Controls **(31/12/2017) - COMPLETED**	2x4=8	31/03/2018	Live (With Actions)
2642 20/06/2017	Medical Director Office	Medical Director's Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	3x5=15	1-There is results acknowledgment available in CDA only for certain types of investigation. 2-Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3-Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4-Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5-SOP - Results from Pathology by Telephone (attached)	5 Catastrophic	***David Carruthers***	15/02/2018	2x5=10	**Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.** **1**-Implementation of EPR in order to allow single point of access for results and audit **(30/03/2018)** **2**-All staff to comply with the updated Management of Clinical Diagnostic Tests policy **(28/02/2018)** **3**-To review and update Management of Clinical Diagnostic Tests **(28/02/2018)**	1x5=5	31/03/2018	Live (With Actions)
1738 15/04/2016	Surgery	BMEC Outpatients - Eye Centre	There is a risk that children under 3 years of age, who attend the ED at BMEC, do not receive either timely or appropriate treatment, due to limited availability OOH of specialist paediatric ophthalmologists and/or the availability of a paediatric anaesthetist. This could potentially result in severe harm to the patient.	3x4=12	1-Contingency arrangement is for a general ophthalmologist to deal with OOH emergency cases. 2-Agreement with BCH to access paediatric specialists advice. 3-There is a cohort of anaesthetists who are capable of anaesthetising children under 3 who can provide back-up anaesthetic services when required. 4-Where required patients can be transferred to alternative paediatric ophthalmology services beyond the local area - potentially Great Ormond Street Hospital 5-The expectation of the department is that a general ophthalmologist should be able to treat to the level of a general ophthalmologist and will be able to deal competently with the majority of cases that present at BMEC ED	4 Major	Bushra Mushtaq ***David Carruthers***	15/12/2017	2x4=8	**Limited access to OOH service.** **1**-Engage with ophthalmology clinical lead at BCH and agree a plan for delivering an on call service. **(30/11/2017)** 2-Liaise with commissioners over the funding model for the Paediatric OOH service. **(31/03/2018)** 3-Paediatric ophthalmologists from around the region to participate in OOH service (for discussion and agreement at a paediatric ophthalmology summit meeting).**(31/03/2018) - Awaiting update** 4-Clarify with Surgery Group leads what the paediatric anaesthetic resourcing capacity is. **(22/12/2017) - Awaiting update**	1x4=4	31/03/2018	Live (With Actions)
215 16/09/2016	Corporate Operations	Waiting List Management (S)	There is high Delayed Transfers of Care (DTOC) patients remaining in acute beds, due to a lack of EAB beds in nursing and residential care placements and social services. This results in an increased demand on acute beds.	4x5=20	New joint team with Sandwell is in implementation phase. **Additional Controls - Birmingham city council: bed base confirmed and expanded for 2017-18. Package of care service responsive. Sandwell Social Care continue to purchase beds at Rowley Regis to mitigate bed capacity issues. 7 dat social workers on site and DTOC patients in acute beds <10 generally.**	4 Major	Rachel Barlow ***Rachel Barlow***	13/03/2018	2x4=8	**Lack of EAB beds in nursing and residential care placements and social services.** **1**- The System Resilience plan awaits clarification from Birmingham City Council. The system resilience partners are considering risk and mitigation as part of A&E delivery group. **(31/12/2017) - COMPLETED** **2**- To review and update the ADAPT pathway, with a management data set and KPI standards. The new process to be implemented in September to provide more focused assessments and care planning. **(31/12/2017) - COMPLETED**	2x4=8	**COMPLETED**	Live (Monitor)
2849 28/11/2017	Corporate Operations	Medical Surgical Team	Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.	5x4=20	Design and implementation of improvement initiatives to reduce LOS and EDD variation through establishing consistency in medical presence and leadership at ward level - consultant of the week		Rachel Barlow ***Rachel Barlow***	13/03/2018	2x3=6	**1**- implement at pace the improvement programme to reduce LOS and improve EDD compliance - **(31/03/2018)** To reduce number of patients staying over 7 days **(31/12/2017) - COMPLETED** Ensure business intelligence available to mange at ward, group and corporate level in real time **(09/12/2017) - COMPLETED**	4x3=12	31/03/2018	Live (Monitor)

TRUST RISK REGISTER - February 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Severity	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
214 18/03/2016	Corporate Operations	Waiting List Management (S)	The lack of assurance of the 18 week data quality process, has an impact on patient treatment plans which results in poor patient outcomes/experience and financial implications for the Trust as it results in 52 weeks breaches. There is a risk delay in treatment for individual patients due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust as a result of 52 week breaches	4x3=12	1- SOP in place 2-Improvement plan in place for elective access with training being progressed. 3-following a bout of 52 week breach patients in Dermatology a process has been implemented where by all clock stops following theatre are automatically removed and a clock stop has to be added following close validation 4-The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training. **Additional controls** review of 6 months of 52 week breaches to review themes. consider clinician competency training.	4 Major	Liam Kennedy ***Rachel Barlow***	13/03/2018	3x3=9	**Lack of assurance on 18 week process.** **1**-Data quality process to be audited - Monthly audits **(31/03/2018)** **2**- E-learning module for RTT with a competency sign off for all staff in delivery chain - to b e rolled out to all staff from October. **(31/03/2018)** **3**-Bespoke training platform for 18 weeks and pathway management for all staff groups developed in line with accredited managers programme. **(31/10/2017) - COMPLETED**	2x2=4	31/03/2018	Live (With Actions)
533 29/12/2015	Primary Care And Community Therapies	Oncology Medical	There is a risk of negative impact to cancer waiting times, caused the withdrawal of oncology consultants and transfer of patients to other providers, which may lead to longer waits for oncology treatment.	3x5=15	1- Use of locums to fill staffing gaps. 2- NHS Improvement-seconded UHB manager on site at SWBH to try and facilitate communication with UHB clinical team and improve perception of performance.	4 Major	Stephen Hildrew ***David Carruthers***	22/02/2018	3x5=15	**Staffing gaps due to non replacement UHB roles.** **1**- Recruitment halted by UHB. Notification of withdrawal not rescinded. Service due to cease **28/02/2018**	1x5=3	28/02/2018	Live (With Actions)
1603 22/01?2016	Finance	Financial Management (S)	The Trust's recent financial performance has significantly eroded cash balances and which were underpinning future investment plans. There is a risk that our future necessary level of cost reduction and cash remediation is not achieved in full or on time and which compromises our ability to invest in essential revenue developments and inter-dependent capital projects	5x5=25	1-Routine & timely financial planning, reporting and forecasting including fit for purpose cash flow forecasting. 2-Routine five year capital programme review & forecast 3-Routine medium term financial plan update 4-PMO infrastructure and service innovation & improvement infrastructure in place & effective Independent controls / assurance 1- Internal audit review of core financial controls 2-External audit review of trust Use of Resources including financial sustainability 3-Regulator scrutiny of financial plans 4-Routine scrutiny of delivery by FIC	5 Catastrophic	Timothy Reardon ***Tony Waite***	28/02/2002	4x5=20	**Lack of assurance on the sufficiency of our plans to achieve cost reduction and cash remediation** **1**- Deliver operational performance consistent with delivery of financial plan to mitigate further cash erosion - **(31/03/2018)** -Use relevant benchmarks to underpin multi-year & specific CIP plans -Align trust CIP to commissioner QJPP to secure collective system cost reduction -Secure market opportunities to drive financial margin gain - **(31/03/2018)** **2**- Ensure necessary & sufficient capacity & capability to deliver scale of improvement required **3**- Develop and secure alternative funding and contracting mechanisms with commissioners to secure income recovery and to drive the right long term system behaviours - **(31/03/2018)** **4**- Refresh LTFM to confirm scale of cash remediation required consistent with level 2 SOF financial sustainability rating - **((31/03/2018)** **5**- Secure borrowing necessary to bridge any financial gap - **(31/03/2018)**	2x5=10	31/03/2018	Live (With Actions)
534 29/12/2015	Primary Care & Community Therapies	Oncology Medical	There is a risk of Trust non-compliance with some peer review standards and impact on effectiveness of tumour site MDTs due to withdrawal of UHB consultant oncologists, which may lead to lack of oncologist attendance at MDTs	3x4=12	Oncology recruitment ongoing. Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings.	4 Major	Jennifer Donovan ***David Carruthers***	11/02/2018	3x4=12	**Lack of Oncologist attendance at MDTs.** **1**- Review of MDT attendance underway as part of NHS Improvement/ NHS England oversight arrangements for oncology transfer. **31/03/2018**	1x4=4	31/03/2018	Live (With Actions)
666 20/07/2017	Women and Child Health	Lyndon 1	Children-Young people with mental health conditions are being admitted to the paediatric ward due to lack of Tier 4 bed facilities. Therefore therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	1- Mental health agency nursing staff utilised to provide care 1:1 2- All admissions are monitored for internal and external monitoring purposes. 3-Awareness training for Trust staff to support management of these patients. 4-Children are managed in a paediatric environment.	4 Major	Heather Bennett ***Rachel Barlow***	16/03/2018	4x4=16	**There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support.** **1**- The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally. **(31/03/2018)**	3x4=12	31/03/2018	Monitor (Tolerate)
566 17/10/2017	Medicine And Emergency Care	Accident & Emergency (S)	There is a risk that further reduction or failure to recruit senior medical staff in ED will lead to an inability to provide a viable rota at consultant level. This will impact on delays in assessment, treatment and will compromise patient safety.	4x5=20	1- Recruitment campaign in place through local networks, national adverts, head-hunters and international recruitment expertise. 2- Leadership development and mentorship programme in place to support staff development. 3-Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums.	5 Catastrophic	Michelle Harris ***Rachel Barlow***	13/03/2018	3x4=12	**Vacancies in senior medical staff in ED.** **1**- Recruitment ongoing with marketing of new hospital. **(31/03/2018)** **2**- CESR middle grade training programme to be implemented as a "grow your own" workforce strategy. **(31/03/2018)** **3**- Development of recruitment strategy **(31/03/2018)**	4x3=12	31/03/2018	Live (With Actions)
114 04/04/2016	Workforce And Organisational D	Human Resources	Insufficient policy levers to ensure effective delivery of Trust workforce plan establishment due to a reduction of 1400 WTEs, leading to excess pay costs.	4x5=20	1-The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation, including TUPE or other statutory requirements. 2- Learning from previous workforce change is factored in to the delivery plan, inclusive of legislative changes and joint working with Staffside	4 Major	Raffaela Goodby ***Raffaela Goodby***	04/03/2018	3x5=15	**Delivery of Workforce Plan.** **1**-Implementation of 2nd year of the 16-18 Transformation Plan monitored via TPRS and People Plan Scorecard. **(31/03/2018)** **2**-Groups required to develop workforce plans/ associated savings plans for 18-19 ensuring effective and affordable reconfiguration of services in 2019. Plans to be developed through Group Leadership, with a view to commencing an open and transparent workforce consultation process in the spring of 2018. **3**-Groups required to develop and implement additional CIP plans to address identified CIP shortfall. **(31/12/2017) - AWAITUNG UPDATE**	3x3=9	31/07/2018	Live (With Actions)
410 04/10/2016	Surgery	Outpatients - EYE (S)	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Opthalmology Outpatient Department as a consequence of poor building design which can result in financial penalties and poor patient outcomes.	5x4=20	Staff trained in Information Governance and mindful of conversations being overheard by nearby patients / staff / visitors	3 Moderate	Laura Young ***Rachel Barlow***	30/01/2018	3x4=12	**Poor building design of SGH Ophthamology OPD** **1**-Review of moving the community dental rooms. Plans being drawn up - should be available for consultation mid Sept 2017 - potential for renovation around mid 2018. **(31/07/2018)** **2**-Review plans in line with STC retained estate **(31/07/2018)**	2x2=4	29/09/2018	Live (With Actions)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Results Acknowledgement Risk 2642 Electronic results acknowledgement
SPONSOR (EXECUTIVE DIRECTOR):	David Carruthers, Medical Director
AUTHOR:	David Carruthers, Medical Director
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

Currently there is concern that pathology and radiology reports, particularly those radiology results that are red flagged as showing significant pathology, may be missed and thus not acted on. Electronic results acknowledgement currently only exists for radiology reports. When UNITY is introduced there will be mandatory results acknowledgement required by the doctor who ordered the test for all pathology and radiology reports.

At present, different processes will be in place within each department based on the Trust policy for results acknowledgement. These will revolve around the responsibility of the doctor who ordered the test checking the result. Investigations where there is a natural delay from the time the test is ordered to it being performed and then reported on present the greatest risk. This refers to radiological practice mainly.

There are several different reasons why reports may be missed, primarily dependent on the type of imaging ordered and the environment from which the image was ordered (in or out patient).

This paper looks at the different patient groups where the risk may occur and the processes that need to be established to reduce the risk of reports with significant pathology being potentially missed prior to UNITY.

REPORT RECOMMENDATION:

The board is asked to consider this report and the process that is being established to minimise the risk of missed flagged radiology reports.

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

Accept	Approve the recommendation	Discuss
	x	

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

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

Comments:

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

PREVIOUS CONSIDERATION:

Risk Number 2642 - Electronic Results Acknowledgement

Introduction:
Results of investigations ordered during patient care are the responsibility of the ordering doctor to check and act on. Outstanding results must be handed over to a named individual to check when they become available. The urgency for viewing results will differ for acute in-patient and routine out-patient care. Significantly abnormal blood or microbiology results are communicated in line with laboratory policy (telephone call to test orderer or to location of patient), others appear on iCM/CDA for viewing and appropriate action, which may include transcription into paper medical records and a record made of any action taken.

For plain radiology, films will mostly be viewed by the clinical team prior to a radiologist report being available, aiding clinical decision making. Cross sectional imaging, ultrasound and other specialist imaging requires skilled radiologist reporting before clinical action is taken. Images (plain or specialist) that demonstrate significant pathology (e.g. malignancy or other potential life changing pathology) are 'red flagged' according to radiology department policy. Best practice times for reporting of both in and out-patient imaging are defined and worked to by the radiology department.

Radiology reports are available on CDA and iCM but also require electronic acknowledgement of the report on CDA by the doctor who ordered the test, indicating that the report has been seen and acted on. Those reports indicating possible malignancy are also automatically copied to the appropriate MDT for that cancer group.

The identified risk:
Electronic reports may be delayed or not acknowledged (and therefore appropriate action not taken) if

1. Medical staff do not view the ERA system on CDA
2. The referring doctor has left the organisation and ERA system has not been updated to reflect this
3. The ordering clinician is on a period of prolonged leave
4. The result is sent to someone not involved in the patient's care
    a. Patient has changed teams during admission
    b. Wrong spell of activity selected for that patient at the time of test ordering

It is the potential for missed red flagged radiology reports where there is the greatest concern.

Action planned:

- Discussion with the clinical specialties about the difficulties they experience with ERA will be undertaken as different specialties will have different challenges in this area related to the volume and time to availability of reports.
- The policy on 'medical management of clinical diagnostic tests' will be reviewed and then redistributed to specialty leads with an appropriate audit tool asking them to confirm the SOP for their specialty area for review of blood, microbiology and histology reports (where ERA does not exist) and that for acknowledgement of radiology reports. Confirmation that all staff members are aware of and abide by the system will be requested.
- Confirmation of the process for results acknowledgement when a doctor is on leave is to be requested.
- The process for reassigning radiology reports to another clinician (e.g. specialty lead) after a consultant has left the Trust will be explored with IT and clinical groups.
- Those reports assigned to the wrong doctor can (and should) be redirected to the appropriate clinician (identified via CDA) by the doctor who sees the report. Confirmation that this happens will be sought.
- Lessons learnt from some of these areas will help inform the SOP for results acknowledgement in UNITY.

Timeline:

The policy on ‘medical management of clinical diagnostic tests’ is in the process of being reviewed, with a data collection tool being developed. The aim is to distribute this before the next QIHD to aid departmental discussion and SOP completion.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Integrated Quality & Performance Report – P10 January 2018
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance
AUTHOR:	Yasmina Gainer, Head of Performance & Costing
DATE OF MEETING:	1 March 2018

EXECUTIVE SUMMARY:

IPR – Key indicators summary – P10 January 2018 :

- **62 day cancer** compliant at 88.2% at December vs. target of 85% meeting all Q3 cancer targets; January is forecast to underperform at circa82% against the 62 day target, February and March are forecast to meet the standard as is the Quarter 4 position.
- **RTT incomplete pathway** January RTT standard for incomplete pathways maintained. Monthly trajectory remains compliant.
- **Mortality rate** indicator RAMI is 109. MDO review of emergent divergence between weekday and weekend rates 103 and 130 respectively was reportable to December Q&S (suggest shift to February to allow for new Medical Director transition).
- **MRSA** – no cases year to date.
- **CDiff** – compliant with target year to date x22 cases vs 25 target ; January in month 4x cases;
- **Acute Diagnostic waiting times** within 6 weeks at January at 99.3% compliant to 99% standard. Compliance forecast for this standard in Quarter 4.
- **VTE** assessments were 95.9% for January recovering from last month. 338 assessments were missed.

× **ED 4 hour** performance for January 82.52% vs STF required standard of 90% with 3,249 breaches of the standard. February continues to underperform.

× **Neutropenic sepsis** remains below 100% standard, but shows improvement, 7% of patients (3/46) patients did not receive treatment within the required 1hr timeframe. 2 of these breaches were for clinical reasons. February continues to see breaches out of hours and work continues to ensure sustained improvement in March.

× **52 week incomplete breaches** x1 in January on the incomplete pathway.

× **Elective Operations Cancellations** standards continues to under deliver. x37 late cancellations declared for January. 17 cancellations were related to lack of bed capacity, 7 of these being access to ICU beds for planned post-operative care. This was due to increased emergency demand over the period. With this exception, the underlying controls and cancellation rate is improving and the trajectory to improve anticipated to be met at the end of Quarter 4.

× **28 Day Breaches** in January; regrettably x3 patient operations were cancelled for a second time; due to lack of beds secondary to exceptional urgent care demand. All these cancellations were approved on a risk assessed basis

× **Hip fractures** for January best practice tariff performance at 84%. Whilst improvement visible, still remains below 85% standard on a persistent basis.

× **Sickness rates** December at 4.85% in month and 4.46% cumulatively. Short-term sickness at 963 cases, long term sickness in month 247 case.

- **MSA Breaches** – Following agreement of new exemption criteria by the CCG, the Trust had no MSA breaches in January.
- × **Readmissions** have increased in January from 7.0% to 7.6%. This is comparable to the same time last year.
- × **Stroke target underperformance** – time to thrombolysis is 50% not the 16% documented in the IPR. This was the result of 1 of 2 patients not receiving treatment within the hour due to clinical reasons.

Requiring attention – action for improvement :

WHO Safer checklist
Improved from 97% to 99.6% in December, but dropping again to 98.6% in January. Improvement needs to reflect a sustainable position

Cancer
- Inter-tertiary referrals are not meeting the required 38 days period which is live from April. This potentially infers fines for the trust. An improvement plan is in train to shorten diagnostic elements of these pathways and compliance is forecast for April.

Neutropenic Sepsis
- As per persistent reds to be resolved by March 2018.

RTT
- 52 week breaches –RTT training plan on track to mitigate administration errors. Assurance that RTT training is fully rolled out is required. The CCG are seeking assurance from the Trust to deliver improvements against breaches.
- Admitted and non-admitted compliance trajectory behind plan as a result of winter pressures and cancellations. This will be rephrased for next month.

Community Performance
- Under performance in District Nurse assessment for dementia and pressure ulcers have associated improvement plans scheduled for improvement in Quarter 1 2018. .

Open Referrals
- Open referral growth under analysis and for an improvement plan due for March.

Persistent Reds
- As per separate paper.

Recovery Action Plans (RAPs)

New RAPs/Performance Notices heads up:

Following the monthly CRM (Contracting Review Meeting), we are notified to expect performance notice requests for: Community service, RTT breaches of 52 waits and Sepsis assurance

CQUINs 2017/18 – Q3 Position

CQUINs: Q3 submitted and feedback received from commissioners.

- The funding value full year 2017/18 is £8.8m for the trust.
- Q3 cumulatively reports a shortfall of £129k against possible delivery at £4.5m, which is a good result.
- This shortfall is attributable to Sepsis partial delivery.

Year End Forecast

- Whilst Q3 shows a very positive position, there are risks with the Q4 milestones.
- A potential loss value has been calculated at £850k, this is 10% of the total annual funding value.
- The risk is across the following schemes:
    - Improvement of health & wellbeing of NHS staff - improvement of 5% against 3 specific survey questions is unlikely (£452k),
    - Sepsis continuing to partially deliver (£170k),
    - Antibiotic usage unlikely to deliver 1% reduction year on year (£170k),
    - Secondary Care Dental : Audit of Day Case Activity (£55k)

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

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

Sandwell and West Birmingham Hospitals NHS Trust

Integrated Quality & Performance Report

Month Reported: January 2018

Reported as at: 15/01/2018

QUALITY & SAFETY COMMITTEE

Contents

January 2018

Infection Control

CDIff - compliant year to date
- x4 C. Diff cases reported during the month of January; above the 2.5 in month target
- x22 cases year to date against trajectory maximum of 25; so in line with the year to date target
- most recent two months exceed trajectory - escalated to DCNO for oversight
- An annual trajectory of 30 has been agreed with the CCG for 17/18.

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

MRSA Screening - compliant overall, but not in all groups/directorates
January month:
- Non-elective patients screening 90.3%
- Elective patients screening 88.8%
- Both indicators are compliant with 80% target in-month and year to date at Trust level

Elective screening is compliant with standard at trust level, but PCCT Group are not. Group need to take forward with Infection Control lead to ensure improvement is visible.

MSSA - compliant
MSSA Bacteraemia (expressed per 100,000 bed days)
Year to date rate at 5.7 compared to target of 9.42.

Harm Free Care

Safety thermometer - not compliant
- 93.7% reported for January;
- 94.4% year to date;

NHS Safety Thermometer target 95%, performance is a consistent marginal failure

- x79 [x71] falls reported in January with x0 [x0] falls resulting in serious injury,
- x753 falls reported year to date against an annual trust target of 804, based on current monthly trends, the annual target will be exceeded by c100 falls
- In month, there were 27 falls within community, 52 falls in acute setting.
- Falls remain subject to ongoing CNO scrutiny and emergent tracking of impact of Safety Plan on falls reduction.
- A request for a threshold review has been made to DON to ensure a closer link to admissions or other appropriate metrics.

- x13 [x10] avoidable, hospital acquired pressure sores reported in January of which there are x3 grade 3, x10 grade 2
- x5 separate cases reported within the DN caseload.
- CNO keep in view

- x3 [x4] serious incidents reported in January;

routine collective review in place and reported to the Q&S Cttee.

- No never event was reported in January; x3 year to date
- WHO Safer Surgery (Audit - brief and debrief - % lists where complete) as at January at 98.6% (99.6%) vs the 100% target. Improving, but persistently lists not de-briefed in Cardiology.

Clinician/list specific follow up by Group Director of Ops to secure 100% compliance

- No medication error causing serious harm in January; x1 case in last 20 mnths

- x36 (x19) DOLS have been raised in January of which 36 were 7-day urgents;

cases reduced to last five months

- Venous Thromboembolism (VTE) Assessments in at 95.9% [94.9%] recovering from last month and compliant with 95% standard; target missed in Medicine & EC
- 338 assessments were missed in January most likely due to significant winter pressure; being addressed through Safety Plan roll out to secure 100% compliance.

Obstetrics

C-section rate - compliant
- The overall Caesarean Section rate for January is 22.1% (26.6%) and 25.4% year to date just above the 25% target, driven mainly by non-elective cases
- Elective rates are 7.0% (very low compared to historical trend) and non-elective rates are 15.1% in the month comparable to same month last year.
- Performance considered at Q&S & Board and to be kept in view.

- Adjusted perinatal mortality rate (per 1000 births) for January 1.99 vs. threshold level of 8;
- The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.
- The year to date position 5.9 and within the tolerance rate of 8.0.
- Nationally, this indictor is monitored using a 3 year cumulative trend, based on which the Trust is within normal confidence limits.

- Stillbirth rate (per 1000 babies) for January is 1.99
- Neonatal Death Rate (Corrected) (per 1000 babies) is 0.0 in January

- Post Partum Haemorrhage (>2000ml) x1 case against a target of 4 in January, year to date there are 19x cases well below a target of 40

- Puerperal Sepsis for January is within normalised range following new sepsis pathways being implemented; Audit is in progress as per CQC action plan.

No maternal death was reported in January;
x1 death last 18mnths recorded in August.

- Breastfeeding initiation performance reports quarterly; December quarterly count is at 76.26% compliant with the 74% target.

Mortality & Readmissions

Mortality - compliant
- The Trust overall RAMI for most recent 12-mth cumulative period is 109 (available data is as at October) reporting now in the IPR a revised RAMI methodology, which needs to be monitored over the next few months to see the impact and comparison to historic approach - clinical effectiveness are monitoring.
- RAMI for weekday and weekend each at 103 and 130 respectively. MDO review reportable to December Q&S
- SHMI measure which includes deaths 30-days after hospital discharge is at 106 for the month of August (latest available data).
- **RAMI New Methodology effective from 1st Dec17:** CHKS RAMI was developed over ten years ago, it has become more complex, and this along with other reasons, led to a review. The Clinical Effectiveness team will be monitoring changes in methodology and any impact resulting from this on the organisation or benchmark, they are aware of the methodology.

- Deaths in Low Risk Diagnosis Groups (RAMI) - month of October is 62. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.
- Crude in-month mortality rate for December is 1.8% [1.2%] normalising to previous long term avg of 1.3%, increase to last month and to last year same month.
- The rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period
- There were x169 [x119] deaths in our hospitals in the month of December; higher than last year same period which was at 143

Mortality Reviews within 42 Days - not compliant
- Mortality review rate in November at 38% and continually below target; an exception report has been requested from the MD office to identify causes and improvements
- Revised Learning from Deaths arrangements being implemented and which will provide for routine 100% review.

- Readmissions (in-hospital) reported at 7.6% in December, jumping up from 7.0% in the previous month. This is appropriate to be triangulated with the LOS reduction programme to ensure it is not the same patients.

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

Stroke Care & Cardiology

Patient Stay on Stroke Ward - compliant year to date
- WD5 reporting for January indicates that 88.1% of patients are spending >90% of their time on a stroke ward - non compliant with the 90% operational threshold in the month, but compliant year to date at 92.9%

Admission to Acute Stroke Ward - not compliant
- January admittance to an acute stroke unit within 4 hours is at 78.4% below the national standard of 80%.

Scans - compliant
- Pts receiving CT Scan within 1 hour of presentation is at 71.1% in January, consistently compliant with 50% standard;
- Pts receiving CT Scan within 24 hrs of presentation delivery in month at 100% [100%] meeting the 95% standard in month and at 97% year to date

Thrombolysis - not compliant at WD5
Compliance at 16.7% in the month of January - being validated.

Angioplasty - compliant
For January 85.7% compliance on both Primary Angioplasty Door to balloon time (<90 minutes) and 94.1% Call to balloon time (<150 minutes) & delivering consistently against 80% targets

RACP - compliant
RACP performance for January at 100% [100%] exceeding the 98% target for over 22 consecutive mths

TIA Treatments - compliant
- TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at January is at 100% against the target of 70%.
- TIA (Low Risk) Treatment <7 days from receipt of referral delivery at January is 100% against a target of 75%.

Cancer Care

Cancer standards - compliant
- December delivery across all headline cancer targets including 62 Days at 88.2%; nationally the trust performs well on this target and with December delivery the Q3 performance has been achieved.
- Highlighting December 2WW delivering 97.3% against the 93% standard significantly improving on historical performance levels and putting the trust amongst top peers
- Impact of prospective changes to oncology & gynae-oncology services on performance being assessed - estimated at c1-2% adverse & which may compromise delivery of standards

Patient Waiting times
- x9.0 patients waited longer than the 62 days at the end of December.
- 3 [x4] patients waited more than 104 days at the end of December. 2x were due to DNA/cancellation and 1x case to be reviewed internally
- The longest individual patient waiting time for treatment as at the end of December was 104 days

Neutropenic sepsis - not compliant
- (3/46 patients) - 7% of neutropenic sepsis January cases failed to receive treatment within prescribed period (less than 1hr). The breaches are ED driven residual cases, confined to OOH service and lack of patients identifying themselves to be under chemotherapy. Actions are being progressed to further address remaining issues, progress is significant in terms of reduction of breaches so far.

Inter-Provider Transfers - not compliant
- 67% of Tertiary referrals were met within 38 days by the Trust for the month of December - the consistent failure to meet this target requires attention and escalated to GDO for review & assurance. Cancer team track breaches and provide RCAs for each. Fines are being proposed for the failure to achieve this target. The cancer team aim to address with services to ensure that 1st OP appointment happens earlier to allow for the transfer target to be met.

Patient Experience - MSA & Complaints

MSA - compliant with agreed local policy and practice
- For January there were no MSA breaches. This reflects local risk assessment and agreement that admissions to Assessment Units to be appropriately excluded.
- The trust continues to monitor all breaches.

Friends & Family - not compliant
- reporting of performance is undergoing a full review as part of 'persistent red' initiative.

Performance and reporting will improve through this. Scores and response rate remain low.

Complaints - not compliant on all indicators
- The number of complaints received for the month of January is 105 [71] with 2.4 [1.7] formal complaints per 1000 bed days, showing an increase to previous rates, but lower to last year same period (3.9).
- 99% (92%) have been acknowledged within target timeframes (3 days).
- 21% (12%) in month responses have been reported beyond agreed target time; escalated to DG for remedy.

Patient Experience - Cancelled Operations

Cancelled Ops - not compliant
- 40 sitrep declared late (on day) cancelations were reported in January. Of these 17 (42%) were avoidable;
- Elective operations cancelled at the last minute for non-clinical reasons, as a proportion of elective admissions, was 1.0% in January (since Jun16 consistently failing the tolerance of 0.8%). Improvement plans are in place to deliver target by Q1 18/19, last month's was reported at 1.4%

28 Day Breaches - not compliant
- There were 3x breaches of the 28 days guarantee in January; Dermatology and General Surgery due to lack of beds and oral surgery due to lack of case notes.
- Year to date x8 28 day breaches were incurred
- No urgent cancellations took place during the month of January

Theatre In-Session Utilisation - not compliant
- Theatre in-session utilisation is consistently below the target of 85%; 71.2% in month, 72.5% year to date consistent under-performance across all groups
- The in-session utilisation indicator alone does not measure productivity and throughput of patients needs to be taken into consideration too. The Trust operates a 210 mins(3.5hrs) sessions rather than 4hrs and hence it can be argued that in-session utilisation should therefore be even higher than 85%.
- A second indicator will be added to the IPR to measure 'overall session utilisation' (outside in-session timings, to sense-check productivity albeit outside a regular session); this will just provide a reality check on whether performance improves outside the regular sessions.
- Intensive planned care focus aims to improve booking rates and hence utilisation will improve as a result, but will always depend on level of cancellations and bed-capacity in the organisation.

Emergency Care

ED 4hr standard - not compliant
- The Trust's performance against the 4-hour ED wait target in January was 82.52% [78.65%] against the 90% STF & 95% national target
- 3,249 [3,814] breaches were incurred in January
- Trolley wait not recorded for January

ED quarterly performance trend for 17/18: Q1 at 83.31% ; Q2 at 87.11%; Q3 at 82.36%

WMAS Handovers - partially compliant
- WMAS fineable 30 - 60 minutes delayed handovers at 163 [208] in January. An very small increase month on month.
- x5 [x11] cases were > 60 minutes delayed handovers in January - the Trust performs very well in this category with only 46 breaches year to date > 60 mins

Handovers >60mins (against all conveyances) report at 0.11% in January declining to last months (target of 0.02%) . This performance is against total WMAS conveyances of 4,561 in January.
- On a year to date basis , handovers >60mins are at 0.10% against the 0.02% target which shows recovery.

Fractured NOF - not compliant
- Fractured Neck of Femur Best Practice Tariff delivery for January at 84% just below the 85% target in the month.
- Consistently below target including the year to date position which is at 67%.

- Bed moves after 10pm not compliant; there were 118 bed moves from 10pm-6am excluding moves for clinical reasons. The indicator may be skewed if the entry to PAS is after the move. • DTOCs accounted for 522 bed days in December; of which 226 beds were fineable to BCC. Sitrep defined DTOCs reported performance at 2.7% against the 3.5% target.

Sustained elevated levels of DTOCs; system plan to remedy remains to be assured.

Referral To Treatment

RTT - Incomplete pathway - un-confirmed at this stage
- RTT incomplete pathway for January as at today (16/2) is at 91.89% [92.0%] against the national target of 92.0%; this demonstrates pressure in the delivery of this target and requires further clock stop to achieve standard the day before submission on unify

- Admitted and non-admitted pathways are non-compliant to targets; action plans are in place to delivery these pathways by end of Q1

52 Week Breaches - not compliant
- There is 1x 52 week breaches in January against a Gynae patient on the incomplete pathway.

Acute diagnostic waits - compliant
- Diagnostic (DM01) performance for December delivered to standard of 99% at 99.3%; main breaches in Cardiology and CT;

Data Completeness

- The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in mnth with 98.4.% below operational threshold of 99% ; YTD (98.3%). OP and A&E datasets deliver to target.
- ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department.
- Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered.
- Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding

Open Referrals - not compliant
- Open Referrals, referring to patients in the system without a future waiting list activity, stand at 145,000 as at January showing a continuing, increasing trend again as administration / IT processes persistently do not close down referrals/pathways as appropriate.
- Recommendations have been made to COO on short and long-term improvements. This has yet to be agreed/progressed.
- Low patient risk rated (green risk) amount to c15,000 (which are part of the 145,000 total), are subject to auto-closures since Jan2016 and follow a set protocol.
- **The recommendations to COO include**: - key drivers for removing open referrals issues form the trust sustainably are **a)** IT solutions (developed solutions, but not implemented), **b)** - the 'Follow Ups WL' to be complete (open referrals not on there now) and **c)** that referrals are closed automatically on discharge (a seamless process rather than user dependent which currently fails)

Staff

PDR - not compliant
- PDR overall compliance as at the end of December is at 85.3% against the 95% target.
- Medical Appraisal at 82.1%.

Sickness - not compliant
- In-month sickness for December is at 4.85% (4.68%) worsening to last month; the cumulative sickness rate is 4.46% [4.48%].
- The number of short term sickness 963 [962] cases; long term 247 [246] cases;

Turnover rate - not compliant
- The Trust annualised turnover rate is at 13.3% [13.2%] in December increasing to previous months, higher to previous trend

Mandatory Training - not compliant
- Mandatory Training at the end of January is at 87.4% overall against target of 95%;
- Health & Safety related training is below the 95% target at 94.5% in January

CQUINs & Local Quality Requirements 2017/18

CQUINs :Q3 submitted and feedback received from commissioners.
- The funding value full year 2017/18 is £8.8m.
- Q3 cumulative results report a shortfall of £129k against possible delivery at £4.5m, which is a good result. This shortfall is attributable to Sepsis partial delivery.
- However, there are risks with Q4 milestones. A potential loss value has been calculated at £850k, a 10% of the total funding value.
- The risk is across the following schemes; Improvement of health & wellbeing of NHS staff - improvement of 5% against 3 specific survey questions is unlikely (£452k), Sepsis continuing to partially deliver (£170k), Antibiotic usage unlikely to deliver 1% reduction year on year (170), Secondary Care Dental : Audit of Day Case Activity (£55k)

Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract. Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract. The Trust has got a number of formally agreed RAPs (recovery action plans) in place at this stage which continued into 17/18:
- Community falls & dementia delivery is being addressed, but performance issues remain and the CCG has now requested a formal performance notice process
- Maternity indicators are being actively monitored for CO Monitoring but suffer from impact of out of area women who do not present in time and DNAs;
- A&E including morning discharges and other A&E indicators are subject to an overall plan (RAP) and 'patient journey' project.
- Sepsis delivery and RTT 52 week breaches have been requested most recently and we await formal performance notices.

STF Criteria & NHSI Single Oversight Framework

STF - £2.9m full year estimated cost of non-compliance

- 30% [c£3.1m] performance related STF to be assessed against achievement of ED 4hr improvement trajectory.

- Q1 £236k secured.
- Q2 & Q3 assessed as not secured due to likely non-compliance with 90% standard.
- Q4 assessed as not secured due to likely non-compliance with 95% March standard.

- Balance of STF [c£7.4m] related to achievement of financial plan.
- P07 financial performance reported as being on plan but supported by c£4.5m of unplanned non-recurrent measures.
- Out-turn suggests recovery of £4.9m of £7.4m of financial plan element of STF

Summary Scorecard - January (In-Month)

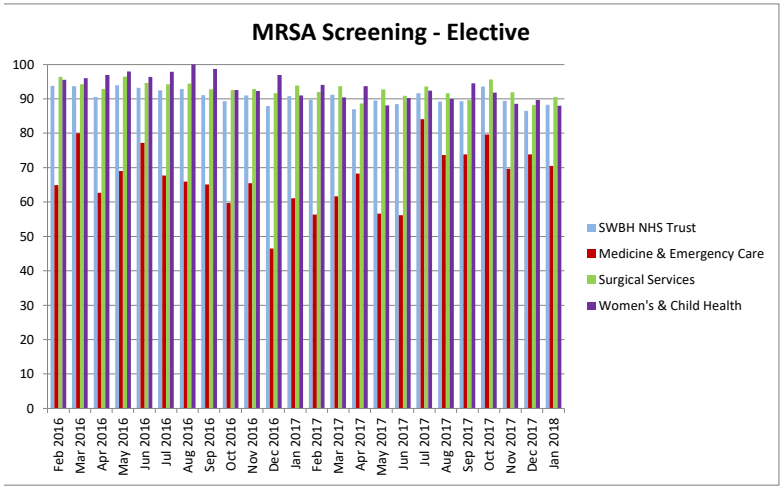
Summary Scorecard

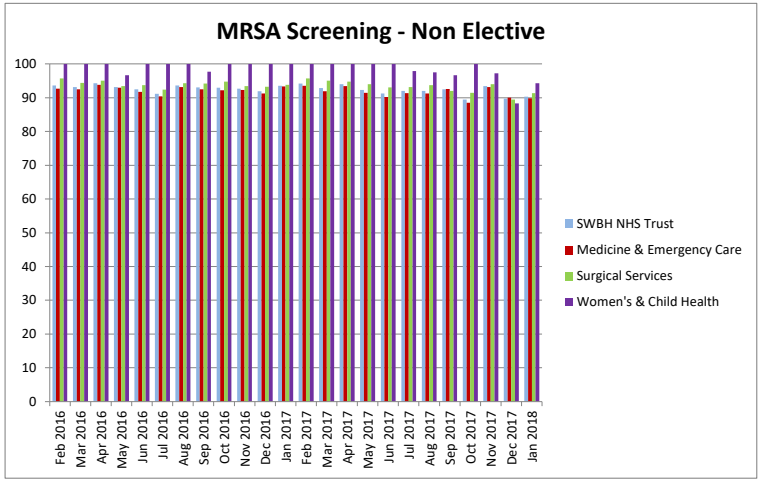
Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	6
Harm Free Care	9	4	9	22
Obstetrics	2	7	6	15
Mortality and Readmissions	1	1	11	13
Stroke and Cardiology	2	9	0	11
Cancer	1	9	5	15
RTT, MSA, Complaints	15	1	5	21
Cancellations	6	2	0	8
Emergency Care & Patient Flow	8	7	5	20
STF	6	2	6	14
Data Completeness	1	9	9	19
Workforce	5	3	13	19
Temporary Workforce	0	0	28	28
IQPR	10	6	9	18
Total	67	57	105	229

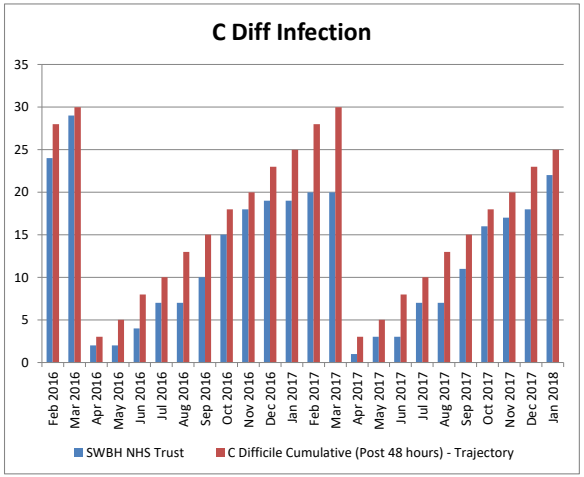
- Persistently red-rated performance (>12months) indicators are subject to improvement trajectories and monitoring.

Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Aug 2016) A S O N D J F M A M J J A S O N D J	Data Period	Group M	Group SS	Group W	Group P	Group I	Group PCCT	Group CO	Month	Year To Date	Trend
4			C. Difficile	<= No	30	2.5		Jan 2018	1	2	1			0		4	22	
4			MRSA Bacteraemia	<= No	0	0		Jan 2018	0	0	0			0		0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Jan 2018								0.0	5.7	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Jan 2018								14.4	9.3	
3			MRSA Screening - Elective	=> %	80	80		Jan 2018	70.5	90.5	88			25		88.3	89.2	
3			MRSA Screening - Non Elective	=> %	80	80		Jan 2018	89.9	91.4	94.3			100		90.3	91.7	

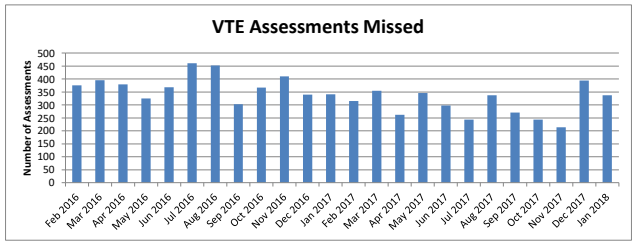


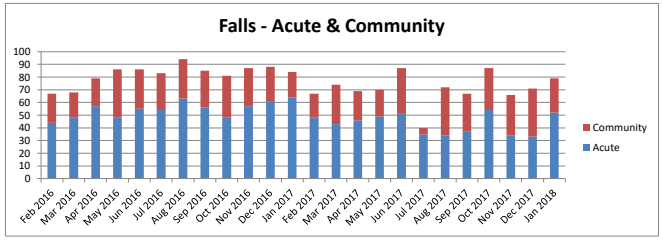


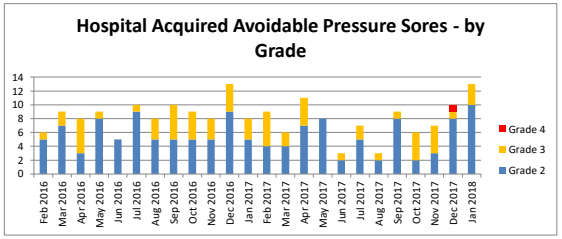


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PPCT	CO	Month	Year To Date	Trend
8		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Jan 2018								93.7	94.4	
8		d	Patient Safety Thermometer - Catheters & UTIs	%			3.00	3.00	1.00	6.00	2.00	2.00	0.00	0.00	3.00	2.00	1.00	3.00	2.00	1.00	4.00	4.00	6.00	0.00	Jan 2018								0.00	0.23	
			Number of DOLS raised	No			-	-	-	25	22	15	14	23	15	14	6	27	22	20	48	31	19	36	Jan 2018	19	7	0	-	-	10		36	238	
			Number of DOLS which are 7 day urgent	No			-	-	-	25	22	14	14	23	15	14	6	27	22	20	48	31	19	36	Jan 2018	19	7	0	-	-	10		36	238	
			Number of delays with LA in assessing for standard DOLS application	No			-	-	-	6	0	0	0	0	0	0	0	3	0	0	0	0	0	0	Jan 2018	0	0	0	-	-	0		0	3	
			Number DOLs rolled over from previous month	No			-	-	-	4	15	14	8	8	15	12	9	7	12	5	5	3	7	7	Jan 2018	2	0	0	-	-	5		7	82	
			Number patients discharged prior to LA assessment targets	No			-	-	-	6	6	2	11	6	3	11	7	7	9	9	11	7	2	4	Jan 2018	2	0	0	-	-	2		4	70	
			Number of DOLs applications the LA disagreed with	No			-	-	-	1	0	1	1	0	1	0	2	1	2	1	0	2	1	2	Jan 2018	1	1	0	-	-	0		2	12	
			Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	5	2	1	0	0	3	1	1	13	0	0	0	0	0	0	Jan 2018	0	0	0	-	-	0		0	18	
8			Falls	<= No	804	67	94	85	81	87	88	84	67	74	69	70	87	85	72	67	87	66	71	79	Jan 2018	35	17	0	0	0	27		79	753	
9			Falls with a serious injury	<= No	0	0	3	3	1	2	3	3	1	2	1	1	1	1	3	2	3	1	0	0	Jan 2018	0	0	0		0	0		0	13	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	8	5	9	8	13	8	9	6	11	8	3	7	3	9	6	7	10	13	Jan 2018	9	2	0			2		13	77	
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	3	2	0	2	5	6	8	6	5	8	4	7	4	3	6	4	5	2	Jan 2018						2		2	48	
3		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Jan 2018	92.5	98.7	95.9					95.9	96.4	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100																			Jan 2018	99.2	100.0	100.0		100.0			99.7	99.8	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Jan 2018	99	100	100		100			99.4	99.4	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Jan 2018	98	99	100		100			98.6	98.6	
9		d	Never Events	<= No	0	0	0	0	0	1	0	0	1	0	0	1	1	0	1	0	0	0	0	0	Jan 2018	0	0	0	0	0	0		0	3	
9		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	Jan 2018	0	0	0	-	0	0		0	1	
9		d	Serious Incidents	<= No	0	0	6	4	6	5	10	5	6	5	4	4	3	1	8	5	4	6	4	3	Jan 2018	2	1	0	0	0	0	0	3	42	
9			Open Central Alert System (CAS) Alerts	<= No			12	12	14	10	8	6	5	4	8	9	27	3	3	8	10	6	5	7	Jan 2018								7	86	
9		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	1	1	2	1	2	0	1	0	0	0	1	1	1	0	0	1	1	2	Jan 2018								2	7	

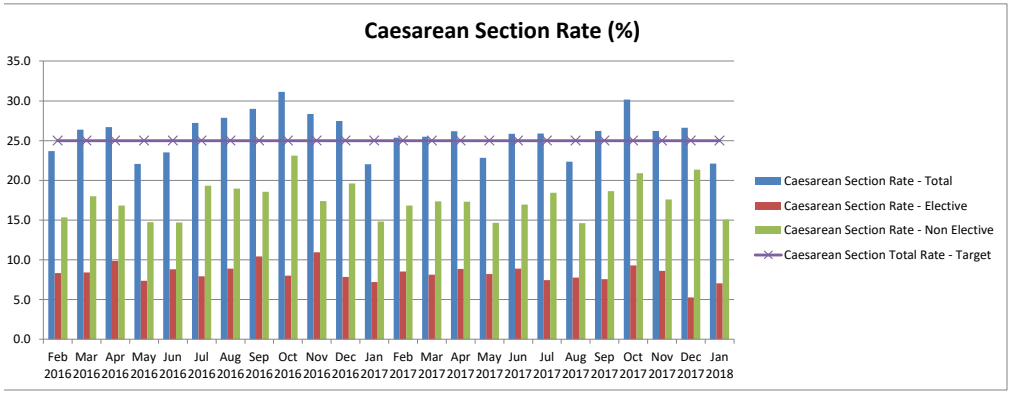


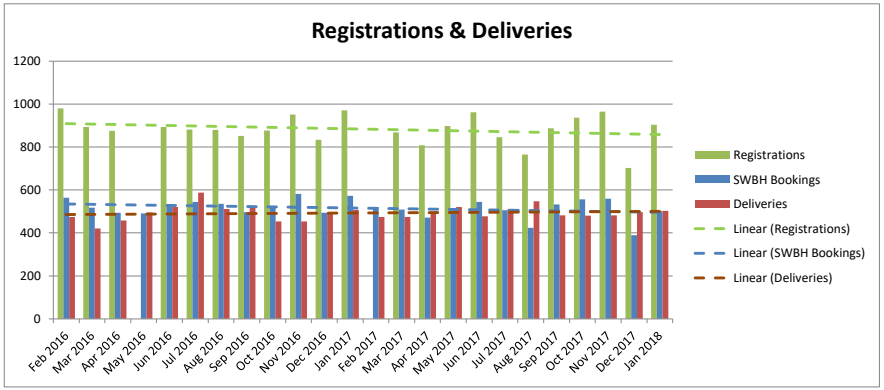




Patient Safety - Obstetrics

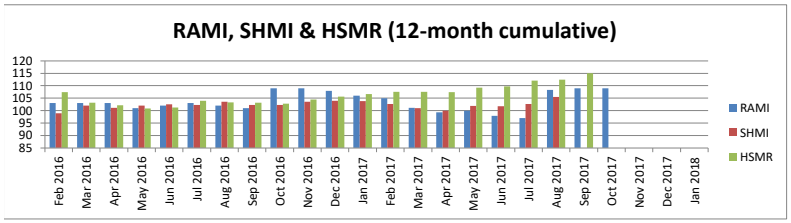
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0																			Jan 2018	22.1	25.4	
3		•	Caesarean Section Rate - Elective	<= %			9	10	8	11	8	7	9	8	9	8	9	7	8	8	9	9	5	7	Jan 2018	7.0	7.9	
3		•	Caesarean Section Rate - Non Elective	<= %			19	19	23	17	20	15	17	17	17	15	17	18	15	19	21	18	21	15	Jan 2018	15.1	17.5	
2		•d	Maternal Deaths	<= No	0	0																			Jan 2018	0	1	
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Jan 2018	1	19	
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Jan 2018	1.79	1.86	
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Jan 2018	1.99	5.60	
12			Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	-	2.11	2.10	4.02	1.99		Jan 2018	1.99	2.56	
12			Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	-	4.22	2.10	0.00	0.00		Jan 2018	0.00	1.54	
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	90.0	90.0												-							Jan 2018	74.3	77.2	
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Jan 2018	132.8	134.3	
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	-->		-->	-->		-->	-->		-->	-->		-->	-->	-->	-->	-->	-->	-->	Aug 2017	-	77.06	
2		•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			1.8	3.2	2.9	2.8	3.5	2.9	1.9	2.6	4.4	2.5	2.5	1.8	0.8	0.9	0.5	0.8	-	0.9	Jan 2018	0.91	1.57	
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.5	3.0	1.8	1.9	1.7	2.5	1.6	2.3	3.0	1.6	1.6	1.0	0.6	0.6	0.5	0.5	-	0.7	Jan 2018	0.69	1.07	
2		•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			1.5	3.0	1.4	1.3	1.0	2.0	1.6	2.1	2.3	1.4	1.6	1.0	0.0	0.0	0.0	0.0	-	0.2	Jan 2018	0.23	0.65	

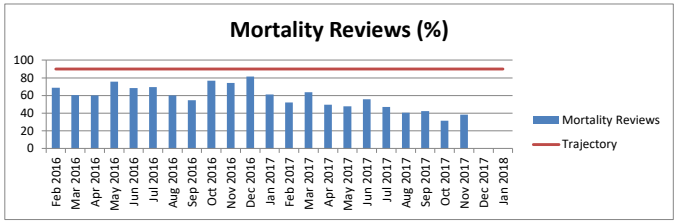


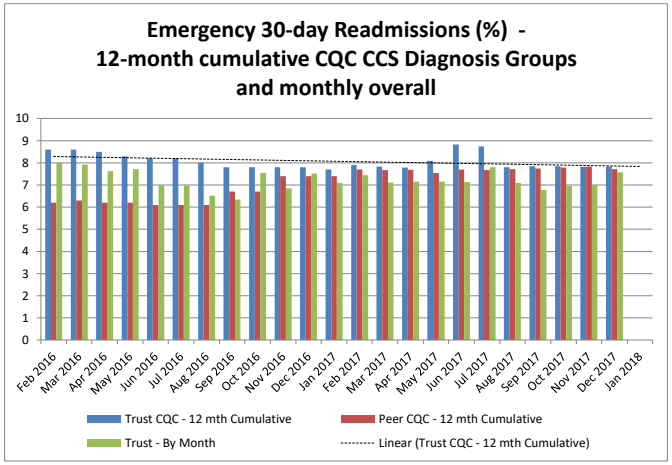


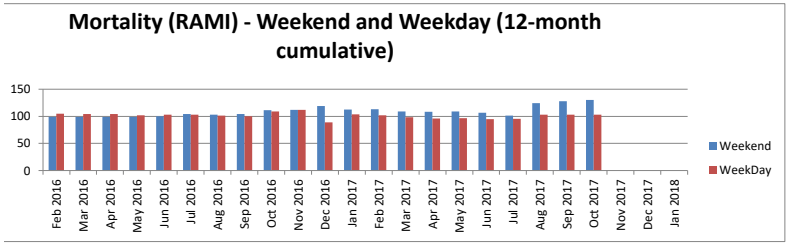
Clinical Effectiveness - Mortality & Readmissions

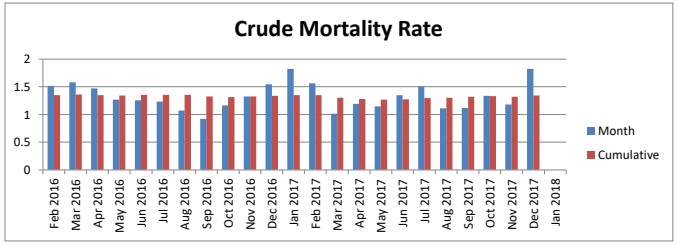
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
5		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	102	101	109	109	108	106	105	101	99	100	98	97	108	109	109	-	-	-	Oct 2017									720	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	101	100	109	112	89	104	102	98	96	97	95	95	103	103	103	-	-	-	Oct 2017									692	
5		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	103	104	111	112	119	112	113	109	109	109	106	101	124	128	130	-	-	-	Oct 2017									807	
6		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	104	102	102	104	104	104	103	101	100	102	102	103	106	-	-	-	-	-	Aug 2017									512	
5		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			103	103	103	105	106	107	108	108	107	109	110	112	113	115	-	-	-	-	Sep 2017									665.9	
5		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	43	56	94	139	84	105	72	88	62	61	78	78	71	144	62	-	-	-	Oct 2017								62		
3			Mortality Reviews within 42 working days	=> %	90	90																	-	-	Nov 2017	39	29	100			0		38	44	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.1	0.9	1.2	1.3	1.5	1.8	1.6	1.0	1.2	1.1	1.3	1.5	1.1	1.1	1.3	1.2	1.8	-	Dec 2017								1.83		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.4	1.3	1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	-	Dec 2017									1.30	
			Deaths in the Trust	No			102	87	108	129	143	172	139	100	105	113	129	142	109	109	133	119	169	-	Dec 2017								169	1128	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.5	6.3	7.5	6.8	7.5	7.1	7.4	7.1	7.2	7.2	7.1	7.8	7.1	6.8	7.0	7.0	7.6	-	Dec 2017								7.57		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			7.5	7.4	8.0	7.3	7.1	7.2	7.2	7.1	7.1	7.0	7.1	7.1	7.2	7.2	7.2	7.2	7.2	-	Dec 2017									7.19	
5		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			8.0	7.8	7.8	7.8	7.8	7.7	7.9	7.8	7.8	8.1	8.8	8.7	7.8	7.8	7.8	7.8	7.8	-	Dec 2017	-	-	-			-			7.84	





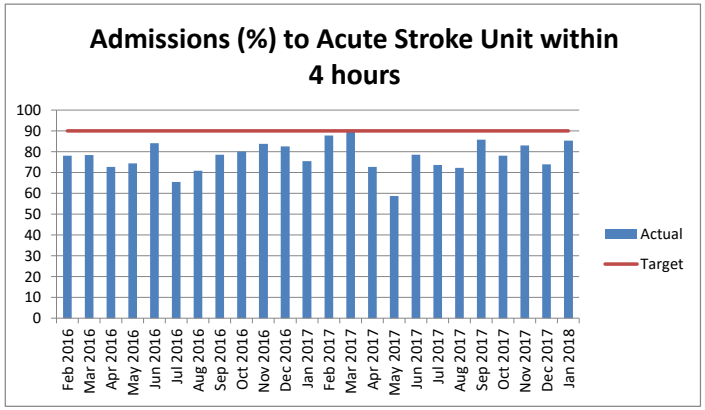


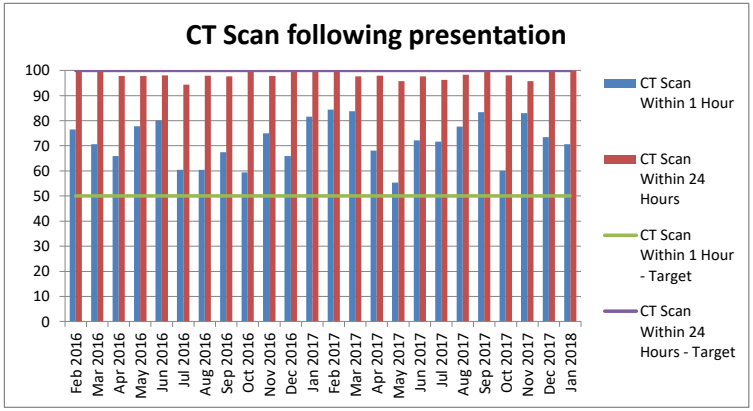


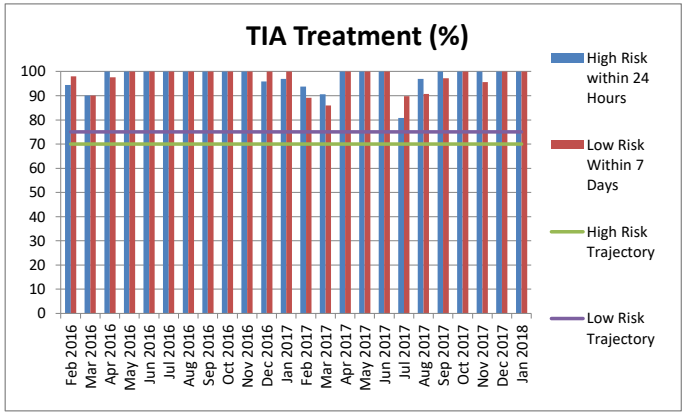


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Month	Year To Date	Trend
3			20WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0																			Jan 2018	88.1	93.0	
3			20WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0																			Jan 2018	85.3	75.6	
3			20WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0																			Jan 2018	70.6	71.3	
3			20WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0																			Jan 2018	100.0	97.8	
3			20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																			Jan 2018	50.0	68.6	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0														-					Jan 2018	100.0	100.6	
3			20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70.0	70.0																			Jan 2018	100.0	97.8	
3			20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75.0	75.0																			Jan 2018	100.0	97.1	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0																			Jan 2018	85.7	93.6	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0																			Jan 2018	94.1	96.2	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0																			Jan 2018	100.0	100.0	







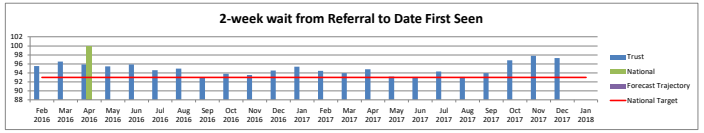
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.
National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.
Both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

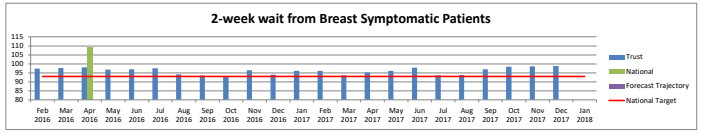
Clinical Effectiveness - Cancer Care

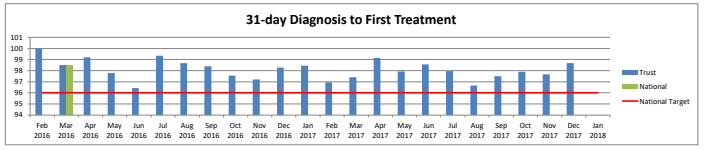
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
1			2 weeks	=> %	93.0	93.0																				Dec 2017	97.3	96.9	99.1			0.0		97.3	94.9	
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0																				Dec 2017		-						98.9	96.6	
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0																				Dec 2017	97.3	98.9	100.0			0.0		98.7	98.0	
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																				Dec 2017								100.0	97.4	
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																				Dec 2017								100.0	100.0	
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																				Dec 2017								-	0.0	
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																				Dec 2017	94.4	84.2	90.9			0.0		87.6	86.1	
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0																				Dec 2017	97.0	84.2	90.9			0.0		88.5	79.4	
1			62 Day (referral to treat from screening)	=> %	90.0	90.0																				Dec 2017	0.0	92.0	100.0			0.0		92.2	96.4	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																				Dec 2017	79.2	100.0	0.0			0.0		88.6	90.9	
1			Cancer - Patients Waiting over 62 days	No			12	8	10	11	10	8	15	8	8	10	10	11	11	9	11	12	9			Dec 2017	0.5	7.5	1.0			0.0		9.0	89.5	
1			Cancer - Patients Waiting over 104 days	No			3	4.0	1.5	1.5	2.5	1.5	4.0	5.0	5.0	2.0	1.0	1.5	5.0	1.0	4.0	2.0	3.0			Dec 2017	0.0	3.0	0.0			0.0		3.0	24.5	
1			Cancer - Longest Waiter in days	No			131	140	133	77	107	120	150	162	140	139	106	102	184	141	125	173	104			Dec 2017	104	119	86			0		104		
1			Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0.0	0.0	5	15	12	12	19	17	8	6	11	6	4	10	3	7	8	7	7	3		Jan 2018	3	0	0			0		3	66	
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			43	67	50	0	0	33	0	50	0	0	0	25	25	67	0	20	0	-		Dec 2017	-	-	-			-		0	14	

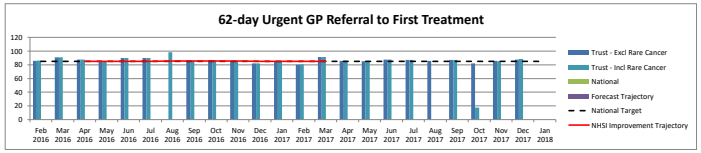
Cancer - Patients Waiting (over 62 days) By Tumour Site			
Breaches	No		
Compliance	%		

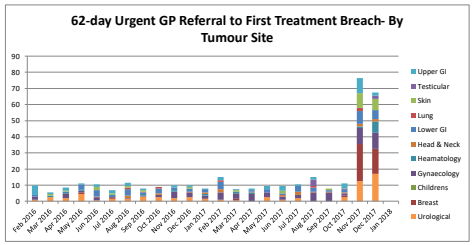
	Breast	Childrens	Gynae	Haematology	Head & Neck	Lower GI	Lung	Skin	Testicular	Upper GI	Urology	Total
Dec 2017	15.5	0.0	10.0	7.0	1.5	5.5	0.0	7.0	2.0	2.0	17.0	67.5
Dec 2017	8.8	-	9.1	0.0	40.0	31.3	-	6.7	0.0	0.0	12.8	87.6

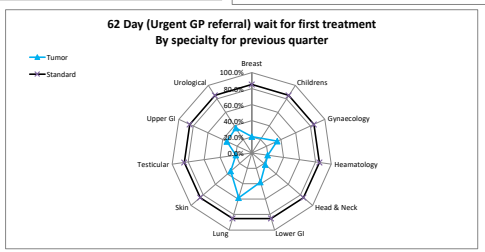












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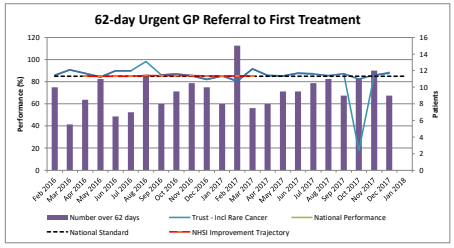
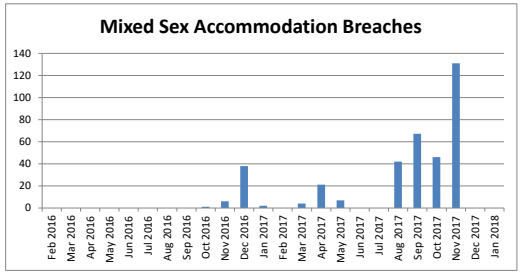
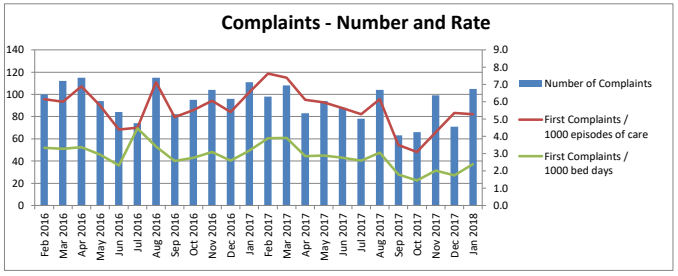
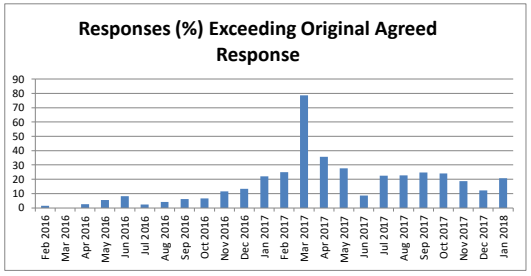


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
8		•b•	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	13	20	22	17	10	15	9.7	7.9	9.3	11	11	12	12.74	10	19	9.7	8	-	Dec 2017								8	11	
8		•a•	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	83	86	88	94	97	97	95	96	95	92	92	83	82.9	83	82	85	89	-	Dec 2017								89		
8		•b•	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	7.5	7.1	5.6	4.8	5.9	5.4	4.3	4.2	5.5	3.8	2.4	3.8	2.785	3.4	3.3	3.4	4	-	Dec 2017	3.6							3.6	3.5	
8		•a•	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	83	78	73	75	73	77	76	73	75	71	73	72	75.4	73	73	58	-	-	Nov 2017	58							58		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	0.6	0.5	0.5	0.3	1.2	0.6	0	0	0.1	0	-	0	-	-	-	-	9	-	Dec 2017	-							8.8	1.1	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	100	86	64	100	100	65	0	0	0	0	0	0	0	-	-	-	16	-	Dec 2017	-							16		
8			FFT Score - Outpatients	=> No	95.0	95.0	89	88	88	89	90	88	88	90	90	89	88	91	89.38	89	91	92	90	-	Dec 2017								90		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	86	79	86	90	86	97	11	95	88	90	75	90	50	90	93	76	75	-	Dec 2017								75		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	100	74	81	93	90	91	29	83	91	86	73	73	80.65	84	89	81	74	-	Dec 2017								74		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	96	91	100	100	50	0	0	80	100	100	0	0	50	0	0	0	0	-	Dec 2017								0		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	100	87	71	88	90	88	23	92	82	83	69	76	57.69	48	83	74	##	-	Dec 2017								100		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	1.4	15	5.9	17	13	8.2	5.4	21	8.9	11	7	7.1	5.179	5.2	13	6.9	0	-	Dec 2017								0	7	
13		•a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	1	6	38	2	0	4	21	7	0	0	42	67	46	131	0	0	Jan 2018	0	0	0		0	0		0	314	
9		•	No. of Complaints Received (formal and link)	No			115	82	95	104	96	111	98	108	83	94	88	78	104	63	66	99	71	105	Jan 2018	30	24	19	2	4	14	12	105	851	
9			No. of Active Complaints in the System (formal and link)	No			143	144	152	148	157	176	177	194	205	184	185	184	167	154	136	148	##	187	Jan 2018	73	47	29	4	4	14	16	187		
9		•a	No. of First Formal Complaints received / 1000 bed days	Rate1			3.4	2.6	2.8	3.1	2.6	3.2	3.9	3.9	2.9	2.9	2.8	2.6	3.1	1.8	1.4	2.0	1.7	2.4	Jan 2018	1.5	4.5	3.9			0		2.40	2.35	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			7.1	5.1	5.5	6.1	5.4	6.5	7.6	7.4	6.1	6.0	5.6	5.3	6.2	3.5	3.1	4.2	5.4	5.3	Jan 2018	4.1	6.6	6.4			0		5.27	5.05	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	99	100	100	99	98	94	100	100	100	100	100	98	100	90	92	99	Jan 2018	97	100	100	100	100	100	100	99	98	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	4.2	6.3	6.6	11	13	22	25	79	36	28	8.6	23	22.64	25	24	19	12	21	Jan 2018	30	19	14	0	0	12.5	14	21	22	
9			No. of responses sent out	No			80	110	87	79	79	76	95	84	67	106	87	83	67	85	73	65	38	75	Jan 2018	19	24	12	3	0	9	8	75	746	
14		•e•	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	N	N	N	N	N	N	N	No		

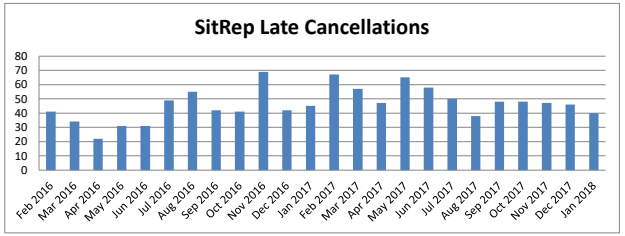


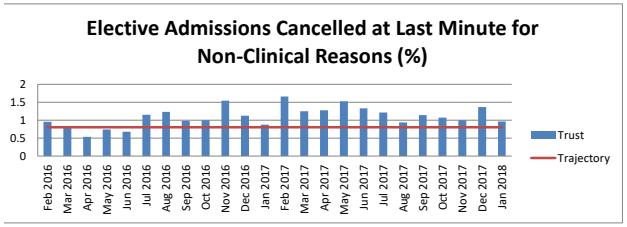


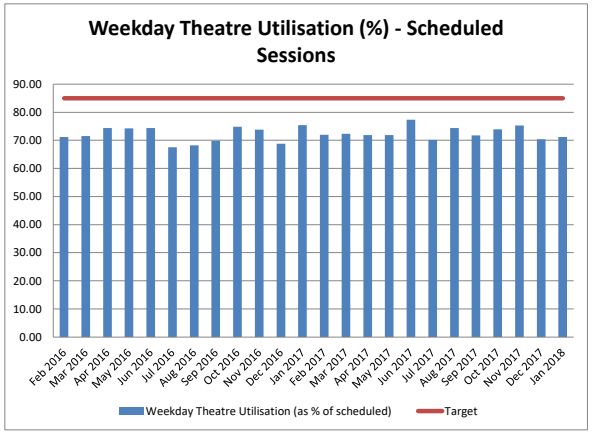


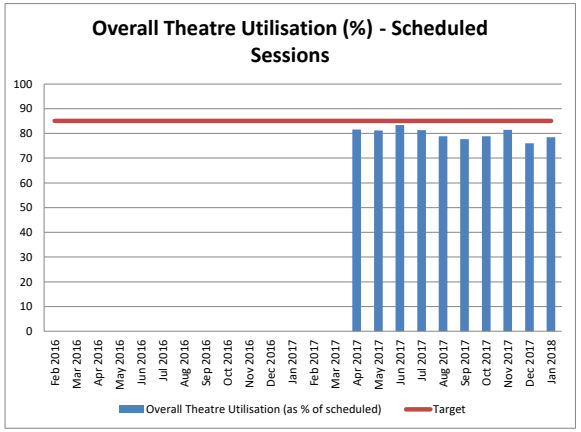
Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27	55	42	41	69	43	45	67	57	47	65	58	50	38	48	48	47	46	40	Jan 2018	6	20	11			3		40	496	
2			No. of Sitrep Declared Late Cancellations - Avoidable	No			9	15	17	28	19	13	19	17	24	27	20	21	12	31	11	14	13	17	Jan 2018	6	6	3			2		17	199	
2			No. of Sitrep Declared Late Cancellations - Unavoidable	No			43	27	22	41	18	29	48	37	23	37	37	29	26	17	31	33	33	23	Jan 2018	0	14	8			1		23	289	
2			Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8																			Jan 2018	0.71	0.92	3.59			0.35		1.0	1.2	
2			Number of 28 day breaches	<= No	0	0	0	0	1	0	3	6	0	0	1	0	0	0	2	0	0	0	0	3	Jan 2018	0	2	0			1		3	8	
2			No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0			-		0	0	
2			Urgent Cancellations	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0.0	0.0	0.0			0.0		0	0	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	1	3	4	0	3	0	3	1	3	1	1	0	1	1	1	4	Jan 2018	0	2	2			0		4	16	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	51	60	49	50	63	61	62	67	51	45	72	55	53	71	70	62	59	72	Jan 2018	4	57	11			-		72	610	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	223	258	234	273	272	269	284	257	219	230	250	245	213	243	294	244	272	302	Jan 2018	24	234	44			-		302	2512	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0																			Jan 2018	0.0	72.6	73.3			55.1		71.2	72.5	
			Overall Theatre Utilisation (as % of scheduled)	<= %	85.0	85.0	-	-	-	-	-	-	-	-											Jan 2018	0.0	78.9	86.6			63.0		78.5	79.9	



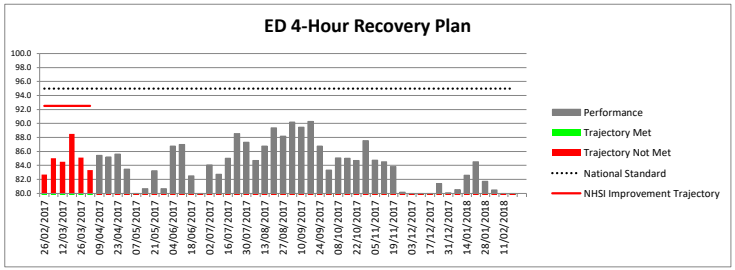


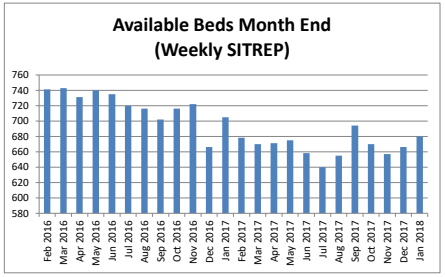


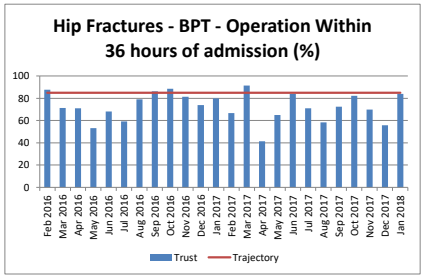


Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2			Emergency Care 4-hour waits	=> %	95.00	95.00																			Jan 2018	80.0	83.2	99.5	82.52	84.05	
2			Emergency Care 4-hour breach (numbers)	No			1884	2051	2676	3237	3324	2821	3046	2875	2814	3549	3014	2686	2177	2150	2800	3168	3814	3249		Jan 2018	1719	1525	5	3249	29421	
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Jan 2018	0	0		0	1	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Jan 2018	15	15	27	15	14	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Jan 2018	57	56	96	59	63	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																	.		Jan 2018	7.66	8.11	5.07	7.71	7.88	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Jan 2018	3.98	6.19	1.79	4.90	5.46	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	112	135	112	162	193	162	129	107	110	159	242	111	127	90	143	207	208	163		Jan 2018	112	51		163	1560	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	9	16	21	19	11	13	5	0	12	6	1	0	1	4	6	11	5		Jan 2018	5	0		5	46	
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Jan 2018	0.21	0.00		0.11	0.10	
11			WMAS - Emergency Conveyances (total)	No			4204	4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	4557	4424	4725	4561		Jan 2018	2358	2203		4561	43915	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Jan 2018	1.4	3.4		2.2	2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site																			Jan 2018	5.25	8		13		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of available	3.5% of available	530	483	509	503	674	629	512	583	546	501	483	635	539	512	598	538	522	582		Jan 2018				582	5456	
			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities) as % of Available Beds	%	3.5	3.5	2.7	2.6	2.7	2.7	3.4	3.1	2.8	2.9	2.9	2.5	2.6	3.4	2.8	2.8	3.2	2.9	2.7	3.0		Jan 2018				2.99	2.88	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	287	215	266	272	449	435	309	375	324	258	312	370	256	288	272	149	226	268		Jan 2018				268	2723	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			533	525	546	679	666	682	633	586	584	651	536	580	574	633	674	657	719	769		Jan 2018				769	6377	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			246	248	219	273	251	249	228	221	229	234	205	245	216	233	231	268	291	282		Jan 2018				282	2434	
	New		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No			78	94	69	101	86	75	86	85	88	87	82	82	62	88	90	110	136	118		Jan 2018				118	943	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																			Jan 2018				84	67.4	
			Non-Elective Follow-Up Surgical Procedures > 48 hours (unless clinically appropriate)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	

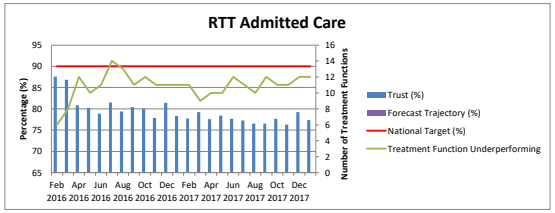


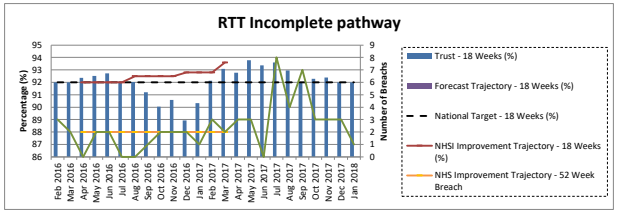


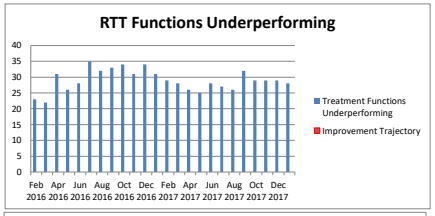


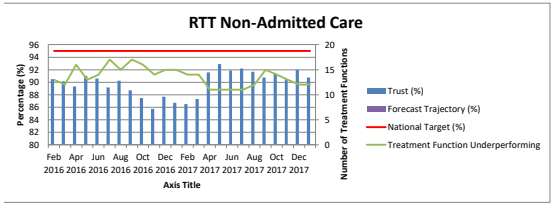
Referral To Treatment

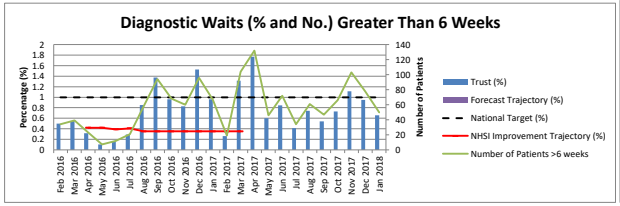
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
2			RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Jan 2018	87.7	74.2	80.2			82.3		77.36		
2			RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Jan 2018	83.5	90.5	95.0			83.7		90.74		
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Jan 2018	90.2	90.9	96.4			93.7		92.01		
			RTT - Backlog	No			2968	3289	3728	3417	3908	3204	2578	2214	2327	2024	2188	2115	2304	2571	2451	2322	2410	2337	Jan 2018	480	1348	47			136		2337		
2			Patients Waiting >52 weeks	<= No	0	0	0	1	4	3	2	0	3	6	5	3	2	10	10	14	7	7	6	4	Jan 2018	0	2	2			0		4	76	
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	1	2	2	2	1	3	2	3	3	0	8	4	7	3	3	3	1	Jan 2018	0	0	1			0		1	40	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	32	33	34	31	34	31	29	28	26	25	28	27	26	32	29	29	29	28	Jan 2018	6	15	2.0			3.0		28		
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	4	5	6	6	8	5	4	5	5	4	5	5	4	5	4	5	5	4	Jan 2018	1	3	0			0		4		
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Jan 2018	1.9	1.5	0.0		0.0	0.0		0.65		
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			470	500	711	817	498	902	387	577	942	931	650	833	652	1336	914	1064	847	1672	Jan 2018	227	149	-		1296	-		1672		
			Total ASIs in the month	No																					Jun 2016	0	0	0			0		0	0	
			Total ASIs - 2WW	No																					Apr 2016	0	0	0			0		0	0	
			Total ASIs - Urgent	No																					Mar 2016	0	0	0			0		0	0	
			Failed Appointments within required period (2WW, Urgent Pathway)	No																					Mar 2016	0	0	0			0		0	0	

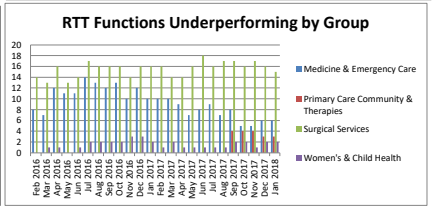


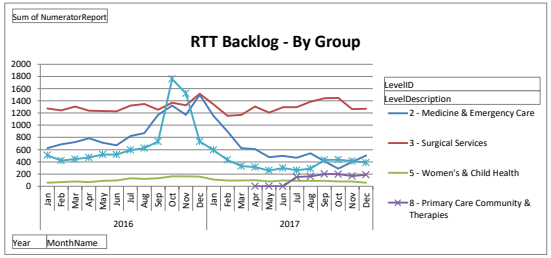


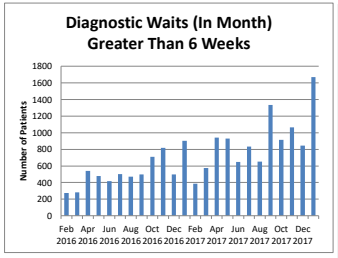


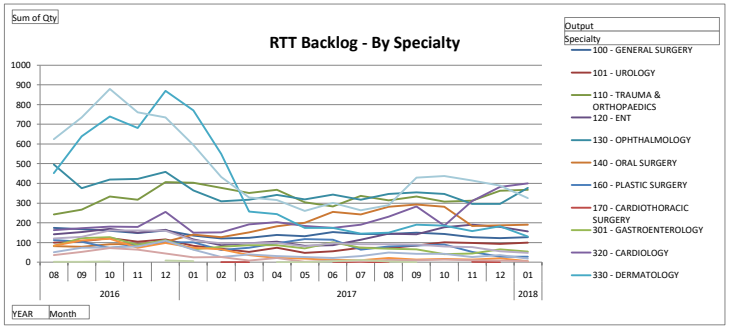






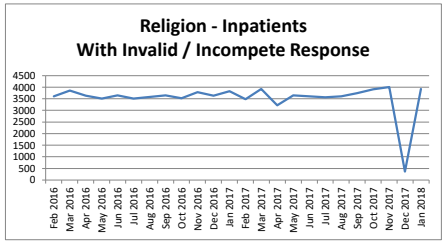


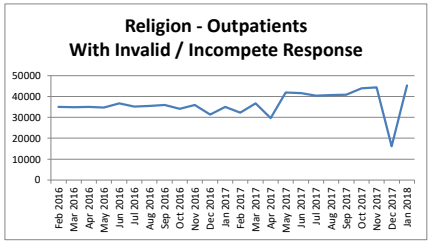


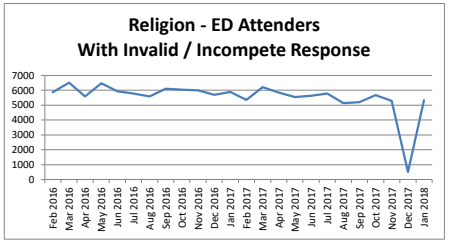


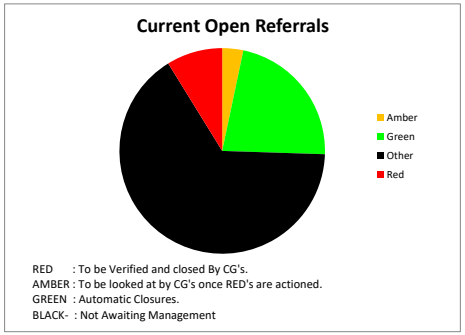
Data Completeness

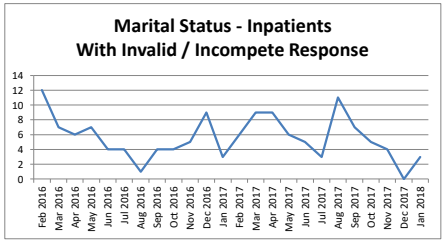
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
14			Data Completeness Community Services	=> %	50.0	50.0																			Jan 2018							61.2	61.2		
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0									.									.	Dec 2017								99.6		
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0									.									.	Dec 2017								99.1		
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0									.									.	Dec 2017								99.4		
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.9	96.5	97.3	97.5	98.3	97.7	98.3	97.7	98.2	98.3	97.4	98.4	98.5	99.1	97.6	98.4	96.7	98.1	Jan 2018								98.1	98.1	
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	99.6	99.5	99.5	99.4	99.5	99.4	99.5	99.5	99.6	99.6	99.6	99.5	99.6	Jan 2018								99.6	99.5	
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	96.7	97.0	97.2	97.6	97.0	97.7	97.3	97.3	97.3	97.4	96.3	97.2	97.0	97.5	97.2	97.6	97.5	97.7	Jan 2018								97.7	97.3	
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																			Jan 2018								91.6	91.0	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																			Jan 2018								90.5	90.6	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			69.2	68.9	69.6	69.2	69.1	68.7	69.2	68.8	70.3	70.6	69.6	70.1	70.1	69.4	70.4	70.2	66.6	70.3	Jan 2018								70.3	70.1	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			57.8	57.9	58.1	57.5	56.9	57.0	57.2	56.9	56.7	52.9	53.2	53.1	53.5	54.5	53.8	53.5	63.7	52.8	Jan 2018								52.8	54.2	
			Protected Characteristic - Religion - ED patients with recorded response	%			65.3	64.0	64.3	64.1	64.7	64.1	64.7	64.2	64.7	67.2	65.3	66.2	66.7	67.0	66.1	67.3	65.2	67.2	Jan 2018								67.2	66.4	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	100.0	100.0	99.9	100.0	99.9	99.9	99.9	100.0	100.0	100.0	99.9	99.9	100.0	100.0	100.0	100.0	Jan 2018								100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			40.8	40.3	40.4	39.9	35.8	40.8	41.3	41.5	41.3	41.1	41.9	41.4	41.0	40.9	40.4	39.8	41.4	39.4	Jan 2018								39.4	40.8	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			39.5	40.6	40.9	41.5	40.8	40.5	41.3	41.1	39.8	42.7	42.0	42.2	40.2	40.6	40.7	41.6	38.6	40.1	Jan 2018								40.1	41.1	
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																			Jan 2018								6.9	6.8	
2			Open Referrals	No			210,740	215,396	219,866	222,444	225,175	226,846	230,675	235,998	239,934	245,160	250,072	254,761	258,800	262,603	270,519	274,113	277,674	281,624	Jan 2018	65,058	142,818	36,199	7,588	736	29,225		281,624		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			81,209	86,309	87,537	92,360	95,712	99,043	102,885	108,584	111,242	115,133	118,367	123,475	126,271	129,941	134,026	138,043	141,009	144,564	Jan 2018	37,620	70,228	20,867	3,752	645	10,776		144,564		

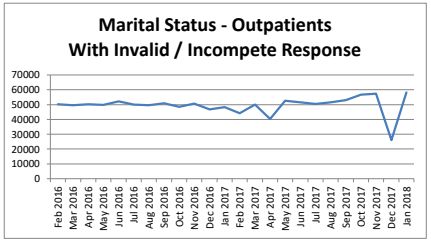


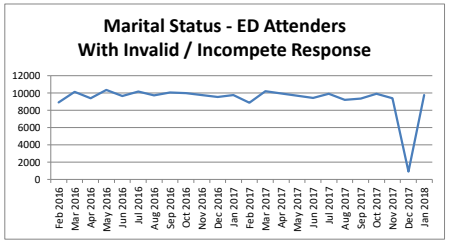






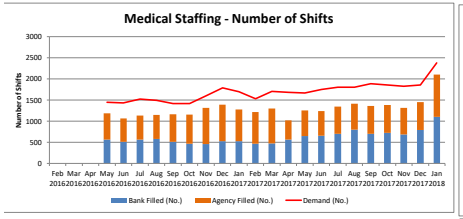


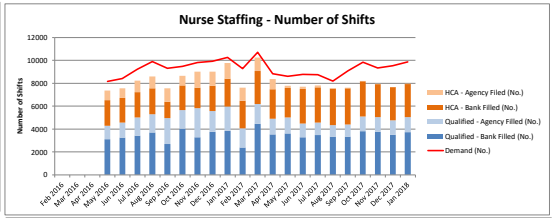


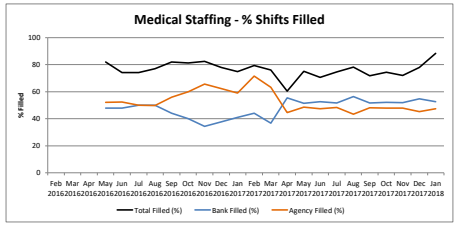


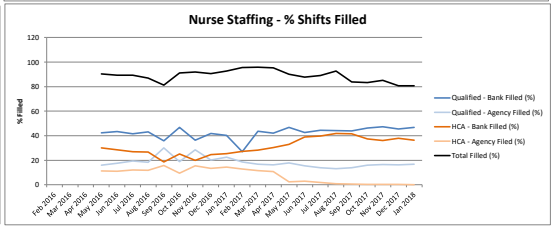
Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Medical Staffing - Number of instances when junior rotas not fully filled	<= %	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
			Medical Staffing - Demand	No			1491	1419	1419	1596	1786	1699	1534	1703	1682	1669	1753	1805	1804	1887	1858	1823	1854	2381	Jan 2018	1689	518	144	0	30	0	0	2381	18516.0	
			Medical Staffing - Total Filled	%			76.93	81.89	81.25	82.46	77.94	74.93	79.4	76.1	60.4	75.07	70.62	74.52	78.27	71.86	74.33	71.91	78.05	88.37	Jan 2018	86.1	94.4	91	0	100	0	0	88	74.9	
			Medical Staffing - Bank Filled	%			50.13	44.06	40.07	34.42	37.79	40.93	44.12	36.65	55.51	51.48	52.58	51.75	56.52	51.77	52.06	52.02	54.66	52.52	Jan 2018	47	67.1	65.7	0	26.7	0	0	53	53.0	
			Medical Staffing - Agency Filled	%			49.87	55.94	59.93	65.58	62.21	59.07	71.44	63.35	44.49	48.52	47.42	48.25	43.48	48.23	47.94	47.98	45.34	47.48	Jan 2018	53	32.9	34.4	0	73.3	0	0	47	47.0	
			Medical Staffing - Filled Shifts - Snr Consultant	No			137	177	243	237	187	152	217	270	120	214	219	258	320	312	329	324	334	311	Jan 2018	217	64	0	0	30	0	0	311	2741.0	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			1010	998	951	1108	1196	1144	1001	1026	896	394	1019	1087	1092	1074	1052	987	1113	1793	Jan 2018	1237	425	131	0	0	0	0	1793	10507.0	
			Nursing - Demand	No			9887	9312	9476	9802	9935	####	9268	####	8825	8616	8784	8760	8197	9080	9849	9335	9535	9866	Jan 2018	5210	2143	1060	15	104	1203	131	9866	90847	
			Nursing - Total Filled	%			86.98	81.13	91.18	92.03	90.68	92.75	95.55	95.8	95.29	90.22	87.78	89.1	92.59	83.87	83.29	85.1	80.62	80.6	Jan 2018	77.7	86.4	78.4	100	51.9	85.95	93.9	81	86.6	
			Nursing - Qualified - Bank Filled	%			43.12	35.83	46.77	36.3	41.77	40.3	27.07	43.52	42.07	46.67	42.61	44.43	44.12	43.91	46.36	47.21	45.52	46.7	Jan 2018	40.7	44	62.3	100	50	61.61	47.2	47	45.0	
			Nursing - Qualified - Agency Filled	%			18.41	29.95	18.76	28.38	20.17	22.55	18.71	16.76	16.32	17.77	15.48	13.94	13.03	13.92	15.87	16.39	16.29	16.7	Jan 2018	20.8	18	5.05	0	0	10.64	0	17	15.6	
			Nursing - HCA - Bank Filled	%			26.56	18.6	25.02	19.83	24.59	25.29	27.18	28.13	30.44	33.05	39.06	39.63	41.94	41.6	37.36	36.03	38.01	36.4	Jan 2018	38.5	37.4	32.4	0	50	27.66	52.9	36	37.3	
			Nursing - HCA - Agency Filled	%			11.92	15.62	9.444	15.49	13.48	14.48	12.91	11.59	10.74	2.509	2.84	1.999	0.909	0.46	0.402	0.378	0.182	0.2	Jan 2018	0.02	0.54	0.24	0	0	0.1	0	0	2.1	
			AHPs - Radiography - Demand (Shifts)	No			55	269	332	321	290	526	332	525	332	372	315	334	335	231	235	198	176	309	Jan 2018	0	0	0	0	309	0	0	309	2837	
			AHPs - Radiography - Filled (Shifts)	No			55	249	324	299	256	496	302	502	329	359	315	290	323	230	232	190	170	253	Jan 2018	0	0	0	0	253	0	0	253	2691	
			AHPs - Physiotherapy - Demand (Shifts)	No			55	63	38	190	186	276	478	356	180	242	257	104	99	100	108	88	75	33	Jan 2018	0	0	0	0	0	33	0	33	1286	
			AHPs - Physiotherapy - Filled (Shifts)	No			55	63	38	190	186	274	478	346	180	242	257	104	99	98	107	87	74	33	Jan 2018	0	0	0	0	0	33	0	33	1281	
			AHPs - Other - Demand (Shifts)	No			66	96	139	96	567	413	530	1009	459	527	471	511	536	482	532	460	451	519	Jan 2018	126	32	3	3	61	152	142	519	4948	
			AHPs - Other - Filled (Shifts)	No			55	95	95	200	567	412	527	885	457	527	471	508	534	476	520	445	440	502	Jan 2018	123	24	0	3	61	152	139	502	4880	
			Admin - Demand (Shifts)	No			2147	2765	2839	2479	2442	2381	4128	5135	4198	4228	4423	4054	4429	4091	4015	3928	3535	3778	Jan 2018	671	600	61	260	65	367	1754	3778	40679	
			Admin - Filled (Shifts)	No			2061	2450	2589	2452	2405	2348	4026	5079	4162	4184	4423	4031	4412	4025	3951	3838	3412	3707	Jan 2018	662	598	59	260	65	347	1716	3707	40145	
			Facilities - Demand (Shifts)	No			1451	2160	2185	1997	2172	2066	1971	2485	1795	2031	2101	1996	2182	2025	2059	2122	2008	2111	Jan 2018	9	93	4	0	10	1	1994	2111	20430	
			Facilities - Filled (Shifts)	No			1397	1942	2135	1969	2107	1992	1926	2425	1737	1999	2101	1966	2165	2006	2019	2098	1951	2054	Jan 2018	8	93	0	0	10	0	1943	2054	20096	
			Interpreters - Demand (Shifts)	No			5034	5321	5026	5508	4803	5159	4983	5634	4511	5139	5291	5101	4905	5116	5343	5699	4595	5354	Jan 2018	-	-	-	-	-	-	-	5354	51054.0	
			Interpreters - Total Filled	%			99.6	99.4	99.6	99.5	99.5	99.5	99.6	99.6	99.9	99.7	99.7	99.8	99.9	99.8	99.6	99.7	99.7	99.9	Jan 2018	-	-	-	-	-	-	-	100	99.8	
			Interpreters - Bank Filled	%			76.4	76.7	78.6	77.6	76.9	78.4	79.5	78	77.3	78.5	77.7	77	77	78.3	77.9	78.7	77.8	78.9	Jan 2018	-	-	-	-	-	-	-	79	77.9	
			Interpreters - Agency Filled	%			23.6	23.3	21.4	22.4	23.1	21.6	20.5	22.0	22.7	21.5	22.3	23.0	23.0	21.7	22.1	21.3	22.2	21.1	Jan 2018	-	-	-	-	-	-	-	21	22.1	
			Interpreters - Unfilled	%			0.4	0.6	0.4	0.5	0.5	0.5	0.4	0.4	0.1	0.3	0.3	0.2	0.1	0.2	0.4	0.3	0.3	0.1	Jan 2018	-	-	-	-	-	-	-	0	0.3	



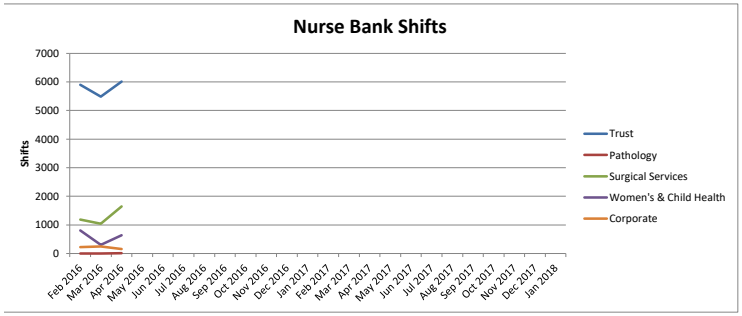


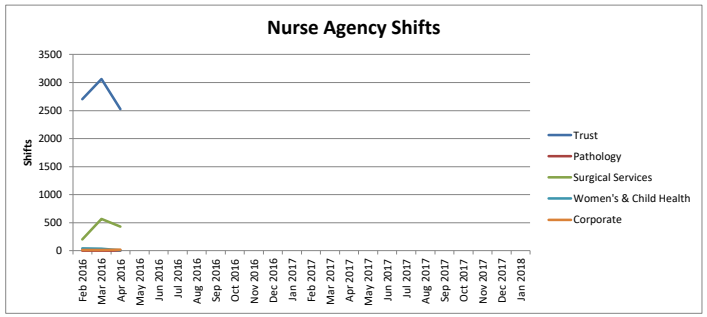


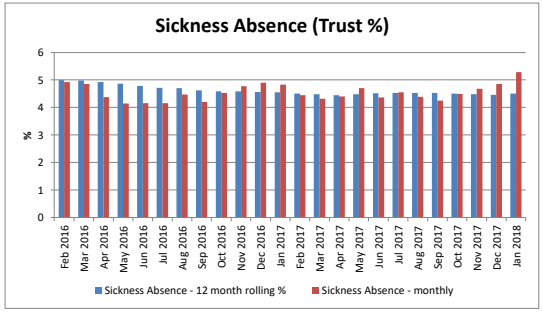


Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
7		b	WTE - Actual versus Plan (FTE)	No			871	866	790	783	845	786	730	768	772	796	816	847	816	816	756	741	762	728	Jan 2018	191	150	120	40	24	87.79	116	728		
3		b	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	66.2	76.0	73.1	74.6	63.1	85.1	74.0		84.1	
7		b	Medical Appraisal	=> %	95.0	95.0																			Jan 2018	78.6	72.7	77.4	81.0	90.0	104.6	50.0	78.1	81.6	
3		b	Sickness Absence (Rolling 12 Months)	<= %	3.15	3.15																			Jan 2018	5.0	4.6	4.3	3.6	3.7	4.1	4.7	4.5	4.5	
3			Sickness Absence (Monthly)	<= %	3.15	3.15																			Jan 2018	6.4	5.5	5.3	5.3	5.4	5.0	3.6	5.3	4.6	
3			Sickness Absence - Long Term (Monthly)	No			247	253	245	247	246	253	205	213	214	241	218	225	232	216	251	246	247	267	Jan 2018	64	47	38	12	6	36	1	267	2357	
3			Sickness Absence - Short Term (Monthly)	No			745	727	837	922	911	956	808	785	414	445	444	612	664	706	889	962	963	1021	Jan 2018	219	151	137	50	41	146	15	1021	7120	
3			Return to Work Interviews following Sickness Absence (Cumulative)	=> %	100.0	100.0																			Jan 2018	65.9	91.2	81.8	87.0	81.7	84.4	81.1	80.3	79.3	
			Return to Work Interviews following Sickness Absence (In Month)	<= %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			Jan 2018	58.4	-	-	-	-	-	-	13.3	12.5	
3			Mandatory Training	=> %	95.0	95.0																			Jan 2018	83.0	88.2	89.0	91.7	88.9	91.7	93.3		87.4	
3			Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-		-	
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Jan 2018	89.8	0.0	93.6	96.9	92.1	0.0	97.8		94.5	
7		b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0																			Jan 2018								13.4	12.6	
			Nursing Turnover	<= %	10.7	10.7	11.2	11.9	12.4	11.7	11.4	11.6	11.2	11.7	11.7	11.7	12.0	12.6	12.7	12.8	12.9	12.6	12.9	13.3	Jan 2018								13.3	12.5	
7			New Investigations in Month	No			4	4	3	0	3	4	3	9	14	1	3	4	4	2	7	4	5	4	Jan 2018	2	2	0	0	0	0	0	4		
7			Vacancy Time to Fill	Weeks			24	21	25	21	21	21	22	21	20	21	23	25	20	21	21	21	23	25	Jan 2018								25		
7			Professional Registration Lapses	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			343	341	313	293	305	268	246	257	256	276	281	289	287	269	252	244	265	248	Jan 2018								248		
15			Your Voice - Response Rate	No			-->	-->	-->	-->	-->	16.0	-->	-->	-->	-->	-->	18.8	-->	-->	-->	-->	-->	-->	Jul 2017	11.8	15.3	15.9	23.7	23.8	29	21.2	18.8		
15			Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.70	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		







CQUINs 2017/18 Schemes - Q3 Reporting (page 1 of 2)

Ref	CQUIN	Annual Plan Values (£)	Funding missed YTD (£)	Funding at Risk FY (£)	Indicator	Provider Setting	Description of Indicator	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Monthly Trend (A M J J A S O N D J F M)	Q2 Comments and Trust View on Delivery (not confirmed by commissioners as yet)	Data Period	FULL YEAR	Trend	Next Month	3 Months
1a	National	£1,357,782		£452,594k	**Improving Staff Health & Wellbeing : Improvement of health & wellbeing of NHS staff**	**Acute & Community**	Annual Staff Survey results to improve by 5% in two of the three NHS annual staff survey: on health & well-being, MSK and stress	Baseline 2015/16: Q9a, 9b and 9c			2016/17 Results to 2xQs to improve by 5% for full payment	n/a Report	MSK survey question remains the single biggest issue in respect of delivery; 15/16 survey indicated that the trust has worsened year on year in respect of MSK based survey; the focus therefore is on the other 2 questions to be targeted for improvement by 5%.	Dec-17				
1b	National				**Staff Health & Wellbeing : Healthy food for NHS staff, visitors and patients**	**Acute & Community**	Firstly, maintain the four outcomes that were implemented in 2016/17. Secondly, introducing three new chances to food and drink provision in year 1, 17/18 : 70% of drinks tockled must be sugar free, b) 50% of confectionary and sweets do not exceed 250 kcal c) 60% or pre-packed sandwiches and other savoury pre-packed meals available contain 400kcals or less and do not exceed 5.0g saturated fat	No submissions, ensure deliverables are in place			All four outcomes delivered	n/a Report	Steve Clarke is the lead and confirms general compliance with this scheme, more to be done on the confectionary and sandwiches front.	Dec-17				
1c	National				**Staff Health & Wellbeing : Improving uptake of flu vaccination for front line staff within Providers**	**Acute & Community**	Year 1 - achieving update of flu vaccination for frontline clinical staff of 75%	No returns		Report %age achieved	Report %age achieved	n/a Report Report	79% of front line staff were vaccinated by the end of Q3. 80% expected by end of Q4. This is comfortably meeting the target.	Dec-17				
2a	National	£678,891	£63,646k	£84,861k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Timely identification of sepsis in emergency departments and acute inpatient settings**	**Acute**	The percentage of patients who met the criteria for sepsis screening (needed it) and were screened for sepsis (applies to all adult and child patients arriving in ED & IP wards)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Partially met Partially met Partially met Report	Only 64% (66% Q2, 74% Q1) of the sample patients that NEEDED sepsis screening were screened. This needs Exec support and intervention required. The Sepsis team informs that a new documentation process will ensure higher delivery going forward. EPR is expected to deliver a system based recording of patients, but is delayed. The CCG have asked for an exception report.	Dec-17				
2b	National		£63,646k	£84,861k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Timely treatment for sepsis in emergency departments and acute inpatient settings**	**Acute**	The percentage of patients who were found to have sepsis in 2a and received IV antibiotics within 1 hour (applies to all adult and child patients arriving in ED & IP wards).	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Partially met Partially met Partially met Report	Of the above screened sample patients, 86% (76% Q2, 57% Q1) of septic patients receive their antibiotics within one hour. This has improved in Q3. Outliers need to be understood and improvements to be led by the ward teams Requires Exec team attention and focus on improvement. MQuAC in August tabled an agenda item on why the mortality rate due to sepsis is going up; potentially the lack of screening and timely treatment may be a factor. EPR is expected to deliver a system based recording of patients, but has been delayed.	Dec-17				
2c	National				Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Antibiotic review**	**Acute**	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Met Met Met Report	Delivered for Q3 at 95% (sample patient cohort performance) based on sampled patients notes.	Dec-17				
2d	National			£169,723k	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): **Reduction in antibiotic consumption per 1,000 admissions**	**Acute**	There are three parts to this indicator. 1. Total antibiotic usage (for both in-patients and out-patients) per 1,000 admissions 2. Total usage (for both in-patients and out-patients) of carbapenem per 1,000 admissions 3. Total usage (for both in-patients and out-patients) of piperacillin-tazobactam per 1,000 admissions There are three parts to this indicator. 1. Total antibiotic usage (for both in-patients and out-patients)	No returns			Reduction of 1% or 2%	n/a Report	Funding at risk due to higher than expected antibiotic usage. We appear to be almost at the same level of antibiotic consumption in the first 9 months of 2017/18 as the entire 2016 calendar year, with still 3 months of consumption to go; therefore I think that our chance of meeting the 1% reduction in total antibiotic consumption is at risk. Much of the increase in consumption has been driven by a shortage of a key antibiotic (pip/taz) and our need to use alternative agents. Our target to reduce carbapenem consumption by 1% is in the balance, as we are using more of this because of the shortage of pip/taz.	Dec-17				
4	National	£678,891			**Improving services for people with mental health needs who present to A&E**	**Acute**		Outline Plan & Baseline data 16/17	DQ data, confirm partnerships in place	Report Progress	20% reduction in A&E attendances of those within the selected cohort	Met Met Met Report	The Trust submitted a robust and well progressed plan, the improvement trajectory is tracking against the plan we re-attenders reducing and partnerships in place to support patients across the system.	Dec-17				
6	National	£678,891			**Offering Advice & Guidance**	**Acute**	Providers to set up and operate A&G services for non-urgent GP referrals; A&G support should be provided either through the ERS platform or local solutions where systems agree this offers a better alternative.	Timetable & Introduction	Report	Report	Report	Met Met Met Report	The Trust offers A&G for all services. The GP referrals to this facility need encouraging.	Dec-17				
7	National	£678,891			**NHS e-Referrals CQUIN**	**Acute**	This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. It is not looking at percentage utilisation of the system.	Supply plan to deliver Q2, Q3 and Q4 targets to include	80% of Referrals to 1st O/P Services able to be received through e-RS.	90% of Referrals to 1st O/P Services able to be received through e-RS.	100% of Referrals to 1st O/P Services able to be received through e-RS.	Met Met Met Report	**a)** The plan has delivered at this stage to open up 90% of available slots in eRS. However, this is after a number of slots have been removed from the denominator. The CCG will want to validate the exclusions and therefore this may impact on performance delivery. **b)** Discussions with CCG took place about 'unrealistic' expectations of 4% ASIs by year end which the CQUIN proposes; this is unrealistic based on paper referrals still ongoing taking slots which would be otherwise visible in eRS hence ASI calculated are high (if GPs were to stop paper referring then all slots would be available to them in eRS therefore reducing ASIs). Deputy COO Planned Care is in discussions with CCG.	Dec-17				
8	National	£1,357,782			**Supporting proactive and safe discharge (Acute & Community Trusts)**	**Acute & Community**	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% points from baseline (Q3 and Q4 2016/17).	Type 1 or 2 A&E provider has demonstrable and credible planning in place to make the required preparations so that the Emergency Care Data Set (ECDS) can be collected and returned from 1st October 2017.	Map and streamline existing discharge pathways across acute and community, and roll-out protocols in partnership across local whole-systems.	Providers returning ECDS with at least 95% of completed, valid diagnosis codes	By the end of Q4 2.5% point increase from baseline in no. patients discharged to usual place of residence.	Met Met Met Report	**a)** The Trust has now the ability to submit ECDC as required, head of information is working on this **b)** discharge processes are reviewed and improved via the 'Patient Flow' project which includes EDD and ADAPT looking specifically at discharges; for Q3 the 2.5% base point improvement had been met already.	Dec-17				
9	National	£1,357,782			**Preventing ill health by risky behaviours - alcohol & tobacco: 9a: Tobacco Screening**	**Acute & Community**	n/a for 2017/18						**SCHEME REMOVED:** Clarification received from NHSE that this scheme will now not apply until 2018/19. The impact of this will be that the CCG will have to spread the 1.35m across the other schemes which means there is more funding at stake if other schemes do not deliver. **From a Q1 payment perspective, the funding of £448k will be payable to the Trust.**					
					Preventing ill health by risky behaviours - alcohol & tobacco 9b: Tobacco brief advice	**Acute & Community**												
					Preventing ill health by risky behaviours - alcohol & tobacco 9c: Tobacco referral & medication offer	**Acute & Community**												
					Preventing ill health by risky behaviours - alcohol & tobacco 9d: Alcohol Screening	**Acute & Community**												

£792,040
£55,978
£348,018

CQUINs 2017/18 Schemes - Q3 Reporting (page 2 of 2)

Ref	CQUIN	Annual Plan Values (000s)	Full Year Delivery	Funding missed YTD (£)	Funding at Risk FY (£)	Indicator	Provider Setting	Description of Indicator	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Monthly Trend A	M	J	J	A	S	O	N	D	J	F	M	Q2 Comments and Trust View on Delivery (not confirmed by commissioners as yet)	Data Period	FULL YEAR	Trend	Next Month	3 Months
10	National	£678,891				Improving the assessment of wounds	Community	The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.	Establish Clinical Audit plan	Clinical Audit of wound assessments	Improvement Plan	Repeat Clinical Audit	n/a		Met		Met			Report					The community team have produced a plan which captures the baseline position based on 6 months up to Sept17, assessing wounds older than 4 weeks having audited all resulting patients. Based on this audit a clear training and improvement plan will be produced for Q3 with a repeat audit in Q4 to measure improvements. A monthly review cycle has been put in place to ensure this is embedding plans.	Dec-17	●	●	●	●
11	National	£678,891				Personalised Care / support planning	Community	This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions. In the first year, activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers.		Submission of a plan to ensure care & support planning is recorded by providers will be a yes/no requirement. Likewise local commissioners will need to confirm whether the plan has been received and accepted (yes/no).	Provider to identify the number of patients as having multiple LTCs and who will be prioritised for personalised care and support planning (establishment of cohort) compared to the total number of patients served	Provider to confirm what proportion of relevant staff have undertaken training in personalised care and support planning.	n/a		Met		Met			Report			CQUIN lead has produced a plan which has been agreed with the host commissioner.	Dec-17	●	●	●	●
	Specialised	£150,000				Haemoglobinopathy improving pathways		Ongoing	Baseline Report, annual Q1	Evidence of governance arrangements (quarterly reports)	% of total registered patients in ODN attending for annual review at the Lead / Specialist Centre and plan to demonstrate performance to target of 85% by end of Yr 3 (quarterly reports)	Improvement in agreed patient satisfaction and outcome measure(s) (quarterly against baseline)	Met		Met		Met			Report			This is a well-established scheme, which has been in place over the last couple of years and tracking well.	Dec-17	●	●	●	●
	Specialised	£130,000				Paediatric Networked Care to Reduce Recourse to Critical Care Distant from Home			Trigger 1 - Part 1: Ensure full and ongoing completion of PCCMDS as per Information Standards Notice SCCI0076 Amd 113/2015 – 'Paediatric Critical Care Minimum Data Set, Version 2.0'. The full conformance date as per the ISN is 1st December 2016.	Trigger 2 - To provide support to the lead PICU centre in conducting a review of the Provider against the Paediatric Intensive Care (PICS) standards prior to July 2017.	Trigger 3 - Ongoing participation with West Midlands Paediatric Critical Care Network meeting, including representation at meetings and implementation of clinical protocols as agreed by the Network. This may include (but is not limited to): • Condition specific treatment and referral protocols • Incident Reporting System (Pediclrid)		n/a		Partially met		Partially met			Report			The data set provision is outstanding as Cerner development is awaited, we are now submitting a partial data set which appears to be accepted across the network.	Dec-17	●	●	●	●
	Specialised	£141,197				Activation systems for patients with long term conditions		HIV					n/a		Met		Met			Report			Scheme progressed with HIV Long Term Conditions within PCCT and delivering. Unpopular though with the patients and this has been raised with the commissioner for a decision on whether to carry forward to next year.	Dec-17	●	●	●	●
	Public Health	£55,978			£55,978k	Secondary Care Dental : Audit of Day Case Activity		A prospective audit and re-audit of day-case activity carried out in the department in accordance with the Terms of Reference issued by the service commissioner.		Initial audit report by 21 July 2017, Plan to address any identified issues by 20 October 2017, report of Follow up Audit by 20 April 2018.		Follow up Audit to be carried out by 31 March 2018 and reported by 20 April 2018.	n/a		Not Met		Not Met			Report			Not progressed as yet, but PH are aware that trust is progressing this; at this stage they have not confirmed that they will withdraw any funding due to the missed Q2 milestone.	Dec-17	●	●	●	●
	Public Health	£31,228				Bowel Screening			Report	Report	Report	Report			Met		Met			Report			Scheme reports to the national screening programme and has been ongoing for the last 2 years	Dec-17	●	●	●	●
	Public Health	£39,417				Bowel Scoping			Report	Report	Report	Report			Met		Met			Report			Scheme reports to the national screening programme and has been ongoing for the last 2 years	Dec-17	●	●	●	●
	Public Health	£92,044				Breast Screening			Report	Report	Report	Report			Met		Met			Report			Scheme reports to the national screening programme and has been ongoing for the last 2 years	Dec-17	●	●	●	●

£55,978

Local Quality Indicators - 2017/2018

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Aug 2016) A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Safeguarding Adults Advanced Training	=> %	85	85	-	80	80	81	81	80	79	81	81	81	79	83	86	85	85	86	88	89	Jan 2018								88.848	84.47	
			Safeguarding Adults Basic Training	=> %	85	85	99	98	98	98	98	96	98	98	98	96	97	96	98	97	97	97	97	97	Jan 2018								97.251	97	
			Safeguarding Children Level 1 Training	=> %	85	85	99	99	98	98	98	97	98	98	98	97	98	96	98	98	98	98	98	98	Jan 2018								98.0	97.7	
			Safeguarding Children Level 2 Training	=> %	85	85	73	71	71	73	75	76	77	77	78	79	78	78	83	86	86	87	88	88	Jan 2018								87.8	83.1	
			Safeguarding Children Level 3 Training	=> %	85	85	74	73	73	75	78	78	81	84	85	88	89	88	87	85	85	90	90	90	Jan 2018								89.8	87.5	
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	99	100	98	97	95	97	99	99	98	98	98	99	99	99	99	98	100	99	Jan 2018	97.8	99.3	100			0		98.6	98.6	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	13	16	16	17	17	20	17	16	16	15	17	17	15	16	15	15	18	17	Jan 2018	15.5	10.8	29.7			35		16.7	16.0	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	87	87	85	86	86	86	86	87	86	86	85	84	84	84	84	85	85	83	Jan 2018								83.4	84.6	
			CO Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90	83	76	83	92	80	78	93	87	80	86	76	82	82	85	79	80	100	100	Jan 2018								100.0	84.9	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	78	87	86	82	81	84	81	77	78	80	79	88	92	94	93	96	97	97	Jan 2018								96.9	89.3	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	82	75	76	76	75	73	78	79	76	75	75	74	71	74	80	76	79	76	Jan 2018								76.3	75.4	
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90	19	29	25	8	11	33	66	83	93	95	92	67	38	13	20	65	-	-	Nov 2017								65.5	65.0	
			Community Gynae - New to follow-up Ratio Less than 1 to 2	=> %	95	95	92	97	95	96	96	95	96	92	97	98	97	94	94	97	86	89	-	-	Nov 2017								89.2	94.6	
			Community Gynae - Onward Referral Rate	<= %	10	10	2	4	3	12	7	6	7	4	2	4	5	7	5	1	2	5	-	-	Nov 2017								5.2	4.2	
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100	55	65	42	77	69	60	62	58	69	-	57	58	57	54	55	52	60	67	Jan 2018								66.6	58.3	
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95	63	71	47	80	71	63	65	63	77	-	63	65	66	62	63	63	70	78	Jan 2018								78.0	66.9	
			Community - Screening For Dementia - SQPR	=> %	100	100	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016								37.2	38.4	
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2016								54.8	60.0	

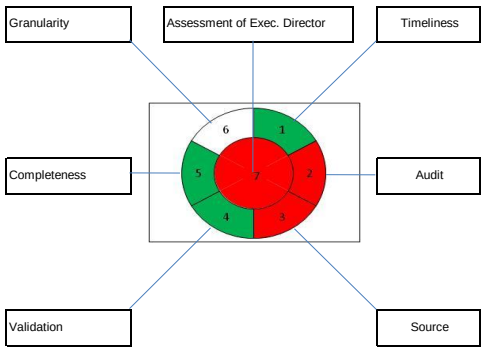
Legend

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

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

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Jan 2018	1	0	0	1	15	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jan 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Jan 2018	76	77	33	70.5		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Jan 2018	90	85	82	89.9		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	19	20	14	14	16	9	7	5	12	13	9	19	15	9	19	Jan 2018	4	15	0	19	117	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	19	20	12	14	16	9	7	5	12	13	9	19	15	9	19	Jan 2018	4	15	0	19	117	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	4	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	3	14	12	8	8	11	6	6	4	8	3	2	1	3	2	Jan 2018	0	2	0	2	46	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	5	6	2	11	5	1	6	3	1	3	5	6	3	2	2	Jan 2018	2	0	0	2	32	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	1	0	1	1	0	0	0	2	1	2	0	0	1	1	1	Jan 2018	0	1	0	1	8	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	5	2	1	0	0	1	1	1	5	0	0	0	0	0	0	Jan 2018	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	47	44	34	41	47	50	38	34	36	39	34	34	28	31	48	22	23	35	Jan 2018	7	28	0	35	330	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	2	2	0	2	3	3	1	2	1	1	0	0	1	1	3	0	0	0	Jan 2018	0	0	0	0	7	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	5	4	5	7	9	5	5	4	5	4	2	4	2	6	3	4	9	9	Jan 2018	2	7	0	9	48	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jan 2018	91.3	88.0	98.8	92.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Jan 2018	99.2	100.0	0.0	99.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Jan 2018	99	100	0	99.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Jan 2018	98	95	0	97.8		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jan 2018	2	0	0	2	20	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Nov 2017	41	30	54	39		

Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.6	8.3	10.0	9.7	9.9	9.5	9.4	9.4	9.5	9.2	9.2	10.2	9.1	10.7	11.4	11.1	12.0	-	Dec 2017				**12.0**		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			9.3	9.2	10.0	9.3	9.4	9.4	9.4	9.4	9.4	9.3	9.3	9.4	9.4	9.6	9.7	9.8	10.0	-	Dec 2017					**9.5**	

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Section	Indicator		Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		EC	AC	SC			
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																		Jan 2018		88.1		88.1	93.0	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																		Jan 2018		85.3		85.3	75.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																		Jan 2018		70.6		70.6	71.3	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																		Jan 2018		100.0		100.0	97.8	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																		Jan 2018		50.0		50.0	68.6	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0														-				Jan 2018		100.0		100.0	100.6	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																		Jan 2018		100.0		100.0	97.8	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																		Jan 2018		100.0		100.0	97.1	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																		Jan 2018		85.7		85.7	93.6	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																		Jan 2018		94.1		94.1	96.2	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																		Jan 2018		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																	-	Dec 2017			97.3	97.3		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																	-	Dec 2017			97.3	97.3		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																	-	Dec 2017			94.4	94.4		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	3.5	1	2.5	2	1.5	3	2.5	2	2	4.5	1	2.5	2	3.5	2.5	0.5	-	Dec 2017	-	-	0.50	0.50	21	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1.5	2	0	0	1	1	1	1	1	0	1	0	0	0	2	2	0	-	Dec 2017	-	-	0.00	0.00	6	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			107	140	75	71	107	111	135	105	140	91	106	97	99	81	125	173	104	-	Dec 2017	-	-	104	104		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0	0.0	5	15	12	12	19	17	8	6	0	6	4	10	3	7	8	7	7	3	Jan 2018	-	-	3	3	55	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	6	30	2	0	4	21	7	0	0	3	61	46	129	0	0	Jan 2018	0	0	0	0	267	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			40	23	27	40	35	40	45	42	34	42	40	27	49	24	26	47	29	30	Jan 2018	18	12	0	30	348	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			47	55	56	63	62	66	61	75	79	79	91	83	82	74	59	75	67	73	Jan 2018	46	27	0	73		

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Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jan 2018	-	3.45	-	0.71		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	Jan 2018	0.0	0.0	0.0	0	3	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	6	1	0	6	2	4	6	2	3	11	3	5	2	8	2	3	4	6	Jan 2018	0.0	6.0	0.0	6	47	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	32	28	57	44	29	51	37	41	28	35	63	31	62	41	#####	#####	#####	#####	Jan 2018	0.0	0.0	0.0	0.0		
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	Jan 2018	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Jan 2018	80.0	83.2	Site S/C	81.6	83.0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1227	1280	1579	1750	1866	1776	1769	1721	1662	1742	1580	1483	1280	1257	1636	1714	2188	2257	Jan 2018	2079	0	178	2257	16799	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Jan 2018	0.0	0.0	Site S/C	0	1	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0											-								Jan 2018	15.0	15.0	Site S/C	15	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Jan 2018	57.0	56.0	Site S/C	57	59	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																-			Jan 2018	7.7	8.1	Site S/C	7.9	8.2	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Jan 2018	4.0	6.2	Site S/C	5.1	5.7	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	112	135	112	162	193	162	129	107	110	159	242	111	127	90	143	207	208	163	Jan 2018	112	51		163	1560	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	9	16	21	19	11	13	5	0	12	6	1	0	1	4	6	11	5	Jan 2018	5	0		5	46	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Jan 2018	0.21	0.00		0.11	0.10	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4204	4138	4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	4557	4424	4725	4561	Jan 2018	2358	2203		4561	43915	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Jan 2018	0.0	87.3	88.7	87.7		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Jan 2018	0.0	76.2	91.1	83.5		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Jan 2018	0.0	86.4	96.7	90.2		
RTT	RTT - Backlog	<= No	0	0	873	1172	1319	1168	1500	1154	897	622	610	479	497	467	538	407	288	398	504	480	Jan 2018	0	419	61	480		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	1	2	1	0	0	1	1	2	1	7	4	1	0	0	0	0	Jan 2018	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	13	12	13	10	12	10	10	10	9	7	8	9	7	8	5	5	6	6	Jan 2018	0	4	2	6		

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RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jan 2018	0	2.29	0.31	1.89	

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Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		EC	AC	SC			
Data Completeness	Open Referrals	No			70,424	72,581	74,142	75,046	75,926	75,925	76,880	78,278	78,984	79,971	81,548	83,160	84,417	85,453	62,769	63,236	64,194	65,058	Jan 2018	14,154	26,744	24,160	65058		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			26,511	28,710	27,787	30,150	31,585	32,319	33,572	35,739	36,247	36,822	37,760	39,488	40,216	40,844	35,242	36,135	37,044	37,620	Jan 2018	11,832	15,192	10,596	37620		
Workforce	WTE - Actual versus Plan	No			229	231	229	231	244	202	194	208	205	199	227	236	223	223	204	200	218	191	Jan 2018	98.03	89.58	0	191		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																			Jan 2018	67.28	65.43	0		77.0	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jan 2018	62.79	90.91	0		77.9	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Jan 2018	5.16	4.88	0.00	4.98	4.73	
Workforce	Sickness Absence - In month	<= No	3.15	3.15																			Jan 2018	5.99	6.65	0.00	6.36	5.24	
Workforce	Sickness Absence - Long Term - In month	No			47	43	45	40	39	39	33	40	53	59	48	45	54	49	51	49	63	-	Dec 2017	27	36	0	63	471	
Workforce	Sickness Absence - Short Term - In month	No			179	162	194	206	243	223	207	182	66	68	80	131	145	157	173	233	236	-	Dec 2017	97	139	0	236	1289	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Jan 2018	58.8	71.2	0.0		69.10	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Jan 2018	82.87	83.16	0		81.9	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			1	0	0	0	0	0	1	2	3	0	0	1	1	0	0	1	2	2	Jan 2018	2	0	0	2		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				710		
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	-->	-->	-->	-->	8	-->	-->	-->	-->	-->	11.8	-->	-->	-->	-->	-->	-->	Jul 2017	10.9	9.6	20.5	11.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.68	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.51	3.90	3.58	3.68		

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Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	Trend
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		GS	SS	TH	An	O			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Jan 2018	2	0	0	0	0	2	6	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jan 2018	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Jan 2018	93.75	94.19	0	0	54.55	90.5		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Jan 2018	91.09	92.55	0	81.82	92	91.4		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	4	0	0	0	2	1	3	0	12	7	6	15	12	9	7	Jan 2018	3	0	0	4	0	7	72	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	4	0	0	0	2	1	3	0	12	7	6	15	12	9	7	Jan 2018	3	0	0	4	0	7	72	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	0	0	0	0	0	1	4	0	3	1	2	1	1	0	0	Jan 2018	0	0	0	0	0	0	13	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	0	0	0	0	1	0	3	0	6	5	2	2	1	0	0	Jan 2018	0	0	0	0	0	0	19	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	Jan 2018	0	0	0	1	0	1	3	
Patient Safety - Harm Free Care	Falls	<= No	0	0	12	9	10	12	13	8	6	6	10	7	11	11	4	5	5	10	10	17	Jan 2018	9	6	0	0	2	17	90	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	2	0	4	0	1	1	2	1	1	3	0	2	0	0	2	2	1	2	Jan 2018	1	1	0	0	0	2	13	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jan 2018	98.56	98.99	0	98.98	98.75	98.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Jan 2018	100	99.69	100	100	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Jan 2018	0	100	100	0	99.38	99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Jan 2018	0	100	100	0	98.76	99.3		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jan 2018	1	0	0	0	0	1	8	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Nov 2017	20	33	0	100	0	28.6		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.4	5.9	6.0	5.1	5.9	6.0	6.3	5.7	6.2	6.5	6.3	7.3	6.9	6.0	6.0	5.4	6.1	-	Dec 2017						6.1		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.61	6.5	6.99	6.3	6.11	6	5.95	5.84	5.83	5.86	5.92	5.98	6.09	6.1	6.1	6.21	6.23	-	Dec 2017							6.0	

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Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		GS	SS	TH	An	O			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Dec 2017	96.9	-	0.0	-	-	96.87		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Dec 2017	98.9	-	-	-	-	98.85		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Dec 2017	98.9	-	0.0	-	-	98.92		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Dec 2017	84.2	-	0.0	-	-	84.21		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			7	4	7	4	5	5	8	2	2	5	3	8	3	2	6	4	8	-	Dec 2017	-	-	-	-	-	7.5	38	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	2	2	2	2	0	2	1	1	1	0	2	2	0	2	0	3	-	Dec 2017	3	-	0	-	-	3	11	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			292	245	351	191	158	103	193	105	119	114	98	134	108	84	110	0	119	-	Dec 2017	119	-	0	-	-	119		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	-	0	-	-	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	1	0	8	0	0	0	0	0	0	0	39	6	0	2	0	0	Jan 2018	0	0	0	0	0	0	47	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			38	30	37	29	26	32	25	36	24	29	20	28	29	18	16	28	22	24	Jan 2018	10	2	2	3	7	24	238	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			45	47	51	39	45	62	63	66	78	61	51	57	50	38	40	36	47	47	Jan 2018	22	5	3	3	14	47		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jan 2018	1.94	0.92	0	-	0.13	0.92		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	1	0	3	4	0	0	0	0	0	0	0	0	0	0	0	2	Jan 2018	2	0	0	0	0	2	2	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	43	32	29	57	31	35	49	45	32	49	38	41	28	37	35	35	24	20	Jan 2018	17	2	0	0	1	20	339	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	71.6	73.7	75.3	75.7	73	77.1	75.3	75.3	76.4	75.8	77.9	73.9	74.7	74.8	75.8	77.1	71.1	72.6	Jan 2018	71.6	64.2	0.0	95.4	75.2	72.59		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	98.6	98.6	99.4	99.4	99.7	99.3	99.3	98.1	97.6	96.8	96.7	97.5	97.5	99.2	99.8	99.4	99.6	99.5	Jan 2018	-	-	-	-	99.48	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	121	63	92	76	109	70	68	112	137	109	93	106	69	73	84	80	89	66	Jan 2018	40	17	0	4	5	66	906	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	-	-	-	-	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	3.3	2.2	2.9	3.5	2.6	4.1	3.0	3.3	3.3	3.0	3.7	3.6	4.3	5.4	3.9	-	5.0	5.1	Jan 2018	-	-	-	-	5.07	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	1.7	2.5	2.1	1.4	1.1	1.0	1.1	1.7	2.0	2.4	2.7	2.8	2.3	2.0	1.0	2.4	1.3	1.8	Jan 2018	-	-	-	-	1.79	-	-	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	41	15	26	14	14	0	0	0	0	0	-	0	0	0	0	0	0	0	Jan 2018	-	-	-	-	27	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	110	103	107	100	99	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	96	-	-	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0																			Jan 2018						84.0	67.4	

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Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		GS	SS	TH	An	O			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Jan 2018	72.9	64.4	0.0	0.0	78.3	74.2		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Jan 2018	82.9	90.4	0.0	0.0	96.8	90.5		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Jan 2018	91.5	82.7	0.0	0.0	93.4	90.9		
RTT	RTT - Backlog	<= No	0	0	1350	1254	1369	1328	1514	1344	1153	1167	1304	1204	1293	1293	1385	1443	1447	1264	1271	1348	Jan 2018	575	396	0	0	377	1348		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	1	2	0	1	0	2	2	4	1	1	1	5	9	4	7	5	2	Jan 2018	0	1	0	0	1	2		
RTT	Treatment Functions Underperforming	<= No	0	0	16	16	16	14	16	16	16	14	14	16	18	16	17	17	16	17	16	15	Jan 2018	8	6	0	0	1	15		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jan 2018	1.5	0.0	0.0	0.0	0.0	1.46		
Data Completeness	Open Referrals	No			109,035	110,630	112,597	113,840	115,090	116,146	118,262	121,184	123,687	126,992	129,204	131,460	133,412	135,263	136,924	139,237	140,979	142,818	Jan 2018	49,000	15,975	0	5,624	72,219	142818		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requ	No			38,367	40,451	42,937	44,084	45,279	47,179	48,985	51,471	53,057	55,792	57,290	59,198	60,880	63,030	64,953	67,111	68,385	70,228	Jan 2018	26,568	8,222	0	3,778	31,660	70228		
Workforce	WTE - Actual versus Plan	No			155	152	146	140	151	185	157	166	168	172	176	196	181	180	172	169	158	150	Jan 2018	51.84	22.62	35.44	17.1	27.29	150.3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	70.4	76.6	90.4	68.3	78.0		84.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jan 2018	66.67	74.19	0	62.75	86.27		77.8	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Jan 2018	4.3	5.6	6.3	4.8	2.3	4.6	4.7	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																			Jan 2018	5.4	7.1	7.4	4.6	2.6	5.5	4.9	
Workforce	Sickness Absence - Long Term - In Month	No			46	53	52	50	53	52	33	32	30	41	38	51	50	47	49	47	34	-	Dec 2017	10.0	10.0	3.0	8.0	0.0	34.0	387.0	
Workforce	Sickness Absence - Short Term - In Month	No			168	169	181	173	181	166	149	138	61	50	55	96	96	119	159	170	172	-	Dec 2017	50.0	38.0	47.0	34.0	0.0	172.0	978.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Jan 2018	87.6	89.3	95.3	95.0	89.6	91.2	86.3	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2018	89.2	87.1	91.3	90.2	82.3		86.8	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	1	3	0	0	2	1	2	2	0	0	2	2	2	4	1	0	2	Jan 2018	0	0	1	1	0	2		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						88.03	88	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016						238	238	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00						-	-	

Surgical Services Group

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

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Jan 2018	1	0	0	1	1	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Jan 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Jan 2018	88			88.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Jan 2018	0	94.3		94.3		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan-00	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	2	3	1	1	2	1	1	0	3	1	0	0	0	1	1	0	0	Jan 2018	0	0	0	0	6	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Jan 2018	98	94.5		95.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0																			Jan 2018	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Jan 2018	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Jan 2018	100	100		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jan 2018	0	0	0	0	4	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Directorate G	M	P	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Jan 2018		22.1		22.1	25.4	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	10	8	11	8	7	9	8	9	8	9	7	8	8	9	9	5	7	Jan 2018		7.03		7.0	7.9	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			19	19	23	17	20	15	17	17	17	15	17	18	15	19	21	18	21	15	Jan 2018		15.1		15.1	17.5	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Jan 2018		0		0	1	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Jan 2018		1		1	19	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Jan 2018		1.79		1.8	1.9	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Jan 2018		1.99		2.0		
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	Jan 2018		1.99		2.0		
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	0	0	Jan 2018		0		0.0		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	90.0	90.0												-							Jan 2018		74.3		74.3		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Jan 2018		133		132.8		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0		N/A						N/A	N/A	N/A			N/A	N/A			-	-	Nov 2017	100	0	0	100.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.2	3.9	5.4	5.9	5.0	4.0	5.4	4.7	4.6	4.5	4.8	4.3	3.7	4.3	4.3	5.5	4.8	-	Dec 2017				4.8		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.2	5.1	5.4	5.0	5.0	5.0	4.9	4.8	4.8	4.7	4.7	4.7	4.7	4.7	4.6	4.6	4.6	-	Dec 2017					4.7	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0				#DIV/0!														-	Dec 2017	99.1		0	99.1		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Dec 2017	100			100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Dec 2017	90.9			90.9		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0.5	0.5	1.5	4	3	2	4.5	3.5	4.5	3	2	2	5.5	5.5	1.5	6	1	-	Dec 2017	1	-	0	1	31	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0	0	0.5	1.5	3.5	3	1	0	0	3	1	0	0	0	-	Dec 2017	0	-	0	0	8	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			70	97	76	98	98	120	150	162	126	139	95	102	184	141	90	0	86	-	Dec 2017	86	-	0	86		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	-	0	0	0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Directorate G	M	P	Month	Year To Date	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			15	15	12	9	12	14	14	12	13	8	12	6	12	8	8	7	4	19	Jan 2018	5	6	8	19	97	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			21	23	23	16	21	24	24	22	19	12	15	14	14	17	15	13	19	29	Jan 2018	0	0	0	29		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Jan 2018	4.8		-	3.6		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	6	9	12	6	10	6	12	10	12	5	17	4	8	3	10	8	14	11	Jan 2018	11			11	92	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	76	76	79	79	71	80	83	81	83	82	82	80	79	77	73	79	75	73	Jan 2018	73.3	-		73.3		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			7	43	18	38	38	20	23	15	9	10	7	11	4	13	15	32	27	21	Jan 2018	13	0	8	21	149	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Jan 2018	80.2			80.2		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Jan 2018	95			95.0		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Jan 2018	96.4			96.4		
RTT	RTT - Backlog	<= No	0	0	121	129	161	161	160	111	96	96	98	81	97	91	91	90	81	77	56	47	Jan 2018	47			47		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2	Jan 2018	2			2		
RTT	Treatment Functions Underperforming	<= No	0	0	2	2	2	3	3	2	1	2	1	1	1	1	1	2	2	1	2	2	Jan 2018	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Jan 2018	0			0.0		

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Directorate G	M	P	Month	Year To Date	
Data Completeness	Open Referrals	No			25,230	25,985	26,671	27,018	27,523	27,970	28,605	29,483	30,091	30,838	31,759	32,486	33,158	33,869	34,430	34,844	35,501	36,199	Jan 2018	9,090	18,049	9,060	36199		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			10,770	11,488	11,421	12,342	12,816	13,222	13,822	14,698	15,253	15,849	16,571	17,454	17,950	18,689	19,315	19,739	20,322	20,867	Jan 2018	5,503	12,255	3,109	20867		
Workforce	WTE - Actual versus Plan	No			118	116	107	109	126	119	111	116	119	124	116	117	108	96.9	92	94.5	105	120	Jan 2018	17.3	64.6	37.3	120.0		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	77.7	60.9	86.1		84.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jan 2018	67.9	88.9	87.5		84.7	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jan 2018	3.6	5.12	3.55	4.3	4.4	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Jan 2018	4.32	5.58	5.17	5.3	4.5	
Workforce	Sickness Absence - Long Term - in month	No			43	44	43	43	30	30	23	29	27	36	28	31	30	29	34	30	30	-	Dec 2017	4	19	7	30.0	275.0	
Workforce	Sickness Absence - Short Term - in month	No			96	106	113	125	114	142	83	105	50	41	40	88	89	91	128	135	131	-	Dec 2017	16	91	23	131.0	793.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Jan 2018	86.8	79.5	83.4	81.75	83.67	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2018	85.9	89.7	0		87.9	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			1	0	0	0	0	0	0	1	3	1	0	0	0	0	1	1	1	0	Jan 2018	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	13	-->	-->	-->	-->	-->	16	-->	-->	-->	-->	-->	-->	Jul 2017	14.1	12.6	24.8	16		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.66	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.54	3.72	3.6	3.7		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		G	M	P			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			219	255	119	131	109	126	-	-	157	250	268	-	-	-	-	-	-	-	Jun 2017		-		268	675	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	86.1	87.6	85.3	84.6	95.7	90.5	88.3	-	83.9	80.8	87.2	88	87	81.6	92.5	88.9	90.7	-	Dec 2017		-		90.68	86.73	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			12.3	10.5	7.71	1117	3.23	7.22	9.56	4.81	13.5	16.9	9.89	10.5	9	11.4	7.99	6.48	7.91	-	Dec 2017		-		7.91	10.42	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	96.6	95.8	90.1	93.9	94.6	95.6	97.2	96.2	89.6	92.2	94.6	93.8	89.8	91.7	95.9	95.1	93.7	-	Dec 2017		-		93.66	92.91	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			100	99.5	98.8	98.4	98.5	99.3	1.29	95.8	92.1	89.2	88.7	80.3	97.8	89.1	0	96.7	97.2	-	Dec 2017		-		97.2	82.47	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	96	94.3	91.5	95.4	94.1	93	92.1	90.1	86.1	80.5	88	86.8	81.3	89.2	92.7	93.8	93.1	-	Dec 2017		-		93.09	88.06	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			88.3	91.5	92.8	89.4	89.2	89.7	82.5	84.2	84.6	78.2	84.5	84.2	80.2	85.5	87.1	81	91.7	-	Dec 2017		-		91.71	84.26	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	1	1	1	1	1	1	1	1	1	-	-	-	-	1	-	-	-	-	Sep 2017		-		1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	99.2	97	95	95.9	93.9	96.9	-	95.5	100	98.8	98.7	99.7	100	98.6	99.7	98.9	99.3	-	Dec 2017		-		99.33	99.28	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	99.5	99.3	94	93.6	87.9	98.6	-	86.1	99.4	100	98.7	99.1	98.8	99.3	99.2	97	98	-	Dec 2017		-		97.99	98.83	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			40.6	39.6	40.7	37.6	43.5	43.5	-	42.2	37.6	43.5	37.8	42.9	35.6	42.2	37.9	23.3	18.4	-	Dec 2017		-		18.39	35.78	
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	-	-	-	-	-	-	-	-	-	-	-	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			365	413	313	132	306	377	-	357	365	390	361	401	403	329	386	388	343	-	Dec 2017		-		343	3366	
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	97.3	96.3	92.4	91.3	93.5	97.2	-	91.3	-	-	-	97.4	-	-	-	-	-	-	Jul 2017		97.5		97.45	97.45	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			376	409	347	330	310	342	-	322	205	197	212	210	326	263	223	246	209	-	Dec 2017		-		209	2091	
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	96.7	94.9	89.4	86.6	86.5	88.6	-	97.9	-	-	-	98.4	-	-	-	-	-	-	Jul 2017		98.4		98.41	98.41	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			375	346	347	339	323	343	-	-	26	20	19	28	317	24	21	27	20	-	Dec 2017		-		20	502	
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	85.6	86.3	83.6	86.7	82.4	89.8	-	-	-	-	-	97.8	-	-	-	-	-	-	Jul 2017		97.8		97.77	97.77	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			38	45	41	34	31	63	-	-	125	171	151	134	193	125	135	141	102	-	Dec 2017		-		102	1277	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00						

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Directorate HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jan 2018	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Dec 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Dec 2017	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Dec 2017	-	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	1	2	3	2	4	1	2	1	1	1	0	1	0	3	1	3	2	Jan 2018	2	0	0	0	0	2	13	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	2	3	3	1	3	4	4	3	2	2	3	3	3	4	2	3	4	Jan 2018	4	0	0	0	0	4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			5,631	5,764	5,995	6,051	6,140	6,284	6,387	6,495	6,601	6,770	6,960	7,039	7,180	7,354	7,427	7,455	7,473	7,588	Jan 2018	2,301	0	2,626	0	2,661	7,588		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			2,208	2,275	2,407	2,444	2,478	2,613	2,685	2,791	2,845	2,956	3,034	3,321	3,246	3,387	3,495	3,631	3,725	3,752	Jan 2018	1,252	0	1,287	0	1,213	3,752		
Workforce	WTE - Actual versus Plan	No			39.8	38.4	40	37	31	34.7	30.3	23.7	18.7	28.1	27.9	30.2	30.1	38.5	41.1	45.5	44.1	40	Jan 2018	10	3.8	14	5.2	0.3	40		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	32	86	85	71	100		87.58	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jan 2018	50	86	100	100	100		76.05	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jan 2018	3.3	1.3	4.4	3.7	1.9	3.56	3.59	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																			Jan 2018	3.4	1.8	7.4	7.8	0.7	5.26	3.62	
Workforce	Sickness Absence - Long Term - In Month	No			15	13	12	14	6	5	6	8	6	6	6	8	5	3	9	5	10	-	Dec 2017	1.0	0.0	6.0	1.0	0.0	10	58	
Workforce	Sickness Absence - Short Term - In Month	No			36	30	43	49	41	36	35	45	30	30	39	40	51	49	50	48	45	-	Dec 2017	7.0	3.0	19.0	11.0	1.0	45	382	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Jan 2018	86	100	83	96	90	87.0	86.4	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2018	95	84	91	93	98		91.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	22	-->	-->	-->	-->	-->	23.7	-->	-->	-->	-->	-->	-->	Jul 2017	15	31	20	36	33	24		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.82	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.5	3.3	3.9	4	3.9	3.82		

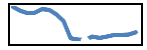
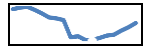
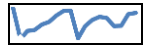
Imaging Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate				Month	Year To Date	Trend
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		DR	IR	NM	BS			
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jan 2018	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jan 2018	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	3.0	1.0	-	2.0	2.0	1.0	-	1.0	1.0	2.0	2.0	2.0	4.0	2.0	2.0	1.0	1.0	-	Dec 2017					2.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	14.0	14.0	13.0	15.0	17.0	17.0	15.0	16.0	15.0	16.0	16.0	17.0	18.0	19.0	21.0	20.0	19.0	-	Dec 2017						5.17	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																			Jan 2018			70.6		70.59	71.34	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																			Jan 2018			100		100	97.84	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Dec 2017	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Dec 2017	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Dec 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	Jan 2018	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	1	1	4	5	4	1	1	4	2	2	3	1	3	2	1	1	4	Jan 2018	2	0	2	0	4	23	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			2	0	1	4	9	3	2	2	1	3	4	5	2	4	3	3	1	4	Jan 2018	1	1	2	0	4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan 2018	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			66	54	55	60	55	66	54	100	102	128	94	106	100	97	122	111	140	84	Jan 2018	84	0	0	0	84	1084	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Jan 2018	0.04				0.04		
Data Completeness	Open Referrals	No			361	376	399	428	438	461	481	498	512	532	545	560	577	608	623	666	707	736	Jan 2018	736	0	0	0	736		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			315	331	346	373	386	403	421	438	454	474	482	506	531	553	570	596	621	645	Jan 2018	645	0	0	0	645		
Workforce	WTE - Actual versus Plan	No			47	45	41	40	38	32	31	32	35	39	36	35	30	25	20	24	28	24	Jan 2018	12	2.1	3.6	1.6	24.0		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	61.4	63.6	76.9	69.5		82.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jan 2018	89.3	0	100	0		87.3	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jan 2018	2.8	11.1	2.2	3.0	3.74	4.21	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Jan 2018	3.3	11.0	0.5	4.4	3.51	3.51	
Workforce	Sickness Absence - Long Term - in month	No			7	6	7	13	10	15	13	9	6	10	7	7	4	6	8	6	4	-	Dec 2017	0.0	0.0	0.0	2.0	4.00	58.00	
Workforce	Sickness Absence - Short Term - in month	No			23	26	29	41	40	53	36	32	29	22	24	22	22	34	31	39	36	-	Dec 2017	14.0	1.0	3.0	5.0	36.00	259.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Jan 2018	84.8	0	64.5	83.5	81.7	73.9	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2018	84.7	90	93.5	95.3		87.2	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	Jan 2018					0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	20	-->	-->	-->	-->	-->	24	-->	-->	-->	-->	-->	-->	Jul 2017	20	10	52	23	23.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.4	0	4.1	4.2	3.58		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		AT	IB	IC			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Jan 2018	25	0	0	25		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	-	-	2	2	1	0	5	4	4	1	3	2	5	14	4	1	10	Jan 2018	0	10	0	10	48	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	-	-	2	2	2	0	5	4	4	1	3	2	5	14	4	1	10	Jan 2018	0	10	0	10	48	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	-	-	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	Jan 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	-	-	1	1	2	0	0	3	2	3	0	3	0	2	1	4	5	Jan 2018	0	5	0	5	23	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	-	-	1	0	0	0	0	2	2	4	0	1	2	3	3	0	2	Jan 2018	0	2	0	2	19	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	-	-	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	-	-	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	Jan 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Falls	<= No	0	0	31	29	33	30	27	20	19	31	23	21	36	36	38	30	33	32	38	27	Jan 2018	3	21	3	27	314	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2	1	0	1	0	0	Jan 2018	0	0	0	0	5	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	1	1	0	1	3	2	2	1	5	1	1	1	0	3	1	1	0	2	Jan 2018	0	2	0	2	15	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jan 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jan 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jan 2018	0	0	0	0	8	
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	Jan 2018	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	4	3	8	4	6	1	1	4	3	8	4	10	2	7	6	4	14	Jan 2018	7	7	0	14	62	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			9	7	5	5	6	6	6	6	9	10	12	9	11	8	8	8	9	14	Jan 2018	7	7	0	14		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		AT	IB	IC			
Workforce	WTE - Actual versus Plan	No			152	135	104	109	122	115	112	118	128	130	131	132	136	130	112	97.9	86.7	87.8	Jan 2018	35.2	30.2	22.4	87.79		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	81.1	88.8	84.2		90.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jan 2018	3.02	4.99	3.98	4.11	4.04	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Jan 2018	3.61	5.68	5.32	5.04	4.13	
Workforce	Sickness Absence - Long Term - in month	No			27	29	22	23	29	32	24	24	24	19	19	15	24	21	26	36	35	-	Dec 2017	7	-	-	35	219	
Workforce	Sickness Absence - Short Term - in month	No			83	53	74	104	101	102	93	82	57	60	57	78	84	76	121	128	135	-	Dec 2017	25	70	40	135	796	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Jan 2018	80.9	86.1	84	84.35	79.94	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2018	0	91.7	0		90.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	Jan 2018				0		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	-->	Jul 2017	31.1	24.1	31.1	29		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.83	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.72	3.72	3.96	3.83		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J		AT	IB	IC			
Community & Therapies Group Only	DVT numbers	=> No	730	61	-	-	-	-	-	-	-	-	41	54	59	70	54	56	55	55	29	53	Jan 2018				53	526	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	9.01	9.22	7.88	7.37	12.2	12.2	8.97	8.04	8.47	8.18	8.5	7.79	8.04	-	-	-	-	-	Aug 2017				8.0	8.2	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	1.58	1.29	0	1.42	0.87	3.94	1.15	-	-	-	-	-	14.3	10.2	8.91	-	-	-	Oct 2017				8.9	10.1	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.5	14.9	14.7	Jan 2018				14.7	13.4	
Community & Therapies Group Only	STEIS	<= No	0	0	0	2	1	1	0	0	0	0	0	0	-	1	2	3	0	-	0	0	Jan 2018				0	6	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	-	-	-	-	-	-	-	-	15.5	16.7	18.3	18.5	19.4	15.5	14.7	12.4	15.3	13.2	Jan 2018				13.17	159.25	
Community & Therapies Group Only	DNA/No Access Visits	%			2	2	2	2	2	1	2	-	-	-	1	1	1	1	1	-	1	-	Dec 2017				0.86		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	41.5	60.1	36.8	53	57.3	55.8	59.2	56.3	66.8	58.2	51.8	56.3	56.1	52.4	52	61.7	59.2	70.4	Jan 2018				70.41	57.87	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			55	65	42	77	69	60	62	58	69	63	57	58	57	54	50	60	60	67	Jan 2018				66.61		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			63	71	47	80	71	63	65	63	77	68	63	65	66	62	59	72	70	78	Jan 2018				78.02		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			32	37	26	52	46	48	36	46	58	52	46	49	49	49	43	54	55	61	Jan 2018				61.16		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			37	45	14	53	53	52	62	44	55	-	-	60	38	63	41	50	47	59	Jan 2018				58.56		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			92	86	94	93	93	69	93	94	92	-	93	92	93	93	94	96	94	-	Dec 2017				93.83		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			222	270	177	251	369	308	382	460	488	467	453	428	420	369	556	398	337	424	Jan 2018				70.08	59.18	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			3	2	0	2	5	6	8	6	5	8	4	7	4	3	6	4	5	2	Jan 2018				2	48	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			1	1	0	2	2	4	6	3	5	8	4	7	4	3	3	4	4	2	Jan 2018				2	44	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			1	1	0	0	3	2	2	2	0	0	0	0	0	0	1	0	1	0	Jan 2018				0	2	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			1	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	Jan 2018				0	2	

Corporate Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	Data Period	Directorate SG	F	W	M	E	N	O	Month	Year To Date	Trend
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			13	8	13	11	12	11	11	14	3	9	5	10	2	8	4	9	8	12	Jan 2018	3	0	1	0	0	3	5	12	70	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			17	10	13	18	13	12	17	19	16	17	10	13	5	10	7	11	15	16	Jan 2018	3	0	1	0	1	4	7	16		
Workforce	WTE - Actual versus Plan	No			130	146	123	118	133	98.6	94.5	105	99.5	103	102	102	107	123	114	111	122	116	Jan 2018	7.08	-3.04	1.26	19.5	-2.73	44.9	48.5	115.52		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Jan 2018	69	74	64	87	66	73	79		86.1	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jan 2018			95					50.0	58	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Jan 2018	2.76	2.61	3.45	3.49	4.81	5.76	4.46	4.69	4.67	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Jan 2018	3.70	0.99	2.27	5.67	5.45	0.51	3.48	3.58	4.54	
Workforce	Sickness Absence - Long Term - in month	No			62	65	64	64	79	0	1	0	2	1	2	2	2	2	1	2	1	-	Dec 2017	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	15.00	
Workforce	Sickness Absence - Short Term - in month	No			160	181	203	224	191	7	8	8	3	2	3	1	4	10	4	5	7	-	Dec 2017	7.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	39.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Jan 2018	91.9	67.9	69.3	75.5	80.0	84.2	82.1	81.1	80.4	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2018	0	94	97	95	97	91	95	93.3	91	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			1	1	0	0	2	1	1	4	6	0	2	1	1	0	0	1	1	0	Jan 2018	0	0	0	0	0	0	0	0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	-->	18	-->	-->	-->	-->	-->	21	-->	-->	-->	-->	-->	-->	Jul 2017	67.7	41.5	42.9	30.4	30.3	6.6	21.9	21.2		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	3.64	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Financial performance – P10 January 2018
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite – Finance Director
AUTHOR:	Dinah McLannahan – Deputy Director of Finance Tim Reardon – Associate Director of Finance (Compliance)
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

The key messages in this paper are that:

- The forecast is for delivery of pre-STF control total consistent with that necessary to recover Q4 STF funds of £2.6m. This reflects a judgement that non-recurrent opportunities sufficiently exceed residual risks.
- The emergent caveat to that achievement relates to significant costs relating to the restructuring of the contracts surrounding Midland Met. The trust has sought a dispensation from NHSi as regards those costs for the purposes of measuring control total compliance.
- The focus of organisational effort is on run rate improvement at scale & pace consistent with securing sustainable finances across 2018-20. There is not yet a complete plan to do that but significant progress is being made. This is considered further in the private board.
- The capital programme has been settled at £26m [assuming c£2m of intended schemes specific to Midland Met fall to a future period]
- The cash position & outlook remains consistent with any borrowing requirement being deferred to the new financial year. There is a necessary focus on recovery of receivables to both resolve overdue matters and to further strengthen that cash position.

Year to date the Trust is reporting a surplus and a significant positive variance from plan. This is achieved through the use of non-recurrent technical items, mainly the profit on sale of land at the City site. A recovery plan is being developed by the Trust executive that is designed to address the underlying position of the Trust as well as the incremental challenge for the new financial year. Alongside this, the finance team have developed a schedule of risks and upsides to the financial position in the current financial year and which are being pro-actively managed.

The trust has formally reported a forecast consistent with control total compliance.
This is based on the development & record of delivery of the recovery plan together with an assessment that residual opportunities likely cover risks not amenable to mitigation.

The forecast included key assumptions as follows and the report contains further detail on each;

- £264.5m SWB CCG Income, secured;
- £17.4m CIP delivery - £1.766m off track ytd at P10 - £3m underperformance allowed for in current projection;
- Production plan delivery of £110m – £1.28m off track ytd – and projection looks challenging. Mitigated by emergency activity to some extent, and the year-end deal with SWBCCG;
- £4m additional CIP+ stretch delivery – identified, mostly non-recurrently.

A CIP board sub-group (Financial Recovery Project Steering Group) with clear ownership and roles is driving the management of risk inherent within the above assumptions, and delivery of "CIP+", through 3 key work-streams; pay, non-pay and income, which reports through to the Exec CIP Board, held weekly.

In addition to the above work and confirmation of risks and opportunities at P09 and confirmed at P10, the Trust was notified during December of c£2m of winter money, £1.1m of which must go to the bottom line and improve the financial position of the Trust. The remaining £0.95m can support winter pressures, including the non-delivery of CIP relating to bed closures. In addition to this, in December the Trust received £7m from NHSE in relation to taper relief for double running costs relating to Midland Met. The Trust had assumed £5.8m for 2017/18. These two items alone totalled £2.3m of improvement to a £4m deficit, meaning that the Trust would need to find an additional £1.7m to reach the control total. This is worth £2.6m of cash backed STF. On this basis the recommendation was that the Trust aims to achieve the control total for 2017/18, and has submitted to NHSI on this basis for P09 reporting. This remains the view.

Also during December, the Trust was notified regarding new treatment of 0.5% of CQUIN funding (full year value £1.8m) for 2017.18, which had been the subject of a national discussion between NHSI and NHSE. The Trust was notified that as it had not met its control total for 2016.17, it must not assume any year to date or forecast income in relation to 0.5% of CQUIN in its books. The Trust has reflected this as asked. This notification does mean that the control total is harder to achieve by the same number but in our assessment is manageable within the list of risks and opportunities. It is possible that the Trust will receive the funding back in Month 12, subject to as yet unidentified criteria. This would have the impact of improving the position by £1.8m from a deficit of 0.55m, to a surplus of £1.25m. The Trust is entitled to full finance related STF on achievement of the £0.55m deficit, without relying on CQUIN.

The aim of the Trust has been consistently to achieve the best possible forecast outturn for 2017/18, and to address as much as possible the run rate going into 2018/19.

The impact of the above outlined underlying deficit position combined with planned capital expenditure means that the Trust may need to secure future cash borrowing to support operating costs. Based on assumptions in relation to CCG payments, taper relief, capital phasing and winter pressures this requirement is not now likely to crystallise in this financial year, and is currently expected in Q1 of 2018.19.

Key actions:

- Manage identified key risks and opportunities in months 11-12 to secure control total delivery.
- Keep in view the potential impact of Midland Met delay & remediation plan and work with regulators and stakeholders to secure financial support necessary to obviate that impact on the trust and local health system.
- Progress & where possible accelerate actions to secure improvement in run rate income & costs. Specifically, CIP delivery, and identification and delivery through implementation of FIP2 next steps plan, and 10 key actions, "CIP+", to address the underlying deficit of the Trust and the incremental challenge in 2018/19.

Key numbers:

- Headline year to date surplus £4.964m being £10.270m ahead of plan due to profit of land sale.

- Underlying YTD deficit -£23.598m being £7.754m adverse to plan.
- STF of £5.862m assumed earned for year to date.
- Pay bill £26.3m (remains stubborn); Agency spend £1.077m (vs. £1.246m in P09 – slight reduction).
- Capital spend at £18.2m is £2.5m behind revised plan to date.
- Cash at 31st December is £9.3m being above plan by £7.9m.

REPORT RECOMMENDATION:

The Board is recommended to

- NOTE the report and specifically the remedial actions proposed to improve the forecast outturn to the "best possible" for 2017/18, confirmed at Month 10 as being the control total, and address 2018/19 run rate issues.
- REQUIRE those actions necessary to secure the required plan out-turn for FY 2017/18

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

Accept	Approve the recommendation	Discuss
X		X

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

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

Comments:

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

PREVIOUS CONSIDERATION:

Finance Report

Period 10 2017/18
January 2018

Trust Board
1st March 2018

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Finance Report

Summary & Recommendations

Period 10 2017/18

Statutory Financial Duties	Value	Outlook	Note
I&E control total surplus	£7.0m	√	1
Live within Capital Resource Limit	£26.2m	√	2
Live within External Finance Limit	£43.3m	√	3

1. **Forecast surplus £7.0m formally reported. Achievement expected.**
2. **CRL remains to be confirmed by NHSI. Plan £46.6m, now revised.**
3. **EFL based on £7.0m surplus and opening cash of £14.4m. Impact of P&L downside mitigated by asset disposal proceeds.**

Outlook

- P10 forecast surplus £7.0m, consistent with achieving pre-STF control total on a non-recurrent basis & £7.5m STF recovery.
- Delivery of pre-STF control total underpinned by view that residual opportunities exceed risks not capable of mitigation.
- P10 pay & non-pay costs consistent with exit run rate costs assumed in [pre-CIP] financial plan 2018.19. Need to hold.
- Expedient mostly non-recurrent CIP+ measures have been initiated during Q3 and Q4 to secure forecast.
- Capacity & capability build now incorporated into Board agreed financial recovery action plan to secure recurrent balance.

P10 key issues & remedial actions

- P10 YTD headline performance reported as £10.3m ahead of plan due to profit on land sale.
- Position is reliant on significant technical support and looking forward requires remediation through I&E improvement.
- Delivery of pre-STF control total represents a £3.5m stretch on the revised plan deficit of £4.0m accepted by the Board. Non-recurrent opportunities sufficient to meet this requirement and to cover risks not subject to mitigation have been identified.
- P10 has seen the emergence of significant restructuring costs in respect of Midland Met and which may challenge that position. The trust is seeking a dispensation from NHSI in respect of those costs as regards CT compliance.
- Planned care income significantly off NHSI plan target ytd. Re-phased plan requires stretch in remaining months.
- Remediation plan to secure 2018.19 plan requires accelerated reduction in pay costs which remain stubborn.
- Capex programme has been revised to £26.2m & formal paper submitted to NHSI requesting confirmation of CRL. Commitments made against that CRL submission.
- Resulting impact on cash has been communicated to NHSI. No loan is required until Q1 2018/19.

Recommendation

- Challenge and confirm:
  - reported P10 position and the current assumptions relating to the £7.0m post STF surplus forecast
  - arrangements to recover the position from a previously forecast £8m (pre-STF) deficit.

Finance Report

Performance to date – I&E and cash

Period 10 2017/18

Financial Performance to Date

For the period to the end of January 2018 the Trust is reporting:

- P10 year to date reported ahead of plan excluding STF
- Headline I&E surplus of £5.0m, exceeds NHSI plan by £10.3m as a result of £16.3m land sale profit, offsetting STF A&E failure and operational performance.
- Underlying I&E deficit £23.6m being £7.8m adverse to plan
- Capital spend of £18.2m being £2.5m behind forecast;
- Cash at 31st January £9.2m being £7.9m more than plan.
- Use of resources rating at 3 year to date.

I&E

P10 year to date reported as ahead of plan due to profit on sale of land. A&E waiting time STF performance failure reported at £2.175m .

The reported delivery is dependent on the benefits from £22.7m of contingencies and flexibility. This excludes STF but includes the land sale which was intended to provide the mitigation against the £13m ask included in P12.

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

Savings

Savings forecast for 2017/18 are £36.2m. Of this total £30.7m have been delivered to date. This includes the £16.3m N/R profit on disposal of surplus assets. Non-recurrent CIPs account for £18.7m of the YTD delivery and £20.3m of the total forecast for the year 2017/18. The requirement in the business plan submitted for the planning period beginning in 2017/18 was for the full CIP value to have a recurrent full year effect. This gap will have implications for the level of risk associated with the 2018/19 planning submission.

Capital

Capital expenditure to date stands at £18.2m against a revised full year forecast of £26.2m. Key variance to date is in respect of timing of EPR and MMH. The full year programme has now been revised to £26.2m and the application for CRL to NHSI reflects this number. The impact of this, cost pressures on future years and the appointment of a liquidator for Carillion PLC has been assessed and incorporated into the CRL paper.

Cash

The cash position is £7.9m above plan at 31st January. This is due to deferred capex spend and asset disposal proceeds.

Based on a revised capital forecast for 2017/18 the revenue borrowing requirement anticipated for January is now expected to crystallise in Q1 2018/19. This has been communicated to NHSI.

EFL compliance at risk from P&L downside and any under-recovery of STF funds. Asset disposal proceeds provide potential mitigation, as does the revised capital programme. Any risk to compliance is expected to be managed through working capital balances.

Better Payments Practice Code

Performance in December deteriorated when measured by value while volume was maintained, and both continue to be below the target of 95%. It is expected that this target will not be achieved in FY 2017/18 given the cash position.

Finance Report

I&E Performance – Full Year – As reported

Period 10 2017/18

Period 10	CP Plan £'000s	CP Actual £'000s	CP Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	FY Plan £'000s	FY Forecast £'000s	FY Variance £'000s
Patient Related Income	35,369	35,873	504	353,667	346,471	(7,196)	424,405	415,406	(8,999)
Other Income	4,581	5,642	1,061	41,633	49,187	7,554	59,706	57,358	(2,348)
Income total	**39,950**	**41,515**	**1,565**	**395,300**	**395,657**	**357**	**484,111**	**472,764**	**(11,347)**
Pay	(24,567)	(26,295)	(1,728)	(254,603)	(261,732)	(7,129)	(300,666)	(310,973)	(10,307)
Non-Pay	(12,184)	(12,694)	(510)	(125,233)	(124,537)	696	(155,280)	(146,395)	8,885
Expenditure total	**(36,751)**	**(38,989)**	**(2,238)**	**(379,836)**	**(386,270)**	**(6,434)**	**(455,946)**	**(457,368)**	**(1,422)**
EBITDA	**3,199**	**2,526**	**(673)**	**15,464**	**9,388**	**(6,076)**	**28,165**	**15,396**	**(12,769)**
Non-Operating Expenditure	(2,099)	(2,075)	24	(20,946)	(4,489)	16,457	(9,271)	(8,588)	683
Technical Adjustments	18	19	1	176	65	(111)	(8,961)	216	9,177
DH Surplus/(Deficit)	**1,118**	**470**	**(649)**	**(5,306)**	**4,964**	**10,270**	**9,933**	**7,024**	**(2,909)**
Add back STF	*(1,223)*	*(856)*	*367*	*(8,037)*	*(5,862)*	*2,175*	*(10,483)*	*(7,574)*	*2,909*
Winter Monies		*(238)*	*(238)*		*(476)*	*(476)*		*(1,079)*	*(1,079)*
Adjusted position	***(105)***	***(624)***	***(520)***	***(13,343)***	***(1,374)***	***11,969***	***(550)***	***(1,629)***	***(1,079)***
Technical Support (inc. Taper Relief)	*(250)*	*(17)*	*233*	*(2,500)*	*(22,224)*	*(19,724)*	*(3,000)*	*(21,048)*	*(18,048)*
Underlying position	***(355)***	***(641)***	***(286)***	***(15,843)***	***(23,598)***	***(7,754)***	***(3,550)***	***(22,677)***	***(19,127)***

The trust reported a headline surplus for P10 YTD of £5.0m being £10.3m ahead of plan having taken account of the STF failure related to A&E 4hr waiting times performance.

This surplus continues to be driven by the land sale in P05. This generated a £16.3m I&E surplus.

In addition the position has also utilised the benefit of £12.3m of contingency and support of which £3.9m was not in the original plan. (see Appendix 1)

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

The underlying deficit for P10 YTD is therefore recorded as £23.6m. In order to maintain the integrity of the forecast to year end underlying position of the Trust, and to achieve the control total, the implication is that no more technical support will be fed into the position, or that the recurrent position will improve. This is unlikely to be the case, and therefore presents a risk of a deterioration in the underlying position of the Trust, driven mainly by CIP slippage (estimated to be circa £3m).

Finance Report

I&E Performance – Revised Plan Delivery

Period 10 2017/18

	Actuals										Revised Forecast		
	£'000s Apr-17	£'000s May-17	£'000s Jun-17	£'000s Jul-17	£'000s Aug-17	£'000s Sep-17	£'000s Oct-17	£'000s Nov-17	£'000s Dec-17	£'000s Jan-18	£'000s Feb-18	£'000s Mar-18	£'000s Total Outturn
1 - Patient Related Income	31,894	34,323	35,389	35,057	34,557	33,409	35,491	35,975	34,633	35,450	34,248	34,982	**415,406**
2 - Other Income	4,445	3,996	4,184	4,853	3,529	4,091	4,078	4,132	4,132	4,101	4,121	4,121	**49,785**
3 - Pay	(26,452)	(26,375)	(26,431)	(26,188)	(26,218)	(25,511)	(26,247)	(25,506)	(25,643)	(25,480)	(25,366)	(25,555)	**(310,973)**
4 - Non Pay	(9,871)	(12,495)	(12,903)	(13,057)	(12,849)	(12,083)	(13,083)	(12,791)	(12,735)	(12,711)	(12,662)	(12,557)	**(149,799)**
5 - Non Operational Costs	(2,064)	(2,098)	(2,037)	(2,079)	14,235	(2,038)	(2,049)	(2,049)	(2,049)	(2,049)	(2,049)	(2,049)	**(8,373)**
Grand Total	**(2,048)**	**(2,650)**	**(1,799)**	**(1,414)**	**13,254**	**(2,131)**	**(1,809)**	**(238)**	**(1,661)**	**(689)**	**(1,708)**	**(1,058)**	**(3,951)**
Actual							(2,197)	136	(1,663)	470			
Variance - Month							(388)	374	(2)	1,159			
Variance - Cumulative							(388)	(14)	(16)	1,143			

Notes

- The above table reflects delivery against the revised plan pre-STF out-turn deficit of £3.951m, the most likely outturn previously notified to the Board, and to NHSI.
- January's I&E performance represents a genuine break-even delivery, being underpinned by only £255k of non-recurrent support.
- This represents a significant improvement in performance month on month, driven mainly by increased emergency activity and getting back on plan with planned care delivery, and no major variances from forecast elsewhere.
- The impact of this is that the Trust is cumulatively £1.1m ahead of delivering a £3.951m deficit.
- A live list of risks and opportunities is being maintained and which net non-recurrent opportunities are considered to be sufficient to deliver pre-STF control total and to cover risks not subject to mitigation have been identified.
- The treatment of CQUIN income to the value of £1.8m remains to be determined by NHSI/NHSE. This will likely require the delivery of a pre-STF surplus of £1.3m in order to demonstrate control total compliance and to secure Q4 STF of £2.6m. This has been considered in assessing the net benefit of those risk & opportunities.
- P10 has seen the emergence of significant restructuring costs in respect of Midland Met and which may challenge that position. The trust is seeking a dispensation from NHSI in respect of those costs as regards CT compliance.

Finance Report

I&E Performance – Forecast and remediation plans - Pay

Period 10 2017/18

	Year to date										Forecast			
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total Expected	Apr-18
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Pay - original £8m forecast	(26,452)	(26,375)	(26,431)	(26,188)	(26,218)	(25,511)	(26,267)	(26,086)	(26,243)	(26,080)	(25,966)	(26,155)	(313,973)	(26,155)
Required improvement	0	0	0	0	0	0	0	600	600	600	600	600	3,000	0
Target for Pay	**(26,452)**	**(26,375)**	**(26,431)**	**(26,188)**	**(26,218)**	**(25,511)**	**(26,267)**	**(25,486)**	**(25,643)**	**(25,480)**	**(25,366)**	**(25,555)**	**(310,973)**	**(26,155)**
ACTUALS against forecast							**(26,416)**	**(25,515)**	**(26,330)**	**(26,295)**				
Variance - actuals to forecast							**(149)**	**(29)**	**(687)**	**(815)**				
April 2018 target run rate														**(24,076)**
Gap to close														**(2,079)**

Notes

- There were no technical or non-recurrent mitigations processed against pay in Month 9 or 10, meaning that the Trust was slightly over the original forecast, explained by ongoing operational pressures.
- Month 8's pay bill was improved by £871k with non-recurrent pay related mitigations.
- It is possible that future technical improvement to the overall position of the Trust towards control total compliance by the end of March will involve non-pay and income measures, and that the required improvement set out above will not materialise before year end. Despite this, work is ongoing to reduce the pay bill and identify recurrent cost reduction plans for 2018.19.
- Group headlines;
  - £200k adverse variance in Medicine due to keeping beds open
  - £70k PCCT agency staff in iCares and Oncology transition costs (offset by income)
  - Women's and Children's – extension of Gynae-Oncology (also offset by additional income)

Finance Report

Pay bill & Workforce

Period 10 2017/18

Pay and Workforce	Current Period	Previous Period	Change between periods	%	Plan YTD	Actual YTD	Variance YTD
Pay - total spend	£26,295k	£26,330k	-£35k	0%	£254,603k	£261,732k	£7,129k
Pay - substantive	£22,340k	£22,324k	£16k	0%	£221,140k	£220,904k	-£236k
Pay - agency spend	£1,077k	£1,246k	-£169k	-14%	£11,480k	£13,071k	£1,591k
Pay - bank (inc. locum) spend	£2,878k	£2,760k	£118k	4%	£21,983k	£27,758k	£5,775k
WTE - total	6,943	6,823	120	2%	6,720	6,943	223
WTE - substantive	6,097	6,075	21	0%	5,967	6,097	130
WTE - agency	143	142	1	1%	171	143	-27
WTE - bank (inc. locum)	703	605	98	16%	583	703	120
Memo: locum spend	£909k	£798k	£111k	14%	£422k	£7,574k	£7,151k
Memo: locum WTE	71	66	5	8%	4	71	67

NHSI locum spend target	£6,307k

Paybill & Workforce

- Total workforce at the end of January of 6,943 WTE [being 223 higher than plan] and including 143 WTE of agency staff.
- Total pay costs (including agency workers) were £26.3m in January. NHSI plan pay spend for January is £24.6m.
- Significant reduction in temporary pay costs required to be consistent with FY 2017/18 plan assumptions. Focus on reduction in capacity and improved roster management, leading to reduced temporary staffing spend.
- The Trust did not comply with national agency framework guidance for agency suppliers in January. Shifts procured outside of this are subject to COO approval and is driven by strict commitment to maintaining safe staffing.
- The Trust's agency cap for 2017/18 is £11,672k and at the end of P10 the Trust had spent £13,071k on agency.
- Despite this expected performance at £16m for agency spend, the full year forecast represents an £8m reduction compared to 2016/17. Nursing and HCA agency spend is down and HCA vacancies are approaching zero. These results reflect the combined sustained efforts of the Deputy Director of HR and the Trust bank office .

Finance Report

I&E Performance – Forecast and remediation plans – Non Pay

Period 10 2017/18

	Year to date										Forecast			
	Apr-17 £000's	May-17 £000's	Jun-17 £000's	Jul-17 £000's	Aug-17 £000's	Sep-17 £000's	Oct-17 £000's	Nov-17 £000's	Dec-17 £000's	Jan-18 £000's	Feb-18 £000's	Mar-18 £000's	Total Expected £000's	Apr-18 £000's
Non Pay original £8m deficit forecast	(9,871)	(12,495)	(12,903)	(13,057)	(12,849)	(12,083)	(13,043)	(13,051)	(12,955)	(12,931)	(12,882)	(12,777)	(150,899)	(12,777)
Required improvement	0	0	0	0	0	0	220	220	220	220	220	220	1,320	
Revised non-pay	**(9,871)**	**(12,495)**	**(12,903)**	**(13,057)**	**(12,849)**	**(12,083)**	**(12,823)**	**(12,831)**	**(12,735)**	**(12,711)**	**(12,662)**	**(12,557)**	**(149,579)**	**(12,777)**
ACTUAL against Forecast							**(13,224)**	**(13,033)**	**(12,328)**	**(12,694)**				
Variance to forecast							**(401)**	**(202)**	**407**	**17**				**(11,300)**
Gap to close - current M13 view versus required														**(1,477)**

Notes

- During Month 9, the non-pay position benefitted from £534k of non-recurrent improvement.
- There was no such adjustment required in Month 10, non-pay costs being £17k better than the revised forecast.
- Group headlines;
  - Women's and Children's – lower than expected Maternity Pathway recharges
  - Medicine and Emergency Car – a reduction in the cardiology consumables provision

Finance Report

I&E Performance – Forecast and remediation plans – Income

Period 10 2017/18

	Apr-17 £'000	May-17 £'000	Jun-17 £'000	Jul-17 £'000	Aug-17 £'000	Sep-17 £'000	Oct-17 £'000	Nov-17 £'000	Dec-17 £'000	Jan-18 £'000	Feb-18 £'000	Mar-18 £'000	Total £'000
Income: NHS Trusts	124	104	142	140	121	141	122	122	122	122	122	122	1,508
Income: Other NHS Bodies	229	156	37	172	82	167	140	140	140	140	140	140	1,684
Other Non Protected Income	132	(38)	115	102	72	(7)	66	66	66	66	66	66	775
Private Patients Income	8	50	118	261	365	269	184	184	184	184	184	184	2,173
SLAs: Main Healthcare Contracts	31,401	34,051	34,976	34,381	33,916	32,838	34,978	35,462	34,120	34,938	33,735	34,469	409,266
Grand Total - PRI target	**31,894**	**34,323**	**35,389**	**35,057**	**34,557**	**33,409**	**35,491**	**35,975**	**34,633**	**35,451**	**34,248**	**34,982**	**415,406**
Actuals against forecast							35,241	36,306	34,421	35,873			
Variance to forecast							(250)	331	(212)	422			

Notes

- The SLA income assumed in the forecast is matched back monthly to the SLA monitoring (SLAM) system to ensure movements are tracked. The comparable final month 09 view (final month 10 not yet available) of the forecast outturn in relation to main healthcare contracts remains in line with this forecast.
- The key assumptions within this is receipt of £264.5m from SWBCCG, and delivery of a production plan of £110m (below). CEOs have completed discussions to agree this sum.
- Production Plan – behind plan year to date with a large step up required in the final two months.

Agreed Production Plan Forecast by Group	Apr-17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual	Oct-17 Actual	Nov-17 Actual	Dec-17 Actual	Jan-18 Actual	Feb-18 F'cast	Mar-18 F'cast	TOTAL
Imaging	20,838	25,617	23,978	20,880	38,828	22,254	23,545	23,545	20,334	23,545	21,405	22,475	287,245
Medicine & Emergency Care	1,463,665	1,882,696	1,841,314	1,875,841	1,906,101	1,764,047	1,950,522	1,950,522	1,696,011	1,950,522	1,780,848	1,865,685	21,927,774
Pathology	290,059	301,184	350,350	391,554	356,141	318,155	341,618	341,618	295,716	341,618	311,017	326,317	3,965,347
Primary Care, Community and Therapies	707,734	859,777	936,096	869,734	781,111	847,712	896,907	896,907	774,601	896,907	815,370	856,138	10,138,995
Surgical Services	4,382,067	5,333,964	5,503,529	5,226,160	5,278,775	5,227,395	5,777,991	5,884,322	5,134,324	5,884,322	5,384,323	5,634,323	64,651,495
Women's & Child Health	739,860	709,615	860,632	853,920	744,144	748,604	792,047	792,047	684,041	792,047	720,043	756,045	9,193,045
TOTAL	**7,604,224**	**9,112,853**	**9,515,898**	**9,238,089**	**9,105,100**	**8,928,166**	**9,782,630**	**9,888,962**	**8,605,027**	**9,888,962**	**9,033,005**	**9,460,984**	**110,163,900**
ACTUALS ACHIEVED	**7,653,717**	**9,167,627**	**9,577,803**	**9,290,271**	**9,154,225**	**9,019,256**	**9,789,516**	**9,934,218**	**7,609,120**	**9,192,555**	***9,832,299***	***9,114,829***	***109,335,436***
VARIANCE TO PLAN						**91,090**	**6,886**	**45,256**	**(995,907)**	**(696,407)**	***799,294***	***-346,155***	
	£53.504m						£56.659m						

Notes

- Production plan activity recovered during Month 10 but was still behind the original £110m trajectory, due to ongoing non-elective disruption. Financially, minimal impact due to over-recovery on emergency activity and agreement of a year end deal with SWBCCG. There is an amount provided for under-performance against the forecast for other commissioners.

Finance Report

Income Analysis

Period 10 2017/18

Performance Against SLA by Patient Type	Activity					Finance			
	Annual Plan	Planned	Actual	Variance		Annual Plan £000	Planned £000	Actual £000	Variance £000
A&E	226,873	189,581	184,227	-5,354		£24,194	£20,217	£21,073	£856
Emergencies	45,400	37,943	38,727	784		£85,899	£71,834	£77,142	£5,308
Emergency Short Stay	10,217	8,650	6,155	-2,495		£7,536	£6,382	£4,638	-£1,744
Excess bed days	10,495	8,469	13,141	4,672		£2,906	£2,356	£3,399	£1,043
Urgent Care						**£120,535**	**£100,789**	**£106,252**	**£5,463**
OP New	169,764	142,058	157,226	15,168		£25,597	£21,421	£23,017	£1,597
OP Procedures	61,597	51,546	60,207	8,660		£10,487	£8,775	£9,889	£1,114
OP Review	387,088	323,908	285,452	-38,456		£27,394	£22,922	£20,852	-£2,070
OP Telephone	12,965	10,846	12,527	1,681		£298	£249	£265	£16
DC	39,887	33,376	29,735	-3,642		£32,844	£27,483	£23,808	-£3,676
EL	6,408	5,362	5,226	-137		£16,430	£13,746	£12,558	-£1,189
Planned Care - production plan						**£113,049**	**£94,597**	**£90,388**	**-£4,209**
Planned care outside production plan	28,884	25,839	32,062	6,223		£4,683	4,120	£4,465	£345
Maternity	20,284	16,941	16,534	-408		£19,193	£16,030	£15,739	-£291
Renal dialysis	565	472	543	71		£68	£57	£65	£8
Community	619,003	516,689	530,688	14,000		£36,658	£30,586	£30,829	£243
Cot days	12,932	10,881	12,635	1,755		£6,782	£5,706	£5,896	£189
Other contract lines	3,630,049	3,026,661	3,352,465	325,804		£95,766	£80,401	£82,730	£2,329
Unbundled activity	72,583	62,134	62,038	-96		£8,512	£7,443	£7,523	£80
Other						**£171,662**	**£144,343**	**£147,246**	**£2,903**
Sub-Total: Main SLA income (excl fines)						**£405,246**	**£339,729**	**£343,886**	**£4,157**
Year to date refresh of prior months' data						£0	-£18	£0	£18
Income adjustment - pass through drugs						£526	£341	-£785	-£1,126
Fines and penalties						-£600	-£542	-£2,667	-£2,125
Cancer Drugs Fund						£2,636	£2,197	£649	-£1,548
Pass Through Drugs Accrual						£219	£219	£61	-£158
NHSE Oncology top up						£322	£38	£0	-£38
UHB Oncology						£1,287	£153	£0	-£153
National Poisons						£734	£612	£673	£62
SLA income -interpreting						£255	£212	£268	£56
SLA income -Neurophys / Maternity etc						£1,735	£1,446	£1,311	-£136
Mental Health Trust SLA						£29	£24	£22	-£2
Individual funding requests						£0	£0	£23	£23
Private patients						£236	£197	£136	-£61
Overseas patients						£768	£640	£1,392	£752
Overseas patients Non EEA						£0	£0	£610	£610
Prescription Charges Income						£39	£33	£34	£1
Injury cost recovery						£1,249	£1,041	£593	-£447
NHSI Plan phasing adjustment						£6	-£707	£0	£707
Other adjustments						£566	£594	£262	-£332
GRAND TOTAL patient related income						**£415,256**	**£346,209**	**£346,471**	**£262**

Notes

- This table shows the Trust's year to date patient related income including SLA income performance by point of delivery as measured against the contract price & activity schedule.
- Planned care within the production plan is behind by £4.2m for the year to date as measured against the [CCG] contract plan profile. This contract plan is different from the internal production plan. This is subject to regular review and re-phased based on YTD performance.
- Current expectations are that year to date underperformance will be recovered in the full year. However, the impact of cancellations in relation to Winter pressures are under review.

Finance Report

CIP achievement

Period 10 2017/18

Cost Improvement Programmes	Annual Plan £'000	CIP Delivery Achieved YTD £000	CIP Delivery Forecast £000	Likely Achievement (excl. mitigations) £'000	Variance from plan £'000
Medicine and Emergency Care	6,862	3,448	1,102	4,550	-2,312
Surgical Services	3,343	1,740	632	2,372	-971
Women and Child Health	909	562	341	903	-6
Primary Care, Community and Therapies	2,485	2,195	494	2,689	204
Pathology	1,321	761	227	988	-333
Imaging	1,807	1,145	444	1,589	-218
Sub-total Clinical groups	**16,727**	**9,851**	**3,240**	**13,091**	**-3,636**
Strategy and Governance	170	142	28	170	0
Finance	289	241	48	289	0
Medical Director	403	336	67	403	0
Operations	711	493	184	677	-34
Organisational Development	162	92	76	168	6
Estates and NHP	562	436	86	522	-40
Corporate Nursing and Facilities	682	393	132	525	-157
Sub-total Corporate	**2,979**	**2,133**	**621**	**2,754**	**-225**
Central	13,294	18,687	1,640	20,327	7,033
Total CIPs	**33,000**	**30,671**	**5,501**	**36,172**	**3,172**
Annual Target 17/18	**33,000**			**33,000**	**0**
(Deficit) / Excess of Schemes Above Plan	**0**			**3,172**	**3,172**

Notes

- The above table demonstrates the step up in CIP delivery in the final two months of the financial year versus year to date.
- In the assumed delivery of control total, the trust has allowed for circa £3m in CIP under-delivery against likely achievement. The relates directly to a risk assessment of forecast outturn against defined schemes at Month 9.
- Under-performance continued during January due to bed closure plans not being achieved and income CIP not recognised (but likely to be in Month 11 or 12)

Finance Report

Capital

Period 10 2017/18

Programme	Year to Date Plan £'000s	Year to Date Actual £'000s	Year to Date Gap £'000s	*Orders Placed £'000s*	Full Year NHSI Plan £'000s	Full Year Forecast £'000s	Full Year Variance £'000s
Estates	13,017	11,534	(1,483)	*5,408*	20,624	14,998	5,626
Information	5,289	4,597	(692)	*2,007*	10,572	7,936	2,636
Medical equipment / Imaging	1,516	1,104	(412)	*815*	5,006	2,166	2,840
Contingency	0	0	0	*0*	0	0	0
Sub-Total	**19,822**	**17,236**	**(2,586)**	*8,230*	**36,202**	**25,100**	**11,102**
Technical schemes	817	816	(1)	*0*	10,386	986	9,400
Donated assets	74	124	50	*0*	84	124	(40)
Total Programme	**20,713**	**18,176**	**(2,537)**	*8,230*	**46,672**	**26,210**	**20,462**

Notes

- The plan has now been formally revised, and NHSI has been notified of the expected forecast outturn and associated CRL request.
- Spending is £2.5m behind forecast year to date due to delays on the major projects within Information and Estates. The impact of this delay on the unplanned balance of PDC funding at 31st March 2018 is being assessed.
- In line with good practice a stock take of the capital programme has been undertaken. The initial out-come was a reduction in forecast for the current financial year to £28m. In the light of the Carillion liquidation further delays are anticipated and the impact of this is to reduce the forecast spend by a further £2m. It is this forecast that is summarised in the table above.
- The impact of the Carillion liquidation has been modelled into the Trust's five year capital forecast. Revised timings which incorporate the £26m for 17/18 have been submitted to NHSI. This is the forecast that has informed the 2017/18 CRL paper to NHSI.

Finance Report

SOFP

Period 10 2017/18

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

	Balance as at 31st March 2017	Balance as at 31st January 2018	NHSI Planned Balance as at 31st January 2018	Variance to plan as at 31st January 2018	NHSI Plan as at 31st March 2018	Forecast 31st March 2018
	£000	£000	£000	£000	£000	£000
Non Current Assets						
Property, Plant and Equipment	207,434	209,540	229,753	(20,213)	242,166	220,917
Intangible Assets	166	712	239	473	239	239
Trade and Other Receivables	43,017	63,099	84,187	(21,088)	92,045	69,710
Current Assets						
Inventories	5,268	5,559	4,179	1,380	4,177	4,177
Trade and Other Receivables	25,151	56,612	20,946	35,666	20,946	25,946
Cash and Cash Equivalents	23,902	9,258	1,359	7,899	309	4,500
Current Liabilities						
Trade and Other Payables	(68,516)	(76,524)	(58,191)	(18,333)	(38,646)	(63,249)
Provisions	(1,138)	(823)	(1,196)	373	(1,196)	(1,196)
Borrowings	(903)	(1,306)	(1,903)	597	(3,353)	(2,187)
DH Capital Loan	0	0	0	0	0	0
Non Current Liabilities						
Provisions	(3,404)	(3,301)	(2,955)	(346)	(3,012)	(3,012)
Borrowings	(33,954)	(39,501)	(44,163)	4,662	(50,077)	(31,767)
DH Capital Loan	0	0	0	0	0	0
	197,023	**223,325**	**232,255**	**(8,930)**	**263,598**	**224,078**
Financed By						
Taxpayers Equity						
Public Dividend Capital	205,362	226,555	246,204	(19,649)	252,540	232,055
Retained Earnings reserve	(24,972)	(20,073)	(30,198)	10,125	(5,822)	(24,857)
Revaluation Reserve	7,575	7,785	7,191	594	7,822	7,822
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	197,023	**223,325**	**232,255**	**(8,930)**	**263,598**	**224,078**

Notes

- The table is a summarised SOFP for the Trust including the actual and planned positions at the end of January and the full year.
- Capital Receipts, slippage on capital expenditure and working capital management, including long-term debtors, account for the variance from plan for cash. Continued use of capital cash to support I&E under-performance will continue through to March 2018.
- The Receivables variance from plan relates to the prepayment associated with the MES contract, in addition the total Payables and Receivables variance reflect the new trajectory to achieve the revised forecast. Analysis and commentary in relation to working capital is available on the next slide.
- A task & finish group initiated a cash remediation plan in 2017/18. The actions of this are reflected in the favourable variance on cash.

Finance Report

SOCF

Period 10 2017/18

Sandwell & West Birmingham Hospitals NHS Trust

CASH FLOW 2017/18

PLAN, ACTUAL AND YEAR END FORECAST 2017-18

ACTUAL/FORECAST	April Actual £000s	May Actual £000s	June Actual £000s	July Actual £000s	August Actual £000s	September Actual £000s	October Actual £000s	November Actual £000s	December Actual £000s	January Actual £000s	February Forecast £000s	March Forecast £000s
Receipts												
SLAs: SWB CCG	22,627	22,930	22,303	22,269	22,216	22,327	22,372	22,556	23,376	15,569	22,361	22,361
Associates	6,278	6,675	6,356	6,393	6,500	6,418	6,509	6,176	6,277	14,601	6,466	6,466
Other NHS	1,980	750	646	1,151	1,204	856	487	925	1,476	916	1,428	1,772
Specialised Services	3,583	3,374	3,838	6,668	4,327	3,373	3,536	3,787	3,364	3,161	4,520	5,420
STF Funding and Taper Relief	0	0	0	0	0	1,337	0	0	8,467	0	0	1,259
Over Performance	0	0	0	0	0	0	0	0	0	0	0	0
Education & Training - HEE	353	0	4,353	0	4,352	0	0	0	4,689	3	0	4,405
Public Dividend Capital	5,050	5,138	0	5,500	0	0	0	0	3,290	2,215	2,800	2,700
Loans	0	0	0	0	0	0	0	0	0	0	0	0
Other Receipts	1,769	4,237	2,759	2,770	3,138	2,661	2,413	2,737	1,459	3,679	2,075	2,075
Land Sale Receipt					18,800							
Total Receipts	41,641	43,105	40,255	44,751	60,538	36,973	35,318	36,181	52,397	40,145	39,651	46,459
Payments												
Payroll	13,431	13,789	14,017	13,567	14,042	14,023	13,877	13,627	14,290	14,074	13,804	13,804
Tax, NI and Pensions	9,910	10,133	10,202	10,047	10,062	9,867	9,789	10,232	10,197	10,223	9,930	9,930
Non Pay - NHS	2,342	2,929	2,230	1,911	2,628	1,093	3,606	1,844	1,588	1,960	2,200	2,200
Non Pay - Trade	3,100	12,869	13,105	10631	14,311	11,662	12,608	9,666	9,257	13,663	10,879	9,932
Non Pay - Capital	11,368	4,422	1,720	1,645	1,179	3,155	2,244	2,600	1,656	771	2,068	5,764
MMH PFI	3,397	2,055	2,552	2,022	1,587	735	630	2,549	2,075	2,778	2,824	2,699
PDC Dividend	0	2	0	0	3	3,447	0	2	0	1	0	3,637
Repayment of Loans & Interest	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	440	440	440	440	440	440	440	440	440	440	440	440
NHS Litigation Authority	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092	0	0
Other Payments	514	710	186	133	464	285	117	138	173	880	240	240
Total Payments	45,595	48,442	45,544	41,487	45,809	45,799	44,402	42,190	40,768	45,882	42,385	48,646
Cash Brought Forward	23,873	19,919	14,582	9,292	12,556	27,285	18,459	9,375	3,366	14,995	9,258	6,523
Net Receipts/(Payments)	(3,954)	(5,337)	(5,290)	3,264	14,729	(8,826)	(9,084)	(6,009)	11,628	(5,737)	(2,734)	(2,187)
Cash Carried Forward	19,919	14,582	9,292	12,556	27,285	18,459	9,375	3,366	14,995	9,258	6,523	4,336

Notes

- This cash flow reconfirms at month 10 that the Trust will not have to borrow this financial year.
- The main reasons for this remain the receipt of £7m of Taper Relief in December, and delays in the planned capital programme compared to plan.
- This case flow is based on actual cash flows for April to January. The future months forecast incorporates intelligence in relation to capital planning, income and contracting, exchequer services and estates.
- Consequently this cash-flow statement reflects the latest collective view of cash-flows and incorporates the land sale.
- STF is forecast for receipt at the end of the following quarter in which it is earned.

Finance Report

Use of Resources Rating

Period 10 2017/18

Finance and use of resources rating	Expected Sign	03PLANYTD Plan 31/12/2017 YTD Number	03ACTYTD Actual 31/12/2017 YTD Number	03VARYTD Variance 31/12/2017 YTD Number	03PLANCY Plan 31/03/2018 Year ending Number	03FOTCY Forecast 31/03/2018 Year ending Number	03VARCY Variance 31/03/2018 Year ending Number	Maincode Subcode
Capital service cover rating	+	3	4		1	3		PRR0160
Liquidity rating	+	4	4		4	4		PRR0170
I&E margin rating	+	4	1		1	1		PRR0180
I&E margin: distance from financial plan	+		1			2		PRR0190
Agency rating	+	2	3		2	2		PRR0200

Overall finance and use of resources risk rating	Expected Sign	03PLANYTD Plan 31/12/2017 YTD Number	03ACTYTD Actual 31/12/2017 YTD Number	03VARYTD Variance 31/12/2017 YTD Number	03PLANCY Plan 31/03/2018 Year ending Number	03FOTCY Forecast 31/03/2018 Year ending Number	03VARCY Variance 31/03/2018 Year ending Number	Maincode Subcode
Overall rating unrounded	+		2.60			2.40		PRR0202
If unrounded score ends in 0.5	+		0.00			0.00		PRR0204
Plan risk ratings before overrides	+		3			2		PRR0206
Plan risk ratings overrides:								
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text		Trigger			Trigger		PRR0208
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+		3			3		PRR0210
Control total override - Control total accepted	+		YES			YES		PRR0212
Control total override - Planned or Forecast deficit	Text		No			No		PRR0214
Control total override - Maximum score (0 = N/A)	+		0			0		PRR0216
Is Trust under financial special measures	Text		No			No		PRR0218
Risk ratings after overrides	+		3			3		PRR0220

Notes

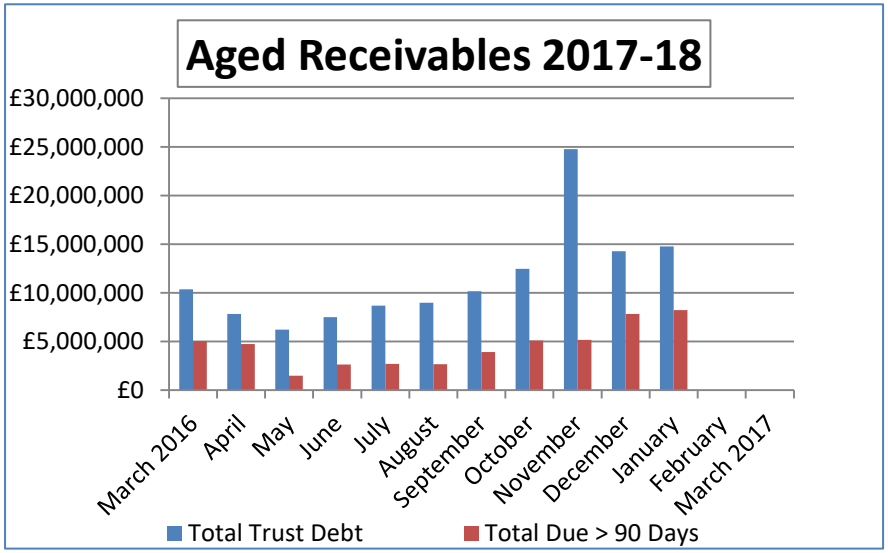
- The Trust's latest* use of resources rating year to date is 3 (amber) with a number of metrics showing 1 or 2 as previously reported. This is related to the profit generated on land which has been reported in August and so will be temporary. However, not all metrics are affected:
- Capital service cover is calculated using margin before profit on sale and so is unaffected and consequently remains red;
- Agency spend remains more than plan resulting in a score of 3.

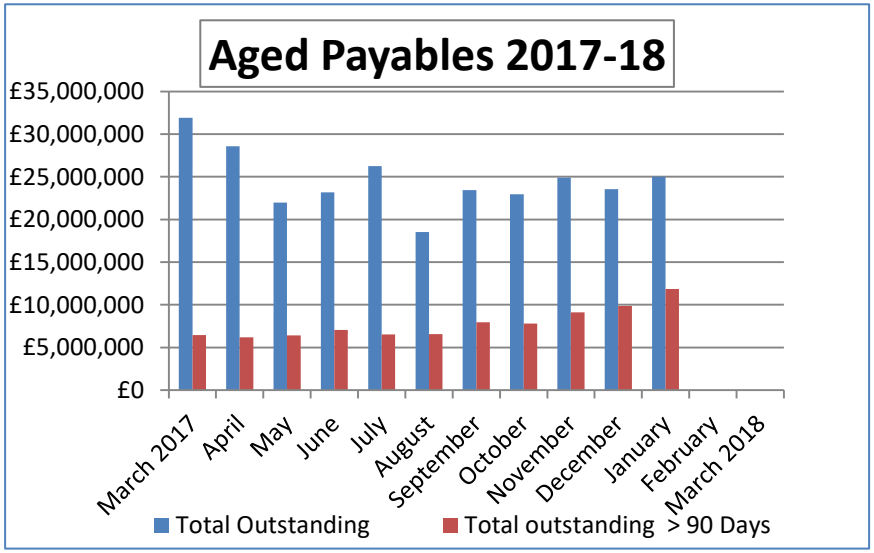
*This is P09 and is consistent with P08. P10 is not yet available.

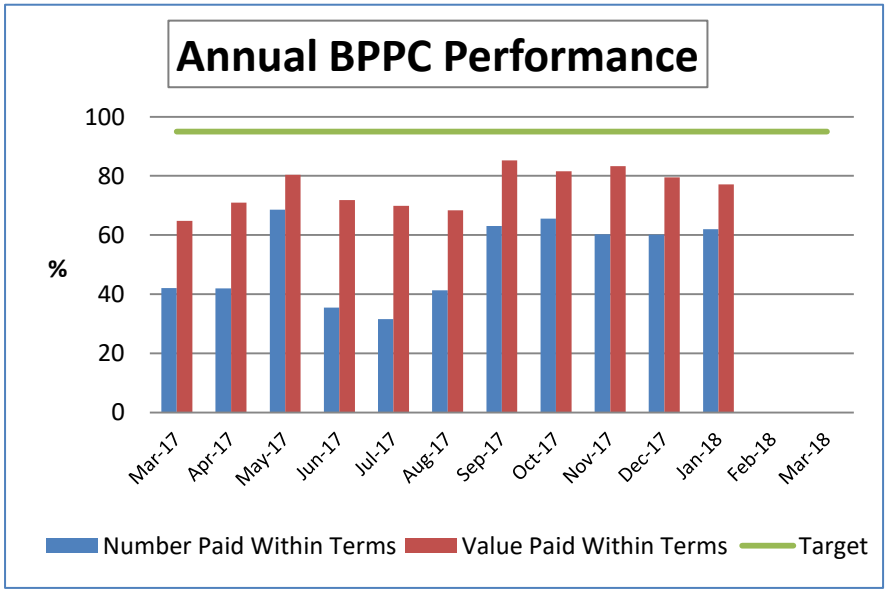
Finance Report

Aged Receivables, Aged Payables, BPPC and Cash Forecast

Period 10 2017/18







Note

- The January debt increased marginally. Overall Non NHS debt decreased although the age profile increased the >90 day debt position. There remains a substantial NHS debt, the invoices for which will be discussed through the Month 9 Agreement of Balances exercise and subsequent discussions.
- The overall Payables position has increased in January as the Trust balances the utilisation of cash to reduce working capital pressures against the requirements to maintain minimum cash balances to NHSI expected levels. Forecasts for the remainder of 2017/18 however will reflect a cash pressure and the requirement to increase the Payables balances to minimise future borrowing requirements. The overall level of over 90 days liability has increased as some historical NHS invoices aged further.
- BPPC is below target of 95% by volume and value as the Trust looks to effectively manage cash. Underlying performance remains the subject of improvement work with finance and procurement teams.

Appendices

Finance Report

Appendix 1 - Technical support

Period 10 2017/18

Contingency & flexibility utilised in delivering actual performance to date

	P10 Month	P10 YTD
Unplanned contingency & flexibility	**£k**	**£k**
GRNI accrual released from balance sheet		808
Relase of pay accrual for Medical staffing		480
Accrual for winter pressures income	238	476
Release EDF Invoice accrual		177
Release Sandwell MBC Invoice accrual		79
Release invoices under £1k accrual		278
Relase of pay accrual for Admin, Nursing and Scientific staff groups		391
EPR accrual released from balance sheet		743
Taper relief - timing - income excess over costs accrued	(233)	467
Other contingency & flexibilities utilised		0
Profit on sale		3,855
	5	7,754
Planned contingency & flexibility		
Taper relief - income used to fund planned capex	250	2,500
Other contingency & flexibilities utilised	0	0
	250	2,500
Contingency & flexibility required to delivered YTD plan	**255**	**10,254**
Residual profit on sale currently available for £13m risk mitigation in March		12,445
Total contingency & flexibility utilised	**255**	**22,700**

*2

*1

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

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

Notes

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

- Taper relief income is being accrued at the lower level originally assumed and therefore represents upside in managing to the control total position
- GRNI of £808k has been assumed. The Trust is working through the balance sheet including GRNI prior to September 2016. This is considered a balanced and prudent approach.
- Fines and penalties in relation to main commissioner contract performance have now been anticipated in the position.
- The finance team continue to maintain a log of risks to the financial position, alongside further technical and non-recurrent opportunities. This is being used to manage the financial position against forecast and informed the decision to forecast control total compliance formally with NHSI at Month 9.

Finance Report

Appendix 2 - Group I&E Performance

Period 10 2017/18

Period 10	Current Period			Run rate change	Year to Date			Full Year
	Plan	Actual	Variance	since P9	Plan	Actual	Variance	Plan
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Medicine & Emergency Care	2,174	2,219	45	420	17,411	14,229	(3,182)	20,901
Surgical Services	2,065	807	(1,258)	772	15,293	7,936	(7,357)	18,484
Women's & Child Health	2,321	2,355	34	909	19,602	16,140	(3,462)	23,375
Primary Care, Community and Therapies	1,071	462	(609)	(303)	8,344	5,515	(2,829)	10,375
Pathology	416	44	(372)	(351)	3,554	3,363	(191)	4,338
Imaging	338	448	110	243	2,918	2,041	(877)	3,593
Clinical Groups	**8,386**	**6,335**	**(2,051)**	**1,689**	**67,122**	**49,225**	**(17,897)**	**81,067**
Strategy and Governance	(1,285)	(1,258)	27	(277)	(13,062)	(12,512)	550	(15,632)
Performance & Insight	(108)	(101)	7		(1,081)	(1,025)	56	(1,298)
Finance	(584)	(571)	13	(254)	(3,589)	(3,599)	(10)	(4,271)
Medical Director	(1,040)	(845)	195	101	(8,388)	(8,330)	58	(10,009)
Operations	(1,080)	(1,018)	62	269	(11,143)	(11,032)	111	(13,709)
People & Organisation Development	(477)	(432)	44	266	(5,022)	(5,018)	4	(5,975)
Estates & New Hospital Project	(1,009)	(1,207)	(198)	(56)	(10,527)	(10,750)	(223)	(12,528)
Corporate Nursing & Facilities	(1,367)	(1,576)	(210)	35	(14,550)	(15,748)	(1,199)	(17,284)
Corporate Directorates	**(6,950)**	**(7,008)**	**(58)**	**83**	**(67,361)**	**(68,014)**	**(653)**	**(80,706)**
Central	746	(335)	(1,081)	(1,882)	50	12,491	12,441	1,023
Income	334	1,412	1,078	(135)	12,613	12,465	(148)	16,016
Reserves	(1,331)	81	1,411	318	(17,512)	(962)	16,550	(7,676)
Technical Adjustments	17	19	2	58	173	65	(108)	208
DH Surplus/(Deficit)	**1,203**	**503**	**(700)**	**131**	**(4,914)**	**5,270**	**10,184**	**9,933**

Notes

- While the bottom line Trust variance year to date is £10.2k favourable related to land sale, the underlying Group variance of £17.9m adverse is highlighted as being offset by central items and release of reserves.
- Forecast scenarios based on P06 YTD performance indicate that achievement of the control total will require significant use of non-recurrent measures, recognition of non-recurrent income, and further non-commitment of reserves.

Finance Report

Appendix 2 - Group I&E Variances

Period 10 2017/18

Period 10	Year to Date Variances													
	Main SLA excl P/T £'000s	Pass Thru SLA Inc £'000s	CDF and FP10s £'000s	Other PRI £'000s	STF £'000s	Other Income £'000s	Pay Substantive £'000s	Pay Bank £'000s	Pay Agency £'000s	Pay Other £'000s	Non Pay Pass Thru £'000s	Non Pay Other £'000s	Non Opex £'000s	TOTAL £'000s
Medicine & Emergency Care	6,662	1,846	0	(1,070)		(179)	7,387	(7,905)	(7,258)	(330)	(1,846)	(489)	0	(3,182)
Surgical Services	(5,401)	(88)	(103)	500		146	5,114	(3,679)	(1,953)	(770)	191	(1,313)	0	(7,357)
Women's & Child Health	(559)	80	0	(850)		(176)	3,934	(1,763)	(833)	(2,351)	(80)	(865)	0	(3,462)
Primary Care, Community and Therapie	1,030	899	(1,548)	(106)		(127)	3,774	(2,461)	(1,236)	(2,327)	649	(1,377)	0	(2,829)
Pathology	(76)	0	0	(61)		448	1,280	(263)	0	(1,200)	(0)	(318)	0	(191)
Imaging	(321)	0	0	68		(113)	800	(624)	(425)	84	0	(346)	0	(877)
Clinical Groups	**1,335**	**2,736**	**(1,651)**	**(1,520)**	**0**	**(1)**	**22,290**	**(16,695)**	**(11,705)**	**(6,893)**	**(1,086)**	**(4,707)**	**0**	**(17,897)**
Strategy and Governance	0	0	0	1,368		457	(18)	(137)	(125)	71	0	(1,066)	0	550
Performance & Insight	0	0	0	0		0	149	(8)	(91)	0	0	6	0	56
Finance	0	0	0	0		10	314	(140)	(163)	4	0	(35)	0	(10)
Medical Director	0	0	0	67		(310)	730	(353)	(2)	37	0	(112)	0	58
Operations	0	72	(333)	337		424	1,543	(553)	(471)	(12)	262	(1,122)	0	147
Workforce & Organisation Developmer	0	0	0	0		327	(193)	(175)	(6)	109	0	(58)	0	4
Estates & New Hospital Project	0	0	0	0		116	30	(38)	(45)	16	0	(302)	0	(223)
Corporate Nursing & Facilities	1	0	0	(6)		87	1,723	(1,621)	(86)	(773)	0	(523)	0	(1,199)
Corporate Directorates	**1**	**72**	**(333)**	**1,766**	**0**	**1,112**	**4,278**	**(3,025)**	**(989)**	**(546)**	**262**	**(3,213)**	**0**	**(618)**
Central	25	0	0	(722)	(2,175)	(810)	42	241	527	(58)	0	(1,112)	16,482	12,441
Income	(4,396)		0	2,949		1,243	79	0	0	0	0	0	(23)	(148)
Reserves	0	0	0	0		1	0	0	0	5,740	0	10,810	0	16,550
Technical Adjustments	0	0	0	0		0	0	0	0	0	0	0	(108)	(108)
DH Surplus/(Deficit)	**(3,036)**	**2,808**	**(1,984)**	**2,473**	**(2,175)**	**1,545**	**26,688**	**(19,478)**	**(12,168)**	**(1,758)**	**(824)**	**1,777**	**16,351**	**10,220**

Notes

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

- The significant reliance on bank and agency staff is shown. Work streams to tackle pay include rostering, waiting list initiative and recruitment practices. The favourable variance seen in Central pay is the non-recurrent November adjustment. Other pay relates to unidentified CIPs in Groups and the benefit of the reserve held for incremental drift. The pass through variance including cancer drugs fund and FP10 prescribing is net nil with Group overspends on other non-pay and the release of non-pay reserves benefitting the position.

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	CQC Improvement Plan Progress
SPONSOR (EXECUTIVE DIRECTOR):	Kam Dhami, Director of Governance
AUTHOR:	Allison Binns, Deputy Director of Governance
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

131 actions were detailed in the CQC report from our March 2017 inspection. 57 were identified to be completed by December 2017 with the remaining 74 having a due date of March 2018.

42 of the December deadline actions have been completed. Of the remainder, 12 are currently on track to meet the revised dates. Two are not going to be completed by March 2018 due to requiring external assistance to complete. Both actions have a plan for completion and have Executive oversight.

Validation plans are in progress with some results from early audits showing encouraging results. Data on ED re-admissions is showing very slight improvement and this will hopefully improve month on month.

An update has been requested from those responsible for March 2018 actions by the end of February 2018. 5 actions have successfully been completed ahead of time. Monitoring of actions will take place weekly through March 2018, including another round of in-house inspections.

REPORT RECOMMENDATION:

The Board is recommended to:

1. receive and **NOTE** the progress made in delivering the CQC Improvement Plan actions due for completion by December 2017 and the plan for continued monitoring
2. **AGREE** that two of the actions will not be completed by the March 2018 due date but will be monitored against an agreed plan; and
3. seek **ASSURANCE** from the Executive that March actions will be achieved and where there has been slippage the revised timeline will be met.

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

Accept	Approve the recommendation	Discuss
✓		✓

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

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

Comments:

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

Safe, high quality care

PREVIOUS CONSIDERATION:

Quality and Safety Committee, Clinical Leadership Executive and the Executive Quality Committee

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1 March 2018

CQC Improvement Plan Progress

1. Introduction

1.1 In January 2018, the Board were presented with a report on our progress in implementing those CQC Improvement Plan actions which had been designated for completion in December 2017.

1.2 The Board is reminded that, of the 57 actions due to be completed by December 2017, over two thirds had been successfully implemented. Of the remaining 21, they either had a revised completion date (10) or were off track with no confirmed date for completion (11).

1.3 In total the Trust had 131 actions to implement from the CQC report, leaving the remaining 74 to be implemented by the end of March 2018.

2. Progress

2.1 Group Directors of Operations are responsible for overseeing delivery of the actions relating to their area; progress reports have been provided by them (see **Appendix 1**).

2.2 Through January 2018 the 21 overdue December 2017 actions were monitored, with progress being made in all but three.

2.3 One action relates to 2 services within different groups and relates to improving patient privacy within the Emergency Departments at City and Sandwell Hospitals and at BMEC. The ED actions are complete but the requirements for BMEC are taking longer to achieve. Hence the half scores below

Actions completed	Actions off track but with a revised date	Actions off track with no confirmed date
42.5	12	2.5

2.4 The two actions which are proving challenging to complete within the set times are:

- Addressing the requirement for substantive middle grade staff overnight in the EDs
- Working with other Trusts to implement a SLA to provide Paediatric Ophthalmology cover out of hours and substantive posts in hours

2.5 Both of these issues are being actively managed and will continue to be monitored by EQC, CLE and Quality & Safety Committee.

2.6 In respect of middle grades in ED, these are being advertised externally although it is recognised that there is a national shortage. There is a plan in place being overseen by the Chief Operating Officer.

2.7 The Medical Director is pursuing the plan with respect to ensuring adequate Paediatric Ophthalmology out-of-hours cover is in place.

2.8 The remaining 12 actions have revised dates for completion of their implementation during February and March 2018 and are being monitored weekly for updates.

3. Validation

3.1 The in house inspections are planned for early to mid-March and will occur in all of the services assessed as part of the CQC Inspection of March 2017.

3.2 Audits are already taking place and data held centrally has been requested. One area of concern was **hand hygiene** within Outpatients. The data for January's audits are now available and show both Sandwell and BTC outpatients as being 100% compliant. Other data available shows the percentage of **patients seen within 60 minutes of arrival in our EDs** and indicates improvement since actions were implemented in December 2017.

Site	Month	% Seen within 60mins
Sandwell	Dec-17	45.62%
Sandwell	Jan-18	52.64%

Site	Month	% Seen within 60mins
City	Dec-17	47.56%
City	Jan-18	53.25%

3.3 Centrally held data showing the number of **re-attendances to the EDs** does not indicate that the actions implemented have had the desired effect as yet.

Department	December 2017	January 2018
Sandwell	7.55%	7.65%
City	7.01%	8.11%

4. March 2018 actions

4.1 The remaining 74 actions, due to be implemented by the end of March 2018, are with the relevant Clinical Groups to deliver.

4.2 The expectation is that these actions are already being implemented, so an update has been requested for all of the actions by the end of February 2018.

4.3 Weekly monitoring on actions will then be in place throughout March, to ensure these are implemented and to escalate any concerns if there are blockages or challenges in finalising.

4.4 The single action required for March 2018 for **End of Life Care** has already been completed as have 3 of the actions assigned to **Community inpatients**, with the rest on track to be delivered by the agreed date.

4.5 **Paediatrics and Ophthalmology** are working closely together to address the actions which were for the service for Children and Young People with good progress being made and one action already completed ahead of time.

5. Conclusion

5.1 Since the previous report it has been identified that two actions will not be implemented within the designated timeframes but are being actively managed. There remains 12 actions which are overdue but progress can be seen in implementing to their revised due date.

5.2 Validation of the actions already implemented is in progress, the results of which will be reported to the Board in April 2018.

5.3 It is encouraging to see actions due for completion in March 2018, already completed in some areas.

6. Recommendations

6.1 The Board is recommended to receive and **NOTE** the progress made in delivering the CQC Improvement Plan actions due for completion by December 2017 and the arrangements for continued monitoring.

6.2 The Board is also recommended to **AGREE** that two of the actions will not be completed by the March 2018 due date but will be monitored against an agreed plan and;

6.3 Seek **ASSURANCE** from the Executive that March actions will be achieved and where there has been slippage the revised timeline will be met.

Allison Binns
Deputy Director of Governance
21 February 2018

EMERGENCY AND URGENT CARE

Ref: MD= must do SD= should do	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
URGENT AND EMERGENCY SERVICES (A&E): SANDWELL GENERAL HOSPITAL							
MD4 (S)	The trust must take action to ensure there is a clearly agreed and resourced system in place for safely managing the condition of patients queuing on trolleys when the ED is very busy.	• An escalation process was deployed prior to, and reinforced since, the CQC inspection – following Board level discussions on risk • Staff awareness of the escalation arrangements will be tested by anonymised survey, and line management 1:1s	Nuhu Usman	~~December 2017~~ February 2018	The results of the survey showing that all staff are aware of the escalation arrangements and feel confident to use them.	Dec 17: All staff issued with escalation policy and action cards. Survey not yet completed Jan 18: Escalation process and action cards issued to all staff. Survey in process of being circulated to all staff.	**A**
MD7 (S)	The trust must take action to ensure sufficient substantive registrar cover overnight for the safety of patients.	• The process for booking and administering locums in ED has been fundamentally changed, with all bookings now undertaken through the bank office.	Liz Miller	December 2017	Rota compliance achieved, with combined vacancy and sickness position not exceeding 3% of shifts	Dec 17: Substantive funding has been allocated to a second registrar overnight post. National difficulties in recruitment are resulting in this post being filled via temporary staffing. Efforts will continue to actively recruit to this vacancy. Jan 18: Substantive funding has been allocated to a second registrar overnight post. National difficulties in recruitment are resulting in this post being filled via temporary staffing. Efforts will continue to actively recruit to this vacancy.	**R**
MD8 (S)	The trust must take action to ensure there is a designated appropriately safe room available within which to care for patients with mental ill health.	• Identify a designated room for the use of patients with Mental Health issues • Communicate to all staff through safety briefings, the intended room.	Liz Miller	~~December 2017~~ ~~January~~ March 2018	All staff able to articulate which room has been designated.	Dec 17: Rooms Identified City – room 14 no work required and room 6 at Sandwell requires some work, this will be completed during January. Staff briefings in January will remind staff of the availability and use of appropriate room.	**A**

Ref: MD= must do SD= should do	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
						Jan 18: Room 6 at Sandwell – Works to remove ligature points include replacing the doors for an anti-barricade type and replacing the wash hand basin and taps for a no touch type. The works will require closing the room for a number of days, not a realistic option until the winter pressure eases.	
MD14 (S)	The trust must take effective action to mitigate the increasing risks to patients from overcrowding in the ED.	• An escalation process was deployed prior to, and reinforced since, the CQC inspection – following Board level discussions on risk	Nuhu Usman	~~December 2017~~ February 2018	Staff awareness of the escalation arrangements will be tested by anonymised survey, and line management 1:1s	Dec 17: All staff issued with escalation policy and action cards. Survey not yet completed Jan 18: Escalation process and action cards issued to all staff. Survey in process of being circulated to all staff.	**A**
SD2 (S)	Reviewing arrangements in place in order to successfully rotate staff between Sandwell Hospital and City Hospital ED sites.	• Reintroduce a revised and well communicated rotation programme	Liz Miller	~~December 2017~~ March 2018	Staff opinion on the new rotational regime shows broad support	Dec 17: Rotation programme review occurring with an emphasis on band 5/6 development and competencies to be achieved. Staff engagement. Newly qualified nurses remaining at base for first 6 months. Rotational programme being introduced on a phased basis, to commence in March. Jan 18: Rotation programme cannot take place for all staff due to the number of new starters/preceptorship. Rotation	**A**

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

Ref: MD= must do SD= should do	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
						programme for remaining staff to be reintroduced in March 2018.	
URGENT AND EMERGENCY SERVICES (A&E): CITY HOSPITAL, INCL. BMEC							
SD7 (C)	Look for ways to improve patient privacy in the department.	• We will explore whether there are any cost effective design changes we can make in advance of the move to Midland Met	Alan Kenny	~~December 2017~~ ~~January 2018~~ March 2018	Reduction in formal and informal complaints City & Sandwell ED actions complete.	Dec 17: Laura Young has been tasked with reviewing Moorfields and Manchester units to understand how these services are configured without impacting clinical flow in the ED Jan 18: Meeting requested with Jayne Dunn – held with LY and Imelda O'Sullivan 15.11.17. Request for input from Architect due to size of area. IS at meeting 10.01.18 – requested PID information – liaising with ED team to complete.	R
SD13 (C)	Implement SLAs with other trusts so that paediatric patients are kept safe at all times.	• The Trust has put a formal proposal to BCH and NHS England to address this risk, which has been on the corporate risk register in public for some time. We anticipate resolution over the next eight weeks	Medical director	December 2017	Compliance from Q1 with the regional standards we are seeking to co-opt others into adopting	Dec 17: Mr Tyagi is liaising with Mr Abbot to develop out of hours cover proposal Retinopathy of prematurity screening for newborn babies SLA signed and in train (15/12/17) providing 24/7 rota cover Jan 18: To support improvement of in hours provision a VAF has been submitted. Whilst we await Royal College approval for the substantive post, a locum position has been requested; this is currently with the Chief	R

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

Ref: MD= must do SD= should do	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
						Executive awaiting approval. To support improvement in out of hours provision, as per feedback from RMC (RB) TL has met with CEO at BCH to lead on resolution for Paed on call rota.	
EMERGENCY DEPARTMENT: BMEC							
MD16 (C)	Robust policies and procedures are in place to manage the effective security of prescription forms at a local level.	• Secure place for storing prescription forms identified • Nurse in charge of ED to distribute forms each day and document. • Medical staff to document for each prescription provided (name, RXK) • Medical staff to hand back at the end of their shift to NIC with list of patients in receipt • All medical staff and nurses taking charge to be advised of procedure and agree to implement.	Bushra Mushtaq	~~December 2017~~ March 2018	Evidence that 100% of relevant staff understand and will adhere to process. Documentation log shows adherence to process in all cases.	Combination safe boxes have been ordered which will be fixed to the wall. In the meantime Audit forms have been ordered alongside FP10s to record RXK etc Interim forms are being used to record information which is returned to the NIC at the end of each shift. Medical and nursing staff have been advised of procedure however we are not yet fully compliant Jan 18: SOP for ratification at DMT on 06.02.18: a email will be forwarded to all colleagues mandating action immediately following.. Roll out and audit of compliance to follow - expected compliance confirmed by 31.03.18	**A**

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

SURGERY

Ref	Issue identified by the CQC Inspectors	Improvement actions to be taken to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
SURGERY: CITY HOSPITAL, INCL. BMEC							
SD36 (C)	Ensure all BMEC staff can identify a deteriorating patient; and that this is recorded in a structured way in order to monitor the effectiveness of this.	• Audits undertaken as part of the Safety Plan show this is being routinely undertaken. • Competency sign off process to be undertaken under oversight of Chief Nurse	Laura Young	~~December 2017~~ March 2018	• Competency assessment for all current BMEC staff to be reviewed at Critical Care Board	Dec 17: Competency assessment has been developed and is being reviewed by Directorate Triumvirate Staff Compliant and audited on wards as part of the Safety Plan. Jan 18: Staff required to comply with mandatory training in relation to BLS specifically which covers recognition of deteriorating patient. All relevant staff aware of EWS process. Discussed in ward QIHD.	**A**

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

OUTPATIENTS AND DIAGNOSTIC IMAGING

Ref	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
OUTPATIENTS AND DIAGNOSITC IMAGING: SANDWELL GENERAL HOSPITAL							
MD35 (S)	All staff are up to date with their safeguarding mandatory training.	• This is tracked as a priority and since the inspection we meet the Cquin for compliance. We have a revised and robust system to maintain this position.	Raffaela Goodby	~~December 2017~~ March 2018	Sustained performance above 90%	Dec 17: Delivery of level 3 Children sustained above 90%. L3 Children 90.21% Further work needed to meet compliance at level 2. L2 Adults 88.3% L2 Children 88.21% Jan 18: Improvement trajectory agreed with CCG is sustained performance above 85% in all three areas. Sustained since September 2017. Winter pressures affected completion during January. It is projected that L2 children will be compliant with 90% by March 2018.	**A**
MD41 (C)	The trust must ensure there are improvements with staff completion of mandatory training.	• Mandatory training corporate review reporting to Executive in December 2017 • Full implementation plan during 2018 to consistently achieve full year compliance	Raffaela Goodby	~~December 2017~~ March 2018	Quarterly compliance reviewed via Group Review	Mandatory training review has been completed by Deputy Director of OD & Learning and will be shared with executive team in January. During 2018 we will implement new approach and move to national e-learning, that can easily 'passport' prior learning. Jan 18: Launching new mandatory training	**A**

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

Ref	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
						model in April 2018. There is a targeted focus on low compliance areas such as IG, BLS and Safeguarding, to enable overall mandatory training compliance to be improved.	
SD57 (C)	The trust should ensure there is clear signage in the outpatient department.	• BMEC OPD Manager to arrange a working group including patient and public to look at what signage would help to improve the environment. • Main OPD: Implementation of Intouch Calling Screens that identify clinic name/department	Laura Young	~~December 2017~~ ~~January~~ February 2018	Screens working in all areas	Dec 17: Signage ordered (black on yellow) as agreed. Jan 18: Calling screens are not appropriate for BMEC ED due to layout of OPD and patient volumes in the department in conjunction with feedback from current service users. Meeting with patients will be completed by 6th February 2018	**A**

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

CHILDREN AND YOUNG PEOPLE

Ref	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
CHILDREN AND YOUNG PEOPLE: BMEC							
MD45 (C)	Medical staffing meets needs of patients and the service.	• Demand and capacity exercise for paediatric ophthalmology to clearly identify productivity and capacity changes required • Inclusion of any resultant costs in Trust level investment plan for 2018-19	Dave Baker	~~December 2017~~ March 18	Demand and capacity to be in balance by summer 2018	Dec 17: VAF for second consultant signed off and with Philip Andrew. Mr Ghauri offered all non-trainees access to paed clinics for training (trainees already on programme) Paediatric Surgical Standards are achieved. Play therapist for engaging with children. Jan 18: There does not appear to be a demand and capacity issue for paediatrics in "theatre"; The data is not sufficiently robust to establish what demand is for clinics (we are exploring two approaches to resolve this 1. Meeting with Rosie Auld to get her "bottom up" data 2. Drilling into the data further. I have meetings in the diary wit Rosie and subsequently AJ.	**A**
SD59 (C)	That a strategy for services for children and young people is developed and embedded, and there is improved reporting about service plans and priorities.	• A single service plan will be developed for consideration by the Group and Executive	Bushra Mushtaq	~~December 2017~~ ~~January~~ February 2018	A plan is agreed and signed off by the COO and Medical Director, and delivery is tracked via directorate performance review	Dec 17: BMEC is represented on CYP Board, Children's Safeguarding Board, CCIC Group Joint Paediatric Surgeon / Anaesthetic Group Service plan to be finalised and confirmed at Group Management Board in January.	**A**

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

Ref	Issue identified by the CQC Inspectors	Improvement actions taken / planned to address the concern	Lead officer	By when?	How will successful completion be evidenced?	Summary note of improvement made and confirmation that the concern raised has been addressed	STATUS
						Jan 18: Paediatric Strategy is out comment with a return date of 16th February 2018. This will be signed off by 20th February 2018	

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

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

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Unity Implementation and Approval Journey
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis, Chief Executive
AUTHOR:	Mark Reynolds, Chief Information Officer
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

The Unity project has a series of milestones each with decision making criteria. These are:

- Go-Live Decision
- End of Integration Testing 2 (Cerner payment milestone)
- Full Dress Rehearsal Entry
- Full Dress Rehearsal Exit
- Pre-Conversion Gateway (Cerner payment milestone)
- Conversion Gateway (Cerner payment milestone)
- Unity Stage 1 Project Complete

Once the go-live decision has been made the milestones serve as checkpoints as whether to proceed. They are also payment milestones for Cerner in some cases. This document describes the criteria for passing each milestone. Some of the criteria are stated from the Cerner contract.

REPORT RECOMMENDATION:

The Board notes the criteria and provides input into their development.

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

PREVIOUS CONSIDERATION:

Unity Implementation and Approval Journey

Project Milestones

This paper describes the decision points (milestones) for the Unity project to seek confirmation of the criteria and the person authorised to approve that they have been passed. The date for the milestones is dependent upon a confirmed go-live date.

Milestone	Planned Date	Recommended Approval
Go-Live Decision	ASAP	CEO
End of Integration Testing 2 (Cerner payment milestone)	16th March 2018	CIO
Full Dress Rehearsal Entry	9th April 2018	COO
Full Dress Rehearsal Exit	27th April 2018	COO
Pre-Conversion Gateway (Cerner payment milestone)	11th May 2018	CEO
Conversion Gateway (Cerner payment milestone)	15th June 2018	CEO
Unity Stage 1 Project Complete	15th September 2018.	CEO

The criteria are stated in Annex 1. The criteria for Cerner payment milestones are stated in the contract.

Group Readiness

The Unity project has requested clinical teams to undertake a regular survey to assess readiness. Team leaders will report this based upon a published Readiness Checklist and supporting guidance. The results are aggregated at Group level to inform Group Programme Offices (GPOs). Not all criteria can be completed immediately, with some being enabled by central activities.

In some categories, e.g. device deployment, there will be central data points that will inform decision making. It is felt important, however, that these are validated by clinical teams.

This information complements and informs the project milestones. The readiness criteria and progress at 90, 60 and 30 days before go-live is documented in Annex 2.

Annex 1 – Milestone Criteria

Go-Live Decision

The go-live decision confirms the go-live date for the project. This has implications 3 months prior to go-live as it has implications for systems testing & end user training. The date must be agreed with Cerner who can only undertake a single at a time go-live nationally.

Criteria	Evidence
Cerner confirms date available	Written statement from Cerner. Cerner will secure the resources required as part of this work
Clinical sponsors state Unity product fit for purpose.	Written statements from Sponsors
Development and testing on track for completion by change freeze date (including reporting)	Progress reported against plan, evidenced by tests complete against plan
On track for Full Dress Rehearsal	Progress reported against entry criteria
Training meeting quality criteria and on track	Digital champion attendance and feedback scores
Resourced Plan for business change	Business change plan approved by the Unity Implementation Committee
Readiness assessment process agreed and issued to Trust	Initial readiness assessment survey complete by pilot areas
Example business continuity plans available.	Business continuity plans from other Trusts published on Connect. 724 testing complete
IT infrastructure plan on target	Network and WiFi aspects of IT infrastructure plan on target – indicated by rollout into Sandwell

End of IT2 Criteria

The End of IT2 criteria signal that integration testing is complete. This will be followed by a period of regression testing that will address the work-off plan from IT2.

Criteria	Evidence
Has the TRAIN domain blueprint (loaded data and configuration) been documented for future need?	Approval of TRAIN domain blueprint by Trust and Cerner
Have all tests been completed and the exit criteria for this stage of testing been met? If not have work off plans been agreed? (Exit Criteria calculated against all TIs logged : P1 = 0%, P2 =0%, P3,<50% , P4<25 %, P5<10%)	IT2 test report and workoff plan approved by CIO
Has Trial Load 3 Completed successfully?	IT2 test report and workoff plan approved by CIO

Have all workflows, including those with printers and devices been tested? Have Operational, Managerial and Statutory reports been tested (including RRT, Sepsis and AKI)?	IT2 test report and workoff plan approved by CIO
Has 724 been tested for each area where it will be deployed?	IT2 test report and workoff plan approved by CIO

Full Dress Rehearsal Entry Criteria

The full dress rehearsal (FDR) entry criteria signal that FDR can start. They will be assessed the week before FDR.

Criteria	Evidence
Operational	
The EMS is below level 4 and the Trust is not managing an internal critical or major incident	Statement from COO
The command centre structure is in place and staffed	Statement from COO, evidenced by command structure roster, processes and action cards.
Digital Champion, Early Adopter and FDR staff scheduled/rostered	Statement from COO, evidenced by roster.
Procedures Approved	Procedures published on Connect.
Unity	
Digital Champion Training is complete	Digital Champion Training Completion Report
End user training is on track or an approved remediation plan is in place	Progress reported against plan, specifying number of staff trained/booked.
Quick reference guides and videos have been published	QRGS and videos published on Connect
The IT/unity helpdesk is ready to go	Statement from Informatics Service Manager
There is an issues capture and resolution process in place	Issues process published to Trust
Technical	
There are no systems outages or issues preventing Informatics supporting the FDR.	Statement from Deputy Director Informatics, evidenced by no Priority 1 and 2 incidents open on the IT Service Desk
Testing has completed and all IT systems can be integrated with Unity	IT2 Test Report and workoff plan approved by CIO.
Sufficient devices and medical devices have been deployed to support FDR	Statement from Deputy Director Informatics referencing floor plans.
724 is installed on PCs throughout the Trust	Statement from Informatics that installation is complete (evidenced from SCCM)

Reporting	
Statutory and key operational reports are available	Statement from Performance & Insight that reports required from FDR are complete published in Unity or Trust Reports and accepted by report owner.
Comms	
There is an approved staff, patient and media handling approach.	Approach signed off by Comms Director

Full Dress Rehearsal Exit Criteria

The full dress rehearsal (FDR) exit criteria indicate that FDR was a success and so the project can succeed or it has not achieved its goals and the project must be re-assessed. This will be supported by a formal report. A work-off plan is expected.

Criteria	Evidence
Operational	
FDR determines accurate timings for onboarding of records that fit within the cutover plan.	Timings available in FDR Completion Report
FDR determines that the impact on the Trust (ED, inpatient, outpatient) can be catered for within the Trust's operational plans.	No unresolved high or very high issues. A workoff plan for the issues is acceptable at this point.
The command centre is able to manage the use of Unity throughout FDR.	Strategic and Tactical Commander confirm success in the FDR Completion Report
There are lessons/issue identified to be resolved before cutover.	FDR Report includes lessons learned and issues, including a work-off plan.
Clinical	
Staff are able to complete their clinical routines using the Unity system. Some support from Digital Champions is expected.	No unresolved high or very high issues. A workoff plan for the issues is acceptable at this point.
The training, quick start guides and videos are consistent with Unity, clinical practice and felt sufficient to support cutover (recognising this is somewhat a subjective measure)	No unresolved high or very high issues. A workoff plan for the issues is acceptable at this point.
The Unity system successfully interoperates with the other systems and processes within the Trust, including but not limited to IT systems. This is especially of focus with respect to handovers and key activities such as board rounds and MDTs.	No unresolved high or very high issues. A workoff plan for the issues is acceptable at this point.
Technical	
The technical data migration and interfacing of Unity completes with no priority 1 and 2 issues outstanding	Data migration and interfacing completed. No priority 1 or 2 issues outstanding

There are a small amount of PAS records with data quality issues that require resolution	Data migration and interfacing completed. No priority 1 or 2 issues outstanding
There are no priority 1 and 2 issues with Unity outstanding from the use of the system.	No priority 1 or 2 issues outstanding
There are sufficient devices for FDR within each area and these function well with the infrastructure.	FDR saw Unity used across the Trust with sufficient coverage to ensure it is fit for purpose. No high or very high issues without work-off plans in FDR Completion Report
Reporting	
Statutory and operational reports functioned as designed and reconciled with the activity seen throughout FDR	No unresolved high or very high issues. A workoff plan for the issues is acceptable at this point.
Comms	
Staff and patients are aware of FDR and felt well communicated with.	No unresolved high or very high issues. A workoff plan for the issues is acceptable at this point.

Pre-Conversion Gateway

The pre-conversion gateway marks the start of the cutover. The first stage is technical go-live where the interfacing and data migration work are completed. It is then followed by operational go-live when the Trust moves to using Unity. The criteria therefore reflect that the Trust must be prepared to go-live.

Criteria	Evidence
Operational	
The EMS is below level 4 and the Trust is not managing an internal critical or major incident	Statement from COO
The command centre structure for cutover has been agreed	Statement from COO, evidenced by command structure roster, processes and action cards.
Digital Champion, Early Adopter and FDR staff scheduled/rostered for cutover	Statement from COO, evidenced by roster.
Conversion/cutover plan, downtime strategy and all risks, issues and lessons learned been reviewed and agreed	Approval of cutover plan, reflecting updates from FDR
Unity	
End user training is on track or an approved remediation plan is in place	Progress reported against plan, specifying number of staff trained/booked.
Issues from FDR addressed according to work-off plan	Issues and risks log
The IT/unity helpdesk is ready to go	Statement from Informatics Service Manager
There is an issues capture and resolution process in place	Issues process published to Trust

Clinical Safety Case/Report (CRM) and Clinical Authority To Deploy (CATD) approved	Approval by Clinical Safety Officer
Cerner Go Live/ELS team resourced	Confirmation of resources by Cerner
Technical	
There are no systems outages or issues preventing Informatics supporting the cutover.	Statement from Deputy Director Informatics, evidenced by no Priority 1 and 2 incidents open on the IT Service Desk
Testing has completed and all IT systems can be integrated with Unity	IT2 Test Report and workoff plan approved by CIO.
Sufficient devices and medical devices have been deployed to support cutover	Statement from Deputy Director Informatics referencing floor plans.
724 is installed on PCs throughout the Trust	Statement from Informatics that installation is complete (evidenced from SCCM)
Reporting	
Statutory and key operational reports are available	Statement from Performance & Insight that reports required from FDR are complete published in Unity or Trust Reports and accepted by report owner.
Comms	
There is an approved staff, patient and media handling approach.	Approach signed off by Comms Director

Conversion Gateway

The conversion gateway marks the end of early live support where the Trust returns to business as usual. The hours of extended support will be stood down and the additional Cerner support staff will leave the Trust. The exact date will depend upon the success of the cutover. The conversion gateway milestones may be updated reflecting the experience of Full Dress Rehearsal.

Criteria	Evidence
Trust operational performance is operating within normal parameters	Confirmation by COO
There are no outstanding priority 1 or priority 2 Informatics incidents and there are workoff plans in place for priority 3 incidents	Confirmation by CIO – evidenced by incident logs
The number of incidents and issues flagged falls below 20% of normal volume.	Issues logs
There are no high or very high risks or issues open without work-off plans	Confirmation by COO – evidenced by Trust risk register.
A handover to Live Service has been agreed with Cerner including an approved work-off plan	Statement by CIO & Cerner plus workoff plan.
The Command Centre tactical lead confirms the command centre can be stood down	Tactical lead

There are no outstanding clinical hazards without agreed mitigations	Clinical Safety Officer / Clinical CIO
Confirmation that Quality and Safety has not been adversely affected	Statements of support from Medical Director and Nursing Director
A debrief meeting has been held and the report published	Published report
End user training has become routine.	Statement from Deputy Director Informatics

Unity Stage 1 Project Complete

Criteria	**Evidence**
Trust operational performance is operating within normal parameters	Confirmation by COO
Use of Unity at 95% by staff numbers	LightsOn reports
Unity workoff plan complete	Work-off plan
There are no outstanding clinical hazards without agreed mitigations	Clinical Safety Officer / Clinical CIO
100% of new staff are trained in Unity within 1 week of joining Trust.	Statement from Deputy Director Informatics

Annex 2 - Group Readiness

Check	90 Days (2nd March)	60 Days (2nd April)	30 Days (2nd May)	Cutover (2nd June)
SYSTEM ACCESS				
Basic IT skills confidence is good	Most	Most	All	
Colleagues have network logins	Some	Some	Most	All
Colleagues can login to Unity	None	Some	Most	All
END USER TRAINING				
Colleagues identified	Most	All		
Colleagues rostered to attend training	Most	All		
Colleagues trained & competency passed	N/A	Some	Most	All
IT EQUIPMENT				
Completion of IT equipment audit	In Progress	Completed		
Wi-Fi checked	In Progress	Completed		
Appropriate hardware installed	In Progress	In Progress	Completed	
Bedside Medical Device Integration installed (Critical Care, Neonates & Theatres)	In Progress	In Progress	Completed	

DIGITAL CHAMPIONS				
Digital Champions identified	All			
Digital Champions released for preparation activities	All			
Digital Champions trained	Some	Most	All	
Digital Champions rostered (supernumerary) for go-live		Most	All	
ENGAGEMENT & COMMUNICATION				
Unity discussed at team/departmental meetings	To Some Extent	To A Large Extent	Fully	
Unity team have visited department	To Some Extent	To A Large Extent	Fully	
Staff newsletters & information on display	To Some Extent	To A Large Extent	Fully	
HOW WE WILL WORK				
Every staff member understands the benefits of Unity	N/A	To Some Extent	To A Large Extent	Fully
Staff participated in Full Dress Rehearsal	N/A	N/A	Fully	
New processes understood	N/A	To Some Extent	To A Large Extent	Fully
Staff have practiced new processes	N/A	To Some Extent	To A Large Extent	Fully

BUSINESS AS USUAL				
Staff able to access and maintain iPM Lorenzo	N/A	To Some Extent	To A Large Extent	Fully
Obsolete paper work identified and removed	N/A	N/A	N/A	To Some Extent
Business continuity plan updated	N/A	N/A	Fully	All
IT support arrangements & fault reporting understood	To Some Extent	To A Large Extent	Fully	All
Unity access protocols for bank & agency staff understood	N/A	To Some Extent	To A Large Extent	Fully
GO LIVE PLANNING				
Adequate staff rostered to cover the go live period	N/A	To Some Extent	To A Large Extent	Fully
Local go live activities and processes understood	N/A	To Some Extent	To A Large Extent	Fully
Reference guides and cutover help understood	N/A	To Some Extent	To A Large Extent	Fully
Patient information available	N/A	To Some Extent	To A Large Extent	Fully

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Capital Plan – Affordability and Hard Choices
SPONSOR (EXECUTIVE DIRECTOR):	Tony Waite, Director of Finance and Performance
AUTHOR:	Rod Knight, Commercial Accountant
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

The trust's five year capital plan 2017-22 totals £105m.

That plan is proposed afforded by, year on year, the trust balancing its books and, through that achievement, securing significant levels of Sustainability & Transformation [STF] funds.

In order to balance its books the trust is required to deliver very significant improvements in its productivity, to secure margin at scale on new business and to reduce its costs. That financial challenge totals c£72m over the two years 2018-20. The trust is working with commissioners & stakeholders to seek to secure opportunities sufficient to meet that challenge.

There is, however, a risk that that financial improvement may not be delivered at necessary scale or pace to afford in full the capital plan.

Of that capital plan c£60m [c60%] is committed under extant contracts.
That leaves c£45m over which the trust has discretion.

Work has, accordingly, been progressed to seek to identify cohorts of capital costs which might be avoided or re-timed. The initial objective was to define x3 cohorts of c£5m each.

Two cohorts have to date been identified:

- Cohort 1 - £5.878m – schemes potentially avoidable and so reduce cash outgoings
- Cohort 2 - £5.901m – schemes which may provide for alternative finance and so defer timing of cash outgoings

The timing of expenditure commitment decisions on those cohorts can be summarised as follows:

- March 2018 - £1.078m
- Q2 2018 - £3.551m
- Q3 2018 - £5.150m
- Q4 2018 - £2.000m

An indicative timing impact of those cohorts on cash flow / plan affordability can be summarised as:

- 2018.19 - £7.340m
- 2019.20 - £2.439m
- 2020.21 - £1.000m
- 2021.20 - £1.000m

Any significant slippage – actual or forecast – in the delivery of margin improvement and cost reduction in Q1 2018.19 would require expedient decisions on capital plan commitments to be made in Q2.

REPORT RECOMMENDATION:

The Board is asked to note the contents of this report and to:

1. Require that work is progressed to identify 'Cohort 3' and which should include review of IT plans
2. Require that the CNO/MD undertake a risk assessment of any proposed changes to the medical equipment replacement programme
3. Require that each & all proposals are assessed having regard to their potential impact on the strategic plans of the trust and including against any requirements emerging from Midland Met restructuring
4. Require that a scheme level capital cash plan is prepared & which confirms the cash-flow impact of any changes to the capital plan
5. Require an update to the trust's medium term financial model and to assess an option for capital loans to be utilised to bridge any capital plan cash gap.
6. Require the Finance & Investment Committee to routinely review these proposals and make recommendations to the Board

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

Accept	Approve the recommendation	Discuss
	x	x

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

Financial	**x**	Environmental	x	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:

Excellence in use of resources

PREVIOUS CONSIDERATION:

Sandwell & West Birmingham Hospitals NHS Trust

Review of Downisde Impact upon Base Capital Programme : (Commitment & Expenditure View)

		REVISED 5 Year CAPITAL PROGRAMME – Revised Commitment Profile								REVISED 5 Year CAPITAL PROGRAMME – Revised Expenditure Profile				
		2017/2018	2018/2019				2019/2020	2020/2021	2021/2022	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
			Q1	Q2	Q3	Q4								
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
BASE PROGRAMME														
Internally Generated Funds:	ESTATES	26,276	965	1,907	5,650	5,481	1,300	1,050	1,754	16,340	16,336	8,904	1,050	1,754
	IT	15,465	480	450	100	603	2,048	2,941	1,450	8,330	8,442	1,766	2,485	2,513
	EQUIPMENT	2,486	1,105	3,098	2,518	1,582	2,915	886	3,092	2,266	3,533	5,989	1,772	4,122
	Sub Total	**44,227**	**2,550**	**5,455**	**8,268**	**7,666**	**6,262**	**4,877**	**6,295**	**26,936**	**28,310**	**16,659**	**5,307**	**8,389**
Alternative Funding Sources	TECHNICAL	16,510	3,020	20	20	20	81	83	85	1,064	4,361	10,565	1,714	2,136
TOTAL CAPITAL PROGRAMME- ANNUAL		60,737	5,570	5,475	8,288	7,686	6,344	4,960	6,380	28,000	32,671	27,224	7,021	10,525
TOTAL CAPITAL PROGRAMME- CUMULATIVE		60,737	66,307	71,783	80,071	87,757	94,100	99,061	105,441	**28,000**	**60,671**	**87,895**	**94,916**	**105,441**
DOWNSIDE : COHORT 1														
Internally Generated Funds:	ESTATES	0	0	(2,500)	(4,650)	(2,000)	0	0	0	0	(5,405)	(2,000)	(1,000)	(1,000)
	IT	0	0	(751)	0	0	0	0	0	0	(415)	(336)	0	0
	EQUIPMENT	0	0	0	(500)	0	0	0	0	0	(350)	(150)	0	0
	Sub Total	0	0	(3,251)	(5,150)	(2,000)	**0**	**0**	**0**	0	(6,170)	(2,486)	(1,000)	(1,000)
Alternative Funding Sources	TECHNICAL	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL PROGRAMME- ANNUAL		0	0	-3,251	-5,150	-2,000	0	0	0	0	-6,170	-2,486	-1,000	-1,000
TOTAL CAPITAL PROGRAMME- CUMULATIVE		0	0	-3,251	-8,401	-10,401	-10,401	-10,401	-10,401	**0**	**-6,170**	**-8,656**	**-9,656**	**-10,656**
PROGRAMME Post COHORT 1														
Internally Generated Funds:	ESTATES	26,276	965	(593)	1,000	3,481	1,300	1,050	1,754	16,340	10,930	6,904	50	754
	IT	15,465	480	(301)	100	603	2,048	2,941	1,450	8,330	8,027	1,430	2,485	2,513
	EQUIPMENT	2,486	1,105	3,098	2,018	1,582	2,915	886	3,092	2,266	3,183	5,839	1,772	4,122
	Sub Total	44,227	2,550	2,204	3,118	5,666	**6,262**	**4,877**	**6,295**	**26,936**	**22,140**	**14,173**	**4,307**	**7,389**
Alternative Funding Sources	TECHNICAL	16510	3020	20	20	20	81	83	85	1064	4361	10565	1714	2136
TOTAL CAPITAL PROGRAMME- ANNUAL		60,737	5,570	2,224	3,138	5,686	6,344	4,960	6,380	28,000	26,501	24,738	6,021	9,525
TOTAL CAPITAL PROGRAMME- CUMULATIVE		60,737	66,307	68,532	71,670	77,356	83,699	88,660	95,040	**28,000**	**54,501**	**79,239**	**85,260**	**94,785**
DOWNSIDE : COHORT 2														
Internally Generated Funds:	ESTATES	(1,078)	0	(300)	0	0	0	0	0	0	(1,170)	(208)	0	0
	IT	0	0	0	0	0	0	0	0	0	0	0	0	0
	EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sub Total	(1,078)	0	(300)	0	0	**0**	**0**	**0**	0	(1,170)	(208)	0	0
Alternative Funding Sources	TECHNICAL	0	0	751	5,150	0	0	0	0	0	1,170	208	0	0
TOTAL CAPITAL PROGRAMME- ANNUAL		-1,078	0	451	5,150	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL PROGRAMME- CUMULATIVE		-1,078	-1,078	-627	4,523	4,523	4,523	4,523	4,523	**0**	**0**	**0**	**0**	**0**
PROGRAMME Post COHORT 1 & 2														
Internally Generated Funds:	ESTATES	25,198	965	(893)	1,000	3,481	1,300	1,050	1,754	16,340	9,760	6,696	50	754
	IT	15,465	480	(301)	100	603	2,048	2,941	1,450	8,330	8,027	1,430	2,485	2,513
	EQUIPMENT	2,486	1,105	3,098	2,018	1,582	2,915	886	3,092	2,266	3,183	5,839	1,772	4,122
	Sub Total	43,149	2,550	1,904	3,118	5,666	**6,262**	**4,877**	**6,295**	**26,936**	**20,970**	**13,965**	**4,307**	**7,389**
Alternative Funding Sources	TECHNICAL	16,510	3,020	771	5,170	20	81	83	85	1,064	5,531	10,773	1,714	2,136
TOTAL CAPITAL PROGRAMME- ANNUAL		59,659	5,570	2,675	8,288	5,686	6,344	4,960	6,380	28,000	26,501	24,738	6,021	9,525
TOTAL CAPITAL PROGRAMME- CUMULATIVE		59,659	65,229	67,904	76,193	81,878	88,222	93,182	99,562	**28,000**	**54,501**	**79,239**	**85,260**	**94,785**
VARIANCE AGAINST BASELINE- ANNUAL		(1,078)	0	(2,800)	0	(2,000)	0	0	0	0	(6,170)	(2,486)	(1,000)	(1,000)
VARIANCE AGAINST BASELINE- CUMULATIVE		(1,078)	(1,078)	(3,878)	(3,878)	(5,878)	(5,878)	(5,878)	(5,878)	0	(6,170)	(8,656)	(9,656)	(10,656)
Note Movements Expressed As:														
Internally Generated Funds:		(1,078)	0	(3,551)	(5,150)	(2,000)	0	0	0	0	(7,340)	(2,694)	(1,000)	(1,000)
Alternative Funding Sources		0	0	751	5,150	0	0	0	0	0	1,170	208	0	0
Cumulative -Internally Generated Funds:		(1,078)	(1,078)	(4,629)	(9,779)	(11,779)	(11,779)	(11,779)	(11,779)	0	(7,340)	(10,034)	(11,034)	(12,034)
Cumulative- Alternative Funding Sources		0	0	751	5,901	5,901	5,901	5,901	5,901	0	1,170	1,378	1,378	1,378

Base to Downisde Capital Programme

		COMMITMENT POSITION						
		Commit Brt fwd	DECISIONS in Year 18-19					Commit Carry fwd
		2017-18	Q1	Q2	Q3	Q4	Total	2018-19
		£000's	£000's	£000's	£000's	£000's	£000's	£000's
	BASE CAPITAL PROGRAMME							
	ESTATES	£26,276	£965	£1,907	£5,650	£5,481	£14,004	£40,280
	IT	£15,465	£480	£450	£100	£603	£1,633	£17,098
	EQUIPMENT	£2,486	£1,105	£3,098	£2,518	£1,582	£8,303	£10,789
	TECHNICAL	£16,510	£3,020	£20	£20	£20	£3,080	£19,590
	TOTAL CAPITAL PROGRAMME	£60,737	£5,570	£5,475	£8,288	£7,686	£27,019	£87,756
Cohort	**Impact of Downside Decisions**							
	Adj to Schemes from Internally Generated Funds							
1	STC Main Entrance			-£300			-£300	-£300
1	OPD 6 Scheme removed	-£238					-£238	-£477
1	STC-Therapies , Admin,chemotherapy, paeds OPD, Hallam Stays					-£2,000	-£2,000	-£2,000
1	Oral Surgery (Service Cessation)			-£500			-£500	-£500
1	Medical Equipment Replacement (Defer to 22-23)			-£2,000			-£2,000	-£2,000
1	Reclaiming Vat on Cerner	-£840					-£840	-£1,680
2	GP Practice Alternative Funding Model				-£4,650		-£4,650	-£4,650
2	MMH Café Variation				-£500		-£500	-£500
2	BTC -Audiology & Fracture Clinic PFI Initial Funding Model			-£751			-£751	-£751
	Adj to Schemes funded by Alternative Methods							
2	GP Practice Alternative Funding Model				£4,650		£4,650	£4,650
2	MMH Café Variation				£500		£500	£500
2	BTC -Audiology & Fracture Clinic PFI Initial Funding Model			£751			£751	£751
	Net Sub Total of Downside Actions	-£1,078	£0	-£2,800	£0	-£2,000	-£5,878	-£6,957
	DOWNSIDE CAPITAL PROGRAMME							
	ESTATES	£25,198	£965	-£893	£1,000	£3,481	£4,553	£29,751
	IT	£15,465	£480	-£301	£100	£603	£882	£16,347
	EQUIPMENT	£2,486	£1,105	£3,098	£2,018	£1,582	£7,803	£10,289
	TECHNICAL	£16,510	£3,020	£771	£5,170	£20	£8,981	£25,491
	TOTAL CAPITAL PROGRAMME	£59,659	£5,570	£2,675	£8,288	£5,686	£22,219	£81,878

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Nurse Establishment Review
SPONSOR (EXECUTIVE DIRECTOR):	Elaine Newell
AUTHOR:	Elaine Newell
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

This paper presents the outcome of the December 2017 nurse establishment review and demonstrates how a budgeted pay reduction can be successfully achieved, whilst maintaining the provision of safe care and continuing to meet the principles contained within established national safe staffing guidance. It should be noted that the savings identified compare funding required under the new arrangements to the expected normalised outturn actual cost for 18/19, being cost of £44.5m against costed model of £41m, a proposed saving of £3.5m, as long as the assumptions within the costing are adhered to, and the costings stuck to in practice. **Appendix 1** demonstrates the changes that have been made to baseline ward establishments and the resulting impact on skill mix and nurse: patient ratios. The paper seeks support for a site based cluster working model which sees flexible deployment of nurses across areas in a number of specialties. Results from analysis of acuity data and the application of senior nurse professional judgement is supportive of this proposal.

The attached spreadsheet is shown inclusive of the current spend on focussed care – this will be removed with a recommendation to reinvest of 500k to allow for the substantive employment of a 'hit team' of staff to support focussed care and to 'top up' the funding of a centralised budget for maternity leave. If approved this will increase available savings by circa £500k. These developments will improve quality and reduce the risk of over reliance on temporary staffing. The Board is asked to separately consider the funding of extended ward clerk cover. There is provision for this in draft planning assumptions for 18.19, and therefore would not require investment from this proposal.
The paper concludes by recommending the process by which these changes should be evaluated at 6 months following implementation.

REPORT RECOMMENDATION:

The Board are asked to discuss and support the recommendations made within this report

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

Accept	Approve the recommendation	Discuss
	x	

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

Financial	**x**	Environmental		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:

Finance ; People plan

PREVIOUS CONSIDERATION:

Nurse Establishment Review

Introduction:

In July 2014, the NICE guideline 'Safe staffing for nursing in adult inpatient wards in acute hospitals' was issued. This guidance focused on safe and sustainable staffing for nursing in adult **inpatient** care in **acute** wards. Part of that recommendation was for Trusts to undertake a yearly staffing review of their nurse establishment. Most recently, the National Quality Board has released guidance: '*Safe, sustainable and productive staffing'* (January 2018). Both documents have been used to inform the analysis of nursing establishments within SWBH

A ratio of one registered nurse to a maximum of eight patients during the day is seen nationally as the threshold for provision of safe care. It is widely acknowledged that this ratio or better does not guarantee safe care, but evidence from the RCN, NQB and NICE all suggest that when this ratio is exceeded, additional pressures are experienced by the nursing staff and care standards as well as patient outcomes may deteriorate. The National Quality Board in 2012 sets out an expectation that there will be a minimum of two registered nurses on duty on each shift, regardless of ward size or patient need.

When setting safe staffing levels, it is important that the focus is not just on achieving a minimum registered nurse to patient ratio (1:8) but other factors such as ward layout/ general environment, patient presentation and specific care needs must also be considered alongside professional judgement.

It is important to note that the guidance issued relating to staffing levels specifies recommended ratios for acute inpatient areas during day time hours only. There is currently **no** guidance regarding minimum night time staff / patient ratios. Equally, the amount of relief applied is left for individual organisations to determine based on local trends.

This review has taken into account the bed reduction programme planned for 18/19. Additionally, in some areas, there is a requirement for differing summer / winter beds and staffing levels based on seasonal demand. The table shown in Appendix 1 demonstrates proposed staffing establishments inclusive of any recommended revisions to beds and includes:

1. Beds per ward
2. 17/18 outturn
3. 18/19 costings inclusive of proposed CIP schemes captured on TPRS and revisions to establishments resulting from this review
4. Proposed budget reductions / increases
5. The impact upon the percentage qualified / unqualified skill mix split if the above revisions are agreed (inclusive and exclusive of supervisory ward manager)
6. The impact upon the nurse : patient ratio if the above revisions are agreed (exclusive of Ward Manager)
7. The costings include:
    a. Additional costs to allow senor presence of Band 7 staff over weekends and Bank Holidays (190k).
    b. 420k allocated for NIV and Level 1 care
    c. Provision for 211k Ambulatory care tariff

8. Any proposed changes to the community bed base are excluded from this review.

Review methodology

In keeping with NICE guidelines, a comprehensive review was undertaken of nursing establishments and patient acuity within all inpatient and community wards in December 2017. The Safer Nursing Care Tool, developed by the Shelford Group was used. This is an evidence based tool that enables teams to assess patient acuity (patients requiring high levels of skilled nursing interventions) and dependency (those patients who require assistance with basic nursing care and activities of daily living), whilst incorporating a staffing multiplier to ensure nursing establishments reflect patient needs. The tool has been endorsed by NICE, in line with the guidance for Acute Hospital Inpatient wards (2014) and factors in time for ward specific occupancy rates, admission, discharge and transfers.
The Maternity and Neonatal services were assessed using established Birthrate and BAPM acuity tools. Paediatrics currently has no method for assessing workforce and acuity but is currently exploring use of the PANDA tool. For the purpose of this review, professional judgement has been applied. The W&CH report is attached as an addendum to this report

Review findings:

Analysis was undertaken on all acute and community wards over a 4 week period. The majority of areas were demonstrated to have the appropriate staffing requirements to meet the acuity / dependency needs of their particular cohort of patients. However, the results of the acuity review and professional discussions demonstrated opportunity in a number of areas, for safely reducing pay spend whilst maintaining safe nurse patient ratios. This is largely achieved by application of a site based cluster working model within some specialties.

The analysis of data from D11, D15, Lyndon 4/5, D21 and Newton 4, shows that the majority of the patients require support with the basic fundamentals of care (higher dependency scores). Therefore, these areas could safely run on a 1 to 8 nurse patient ratio during the day. However some difficulties associated with bed numbers have historically prevented this. The application of a site based cluster working model where nurses' work flexibly over 2 wards would address this.

The majority of in patient surgical wards have either a 1 to 7 or a 1 to 6 nurse patient ratio. The acuity score for the majority of surgical wards showed a higher requirement for acute care provision requiring a higher level of nurse intervention. This justifies slightly higher nurse patient ratios within some of these areas.

Proposed changes:

1. A number of changes are linked to bed reductions which allow for revisions in establishment numbers with minimal impact. D15/16 bed reductions form part of the 17/18 CIP and therefore will require a reduction in spend rather than a budgetary adjustment. An additional adjustment to the bed plan allows a further HCA reduction at night. Newton 4 and 5 and D25 staffing levels have also been adjusted to reflect bed reductions.

2. The acuity scoring obtained from the review indicates that D11 / D26 and Lyndon 4 / 5 (elderly care) provide care to patients with high levels of dependency. Daytime nurse cover has been retained at existing levels however it is proposed that D11 night time staffing be revised from 3 trained + 2 untrained to 2 trained + 3 untrained. D26 staffing will remain at existing levels providing flexible cover for D11 utilising the site based cluster working model and maintaining the 1:8 staffing ratio throughout the 24 hour period thus ensuring the most efficient use of resources. This model is similarly applied to Lyndon 4 and 5 (elderly care) across the summer and winter periods and within surgery to D21 and FSW. When viewed in isolation, wards D11 and D21 appear to derogate from guidance with a nurse patient ratio of 1:10 and 1:9 (night time only) respectively. However when the cluster working model is applied,

these ratios reduce to a night time ratio of 1:8 in both areas. It is important to note that these plans have been fully discussed with the Matrons / Group Directors of Nursing who – in applying professional judgement are entirely comfortable with the recommendations reached.

3. A review of the current relief percentage has been undertaken. Relief is the % headroom added to staffing establishments to allow flexibility for sickness, training, parental and annual leave. This is currently set at 22% but does **not** include an allowance for parental leave. Some groups have established funded provision to support parental leave (medicine, surgery and W & CH groups) however this is not consistent Trust wide. Taking into account the Trust target for sickness, a recent significant reduction in the mandatory training requirement and an employee profile which demonstrates fewer long service staff with high annual leave accrual, it is recommended that this headroom percentage be reduced to 19% with a separate centrally funded provision for parental leave. It is proposed that the higher % relief be maintained within ED and Maternity, where nationally driven training requirements impact upon higher levels of training.

The Royal College of Nursing recommends a skill mix ratio of 60:40 trained to untrained staff. However this recommendation is not reflected within national guidance from NICE or the NQB. Whilst maintaining nurse to patient staffing levels within the organisation which reflect the needs of our patients; the qualified:unqualified skill mix ratio appears contrary to that recommended. Conversely this reflects the value that the organisation has placed on the contribution of these staff and the additional investment which has been made over time to increase numbers of HCA's– recognising their support to our more dependent patient groups. The overall impact being that this has adversely skewed the skill mix ratios in elderly care, stroke, rehabilitation and community beds.

The Maternity service has recently benefited from funding of a CIP associated with a historically high vacancy factor and therefore no additional changes to establishment are proposed in the next 2 financial years. The results of the maternity Birthrate plus review are separately annexed in this paper
Paediatrics do not benefit from commissioned support for the provision of HDU care, in spite of difficulty in repatriating these children. In addition, the team successfully utilise staffing flexibly across winter and summer periods and across sites. Therefore no changes have been made to existing establishments.
The neonatal unit has recently been subject to a peer review – the result of which highlighted significant staffing challenges resulting from an increase in level 3 work. Dialogue with specialised commissioning team are imminently planned in order to seek a resolution to this concern. No changes have therefore been made in this area.

Patients within our community wards are deemed medically fit for discharge home with appropriate 'wrap around' support. PCCT would therefore benefit from implementation of a Band 4 workforce. There is a significant lead time required to train this workforce. 8 staff – currently in training, will be deployed to support District nursing teams in February 19. It is anticipated that additional band 4 staff will be trained in readiness for deployment to community wards in April 19 and will release 1 RN per ward.

Costings and points for consideration:

Costings shown in the appendix are based on assumptions that all CIP programmes are achieved (i.e. sickness at 3%, effective rostering, no agency etc). It is therefore critical that to ensure delivery of savings and no double counting, that there is no inter-dependency between the assumptions in this review and the pay CIP savings workstream.
A number of proposals for investment are recommended for consideration by the Board and would serve to mitigate some of this risk as follows:

- The costings shown in the attached spreadsheet include £ 1.1 million cost for temporary staff providing focussed care. This cost is to be removed and the Board are asked to reinvest of 500k to allow for the substantive employment of a 'hit team' of staff to support focussed care and to 'top up' the funding of a centralised budget for maternity leave. This would increase savings available by circa £500k.

- 7 day ward clerk cover has been a subject of discussion for some time. The implementation of Unity during the summer of 2018 will require dedication to real time ADT data input. An uplift to the provision of ward clerks to include weekend cover would support the delivery of care and improve the efficacy of Unity at a cost of 403k if implemented across every ward or 203k if resource were shared – 1 ward clerk across 2 wards during weekends. It is recommended that the Board consider alternative funding streams to support this. There is currently £1m aside for this investment in the 2018.19 financial plan.

- The Trust currently has no consistent provision for the funding of maternity leave thereby increasing the reliance on and cost of temporary staff to backfill. Funding a centralised budget for maternity leave would allow teams to recruit to fixed term contracts with the certainty that funding would be available to support this. The total cost of maternity leave funding currently equates to 860k. However, provision is already made within medicine, surgery and W & CH to the value of 803K. An additional 57k investment would ensure that all maternity leave is centrally covered.

All CIP's shown on TPRS are included within the attached spreadsheet, however there may be additional schemes currently being valued which are not reflected.

The "normalised" outturn assumes that the Gynae Oncology services ceases. However this has been left within the budget in costing, and is reflected in M10 actuals at a high level because of current bank and agency usage due to staff attrition.

Evaluation:

The changes identified within this report will be subject to a 6 month evaluation (report to Trust Board October 18). The Board are asked to agree the following metrics against which any deterioration should provoke reconsideration of changes made:

- An increase in rolling 6 month sickness average sustained at greater than 0.5%
- Deterioration in staff / patient experience surveys and /or complaints.
- Significant increase in the demand for temporary staff
- An increase in the number of falls and pressure ulcers
- A deterioration in audit results pertaining to medicines safety
- A sustained deterioration in safety plan compliance.
- Reduction in Mandatory training and PDR compliance.
- Care hours per patient day (CHPPD), are now recognised as a more useful metric for allowing peer comparison and includes all care staff (including therapy staff allocated to wards). Work will begin – reporting in October 18, to improve confidence in the use of CHPPD, considered alongside key quality metrics to assess impact on patient outcomes

Summary:

A recent review of ward staffing has demonstrated that the majority of areas across our sites meet the staffing requirements of our patient cohort. However, the results of the acuity review and subsequent professional discussions demonstrated opportunity in a number of areas, for safely reducing pay spend this is largely achieved by application of a site based cluster working model. This paper demonstrates that there is minimal impact upon nurse patient ratios but suggests a quality impact review in October 2018. There will also be a piece of work required to ensure this work is triangulated with the work ongoing in relation to Pay cost improvement schemes, led by HR. The triangulation is required to ensure there is no double count of opportunity. This risk is

driven by the assumptions within this piece of work that sickness targets are met at 3%, rostering is managed effectively, and no temporary staffing over and above allowance is required.

	CC			name	BED PLAN			BUDGETED BEDS			M10*12	Normalised Outturn (basis for 18/19 budget setting)	Costing						Ratios: Direct Care Only		Ratios: Including Supernumerary Staff		Budget Reduction/(Increase)		Difference from Proposed Budget Settting Values	Difference from M10*12	
					Summer	Winter	Max	Weekday	Weekend	Trollies/Chairs	£	£	WTE (M10)	Annual Budget at £ M10	£ (Rollover)	Diff	WTE	£	Nurse patient ratio	Q	UQ	Q	UQ	WTE	£	£	£	Notes as to Changes
Medicine & Emergency Care	CCCU	D05	C	D5 - Cardiology (Female)	12	12	17	32	32	0	3,095,092	2,441,347	73.32	3,061,525	3,034,705	-26,820	70.98	3,000,608	1:3 D. 1:4 N	88.81%	11.19%	89.44%	10.56%	2.34	34,097	-559,261	94,483	No changes
Medicine & Emergency Care	CD7	D07	C	D7 - Cardiology (Male)	20	20	20	0	0	0	0	0	0.00	0	0	0			1:3 D. 1:4 N					0	0	0	0	
Medicine & Emergency Care	CCDU	D11	C	D11 - Male Older Adult	20	20	21	20	20	0	1,143,181	1,151,875	26.02	1,002,321	1,002,321	0	25.63	953,216	1:6.6 D. 1:10 N* (1:8 cluste	55.32%	44.68%	57.06%	42.94%	0.39	49,105	198,659	189,965	Done Changes. Changed nights to 2 & 2 from 3&1
Medicine & Emergency Care	CD15	D15	C	D15 - Gastro/Resp/Haem (Male)	15	15	22	30	30	0	2,037,760	1,548,917	46.76	1,677,820	1,677,820	0	41.02	1,514,475	1:6 D. 1:8 N	59.72%	40.28%	60.71%	39.29%	5.74	163,345	34,442	523,286	Done changes 1 HCA per ward per night not 2
Medicine & Emergency Care	CD16	D16	C	D16 - (Female)	13	13	21	0	0	0	9,390	-5,850	0.00	0	0	0	0.00	0	1:6 D. 1:8 N					0	0	-5,850	9,390	
Medicine & Emergency Care	CD26	D26	C	D26 - Female Older Adult	20	20	21	20	20	0	1,089,266	1,159,747	26.02	940,937	940,937	0	25.65	927,108	1:8* (See * above)	65.72%	34.28%	67.06%	32.94%	0.37	13,829	232,639	162,158	Feedback from GDON awaited
Medicine & Emergency Care	CD41	AM2	C	AMU 2 & West Midlands Poisons Unit - City	19	19	19	19	19	0	1,226,646	1,078,410	32.40	1,220,686	1,220,686	0	31.81	1,199,209	2	83.40%	16.60%	83.92%	16.08%	0.59	21,477	-120,799	27,438	No changes
Medicine & Emergency Care	CMAU	AM1	C	AMU 1 - City	32	32	32	28	28	0	2,434,745	2,574,644	63.85	2,406,727	2,406,727	0	70.67	2,556,766	4	74.83%	25.17%	75.23%	24.77%	-6.82	-150,039	17,878	-122,022	No changes
Medicine & Emergency Care	SEAU	AMA	S	AMU A - Sandwell	42	42	42	42	42		3,283,056	3,602,509	75.60	2,704,819	2,792,081	87,262	74.84	2,673,660	4	71.53%	28.47%	71.92%	28.08%	0.76	118,421	928,849	609,396	No changes
Medicine & Emergency Care	SLY4	EC1	S	Lyndon 4	26	31	34	34	34		1,823,716	1,874,745	44.40	1,556,693	1,556,693	0	43.80	1,534,767	1:6.6 summer. 1:7.7 Winter	58.59%	41.41%	59.58%	40.42%	0.60	21,926	339,979	288,950	Need to do Winter/Summer
Medicine & Emergency Care	SLY5	LY5	S	Lyndon 5 - Acute Medicine	26	31	33	24	24		1,805,206	73,347	40.19	1,362,655	1,362,655	0	38.45	1,305,377	1:6.6 summer. 1:7.7 Winter	56.96%	43.04%	58.08%	41.92%	1.74	57,278	-1,232,030	499,830	Need to do Winter/Summer
Medicine & Emergency Care	SNT1	OPU	S	Older Persons Assessment Unit (OPAU) - Sandwell	20	20	20	20	20		1,152,014	1,233,991	34.79	1,108,572	1,192,345	83,773	34.33	1,093,309	5	53.96%	46.04%	55.31%	44.69%	0.46	99,036	140,682	58,705	No changes
Medicine & Emergency Care	SNT4	NT4	S	Newton 4 - Stroke and Neurology Rehab	21	23	28	28	28		1,566,911	1,460,416	39.04	1,334,243	1,334,203	-40	33.32	1,147,586	7	50.12%	49.88%	51.62%	48.38%	5.72	186,617	312,830	419,325	Changed for 21 beds. 1 qualified of each shift
Medicine & Emergency Care	SNT5	ONN	S	Newton 5 - Haematology	8	8	14	15	15		918,509	803,142	21.07	789,337	789,337	0	14.90	625,957	1:8 day. 1:4 Night	82.21%	17.79%	87.74%	12.26%	6.17	163,380	177,184	292,552	Changed. 1Q on day shift during week, need to review working patterns with Day Unit Staff. No HCAs at night
Medicine & Emergency Care	SPR4	PR4	S	Priory 4 - Stroke/Neurology	21	24	26	25	25		2,356,303	1,882,546	56.07	2,053,992	2,053,992	0	55.39	2,029,538	5	66.77%	33.23%	70.90%	29.10%	0.68	24,454	-146,991	326,765	Changed. 3! 4UQ day and nights
Medicine & Emergency Care	SPR5	PR5	S	Priory 5 - Gastro/Resp	28	32	32	34	34		1,780,885	2,005,334	40.46	1,477,186	1,477,186	0	48.74	1,837,114	1:6 day. 1:8 Night	71.59%	28.41%	72.18%	27.82%	-8.28	-359,928	168,220	-56,230	
Medicine & Emergency Care		WWB		WWB				0	0	0	1,238,724	2,833,313	0.00	2,348	2,348	0									2,348	2,833,313	1,238,724	
Medicine & Emergency Care		**HIT**		**Hit Team/Focussed Care - Centralised Budgets**							659,227	**403,000**			**1,409,000**		40.21	1,079,242								**329,758**	-676,242	-420,014	
PCCT		MF2	C	D43	27	27	27	27	27	0	1,348,538	1,346,694	38.31	1,247,570	1,241,297	-6,273	36.88	1,204,575	1:7 day. 1:8 Night	50.12%	49.88%	51.47%	48.53%	1.43	36,722	142,119	143,963	No change: awaiting options paper
PCCT		ICS	C	D47	20	20	20	20	20	0	969,303	907,595	29.09	943,880	943,881	1	25.25	809,999	0	42.37%	57.63%	44.66%	55.34%	3.84	133,882	97,596	159,303	Changed. 2 qualified on each shift
PCCT		ICL	R	Leasowes	20	20	20	20	20	0	1,045,431	1,128,208	29.18	961,498	961,498	0	28.70	945,937	1:8day. 1:10 Night	48.40%	51.60%	50.19%	49.81%	0.48	15,561	182,271	99,494	No change
PCCT		MF1	R	Eliza Tinsley	24	24	24	24	24	0	1,142,454	1,251,213	32.27	1,026,830	1,026,830	0	31.73	976,039	1:8 day. 1:10 Night	33.44%	66.56%	35.54%	64.46%	0.54	50,791	275,174	166,415	Changed: 2 Q day shift 5 UQ. Note concerns of GDON
PCCT		RRA	R	Henderson	24	24	24	24	24	0	1,204,317	1,280,193	33.48	1,087,234	1,093,507	6,273	32.94	1,069,641	1:8 day. 1:10 Night	40.22%	59.78%	42.04%	57.96%	0.54	23,866	210,552	134,676	No change: awaiting options paper
PCCT		ICM	R	McCarthy	24	24	24	24	24	0	1,099,778	1,112,108	32.84	1,074,761	1,074,761	0	32.29	1,023,734	1:8 day. 1:10 Night	33.56%	66.44%	35.62%	64.38%	0.55	51,027	88,373	76,044	Changed: 2 Q day shift 5 UQ. Note concerns of GDON
Surgical Services	CD21	D21	C	D21 - Male Urology / ENT	18	18	23	18	18	2	775,180	804,689	23.40	803,416	803,416	0	24.07	819,011	1:6 day. 1:9 Night*	55.67%	44.33%	55.67%	44.33%	-0.67	-15,595	-14,321	-43,830	
Surgical Services	CD25A	D25	C	D25 - FSW	16	16	20	16	14	1	805,397	897,339	23.16	863,555	818,285	-45,270	22.50	805,326	8	50.12%	49.88%	52.44%	47.56%	0.66	12,959	92,014	71	Changed to 2&2
Surgical Services	SLY2	LY2	S	Lyndon 2 - Surgery	24	24	30	24	21	0	1,127,539	1,185,387	30.97	1,101,150	1,101,150	0	31.54	1,139,796	1:6 day. 1:8 Night	58.39%	41.61%	59.75%	40.25%	-0.57	-38,646	45,591	-12,257	
Surgical Services	SLY3	LY3	S	Lyndon 3 - T&O/Stepdown	27	27	33	33	33	0	1,481,985	1,617,820	37.36	1,419,789	1,308,242	-111,547	38.87	1,294,489	8	42.97%	57.03%	44.52%	55.48%	-1.51	13,753	323,331	187,496	Changed to 3&4
Surgical Services	SNT3	NT3	S	Newton 3 - T&O	29	29	33	33	33	0	1,450,516	1,560,114	37.36	1,469,093	1,339,412	-129,681	46.58	1,656,758	1:6 day. 1:7 Night	53.06%	46.94%	54.11%	45.89%	-9.22	-317,346	-96,644	-206,242	Changed to 5&4 and 4&4
Surgical Services	SPR2	PR2	S	Priory 2 - Colorectal/General Surgery	24	24	28	24	24	0	1,580,803	1,319,787	40.45	1,292,861	1,420,768	127,907	40.46	1,283,778	1:5 day. 1:6 Night	60.11%	39.89%	61.13%	38.87%	-0.01	136,990	36,009	297,025	No changes, review once L1 embedded
Surgical Services	SSAU	SSA	S	SAU - Sandwell	18	18	18	18	18	6	1,314,025	1,291,644	32.30	1,218,928	1,218,928	0	30.22	1,128,922	5	72.82%	27.18%	73.75%	26.25%	2.08	90,006	162,723	185,103	Changed 4&2 on a day shift
Women's & Child Health	CD19		C	D19 - Paediatric Medicine	11	11	11					120,000	0.00	0	0	0	0.00	120,000	work flexibly across sites to meet service need					0.00	-120,000	0	-120,000	
Women's & Child Health	CFSW	GCW	C	D27 - City (now D17)	16	16	16				1,145,862	338,844	26.59	863,312	836,150	-27,162	26.59	836,150						0.00	0	-497,306	309,712	Put this back in at full cost (need to agree Gynae-Oncology)
Women's & Child Health	SLY1	LY1	S	Lyndon 1 - Paediatrics	16	22	18				1,116,286	953,354	28.43	968,737	968,737	0	28.43	968,737						0.00	0	-15,383	147,549	
Women's & Child Health	SLYG	LYG	S	Lyndon Ground - PAU/Adolescents	17	17	14				1,537,301	1,299,904	32.88	1,190,755	1,190,755	0	32.88	1,299,904						0.00	-109,149	0	237,396	
BAND 7 WEEKEND AND BANK HOLIDAY COSTING				4 Swell 2 City 1 Sheldon 1 Rowley														190,000						0.00	-190,000	-190,000	-190,000	Have assumed that this is all supernumerary so no offset? If offset, then £91k.
					698	**723**	**785**	**676**	**671**		**46,765,346**	**44,536,327**	**1,128.06**	**40,233,230**	**41,600,653**	**-41,577**	**1,159.68**	**41,050,727**						**9**	**549,926**	**3,485,599**	**5,714,619**	

	Surgical Services	8,676,781	152.25	8,010,201	234.25	8,128,079	-6%	-9.25	-117,878	548,702	407,367
	Medicine & Emergency Care	26,121,433	619.99	24,253,036	649.74	23,477,932	2%	10.46	775,104	2,643,501	4,142,700
	Women's & Child Health	2,712,103	88	2,995,642	87.90	3,224,791		0.00	-229,149	-512,689	574,657
	PCCT	7,026,010	195.17	6,341,774	187.79	6,029,924	4%	7.38	311,850	996,086	779,895
	BAND 7 WEEKEND AND BANK HOLIDAY COSTING	0	0.00	0	0.00	190,000		0.00	-190,000	-190,000	-190,000
		44,536,327	**1,055.31**	**41,600,653**	**1,159.68**	**41,050,727**		**8.59**	**549,926**	**3,485,599**	**5,714,619**

Clinical Group | Corporate Directorate	Project Code	CIP+ project	Directorate	Sub Directorate	Project Type	Financial Year	Project Description	Ward Review Offset	WTE Estimate	WTE Planned	WTE Actuals	Status	Gateway	Rag Rating	Finance Status	PART YEAR EFFECT £ Total	FULL YEAR EFFECT £ Total	Forecast Risk	CHANGE Category (Pre 2018-2019)	WORKSTREAM
Medicine and Emergency Care	+ME880	YES	-- ALL --	-- ALL --	TSP	2018-2019	Nursing Staffing and Rostering Efficiencies incl. Annual Leave Mgt/Sickness reduction/mid point to baseline NR Pay bill saving	Y	0	0	0	NEW IDEA	0	AmberRed	NOT Signed-Off	915,533	1,048,358	NO Risk	Workforce	Pay
Primary Care,Community and Therapies	+CT572	YES	Primary Care,Community and Therapies	Performance and Insight	TSP	2018-2019	Reduce medically fit for discharge inpatient capacity	Y	29.29	0	0	NEW IDEA	0	RED	NOT Signed-Off	237,750	317,000	NO Risk	Beds	Not Recorded
Primary Care,Community and Therapies	CT581	NO	-- ALL --	-- ALL --	TSP	2018-2019	Review Rowley Rehab Centre Establishment	Y	1	0	0	NEW IDEA	0	RED	NOT Signed-Off	45,000	45,000	NO Risk	Workforce	Not Recorded
Primary Care,Community and Therapies	CT584	NO	-- ALL --	-- ALL --	TSP	2018-2019	Efficiencies due to improved A/L management		0	0	0	NEW IDEA	0	RED	NOT Signed-Off	0	181242	NO Risk		Pay
Primary Care,Community and Therapies	CT585	NO	-- ALL --	-- ALL --	TSP	2018-2019	Reduction in Bank and Agency rate in relation to improved sickness monitoring		0	0	0	NEW IDEA	0	RED	NOT Signed-Off	0	59298	NO Risk		Pay
Surgical Services	+SA781	YES	-- ALL --	-- ALL --	TSP	2018-2019	23 Hour Wards	Y	0	0	0	IN DEVELOPMENT	1	AmberGreen	NOT Signed-Off	400,000	400,000	NO Risk	Workforce	Pay
Surgical Services	SA789	NO	-- ALL --	-- ALL --	TSP	2018-2019	HCA rates in bank	Y	0	0	0	NEW IDEA	0	AmberGreen	NOT Signed-Off	150,000	150,000	NO Risk	Workforce	Pay

CENSUS_DTTM	SignedOffBy	code	name	total_av	total_oc	funded beds	funded summer bed base (Q2 and Q3)	funded winter bed base (Q4 and Q1)	maximum total number of beds open ie funded and unfunded beds open and available with approval from COO	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CCCU	D5 - Cardiology (Female)	12	11	12	12	12	17	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CCDU	D11 - Male Older Adult	20	20	20	20	20	21	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD15	D15 - Gastro/Resp/Haem (Male)	15	15	15	15	15	22	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD16	D16 - (Female)	15	15	16	13	13	21	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD19	D19 - Paediatric Medicine	11	11	11	11	11	11	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD21	D21 - Male Urology / ENT	21	21	18	18	18	23	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD25A	D25 - FSW	17	16	16	16	16	20	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD26	D26 - Female Older Adult	20	19	20	20	20	21	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD41	AMU 2 & West Midlands Poisons Unit - City	19	19	19	19	19	19	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CD7	D7 - Cardiology (Male)	20	19	20	20	20	20	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CFSW	Female Surgical Ward - City (now D27)	16	13	16	16	16	16	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	CMAU	AMU 1 - City	32	31	32	32	32	32	
05/02/2018 07:59		CEYEIP	Ophthalmic Unit - City				12	12	12	
05/02/2018 07:59		CCCS	CCS - Critical Care Services - City				9	9	9	
05/02/2018 07:59		CNNU	Neonatal Unit - City				29	29	29	
05/02/2018 07:59		CD43	D43 - Community RTG				24	24	27	
05/02/2018 07:59		CD47	D47 - City				20	20	20	
05/02/2018 07:59		CSBC	Serenity Birth Centre - City				5	5	8	
05/02/2018 07:59		CM1A	M1 - Antenatal - City				16	16	16	
05/02/2018 07:59		CM1P	M1 - Postnatal - City				5	5	5	
05/02/2018 07:59		CM2P	M2 - Postnatal - City				21	21	25	
CITY TOTAL				**218**	**210**	**215**	**353**	**353**	**394**	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SEAU	AMU A - Sandwell	42	42	42	42	42	42	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SLY1	Lyndon 1 - Paediatrics	18	8	18	16	22	18	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SLY2	Lyndon 2 - Surgery	24	24	24	24	24	30	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SLY3	Lyndon 3 - T&O/Stepdown	28	23	28	27	27	33	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SLY4	Lyndon 4	34	32	34	26	31	34	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SLY5	Lyndon 5 - Acute Medicine	24	24	24	26	31	33	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SLYG	Lyndon Ground - PAU/Adolescents	14	9	14	17	17	14	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SNT1	Older Persons Assessment Unit (OPAU) - Sandwell	20	19	20	20	20	20	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SNT3	Newton 3 - T&O	27	26	27	29	29	33	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SNT4	Newton 4 - Stroke and Neurology Rehab	28	28	28	21	23	28	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SNT5	Newton 5 - Haematology	18	13	14	8	8	14	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SPR2	Priory 2 - Colorectal/General Surgery	25	25	24	24	24	28	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SPR4	Priory 4 - Stroke/Neurology	26	24	25	21	24	26	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SPR5	Priory 5 - Gastro/Resp	32	32	32	28	32	32	
05/02/2018 07:59	CHTBHAM\Amandeep.Tung	SSAU	SAU - Sandwell	20	18	18	18	18	18	
05/02/2018 07:59		SSDU	SDU				0	0	0	
05/02/2018 07:59		SCRITC	Critical Care - Sandwell				10	10	10	
SANDWELL TOTAL				**380**	**347**	**372**	**357**	**382**	**413**	
05/02/2018 07:59		RETIN	Eliza Tinsley Ward - Community RTG				24	24	24	
05/02/2018 07:59		RHEND	Henderson				24	24	24	
05/02/2018 07:59		RMCCA	McCarthy - Rowley				24	24	24	
RRH TOTAL				**648**	**597**	**632**	**72**	**72**	**72**	
			Halcyon Birth Centre				**3**	**3**	**3**	
05/02/2018 07:59		LEAS	Leasowes				20	20	20	
Leasowes TOTAL				**590**	**541**	**574**	**23**	**23**	**23**	

Short CC D05

Ward:	CCU/D5/D7/Cath Lab/MDU/Outreach

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
D5									
Long day (07:30-20:00):Mon-Fri	5	11.50		4	230.00	1	57.50	5	287.50
Long day (07:30-20:00):Sat	1	11.50		4	46.00	1	11.50	5	57.50
Long day (07:30-20:00):Sun	1	11.50		4	46.00	1	11.50	5	57.50
								0	0.00
Early (07:30-15:00):Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Early (07:30-15:00):Sat	1	7.50		0	0.00	0	0.00	0	0.00
Early (07:30-15:00):Sun	1	7.50		0	0.00	0	0.00	0	0.00
								0	0.00
Lates (14:00-22:00): Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Lates (14:00-22:00): Sat	1	7.50		0	0.00	0	0.00	0	0.00
Lates (14:00-22:00): Sun	1	7.50		0	0.00	0	0.00	0	0.00
								0	0.00
Long Night (20:00-07:30):Mon-Fri	5	11.50		3	172.50	0	0.00	3	172.50
Long Night (20:00-07:30):Sat	1	11.50		3	34.50	0	0.00	3	34.50
Long Night (20:00-07:30):Sun	1	11.50		3	34.50	0	0.00	3	34.50
D7								0	0.00
Long day (07:30-20:00):Mon-Fri	5	11.50		6	345.00	1	57.50	7	402.50
Long day (07:30-20:00):Sat	1	11.50		6	69.00	1	11.50	7	80.50
Long day (07:30-20:00):Sun	1	11.50		6	69.00	1	11.50	7	80.50
								0	0.00
Early (07:30-15:00):Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Early (07:30-15:00):Sat	1	7.50		0	0.00	0	0.00	0	0.00
Early (07:30-15:00):Sun	1	7.50		0	0.00	0	0.00	0	0.00
								0	0.00
Lates (14:00-22:00): Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Lates (14:00-22:00): Sat	1	7.50		0	0.00	0	0.00	0	0.00
Lates (14:00-22:00): Sun	1	7.50		0	0.00	0	0.00	0	0.00
								0	0.00
Long Night (20:00-07:30):Mon-Fri	5	11.50		5	287.50	0	0.00	5	287.50
Long Night (20:00-07:30):Sat	1	11.50		5	57.50	0	0.00	5	57.50
Long Night (20:00-07:30):Sun	1	11.50		5	57.50	0	0.00	5	57.50
Cath Lab								0	0.00
Cath Lab No 1 (08:30-17:30):Mon-Fri	5	10.50		2	105.00	0	0.00	2	105.00
Cath Lab No 2 (07:30-18:30): Mon-Fri	5	8.50		2	85.00	0	0.00	2	85.00
Cath Lab band 5 nurse (10:00-16:00): Mon-Fr	5	6.00		0	0.00	0	0.00	0	0.00
Cath Lab float nurse (08:30-20:30): Mon-Fri	5	11.50		0	0.00	0	0.00	0	0.00
Cath Lab HCA support (09:00-17:00): Mon-Fr	5	7.50		0	0.00	1	37.50	1	37.50
Cath Lab Extended (07:30-14:00): Sat	1	6.00		2	12.00	0	0.00	2	12.00
Cath Lab Coordinator	5	7.50		1	37.50	0	0.00	1	37.50
Medical Daycase Unit								0	0.00
Recovery Nurses (08.00-20.00) MDU	5	11.50		2	115.00	0	0.00	2	115.00
Recovery Nurses (09.00-17.00) MDU	5	7.50		0	0.00	1	37.50	1	37.50
TOE cover								0	0.00
2 clinics per week	2	4.00		1	8.00	0	0.00	1	8.00
Sandwell outreach nurse								0	0.00
Long day (07:30-15:30):Mon-Fri	5	7.50		1	37.50	0	0.00	1	37.50
Long day (07:30-15:30):Sat	1	7.50		1	7.50	0	0.00	1	7.50
Long day (07:30-15:30):Sun	1	7.50		1	7.50	0	0.00	1	7.50
					1864.00		236.00		2100.00

WTEs	**49.71**		**6.29**		**56.00**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**9.78**		**1.20**		**10.98**
Total Nursing WTEs	**59.49**	**88.8%**	**7.50**	**11.2%**	**66.98**

			IN POST WTE	IN POST WTE	IN POST Cost	VACANCY WTE	VACANCY Cost	TOTAL WTE	TOTAL Cost	Difference from Budget WTE	Ave Cost Orginal	Average Cost Revised	Difference
D05523207		Band 7	4.00	3.00	149,361	1.00	49,787	4.00	199,739	-1.00	49787.02	49934.75	-147.727
D05523206		Band 6	19.52	13.45	630,723	6.07	284,646	19.52	915,369	0.00	46893.9	46893.9	5.15E-06
D05523205		Band 5	39.97	31.57	1,349,080	8.40	358,912	39.97	1,708,085	-0.15	42732.99	42735.32	-2.3328
D05525004		Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D05525003		Band 3	1.77	0.00	0	1.77	43,741	1.77	43,741	0.00	24712.43	24712.43	0
D05525002		Band 2	5.73	7.69	179,521	-1.96	-45,849	5.73	133,674	-1.18	296,763	23344.8	23345.15	-0.35675
D05525009		Apprentice	0.00	0.00	0	0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!
Oualified Agency Mark Up														
Unqualified Agency Mark Up														
			70.98	**55.71**	**2,308,686**	**15.27**	**691,236**	**70.98**	**3,000,608**	**-2.34**				
								63.49						
D05523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				0.89						
D05523205	Nursing & Midwifery Qual - Band 5	523205	40.12	#######	6,456	0.003779468								
D05523206	Nursing & Midwifery Qual - Band 6	523206	19.52	915,369	0	0								
D05523207	Nursing & Midwifery Qual - Band 7	523207	4.00	199,739	0	0								
D05523208	N & M Qual - Band 8a	523208	0.00	0										
D05523209	N & M Qual - Band 8b	523209	0.00	0										
D05523210	N & M Qual - Band 8c	523210	0.00	0										
D05523211	N & M Qual - Band 8d	523211	0.00	0										
D05525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
D05525002	Nursing & Midwifery Unqual - Band 2	525002	6.91	161,315	27,641	0.2068	1.547E-06							
D05525003	Nursing & Midwifery Unqual - Band 3	525003	1.77	43,741										
D05525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0										
D05525009		525009	0.00	0										
			72.32											

Short CC D11

Ward:	D11

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50
								0	0.00
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00
								0	0.00
Lates (14:00-22:00): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Lates (14:00-22:00): Sat	1	7.50		1	7.50	1	7.50	2	15.00
Lates (14:00-22:00): Sun	1	7.50		1	7.50	1	7.50	2	15.00
								0	0.00
Long Night (19:30-07:30):Mon-Fri	5	11.50		2	115.00	2	115.00	4	230.00
Long Night (19:30-07:30):Sat	1	11.50		2	23.00	2	23.00	4	46.00
Long Night (19:30-07:30):Sun	1	11.50		2	23.00	2	23.00	4	46.00
								0	0.00
								0	0.00
								0	0.00
								0	0.00
								0	0.00
								0	0.00
								0	0.00
					427.00		346.50		773.50

WTEs	**11.39**		**9.24**		**20.63**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**2.24**		**1.77**		**4.01**
Total Nursing WTEs	**13.63**	**55.3%**	**11.01**	**44.7%**	**24.63**

				IN POST		VACANCY		TOTAL		Difference from Budget		Average Cost	
				WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE	Ave Cost Orginal	Revised	Difference
D11523207			Band 7	1.00	1.00	53,073	0.00		1.00	53,111	0.00	53073	53111	-38
D11523206			Band 6	2.00	2.00	94,554	0.00	0	2.00	94,554	0.00	47277	47277	-7.6E-06
D11523205			Band 5	11.63	9.22	386,394	2.41	100,897	11.63	487,313	-2.88	41908.24	41910.2	-1.96271
D11525004			Band 4	0.69	0.69	21,685	0.00	0	0.69	21,685	0.00	31427.54	31427.54	0
D11525003			Band 3	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D11525002			Band 2	10.32	10.20	293,225	0.12	3,328	10.32	296,553	2.50	133,884 28747.53	28747.53	0
D11525009			Apprentice	0.00	0.00	0	0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				25.63	**23.11**	**848,931**	**2.52**	**104,225**	**25.63**	**953,216**	**-0.39**			
									14.63					
D11523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.57					
D11523205	Nursing & Midwifery Qual - Band 5	523205	14.51	608,117	120,804	0.247896951		41910.2						
D11523206	Nursing & Midwifery Qual - Band 6	523206	2.00	94,554	0	0								
D11523207	Nursing & Midwifery Qual - Band 7	523207	1.00	53,111	0	0								
D11523208	N & M Qual - Band 8a	523208	0.00	0										
D11523209	N & M Qual - Band 8b	523209	0.00	0										
D11523210	N & M Qual - Band 8c	523210	0.00	0										
D11523211	N & M Qual - Band 8d	523211	0.00	0										
D11525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
D11525002	Nursing & Midwifery Unqual - Band 2	525002	7.82	224,854	-71,699	-0.2418	-8.15E-07							
D11525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0										
D11525004	Nursing & Midwifery Unqual - Band 4	525004	0.69	21,685	0	-6.73277E-11								
D11525009		525009	0.00	0										
			26.02	**1,002,321.00**										

Short CC D15

Ward:	D15/D16

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
Long day (07:00-19:30):Sat	1	11.50		4	46.00	3	34.50	7	80.50
Long day (07:00-19:30):Sun	1	11.50		4	46.00	3	34.50	7	80.50
								0	0.00
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00
								0	0.00
Lates (14:00-22:00): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Lates (14:00-22:00): Sat	1	7.50		1	7.50	1	7.50	2	15.00
Lates (14:00-22:00): Sun	1	7.50		1	7.50	1	7.50	2	15.00
								0	0.00
Long Night (19:30-07:30):Mon-Fri	5	11.50		4	230.00	2	115.00	6	345.00
Long Night (19:30-07:30):Sat	1	11.50		4	46.00	2	23.00	6	69.00
Long Night (19:30-07:30):Sun	1	11.50		4	46.00	2	23.00	6	69.00
					749.00		507.50		1256.50

WTEs	**19.97**		**13.53**		**33.51**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**3.93**		**2.59**		**6.52**
Total Nursing WTEs	**23.90**	**59.7%**	**16.12**	**40.3%**	**40.02**

			IN POST		VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
			WTE	Cost	WTE	Cost	WTE	Cost	WTE			
D15523207		Band 7	2.00	111,486	0.00		2.00	111,486	0.00	55742.96	55743	-0.03954
D15523206		Band 6	4.00	94,834	2.20	115,908	4.00	210,742	0.00	52685.33	52685.5	-0.16912
D15523205		Band 5	18.90	406,794	8.65	343,457	18.90	750,173	-0.47	39687.25	39683.12	4.127776
D15525004		Band 4	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D15525003		Band 3	0.00	31,832	-1.00	-31,832	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D15525002		Band 2	16.12	247,344	7.10	194,682	16.12	442,074	-5.27	27421.7	27424.68	-2.98673
D15525009		Apprentice	0.00	1.00	6,242	-1.00	-6,242	0.00	0	#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up												
Unqualified Agency Mark Up												
			41.02	**25.07**	**898,531**	**15.95**	**615,973**	**41.02**	**1,514,475**	**-5.74**		
								24.90				
D15523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				0.61				
D15523205	Nursing & Midwifery Qual - Band 5	523205	19.37	768,662	18,489	0.024646242						
D15523206	Nursing & Midwifery Qual - Band 6	523206	4.00	210,742	0	0						
D15523207	Nursing & Midwifery Qual - Band 7	523207	2.00	111,486	0	0						
D15523208	N & M Qual - Band 8a	523208	0.00	0								
D15523209	N & M Qual - Band 8b	523209	0.00	0								
D15523210	N & M Qual - Band 8c	523210	0.00	0								
D15523211	N & M Qual - Band 8d	523211	0.00	0								
D15525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0								
D15525002	Nursing & Midwifery Unqual - Band 2	525002	21.39	586,614	144,540	0.3270	7.396E-07					
D15525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	316								
D15525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!						
D15525009		525009	0.00	0								
			46.76									

Ward:	D26

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours	
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50	
Long day (07:00-19:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50	
Long day (07:00-19:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50	
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00	
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00	
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00	
Lates (14:00-22:00): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00	
Lates (14:00-22:00): Sat	1	7.50		1	7.50	1	7.50	2	15.00	
Lates (14:00-22:00): Sun	1	7.50		1	7.50	1	7.50	2	15.00	
Long Night (19:30-07:30):Mon-Fri	5	11.50		3	172.50	1	57.50	4	230.00	may change
Long Night (19:30-07:30):Sat	1	11.50		3	34.50	1	11.50	4	46.00	may change
Long Night (19:30-07:30):Sun	1	11.50		3	34.50	1	11.50	4	46.00	may change
					507.50		266.00		773.50	

WTEs	**13.53**		**7.09**	**20.63**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**2.66**		**1.36**	**4.02**
Total Nursing WTEs	**16.20**	**65.7%**	**8.45**	**34.3%**	**24.65**

		IN POST		VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
		WTE	Cost	WTE	Cost	WTE	Cost	WTE			
D26523207	Band 7	1.00	56,032	0.00		1.00	55,011	0.00	56032	55011	1021
D26523206	Band 6	2.00	94,690	0.00	0	2.00	94,718	0.00	47344.75	47359	-14.25
D26523205	Band 5	14.20	527,025	0.73	28,432	14.20	555,580	-0.31	39125.82	39134.46	-8.63599
D26525004	Band 4	1.00	30,734	0.00	0	1.00	30,734	0.00	30733.7	30734	-0.2996
D26525003	Band 3	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D26525002	Band 2	7.45	184,882	0.24	6,125	7.45	191,065	-0.06	25642.49	25650.2	-7.70813
D26525009	Apprentice	0.00	0	0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up											
Unqualified Agency Mark Up											
		25.65	**893,362**	**0.97**	**34,558**	**25.65**	**927,108**	**-0.37**			
						17.20					

D26523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0			0.67
D26523205	Nursing & Midwifery Qual - Band 5	523205	14.51	567,841	12,261	0.022068989	
D26523206	Nursing & Midwifery Qual - Band 6	523206	2.00	94,718	0	0	
D26523207	Nursing & Midwifery Qual - Band 7	523207	1.00	55,011	0	0	
D26523208	N & M Qual - Band 8a	523208	0.00	0			
D26523209	N & M Qual - Band 8b	523209	0.00	0			
D26523210	N & M Qual - Band 8c	523210	0.00	0			
D26523211	N & M Qual - Band 8d	523211	0.00	0			
D26525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0			
D26525002	Nursing & Midwifery Unqual - Band 2	525002	7.51	192,633	1,568	0.0082	4.295E-08
D26525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0			
D26525004	Nursing & Midwifery Unqual - Band 4	525004	1.00	30,734	0	0	
D26525009		525009	0.00	0			
			26.02	940,937			

Ward:	AM2									
			Enhanced	Trained		Untrained		Total		
Shift Description*	No. Days	Hrs per Shift	Hrs per Shift	Head Count	Hours	Head Count	Hours	Head Count	Hours	
CO-ORDINATOR										
Long day (07:00-19:30):Mon-Fri	5	11.50		1	57.50	0	0.00	1	57.50	
Long day (07:00-19:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50	
Long day (07:00-19:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50	
CO-ORDINATOR										
Long Night (19:00-07:30):Mon-Fri	5	11.50		1	57.50	0	0.00	1	57.50	
Long Night (19:00-07:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50	
Long Night (19:00-07:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50	
Monitored Bays - 4 monitors 3:1 ratio										
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	0	0.00	2	115.00	
Long day (07:00-19:30):Sat	1	11.50		2	23.00	0	0.00	2	23.00	
Long day (07:00-19:30):Sun	1	11.50		2	23.00	0	0.00	2	23.00	
Monitored Bays - 4 monitors 3:1 ratio										
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	0	0.00	2	115.00	
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	0	0.00	2	23.00	
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	0	0.00	2	23.00	
AMU beds - 15 beds										
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50	
Long day (07:00-19:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50	
Long day (07:00-19:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50	
AMU beds - 15 beds										
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50	
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50	
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50	
					805.00		161.00		966.00	

WTEs	21.47		4.29		25.76
Relief at 19.68% and 19.11% A/L, Study, Sickness	4.22		0.82		5.05
Total Nursing WTEs	25.69	83.4%	5.11	16.6%	30.81

				IN POST		VACANCY		TOTAL		Difference from Budget				
				WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE		Ave Cost Orginal	Average Cost Revised	Differenc e
AM2523207			Band 7	1.00	2.00	91,475	-1.00	-45,737	1.00	45,736	1.00		45737.34	45736	1.341
AM2523206			Band 6	5.00	4.61	208,888	0.39	17,672	5.00	226,605	0.00		45311.95	45321	-9.046
AM2523205			Band 5	20.69	19.38	737,339	1.31	49,891	20.69	787,205	-0.50		38046.41	38045.21	1.197009
AM2525004			Band 4	0.00	2.00	58,580	-2.00	-58,580	0.00	0	0.00		#DIV/0!	#DIV/0!	#DIV/0!
AM2525003			Band 3	1.00	1.00	32,589	0.00	0	1.00	32,589	0.00		32589	32589	0
AM2525002			Band 2	4.11	3.92	103,473	0.19	5,115	4.11	107,074	-0.10	323,363	26396.13	26028.03	368.0995
AM2525009			Apprentice	0.00	0.00	0	0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up															
Unqualified Agency Mark Up															
				31.81	32.91	1,232,343	-1.10	-31,639	31.81	1,199,209	0.41				
									26.69						
AM2523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.84						
AM2523205	Nursing & Midwifery Qual - Band 5	523205	21.19	806,178	18,973	0.024101587									
AM2523206	Nursing & Midwifery Qual - Band 6	523206	5.00	226,605	0	0									
AM2523207	Nursing & Midwifery Qual - Band 7	523207	1.00	45,736	0	0									
AM2523208	N & M Qual - Band 8a	523208	0.00	0											
AM2523209	N & M Qual - Band 8b	523209	0.00	0											
AM2523210	N & M Qual - Band 8c	523210	0.00	0											
AM2523211	N & M Qual - Band 8d	523211	0.00	0											
AM2525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0											
AM2525002	Nursing & Midwifery Unqual - Band 2	525002	4.21	109,578	2,504	0.0234	2.184E-07								
AM2525003	Nursing & Midwifery Unqual - Band 3	525003	1.00	32,589											
AM2525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!									
AM2525009		525009	0.00	0											
			32.40												

Short CC AM1

Ward:	AM1

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
CO-ORDINATOR									
Long day (09:00-17:00):Mon-Fri	5	11.50		1	57.50	0	0.00	1	57.50
Long day (07:00-19:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50
Long day (07:00-19:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50
CO-ORDINATOR									
Long Night (19:00-07:30):Mon-Fri	5	11.50		1	57.50	0	0.00	1	57.50
Long Night (19:00-07:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50
Long Night (19:00-07:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50
Monitored Bays - 6 monitors 2:1 ratio									
Long day (07:00-19:30):Mon-Fri	5	11.50		3	172.50	0	0.00	3	172.50
Long day (07:00-19:30):Sat	1	11.50		3	34.50	0	0.00	3	34.50
Long day (07:00-19:30):Sun	1	11.50		3	34.50	0	0.00	3	34.50
Monitored Bays - 6 monitors 2:1 ratio									
Long Night (19:00-07:30):Mon-Fri	5	11.50		3	172.50	0	0.00	3	172.50
Long Night (19:00-07:30):Sat	1	11.50		3	34.50	0	0.00	3	34.50
Long Night (19:00-07:30):Sun	1	11.50		3	34.50	0	0.00	3	34.50
AMU beds - 20 beds									
Long day (07:00-19:30):Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
Long day (07:00-19:30):Sat	1	11.50		4	46.00	3	34.50	7	80.50
Long day (07:00-19:30):Sun	1	11.50		4	46.00	3	34.50	7	80.50
ALL TEAMS NIGHTS									
Long Night (19:00-07:30):Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
Long Night (19:00-07:30):Sat	1	11.50		4	46.00	3	34.50	7	80.50
Long Night (19:00-07:30):Sun	1	11.50		4	46.00	3	34.50	7	80.50
AMA Development		Do not have roster details for this			141.00			0	141.00
								0	0.00
								0	0.00
					1429.00		483.00		1912.00

WTEs	**38.11**		**12.88**		**50.99**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**7.50**		**2.46**		**9.96**
Total Nursing WTEs	**45.61**	**74.8%**	**15.34**	**25.2%**	**60.95**
	41.11	**72.8%**	**15.34**	**27.2%**	**56.45**
	-4.50				

		IN POST		VACANCY		TOTAL			Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
		WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE			
AM1523207	Band 7	1.00	1.00	64,089	0.00	0	1.00	64,089	0.00	64089	64089	-0.00306
AM1523206	Band 6	14.68	11.04	481,256	3.64	158,675	14.68	642,581	0.00	43592	43772.55	-180.548
AM1523205	Band 5	30.93	25.96	1,175,897	4.97	224,945	30.93	1,210,481	-0.79	45296.48	39141.14	6155.335
AM1525004	Band 4	1.00	1.00	36,299	0.00	0	1.00	32,869	0.00	36299	32869	3430
AM1525003	Band 3	2.60	1.80	53,118	0.80	23,608	2.60	76,726	0.00	29509.99	29510	-0.00872
AM1525002	Band 2	11.74	10.94	321,948	0.80	23,583	11.74	318,803	-1.11	111,634 29428.47	27152.14	2276.334
AM1525009	Apprentice	0.00	0.00	0	0.00	0	0.00	0	-1.90	#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up												
Unqualified Agency Mark Up												
		61.95	**51.74**	**2,132,606**	**10.21**	**430,811**	**61.95**	**2,345,549**	**-1.90**			
							46.61					
							0.75	-61,178				

AM1523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				
AM1523205	Nursing & Midwifery Qual - Band 5	523205	31.72	1,241,557	31,076	0.025672244		
AM1523206	Nursing & Midwifery Qual - Band 6	523206	14.68	642,581	0	0		
AM1523207	Nursing & Midwifery Qual - Band 7	523207	1.00	64,089	0	0		
AM1523208	N & M Qual - Band 8a	523208	0.00	0				
AM1523209	N & M Qual - Band 8b	523209	0.00	0				
AM1523210	N & M Qual - Band 8c	523210	0.00	0				
AM1523211	N & M Qual - Band 8d	523211	0.00	0				
AM1525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0				
AM1525002	Nursing & Midwifery Unqual - Band 2	525002	12.85	348,905	30,102	0.0944	2.962E-07	
AM1525003	Nursing & Midwifery Unqual - Band 3	525003	2.60	76,726	0	0		
AM1525004	Nursing & Midwifery Unqual - Band 4	525004	1.00	32,869	0	0		
AM1525009		525009	0.00	0				
			63.85	2,406,727				

Short CC AMA

Ward:	AMU A									
			Enhanced	Trained		Untrained		Total	
Shift Description*	No. Days	Hrs per Shift	Hrs per Shift	Head Count	Hours	Head Count	Hours	Head Count	Hours
CO-ORDINATOR									
Long day (07:00-19:30):Mon-Fri	5	11.50		1	57.50	0	0.00	1	57.50
Long day (07:00-19:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50
Long day (07:00-19:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50
CO-ORDINATOR									
Long Night (19:00-07:30):Mon-Fri	5	11.50		1	57.50	0	0.00	1	57.50
Long Night (19:00-07:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50
Long Night (19:00-07:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50
Monitored Bays - 6 monitors 3:1 ratio									
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	0	0.00	2	115.00
Long day (07:00-19:30):Sat	1	11.50		2	23.00	0	0.00	2	23.00
Long day (07:00-19:30):Sun	1	11.50		2	23.00	0	0.00	2	23.00
Monitored Bays - 6 monitors 3:1 ratio									
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	0	0.00	2	115.00
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	0	0.00	2	23.00
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	0	0.00	2	23.00
AMU - 26 beds 6:1 ratio									
Long day (07:00-19:30):Mon-Fri	5	11.50		5	287.50	3	172.50	8	460.00
Long day (07:00-19:30):Sat	1	11.50		5	57.50	3	34.50	8	92.00
Long day (07:00-19:30):Sun	1	11.50		5	57.50	3	34.50	8	92.00
AMU - 26 beds 6:1 ratio									
Long Night (19:00-07:30):Mon-Fri	5	11.50		5	287.50	3	172.50	8	460.00
Long Night (19:00-07:30):Sat	1	11.50		5	57.50	3	34.50	8	92.00
Long Night (19:00-07:30):Sun	1	11.50		5	57.50	3	34.50	8	92.00
Additional Beds on Transfer									
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50
					1610.00		644.00		2254.00
									2254.00

WTEs	**42.93**		**17.17**		**60.11**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**8.45**		**3.28**		**11.73**
Total Nursing WTEs	**51.38**	**71.5%**	**20.46**	**28.5%**	**71.84**

			IN POST		VACANCY		TOTAL		Difference from Budget				
			WTE	Cost	WTE	Cost	WTE	Cost	WTE		Ave Cost Orginal	Average Cost Revised	Difference
AMA523207		Band 7	1.00	66,745	0.00		1.00	66,745	0.00		66,745.00	66745	0
AMA523206		Band 6	11.40	467,194	1.82	106,202	11.40	545,677	0.00	-453,456	50,297.89	47866.4	2431.491
AMA523205		Band 5	39.98	1,063,783	12.29	472,253	39.98	1,491,555	-1.00		38,417.60	37305.1	1112.496
AMA525004		Band 4	0.61	26,061	0.00	0	0.61	21,978	0.00		42,723.00	36029.51	6693.492
AMA525003		Band 3	3.07	90,417	0.03	0	3.07	103,752	0.00		29,451.73	33795.44	-4343.71
AMA525002		Band 2	16.78	346,078	3.71	98,108	16.78	431,469	0.24		-1,032 26,478.83	25720.74	758.088
AMA525009		Apprentice	2.00	12,483	0.00	0	2.00	12,483			6,241.50	6241.5	0
Qualified Agency Mark Up													
Unqualified Agency Mark Up													
			74.84	**56.99**	**2,072,761**	**17.85**	**676,563**	**74.84**	**2,673,660**	**-0.76**			
								52.38					
AMA523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				0.72					
AMA523205	Nursing & Midwifery Qual - Band 5	523205	40.98	1,528,763	37,208	0.02494551							
AMA523206	Nursing & Midwifery Qual - Band 6	523206	11.40	545,677	0	0							
AMA523207	Nursing & Midwifery Qual - Band 7	523207	1.00	66,745	0	0							
AMA523208	N & M Qual - Band 8a	523208	0.00	0									
AMA523209	N & M Qual - Band 8b	523209	0.00	0									
AMA523210	N & M Qual - Band 8c	523210	0.00	0									
AMA523211	N & M Qual - Band 8d	523211	0.00	0									
AMA525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0									
AMA525002	Nursing & Midwifery Unqual - Band 2	525002	16.54	425,421	-6,048	- 0.0140	-3.25E-08						
AMA525003	Nursing & Midwifery Unqual - Band 3	525003	3.07	103,752	0	-	0						
AMA525004	Nursing & Midwifery Unqual - Band 4	525004	0.61	21,978	0	0							
AMA525009		525009	2.00	12,483									
			75.60										

Short CC EC1

Ward:	Lyndon 4

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		4	230.00	2	115.00	6	345.00
Long day (07:00-19:30):Sat	1	11.50		4	46.00	2	23.00	6	69.00
Long day (07:00-19:30):Sun	1	11.50		4	46.00	2	23.00	6	69.00
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	2	75.00	3	112.50
Early (07:00-15:00):Sat	1	7.50		1	7.50	2	15.00	3	22.50
Early (07:00-15:00):Sun	1	7.50		1	7.50	2	15.00	3	22.50
Lates (11:30-19:30): Mon-Fri	5	7.50		1	37.50	2	75.00	3	112.50
Lates (11:30-19:30): Sat	1	7.50		1	7.50	2	15.00	3	22.50
Lates (11:30-19:30): Sun	1	7.50		1	7.50	2	15.00	3	22.50
Long Night (19:00-07:30):Mon-Fri	5	11.50		4	230.00	2	115.00	6	345.00
Long Night (19:00-07:30):Sat	1	11.50		4	46.00	2	23.00	6	69.00
Long Night (19:00-07:30):Sun	1	11.50		4	46.00	2	23.00	6	69.00
					749.00		532.00		1281.00

WTEs	**19.97**		**14.19**		**34.16**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**3.93**		**2.71**		**6.64**
Total Nursing WTEs	**23.90**	**58.6%**	**16.90**	**41.4%**	**40.80**

				IN POST			VACANCY		TOTAL		Difference from Budget			
				WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE	Ave Cost Orginal	Average Cost Revised	Difference
EC1523207			Band 7	1.00	1.00	54,222	0.00	0	1.00	54,223	0.00	54222.48	54223	-0.52015
EC1523206			Band 6	2.00	2.00	99,677	0.00	0	2.00	99,753	0.00	49838.48	49876.5	-38.022
EC1523205			Band 5	21.90	18.62	733,430	3.28	129,358	21.90	862,706	-0.47	39389.37	39385.61	3.762478
EC1525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
EC1525003			Band 3	2.00	2.00	61,202	0.00	0	2.00	61,200	0.00	30601.07	30600	1.071
EC1525002			Band 2	16.90	23.25	628,875	-6.35	-171,819	16.90	456,885	-0.13	27048.41	27038.23	10.18164
EC1525009			Apprentice	0.00	0.00	0	0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				43.80	**46.87**	**1,577,407**	**-3.07**	**-42,461**	**43.80**	**1,534,767**	**-0.60**			
									24.90					
EC1523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.60					
EC1523205	Nursing & Midwifery Qual - Band 5	523205	22.37	881,056	18,350	0.021270674								
EC1523206	Nursing & Midwifery Qual - Band 6	523206	2.00	99,753	0	0								
EC1523207	Nursing & Midwifery Qual - Band 7	523207	1.00	54,223	0	0								
EC1523208	N & M Qual - Band 8a	523208	0.00	0										
EC1523209	N & M Qual - Band 8b	523209	0.00	0										
EC1523210	N & M Qual - Band 8c	523210	0.00	0										
EC1523211	N & M Qual - Band 8d	523211	0.00	0										
EC1525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
EC1525002	Nursing & Midwifery Unqual - Band 2	525002	17.03	460,461	3,576	0.0078	1.713E-08							
EC1525003	Nursing & Midwifery Unqual - Band 3	525003	2.00	61,200	0	0								
EC1525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!								
EC1525009		525009	0.00	0										
			44.40	1556693										

Short CC LY5

Ward:	Lyndon 5

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		3	172.50	2	115.00	5	287.50
Long day (07:00-19:30):Sat	1	11.50		3	34.50	2	23.00	5	57.50
Long day (07:00-19:30):Sun	1	11.50		3	34.50	2	23.00	5	57.50
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00
Lates (11:30-19:30): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Lates (11:30-19:30): Sat	1	7.50		1	7.50	1	7.50	2	15.00
Lates (11:30-19:30): Sun	1	7.50		1	7.50	1	7.50	2	15.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
Long Night (19:00-07:30):Sat	1	11.50		4	46.00	3	34.50	7	80.50
Long Night (19:00-07:30):Sun	1	11.50		4	46.00	3	34.50	7	80.50
					668.50		507.50		1176.00

WTEs	**17.83**		**13.53**		**31.36**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**3.51**		**2.59**		**6.09**
Total Nursing WTEs	**21.33**	**57.0%**	**16.12**	**43.0%**	**37.45**

				IN POST		VACANCY		TOTAL		Difference from Budget			
				WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE	Ave Cost Orginal	Average Cost Revised	Difference
LY5523207			Band 7	1.00	2.00	91,564	-1.00	-45,782	1.00	45,782	1.00	45781.99	45782	-0.00535
LY5523206			Band 6	5.00	2.00	76,315	3.00	114,472	5.00	190,785	0.00	38157.25	38157	0.25106
LY5523205			Band 5	16.33	4.40	174,879	11.93	474,358	16.33	649,175	-0.42	39745.3	39741.49	3.805433
LY5525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
LY5525003			Band 3	1.00	1.00	32,589	0.00	0	1.00	22,367	0.00	32589	22367	10222
LY5525002			Band 2	15.12	10.00	262,743	5.12	134,513	15.12	397,267	-1.12	26274.27	26275.06	-0.78918
LY5525009			Apprentice	0.00	0.00	0	0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				38.45	**19.40**	**638,090**	**19.05**	**677,561**	**38.45**	**1,305,377**	**-0.54**			
									22.33					
LY5523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.58	-45,934				
LY5523205	Nursing & Midwifery Qual - Band 5	523205	16.75	665,670	16,495	0.025408417								
LY5523206	Nursing & Midwifery Qual - Band 6	523206	5.00	190,785	0	0								
LY5523207	Nursing & Midwifery Qual - Band 7	523207	1.00	45,782	0	0								
LY5523208	N & M Qual - Band 8a	523208	0.20	11,344										
LY5523209	N & M Qual - Band 8b	523209	0.00	0										
LY5523210	N & M Qual - Band 8c	523210	0.00	0										
LY5523211	N & M Qual - Band 8d	523211	0.00	0										
LY5525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
LY5525002	Nursing & Midwifery Unqual - Band 2	525002	16.24	426,707	29,440	0.0741	1.865E-07							
LY5525003	Nursing & Midwifery Unqual - Band 3	525003	1.00	22,367	0	0								
LY5525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!								
LY5525009		525009	0.00	0										
			40.19	1351311										

Short CC OPU

Ward:	OPAU

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
Long day (07:00-19:30):Sat	1	11.50		4	46.00	3	34.50	7	80.50
Long day (07:00-19:30):Sun	1	11.50		4	46.00	3	34.50	7	80.50
Early (07:00-15:00):Mon-Fri	5	7.50			0.00		0.00	0	0.00
Early (07:00-15:00):Sat	1	7.50			0.00		0.00	0	0.00
Early (07:00-15:00):Sun	1	7.50			0.00		0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50			0.00		0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50			0.00		0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50			0.00		0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		3	172.50	3	172.50	6	345.00
Long Night (19:00-07:30):Sat	1	11.50		3	34.50	3	34.50	6	69.00
Long Night (19:00-07:30):Sun	1	11.50		3	34.50	3	34.50	6	69.00
					563.50		483.00		1046.50

WTEs	**15.03**		**12.88**		**27.91**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**2.96**		**2.46**		**5.42**
Total Nursing WTEs	**17.98**	**54.0%**	**15.34**	**46.0%**	**33.33**

				IN POST			VACANCY		TOTAL			Difference from Budget				
				WTE	WTE	Cost	WTE	Cost	WTE	Cost		WTE		Ave Cost Orginal	Average Cost Revised	Difference
OPU523207			Band 7	1.00	0.00	0	1.00	45,782	1.00	38,151		0.00		45782	38151	7631
OPU523206			Band 6	2.00	3.61	134,971	-1.61	-42,750	2.00	93,410		0.00	-1,189	46110.5	46705	-594.5
OPU523205			Band 5	15.98	7.44	284,202	8.54	326,370	15.98	562,232	35174.832	0.35		38199.15	35174.83	3024.315
OPU525004			Band 4	0.00	0.00	0	0.00	0	0.00	0		0.00		#DIV/0!	#DIV/0!	#DIV/0!
OPU525003			Band 3	0.00	0.00	0	0.00	0	0.00	0		0.00		#DIV/0!	#DIV/0!	#DIV/0!
OPU525002			Band 2	15.34	9.00	250,642	6.34	176,602	15.34	399,517		0.12		27849.16	26041.79	1807.378
Qualified Agency Mark Up														#DIV/0!	#DIV/0!	#DIV/0!
Unqualified Agency Mark Up																
				34.33	**20.05**	**669,815**	**14.28**	**506,004**	**34.33**	**1,093,309**		**0.46**				
									18.98							
OPU523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.55							
OPU523205	Nursing & Midwifery Qual - Band 5	523205	16.33	574,405	480,995	5.149288085										
OPU523206	Nursing & Midwifery Qual - Band 6	523206	2.00	93,410	55,259	1.448428613										
OPU523207	Nursing & Midwifery Qual - Band 7	523207	1.00	38,151	#VALUE!	#VALUE!										
OPU523208	N & M Qual - Band 8a	523208	0.00	0												
OPU523209	N & M Qual - Band 8b	523209	0.00	0												
OPU523210	N & M Qual - Band 8c	523210	0.00	0												
OPU523211	N & M Qual - Band 8d	523211	0.00	0												
OPU525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0												
OPU525002	Nursing & Midwifery Unqual - Band 2	525002	15.46	402,606	402,606	#DIV/0!	#DIV/0!									
OPU525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0	0	#DIV/0!	#DIV/0!									
OPU525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	-562,232	-1										
			34.79	**1,108,572.00**												

Short CC NT4

Ward:	Newton 4								
			Enhanced	Trained		Untrained		Total	
Shift Description*	No. Days	Hrs per Shift	Hrs per Shift	Head Count	Hours	Head Count	Hours	Head Count	Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	2	115.00	4	230.00
Long day (07:00-19:30):Sat	1	11.50		2	23.00	2	23.00	4	46.00
Long day (07:00-19:30):Sun	1	11.50		2	23.00	2	23.00	4	46.00
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00
Lates (14:00-22:00): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Lates (14:00-22:00): Sat	1	7.50		1	7.50	1	7.50	2	15.00
Lates (14:00-22:00): Sun	1	7.50		1	7.50	1	7.50	2	15.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		3	172.50	3	172.50	6	345.00
Long Night (19:00-07:30):Sat	1	11.50		3	34.50	3	34.50	6	69.00
Long Night (19:00-07:30):Sun	1	11.50		3	34.50	3	34.50	6	69.00
					507.50		507.50		1015.00

WTEs	**13.53**		**13.53**		**27.07**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**2.66**		**2.59**		**5.25**
Total Nursing WTEs	**16.20**	**50.1%**	**16.12**	**49.9%**	**32.32**

				IN POST		VACANCY		TOTAL		Difference from Budget			
				WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE		Ave Cost Orginal	Average Cost Revised	Difference
NT4523207			Band 7	1.00	1.80	76,172	-0.80	-33,854	1.00	52,913	1.00		42317.76	52912.5	-10594.7
NT4523206			Band 6	1.48	1.00	35,688	0.48	17,130	1.48	71,415	0.00		35687.58	48253.38	-12565.8
NT4523205			Band 5	14.72	14.90	574,175	-0.18	-7,064	14.72	563,077	-5.17		38535.22	38261.14	274.0799
NT4525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00		#DIV/0!	#DIV/0!	#DIV/0!
NT4525003			Band 3	2.52	0.80	22,839	1.72	49,104	2.52	71,941	0.00		28549.07	28548.02	1.057027
NT4525002			Band 2	13.60	13.21	373,143	0.39	11,004	13.60	388,240	-0.75	42,197	28247	28548.02	-301.017
NT4525009			Apprentice	0.00	0.00	0	0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up															
Unqualified Agency Mark Up															
				33.32	**31.71**	**1,082,016**	**1.61**	**36,320**	**33.32**	**1,147,586**	**-4.92**				
									17.20						
NT4523204	Nursing & Midwifery Qual - Band 4	523204		0.00	0				0.52	-186,657					
NT4523205	Nursing & Midwifery Qual - Band 5	523205		19.89	761,014	197,937	0.35152643								
NT4523206	Nursing & Midwifery Qual - Band 6	523206		1.48	71,415	0	0								
NT4523207	Nursing & Midwifery Qual - Band 7	523207		0.80	42,330	-10,583	-0.2								
NT4523208	N & M Qual - Band 8a	523208		0.00	0										
NT4523209	N & M Qual - Band 8b	523209		0.00	0										
NT4523210	N & M Qual - Band 8c	523210		0.00	0										
NT4523211	N & M Qual - Band 8d	523211		0.00	0										
NT4525001	Nursing & Midwifery Unqual - Band 1	525001		0.00	0										
NT4525002	Nursing & Midwifery Unqual - Band 2	525002		14.35	387,543	-697	- 0.0018	-4.63E-09							
NT4525003	Nursing & Midwifery Unqual - Band 3	525003		2.52	71,941	0	0								
NT4525004	Nursing & Midwifery Unqual - Band 4	525004		0.00	0	0	#DIV/0!								
NT4525009		525009		0.00	0										
				39.04	1334243										

Short CC ONN

Ward:	Newton 5

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		1	57.50	1	57.50	2	115.00
Long day (07:00-19:30):Sat	1	11.50		2	23.00	0	0.00	2	23.00
Long day (07:00-19:30):Sun	1	11.50		2	23.00	0	0.00	2	23.00
Long Night (19:30-07:30):Mon-Fri	5	11.50		2	115.00	0	0.00	2	115.00
Long Night (19:30-07:30):Sat	1	11.50		2	23.00	0	0.00	2	23.00
Long Night (19:30-07:30):Sun	1	11.50		2	23.00	0	0.00	2	23.00
Walkden Unit Staff									
					264.50		57.50		322.00

WTEs	**7.05**		**1.53**		**8.59**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**1.39**		**0.29**		**1.68**
Total Nursing WTEs	**8.44**	**82.2%**	**1.83**	**17.8%**	**10.27**
Walkden Unit Staff	**3.63**				3.63
	12.07				**13.90**

				IN POST		VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
			WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE			
ONN523207		Band 7	1.00	1.00	52,006	0.00	0	1.00	52,007	0.00	52005.52	52007	-1.478
ONN523206		Band 6	5.63	3.28	148,059	2.35	106,079	5.63	268,289	3.35	45140	47653.51	-2513.51
ONN523205		Band 5	6.44	9.44	387,124	-3.00	-122,968	6.44	251,271	-6.20	41008.94	39008.62	2000.313
ONN525004		Band 4	1.40	1.40	43,971	0.00	0	1.40	43,971	0.00	31407.75	31407.86	-0.11182
ONN525003		Band 3	0.00	0.00	0	0.00		0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
ONN525002		Band 2	0.43	3.72	90,858	-3.29	-80,444	0.43	10,419	-3.32	24424.08	24437.33	-13.2497
ONN525009		Apprentice	0.00	0.00	0	0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up													
Unqualified Agency Mark Up													
			14.90	**18.84**	**722,018**	**-3.94**	**-97,333**	**14.90**	**625,957**	**-6.17**			
								13.07					
ONN523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				0.88	-163,380				
ONN523205	Nursing & Midwifery Qual - Band 5	523205	12.64	493,069	241,798	0.962297395							
ONN523206	Nursing & Midwifery Qual - Band 6	523206	2.28	108,650	-159,639	-0.595026643	82,158	0.3269711					
ONN523207	Nursing & Midwifery Qual - Band 7	523207	1.00	52,007	0	0							
ONN523208	N & M Qual - Band 8a	523208	0.00	0									
ONN523209	N & M Qual - Band 8b	523209	0.00	0									
ONN523210	N & M Qual - Band 8c	523210	0.00	0									
ONN523211	N & M Qual - Band 8d	523211	0.00	0									
ONN525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0									
ONN525002	Nursing & Midwifery Unqual - Band 2	525002	3.75	91,640	81,221	7.7955	0.0007482						
ONN525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0	0	#DIV/0!							
ONN525004	Nursing & Midwifery Unqual - Band 4	525004	1.40	43,971	0	0							
ONN525009		525009	0.00	0									
			21.07	745366									

Short CC PR4

Ward:	Priory 4									
			Enhanced	Trained		Untrained		Total	
Shift Description*	No. Days	Hrs per Shift	Hrs per Shift	Head Count	Hours	Head Count	Hours	Head Count	Hours
HASU									
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50
HASU									
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	0	0.00	1	37.50
Early (07:00-15:00):Sat	1	7.50		1	7.50	0	0.00	1	7.50
Early (07:00-15:00):Sun	1	7.50		1	7.50	0	0.00	1	7.50
HASU									
Lates (14:00-22:00): Mon-Fri	5	7.50		1	37.50	0	0.00	1	37.50
Lates (14:00-22:00): Sat	1	7.50		1	7.50	0	0.00	1	7.50
Lates (14:00-22:00): Sun	1	7.50		1	7.50	0	0.00	1	7.50
HASU									
Long Night (19:00-07:30):Mon-Fri	5	11.50		3	172.50	1	57.50	4	230.00
Long Night (19:00-07:30):Sat	1	11.50		3	34.50	1	11.50	4	46.00
Long Night (19:00-07:30):Sun	1	11.50		3	34.50	1	11.50	4	46.00
Neurology / General Beds - 21									
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	1	57.50	3	172.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	1	11.50	3	34.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	1	11.50	3	34.50
Neurology / General Beds - 21									
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00
Neurology / General Beds - 21									
Lates (14:00-22:00): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Lates (14:00-22:00): Sat	1	7.50		1	7.50	1	7.50	2	15.00
Lates (14:00-22:00): Sun	1	7.50		1	7.50	1	7.50	2	15.00
Neurology / General Beds - 21									
Long Night (19:00-07:30):Mon-Fri	5	11.50		3	172.50	2	115.00	5	287.50
Long Night (19:00-07:30):Sat	1	11.50		3	34.50	2	23.00	5	57.50
Long Night (19:00-07:30):Sun	1	11.50		3	34.50	2	23.00	5	57.50
					1015.00		507.50		1522.50

WTEs	27.07		13.53		40.60	
Relief at 19.68% and 19.11% A/L, Study, Sickness	5.33		2.59		7.91	
Total Nursing WTEs	32.39	66.8%	16.12	33.2%	48.51	
SAN nurses 24/7	4.48				4.48	
TIA clinics - 7 days 9.00 - 5.00 band 5	1.40				1.40	
	38.27				54.39	

			IN POST			VACANCY		TOTAL		Difference from Budget				
			WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE		Ave Cost Orginal	Average Cost Revised	Differenc e
PR4523207		Band 7	1.00	1.00	53,027	0.00	0	1.00	52,913	0.00		53027.37	52913	114.37
PR4523206		Band 6	7.00	8.00	386,520	-1.00	-48,315	7.00	337,587	0.00		48314.98	48226.71	88.26571
PR4523205		Band 5	31.27	21.54	849,333	9.73	383,792	31.27	1,197,539	-0.55		39430.52	38292.58	1137.936
PR4525004		Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00		#DIV/0!	#DIV/0!	#DIV/0!
PR4525003		Band 3	4.00	3.00	85,644	1.00	28,548	4.00	114,192	0.00		28547.91	28548	-0.0897
PR4525002		Band 2	12.12	9.53	257,571	2.59	69,989	12.12	327,307	-0.13	103,130	27027.35	27006.53	20.82189
PR4525009		Apprentice	0.00	0.00	0	0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
			55.39	43.07	1,632,095	12.32	434,014	55.39	2,029,538	-0.68				
								39.27						
PR4523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				0.71	-24,454					
PR4523205	Nursing & Midwifery Qual - Band 5	523205	31.82	########	20,931	0.017478546								
PR4523206	Nursing & Midwifery Qual - Band 6	523206	7.00	337,587	0	0	20,931	0.0174785		-24,454				
PR4523207	Nursing & Midwifery Qual - Band 7	523207	1.00	52,913	0	0								
PR4523208	N & M Qual - Band 8a	523208	0.00	0										
PR4523209	N & M Qual - Band 8b	523209	0.00	0										
PR4523210	N & M Qual - Band 8c	523210	0.00	0										
PR4523211	N & M Qual - Band 8d	523211	0.00	0										
PR4525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
PR4525002	Nursing & Midwifery Unqual - Band 2	525002	12.25	330,830	3,523	0.0108	3.288E-08							
PR4525003	Nursing & Midwifery Unqual - Band 3	525003	4.00	114,192	0	0								
PR4525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!								
PR4525009		525009	0.00	0										
			56.07	2053992										

Short CC PR5

Ward:	Priory 5

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		6	345.00	2	115.00	8	460.00
Long day (07:00-19:30):Sat	1	11.50		6	69.00	2	23.00	8	92.00
Long day (07:00-19:30):Sun	1	11.50		6	69.00	2	23.00	8	92.00
Early (07:00-15:00):Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Early (07:00-15:00):Sat	1	7.50		1	7.50	1	7.50	2	15.00
Early (07:00-15:00):Sun	1	7.50		1	7.50	1	7.50	2	15.00
Lates (11:30-19:30): Mon-Fri	5	7.50		1	37.50	1	37.50	2	75.00
Lates (11:30-19:30): Sat	1	7.50		1	7.50	1	7.50	2	15.00
Lates (11:30-19:30): Sun	1	7.50		1	7.50	1	7.50	2	15.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		6	345.00	2	115.00	8	460.00
Long Night (19:00-07:30):Sat	1	11.50		6	69.00	2	23.00	8	92.00
Long Night (19:00-07:30):Sun	1	11.50		6	69.00	2	23.00	8	92.00
					1071.00		427.00		1498.00

WTEs	**28.56**		**11.39**		**39.95**	
Relief at 19.68% and 19.11% A/L, Study, Sickness	**5.62**		**2.18**		**7.80**	
Total Nursing WTEs	**34.18**	**71.6%**	**13.56**	**28.4%**	**47.74**	

			IN POST			VACANCY		TOTAL		Difference from Budget				
			WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE		Ave Cost Orginal	Average Cost Revised	Difference
PR5523207		Band 7	1.00	0.80	45,848	0.20	11,462	1.00	57,310	-0.20		57309.64	57310	-0.35968
PR5523206		Band 6	2.00	1.00	50,263	1.00	50,263	2.00	100,526	0.00		50262.97	50263	-0.02852
PR5523205		Band 5	32.18	21.74	888,935	10.44	426,910	32.18	1,315,702	9.81		40889.37	40884.94	4.431219
PR5525004		Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00		#DIV/0!	#DIV/0!	#DIV/0!
PR5525003		Band 3	0.00	0.00	0	0.00	0	0.00	0	0.00		#DIV/0!	#DIV/0!	#DIV/0!
PR5525002		Band 2	13.56	14.57	390,588	-1.01	-27,004	13.56	363,576	-1.53	66,861	26807.65	26807.16	0.496442
PR5525009		Apprentice	0.00	0.00	0	0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
			48.74	**38.11**	**1,375,633**	**10.63**	**461,630**	**48.74**	**1,837,114**	**8.08**				
								35.18						
PR5523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0				0.72	359,928					
PR5523205	Nursing & Midwifery Qual - Band 5	523205	22.37	914,596	-401,106	-0.304860865								
PR5523206	Nursing & Midwifery Qual - Band 6	523206	2.00	100,526	0	0								
PR5523207	Nursing & Midwifery Qual - Band 7	523207	1.00	57,310	0	0								
PR5523208	N & M Qual - Band 8a	523208	0.00	0										
PR5523209	N & M Qual - Band 8b	523209	0.00	0										
PR5523210	N & M Qual - Band 8c	523210	0.00	0										
PR5523211	N & M Qual - Band 8d	523211	0.00	0										
PR5525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
PR5525002	Nursing & Midwifery Unqual - Band 2	525002	15.09	404,520	40,944	0.1126	3.097E-07							
PR5525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	234	234	#DIV/0!								
PR5525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!								
PR5525009		525009	0.00	0										
			40.46	1477186										

Short CC MF2

Ward:	D43

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		4	230.00	4	230.00	8	460.00
Long day (07:00-19:30):Sat	1	11.50		4	46.00	4	46.00	8	92.00
Long day (07:00-19:30):Sun	1	11.50		4	46.00	4	46.00	8	92.00
Early (07:00-15:00):Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Early (07:00-15:00):Sat	1	7.50		0	0.00	0	0.00	0	0.00
Early (07:00-15:00):Sun	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50		0	0.00	0	0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		3	172.50	3	172.50	6	345.00
Long Night (19:00-07:30):Sat	1	11.50		3	34.50	3	34.50	6	69.00
Long Night (19:00-07:30):Sun	1	11.50		3	34.50	3	34.50	6	69.00
					563.50		563.50		1127.00

WTEs	15.03		15.03		30.05
Relief at 19.68% and 19.11% A/L, Study, Sickness	2.96		2.87		5.83
Total Nursing WTEs	17.98	50.1%	17.90	49.9%	35.88

	17.98
	35.88

				IN POST			VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Differenc e
				WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE			
MF2523207			Band 7	1.00	1.00	45,838	0.00	0	1.00	45,839	0.00	45837.55	45839	-1.4492
MF2523206			Band 6	4.00	3.80	165,955	0.20	8,734	4.00	269,546	0.00	43672.32	67386.5	-23714.18
MF2523205			Band 5	13.98	9.00	323,754	4.98	179,285	13.98	437,944	-1.15	35972.66	31317.67	4654.987
MF2525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
MF2525003			Band 3	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
MF2525002			Band 2	17.90	16.30	414,316	1.60	40,625	17.90	451,246	-0.28	25418.18	25211.72	206.4624
MF2525009			Apprentice	0.00			0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				36.88	30.10	949,863	6.78	228,644	36.88	1,204,575	-1.43			
									18.98					
MF2523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.51	-42,996				
MF2523205	Nursing & Midwifery Qual - Band 5	523205	15.13	473,836	35,893	0.081957403								
MF2523206	Nursing & Midwifery Qual - Band 6	523206	4.00	269,546	0	0	35,893	0.0819574		-42,996				
MF2523207	Nursing & Midwifery Qual - Band 7	523207	1.00	45,839	0	0								
MF2523208	N & M Qual - Band 8a	523208	0.00	0	35,893	0.081957403								
MF2523209	N & M Qual - Band 8b	523209	0.00	0			0.1923077			0.092920929	0.1598379			
MF2523210	N & M Qual - Band 8c	523210	0.00	0										
MF2523211	N & M Qual - Band 8d	523211	0.00	0										
MF2525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
MF2525002	Nursing & Midwifery Unqual - Band 2	525002	18.18	458,349	7,103	0.0157	3.488E-08		-7,103	-0.015741044				
MF2525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0	0	#DIV/0!								
MF2525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!								
MF2525009		525009	0.00	0										
			38.31	1,247,570										

Short CC ICS

Ward:	D47

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	3	172.50	5	287.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	3	34.50	5	57.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	3	34.50	5	57.50
Early (07:00-15:00):Mon-Fri	5	7.50		0	0.00	1	37.50	1	37.50
Early (07:00-15:00):Sat	1	7.50		0	0.00	0	0.00	0	0.00
Early (07:00-15:00):Sun	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50		0	0.00	0	0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	2	115.00	4	230.00
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	2	23.00	4	46.00
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	2	23.00	4	46.00
					322.00		440.00		762.00

WTEs	**8.59**		**11.73**		**20.32**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**1.69**		**2.24**		**3.93**
Total Nursing WTEs	**10.28**	**42.4%**	**13.98**	**57.6%**	**24.25**

				10.28					**24.25**				
					IN POST		**VACANCY**		**TOTAL**			**Difference from Budget**	
				WTE	**WTE**	**Cost**	**WTE**	**Cost**	**WTE**	**Cost**		**WTE**	**Ave Cost Orginal**	**Average Cost Revised**	**Difference**
ICS523207			Band 7	1.00	1.00	48,423	0.00	0	1.00	45,820		0.00	48423	45820	2603
ICS523206			Band 6	2.00	1.80	83,578	0.20	9,286	2.00	93,179		0.00	46432	46589.5	-157.5
ICS523205			Band 5	8.28	7.51	287,298	0.77	29,324	8.28	318,412		-2.81	38255.36	38471.69	-216.3312
ICS525004			Band 4	1.00	0.00	0	1.00	0	1.00	27,806		0.00	0	27806	-27806
ICS525003			Band 3	0.00	1.00	29,746	-1.00	0	0.00	0		0.00	#DIV/0!	#DIV/0!	#DIV/0!
ICS525002			Band 2	12.98	13.61	362,618	-0.63	-16,903	12.98	324,782		-1.02	26643.49	25030.29	1613.2071
ICS525009			Apprentice	0.00			0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up															
Unqualified Agency Mark Up															
				25.25	**24.92**	**811,662**	**0.33**	**21,707**	**25.25**	**809,999**		**-3.84**			
									11.28						
ICS523204	Nursing & Midwifery Qual - Band 4	523204		0.00	0				0.45	-133,881					
ICS523205	Nursing & Midwifery Qual - Band 5	523205		11.09	426,651	108,239	0.33993471								
ICS523206	Nursing & Midwifery Qual - Band 6	523206		2.00	93,179	0	0	108,239	0.3399347		-117,837				
ICS523207	Nursing & Midwifery Qual - Band 7	523207		1.00	45,820	0	0								
ICS523208	N & M Qual - Band 8a	523208		0.00	0	108,239	0.33993471								
ICS523209	N & M Qual - Band 8b	523209		0.00	0			0.1923077			0.153035308	0.219841			
ICS523210	N & M Qual - Band 8c	523210		0.00	0										
ICS523211	N & M Qual - Band 8d	523211		0.00	0										
ICS525001	Nursing & Midwifery Unqual - Band 1	525001		0.00	0										
ICS525002	Nursing & Midwifery Unqual - Band 2	525002		14.00	350,424	25,642	0.0790	2.431E-07		-25,642	-0.078950397				
ICS525003	Nursing & Midwifery Unqual - Band 3	525003		0.00	11,762	11,762	#DIV/0!								
ICS525004	Nursing & Midwifery Unqual - Band 4	525004		1.00	16,044	-11,762	-0.42300223								
ICS525009			525009	0.00	0										
				29.09	927836										

Short CC MF1

Ward:	ELIZA TINSLEY

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	5	287.50	7	402.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	5	57.50	7	80.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	5	57.50	7	80.50
Early (07:00-15:00):Mon-Fri	5	7.50		0	0.00		0.00	0	0.00
Early (07:00-15:00):Sat	1	7.50		0	0.00		0.00	0	0.00
Early (07:00-15:00):Sun	1	7.50		0	0.00		0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50		0	0.00		0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50		0	0.00		0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50		0	0.00		0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	3	172.50	5	287.50
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	3	34.50	5	57.50
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	3	34.50	5	57.50
					322.00		644.00		966.00

WTEs	8.59		17.17		25.76
Relief at 19.68% and 19.11% A/L, Study, Sickness	1.69		3.28		4.97
Total Nursing WTEs	10.28	33.4%	20.46	66.6%	30.73

	10.28				30.73

				IN POST		VACANCY		TOTAL		Difference from Budget			
			WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE	Ave Cost Orginal	Average Cost Revised	Difference
MF1523207			Band 7	1.00	1.00	53,145	0.00	0	1.00	45,908	0.00	53145	45908	7237
MF1523206			Band 6	2.00	2.00	78,750	0.00	0	2.00	93,147	0.00	39375	46573.5	-7198.5
MF1523205			Band 5	8.28	9.96	389,725	-1.68	-65,873	8.28	318,924	-2.81	39128.98	38533.54	595.4363
MF1525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
MF1525003			Band 3	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
MF1525002			Band 2	20.46	15.22	388,597	5.24	133,664	20.46	518,060	2.28	25531.97	25326.62	205.3473
MF1525009			Apprentice	0.00			0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				31.73	**28.18**	**910,216**	**3.55**	**67,791**	**31.73**	**976,039**	**-0.54**			
									11.28					
MF1523204	Nursing & Midwifery Qual - Band 4	523204		0.00	0				0.36	-50,791				
MF1523205	Nursing & Midwifery Qual - Band 5	523205		11.09	427,337	108,413	0.33993471							
MF1523206	Nursing & Midwifery Qual - Band 6	523206		2.00	93,147	0	0	108,413	0.3399347		-50,791			
MF1523207	Nursing & Midwifery Qual - Band 7	523207		1.00	45,908	0	0							
MF1523208	N & M Qual - Band 8a	523208		0.00	0									
MF1523209	N & M Qual - Band 8b	523209		0.00	0									
MF1523210	N & M Qual - Band 8c	523210		0.00	0									
MF1523211	N & M Qual - Band 8d	523211		0.00	0									
MF1525001	Nursing & Midwifery Unqual - Band 1	525001		0.00	0									
MF1525002	Nursing & Midwifery Unqual - Band 2	525002		18.18	460,438	-57,622	- 0.1112	-2.15E-07						
MF1525003	Nursing & Midwifery Unqual - Band 3	525003		0.00	0	0	#DIV/0!							
MF1525004	Nursing & Midwifery Unqual - Band 4	525004		0.00	0	0	#DIV/0!							
MF1525009		525009		0.00	0									
				32.27	1026830									

Short CC RRA

Ward:	HENDERSON

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		3	172.50	4	230.00	7	402.50
Long day (07:00-19:30):Sat	1	11.50		3	34.50	4	46.00	7	80.50
Long day (07:00-19:30):Sun	1	11.50		3	34.50	4	46.00	7	80.50
Early (07:00-15:00):Mon-Fri	5	7.50		0	0.00	1	37.50	1	37.50
Early (07:00-15:00):Sat	1	7.50		0	0.00		0.00	0	0.00
Early (07:00-15:00):Sun	1	7.50		0	0.00		0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50		0	0.00		0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50		0	0.00		0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50		0	0.00		0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	11.50		2	115.00	3	172.50	5	287.50
Long Night (19:00-07:30):Sat	1	11.50		2	23.00	3	34.50	5	57.50
Long Night (19:00-07:30):Sun	1	11.50		2	23.00	3	34.50	5	57.50
					402.50		601.00		1003.50

WTEs	10.73		16.03		26.76
Relief at 19.68% and 19.11% A/L, Study, Sickness	2.11		3.06		5.18
Total Nursing WTEs	12.85	40.2%	19.09	59.8%	31.94

band 5

	12.85			31.94

				IN POST			VACANCY		TOTAL			Difference from Budget			
			WTE	WTE	Cost	WTE	Cost	WTE	Cost		WTE	Ave Cost Orginal	Average Cost Revised	Difference
RRA523207			Band 7	1.00	1.00	47,296	0.00	0	1.00	45,852	0.00	47296	45852	1444
RRA523206			Band 6	3.00	3.00	124,563	0.00	0	3.00	139,128	0.00	41521	46376	-4855
RRA523205			Band 5	9.85	8.26	354,424	1.59	68,038	9.85	403,586	-0.24	42908.49	40991.24	1917.254
RRA525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
RRA525003			Band 3	0.00	1.00	28,416	-1.00	-28,416	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
RRA525002			Band 2	19.09	17.35	440,834	1.74	44,194	19.09	481,076	-0.30	25408.29	25201.24	207.0525
RRA525009			Apprentice	0.00			0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				32.94	**30.61**	**995,533**	**2.33**	**83,816**	**32.94**	**1,069,641**	**-0.54**			
									13.85					
RRA523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.42	-17,593				
RRA523205	Nursing & Midwifery Qual - Band 5	523205	10.09	413,602	10,016	0.02481772								
RRA523206	Nursing & Midwifery Qual - Band 6	523206	3.00	139,128	0	0	10,016	0.0248177		-17,593				
RRA523207	Nursing & Midwifery Qual - Band 7	523207	1.00	45,852	0	0								
RRA523208	N & M Qual - Band 8a	523208	0.00	0										
RRA523209	N & M Qual - Band 8b	523209	0.00	0			0.1923077			0.118933231	0.173445			
RRA523210	N & M Qual - Band 8c	523210	0.00	0										
RRA523211	N & M Qual - Band 8d	523211	0.00	0										
RRA525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0										
RRA525002	Nursing & Midwifery Unqual - Band 2	525002	19.39	488,652	7,576	0.0157	3.274E-08		-7,576	-0.015748946				
RRA525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0	0	#DIV/0!								
RRA525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0	0	#DIV/0!								
RRA525009		525009	0.00	0										
			33.48	1087234										

Short CC ICL

Ward:	Leasowes

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	12.00		3	180.00	3	180.00	6	360.00
Long day (07:00-19:30):Sat	1	12.00		3	36.00	3	36.00	6	72.00
Long day (07:00-19:30):Sun	1	12.00		3	36.00	3	36.00	6	72.00
Early (07:00-15:00):Mon-Fri	5	6.00		0	0.00	1	30.00	1	30.00
Early (07:00-15:00):Sat	1	6.00		0	0.00	0	0.00	0	0.00
Early (07:00-15:00):Sun	1	6.00		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50		0	0.00	0	0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	12.00		2	120.00	2	120.00	4	240.00
Long Night (19:00-07:30):Sat	1	12.00		2	24.00	2	24.00	4	48.00
Long Night (19:00-07:30):Sun	1	12.00		2	24.00	2	24.00	4	48.00
					420.00		450.00		870.00

WTEs	11.20		12.00		23.20
Relief at 19.68% and 19.11% A/L, Study, Sickness	2.20		2.29		4.50
Total Nursing WTEs	13.40	48.4%	14.29	51.6%	27.70

	13.40			27.70

				IN POST			VACANCY		TOTAL		Difference from Budget			
			WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE	Ave Cost Orginal	Average Cost Revised	Difference
ICL523207			Band 7	1.00	1.00	45,915	0.00	0	1.00	45,887	0.00	45915.06	45887	28.064
ICL523206			Band 6	3.00	1.80	84,423	1.20	56,282	3.00	139,466	0.00	46901.7	46488.67	413.0333
ICL523205			Band 5	10.40	6.92	266,209	3.48	134,034	10.40	400,432	-0.26	38469.54	38487.71	-18.1751
ICL525004			Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
ICL525003			Band 3	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
ICL525002			Band 2	14.29	13.83	351,211	0.46	11,763	14.29	360,151	-0.23	25394.88	25197.38	197.4931
ICL525009			Apprentice	0.00			0.00	0	0.00	0		#DIV/0!	#DIV/0!	#DIV/0!
Qualified Agency Mark Up														
Unqualified Agency Mark Up														
				28.70	**23.55**	**747,758**	**5.15**	**202,079**	**28.70**	**945,937**	**-0.48**			
									14.40					
ICL523204	Nursing & Midwifery Qual - Band 4	523204		0.00	0				0.50	-15,561				
ICL523205	Nursing & Midwifery Qual - Band 5	523205		10.66	410,279	9,847	0.024590164							
ICL523206	Nursing & Midwifery Qual - Band 6	523206		3.00	139,466	0	0	9,847	0.0245902		-15,561			
ICL523207	Nursing & Midwifery Qual - Band 7	523207		1.00	45,887	0	0							
ICL523208	N & M Qual - Band 8a	523208		0.00	0									
ICL523209	N & M Qual - Band 8b	523209		0.00	0									
ICL523210	N & M Qual - Band 8c	523210		0.00	0									
ICL523211	N & M Qual - Band 8d	523211		0.00	0									
ICL525001	Nursing & Midwifery Unqual - Band 1	525001		0.00	0									
ICL525002	Nursing & Midwifery Unqual - Band 2	525002		14.52	365,866	5,715	0.0159	4.406E-08						
ICL525003	Nursing & Midwifery Unqual - Band 3	525003		0.00	0	0	#DIV/0!							
ICL525004	Nursing & Midwifery Unqual - Band 4	525004		0.00	0	0	#DIV/0!							
ICL525009			525009	0.00	0									
				29.18	961498									

Short CC ICM

Ward:	MCCARTHY

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Long day (07:00-19:30):Mon-Fri	5	11.50		2	115.00	5	287.50	7	402.50
Long day (07:00-19:30):Sat	1	11.50		2	23.00	5	57.50	7	80.50
Long day (07:00-19:30):Sun	1	11.50		2	23.00	5	57.50	7	80.50
Early (07:00-15:00):Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Early (07:00-15:00):Sat	1	7.50		0	0.00	0	0.00	0	0.00
Early (07:00-15:00):Sun	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Mon-Fri	5	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sat	1	7.50		0	0.00	0	0.00	0	0.00
Lates (11:30-19:30): Sun	1	7.50		0	0.00	0	0.00	0	0.00
Long Night (19:00-07:30):Mon-Fri	5	12.00		2	120.00	3	180.00	5	300.00
Long Night (19:00-07:30):Sat	1	12.00		2	24.00	3	36.00	5	60.00
Long Night (19:00-07:30):Sun	1	12.00		2	24.00	3	36.00	5	60.00
					329.00		654.50		983.50

WTEs	8.77		17.45		26.23
Relief at 19.68% and 19.11% A/L, Study, Sickness	1.73		3.34		5.06
Total Nursing WTEs	10.50	33.6%	20.79	66.4%	31.29

SAN nurses 24/7

TIA clinics - 7 days 9.00 - 5.00 band 5

				10.50						31.29						
					IN POST		VACANCY			TOTAL			Difference from Budget			
					WTE	WTE	Cost	WTE	Cost	WTE	Cost		WTE	Ave Cost Orginal	Average Cost Revised	Difference
ICM523207			Band 7	1.00	1.00	50,619	0.00	0	1.00	46,070		0.00	50619	46070	4549	
ICM523206			Band 6	6.00	6.61	258,213	-0.61	-23,829	6.00	277,754		0.00	39064	46292.33	-7228.33	
ICM523205			Band 5	4.50	3.14	137,429	1.36	59,520	4.50	173,150		-2.82	43767.25	38478.42	5288.836	
ICM525004			Band 4	0.00	0.00	0	0.00	0	0.00	0		0.00	#DIV/0!	#DIV/0!	#DIV/0!	
ICM525003			Band 3	0.00	0.00	0	0.00	0	0.00	0		0.00	#DIV/0!	#DIV/0!	#DIV/0!	
ICM525002			Band 2	20.79	17.84	455,810	2.95	75,338	20.79	526,760		2.27	25549.86	25338.82	211.0378	
ICM525009			Apprentice	0.00			0.00	0	0.00	0			#DIV/0!	#DIV/0!	#DIV/0!	
Qualified Agency Mark Up																
Unqualified Agency Mark Up																
					32.29	28.59	902,071	3.70	111,029	32.29	1,023,734		-0.55			
										11.50						
ICM523204	Nursing & Midwifery Qual - Band 4	523204		0.00	0					0.36	-51,027					
ICM523205	Nursing & Midwifery Qual - Band 5	523205		7.32	281,662	108,512	0.626693658									
ICM523206	Nursing & Midwifery Qual - Band 6	523206		6.00	277,754	0	0	108,512	0.6266937		-51,027					
ICM523207	Nursing & Midwifery Qual - Band 7	523207		1.00	46,070	0	0									
ICM523208	N & M Qual - Band 8a	523208		0.00	0	108,512	0.626693658									
ICM523209	N & M Qual - Band 8b	523209		0.00	0			0.1923077			0.14085244	0.404274				
ICM523210	N & M Qual - Band 8c	523210		0.00	0											
ICM523211	N & M Qual - Band 8d	523211		0.00	0											
ICM525001	Nursing & Midwifery Unqual - Band 1	525001		0.00	0											
ICM525002	Nursing & Midwifery Unqual - Band 2	525002		18.52	469,275	-57,485	- 0.1091	-2.07E-07		57,485	0.109129918					
ICM525003	Nursing & Midwifery Unqual - Band 3	525003		0.00	0	0	#DIV/0!									
ICM525004	Nursing & Midwifery Unqual - Band 4	525004		0.00	0	0	#DIV/0!									
ICM525009			525009	0.00	0											
				32.84	1074761											

Short CC D21

Ward:	D21

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
LD (07:00 - 19.30):Mon - Fri	5	11.50		3	172.50	2	115.00	5	287.50
LD (07:00 - 19.30):Sat	1	11.50		3	34.50	2	23.00	5	57.50
LD (07:00 - 19.30):Sun	1	11.50		3	34.50	2	23.00	5	57.50
Middle(10.00- 22:30):Mon - Fri	5	11.50			0.00		0.00	0	0.00
Middle (07.00-15.00):Sat	1	11.50			0.00		0.00	0	0.00
Middle(10.00 - 22:30):Sun	1	11.50			0.00		0.00	0	0.00
					0.00		0.00		0.00
Other (18:00 - 24:00):Mon - Fri	5	6.00			0.00		0.00	0	0.00
Other (18:00 - 24:00):Sat	1	6.00			0.00		0.00	0	0.00
Other (18:00 - 24:00):Sun	1	6.00			0.00		0.00	0	0.00
					0.00		0.00		0.00
Night Shift (19.00-07.30):Mon - Fri	5	11.50		2	115.00	2	115.00	4	230.00
Night Shift (19.00-07.30):Sat	1	11.50		2	23.00	2	23.00	4	46.00
Night Shift (19.00-07.30):Sun	1	11.50		2	23.00	2	23.00	4	46.00
					402.50		322.00		724.50

WTEs	10.73		8.59		19.32
Relief at 19.68% and 19.11% A/L, Study, Sickness	2.11		1.64		3.75
Total Nursing WTEs	12.85	55.7%	10.23	44.3%	23.07

			IN POST		VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
			WTE	Cost	WTE	Cost	WTE	Cost	WTE			
D21523207		Band 7	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D21523206		Band 6	2.00	88,367	0.08	3,682	2.00	95,027	0.00	46024.38	47513.5	-1489.12
D21523205		Band 5	10.85	396,560	0.93	37,004	10.85	428,771	0.24	39975.84	39533.9	441.9356
D21525004		Band 4	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D21525003		Band 3	1.00	30,455	0.00	0	1.00	35,016	0.00	30454.88	35016	-4561.13
D21525002		Band 2	9.23	115,771	4.69	119,535	9.23	253,973	-0.92	25500.33	27523.23	-2022.9
D21525009		Apprentice	1.00		1.00	6,224	1.00	6,224		#DIV/0!	6224	#DIV/0!
Unqualified Agency Mark Up												
			24.07	**631,154**	**6.69**	**166,445**	**24.07**	**819,011**	**-0.67**			
							12.85					
D21523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0			0.56					
D21523205	Nursing & Midwifery Qual - Band 5	523205	11.09	438,431								
D21523206	Nursing & Midwifery Qual - Band 6	523206	2.00	95,027								
D21523207	Nursing & Midwifery Qual - Band 7	523207	0.00	0								
D21523208	N & M Qual - Band 8a	523208	0.00	0								
D21523209	N & M Qual - Band 8b	523209	0.00	0								
D21523210	N & M Qual - Band 8c	523210	0.00	0								
D21523211	N & M Qual - Band 8d	523211	0.00	0								
D21525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0								
D21525002	Nursing & Midwifery Unqual - Band 2	525002	8.31	228,718								
D21525003	Nursing & Midwifery Unqual - Band 3	525003	1.00	35,016								
D21525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0								
D21525009		525009	1.00	6,224								
			23.40	803,416								

Short CC D25

Ward:	Staffing for

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
LD (07:00 - 19.30):Mon - Fri	5	11.50		2	115.00	2	115.00	4	230.00
LD (07:00 - 19.30):Sat	1	11.50		2	23.00	2	23.00	4	46.00
LD (07:00 - 19.30):Sun	1	11.50		2	23.00	2	23.00	4	46.00
Middle (07.00-15.00):Sat	1	7.50		0	0.00	0	0.00	0	0.00
Night Shift (19.00-07.30):Mon - Fri	5	11.50		2	115.00	2	115.00	4	230.00
Night Shift (19.00-07.30):Sat	1	11.50		2	23.00	2	23.00	4	46.00
Night Shift (19.00-07.30):Sun	1	11.50		2	23.00	2	23.00	4	46.00
					322.00		322.00		644.00

WTEs	8.59		8.59		17.17
Relief at 19.68% and 19.11% A/L, Study, Sickness	1.69		1.64		3.33
Total Nursing WTEs	10.28	50.1%	10.23	49.9%	20.50

		IN POST			VACANCY		TOTAL		Difference from Budget			
		WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE	Ave Cost Orginal	Average Cost Revised	Difference
D25523207	Band 7	1.00	1.00	47,711	0.00	0	1.00	47,967	0.00	47711.39	47967	-255.61
D25523206	Band 6	2.00	1.92	80,058	0.08	3,336	2.00	92,201	0.00	41696.84	46100.5	-4403.66
D25523205	Band 5	8.28	8.17	327,452	0.11	4,269	8.28	356,640	2.81	40079.83	43090.53	-3010.7
D25525004	Band 4	0.00	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
D25525003	Band 3	1.00	1.00	26,267	0.00	0	1.00	32,477	0.00	26267.07	32477	-6209.93
D25525009	Band 2	9.23	1.00	7,906	8.23	65,050	9.23	269,461	-2.16	26707.43	29201.7	-2494.27
	Apprentice	1.00	1.00				1.00	6,580				
Qualified Agency Mark Up										#DIV/0!	#DIV/0!	#DIV/0!
Unqualified Agency Mark Up												
		22.50	**14.09**	**489,395**	**8.41**	**72,655**	**22.50**	**805,326**	**0.66**			
							11.28					
							0.52					

D25523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0
D25523205	Nursing & Midwifery Qual - Band 5	523205	11.09	477,874
D25523206	Nursing & Midwifery Qual - Band 6	523206	2.00	92,201
D25523207	Nursing & Midwifery Qual - Band 7	523207	1.00	47,967
D25523208	N & M Qual - Band 8a	523208	0.00	0
D25523209	N & M Qual - Band 8b	523209	0.00	0
D25523210	N & M Qual - Band 8c	523210	0.00	0
D25523211	N & M Qual - Band 8d	523211	0.00	0
D25525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0
D25525002	Nursing & Midwifery Unqual - Band 2	525002	7.07	206,456
D25525003	Nursing & Midwifery Unqual - Band 3	525003	1.00	32,477
D25525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0
D25525009		525009	1.00	6,580
			23.16	856975

Short CC LY2

Ward:	Lyndon 2

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Early (07:00-15:00):Mon-Fri	5				0.00		0.00	0	0.00
Early (07:00-15:00):Sat	1	7.50		0	0.00	1	7.50	1	7.50
Early (07:00-15:00):Sun	1				0.00		0.00	0	0.00
					0.00				
LD: Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
LD: Sat	1	11.50		4	46.00	2	23.00	6	69.00
LD: Sun	1	11.50		4	46.00	2	23.00	6	69.00
Nights (20:45-07:45):Mon-Fri	5	11.50		3	172.50	2	115.00	5	287.50
Nights (20:45-07:45):Sat	1	11.50		2	23.00	2	23.00	4	46.00
Nights (20:45-07:45):Sun	1	11.50		2	23.00	2	23.00	4	46.00
					540.50		387.00		927.50

WTEs	14.41		10.32		24.73
Relief at 19.68% and 19.11% A/L, Study, Sickness	2.84		1.97		4.81
Total Nursing WTEs	17.25	58.4%	12.29	41.6%	29.54

		IN POST		VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
		WTE	Cost	WTE	Cost	WTE	Cost	WTE			
LY2523207	Band 7	1.00	55,111	0.00	0	1.00	52,322	0.00	55111.29	52322	2789.287
LY2523206	Band 6	3.00	76,994	1.00	38,497	3.00	140,608	0.00	38497.08	46869.33	-8372.25
LY2523205	Band 5	14.25	486,349	1.78	69,418	14.25	569,202	0.34	39001.56	39944.35	-942.786
LY2525004	Band 4	0.00	0	0.00	0	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
LY2525003	Band 3	1.00	27,862	0.00	0	1.00	33,335	0.00	27862.01	33335	-5472.99
LY2525002	Band 2	11.29	220,840	3.77	110,777	11.29	310,994	-0.91	29367.04	27540.75	1826.291
LY2525009	Apprentice	1.00	6,224			1.00	33,335		#DIV/0!	33335	#DIV/0!
		31.54	**24.99**	**873,381**	**6.55**	**218,692**	**31.54**	**1,139,796**	**-0.57**		
							18.25				
							0.60				

LY2523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0
LY2523205	Nursing & Midwifery Qual - Band 5	523205	14.59	582,788
LY2523206	Nursing & Midwifery Qual - Band 6	523206	3.00	140,608
LY2523207	Nursing & Midwifery Qual - Band 7	523207	1.00	52,322
LY2523208	N & M Qual - Band 8a	523208	0.00	0
LY2523209	N & M Qual - Band 8b	523209	0.00	0
LY2523210	N & M Qual - Band 8c	523210	0.00	0
LY2523211	N & M Qual - Band 8d	523211	0.00	0
LY2525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0
LY2525002	Nursing & Midwifery Unqual - Band 2	525002	10.38	285,873
LY2525003	Nursing & Midwifery Unqual - Band 3	525003	1.00	33,335
LY2525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0
LY2525009		525009	1.00	6,224
			30.97	1,101,150

Short CC LY3

Ward:	PR2

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
LD (07:00 - 19.30):Mon - Fri	5	11.50		3	172.50	4	230.00	7	402.50
LD (07:00 - 19.30):Sat	1	11.50		3	34.50	4	46.00	7	80.50
LD (07:00 - 19.30):Sun	1	11.50		3	34.50	4	46.00	7	80.50
Middle(10.00- 22:30):Mon - Fri	5	11.50			0.00		0.00	0	0.00
Middle (10.00 - 22:30):Sat	1	11.50			0.00		0.00	0	0.00
Middle(10.00 - 22:30):Sun	1	11.50			0.00		0.00	0	0.00
Other (18:00 - 24:00):Mon - Fri	5	6.00			0.00		0.00	0	0.00
Other (18:00 - 24:00):Sat	1	6.00			0.00		0.00	0	0.00
Other (18:00 - 24:00):Sun	1	6.00			0.00		0.00	0	0.00
Night Shift (19.00-07.30):Mon - Fri	5	11.50		3	172.50	4	230.00	7	402.50
Night Shift (19.00-07.30):Sat	1	11.50		3	34.50	4	46.00	7	80.50
Night Shift (21:00 - 07:30):Sun	1	11.50		3	34.50	4	46.00	7	80.50
					483.00		644.00		1127.00

WTEs	12.88		17.17	30.05
Relief at 19.68% and 19.11% A/L, Study, Sickness	2.53		3.28	5.82
Total Nursing WTEs	15.41	43.0%	20.46	57.0% 35.87

			IN POST			VACANCY		TOTAL		Difference from Budget				
		WTE	WTE	Cost	WTE	Cost	WTE	Cost		WTE			Ave Cost Orginal	Average Cost Revised	Difference
LY3523207	Band 7	1.00	1.00	52,000	0.00		1.00	48,913		0.00			52000	48913	3087
LY3523206	Band 6	2.00	2.00	79,924	0.00	0	2.00	91,103	45551.5	0.00			39962	45551.5	-5589.5
LY3523205	Band 5	13.41	12.82	597,769	0.59	27,733	13.41	565,862	42182	2.92	667,532	1.179673	46627.82	42182	4445.827
LY3525004	Band 4	0.00	0.00	0	0.00	0	0.00	0		0.00			#DIV/0!	#DIV/0!	#DIV/0!
LY3525003	Band 3	0.00	0.00	0	0.00	0	0.00	0		0.00			#DIV/0!	#DIV/0!	#DIV/0!
LY3525002	Band 2	20.46	15.85	418,329	4.61	121,544	20.46	575,479		-4.43			26393	28133.69	-1740.69
LY3525009	Apprentice	2.00			2.00		2.00	13,132					#DIV/0!	6566	#DIV/0!
Unqualified Agency Mark Up															
		38.87	**31.67**	**1,148,022**	**7.20**	**149,277**	**38.87**	**1,294,489**		**-1.51**					
							16.41								
LY3523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0			0.45								
LY3523205	Nursing & Midwifery Qual - Band 5	523205	16.33	688,832											
LY3523206	Nursing & Midwifery Qual - Band 6	523206	2.00	91,103											
LY3523207	Nursing & Midwifery Qual - Band 7	523207	1.00	48,913											
LY3523208	N & M Qual - Band 8a	523208	0.00	0											
LY3523209	N & M Qual - Band 8b	523209	0.00	0											
LY3523210	N & M Qual - Band 8c	523210	0.00	0											
LY3523211	N & M Qual - Band 8d	523211	0.00	0											
LY3525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0											
LY3525002	Nursing & Midwifery Unqual - Band 2	525002	16.03	450,983											
LY3525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0											
LY3525004	Nursing & Midwifery Unqual - Band 4	525004	0.00	0											
LY3525009		525009	2.00	10,958											
			37.36	1,290,789											

Short CC NT3

Ward:	PR2

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
LD (07:00 - 19.30):Mon - Fri	5	11.50		4	230.00	4	230.00	8	460.00
LD (07:00 - 19.30):Sat	1	11.50		4	46.00	4	46.00	8	92.00
LD (07:00 - 19.30):Sun	1	11.50		4	46.00	4	46.00	8	92.00
Middle(10.00- 22:30):Mon - Fri	5	11.50		1	57.50		0.00	1	57.50
Middle (10.00 - 22:30):Sat	1	11.50		1	11.50		0.00	1	11.50
Middle(10.00 - 22:30):Sun	1	11.50		1	11.50		0.00	1	11.50
Other (18:00 - 24:00):Mon - Fri	5	6.00			0.00		0.00	0	0.00
Other (18:00 - 24:00):Sat	1	6.00			0.00		0.00	0	0.00
Other (18:00 - 24:00):Sun	1	6.00			0.00		0.00	0	0.00
Night Shift (19.00-07.30):Mon - Fri	5	11.50		4	230.00	4	230.00	8	460.00
Night Shift (19.00-07.30):Sat	1	11.50		4	46.00	4	46.00	8	92.00
Night Shift (21:00 - 07:30):Sun	1	11.50		4	46.00	4	46.00	8	92.00
22.00 to 06:00 Qualified									
					724.50		644.00		1368.50

WTEs	19.32		17.17		36.49
Relief at 19.68% and 19.11% A/L, Study, Sickness	3.80		3.28		7.08
Total Nursing WTEs	23.12	53.1%	20.46	46.9%	43.58

				IN POST			VACANCY		TOTAL			Difference from Budget					
				WTE	WTE	Cost	WTE	Cost	WTE	Cost		WTE			Ave Cost Orginal	Average Cost Revised	Difference
NT3523207			Band 7	1.00	1.00	52,000	0.00		1.00	43,447		0.00			52000	43447	8553
NT3523206			Band 6	3.00	1.00	28,526	2.00	57,052	3.00	131,179	43726.33	0.00			28526	43726.33	-15200.3
NT3523205			Band 5	20.12	17.02	687,721	3.10	125,348	20.12	893,969	44427.07	-4.79	995,639	1.113729	40406.62	44427.07	-4020.45
NT3525004			Band 4	1.00	1.00	31,474	0.00	0	1.00	37,504		-1.00			31474	37504	-6030
NT3525003			Band 3	0.00	0.00	0	0.00	0	0.00	0		0.00			#DIV/0!	#DIV/0!	#DIV/0!
NT3525002			Band 2	19.46	13.34	368,571	6.12	168,956	19.46	537,527		-4.43			27629	27629	0
NT3525009			Apprentice	2.00			2.00	13,132	2.00	13,132					#DIV/0!	6566	#DIV/0!
Unqualified Agency Mark Up																	
				46.58	**33.36**	**1,168,292**	**13.22**	**364,488**	**46.58**	**1,656,758**		**-10.22**					
									24.12								
NT3523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0					0.54								
NT3523205	Nursing & Midwifery Qual - Band 5	523205	15.33	681,067													
NT3523206	Nursing & Midwifery Qual - Band 6	523206	3.00	131,179													
NT3523207	Nursing & Midwifery Qual - Band 7	523207	1.00	43,447													
NT3523208	N & M Qual - Band 8a	523208	0.00	0													
NT3523209	N & M Qual - Band 8b	523209	0.00	0													
NT3523210	N & M Qual - Band 8c	523210	0.00	0													
NT3523211	N & M Qual - Band 8d	523211	0.00	0													
NT3525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0													
NT3525002	Nursing & Midwifery Unqual - Band 2	525002	15.03	435,663													
NT3525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0													
NT3525004	Nursing & Midwifery Unqual - Band 4	525004	1.00	37,504													
NT3525009		525009	2.00	11,233													
			37.36	1,340,093													

Short CC PR2 **24 BEDS**
20 Beds
4 Level 1 Beds

Ward:	**PR2**

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
Early (07:00-15:00):Mon-Fri	5				0.00		0.00	0	0.00
Early (07:00-15:00):Sat	1				0.00		0.00	0	0.00
Early (07:00-15:00):Sun	1				0.00		0.00	0	0.00
LD: Mon-Fri	5	11.50		5	287.50	3	172.50	8	460.00
LD: Sat	1	11.50		5	57.50	3	34.50	8	92.00
LD: Sun	1	11.50		5	57.50	3	34.50	8	92.00
Nights (20:45-07:45):Mon-Fri	5	11.50		4	230.00	3	172.50	7	402.50
Nights (20:45-07:45):Sat	1	11.50		4	46.00	3	34.50	7	80.50
Nights (20:45-07:45):Sun	1	11.50		4	46.00	3	34.50	7	80.50
					724.50		483.00		1207.50

WTEs	**19.32**		**12.88**		**32.20**
Relief at 19.68% and 19.11% A/L, Study, Sickness	**3.80**		**2.46**		**6.26**
Total Nursing WTEs	**23.12**	**60.1%**	**15.34**	**39.9%**	**38.46**

			IN POST		VACANCY		TOTAL		Difference from Budget					
			WTE	WTE	Cost	WTE	Cost	WTE	Cost		WTE			Ave Cost Orginal	Average Cost Revised	Difference
PR2523207		Band 7	1.00	0.00	0	1.00	52,993	1.00	55,090		0.00			52993	55090	-2097
PR2523206		Band 6	3.00	3.00	121,404	0.00	0	3.00	132,775	44258.33	0.00			40468	44258.33	-3790.33
PR2523205		Band 5	20.12	17.00	675,417	3.12	124,045	20.12	713,127	35439.86	0.83	814,797	1.142569	39730.4	35439.86	4290.544
PR2525004		Band 4	0.60	0.60	19,016	0.00	0	0.60	21,352		-0.60			31693	35586.67	-3893.67
PR2525003		Band 3	0.00	0.00	0	0.00	0	0.00	0		0.00			#DIV/0!	#DIV/0!	#DIV/0!
PR2525002		Band 2	14.74	9.48	265,696	5.26	147,460	14.74	354,867		-0.84			28027	24072.9	3954.099
PR2525009		Apprentice	1.00			1.00	6,566	1.00	6,566					#DIV/0!	6566	#DIV/0!
Unqualified Agency Mark Up																
			40.46	**30.08**	**1,081,533**	**10.38**	**331,065**	**40.46**	**1,283,778**		**-0.61**					
								24.12								
								0.61								

PR2523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0
PR2523205	Nursing & Midwifery Qual - Band 5	523205	20.95	742,465
PR2523206	Nursing & Midwifery Qual - Band 6	523206	3.00	132,775
PR2523207	Nursing & Midwifery Qual - Band 7	523207	1.00	55,090
PR2523208	N & M Qual - Band 8a	523208	0.00	0
PR2523209	N & M Qual - Band 8b	523209	0.00	0
PR2523210	N & M Qual - Band 8c	523210	0.00	0
PR2523211	N & M Qual - Band 8d	523211	0.00	0
PR2525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0
PR2525002	Nursing & Midwifery Unqual - Band 2	525002	13.90	334,613
PR2525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0
PR2525004	Nursing & Midwifery Unqual - Band 4	525004	0.60	21,352
PR2525009		525009	1.00	6,566
			40.45	1,292,861

Short CC SSA

Ward:	SAU

Shift Description*	No. Days	Hrs per Shift	Enhanced Hrs per Shift	Trained Head Count	Trained Hours	Untrained Head Count	Untrained Hours	Total Head Count	Total Hours
LD (07:00 - 19.30):Mon - Fri	5	11.50		4	230.00	2	115.00	6	345.00
LD (07:00 - 19.30):Sat	1	11.50		4	46.00	2	23.00	6	69.00
LD (07:00 - 19.30):Sun	1	11.50		4	46.00	2	23.00	6	69.00
Middle(10.00- 22:30):Mon - Fri	5	11.50		1	57.50	0	0.00	1	57.50
Middle (10.00 - 22:30):Sat	1	11.50		1	11.50	0	0.00	1	11.50
Middle(10.00 - 22:30):Sun	1	11.50		1	11.50	0	0.00	1	11.50
Night Shift (19.00-07.30):Mon - Fri	5	11.50		3	172.50	1	57.50	4	230.00
Night Shift (19.00-07.30):Sat	1	11.50		3	34.50	1	11.50	4	46.00
Night Shift (21:00 - 07:30):Sun	1	11.50		3	34.50	1	11.50	4	46.00
					644.00		241.50		885.50

WTEs	17.17		6.44		23.61
Relief at 19.68% and 19.11% A/L, Study, Sickness	3.38		1.23		4.61
Total Nursing WTEs	20.55	72.8%	7.67	27.2%	28.22

		IN POST			VACANCY		TOTAL		Difference from Budget	Ave Cost Orginal	Average Cost Revised	Difference
		WTE	WTE	Cost	WTE	Cost	WTE	Cost	WTE			
SSA523207	Band 7	1.00	1.00	52,993	0.00	0	1.00	55,065	0.00	52992.83	55065	-2072.17
SSA523206	Band 6	5.64	4.84	212,082	0.80	35,055	5.64	275,191	0.00	43818.61	48792.73	-4974.13
SSA523205	Band 5	14.91	16.64	647,717	-1.73	-67,222	14.91	572,982	3.02	38925.28	38421.53	503.752
SSA525004	Band 4	1.00	1.00	32,600	0.00	0	1.00	35,385	-1.00	32599.93	35385	-2785.07
SSA525003	Band 3	0.00	0.92	23,051	-0.92	-23,051	0.00	0	0.00	#DIV/0!	#DIV/0!	#DIV/0!
SSA525002	Band 2	6.67	4.00	117,561	2.67	78,492	6.67	183,733	-0.94	29390.27	27543.28	1846.988
SSA525009	Apprentice	1.00			1.00	6,566	1.00	6,566		#DIV/0!	6566	#DIV/0!
Unqualified Agency Mark Up												
		30.22	**28.40**	**1,086,004**	**1.82**	**29,839**	**30.22**	**1,128,922**	**1.08**			
							21.55					

SSA523204	Nursing & Midwifery Qual - Band 4	523204	0.00	0	0.74
SSA523205	Nursing & Midwifery Qual - Band 5	523205	17.93	688,898	
SSA523206	Nursing & Midwifery Qual - Band 6	523206	5.64	275,191	
SSA523207	Nursing & Midwifery Qual - Band 7	523207	1.00	55,065	
SSA523208	N & M Qual - Band 8a	523208	0.00	0	
SSA523209	N & M Qual - Band 8b	523209	0.00	0	
SSA523210	N & M Qual - Band 8c	523210	0.00	0	
SSA523211	N & M Qual - Band 8d	523211	0.00	0	
SSA525001	Nursing & Midwifery Unqual - Band 1	525001	0.00	0	
SSA525002	Nursing & Midwifery Unqual - Band 2	525002	5.73	157,823	
SSA525003	Nursing & Midwifery Unqual - Band 3	525003	0.00	0	
SSA525004	Nursing & Midwifery Unqual - Band 4	525004	1.00	35,385	
SSA525009		525009	1.00	6,566	
			32.30	1,218,928	

Women & Children's

safe staffing establishment review

Updates - November 2017

1. Introduction

For the purpose of the November 2017 update - Gynaecology services are changing therefore has not been included in the gathering of information applied across the rest of the nursing establishments in the Trust. Work has however been completed to evaluate nursing establishment needs for the revised Gynaecology service, with a reduction in establishment. This is reflected in this paper.

The Maternity, Neonatal and Paediatric services establishment reviews all use speciality specific tools as the methodology for assessing staffing establishment which are outlined below.

2. Maternity

2.1 Background

The Birthrate Plus® Workforce Planning Methodology (Ball & Washbrook) is a tool developed to calculate safe midwifery staffing establishments as recognised by NICE (2015) and endorsed by the RCM (2016). The methodology includes the whole caseload of women and their acuity, recognising that the service needs to provide safe care at all times to women and babies in all settings and for the elements of care that they require; the budget for maternity services therefore needs to cover the required midwifery staffing establishment for all settings (RCM, 2016).

For the purpose of the routine establishment reviews, the adapted 'table top' tool has been used (RCM staffing standards, 2009). The tool is however being redesigned in accordance with evidence related to skill mix and caseload proportions. The revised tool will be used to revisit the establishments once released.

The national guidance on midwifery staffing establishments emphasises the importance of acuity as well as activity when reviewing midwifery establishments. The acknowledged increase in complexity of women accessing local services is being captured within the recently introduced; evidence based Birthrate Plus® Intrapartum Acuity Tool. The tool was introduced at SWBH in May 2017. The pilot phase has now concluded, with adjustments having been made to ensure tolerance levels are appropriate for our service. In January 2018, the recently released maternity inpatient ward acuity tool will be introduced within the service which will further inform real time acuity, activity, skill mix and staffing needs. Quarterly reports will be provided to inform safe staffing levels for each area.

2.2 Acuity staffing review

The calculations applied within the tool outlined in Table 2, below are based on information collected for the 12 month financial year period, 2016/17 since the activity mirrored that collected for the period including the period for the Trust wide review (November 2017).

Table 2: The Birthrate Plus® Workforce Planning Methodology (Ball & Washbrook)

Trust name SWBH	**Differentiated ratios**	%
	Tertiary	38 to 1
Service Type	DGH > 50% categories IV & V	42 to 1
	DGH < 50% categories IV & V	45 to 1
	Community excluding home and stand-alone mlu births	98 to 1
	Home and stand-alone mule births	35 to 1

Leave allowance (%)	21.0%
Existing establishment clinical midwives and clinical element managers/specialists	219.66
Existing establishment non clinical managers/specialist elements	19.13
Existing establishment band 3 and 4 *currently* included in 10% skill mix	6.4
(those with appropriate qualifications, skills and competency used currently to replace midwifery times, includes nursery nurses, RGN's, MSWs)	

Case Mix Ratio	No. Hospital Births	Home Births & Stand Alone MLU Births	Exports (del only)	Imports (AN/PN only)	t/births
42:1	4,623	41	300	5,927	5,959.00
42:1	1,036				

Hospital Midwives		
(no of hospital births / differentiated ratio (42 for high risk and 45 for low risk)	A	133.09
Community Care	B	118.22
(No of hospital births - exports + imports /98)		
Home Births & Stand Alone MLU births	C	1.17
(No of births/35)		
Total Clinical Midwives Required		
(A + B + C)	D	252.49
Assessed Ratio	BIRTHS ONLY	01:24
(Total births/ clinical midwives required) Total Births / Establishment of Clinical Midwives- SWBH)	BIRTHS ONLY	1:27
Additional % required for non-clinical element managers/specialists		8%
Additional number required for non-clinical element managers/specialists		20.20
Theatres		-
Scanning		2.80
Total Midwives required		275.49
Total Establishment incl 6.4wte B3/4 skill mix (current)		247.99
Surplus/(Deficit)	DEFICIT	(27.53)

2.3. Analysis

This previous exercise was undertaken in May 2017. The funded establishment deficit remains constant at 27.53wte. Staff in post is not taken into account in this calculation with an average vacancy factor for 2016/17 YTD of 11%. This has reduced since a proactive recruitment and retention drive and continues with current vacancies at 8% (November 2017).

The calculation outlines a current Midwife: Birth ratio of 1:27 however this is misleading if considered or benchmarked against national standards owing to the SWBH cohort of women which is constituted of women who receive various elements of care from the Trust midwifery service (i.e. 51% of women birth at SWBH with the remaining 49% receiving AN and PN care only). The tool highlights that this ratio is specific to the birth only element of care. Community midwifery establishment currently equates to caseloads of 1:128 (if fully staffed) which far exceeds the national recommendation of 1:110 for low risk caseloads, and 1:100for high risk caseloads. The number of vacancies during summer months reached 19%, which impacted community midwifery caseloads, increasing to 1:130. This was mitigated by midwives in non-patient facing roles working clinically as well as use of internal bank, in line with escalation policy.

The tool outlines a small deficit in the allocation of management time however largely, a deficit in clinical midwives. Skill mix options are being progressed in response to national recruitment and retention issues amongst the midwifery workforce. Training and deployment of Band 4 Assistant Practitioners for inclusion in rotas accounting for up to 10% of clinical midwifery roles is an example of this. This is however a long term project with immediate staffing deficits requiring address through the on-going recruitment across the service.

2.4 Recommendations

The establishment review indicates staffing deficits across the service equal to those identified after the previous exercise undertaken 5 years ago. It is recommended that the Birthrate plus table top exercise is repeated 6 monthly to provide timely information to inform immediate workforce requirements. It is also recommended that the full Birthrate Plus® review is commissioned and undertaken within the next year to ensure that the staffing establishment reflects safe staffing in line with national policy to meet the changing profile of the service provided by local maternity services (Better Births, 2016).

The birth rate acuity tool will be implemented across the whole service and quarterly reports used to inform future staffing reviews, monitored monthly within the Directorate and the Group. This will be used to provide timely information to inform the distribution of trained and untrained staff across the inpatient service and the proactive and responsive re-distribution of staff with outcome reports to reflect impact and benefit.

In the absence of a similar tool for community midwifery and outpatient services, the matron will continue to monitor and report caseload information alongside achievement of, and compliance with, key performance indicators which reflect quality and safe care delivery.

An outpatient and community midwifery review is planned to inform how best to meet the needs of the women in line with Better Births initiatives (2016) in the challenging climate of midwifery shortages. This forms part of the Local Maternity Systems work streams, with strategic board oversight to identify and progress opportunities to work differently, ensuring the women's needs are met by appropriately skilled clinicians in all settings.

3. Neonates

Neonatal Unit: Analysis based on 21 days (1/11/17 – 21/11/17) nurse staffing for the Neonatal Unit against BAPM standards.

3.1 Background

The Level 2 Neonatal unit at City Hospital has 29 cots of which 5 are intensive care (ITU), 5 high dependency (HDU) and 19 special care (SC) funded cots. The staffing requirements on each shift, in line with the allocated budget, are 9 staff of which 7 are trained (Registered Nurses) and 2 untrained (nursery nurses or health care assistant). Of the 7 trained nurses at least 4 should be qualified in intensive care.

The tool used to review the neonatal staffing is the acuity tool produced by the British Association of Perinatal Medicine (BAPM) - the categories of care are outlined below.

Table 1: Categories of care BPAM (2011)

Intensive Care (ITU)	High Dependency Care (HDU)	Special Care (SC)
Babies receiving any form of mechanical respiratory support via tracheal tube, both non-invasive ventilation(CPAP etc.), day surgery including laser surgery for ROP and any day receiving any of the following for example presence of umbilical arterial line or insulin infusion etc. These babies will require 1-1 nursing care.	Babies requiring high skilled care lower than intensive care. Babies receiving non-invasive respiratory support i.e. CPAP, parental nutrition and or central line etc. These babies will require 1-2 nursing care.	Babies who require additional care but not the intensive care nor the HDU care. These babies will have oxygen therapy via nasal cannula, receiving phototherapy etc. They will require 1-4 nursing care.

According to BAPM, the nursing requirements (when all cots are occupied) is 11 registered nurses and 2.5 non-registered staff per shift, of which 1 should be a senior nurse who is the supernumerary shift leader. BAPM require the ratio of registered and non-registered to be 80:20 (%). The funded establishment at SWBH does not meet BAPM standards, with a deficit of 4 registered (including the supernumerary shift lead) and 0.5 non-registered staff. Nationally, there are very few units that meet 100% BAPM standards however we aspire to increase our compliance with these benchmark 'best practice' standards. At SWBH, the supernumerary shift team leader per shift (as recommended by BAPM) is not funded, however, this is achieved when activity allows.

BadgerNet provide a report to reflect staffing ratios across the neonatal network; this is calculated with consideration of activity and acuity of workload. During the period of this staffing review high levels of activity and acuity were experienced; SWBH Neonatal unit did not achieve any BAPM standard compliant shifts; the compliance rate was calculated at 2.3%. The National average for BAPM compliant staffing for Level 2 NNU's for the same period was 61.5%. The 2016/17 annual compliance for all level 2 units is reflected in Table 1, below.

Neonatal Unit Report - Nurse Staffing

Location: City, Birmingham Date range: Custom From 01 Apr 16 to 31 Mar 17 Edit

Neonatal Unit Report - Nurse Staffing

LocationName	NNU_UnitLevel	% Shifts Staffed To BAPM Recommendations	%Shifts QIS To Toolkit	% Shifts With Team leader	% Nursing shifts covered by Bank	Avg nurses on shift	Avg nurses required on shift	Avg (Mean) variance from compliance	Avg (Median) variance from compliance	Additional nurse shifts need to make all shifts BAPM compliant
City, Birmingham	2	20.45	31.33	19.16	9.13	9.06	10.83	-1.77	-2.0	1319.0
National Avg	2	57.57	72.48	26.15	6.18			0.37	0.3	

Neonatal Unit Chart - Nurse Staffing

3.2 Neonatal unit nursing establishment

The funded establishment has been calculated at 79% BAPM compliance for the 29 cots, in line with the operational policy. The ratio of clinical facing registered nurses to non-registered staff is 78:22 (%). If all the registered nurses provided direct nursing care for 100% of their time, the ratio would be 81:19 (%) at 79% compliance.

A phased expansion plan was approved, in preparation for MMH. It is anticipated that, in April 2019, there will be an increase in registered nurses by 1.8wte. This will increase BAPM standards compliance to 80%, based on 100% cot occupancy (29 cots) and all nursing staff providing direct nursing care. If capacity exceeds the current number of cots, BAPM standards compliance would reduce.

The ANNP's and clinical educator provide an essential training role, ensuring high standards are maintained through teaching, staff support and supervision.

3.3 Acuity staffing review

Badger Net is used to collate the nursing numbers per shift. From this report, safe staffing requirements and actual nursing cover is determined in accordance with acuity and activity, (I.e. cot occupancy, acuity of babies, staffing numbers and BAPM compliance). The tool however does not highlight separate late shifts; it works on the basis of two different shifts (long day and night) per 24 hour period (this is being addressed by BadgerNet).

3.4 Analysis

The BadgerNet report is against 100% compliance with BAPM standards. The outcome reflects that, between 01.11.17 – 21.11.17, SWBH NNU was compliant to BAPM standards for 0% of the time where there was, an average of 24 cots occupied. The calculation uses acuity and activity to determine staffing need and is not against the actual funded establishment or local tolerance of being 79% compliant 100% of the time (as reflected and monitored by the Trust's monthly staffing returns).

During the period under review, the average cot occupancy was at 85%, average number of staff per shift 8.7, reflecting a deficit of 3.3 staff per shift against BAPM standards (12.08 staff recommended for this number of cots).

On the basis of this analysis, to comply with BAPM standards for the review period (at 100% cot occupancy), an additional 18wte staff would have been required.

3.5 Recommendations

The nature of NNU activity is unpredictable. It is therefore necessary to adhere to the expansion plan and continue to increase the establishment in preparation for MMH and the anticipated increase in capacity (3 additional cots). The expansion plan will see an increase in the establishment with an additional 2.8wte to provide safe staffing levels for 32 cots.

Where staffing shortfalls arise, the escalation policy is deployed with any associated incidents being captured through the Trust's incident reporting system where they will continue to be reviewed and risk assessments completed to ensure safe, high quality care remains our priority.

The NNU matron will continue to monitor nurse staffing requirements using the BadgerNet tool in conjunction with the submission of data to inform the Trust nurse staffing tool (weekly) and trigger tool (monthly). Combined, these highlight areas of focus and inform a resulting action plan to improve staffing numbers on the unit, providing assurance in relation to key quality indicators.

4.0 Paediatrics

4.1 Background

The Paediatric Unit consists of in- and outpatient, cross-site services. The in-patient and PAU at Sandwell operate on a summer and winter activity model for the calculation of staffing requirements. The summer period is 1st April to 31st August and the winter period is 1st September to 30th March. The adolescent area and medical/ surgical day case areas do not have the fluctuation in activity and therefore there model of staffing is the same all year round.

Priory Ground – covers all paediatric out patient, medical and surgical day case activity cross-site. Therefore the areas are opened and staffed to accommodate activity as required.

Lyndon Ground / D19 - PAU's X Site

The *PAU at city (D19*) is managed as part of LG. However, as it is a stand-alone 24 hour ward at City – it is not possible to operate in the same way, therefore remains the same bed capacity throughout the year.

The *PAU at SGH (Lyndon Ground)* is collocated with the adolescent unit.

Summer capacity -11 beds – 5 PAU

Winter capacity – 17 beds – 11 PAU

***Lyndon ground* - Adolescent area**

6 beds all year capacity

***Lyndon One* – in patient ward.**

Summer capacity - 14 beds inclusive of 2 HDU beds. An anomaly has been identified with regard to the number of beds open on L1 in the summer, this is being reviewed and staffing establishment will be recalculated following this review if necessary. This work will be completed by April 2017.

Winter capacity - 22 beds inclusive of 2 HDU beds. It should be noted that although we state 2 HDU beds during winter it is not uncommon to have on average 4 HDU patients.

The HDU staffing requirements are in line with the *WMQRS -Care Critically Ill and Injured Child Standards* V5 2017.

The general ward staffing requirements are based on the guidance in the RCN –*Defining staffing levels for children and young people's services -2nd edition August 2013*.

Children < 2 years of age 1:3 registered nurse: child, day and night.
Children > 2 years of age 1:4 registered nurse: child, day and night.
When setting baseline establishments the average age of patient population should be considered, as where there are high numbers of children less than two years, an increased registered nurse: patient ratio is required.

The ward staffing complement must also have a supervisory ward sister/charge nurse and unregistered staff, who are not included in the above baseline bed side establishment. The following standards should be applied for all general inpatient wards as a minimum:

- *one Band 7 ward sister/charge nurse*
- *one ward receptionist +/- admin support for sister*
- *minimum of one hospital play specialist*

Skill mix should be balanced to meet the needs of the service and dependency/acuity of the children and young people requiring nursing care.
Children and young people should be cared for by staff who have the right knowledge, skills, expertise and competence to meet their needs.
In addition to the Band 7 ward sister/charge nurse, a competent, experienced Band 6 is required throughout the24-hour period to provide the necessary support to the nursing team. This will provide an experienced nurse to advise on clinical nursing issues relating to children across the organisation 24-hours a day.

4.2 Paediatric unit nursing establishment

The establishment budget allocation has been calculated as described above. The supernumerary ward manager is not funded in any of the paediatric unit, and therefore this is achieved only when activity allows.

Staffing requirements:

Lyndon 1 summer

SHIFTS:	TRAINED STAFF	HCA
Early 07:30 – 14:30	3	2
Late 14:00 – 20:30	3	2
Night 20:00 – 08:00	3	2

Lyndon 1 winter

SHIFTS:	TRAINED STAFF	HCA
Early 07:30 – 14:30	5	2
Late 14:00 – 20:30	5	2
Night 20:00 – 08:00	5	2

Lyndon Ground- Summer

SHIFTS :	TRAINED STAFF	HCA
Early	2	1
Late	2	1
Night	2	1

Lyndon Ground -winter

SHIFTS :	TRAINED STAFF	HCA
Early	3	1
Late	3	1
Night	3	1

CITY : D19

SHIFTS :	TRAINED STAFF	HCA
Early	2	1
Late	2	1
Night	2	1

Cross site Transfer Nurse

SHIFT :	TRAINED
1pm – 7 pm	1

Establishment calculated as at April 17:

Current				**Bottom up costings**		**Variance**	
Cost Centre	Expense Code	Sum of Budget 17/18WTE	Sum of Budget 17/18 £	WTE Required	Funding required £	WTE (bottom up – con WTE)	£ (bottom up – current cost)
S-Y-LY1 Total		28.57	965,449	31.25	1124,157	2.68	158,708
S-Y-LYG Total		32.87	1179,522	37.19	1343,121	4.32	163,559
Grand Total		**61.44**		**68.44**	**2467,278**	**7.00**	**322,307**

The acute matron is working with the ward managers and finance business partner to identify reasons for the variance compared to the establishment calculated as at April 16, presented in the paper earlier this year.

4.3 Acuity staffing review

Historically, the nature of acute paediatric activity is seasonal; however there has been a notable increase in the number of children admitted requiring HDU care throughout the year, with a more consistent demand for HDU beds throughout the year.

The Trust has recently completed an establishment review for a 3 week period commencing 13th November 2017, using the Shelford acuity tool. This is not a paediatric tool and has been modified for use in paediatrics in the absence of a paediatric specific tool. On reflection, the HOS for paediatrics has identified that this does not accurately reflect the acuity of paediatric patients even with amendments and is not a validated / ratified tool. Thus the results will need to be viewed with caution. A specific paediatric acuity is available and it is recommended that the Trust considers investing in this for future exercises of this kind.

4.4 Analysis

Whilst the staffing establishments are based on the guidance outlined above, there is an element of clinical judgement and an acknowledgement of the clinical need of the patients known to be admitted to the paediatric unit. The establishments are reviewed on a yearly basis, with involvement of the ward managers.

There is concern that the RCN guidelines are not currently being met with the absence of a supervisory nurse in addition to the staffing complement.

Historically, the staffing numbers for D19 remain constant throughout the year; however, as the acuity of the patient's increases during the winter, this now needs to be reviewed to provide assurance to the Group that the staffing on D19 meets safe staffing requirements in line with activity and acuity.

HCA's are value members of the nursing team, engaged in direct nursing care under the supervision of a registered nurse. There is however a lack of guidance to determine the appropriate ratio of registered to non-registered nurses. This has historically been based on a 70/30 split of registered to non-registered staff. The decisions regarding appropriate skill mix have been informed by clinical judgement.

It is recognised that there is a shortage of paediatric nurses, further compounded at SWBH by the close proximity of Birmingham Children's Hospital. Nurses who wish to work in a more specialised area often gain their general paediatric experience at SWBH and then move to BCH.

4.5 Recommendations

The yearly review of staffing was been undertaken in April 2017 and the establishment detail is presented in the paper. The acute matron is working with the ward managers and finance business partners to identify reasons for the variance compared to the establishment calculated as at April 16, presented in the paper earlier this year.

To ensure that seasonal fluctuations in staffing requirements are addressed the annual leave protocol must be rigorously adhered to. This protocol requires review which will be completed by the acute paediatric matron by the end of January 2018.

To ensure all areas are safely staffed there is a requirement for paediatric nurses to be able to work flexibly across all areas; this will be supported by a re-launched rotation. Work is commencing to engage the staff and ensure they are supported with an appropriate competency based assessment tool being developed for each area. This is planned to commence in April 2018.

The recruitment drive led by the acute matron has been successful in the recruitment of newly qualified nurses into our vacancies. Retention of staff now requires focus to ensure the workforce establishment is sustained.

The ward managers will continue to monitor nurse staffing requirements in each area, using the trusts' Barnacles report in conjunction with the submission of data to inform the EWTT. This is reviewed and challenged by the acute matron at monthly departmental meetings where opportunities for increased efficiencies are identified.

The current staffing model affords appropriate staffing on 2 sites. The planned move to MMH affords opportunity for a wholesale review of staffing needs to develop a staffing model that is reflective of the new ways of working within MMH. This work is in progress.

5.0 Gynaecology

The Gynaecology Oncology specialist work currently provided at SWBH is set to cease once a suitable alternative service provider(s) has been identified by NHSE. This is anticipated to be in place during early 2018.

The gynaecology inpatient ward bed base will therefore be reduced from to 10 beds with the emergency Gynaecology assessment unit (EGAU) being relocated. This will result in a Gynaecology inpatient unit that is co-located with the EGAU supporting a reduced staffing establishment and consolidated services.

The current and future funded staffing establishments are reflected in the tables below.

CURRENT Funded staffing (wte) NB EGAU staffing funded within Female surgical ward.

BAND	CURRENT ESTABLISHMENT – D27 18 BEDS GYNAE-ONCOLOGY	ESTABLISHMENT IN POST
BAND 7	1.0	1.0
BAND 6	1.67	1.67
BAND 5	13.48	8.42 (+1.0 LTS) = 7.42
BAND 2	8.48	8.45

FUTURE funded establishment post termination of Gynae-oncology service (wte)

BAND	IN PATIENT (10 BEDS)	EGAU (budget transferred from FSU) 24/7	TOTAL ESTABLISHMENT
BAND 7	1.0	1.94	2.94
BAND 6	0	5.19	5.19
BAND 5	7.97	0	7.97
BAND 3 / 4	0	2.0	2.0
BAND 2	4.02	0	4.02

Rachel Carter
Director of Midwifery
November 2017

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Winter Plan: Bed Closures to 31st March 2018
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow, Chief Operating Officer
AUTHOR:	Rachel Barlow, Chief Operating Officer
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

The paper sets out the current urgent care demand and Length of Stay (LOS) against our winter planning assumptions.

Fundamentally we remain behind plan with un-substantiated beds remaining open and are under performing on the key success indicators of Expected Date of Discharges (EDD) and Length of Stay (LOS). There is a failure of implementation that needs to be quickly redesigned with dedicated senior leadership attention.

This paper sets out the current activity and issue status as well as the approach to take stock and mobilise rapid and sustainable implementation over 10 weeks.

REPORT RECOMMENDATION:

The Trust Board are asked to discuss the current status and factors of delay in implementation of patient flow improvement project.

The Trust Board are asked to consider a view on the confidence of the proposed forward approach to deliver the necessary improvement in patient flow and bed base reduction.

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:

Accessible services, safe and high quality care, workforce plan, financial plan

PREVIOUS CONSIDERATION:

Previous Trust Boards throughout winter

Winter bed plan: Bed Closures to 31st March 2018

1. Introduction

The paper sets out the current urgent care demand and Length of Stay (LOS) against our winter planning assumptions. Fundamentally we remain behind plan with un-substantiated beds remaining open and are under performing on the key success indicators of Expected Date of Discharges (EDD) and Length of Stay (LOS). There is a failure of implementation that needs to be quickly redesigned with dedicated senior leadership attention. This paper sets out the current activity and issue status as well as the approach to take stock and mobilise rapid and sustainable implementation over 10 weeks.

2. Current activity and implementation issues

Activity

Admissions into the in-patient medical bed base are above plan by 10% and compared to the same time last year have increased by 21%.

Last month the Trust revised the bed planning assumptions to take into account the increased admission rate from the original plan of 45 patients a day to 50 patients a day and revising our LOS goals.

In context to the same period last year, in February 2017 we admitted an average of 39 patients per day into the bed base compared to 49 patients a day this year. Our LOS is 1.2 days above our revised goal of 6.6 days if we are to work within the substantive bed base.

Table 1 bed model assumptions vs actuals					
Daily numbers	**Revised bed model assumption**	**November**	**December**	**January**	**February 1-14th**
Average daily ED attendances Type 1		612	576	568	586
WMAS arrivals per day		158	158	153	157
Admissions to AMU	75 / day	70/day	74/day	76 /day	73/day
Medicine admission to inpatient beds (direct or from AMU)	50 /day	42/day	50/ day	51/day	49/day
Average LOS (including AMU)	6.7 days	8.25days	8.13 days	8.15days	7.8 days

Un-substantive beds

At the time of writing we have 54 additional beds open above plan; 24 at City and 30 at Sandwell. The cost of these beds is circa £300K a month which is funded for Quarter 4 but becomes a financial risk from 1.4.18. The distribution of un-substantively staffed beds range from an additional 1- 3

beds on existing wards that do not require additional staffing through to cohorts of 5 or more additional beds on existing wards that do require additional staffing. The latter cohort equate to 30 beds open in cardiology, respiratory and gastroenterology base wards at city, haematology, stroke and surgery beds at Sandwell to support medicine patients. We need to close 6 beds a week to mitigate the financial risk and 10 beds a week to close all un-substantiated winter beds by the end of March.

Workforce

Consultant of the week rotas are now in place. Substantive recruitment to new posts to support a sustained rota shows early signs of success, with 3 respiratory consultants appointed this month. Recruitment to gastroenterology and elderly care Consultant posts is in progress.

Non consultant medical posts are causing strain in medicine based specialities and ED due to vacancies, maternity leave and in some areas sickness. With 37 vacancies across medical specialties (11) and ED (26), the lived experience is there are on average a minimum of 3 rota gaps per week, per site at SHO, RMO and Registrar level in medical specialities and daily gaps in the ED rotas particularly at Sandwell. The Registrar gaps cause operational problems as Consultants may have to act down to cover and/or the Registrar from the day shift may be asked to cover, leaving daytime gaps and causing disruption on a personal level to staff. The medical staffing issues are being formally risk assessed and will be considered at the Risk Management Committee on the 12.3.18. Irrespective of that assessment, there is immediate focus needed in this area and a weekly meeting has been established with the directorate leadership, Director of Education, medical staffing and human resources to oversee effective recruitment, rota management, training experience and retention plans. It is necessary to have complete staffing if we are to sustain changes in our patient flow.

Challenges with implementation to date

The design principles of improvement we consider to remain sound:

- Consultant of the week achieving consistency in care and discharge planning across 7 days to achieve Expected Dates of Discharge (EDD) and Length of Stay (LOS) aligned to the bed model
- An admit-pull model matching admission demand with discharge planning
- Establishing a bed base with speciality hubs, elderly care wards caring for patients over 75 years old and other wards taking general medicine admissions below 75 years old

The reality of implementation is that:

- Consultant of the Week rotas are in place but no significant improvement has been achieved in EDD compliance and LOS
- There is variation in practice in the admit-pull model; with a prevalence of clinical teams planning today rather than tomorrow and the week ahead
- The LOS is higher than planned and the distribution of over and under 75 year olds between the elderly care and general medicine bed base is not synchronising with the bed plan. 31%

of the elderly care wards at City have patients under the age of 75 years old and 16% at Sandwell.

The project team have been unable to step up delivery despite best efforts and hard work. There is mixed commitment to the entirety of the improvement approach. The system is designed but not fully understood by the clinical and operational support teams. There are professional attitudes and behaviours that need to be supported to change for the new ways of working to be fully implemented and tested.

This paper addresses actions to be taken over the next 10 weeks to implement and sustian change successfully.

3. 10 week focus

Implementation team

The essential leadership implementation team that will focus on delivery include:

- Senior Operational Project lead at Group leadership level
- Clinical Directors for Admitted Care and Emergency Care
- Directorate General Manager for Admitted Care
- Director of Nursing for Medicine and Emergency Care
- Therapies lead

The implementation team will work closely with the Chief Operating Officer, Medical Director and Chief Nurse on a weekly basis akin to the Consistency of Care executive and clinical team oversight approach.

The diagram in appendix 1 demonstrates fortnightly improvement cycles aligning with the consultant of the week rota cycles. Interventions include:

Area of improvement focus	Week commencing	Current state	Expected output
Establish implementation team	26.2.18	Existing PMO with original project team	Revised project leadership team in place with weekly review Recheck design intent of new ways of working.
Implementation of the condition based Expected Dates of Discharge (EDDs)	26.2.18	EDD's are variable and depend on individual interpretation. EDD changes 2 times on the wards after AMU and only 23% of patients are discharged on their EDD	Combined with the COW clinical consistency approach, the impact is expected to reduce LOS of the < 7day LOS patient group in line with the bed reduction assumptions; reducing LOS by 0.5 day for this group will release equivalent to 3690 bed days a year. Evidence of intelligent EDD planning on admission and handover to ward teams to plan to and deliver on or before the EDD.

Area of improvement focus	Week commencing	Current state	Expected output
Maturing the admit pull model	5.3.18	The success has been in speciality consultant attendance to the Acute Assessment Units (AMUs) and speciality input within 24 hours or admission. The development area remains the challenging area of matching admission and discharge flow. Clinical teams still appear to work on today's plans rather than the days ahead.	The consultant of the week and clinical teams will be knowledgeable about admission demand and discharge planning over a week. 35% of discharges will be in the morning. Weekend discharges will increase by 20%. Patient flow will be aligned to the bed model of specialty hubs and over 75year old bed base.
Chief Nurse professional focus	5.3.18	Plan engagement event with incoming Chief Nurse to review nurse leadership focus with and attitude to patient flow, empowering and holding to account ward managers for effective admission assessment, discharge planning over 7 days and improvement in morning discharge rates.	Improved EDD compliance to 60%, morning discharge rate >35%. Reduction in LOS to achieve ward goals.
Senior clinical ward rounds – long LOS focus	12.3.18	Previous meeting based activities have now been converted to ward based activities where senior clinical leaders review patients with a LOS> 7 days.	Review new model and assess effectiveness in March. Reduce LOS by 2 days for patients currently with a LOS between 8-21 days.
Re-profile specialty beds – rest the bed base	12.3.18	Admit pull model is yet to mature. Some patient admissions are profiled to the next available bed and on occasions there are speciality patients outside of the intended base ward. This could potentially contribute to an extended LOS.	Reset bed base with COW to profile patients in the right bed. Elderly care wards to accommodate > 75 year old patients.

Area of improvement focus	Week commencing	Current state	Expected output
QIHD Executive, Directorate and ward team intervention	12.3.18	Plan clinical team and COW engagement event.	Engagement event to review team results. Model what good looks like – focus on process and behaviours.
Focus fortnight modelled on previous challenge events	19.3.18	Plan improvement activities to accelerate implementation.	Provide work based coaching and oversight of admit-pull and ward team behaviours and processes to enable rapid improvement and change. This will be followed by fortnightly governance and oversight with COW teams, Directorate and the COO/ Medical Director and Clinical Group.
Embed sustained governance framework	19.3.18	Dashboards at consultant and ward level in place.	Embed effective governance framework to sustain ways of working and support continuous improvement.

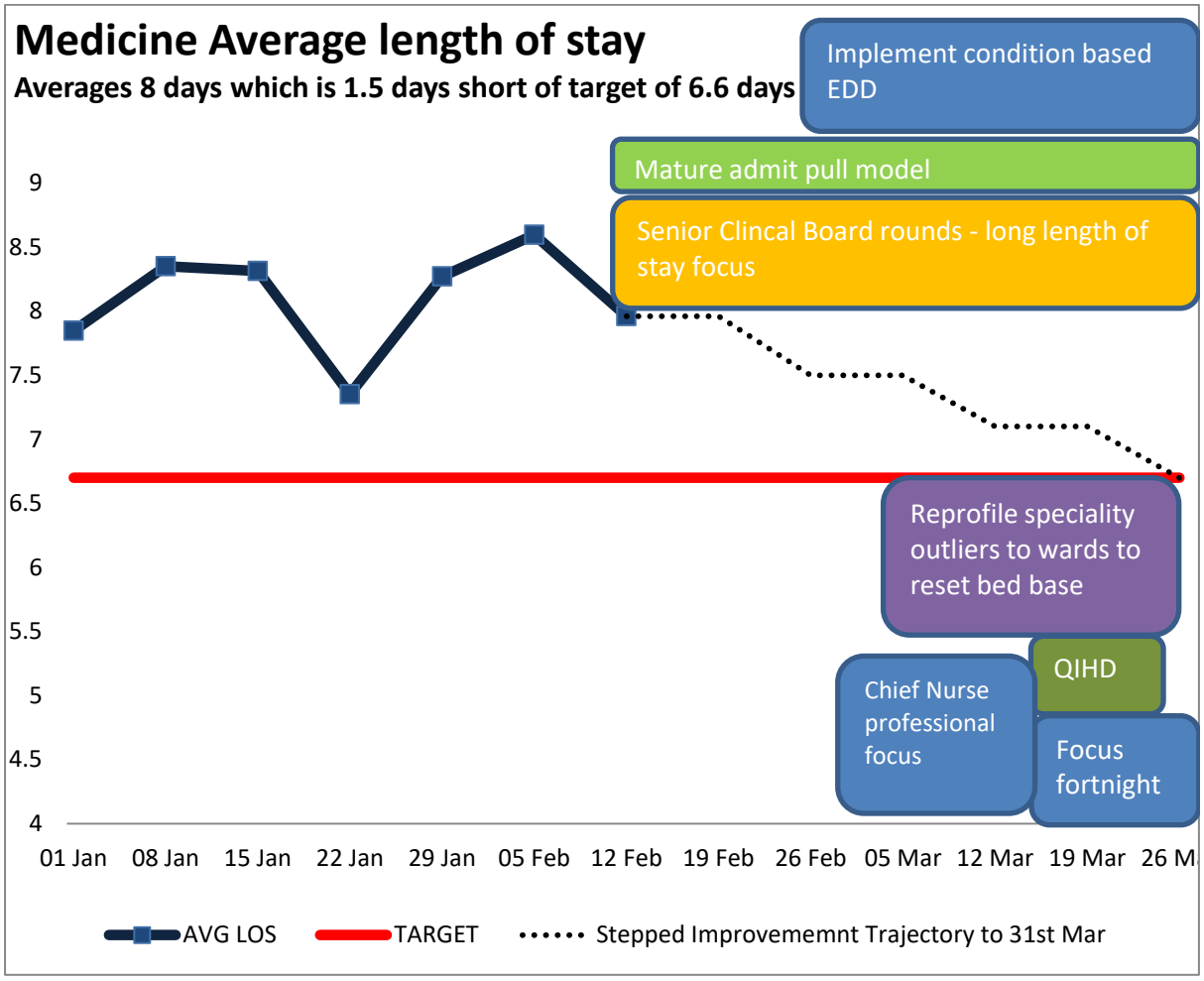
A similar improvement approach is being established in Primary Care, Community and Therapies to reduce LOS in the medically fit bed base to release a minimum of 8 beds to support medicine discharge flow. This will report as an integrated single improvement project.

Area of improvement focus	Week commencing	Current state	Expected output
Handover ratings of effectiveness	5.2.18	Variable and incomplete handover. Lack of prior to transfer discharge planning. A handover rating and feedback system is being established. Initial benchmark 61% of handovers rated as green.	All wards handovers to be effective and to include evidential discharge planning. 100% of wards to be green rated for handover.
Multi provider long length of stay reviews and improvement work	12.3.18	Previous meeting based activities have now been converted to ward based activities where senior clinical leaders review patients with a LOS> 7 days.	Review new model and assess effectiveness in March. Provide on-site base for social workers in community locations and agree job plan with social care.
QIHD Executive, ward team and social care LIA intervention	12.3.18	Improvement areas identified from long length of stay reviews.	Agree new ways of working and personalised care leads to reduce LOS. Reduce LOS by a day in the medically fit bed base to release 8 beds.

Conclusion

The Trust Board are asked to discuss the current status and factors of delay in implementation of patient flow improvement project. The Trust Board are asked to consider a view on the confidence of the proposed forward approach to deliver the necessary improvement in patient flow and bed base reduction.

Appendix 1 10 week focus to reduce LOS



Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Forward look on Trust and health economy financing
SPONSOR (EXECUTIVE DIRECTOR):	Toby Lewis, Chief Executive
AUTHOR:	Toby Lewis, Chief Executive
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

The briefing note outlines the state of present discussion about future financing and operating across the SWB system. It updates the Board on changes in the commissioning landscape, and sets out how we are seeking to integrate plans and finances into a single operating arrangement in the period before we open the Midland Metropolitan.

REPORT RECOMMENDATION:

The Board are invited to note and discuss the update.

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

Accept	Approve the recommendation	Discuss
		X

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

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

Comments:

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

all

PREVIOUS CONSIDERATION:

None

The local health economy – operating and financial plan

Purpose

This note has been developed to provide specific advice on how we are approaching the important task of integrating our future plans with those of others. This has always been our approach, but with the increasing importance of the STP construct, in view of last year's contract disputes, and bearing in mind the future operating needs to support Midland Met it is even more important.

Background

The Trust will end 2017-18 in all likelihood having achieved our control total financially. This is welcome and distinctive. Likewise, we understand that the local CCG who are our primary commissioner will meet their targets. This suggests a capability to deliver which we need to harness to meet future challenges.

The Board understands that we have an underlying deficit. The run-rate expenditure we continue to see exceeds in 2018-19 our likely income when contracts are signed. This assumes that new costs need to be met and the national CIP challenge met, as well as delivering on improvements to 'buy out' non recurrent improvements in 2017-18, recurrently. Our CCG also has an adjusted underlying position, albeit its effect is to reduce their surplus. Calls on their growth funds are significant, and whilst the Trust is one bidder, we recognise the needs of primary care, and perhaps especially the funding challenges faced by mental health.

Together with the CCG, NHS England and NHS Improvement, GE Healthcare reported in Q3 2017-18 on the future projections we faced. Their action plan arising from their report will be published in due course, but their work with us highlighted in particular:

- The need to align demand management plans and ensure clinical involvement in them
- The need to ensure that savings plans by any party were real in saving funds across all parties not simply "moving the problem"
- The lack of progress to date on redirecting referral flows in the manner envisaged in the new hospital Full Business Case (albeit some of that shift is post opening)
- The continued risk in relation to the bed base, given continued challenges with admitted demand, DTOC and length of stay above expectations (notwithstanding our short LOS compared to peers)

The local SWB approach

Work continues to think radically and fundamentally about how to tackle the issues that we ourselves have identified, and which then features in this analysis. It is acknowledged that a traditional commissioner/provider split with annual contracting is probably not the best response to the challenges faced, not least as it has a limited track record of change in the last two years. With that in mind weekly work is taking place at a senior level, and increasingly operationally, to create:

- A shared financial model across the health system. This should be ready in the next fortnight and provides a basis for addressing the issues outlined above.

- A shared bed model across the local care system. This will give us better ability to choose where to invest time and if necessary funding, from the front door of the hospital through to the care and residential sector.

- Place based visions for both Western Birmingham and Sandwell, that have the support of key institutional stakeholders in the statutory and third sector. We might reasonably expect that the outcomes sought from these places would be the same across the system. The route to achieve that might differ, and the relative priority of key issues may differ to reflect the population's divergent needs.

- Connection with plans across the Black Country STP, either in provider alignment – for example around the Walsall ED expansion – or commissioning expectations – for example in seeing flows of demand change between providers over time.

There is recognition that the creation of a new single CCG in BSOL and the commitment to a single commissioning approach across Birmingham is an important change from April. All parties are clear that the two constituencies identified by Birmingham City Council, and which the CCG considers to be Western Birmingham, will typically relate now to our system and organisation. This grows the local resident population significantly. At the same time, in the almost three years since the final business case for Midland Met, some other landscape changes have taken place. These need to be reflected in plans, or in the risk profile of our endeavours. For example, major changes in specialised commissioning services are anticipated.

The SWB system is looking over coming months to refresh our forward plans to take account of these changes. We will provide a golden thread back to the Midland Met case. It is important to be clear that the direction of travel remains entirely consistent with that proposition. Specifically:

- We are looking to create a smaller acute sector

- We are looking to invest more and better in community based solutions and preventative care

We have taken already three important steps in this refresh:

1. We have developed real operating changes in outpatient care, designed to localise services further within SWB. This starts with the SWBH/Modality Memorandum of Understanding and will see GP led services delivering some follow outpatient care previously provided in a hospital setting. This is a key step in, among other benefits, creating capacity to reduce new wait times in elective care, as well as to release medical time to give more scope to support emergency and urgent care. These changes go live in April and the scale and scope of them will change during the year.

2. We have interviewed and appointed Jonathan Pearson to chair a vehicle labelled the Integrated Care System (or ICS) across SWB. The wider governance around this work remains under discussion but from April we would be expecting the ICS to coordinate some work to better join up, on a place basis, efforts between an alliance of partners.

3. We have put in place a financial mental model with the local CCG which sets out mutual expectations as we move to sign a contract for coming years. Further work is taking place with regulators during March to see how this contract is best shaped to cover, at a minimum, the period from April 2018-March 2020. We might hope that during that period a longer term agreement – perhaps for the five years that follows – might come forward. The learning from our successful collaboration on end of life care is highly relevant to develop a system based way of integrated working in other client groups and services.

Key steps between now and May 2018

There is not yet a single programme or project plan to describe our shared journey either towards an operating agreement or towards an ICS model. But it is clear that to make progress we need to do several things in coming weeks.

(a) Reach the financial agreements outlined above.

(b) Form a shared view about the community/acute bed base locally and how it can best be used

(c) Develop a shared plan around primary care investment and integration that is attractive to those wanting to remain or become GPs in SWB

(d) Understand how changes with the Midland Met SPV might impact on the timing or nature of our plans

(e) Consider how data and technology can add value to our joint work, bearing in mind that alongside the Trust's Unity implementation we will have HIE capability locally for the first time

(f) Create a compelling sense of the desired achievement for collaborative working, and how individuals can play their part in shaping that work. An initial event in January was helpful in testing the appetite across local organisations to work in this way. It reinforced the key workstreams outlined in prior Board papers around financial and operational change.

We should discuss as a Board how best to govern the work we are doing in this space by reference to the structure and time allocated to the Board as a whole.

Toby Lewis – Chief Executive

February 23 2018

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: The Anne Gibson Boardroom, City Hospital **Date:** 1st February 2018

Members Present:

Mr R Samuda, Chair	(RS)	**In Attendance:**	
Ms O Dutton, Vice Chair	(OD)		
Cllr W Zaffar, Non-Executive Director	(WZ)		
Mrs M Perry, Non-Executive Director	(MP)		
Ms M Hoare, Non-Executive Director	(MH)	Mrs R Wilkin, Director of Communications	(RW)
Mr T Lewis, Chief Executive	(TL)	Mrs C Rickards, Trust Convenor	(CR)
Mr T Waite, Finance Director	(TW)	Miss Clare Dooley, Head of Corporate Governance	(CD)
Mrs R Goodby, Director of OD	(RG)		
Ms R Barlow, Chief Operating Officer	(RB)	**Board Support**	
Miss K Dhami, Director of Governance	(KD)	Miss R Fuller, Executive Assistant	(RF)
Dr David Carruthers, Medical Director	(NT)		

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

Apologies – apologies were received from Mr Kang.

Declaration of Interests - no declaration of interests were recorded.

2. Patient Story	**Presentation**

Mr Oscar Linton spoke about his experience following an early discharge from our care. Through his own words he informed, through video on admission he required transferring from City to Sandwell Hospital sites. Mr Linton was transferred at midnight and he didn't arrive until 5.00 am the following morning. Staff commented it was wrong to transfer but couldn't do anything about it. The vehicle he was travelling in was cold.

Mrs Newell informed, the decision to transport was appropriate but it did not take 5 hours, it was approximately 1 hour and the move was necessary for Mr Linton's care in obtaining the appropriate treatment once his condition was stabilised. Mr Linton's transfer from City ED to Sandwell and the video was filmed during his stay at Rowley Regis Hospital.

Ms Barlow confirmed Mr Linton's T&O was assessed and he was accompanied by a crew of 2 staff during his transfer. Mr Lewis commented if the patient had a discussion with ED staff about where he was going as the video indicates this was not the case.

Prof Thomas commented that often patients think hospital stays are for weeks, so fear it may be unsafe to go home early. She queried if material could be produced to help prepare patients prior to going home about reasons this could be occurring. Mr Lewis noted patients with a length of stay between 7 – 10 days should have communication with staff around day 4 – 5 to prepare for discharge. Ms Barlow noted the Trust is making headway with this issue with a plan made by the doctor at beginning of treatment and computer on wheels hand over plans to clinical teams ensuring consistency with discharge planning. Ms Barlow attended senior clinical ward rounds at Rowley recently to view this in action. Personalised diaries were also discussed for patients to have documented progress tailored to them, similar to critical care memory diaries for patients who may not remember some of their time on the ward.

The final point was to confirm that Ms Barlow is undertaking a review of transport services with external support from a new service provider commencing in March 2018.

ACTION:

- Analysis of out of hours transfers/moves returned to April Trust Board meeting, along with other patient story updates.

3. Questions from the public	**Verbal**

Oncology: Mr Bill Hodgetts from Healthwatch expressed concern about patients who may be unsure who to contact for test results, and appointment letters being issued for an appointment with an oncologist in April when the service will not be available at the Trust.

Mr Lewis stressed that a significant number of patients will be transferring to Edgbaston and the data confirms this is being done without error or omission. Mr Lewis noted the issue about results and confirmed this will be with clinical nurse specialists (CNS). Mr Lewis agreed to talk to the team to ensure the CNS is able to guide the patient through the QE system and SWBH system as it is important to get right being that the arrangement will be in place for the next 12 months.

Mr Lewis apologised about the appointment letters, especially if the appointments will not take place on our sites and he will look to resolve this issue as soon as possible.

ACTION:

- Ensure appointment letters for oncology services from 1 April 2018 should not quote SWBH sites.

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

Mr. Samuda commented on the following:

Midland Metropolitan Hospital. The news about Carillion going into liquidation exposing its employees and the supply chain to an uncertain future has been distressing, but with a busy construction market Mr Samuda was optimistic that finding work should not be too difficult. It was noted this is first time a project of this size has been stopped and along with Royal Liverpool Hospital, who are two thirds completed, progress in finding a new company to complete delivery is essential.

Currently Hospital Company are in charge of delivery and they are obligated to complete the hospital and we are working closely on this with daily contact. Work to ensure keeping the core team together at this is time is critical on some of the key design packages and in restarting the project to keep additional costs to a minimum. The Trust senior leaders are progressing alternative options/lenders and it was noted there has been good public support including Andy Street, West Midlands Mayor, to ensure the build completes.

Mr Zaffar asked if Government recognise continued commitment and he noted appreciation for the contribution/support of Andy Street and John Spellar MP to restart the project. He commented the priority is to restart and keep costs low, Carillion were supporting local economy and local jobs especially apprenticeships and he asked if this will continue with a new agreement/contractor? Mr Samuda responded to confirm efforts to ensure local procurement and apprenticeships and will be honoured.

Gynaecological Oncology. At the OCS meeting NHS England will review the service over the next 12 months and the Trust will contribute to the review, including real estate to support the service as moving the fracture clinic to BTC, as oncology services move out is a disappointing situation.

Acute Oncology. Mr Lewis informed board a supplier model is emerging with UHB, Wolverhampton and SWBH. However, commitment from commissioners to fund services still requires clarity/confirmation to assure the board.

6a. Audit & Risk Management Committee – 24th January 2018	SWBTB (02/18) 001 SWBTB (02/18) 002

Mrs Perry highlighted the following from the meeting:

Q3 Legal Services Update. From February 2018 automatic monthly reports will be sent to the Groups detailing any ongoing claims along with details of any new claims. It is intended to drive change in behaviour to reduce the number of public liability claims that cannot be defended due to lack of evidence. From April 2018 Groups will be responsible for the payment of claims which cannot be defended due to lack of evidence.

Annual Accounts. Key accounting judgements , leading to financial year end were discussed along with key matters such as surplus assets, land sale, valuation of fixed assets, provision for bad debts, STF/taper relief, accounting treatment for restructuring provision and these have been confirmed by the external auditors. No challenge will be made to the judgements made by management.

Going Concern. The Committee were content with the management judgement of the Trust's ability to continue as a going concern.

GDPR. Following the Trust Board Development session an action plan will be provided and discussed at the May Trust Board meeting. However, the Trust Board will have first sight of this during April 2018.

Local Counter Fraud Services. Recovery of funds has been achieved from a staff member defrauding the Trust on timesheets.

ACTION:

- Trust Board to receive the action plan on the GDPR at May 2018 Trust Board meeting.

6b. Quality and Safety Committee – 26th January 2018	SWBTB (02/18) 003 SWBTB (02/18) 004

Mrs Dutton highlighted the following from the Quality and Safety Committee, notwithstanding items already on today's agenda.

Winter Plan. The committee discussed the impact and issues on quality and safety. Ms Barlow and colleagues provided assurance that whilst the plan is challenging there is no impact on quality and safety.

IPR and Persistent Reds. The committee members were pleased with progress.

Perinatal Mortality. The committee discussed the review undertaken by Dr Stedman noting some improvements are already in place or being progressed as a priority. One issue which was discussed was a patient who had 3 appointment times provided to them but did not attend and this was not followed up.

6c. Finance & Investment Committee – 26th January 2018	SWBTB (02/18) 005 SWBTB (02/18) 006

Mr Hoare updated the Trust Board on the following:

Period 9 financial position to December 2017 is proving challenging on the production and delivery of CIP, but the position is holding and on track to deliver under the revised forecast.

£2m winter monies has been received to support winter beds.

Taper relief has been confirmed and accepted. Sandwell CCG outstanding debt has been agreed, which has negated the need for a loan in the financial year but the option remains open in the next financial year. The next Committee meeting will receive the details of operational cost of £3.5m and confirmation of monthly run rate. This will also be viewed by the Trust Board in March 2018.

6d. People and OD Committee – 26th January 2018	SWBTB (02/18) 007 SWBTB (02/18) 008

On behalf of the Chair of the Committee, Mrs Goodby provided the following:

Workforce Model – currently the headcount is not in line with the long term workforce model and it was agreed to commission a detailed analysis to be presented to the March meeting.

Recruitment Retention - an error on the outbrief was amended to note community nursing numbers were correct, and the vacancies of 160 were from the medicine group. Mrs Newell met with a number of September cohort students who provided feedback that the no fee on DBS checking and a guaranteed job offer were positive reasons why SWBH were chosen as a place of work. Along with this feedback, a taskforce will be looking at in house career progression of nurses between bands 5 – 7 and development opportunities for band 2 HCAs.

Junior Doctors Hour – the Committee noted that current rostering issues are being scrutinised.

Education Plan and Priorities 2018-2023 - the Committee will be identifying potential hotspots where managers are not able to complete PDRs in Q1. Clarification for the Trust Board on PDR action is that all managers are to complete employee's PDRs in Q1. Some managers training is not yet completed but this will have been addressed and completed during Q1.

7. Chief Executive's Report	SWBTB (02/18) 009

Mr Lewis congratulated all involved in the flu vaccination work as 80% of patient facing staff have now been vaccinated.

In the notes from Quality and Safety Committee a review of a 12 hour breach patient has been conducted. The patient did not experience any harm due to the delay, however this near miss was as a result of clinical practice in that patients reaching 6 hours in resus should be moved. The patient waited longer due to a discussion that took place about where the patient would be moved to. Ms Dutton requested that if this is not an administrative burden could the Non-Executives see the data sent to them at 6 hour waits rather than 12 hours. Mr Lewis and Ms Barlow agreed to refresh the daily data set available and provide this to the Non-Executives.

The Board noted that resus is not staffed or resourced like ITU or critical care and more senior clinical involvement is required out of hours to ensure patients are not waiting in Resus while clinical decisions are continuing. It was agreed to have a discussion with CCG colleagues about the small amount of critical care beds the trust has.

Following the Chair's opening comments about the status of the Midland Met construction, Mr Lewis noted this is a regulatory high risk and will be discussed at specially convened quarterly review meeting with NHS Improvement at the end of March 2018.

The Nurse Establishment report confirms the position to make safe cuts against the pay plan review of £2m on expenditure. It was agreed a further discussion and decision making will take place at the next Board meeting.

Ms Dutton referred to 'Speak Up' actions and asked about implications for professional colleagues if errors are made and the fear of being removed from practice. Mr Lewis responded that he plans to discuss this issue with wider executive and Clinical Leadership Executive colleagues, and in collaboration with the Medical Director. It is important to note that the guidance still encourages all to speak up in a supportive environment.

The Parsonage Street facility is an urgent care centre with extended GP arrangements located next to Sandwell General Hospital. An agreement was in place that with Midland Met opening in October 2018 this facility would close 6 months later in March 2019. However, as the project is delayed this centre is likely to close before Midland Met will open and we are working with CCG colleagues on the implications of the closure. The impact on Walsall will see 5,000 additional patients who will migrate from Sandwell and investment in facilities with external capital could be delayed, this issue needs to be resolved. Mr Lewis informed the Board that he was meeting the new Chief Executive to discuss this matter further.

Mr Waite informed the Board that the reference to additional running costs in relation to Midland Met does not relate to money from the Trust or the public purse, as the cost to the Trust was set, agreed and will not change.

Mr Lewis commented that work is progressing on the implementation of Unity (electronic patient record system) which will be discussed in more detail at the Private Board meeting later today. The most significant issue is the preparation work (planning, dress rehearsal etc) between now and the go live date in the summer. At the next public board meeting a paper will be provided on the full dress rehearsal in April and milestones for a June delivery.

ACTION:

- Unity milestones paper presented to the next Trust Board meeting.

8. Strategic Board Assurance Framework	**SWBTB (02/18) 010**

Miss Dhami reported the strategic board assurance framework Q3 position to the Trust Board which highlights gaps in controls assurance and the actions that are in place to address these. The BAF has non-executive oversight by Mrs Perry and is scrutinised/discussed at Board sub-committee meetings.

Mrs Perry noted good progress has been made in reporting the BAF but commented some actions do not fully mitigate/address the risk and further work is required to provide more detail on some risks. Mr Lewis stated the Audit and Risk Management, Finance and Investment and Quality and Safety Committees review the BAF as a regular item on their agenda, and the remainder of committees will ensure to discuss the BAF at their next meetings in February.

Mrs Dutton asked for an update on the risk for children and BMEC and Mr Lewis responded that the regulator would need to become involved in this issue.

Specific risks on the BAF were highlighted as follows:

Specialised Services - the risk has been identified in 2 services (haematology and cardiology) and Mr Lewis will pick up outside of this meeting what the next steps will be.

Repatriation (GP referrals) – this is identified as big risk which requires attention and should be reported in more detail on the next iteration of the BAF.

Learning from deaths – a report will be produced by the end of March 2018 and reviewed by the Quality and Safety Committee by end of Q1. An update will be provided by Miss Dhami for the next meeting.

ACTION:

- An update on Learning from Deaths to be provided to the next meeting.

9. Trust Risk Register	**SWBTB (02/18) 011**

Miss Dhami noted the operational risk in relation to Midland Metropolitan Hospital. Other risks were discussed as follows:

Risk 1643: Unfunded beds - this remains a high risk on the TRR and will be reassessed in March 2018. There could be an increase in the risk score and focus remains on the implementation of Consultant of the Week, admit/pull model being fully implemented during February 2018.

Risk 2849: Unfunded beds (impact on financial delivery of CIP) - the risk has been significantly reduced from red to amber due to receipt of winter monies in Q4. This risk is recommended for management by the Group.

Risk 215: Delayed Transfer of Care (DTOC) - improvement has been recorded and the recommendation for this risk is to be managed by the Group and reassessed in March 2018. Ms Barlow reported that there will be weekly monitoring of the DTOC position and if, at any time, the risk falls back to red the Group will be advised to escalate to the Risk Management Committee.

Risk 2642: Results acknowledgement - Mr Lewis informed the Board that following a meeting with the clinical sponsor group concern was noted that Cerner were unable to sort the issue. It was noted that GPs have no automatic trigger to review results and are required to manually look for them. Dr Carruthers noted letters produced in clinic are sent to the patient and copied to the GP, and actions by the clinic or GP are picked up. The Board agreed to keep the risk on the register and Dr Carruthers will provide further details on this risk to the next Trust Board meeting.

Risk 114: Workforce plan - Mrs Goodby reported with the reduction in the pay bill the Groups have been asked to identify additional CIP plans to address the CIP shortfall. The Board discussed redrafting of this risk and presenting to the People and OD Committee at its next meeting for review.

The Board discussed controls in place to keep risks from re-entering the register once addressed. Mr Lewis advised we have a 3 month standstill as a standard with the risk either remaining on the register for 3 months or the risk returning to the Group and after 3 months if there has been no impact the risk can be removed. This caveat can be added to all risks going forward.

10. Perinatal Mortality Review Update	**SWBTB (02/18) 012**

Mrs Newell provided assurance to the Trust Board that the majority of actions from the report have been closed and those outstanding are on track to deliver by the agreed timescales. The cases not reviewed by the external team have been reviewed internally and those actions are also being progressed. The Board were also informed of a Safety Summit planed for 20th February 2018.

Ms Dutton commented that the internal review report has provided assurance and requested attendance to the Safety Summit.

Mr Lewis stated focus is now on governance and through the safety summit scrutiny will be to check if the actions have been completed and it there has been altered behaviours and cultures. Mrs Newell commented that work on consistency of care and mock assessments can provide assurance and from September to December 2017 there has been a reduction in perinatal deaths.

11. Integrated Quality & Performance Report	**SWBTB (02/18) 013**

Mr. Waite circulated a revised IPR set as some key data was omitted from the circulated papers. The following areas were highlighted to the Board:

Sickness - Mrs Goodby informed the Board from November 2017 sickness has risen to just under 4.7% and scrutiny at Group Reviews is taking place to get back on track. It is expected this will reduce during January and February 2018, and the board will be presented, at a future meeting, the top 5 areas or hot spots (sickness above 7%) through the persistent red data.

Review of sickness over New Year Holiday period - Mr Lewis reported there was a system and process error and notwithstanding known sickness there was not as many unplanned sicknesses as first thought. However, the reporting issues should have been picked up before the commencement of the holiday period.

Mixed Sex Accommodation - there have been no breaches / imposed fines, however a criteria has been agreed with Claire Parker from the CCG where breaches are authorised.

VTE - consistently not reaching the national standard of 96.5% nor the Trust target of 100%. In many cases the VTE has been undertaken but late therefore delivery on the safety plan but not VTE.

Stroke - the numbers are being validated, but the results are disappointing. To understand the cause there will be some clinical pathway validating but performance is expected to be back on track for January 2018.

Pressure Sore - Miss Dhami will check if this has been logged as a serious incident.

Performance Notice on Community Review - Mr Waite informed the Board the notice was following District Nursing Service's timeliness to complete assessments (visits in the community) which has been flagged as red on the performance dashboard. There is now focused work, as part of the consistency of care project, with the expectation that those failing quality standards will be known by the end of February 2018.

52 week - Ms Barlow reported on some administration errors, and as part of improvement works, there will be some staff training taking place and time required for changes to practice to impact before zero tolerances are expected. The timescale for this is 2019 (in-line with the longest wait patients on the pathway). The Board noted concern on this issue and asked for further discussion to take place at the next meeting.

ACTION:

- Update / discussion on 52 weeks at the next Trust Board meeting.

11.1 IPR Persistent Reds – P09 December 2017	**SWBTB (02/18) 014**

The Board accepted the report, noted the categorisation of the actions and commented the rate of improvement was not on trajectory but would be monitored closely through the Board meetings.

11.2 52 Week RTT Breach Analysis	**SWBTB (02/18) 015**

This item was discussed under item 11 'Integrated Quality & Performance Report'.

12. Financial Performance P09	**SWBTB (02/18) 016**

Mr Waite brought to the Trust Board's attention the following key messages:

The forecast for delivery of a pre-STF control total is consistent to recover Q4 STF funds of £2.8m and managing expectations to that effect. This total is the best possible delivery with good successes in closing down key risks and opportunities have been identified. The only unknown is Midland Met and the outcome of current remedial discussions. Focus is also on improving the run rate as the plan is not yet complete but sufficient progress is being made. The cash position and outlook also remains consistent and borrowing may been deferred into the new financial year, to strengthen the position the focus is now on receivables.

Midland Met - costs would escalate over the next 8 weeks while a new solution is identified. There is current dialogue with NHS Improvement, Treasury and other leading stakeholders to manage this position. Notwithstanding these issues the finance team, under Mr Waite's direction, are managing the close out of the year. The auditors are well sighted on these issues through the Audit and Risk Management Committee.

Mr Waite stressed expenditure needs to reduce in months 10 – 12 and we all need to keep that in view and commit to agreed actions.

13. Winter Plan	**SWBTB (02/18) 017**

Ms Barlow reported to the Trust Board activity in December 2017 and January 2018 was above plan, with the challenge of closing unfunded beds. The length of stay is currently 0.42 days above plan and needs effort and focus to reduce but with Consultant of the Week commencing at the end of February 2018 this should have an impact of length of stay. The current length of stay within Community medical fit beds was noted and Ms Barlow informed the Trust Board that there is still a way to go in reducing current length of stay in these beds.

Mrs Newell noted work on the leadership model has taken place with senior ward rounds and EDD being agreed upon admission. Mr Lewis commented that the Trust needs to save thousands of bed days and he was unclear if the teams are performing at optimum levels to ensure the best result is received (noting page 3 of the report was unclear). Ms Barlow agreed to re-write the weekly data set to improve the narrative and clarity on this issue.

The Non-Executives queried if we had sight of neighbouring Trusts data. It was noted that unfortunately national data makes it difficult to compare local Trusts due to the community element at this Trust, but there is opportunity to reduce bed days on our current patient pathway.

Mrs Rickards commented that support for the transport department was required and some of the blockages are being attributed to that department. Ms Barlow confirmed that following discussion with Mrs Newell a review of the transport service is being commissioned in relation to demand/capacity and improvements that are required. This urgent piece of work will be completed by March 2018 and it should highlight any material changes in how the transport function operates. Mr Lewis confirmed transport staff will be consulted throughout the review.

14. Trust Evacuation and Shelter Proposal	**SWBTB (02/18) 018**

Ms Barlow advised the Board the refreshment of the policy arose following the recent disaster in Manchester and the report covered how evacuation of our sites would happen to ensure safety of patients and staff. Upon an evacuation, notwithstanding the assistance from other health providers, local councils, sport centres and community venues will play a key part in providing accommodation outside of the Trust. The policy will be kept up to date as and when current affairs change and will be improved going forward especially when Unity is active which will help in electronic patient recording.

Ms Barlow informed the Board, following Non-Executive enquiry, that areas of high dependence and critical care have a complex clinical triage and the policy covers that being completed by senior clinical team who triage patients to another area of the hospital. Actions for patients on life support or infection controls issues will have individual decisions made about them before they are moved.

Following a brief discussion Ms Barlow confirmed that partners, stakeholders, police and social services have been consulted and monitoring of the policy/reporting is through the Emergency Planning Resilience and Response Group, which she chairs.

15. Purple Phone Points	**SWBTB (02/18) 019**

Miss Dhami drew the Trust Board's attention to the visual design of the poster that will be displaced across 30 locations of the Trust. The phone will be located close to inpatient areas and patients and relatives can call the Governance Support Unit (GSU) with any concerns they have 7 days a week between the hours of 9am – 9pm. The services will be offered in the top 5 languages used by Trust patients and a resolution of queries will be provided during the inpatient period. The service will be go 'live' at the end of February 2018 and following today's Trust Board there will be an opportunity to see the prototype phone in a location as part of the Board Visits.

Ms Dhami commented SWBH will be the first NHS organisation to have this initiative and therefore data on trends, responses etc elsewhere is not available. All calls be monitored daily to ascertain any themes and feedback will be provided for callers to understand how well the system is responding. Support for this scheme has been provided from Healthwatch who have been involved in the engagement process for the scheme.

Following queries from Non-Executives, Ms Dhami assured progress will be provided by the daily monitoring and Groups will have access to that information. Formal reporting will be provided to monthly to the Quality and Safety Committee. The service does not cater for deaf patients currently but this will be reviewed. The purple phone can also be used to record compliments and communication will be provided to engage non-English communities to use the service. Wards staff are asked to inform patients of purple point and along with the posters located around the hospital, this information will also be in patient's bedside cabinets. Videos will be made for staff, doctors and nurses to receive feedback from the GSU on the use of the service.

All patients will be given a reference number if they chose to follow up on a call. Patients who provide a mobile phone will be sent a text asking for feedback which will be a key metric in monitoring customer satisfaction.

Following further discussion Ms Dhami confirmed to the Trust Board that the staff in the GSU are experienced from dealing with enquires through PALs and the Head of Complaints, Karen Wood has conducted intensive training and scenario roles with the team. It was envisaged if this became successful it would be an excellent promotional opportunity. The Trust Board were very excited by this scheme and supported the implementation of purple point.

16. Minutes of last meeting	**SWBTB (02/18) 020**
Mr Lewis asked for the minutes to be used as a point of reference due to some grammatical errors. Mr Samuda accepted there were some drafting amends and the Trust Board accepted the minutes for reference.	

16b. Action Log	**SWBTB (02/18) 021**
The action log was amended as follows: **4th January 2018** 3 – MPA: due to the current Midland Met events the Board will be updated on the details of the Hard FM during Q1. **7th December 2017** 6 – Safety Plan close out: this is now picked up as part of the IPR and can be closed. **5th October 2017** 4 – Chair's Comments, MLG membership: Ms Dhami is progressing options and will update the Board at a future meeting. 7 – Financial Performance: Mr Lewis updated the Board that the intention is to close out the debt before year end with Birmingham City Council – the deadline was agreed to change to March/April 2018. **6th July 2017** 1 – Smoking cessation: Mr Lewis to progress action through the public health, community development and equality committee but intended to close out by April 2018. Ms Dutton requested the Board release Mr Lewis from this action for the time being due to his current focus on Midland Met. This was agreed, however Mr Lewis did ask for the action to remain on the log as on-going.	

17. Matters arising	**Verbal**
There were no outstanding matters arising.	
18. Q3 Complaints Report	**SWBTB (02/18) 022**
This report was noted, as revised by the Quality and Safety Committee.	
19. Any other business	**Verbal**
No other business was discussed	
20. Date and time of next meeting	**Verbal**
The next public Trust Board will be held 1st March at the Cap Centre, Windmill Lane, Smethwick.	

Signed ……..

Print ……..

Date ……..

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board Action Log – 1st February 2018

	Action	Assigned to	Due Date	Status
From Meeting held on 1st February 2018				
2	Patient Story. Analysis on the number of out of hours moves for April Trust Board meeting.	RB	April 2018	Open
4	Questions from public. Ensure appointment letters are not informing patients about treatment location at SWBH for oncology from April 2018	RB	March 2018	Open
6a	Audit & Risk Management Committee – 24th January 2018. The Trust Board to receive the action plan on the GDPR.	KD	April 2018	Open
7	Chief Executive's Report. Unity paper presented to March Trust Board meeting.	TL	March 2018	Open
8	Strategic BAF. A verbal update on Learning from Deaths to be provided to the March Trust Board meeting.	KD	March 2018	Open
11	IPR. Update on 52 week position to be provided to March Trust Board meeting.	RB	March 2018	Open
From Meeting held on 4th January 2018				
1)	Patient Story: ➢ The communication of breast feeding awareness strategy for staff when treating patients who are breastfeeding mothers. ➢ Clarity to be provided to staff on who to contact regarding contra-indications of drugs when treating breastfeeding mothers. ➢ Appropriate arrangements to be put in place outside of neonatal unit and paediatrics for mothers storing breast milk.	Elaine Newell	April 2018	Open
2)	Previous Patient Story: A review of using yellow paper for all patients correspondence	Elaine Newell/ Rachel Barlow	April 2018	Open

	Action	Assigned to	Due Date	Status
4)	Chief Executive's Report: ➢ A report to be presented to the MPA showing the journey of the IT infrastructure from beginning to end.	Toby Lewis	March 2018	Open
5)	Winter Plan: ➢ Update paper on closing unfunded beds to be presented to the Board	Rachel Barlow	March 2018	Open
7)	Decreasing Sickness Absence and Improving Employee Mental Wellbeing: ➢ Authorisation given to mode the "time to be well" initiative ➢ The board to be informed of the percentage of sickness reduction would be achieved from the interventions contained in the report ➢ Have a clear strategy on pre-emptive actions for staff employed in high risk areas.	Raffaela Goodby	April 2018	Open
From Meeting held on 7th December 2017				
6)	Safety plan close out – monitoring to continue to be presented to the Quality and Safety Committee	Elaine Newell	May 2018	Open
From Meeting held on 5th October 2017				
6)	Perinatal Mortality Peer Review: Provide an update to the Trust Board in 6 months to highlight improvements actions which have taken place	Elaine Newell	April 2018	Open
7)	Financial performance: P05. Outstanding debt of Birmingham City Council to be progressed with Graham Betts.	Toby Lewis	~~November 2017~~ ~~February 2018~~ Mar/April 2018	Open
From Meeting held on 6th July 2017:				
1)	Smoking cessation: matter to be resolved and reported to Trust Board. This will be discussed at the Public Health, Community Development and Equality Committee	Toby Lewis	~~December 2017~~ February 2018	Open

SWBTB (03/18) 024

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD

DOCUMENT TITLE:	Overnight Bed Moves
SPONSOR (EXECUTIVE DIRECTOR):	Rachel Barlow, Chief Operating Officer
AUTHOR:	Rachel Barlow , Chief Operating Officer
DATE OF MEETING:	1st March 2018

EXECUTIVE SUMMARY:

This briefing clarifies the definition of clinical, non-clinical and out of hour patient bed moves.

The number of non-clinical bed moves between 10pm and 6am out of hours is higher than we would average 17 a day including the assessment unit moves and an average of 2 a day excluding the assessment units.

Work to reduce the non-clinical patient bed moves out of hours will be focussed in orthopaedics as this is a focal point in the data set and in medicine to increase morning discharge rates to 35% to improve day time bed moves from the assessment unit to the wards and avoid the avoidable non-clinical out of hours patient moves. A review of our transport services in Quarter 1 may also give opportunity for improvement in experience of patient's transferring between our hospital sites.

REPORT RECOMMENDATION:

Discuss the information provided on bed moves.

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

Accept	Approve the recommendation	Discuss
		x

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

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

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

Safe high quality care and accessible services

PREVIOUS CONSIDERATION:

IPR and persistent red indicators

Overnight Bed Moves

Introduction

This briefing note is a matter arising from the IPR discussion on this data point last month.

Patient bed moves are transfers of care from 1 clinical location to another and can be as a result of clinical need or non-clinical need.

Clinical bed moves are appropriate moves 24 hours / 7 days a week as a result of patients stepping up or down levels of care. Examples of such patient bed moves include transfers to or from:

- critical care
- cardiology / coronary care
- hyper acute stroke unit
- surgical monitored beds
- paediatric pathways
- obstetric delivery to post-natal care

Ideally stepping down levels of care for non-maternity pathways is conducted in hours when full medical teams are on site for handover. Based on clinical need patients may be clinically assessed and step down to alternative and appropriate locations in order to accommodate incoming transfers or admissions. We should look to avoid step down moves with the exception of maternity pathways out of hours.

Non clinical bed moves are moves that take place between equivalent levels of care. In hours this would appropriately include:

- movement within speciality cluster wards
- transfer from acute to community beds

The data

Out of hours definition for this purpose is from 10pm – 6am and excludes patient discharges or deaths.

The IPR data set reported to date on this new data item has been revalidated.

In the months of December to January inclusive, 364 non clinical transfers were reported. Data analysis has found this over reported the position as it included clinical moves in paediatrics and inter site specialty transfers which are assumed to be clinical moves.

With reassessment the out of hours patients bed moves, excluding those from assessment units to in-patient facilities in the months of November to January inclusive were as follows:

- There were 702 clinical patient moves out of hours, an average of 7.6 a day excluding moves from the assessment units.
- There were 191 non-clinical transfers out of hours, an average of 2 a day excluding moves from the assessment units.

This excludes any transfers from assessment units to the wards. Ideally we would plan to have a majority of empty beds in the assessment units for the night time and have low volumes of patients transferring into the inpatient bed base out of hours form the assessment units other than for clinical reasons relating to speciality input and step up in levels of care.

The average number of moves from assessment units after 10pm is 15 a day pan Trust, up to 3 of these a day are mapped to specialty pathways.

The integrity of the data set is reliant on real time electronic Bed Management System (eBMS) inout and is not 100 % reliable. With UNITY, the new electronic patient record which will be implemented later in 2018, real time information will improve as the electronic data will no longer be an administrative location record but will be core to the clinical record availability.

The current data is mapped at ward level and the non clinical and clinical data rules are based on ward location. With UNITY we will be able to label specific beds with levels of care and more accurately report clinical and non-clinical bed moves. Despite these 2 current data limitations, it does not detract from the fact we have a number of non-clinical patient moves out of hours that are a poor patient experience and potentially a quality issue in terms of handover of care to medical teams. This could impact length of stay.

Work to reduce the non-clinical patient bed moves out of hours will be focussed in orthopaedics as this is a focal point in the data set and in medicine to increase morning discharge rates to 35% to improve day time bed moves from the assessment unit to the wards and avoid the avoidable non-clinical out of hours patient moves. A review of our transport services in Quarter 1 may also give opportunity for improvement in experience of patient's transferring between our hospital sites.