Paper ref:	TB (10/18) 011

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board	**Date**	4th October 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The report frames and introduces much of the agenda for the meeting. It narrates continued strong delivery of elective plans, notwithstanding our continued failure to meet the ***diagnostic wait time standard***. ***Emergency care performance*** remains below trajectory, and the Board is reminded of the implementation of key changes designed to resolve that in Q3.

Recognising that IT resilience is our number one safety issue, the Board is asked to focus greater scrutiny in the next two meetings on delivery of ***quantified workforce improvements*** to address staffing gaps, both by new projects to tackle hiring and sickness rates, and by grip and control work to ensure each team implements best practice consistently.

Q3 and Q4 also sees our recovery plan to address Q2 slippage on our ***production plan*** and this work represents the largest single risk to our financial plan for 2018-19, notwithstanding the use of non-recurrent measures to reach £37m CIP and address the IT overspend.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan	X	Digital Plan	X	Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** the contents of this report including work to tackle recruitment shortfalls
b.	**RECOGNISE** the actions listed for October to drive improvements in emergency care delivery

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		Risk Number(s): BAF 5 and BAF 10					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 4 October 2018

Chief Executive's Summary on Organisation Wide Issues

In 2017 the Trust was rated as good for our leadership arrangements, as well as outstanding for caring. Our 2018 routine inspection is underway presently and early in 2019 the results will emerge. In October, our 'well-led' inspection takes place examining how we balance quality and finance and how we engage and involve, as well as hold teams to account. The papers for the Board today cover this ground in that we explore our self-assessment of the CQC leadership domains, and discuss again our engagement programme. By making decisions this month about next April's service expansions we provide our teams with the backing and support to improve care. These proposals come nine months sooner than our 'standard' NHS planning cycle and are a testimony to the long term planning model we have been working towards since 2015. 2018-19 sees a significant expenditure CIP, 2019-20 will see a significant productivity yield through growth. The integrated care system, HLP, in the area is facilitating this work, and the Board minutes for August are appended to my report (Annex E).

With the good news about long-term Midland Met funding in August and funding confirmed too for interim reconfiguration, we are moving towards suggestions to our local commissioners about 2019 changes in acute configuration. These would maintain two A&Es. We explore in papers today the prevailing issues and the narrowing of options. In our private Board we then discuss the commercial options around our final contractor Outline Business Case which will kick start the procurement in November. The contract for our interim building work – to weatherproof the building and develop the design – has been awarded to Balfour Beatty.

1. Our patients

1.1 At the time of writing we are on course to enter October with the planned number of beds open, and to open our 'winter' capacity. This is the first time since 2014 that that has been true. To maintain that for the coming six months we need to work had to maintain discharges safely. This year we benefit not only from our longstanding work on re-admissions, and the huge expansion in ambulatory care developed over the last twelve months, but also the discharge feedback loop that we have created between our community and acute wards, our district nurses and acute wards, and shortly between care homes and our acute wards. We are working hard to reduce the volume of patients with us for more than 21 days – and our Red/Green refresh work starts Trust-wide in late October. Optimising all of these changes and adjusting them to ensure daylight discharge seven days a week and a further reduction in overnight moves is important. The monthly Urgent Care Board will work to do this, while the weekly Consistency of Care meetings will provide a space for frontline clinicians, Group leaders and the Executive to test our collective effectiveness. At the end of October, NHS Improvement will undertake a winter readiness assessment, and we will discuss that at November's Board. Our winter plan is in today's papers.

1.2 Last month we reported three major planned changes in how A&E works, all of which will be operationalised in October – a fortnight behind schedule but after considerable clinical engagement. First a series of hot clinics provide our clinicians with alternatives to either admission or long waits. Then our SMART programme begins, putting senior clinicians into the first hour of a patient's time in ED. Finally on November 1st we launch our Single Point of Access (SPA) to triage and direct GP referred patients. Each is an evidence based change to try and ensure that A&E majors is looking after those patients who will most benefit from our service. Our current four hour performance remains unacceptable and behind our improvement trajectory. No effort is being spared to improve that. Yet it is important to make sure we make smaller changes that matter to patients and staff and so, from this week, we have 24/7 coverage for triage pain relief in our EDs. My own weekly "ED quality" meetings continue to make sure we are supporting our teams in every way that we can.

1.3 Within the papers on service expansion, is a major set of planned changes in radiology, or imaging. In advance of publication of national minimum standards for imaging waiting times, our teams are establishing our own local standards, and testing those during October with local GPs. There is a route to a ten and then seven week maximum wait from referral to imaging report. This depends on some productivity changes, some investments in extra staffing and some smarter use of automation. With our established partnership with Siemens, and successful recruitment in the last eighteen months, we are working over the next six weeks to address our backlog and the next six months to address a sustainable model to meet these commitments. In December and March we will provide a detailed update to the Board's Quality and Safety Committee. When we go live with Unity we will have a live auditable process for imaging results recognition.

1.4 Our flu campaign begins this month and continues over a six week period. This year we have a patient and a staff campaign, and our focus is on the four virulent strains of flu we expect to face the UK over coming months. In 2017-18 we achieved 81% coverage of patient facing staff, and intend to exceed that figure in 2018-19. There can be no complacency at all in the work we need to do, and unambiguously we will redeploy staff from high risk areas if we cannot achieve local herd immunity and collective safety. Paula Gardner, David Carruthers and Raffaela Goodby will lead the work to engage and involve staff in the next 6 weeks.

2. Our workforce

2.1 Annexed to the report is information on nurse staffing within the Trust (Annex D). Recruitment work continues against our April 2017 trajectories for improvement and renewed efforts, aided by our good news about Midland Met, include the activities detailed in the table below, which we discussed at this week's People and OD committee.

Recruitment Activity: 20/09/2018	Criteria	Target	
Band 5 Nurses (excluding Theatre Practitioners)	The Trust Board regularly receives updates on recruitment into 'hard to fill' roles. There have been considerable improvements in the past 18 months, but this activity has tailed off and a recovery plan is now needed. The Director of People and OD chairs a monthly recruitment and retention group with representatives from clinical groups. This will be expanded to include medical staffing representatives during October. This group is scrutinising time to fill data, the recruitment process and relevant KPI's, and will assess the impact of regional and national campaigns and assess the need for a different approach, e.g overseas recruitment	***88.33***	**Off track**
	Sufficient plans are now in place to recover this position		
Band 5 Community Nurses	This reflects the significant work undertaken in the past 18 months from community nurse leadership, to provide rotational opportunities and promote community nursing	***31.73***	**Target Met**
	This is on track to meet the target. Continued focus		
Band 5 Nursing (Total)	The Director of People and OD and Chief Nurse are leading a refreshed recruitment campaign for band 5 nurses, including a refresh of www.swbhjobs.co.uk, attending RCN recruitment events, hosting internal recruitment events and networking. All clinical group directors of nursing are engaged, and plan to lead social media activity in their groups and network.	***120.06***	**Off Track**
	The recovery plan for Band 5 nurses in now in place and will be a focus during Q3		
Band 6 Nurses (excluding Theatre Practitioners)	Further work needs to be developed for band 6 nurses, particularly in ED. There are not sufficient plans in place to be assured on recruiting to band 6 nurse vacancies. Good work has started with the implementation of the career escalator, but there is a need to recruit externally whilst internal colleagues are developed.	***34.05***	**Off Target**
	There are currently not sufficient plans in place to ensure this position is recovered. This will be developed during October		
Band 6 Community Nurses	Further work needs to be developed for band 6 nurses, particularly in ED. There are not sufficient plans in place to be assured on recruiting to band 6 nurse vacancies. Good work has started with the implementation of the career escalator, but there is a need to recruit externally whilst internal colleagues are developed.	***9.61***	**Off Target**
	Total Bank 6 Nurse **Specific Recovery plans will be developed during October. Clinical groups have good ideas and engagement**	***43.66***	**Over Target**
Band 5 & 6 Midwives	This is on track to meet target, with learning being applied to other areas	***26.64***	**Target Met**

Consultants	The Chief Operating Officer and Director of People and OD retain oversight of an action plan on hard to fill medical roles. Assessment will be made whether a different approach is needed during Q3. This will be reviewed at December's People and OD Committee		
		33.36	**Off Target**
	Sufficient recovery plans are in place to meet this objective but it needs additional focus during October 18.		
Specialty Registrars (including Junior Specialist Doctors)	The Chief Operating Officer and Director of People and OD retain oversight of an action plan on hard to fill medical roles. Assessment will be made whether a different approach is needed during Q3. This will be reviewed at December's People and OD Committee		
		36.00	**Off Target**
	Sufficient recovery plans are in place to meet this objective but it needs additional focus during October 18.		

2.2 The revised workforce performance reporting within the IQPR will permit even greater scrutiny of the progress being made, not just on time to hire, but on other people indicators, including retention. The nurse escalator project was discussed at the Committee this month.

2.3 After the success of our accredited manager work in 2017-18 the latest two mandatory modules of work have just been launched focusing on difficult conversations with employees. This sits well alongside our considerable expansion of coaching and mentoring work. Finally, our high potential individuals, highlighted through our Aspiring to Excellence programme, will be supported with targeted development during Q3 and Q4. We know that we cannot develop the engaged and involved culture that we want unless our line manager cadre is better able to manage both routine and strategic work at a local level. Part of that shift is about providing the skills and tools to balance these demands, as well as good information and policies with which to work. Major changes like **we**mind will help to equip first line managers to tackle complex issues like mental health in the workplace.

2.4 There has been considerable local publicity for our Living Wage Accreditation, and national interest in the work done on parental leave after premature birth. Whilst working collaboratively locally with partners and educators, we do want to frame a distinctive offer to potential recruits, grounded in particular in the values and benefits of working in our diverse organisation. Black History Month launches for October, and the Trust continues to seek to live up to the Board's ambitions to meet WRES and other best practice. Of course that distinctive offer has to be reinforced by the lived experience of joining the Trust, and in addition to the now completed overhaul of induction and on-boarding we will evaluate at 100 days the feedback from new employees.

2.5 October sees national endeavours around Speak Up, and in September we held our third Trust-wide speak-up day. This focused on awareness of all routes to raise concerns, including our nine FTSU guardians.

2.6 The making working life simpler project which forms part of **we**connect gave staff a chance to vote and suggest their priorities, and unsurprisingly we would expect improved IT to be the forefront of the voting! With that in mind, we do now expect our WiFi improvements to be Trust-wide by the end of October. Our revised Speak Up policy, which codifies much of the improvement work done over the last two years, is out to Trust-wide consultation in October.

3. Our partners and commissioners

3.1 The end of September will see the exchange of commissioning intentions for 2019-20. We have already a number of long term deals in place, notably with NHS England, and would not expect to see significant change from April. We will look to ensure that clinical innovations, such as the Heartflow project are contracted, whilst volumes also need to reflect new national standards around cardiac CT from NICE and shorter wait times to diagnosis for cancer. We expect Unity go live before 2019-20 and that will provide inevitably improved data capture of clinical complexity within our inpatient base, consistent with Board discussions around the co-morbidities absent when we discuss amenable mortality.

3.2 The Trust remains a key contributor to national projects to expand the role of volunteering in the NHS. Our Helpforce collaboration has been evaluated, and a new phase of that project shortly commences. The Trust has almost achieved the volunteer number targets that we set in 2016, which seemed improbable eighteen months ago. Within the ICS we will seek to make a continued collaboration with the third sector a strength to how we work, and our Trust Charity has helped us to develop new avenues for joint working – as the Charitable Funds Committee's minutes illustrate.

4. Our regulators

4.1 The CQC Inspectors have been on site during September. They have visited medicine, paediatrics, ED, Leasowes, Rowley Regis, BMEC and maternity, as well as critical care. The process of inspection concludes in late October and a report will be issued thereafter. The considerable burden of data collection arising from the new process is something that we will need to consider in the weeks ahead as an annual process is expected going forward.

5. Healthy Lives Partnership ICS and the Black Country and WB STP

5.1 October 1st saw go-live for the Black Country Pathology partnership. Our staff transferred under TUPE to the new vehicle, and in 2019 we would expect a shared IT system to be in place.

5.2 The hub centre at New Cross will follow. In many ways nothing changes in this initial phase, but we should also recognise that this is now an outsourced service. The specialist hub at Sandwell will operate as part of BCP with a distinct commercial agreement. This should protect and indeed enhance our tradition of innovation.

5.3 The latest STP stocktake took place this month, for quarter two. The sense was of strong progress across the footprint, and a welcome recognition that much of the value of work done through the STP is actually at a Place level. There remains good scope for system wide work on mortality, on frailty, and on workforce. Efforts with WMAS to better connect local services with ambulance conveyance and on scene care will be important, not only in winter, but in re-providing services in different locations as we move towards Midland Met.

5.4 TeamTalk is appended (Annex A). Our work on internal communication is not yet ready to be discussed at the Board but will be completed for November, with implementation expected in Q4. A pilot on better communication with night working staff is taking place in medicine this side of year end. The Learning from Excellence segment of TeamTalk this month is focused on our Silent Cockpit project in maternity theatres, which is also a nominee in our Staff Awards – taking place at Villa Park on October 12th.

5.5 Our **we**learn work also continues at pace, and November will see the first of what we hope will become an annual QIHD Poster contest, with teams from across the local health system competing to win prizes for their work fostering innovation and then spreading it. The prize winners will be presented at December's Trust Board meeting.

Toby Lewis
Chief Executive
September 28th 2018

Annex A – Team Talk slide deck
Annex B – Clinical Leadership Executive Summary
Annex C – Recruitment scorecard
Annex D – Safe staffing summary
Annex E – ICS Board (HLP) – August minutes

Annex A

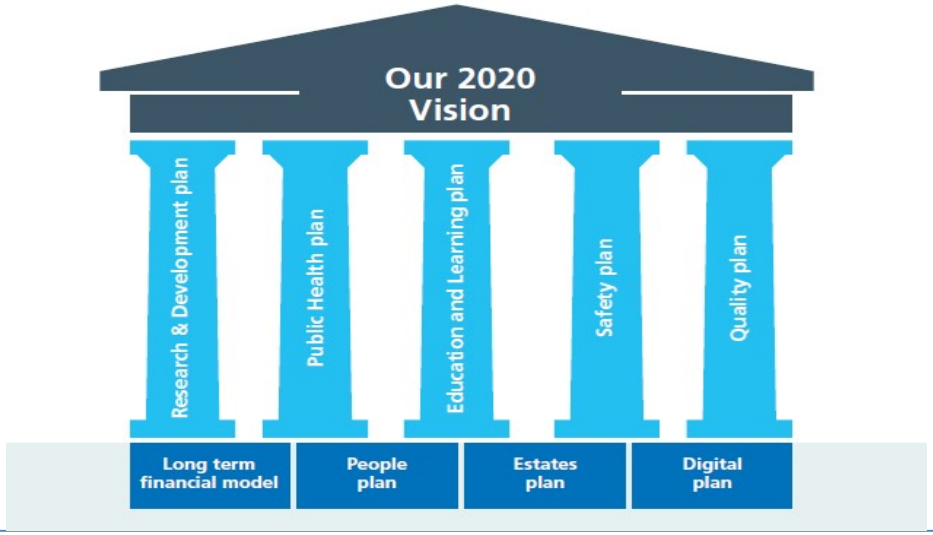
SWB TeamTalk

September 2018

Sandwell and West Birmingham Hospitals NHS Trust

Welcome to SWB TeamTalk

Becoming renowned as the best integrated care system in the NHS…



Ruth Wilkin
Director of Communications

SWB TeamTalk

Sandwell and West Birmingham Hospitals NHS Trust

September 2018

Team Talk Agenda

1.00pm: Tune In: Local and national news

1.10pm: Learning from Excellence: The Silent Cockpit

1.25pm: What's on your mind? Worries and issues

1.40pm: Things you need to know

1.50pm: This month's topic: Flu vaccination – how are you going to ensure your team are vaccinated this year?

The Chief Executive's video monthly post will be issued this week and will reflect TeamTalk feedback.

SWB TeamTalk

September 2018 Tune in – Local and national news

Sandwell and West Birmingham Hospitals NHS Trust

New flu vaccine

Public Health England have announced a more effective flu vaccine is available this winter for those aged 65 and over, which could prevent deaths and reduce the burden on the NHS. Available for the first time in the UK, the vaccine could reduce GP consultations by 30,000, hospitalisations by over 2,000 and prevent over 700 hospital deaths from flu in England, alleviating some of the health burden that seasonal flu places on the population, workplaces and the NHS. For further information visit https://bit.ly/2QlGa1v - our flu campaign launches on 1 October and is the Team Talk topic this month.

New NHS innovations scheme

NHS England has launched an initiative to spread innovation across the NHS. Applications are now open for two programmes – the Innovation Technology Payment and the NHS Innovation Accelerator . Full details here

World Mental Health Day – our library team will be supporting a special event to commemorate World Mental Health Day on Wednesday 10 October at Oldbury Library. Pop along from 11am - 3pm to support the event which will feature workshops on stress awareness and depression, delivered by Kaleidoscope and Black Country Partnership.

Black History Month

Black History Month starts on Monday 1 October when we will welcome the Here to Stay exhibition to the Education Centre in Sandwell - a photographic showcase of nurses and others from the Caribbean community or Windrush background who have served and still serve our NHS. The exhibition launch will run from 5:30pm – 8:30pm. To confirm attendance please contact Donna Mighty d.mighty@nhs.net

PDR moderation

The timescale for moderation has been extended to the end of September . Moderation is to ensure the score you have been given by your line manager is fair and equitable. Any appeals will need to be submitted by 12 October and the appeal hearing date will be 25 October. More information about the appeals process is available on Connect or you can watch this short video https://player.vimeo.com/video/290448888

Your Voice survey results

The organisational report for the Your Voice survey revealed that over 1,000 colleagues contributed their opinions and thoughts. A special mention to colleagues in Imaging who filled in the survey in bigger numbers than ever before. In the next few weeks we will highlight the changes we want to make as a result. Groups and directorates will receive their team Your Voice survey reports in the next week.

Star Awards 2018

Congratulations and good luck to all colleagues who have been short listed for this year's awards. The winners will be announced on the night of Friday 12 October at Villa Park. Thank you to all the sponsors who have helped us raise nearly £60k ensuring that public money is not used for the awards ceremony.

Come along to the Winter Wellness Event on on Wednesday 3 October from 11am-2.30pm at the Postgraduate Centre, City Hospital.

SWB TeamTalk

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NHS Trust

September 2018

Learning from excellence:

The Silent Cockpit

https://www.youtube.com/watch?v=Kl7_9iIcbCc

Kay Stokes, Specialty Theatre Manager

Alan Dickens, Advanced Theatre Practitioner

SWB TeamTalk

September 2018

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What's on your mind?

Your opportunity to raise any issues or ask a question.

SWB TeamTalk

September 2018

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Feedback from August's Q&A sessions

Preparation to going smoke free

Suggestion to put notices up now around known smoking areas (official and unofficial) alerting colleagues, visitors and patients of the smoking ban and information on how to access stop smoking services.

New car park at City and Sandwell - security on the new car parks and possible disruptions when building work starts.

Security will be improved. There will inevitably be disruptions when work is underway - but the team are looking at provision for that period e.g. off site parking and shuttle buses.

What is the latest on Unity implementation?

A period of IT stability is required before a decision is made to go-live with Unity. Some clinical teams across the Trust recently took part in a second dress rehearsal of Unity. There were some learnings and issues identified which we will take forward to resolve before go-live. There are colleagues who have still not booked their training – managers are urged to check that everyone who requires training within their team/s is booked.

Patient transport - will there be improvements to the service in particular the number of crews required to move certain patients and that holding up discharges?

There have already been some improvements e.g. ambulances are now properly equipped. Smart technology is enabling us to know where each crew is and is also being used to better route ambulances and plan pick-ups. It is recognised that there are issues with the number of crews to move certain patients and this is being reviewed.

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September 2018

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Things you need to know – from our Clinical Leadership Executive

Completing Midland Met: We have appointed Balfour Beatty to undertake the interim Midland Met construction contract. They will start on site in November to complete the six month contract which includes weather proofing and other remediation. A separate competition to find the final contractor is underway.

Sorting out our IT: Martin Sadler has taken over the role of Chief Informatics Officer from Mark Reynolds. Martin has a background leading large IT departments and turnaround projects. We are investing in more permanent IT staff and leadership capacity to allow us to meet the challenge we face. Just as sepsis is our number one quality priority, IT stability is our number one safety priority. Work on WiFi and on device connectivity continues across our sites.

Annual CQC inspection: The CQC have so far been to BMEC, A&E, Leasowes, our medical and childrens' wards, critical care at Sandwell, Rowley Regis, maternity and neonates. The CQC have heard from colleagues about the changes made since 2017, areas of excellence and endeavour, and some of the challenges you face and issues you perceive. In October the CQC will meet senior leaders and explore what they have found and how the organisation manages choices, risks, priorities and safety.

Finance: Our finances are currently on track but we will have problems if sickness doesn't reduce in line with our plans, and if we roster additional staff over and above our establishments. We must recruit to our vacancies and continue to deliver our cost savings programmes.

SWB TeamTalk

September 2018

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August TeamTalk Topic feedback – Improving colleague engagement

We will soon launch our engagement programme for the next two years – called **we**connect. This aims to raise engagement in all our directorates to the level of our current best performers.

Part of that programme is about making working at the Trust easier, by doing some simple things well. We have identified 10 things that we are working on in the next six months. Last month, and during Speak Up Day on 19th September we asked you to choose your top three priorities out of the 10 areas identified. There is still an opportunity to take part via Connect.

Your feedback so far told us that your top three priorities are

- IT that works everyday
- More flexible working approaches
- Improved communication about change

Suggested solutions and ideas have also been put forward and include:

- Ensuring there is a proper process in place for testing and replacing faulty equipment in a timely manner
- Every computer in clinical areas being setup with access to all clinical systems to ensure staff have easy access to IT
- IT support in community sites to be treated with the same urgency as the acute sites to prevent delays to care.

Thank you for all your contributions. Resolving these issues forms an important part of our engagement programme.

SWB TeamTalk

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TeamTalk Topic – September 2018

Our flu vaccination campaign runs for six weeks from 1st October. We are one of the leading Trusts for staff vaccination rates and we need to ensure that we maintain and exceed this high standard. Getting vaccinated against flu will help to keep you well, it will protect your patients and your family and friends. This year's vaccine protects against 4 different strains of Flu - more than ever before. The indications from other countries are that flu may well become prevalent this winter. Getting the vaccination early gives you the best chance of protection.

Watch this short film to understand why it's important to get your flu jab.

If you are concerned about the vaccination talk to our Chief Nurse, Paula Gardner or Medical Director, David Carruthers.

In your teams this month:

1. Ensure you have individuals who are peer vaccinators so your team can have their jab at a convenient time. Volunteer to do this if you can. Contact Karen Westwell on ext 3803 or Susanna Niblett ext on 3179 to sign up.
2. How are you going to build in time for your team to have their flu jab? Will this be through visiting a clinic, peer vaccination or at your QIHD or Team Talk?
3. How will you make sure your team inform the health and wellbeing team if they have their vaccination elsewhere?

SWB TeamTalk

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September 2018

Dates for your diaries

- **Black History Month launch -** Sandwell Education Centre, Monday 1 October, 5:30pm – 8:30pm
- **Winter Wellness Event –** Postgraduate Centre, City Hospital, Wednesday 3 October, 11am – 2.30pm
- **World Mental Health Day -** Wednesday 10 October, Oldbury Library, 11am - 3pm
- **Star Awards 2018 –** Villa Park, Friday 12 October
- **Restart a Heart Day –** cross site, Tuesday 16 October

Annex B

Sandwell and West Birmingham Hospitals NHS Trust

CLINICAL LEADERSHIP EXECUTIVE UPDATE	
Date of meeting	25th September 2018
Attendees	Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), Executive Directors and Trust Convenor
Apologies	Toby Lewis, David Carruthers, Rachel Barlow, Chetan Varma, Tina Robinson and Di Eltringham
Key points of discussion relevant to the Board	**Midland Met** – an update and timescales were provided on the early and enabling works contractor (Balfour Beatty) and the process to secure a final contractor in early 2019. **CQC Inspection** – an overview of areas visited and a summary of the positive feedback and other issues, including where further evidence is required were noted. **Performance** – key areas from the Integrated Quality and Performance Report, Month 5 Finance Report and Trust Risk Register were discussed. **WiFi and Network Improvements** – a progress update on the IT infrastructure improvement plan status and planned works was provided. **Recruitment Recovery Plan** – Groups provided suggestions on additional work that could be scoped/implemented to improve recruitment activities. **Well Led Framework**: **Group Self-Assessment** – an overview of the CQC Well Led Assessment was presented and groups will now undertake a self-assessment and provide these to the Director of Governance by end of October to enable a discussion (and development plan production) at CLE in November.
Positive highlights of note	**Speak Up Day** - activities that took place across the Trust on 19th September 2018.
Matters of concern or key risks to escalate to the Board	**Sickness Absence Update** – the sickness absence position was reviewed and support for managers to improve sickness absence position (including to revisit rigour of absence reporting processes by staff) were discussed.
Matters presented for information or noting	**Imaging Waiting Time Delivery Plan** – an overview of service improvement trajectory was provided.
Decisions made	-

Kam Dhami
Chair of the Clinical Leadership Executive
For the meeting of the Trust Board scheduled for 4th October 2018

Recruitment Activity Report

Report Date: 20/09/2018

Annex C

Criteria			Measure/Month	Actual						Forecast						Target	
				Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19		
Band 5 Nurses (excluding Theatre Practitioners)	SIP	FTE	Establishment	768.26	771.89	775.27	774.27	768.42	784.60	784.60	784.60	784.60	784.60	784.60	784.60		
		FTE	FTE In Post	642.76	642.62	642.38	630.33	622.76	619.75	659.15	679.11	681.09	688.06	686.79	723.76		
		FTE	New Starters	5.00	6.72	5.97	2.72	6.17	4.60	41.01	25.00	10.00	15.00	6.75	45.00		
		FTE	Leavers	11.01	11.61	1.53	11.03	4.56	11.62	1.61	5.04	8.03	8.03	8.03	8.03		
		FTE	Vacancies in month	125.50	129.27	132.89	143.94	145.66	164.85	125.45	105.49	103.52	96.54	97.81	60.84	88.33	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	31.26	20.24	6.92	35.00	25.60	11.83	2.92	15.00	44.00	15.00	15.00	10.00		
		FTE	Offers Confirmed (in month)	7.67	16.60	10.20	10.20	12.92	12.17	19.00	12.17	12.17	12.17	12.17	12.17		
Band 5 Community Nurses	SIP	FTE	Establishment	156.47	156.47	161.47	156.47	156.47	165.27	165.27	165.27	165.27	165.27	165.27	165.27		
		FTE	FTE In Post	140.35	141.10	144.07	140.07	137.66	143.94	149.37	152.37	151.78	151.19	150.60	154.01		
		FTE	New Starters	0.00	0.00	1.60	0.00	1.80	0.00	6.00	5.00	0.00	0.00	0.00	4.00		
		FTE	Leavers	0.00	0.53	1.51	0.61	0.00	1.53	0.57	2.00	0.59	0.59	0.59	0.59		
		FTE	Vacancies in month	16.12	15.37	17.40	16.40	18.81	21.33	15.90	12.90	13.49	14.08	14.67	11.26	31.73	----- Target Met
	Offers External Applicants	FTE	Conditional offers (in month)	0.60	1.80	0.60	3.00	6.00	1.00	1.67	1.67	1.67	1.67	1.67	1.67		
		FTE	Offers Confirmed (in month)	0.00	0.60	4.00	0.30	0.00	1.00	3.00	0.60	0.60	0.60	0.60	0.60		
Band 5 Nursing (Total)	SIP	FTE	Establishment	924.73	928.36	936.74	930.74	924.89	949.87	949.87	949.87	949.87	949.87	949.87	949.87		
		FTE	FTE In Post	783.11	783.72	786.45	770.40	760.42	763.69	808.52	831.48	832.86	839.25	837.38	877.77		
		FTE	New Starters	5.00	6.72	7.57	2.72	7.97	4.60	47.01	30.00	10.00	15.00	6.75	49.00		
		FTE	Leavers	11.01	12.14	3.04	11.64	4.56	13.15	2.18	0.60	8.62	8.62	8.62	8.62		
		FTE	Vacancies in month	141.62	144.64	150.29	160.34	164.47	186.18	141.35	118.39	117.01	110.62	112.49	72.10	120.06	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	31.86	22.04	7.52	38.00	31.60	12.83	4.59	16.67	45.67	16.67	16.67	11.67		
		FTE	Offers Confirmed (in month)	7.67	17.20	14.20	10.50	12.92	13.17	22.00	12.77	12.77	12.77	12.77	12.77		
Band 6 Nurses (excluding Theatre Practitioners)	SIP	FTE	Establishment	388.74	383.34	382.61	386.21	386.31	399.95	399.95	399.95	399.95	399.95	399.95	399.95		
		FTE	FTE In Post	366.38	355.26	358.03	365.29	363.69	364.86	367.86	369.68	369.90	370.12	370.34	370.56		
		FTE	New Starters	2.82	0.43	3.61	0.00	6.40	0.43	5.00	2.82	2.82	2.82	2.82	2.82		
		FTE	Leavers	3.25	9.48	2.60	2.60	4.99	1.85	2.00	1.00	2.60	2.60	2.60	2.60		
		FTE	Vacancies in month	22.36	28.08	24.58	20.92	22.62	35.09	32.09	30.27	30.05	29.83	29.61	29.39	34.05	----- Over Target
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	5.00	1.61	6.16	5.00	8.60	0.20	5.92	5.00	5.00	5.00	5.00	5.00		
		FTE	Offers Confirmed (in month)	9.82	2.00	3.00	3.00	7.25	3.00	2.10	3.00	3.00	3.00	3.00	3.00		
Band 6 Community Nurses	SIP	FTE	Establishment	145.95	145.95	145.95	145.95	145.95	145.05	145.05	145.05	145.05	145.05	145.05	145.05		
		FTE	FTE In Post	137.15	137.15	136.29	134.29	133.57	133.37	135.77	136.53	136.69	136.85	137.01	137.17		
		FTE	New Starters	1.00	0.00	0.00	0.00	1.00	0.76	3.00	0.76	0.76	0.76	0.76	0.76		
		FTE	Leavers	0.00	0.00	0.60	2.00	1.19	1.40	0.60	0.00	0.60	0.60	0.60	0.60		
		FTE	Vacancies in month	8.80	8.80	9.66	11.66	12.38	11.68	9.28	8.52	8.36	8.20	8.04	7.88	9.61	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	0.00	1.00	3.00	0.50	0.76	5.00	0.00	0.76	0.76	0.76	0.76	0.76		
		FTE	Offers Confirmed (in month)	0.00	0.00	0.00	0.00	2.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00		
Band 6 Nursing (Total)	SIP	FTE	Establishment	534.69	529.29	528.56	532.16	532.26	545.00	545.00	545.00	545.00	545.00	545.00	545.00		
		FTE	FTE In Post	503.53	492.41	494.32	499.58	497.26	498.23	503.63	506.21	506.59	506.97	507.35	507.73		
		FTE	New Starters	3.82	0.43	3.61	0.00	7.40	1.19	8.00	3.58	3.58	3.58	3.58	3.58		
		FTE	Leavers	3.25	9.48	3.20	4.60	6.18	3.25	2.60	1.00	3.20	3.20	3.20	3.20		
		FTE	Vacancies in month	31.16	36.88	34.24	32.58	35.00	46.77	41.37	38.79	38.41	38.03	37.65	37.27	43.66	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	5.00	2.61	9.16	5.50	9.36	5.20	5.92	5.76	5.76	5.76	5.76	5.76		
		FTE	Offers Confirmed (in month)	9.82	2.00	3.00	3.00	9.25	5.00	3.10	3.00	3.00	3.00	3.00	3.00		
Band 5 & 6 Midwives	SIP	FTE	Establishment	192.39	192.39	186.19	186.19	186.19	178.94	178.94	178.94	178.94	178.94	178.94	178.94		
		FTE	FTE In Post	158.47	156.07	156.19	156.83	154.21	154.13	155.33	155.43	155.48	155.53	155.58	155.63		
		FTE	New Starters	0.00	1.43	1.34	0.00	0.00	0.80	2.00	1.00	0.90	0.90	0.90	0.90		
		FTE	Leavers	2.92	3.84	0.00	0.00	0.60	1.57	0.80	0.90	0.85	0.85	0.85	0.85		
		FTE	Vacancies in month	33.92	36.32	30.00	29.36	31.98	24.81	23.61	23.51	23.46	23.41	23.36	23.31	26.64	----- Target Met
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	0.00	0.00	0.00	2.00	2.00	16.32	1.00	1.00	1.00	1.00	1.00	1.00		
		FTE	Offers Confirmed (in month)	0.92	0.42	0.42	0.42	0.00	0.00	1.80	0.42	0.42	0.42	0.42	0.42		
Consultants	SIP	FTE	Establishment	321.10	322.10	319.28	320.73	321.68	332.63	332.63	332.63	332.63	332.63	332.63	332.63		
		FTE	FTE In Post	283.80	282.65	282.70	282.02	279.32	279.90	277.90	276.70	276.10	275.50	274.90	274.30		
		FTE	New Starters	3.00	1.00	1.00	2.00	2.00	6.00	1.00	2.00	2.00	2.00	2.00	2.00		
		FTE	Leavers	3.90	0.50	0.90	2.20	0.00	7.40	3.00	3.20	2.60	2.60	2.60	2.60		
		FTE	Vacancies in month	37.30	39.45	36.58	38.71	42.36	52.73	54.73	55.93	56.53	57.13	57.73	58.33	33.36	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	4.00	0.00	2.00	1.00	3.00	9.00	4.00	3.00	3.00	3.00	3.00	3.00		
		FTE	Offers Confirmed (in month)	3.00	0.00	0.00	0.00	5.00	1.00	4.00	1.00	1.00	1.00	1.00	1.00		
Specialty Registrars (including Junior Specialist Doctors)	SIP	FTE	Establishment	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00		
		FTE	FTE In Post	257.00	258.00	258.00	258.00	258.00	264.00	301.40	301.40	301.40	301.40	301.40	301.40		
		FTE	New Starters	0.00	7.00	8.00	7.00	1.70	71.09	41.00	11.00	13.00	5.00	10.00	40.00		
		FTE	Leavers	10.71	6.00	11.00	3.68	76.00	17.40	3.60	11.00	13.00	5.00	10.00	40.00		
		FTE	Vacancies in month	54.00	54.00	53.00	53.00	53.00	47.00	9.60	9.60	9.60	9.60	9.60	9.60	36.00	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	0.00	0.00	3.00	62.00	43.00	4.00	0.00	3.00	3.00	3.00	3.00	3.00		
		FTE	Offers Confirmed (in month)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Notes:

Staff in post this includes staff in post as at the first of the month

New starters Actual - : This includes all agreed start dates from the first of the month

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

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

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

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

Band 5 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

Specialty Registrars (including Junior Specialist Doctors): Includes all approved doctors in training posts except foundation Y1 and Y2 doctors. It also includes GPSTs that are being trained at SWBH but employed by lead employer (St Helens)

Data source: ESR, Recruitment data base and Medical Staffing Database

ANNEX D

Safer Staffing Board Report

The Trust monitors safer staffing through a number of mechanisms.

- Formally using NHSI Care Hours Per Patient Day (CHPPD) return
- Nurse to Patient ratios following NICE guidelines
- Daily Acuity tool score card

Professional judgement and the environment are also taken into account when ensuring we have the right number of nursing staff to support patient care.

Care hours per patient day (CHPPD) are the unit of measurement recommended in the Carter report (2016) to record and report deployment of staff working on inpatient wards. It is made up of registered nurses and support worker hours. As part of the assurance process the Trust is required to undertake a monthly safer staffing return to NHSI along with reporting to Trust Board

The CHPPD data returns for the month of August , (Appendix 1) , shows that the majority of wards achieved greater the 95% fill rate with an average CHPPD of 7.5 hours for adult inpatient wards. The national average for inpatient wards is 6.5 hours. However it is important to state that the national average doesn't take into account acuity and geography of wards. Both our Paediatric and Maternity wards are also in line with the national averages for these areas with the exception of D19 (see below)

It is also important to note that we changed the way we complete the CHPPD fill rate at the beginning August. Traditionally the Senior Sisters completed these returns manually which was time consuming and open to human error. Since the first of August Senior Ward Sisters were required to complete their staffing fill rates on E-roster on a daily basis and the CHPPD returns would be pulled from this data base. However as with any new ways of working it took some time to embed and as a result for the first couple of weeks this was not consistently completed. As a result this affected our average CHPPD and fill rates for the month. This is why D11 and D19 have low fill rates and CHPPD for this month. This was addressed by the Deputy Chief Nurse at the time. Appendix 2 is the agreed SOP.

NHSI are aware of this and understand that our data is going to look different this month. This is not uncommon as NHS organisations currently record CHPPD differently depending on their resources and collection methods. As Organisations move over to electronic collection and reporting on E-Rosters then initially their data sets will change. The Deputy Chief Nurse is currently part of a regional NHSI group that is reviewing how CHPPD is recorded and reported on.

We launched our daily acuity score tool on the first of September (see appendix 2). The aim is to develop a patient acuity tool that will help with determining the safe staffing level of each ward on a daily bases. From the 1ST October Matrons will be quality assuring the daily acuity score for each of their clinical areas with overall assurance report forming part of the new ward dashboards.

Nurse Fill Rate' (Safer Staffing) data forAug 2018

Annex D

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	192 - CRITICAL CARE MEDICINE		2727	3246	306	330	2728	2992	0	55	119.0%	107.8%	109.7%	#DIV/0!	258	24.2	1.5	25.7	
AMU A - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	3565	3306	1426	1489	3047	3358	1426	1495	92.7%	104.4%	110.2%	104.8%	1242	5.4	2.4	7.8	
Lyndon 1 - Paediatrics	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	555	534	216	216	1023	946	341	396	96.2%	100.0%	92.5%	116.1%	315	4.7	1.9	6.6	
Lyndon 2 - Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1426	1397	1035	1000	989	1000	713	713	98.0%	96.6%	101.1%	100.0%	678	3.5	2.5	6.1	
Lyndon 3 - T&O/Stepdown	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	1564	1316	1564	1575	1069	1046	1564	1506	84.1%	100.7%	97.8%	96.3%	807	2.9	3.8	6.7	
Lyndon 4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1782	1368	1782	1610	1426	1403	1782	1058	76.8%	90.3%	98.4%	59.4%	797	3.5	3.3	6.8	
Lyndon 5 - Acute Medicine	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1495	1115	1495	1017	1196	1150	1495	632	74.6%	68.0%	96.2%	42.3%	735	3.1	2.2	5.3	
Lyndon Ground - PAU/Adolescents	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	1116	1116	372	318	1023	847	341	330	100.0%	85.5%	82.8%	96.8%	214	9.2	3.0	12.2	
Older Persons Assessment Unit (OPAU) -	430 - GERIATRIC MEDICINE		1426	1253	1069	977	1069	1265	1069	1058	87.9%	91.4%	118.3%	99.0%	576	4.4	3.5	7.9	
Newton 3 - T&O	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	1782	1707	1644	1650	1138	1155	1644	1633	95.8%	100.4%	101.5%	99.3%	816	3.5	4.0	7.5	
Newton 4 - Stepdown/Stroke/Neurology	314 - REHABILITATION	300 - GENERAL MEDICINE	1426	1069	1069	1052	1426	1058	1069	759	75.0%	98.4%	74.2%	71.0%	863	2.5	2.1	4.6	
Newton 5 - Haematology	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	713	713	356	391	713	713	356	322	100.0%	109.8%	100.0%	90.4%	265	5.4	2.7	8.1	
Priory 2 - Colorectal/General Surgery	100 - GENERAL SURGERY		1782	1575	1069	868	1426	1380	1069	989	88.4%	81.2%	96.8%	92.5%	675	4.4	2.8	7.1	
Priory 4 - Stroke/Neurology	300 - GENERAL MEDICINE	400 - NEUROLOGY	2139	1857	1069	1127	1782	1656	1069	1219	86.8%	105.4%	92.9%	114.0%	719	4.9	3.3	8.1	
Priory 5 - Gastro/Resp	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1426	1334	1069	1035	1069	1311	713	1023	93.5%	96.8%	122.6%	143.5%	938	2.8	2.2	5.0	
SAU - Sandwell	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1702	1707	770	845	1483	1483	356	333	100.3%	109.7%	100.0%	93.5%	506	6.3	2.3	8.6	
CCS - Critical Care Services - City	192 - CRITICAL CARE MEDICINE		2976	2604	372	270	2728	2420	0	0	87.5%	72.6%	88.7%	#DIV/0!	171	29.4	1.6	31.0	
D5/D7 - Cardiology (Female)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	3565	3294	713	667	2852	3024	0	0	92.4%	93.5%	106.0%	#DIV/0!	771	8.2	0.9	9.1	
D11 - Male Older Adult	430 - GERIATRIC MEDICINE		1069	1012	1069	799	1069	701	713	759	94.7%	74.7%	65.6%	106.5%	551	3.1	2.8	5.9	
D15 - Gastro/Resp/Haem (Male)	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1069	799	1069	787	1069	713	713	667	74.7%	73.6%	66.7%	93.5%	461	3.3	3.2	6.4	
D16 - (Female)	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1069	833	1069	626	1069	713	713	483	77.9%	58.6%	66.7%	67.7%	444	3.5	2.5	6.0	
D19 - Paediatric Medicine	420 - PAEDIATRICS	120 - ENT	744	744	372	348	682	682	0	0	100.0%	93.5%	100.0%	#DIV/0!	162	8.8	2.1	11.0	
D26 - Female Older Adult	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069	1069	1069	1046	1069	770	713	713	100.0%	97.8%	72.0%	100.0%	551	3.3	3.2	6.5	
D27 - City Surgical Unit (CSU)	101 - UROLOGY	120 - ENT	1817	1610	1046	931	1069	1127	713	713	88.6%	89.0%	105.4%	100.0%	506	5.4	3.2	8.7	From Donna James : D21
D43 - Community RTG	318- INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	1426	1276	1426	1345	1069	1058	1069	1046	89.5%	94.3%	99.0%	97.8%	765	3.1	3.1	6.2	
D47 - Geriatric MEDICAL	430 - GERIATRIC MEDICINE		713	810	1426	1305	713	713	713	713	113.6%	91.5%	100.0%	100.0%	523	2.9	3.9	6.8	
D17 (Gynae Ward)	502 - GYNAECOLOGY		593	486	414	345	744	720	372	372	82.0%	83.3%	96.8%	100.0%	360	3.4	2.0	5.3	From Tracy Weston : D17
Labour Ward - City	501 - OBSTETRICS		3921	3061	713	477	3921	3082	713	632	78.1%	66.9%	78.6%	88.6%	275	22.3	4.0	26.4	
City Maternity - M1	501 - OBSTETRICS	424- WELL BABIES	1069	1058	673	667	1069	931	356	368	99.0%	99.1%	87.1%	103.4%	398	5.0	2.6	7.6	
City Maternity - M2	501 - OBSTETRICS	424- WELL BABIES	897	787	558	598	897	644	299	287	87.7%	107.2%	71.8%	96.0%	463	3.1	1.9	5.0	
AMU 1 - City	300 - GENERAL MEDICINE	320 - CARDIOLOGY	4278	4065	1782	1776	4278	3795	1782	1851	95.0%	99.7%	88.7%	103.9%	1340	5.9	2.7	8.6	
Neonatal	422- NEONATOLOGY		2495	2664	713	426	2495	2376	744	636	106.8%	59.7%	95.2%	85.5%	715	7.0	1.5	8.5	
Serenity Birth Centre - City	501 - OBSTETRICS		1069	1121	713	448	1069	1012	356	414	104.9%	62.8%	94.7%	116.3%	51	41.8	16.9	58.7	
Ophthalmology Main Ward - City	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	292	292	232	191	573	518	0	55	100.0%	82.3%	90.4%	#DIV/0!	152	5.3	1.6	6.9	
Eliza Tinsley Ward - Community RTG	318- INTERMEDIATE CARE	300 - GENERAL MEDICINE	1069	937	1426	1339	713	701	1069	1035	87.7%	93.9%	98.3%	96.8%	646	2.5	3.7	6.2	
Henderson	318- INTERMEDIATE CARE		1069	885	1558	1443	713	713	1069	1023	82.8%	92.6%	100.0%	95.7%	639	2.5	3.9	6.4	
Leasowes	318- INTERMEDIATE CARE		1116	1092	1254	1242	744	744	744	744	97.8%	99.0%	100.0%	100.0%	550	3.3	3.6	6.9	
MCCarthy	318- INTERMEDIATE CARE		713	701	1069	1034	713	701	713	713	98.3%	96.7%	98.3%	100.0%	488	2.9	3.6	6.5	
	Trust Totals		**60724**	**55813**	**37047**	**33610**	**53925**	**50621**	**28571**	**26745**	**91.9%**	**90.7%**	**93.9%**	**93.6%**	**21386**	**5.0**	**2.8**	**7.8**	

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: RXK Sandwell And West Birmingham Hospitals NHS Trust

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

https://www.swbh.nhs.uk/

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		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
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Critical Care - Sandwell	192 - CRITICAL CARE MEDICINE		2727	3246	306	330	2728	2992	0	55	119.0%	107.8%	109.7%	-	258	24.2	1.5	25.7
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	AMU A - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	3565	3306	1426	1489	3047	3358	1426	1495	92.7%	104.4%	110.2%	104.8%	1242	5.4	2.4	7.8
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Lyndon 1 - Paediatrics	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPA	555	534	216	216	1023	946	341	396	96.2%	100.0%	92.5%	116.1%	315	4.7	1.9	6.6
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Lyndon 2 - Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPA	1426	1397	1035	1000	989	1000	713	713	98.0%	96.6%	101.1%	100.0%	678	3.5	2.5	6.1
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Lyndon 3 - T&O/Stepdown	110 - TRAUMA & ORTHOPA	160 - PLASTIC SURGERY	1564	1316	1564	1575	1069	1046	1564	1506	84.1%	100.7%	97.8%	96.3%	807	2.9	3.8	6.7
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Lyndon 4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1782	1368	1782	1610	1426	1403	1782	1058	76.8%	90.3%	98.4%	59.4%	797	3.5	3.3	6.8
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Lyndon 5 - Acute Medicine	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1495	1115	1495	1017	1196	1150	1495	632	74.6%	68.0%	96.2%	42.3%	735	3.1	2.2	5.3
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Lyndon Ground - PAU/Adoles	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPA	1116	1116	372	318	1023	847	341	330	100.0%	85.5%	82.8%	96.8%	214	9.2	3.0	12.2
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Older Persons Assessment U	430 - GERIATRIC MEDICINE		1426	1253	1069	977	1069	1265	1069	1058	87.9%	91.4%	118.3%	99.0%	576	4.4	3.5	7.9
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Newton 3 - T&O	110 - TRAUMA & ORTHOPA	430 - GERIATRIC MEDICINE	1782	1707	1644	1650	1138	1155	1644	1633	95.8%	100.4%	101.5%	99.3%	816	3.5	4.0	7.5
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Newton 4 - Stepdown/Stroke/	314 - REHABILITATION	300 - GENERAL MEDICINE	1426	1069	1069	1052	1426	1058	1069	759	75.0%	98.4%	74.2%	71.0%	863	2.5	2.1	4.6
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Newton 5 - Haematology	304 - CLINICAL PHYSIOLO	300 - GENERAL MEDICINE	713	713	356	391	713	713	356	322	100.0%	109.8%	100.0%	90.4%	265	5.4	2.7	8.1
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Priory 2 - Colorectal/General	100 - GENERAL SURGERY		1782	1575	1069	868	1426	1380	1069	989	88.4%	81.2%	96.8%	92.5%	675	4.4	2.8	7.1
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Priory 4 - Stroke/Neurology	300 - GENERAL MEDICINE	400 - NEUROLOGY	2139	1857	1069	1127	1782	1656	1069	1219	86.8%	105.4%	92.9%	114.0%	719	4.9	3.3	8.1
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	Priory 5 - Gastro/Resp	340 - RESPIRATORY MEDI	301 - GASTROENTEROLOG	1426	1334	1069	1035	1069	1311	713	1023	93.5%	96.8%	122.6%	143.5%	938	2.8	2.2	5.0
RXK01	SANDWELL GENERAL HOSPITAL - RXK01	SAU - Sandwell	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPA	1702	1707	770	845	1483	1483	356	333	100.3%	109.7%	100.0%	93.5%	506	6.3	2.3	8.6
RXK02	CITY HOSPITAL - RXK02	CCS - Critical Care Services	192 - CRITICAL CARE MEDICINE		2976	2604	372	270	2728	2420	0	0	87.5%	72.6%	88.7%	-	171	29.4	1.6	31.0
RXK02	CITY HOSPITAL - RXK02	D5/D7 - Cardiology (Female)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	3565	3294	713	667	2852	3024	0	0	92.4%	93.5%	106.0%	-	771	8.2	0.9	9.1
RXK02	CITY HOSPITAL - RXK02	D11 - Male Older Adult	430 - GERIATRIC MEDICINE		1069	1012	1069	799	1069	701	713	759	94.7%	74.7%	65.6%	106.5%	551	3.1	2.8	5.9
RXK02	CITY HOSPITAL - RXK02	D15 - Gastro/Resp/Haem (Ma	340 - RESPIRATORY MEDI	301 - GASTROENTEROLOG	1069	799	1069	787	1069	713	713	667	74.7%	73.6%	66.7%	93.5%	461	3.3	3.2	6.4
RXK02	CITY HOSPITAL - RXK02	D16 - (Female)	301 - GASTROENTEROLOG	340 - RESPIRATORY MEDI	1069	833	1069	626	1069	713	713	483	77.9%	58.6%	66.7%	67.7%	444	3.5	2.5	6.0
RXK02	CITY HOSPITAL - RXK02	D19 - Paediatric Medicine	420 - PAEDIATRICS	120 - ENT	744	744	372	348	682	682	0	0	100.0%	93.5%	100.0%	-	162	8.8	2.1	11.0
RXK02	CITY HOSPITAL - RXK02	D26 - Female Older Adult	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069	1069	1069	1046	1069	770	713	713	100.0%	97.8%	72.0%	100.0%	551	3.3	3.2	6.5
RXK02	CITY HOSPITAL - RXK02	D27 - City Surgical Unit (CSU	101 - UROLOGY	120 - ENT	1817	1610	1046	931	1069	1127	713	713	88.6%	89.0%	105.4%	100.0%	506	5.4	3.2	8.7
RXK02	CITY HOSPITAL - RXK02	D43 - Community RTG	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	1426	1276	1426	1345	1069	1058	1069	1046	89.5%	94.3%	99.0%	97.8%	765	3.1	3.1	6.2
RXK02	CITY HOSPITAL - RXK02	D47 - Geriatric MEDICAL	430 - GERIATRIC MEDICINE		713	810	1426	1305	713	713	713	713	113.6%	91.5%	100.0%	100.0%	523	2.9	3.9	6.8
RXK02	CITY HOSPITAL - RXK02	D17 (Gynae Ward)	502 - GYNAECOLOGY		593	486	414	345	744	720	372	372	82.0%	83.3%	96.8%	100.0%	360	3.4	2.0	5.3
RXK02	CITY HOSPITAL - RXK02	Labour Ward - City	501 - OBSTETRICS		3921	3061	713	477	3921	3082	713	632	78.1%	66.9%	78.6%	88.6%	275	22.3	4.0	26.4
RXK02	CITY HOSPITAL - RXK02	City Maternity - M1	501 - OBSTETRICS	424 - WELL BABIES	1069	1058	673	667	1069	931	356	368	99.0%	99.1%	87.1%	103.4%	398	5.0	2.6	7.6
RXK02	CITY HOSPITAL - RXK02	City Maternity - M2	501 - OBSTETRICS	424 - WELL BABIES	897	787	558	598	897	644	299	287	87.7%	107.2%	71.8%	96.0%	463	3.1	1.9	5.0
RXK02	CITY HOSPITAL - RXK02	AMU 1 - City	300 - GENERAL MEDICINE	320 - CARDIOLOGY	4278	4065	1782	1776	4278	3795	1782	1851	95.0%	99.7%	88.7%	103.9%	1340	5.9	2.7	8.6
RXK02	CITY HOSPITAL - RXK02	Neonatal	422 - NEONATOLOGY		2495	2664	713	426	2495	2376	744	636	106.8%	59.7%	95.2%	85.5%	715	7.0	1.5	8.5
RXK02	CITY HOSPITAL - RXK02	Serenity Birth Centre - City	501 - OBSTETRICS		1069	1121	713	448	1069	1012	356	414	104.9%	62.8%	94.7%	116.3%	51	41.8	16.9	58.7
RXK03	MINGHAM MIDLAND EYE CENTRE (BMEC) - R	Ophthalmology Main Ward - C	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGE	292	292	232	191	573	518	0	55	100.0%	82.3%	90.4%	-	152	5.3	1.6	6.9
RXK10	ROWLEY REGIS HOSPITAL - RXK10	Eliza Tinsley Ward - Commur	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	1069	937	1426	1339	713	701	1069	1035	87.7%	93.9%	98.3%	96.8%	646	2.5	3.7	6.2
RXK10	ROWLEY REGIS HOSPITAL - RXK10	Henderson	318 - INTERMEDIATE CARE		1069	885	1558	1443	713	713	1069	1023	82.8%	92.6%	100.0%	95.7%	639	2.5	3.9	6.4
RXK10	ROWLEY REGIS HOSPITAL - RXK10	Leasowes	318 - INTERMEDIATE CARE		1116	1092	1254	1242	744	744	744	744	97.8%	99.0%	100.0%	100.0%	550	3.3	3.6	6.9
RXK10	ROWLEY REGIS HOSPITAL - RXK10	MCCarthy	318 - INTERMEDIATE CARE		713	701	1069	1034	713	701	713	713	98.3%	96.7%	98.3%	100.0%	488	2.9	3.6	6.5

Appendix 2: SOP for recording daily CHPPD (shift fill rate returns)

As you will be aware we currently record and report on our patient care hours (Unify) via a system of manual recording at ward level that you send to Rachel Parnell, which is fed into a the NHS Improvement return weekly by the Information Department. This data then feeds through on to the NHS I Model Hospital and is mused to benchmark our fill rates and Care Hours per Patient Day (CHPPD) against other similar Trusts.

Consequently it has been agreed that we are going to change the data source and to start using the e-roster system as the only data source for this information. Clearly the benefit to your teams will be one less return to complete but, in return they will have to ensure that the e-roster system is kept fully up to date. The data will also be used to inform our daily fill rate for each ward and will be displayed on the ward information board alongside the ward dash board. In order for this to happen and to be compliant with NHSI requirements the data has to be collected at a set time each morning and reflects back over the previous 24 hours worked. Therefor from the 6th of August you will be required to:

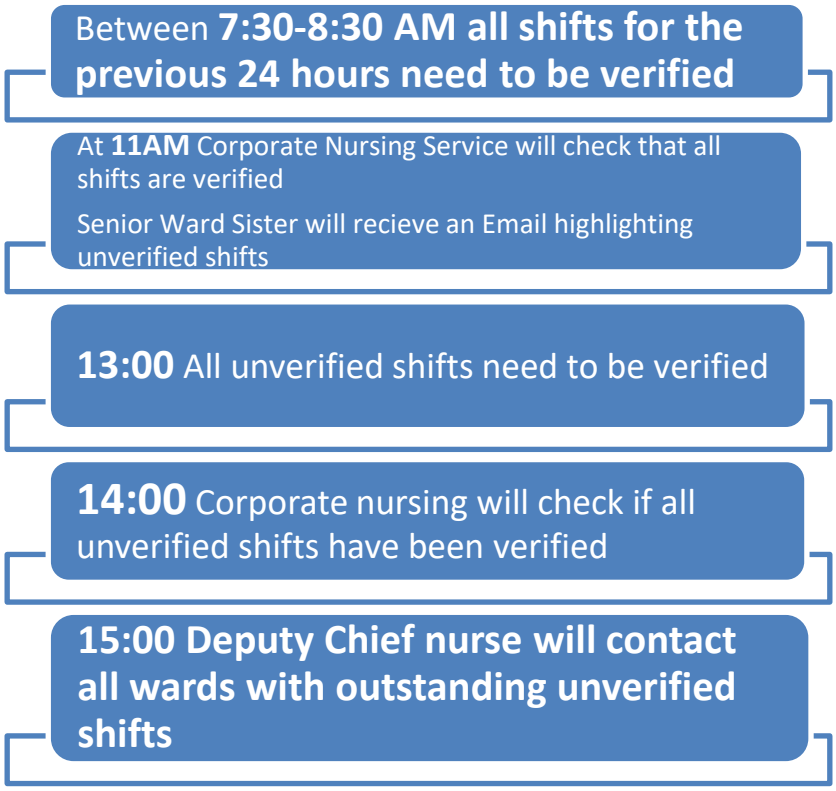
- **Log onto the E-roster system between 7.30 and 8.30 each morning**
- **Complete and verify all staff that worked on the ward over the last 24hrs**
- **Update the e-roster system at each shift change over during the day so that it is always kept current.**

To enable this to happen you must ensure that

- A designated 'in charge' person must be identified for each shift
- Someone on every shift who can 'confirm attendance' of individuals within the electronic system.
- A roster must be in 'real time' i.e. the roster must reflect what is happening at that particular time.
- There must be someone on each shift who can change details of shift times and confirm shifts within the system in readiness for verification.

It is **vital** that this is completed **daily** therefore a **monitoring process** will be put in place. Each day at 11 am a member of Corporate Nursing admin team will log onto the E-rostering and audit the number of wards that have verified their previous days staffing. Any non-compliance will be escalated to the Senior Ward sister and asked to rectify by 1300hrs .A second check will be done at 14oohrs. Any noncompliance at this point will be escalated to the Deputy Chief Nurse who in turn will contact the Senior Ward Sister to discuss any issue they may be having.

Please see flow chart below:



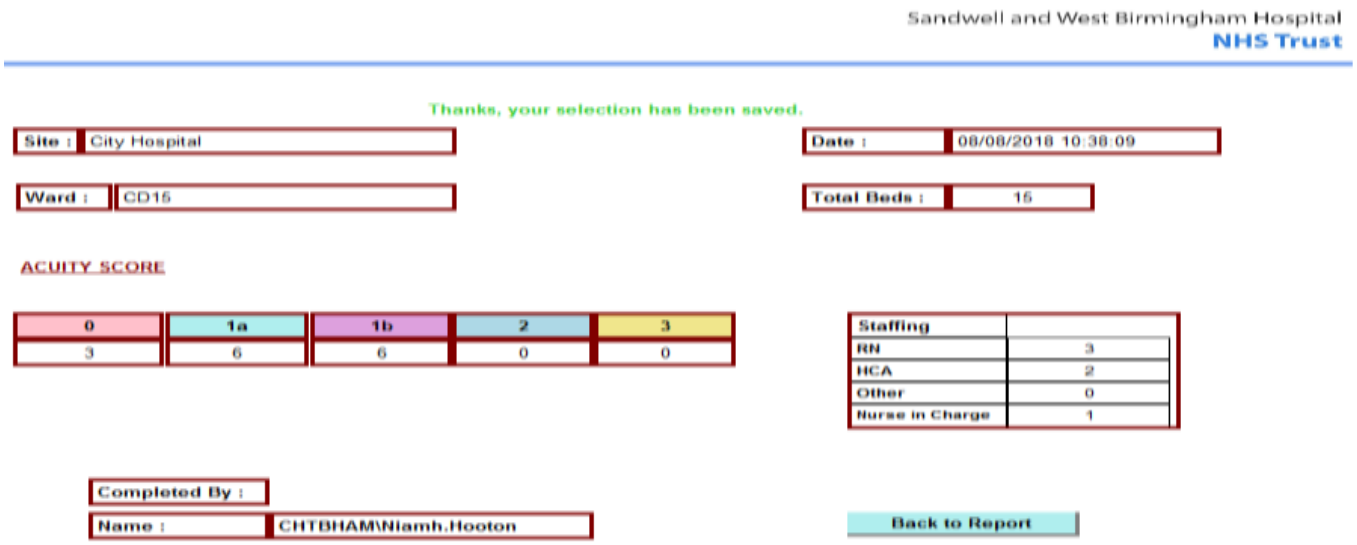
Daily Patient Acuity Project

Our aim is to develop a daily patient acuity tool that will help with determining the safe staffing level of each ward on a daily bases. Currently our planned staffing for a ward can change unexpectedly at very short notice due to sickness etc. We are not always able to provide relief staff to fill the gap and may need to move staff across the Trust to ensure we have sufficient cover in all wards. The daily acuity tool will be able to detail the acuity of the ward and what is required to ensure safe care in terms of the right number of healthcare staff with the right skills. At Trust wide level the senior nurse management can determine when needs be when it is safe to move staff to ensure safety across all inpatient wards.

The daily acuity of the ward alongside the ward staffing levels will also be displayed on the ward information board giving assurance to both patients and staff that we have the right staffing numbers and skills on the ward for that day.

Standard Operating Procedure.

Below is a snap shot of the data input sheet on CDA that you will be required to complete on twice daily bases. We have created a acuity tool pack that contains instructions on how to complete the twice daily scoring of your patients , a description of the type of patient s that fit into each score , a spread sheet to complete their electronically or manually (print off) and instructions on how to access the CDA data input sheet . You can find this pack in the S-drive under daily acuity scoring (see further below for Acuity Flow Chart).



1.Go into S-drive

2.Select corporate nursing audits folder

3.Open daily acuity tool report, and then select your ward from the sheets at the bottom of the page

7:30am

Undertake Acuity score for all patients on ward

Add up each section of the Acuity score card

Complete Acuity tool on CDA

1. Open connect links
2. Select favorites
3. Open SWBH
4. Select General reports
5. Open nursing
6. Select Audits

Repeat process at 19:30

Annex E

Minutes of the ICS Board
held on Wednesday 22nd August 2018

14:00 – 16:00 hrs, Meeting Room 12, Education Centre, Sandwell General Hospital

Mr Jonathon Pearson	Independent Chair
Mr Toby Lewis	Chief Executive Officer, SWBHT/Provider Alliance Co-ordinator
Professor Nick Harding	GP and Chair of SWB CCG
Mr Andy Williams	Accountable Officer, SWB CCG
Mr Ranjit Sondhi	Vice Chair, SWB CCG/Co-Chair PPAG
Mr Richard Samuda	Chairman, SWBHT
Dr David Carruthers	Medical Director, SWBHT

In Attendance:

Mrs Jenna Phillips	Senior Commissioning Manager (new models of care) (SWB CCG)
Mrs Jayne Salter-Scott	Head of Engagement and Communications (SWB CCG)
Ms Helen Attwood	Executive Assistant to Accountable Officer (SWB CCG)

Apologies:

Dr Ian Sykes	Chair, Black Country LCG
Dr Jas Lidher	Black Country Partnership NHS Foundation Trust
Mr Deska Howe	Patient Representative

01/18	It was noted that Ms Ruth Wilkin, SWBHT will be supporting the partnership around communications and engagement and attendance will be shared with Mrs Salter-Scott. Mr David Baker, Programme Manager, SWBHT is also invited to attend the ICS Board meetings.
02/18	**Declarations of Interest** There were no declarations of interest noted.
03/18	**Partnership Initiation Document (PID)** Mr Pearson provided an overview of the PID and its purpose which is to improve the health and wellbeing of the people in Sandwell and Western Birmingham.

	The following comments were noted:- • Mr Lewis noted that the distinction between commissioning and providing is very clear in the PID and distinctive to previous approaches taken. • Mr Sondhi talked about social inclusion and asked that this be added to the strategic aims. **Action: Insert additional bullet point after 'to focus on the wider determinants of health and wellbeing including housing, employment, education and community safety'.** • Mr Samuda asked about the extent of the 'pitch' in terms of wider discussions. **The ICS Board agreed to sign off version 1.0 of the PID recognising that this document may change based on feedback from other parties.**
04/18	**Governance** **Service User Advisory Group ToR** • Typo identified on page 1, final paragraph; change to 'membership will be sought'. • Further amends required; draft watermark to be removed, revisit membership; retaining the co-chairing, finalise the group's remit and interplay with ICS Board. • **Action: JSS to circulate final draft version for circulation with the minutes.** The following comments were noted:- • Mr Williams confirmed that initial feedback from stakeholders was very supportive. • It was noted that a different mechanism is needed to engage with young people and this work will involve Mr Sondhi and Mr Howe. • Need to reflect our population i.e. age, gender and ethnicity. **Professional Advisory Group ToR** • Comments in green need to be removed. • It was agreed to change the title of the ToR to 'Professional Leadership Forum Terms of Reference'. • **Action: JSS to circulate final draft version for circulation with the minutes.** The following comments were noted:-

	• Misaligned with the intent. • Flow of information/work is not articulated and how it will fit with process; and needs to be robust. • Clinician input required in redraft of Terms of Reference. • Interplay with ICS Board. **Action: Mr Williams/Mr Lewis to redraft Professional Leadership Terms of Reference for 'sign off' at next month's meeting.**
05/18	**Overview of work programmes** **2 Commissioning Alliances** Mr Williams provided a verbal update:- • It was noted that the West Birmingham Commissioning Alliance has been established via the Joint Commissioning Committee (JCC) between SWB CCG and Birmingham & Solihull CCG (BSoL). A chair has been appointed and Terms of Reference produced. • Positive discussions have taken place with Birmingham City Council. • Tensions noted with JCC and its relationship with the two STPs and further work required. • In terms of the Sandwell Commissioning Alliance, which is less complex with two principal partners (SWB CCG and Sandwell Council). An agreed structure is in place via the Health and Wellbeing Board. Comments have been received on the outcomes framework and further work is underway. **2 Provider Alliances** Mr Lewis provided a verbal update:- In terms of the Western Birmingham Provider Alliance it was noted that a good level of groundwork had been undertaken in obtaining frontline leaders to participate in its co-visioning. • Not all organisations have been involved but no-one has been consciously excluded. • It was anticipated that by October, the primary care SWBH relationships will be relatively well-set and the other partner relationships will be slightly less advanced. • In the Sandwell Provider Alliance, there is a similar positivity. No work has taken place on shared vision and values and feels more of a sense of building up from the Primary Care Networks (PCN's) into a Provider Alliance. • There is a piece of work with Mental Health providers both locally and in the STP to be worked through.

	Safe and sustainable acute services Mr Lewis provided a verbal update:- • £300m central government funding agreed; contingent on a business case being in place with them by the end of October 2018. • SWBH is currently working with partners on an interim reconfiguration of some services commencing 2019, and the funding from central government has been agreed. • SWBH needs to work through the sustainability of a stretched acute model of care. The certainty around Midland Metropolitan Hospital (MMH) will help stem the workforce issues. • This is an opportunity to develop new ways of providing certain services in the run up to MMH. A clinical conversation is due to take place over the next four to six weeks. • It was acknowledged that the services are under a considerable amount of pressure and are an essential component of the health economy. **Action: Mr Lewis to provide an update on the MMH Business Case at the next meeting.** Mr Williams added that it was really important to have evidence of a governance framework in place whereby we share plans with an appropriate approval process and adds rigour to the process. **Enabling programmes** Mr Pearson confirmed that all of the programmes were in the early stages of development.
06/18	**Repatriation** The Repatriation paper was circulated prior to the meeting for information. Mr Lewis provided an overview. The following comments were noted:- • Mr Williams confirmed the information has been co-produced and we are increasingly clear about the mechanisms. The key issue now is to put in place both the commissioner enablers and the alliance and partnership arrangements. • Mr Pearson stressed the importance that the finances are well managed and will be preparation for multi-year based contracts. • Professor Harding referred to the declaration of interest statement and it was

	agreed that ICS Board Members will declare both their individual and institution conflict of interests. **Action: Mr Pearson to propose/amend wording for the declaration of interest statement to include each institution that ICS Board members are employed by.**
07/18	**Outcomes** The outcomes presentation was circulated prior to the meeting. Mr Williams provided an overview as follows:- • Ongoing evolvement and outlines the proposed 5 year framework which links to the commissioning intentions. • Further work required to define measures and evaluation. The following comments were noted by Mr Lewis:- • The document would benefit from taking other documents as a checklist and being clear whether these items are included or not. This checklist would include the STP Clinical Strategy, the STP Strategic Objectives, the SWBH Public Health and Quality Plans and the Sandwell Council 2030 Vision. • We need to be very clear that expectations are defined/outlined. • Vulnerable populations feature less explicably than expected and either need to be infused or need to feature in the front end. • The scale of change is very important and being clear with professional public health advice. The following comments were noted:- • Mr Samuda noted commonality with the approach by the neighbouring ICS in Walsall and felt that underpinning the STP would be very helpful via some parallel work re; process indicators or outcomes e.g. respiratory and diabetes. • Mr Williams referred to the challenge in responding to demands from regulators and acknowledged further work is required. • Mr Sondhi felt it was particularly valuable to have the experience box included and noted the interplay between outcomes and patient experience. • Professor Harding referred to the release of the national 10 year plan in October 2018 and how we correlate the plan with the outcomes. • Dr Carruthers referred to the evidence behind the outcome measures and asked that this be bought back and reconsidered. • Professor Harding suggested the potential use of an academic partner in producing an evidence base.

	The following comments were noted by Mr Pearson:- • Referred to the outcome quadrant which is a primary quadrant and asked if this could be graphically presented in a different way. • Retain the 'I' statements which work well. • Population risk is different to individual risk. The population health measure is different to the individual experience. • We will need to keep measuring over multiple years. • Agree commitment to change control process of this document. • Work through the benchmarking metrics. **Action: Mr Williams to give some thought to a written process using the advisory groups including working up a couple of alternative variants in the risk of 'non participants'. Further discussion to take place at weekly ICS meetings with a view to further discussion at the next ICS Board.** **The ICS Board agreed to produce a brief summary document for use in both Governing Body meetings. Action: Mr Pearson/Ms Attwood.**
08/18	**Any Other Business** There were no items of Any Other Business.
09/18	**Close of Meeting** The meeting closed at 1600 hours.
10/18	**Date and time of next meeting** Wednesday 19th September 2018 1400 to 1600 hours Board Room 2F, Kingston House

Record of Institutions

Insert Table once finalised