Paper ref:	TB (09/19) 012

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**	5th September 2019

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

The report covers the standard matters excluding Midland Met and Unity which are explicit elsewhere on the agenda. We will need to discuss the continued limited progress with reducing emergency care wait times, as well as the emerging challenges of filling vacancies externally.

Continued improvement in partnership working is evident within our ICP alliances and in the joint proposals now developed for oncology.

The report sets out a trajectory to make baselining decisions about our 2020-2021 financial plans. The financial framework for the whole NHS remains emergent and the balance between Trust, Local Health Economy and STP decision making for future years has a degree of flux. It is, however, understood that our self-financed capital plans are interdependent and that the delivery of our 2020 vision and more medium term plans is reliant on continued progress with those plans.

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

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

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

Core items discussed in Clinical Leadership Executive and elsewhere

4. Recommendation(s)

The Trust Board is asked to:

a.	**RECOGNISE** the investment and improvement possible in neonatal services from the decision to remedy the estate now with the delay to Midland Met
b.	**NOTE** the urgent work to be done to re-set our recruitment approach in coming weeks to help us to move towards a Fully Staffed position
c.	**NOTE** the continued work being done to address under-delivery of our income plans associated with around £600,000 pm of activity

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 NHS TRUST

Report to the Public Trust Board: 5th September 2019

Chief Executive's Summary of Organisation Wide Issues

1. The Trust is broadly on course to deliver core operating objectives for the first half of the year. This includes our finances, delivery of planned care targets, and achievements of important safety goals around sepsis, as well as measures important to local people like our complaint response times. We continue to persistently fail the emergency care standard. The Board will want to consider progress on our short term aims to cut breaches among patients whose needs are classified as 'minor' and to largely stop breaches for four hour wait standards then seen inside five hours. These two improvements would put care at our Trust on a par with west midlands peers.

2. Both our Unity deployment and approval of Balfour Beatty contract to finish Midland Met are on the main agenda for our meeting. After such delays on both programmes it is important that we deliver the gains envisaged for each piece of work. Optimisation of Unity, after Go Live, is designed to achieve widespread use of the EPR by all our teams such that we can secure in 2020 the benefits sought from the product which include better coordinated primary and hospital care, high quality prescribing, and consistent results acknowledgment. The Clinical Leadership Executive is united in our intention to achieve these improvements teams by team. A similar programme of Midland Met optimisation of our 2022 clinical model is being developed for review early in the New Year.

3. Our patients

3.1 The Board has placed great emphasis in 2018 and 2019 on **our incident reporting culture**. We reviewed with NHS Improvement the position in 2017 and it features in our undertakings document as a concluded matter. The Care Quality Commission reported positively on the incident reporting culture across the organisation. The IQPR shows a rise in Serious Incidents. This appears to relate to national classification changes in relation to pressure damage. That said, we are undertaking comparative work to set out ratings against those in peer Trusts. We use a standard system for grading, which is nationally mandated. In November, we will consider as a Board half year improvements made from SIs and Never Events YTD, as well as an update report from the prior NHSI review. The Board will recall that our internal 2018-19 review, reported via our AGM, suggested that results acknowledgement and Unity deployment together had the greatest potential to tackle the underlying SI dominant causes that we saw. However, the quality and safety committee has also commissioned work on harms within ED, which remains our most common locus for SIs within the Trust.

3.2 Despite improvements in **our relative mortality position**, we have seen rebasing of data again move our ranking into the lower quartile nationally. Our comparative position on both sepsis and pneumonia appears to have improved slightly. It remains the case that we have lower palliative care coding than we believe is accurate. Implementation of further coding accuracy checks is intended to move us forward, and of course Unity implementation raises both scope to help and

to hinder that position. A further detailed review of our position will revert to December's Board meeting.

3.3 **Results acknowledgement** improvements, as well as measures to cut scan waits and reporting waits, are showing some progress. The Group Directors for medicine and surgery will outline to the Board the countdown to our deadlines for later in September to address historically accumulated backlogs. Go Live for Unity is contingent on every specialty having a recurrent implementation plan to manage both imaging and pathology results acknowledgement. We will discuss in the meeting the limited progress made in July and August to hit our trajectories for imaging request to reporting waits. Commercial partners have now joined our supply chain which ought to rapidly transform our position.

3.4 Within the context of our Local Maternity System (LMS), we have seen investments being made to support the Trust with Saving Babies Lives and continuity of carer, both national strategies for improvement. The work we are doing to ensure that every midwife is 'birth ready' continues with rotation programmes now in place for community teams. In our place based alliances, of course, it is these teams on whom we will depend to drive **big changes in familial smoking in pregnancy** and to contribute to addressing low birth weight births, as two material contributions to a better start in life agenda in both Sandwell and in Ladywood and Perry Barr.

3.5 We have now made moved back into our refurbished and appropriate **Neonatal Unit**. This is funded using sums provided to address the risks created by delay to the opening of Midland Met. The changes also help us to tackle issues highlighted by us and by the CQC. It will be important in coming weeks to ensure that we are using the new facilities to address handwashing and cross infection risks, as well as to make sure that we are delivering all other core NNU indicators. These will be reviewed at the WCH Group Review on September 18th.

4. Our workforce

4.1 This month will see the moderation panels take place for our **Aspiring to Excellence** PDR process. This assesses potential and performance, and from next year will be linked to salary premiums. The People and OD committee has reviewed the process being used, as has the Board, and a post project evaluation will take place to examine measures of equity or risk in the data. Our commitment to development among our employees is a key part of our retention and recruitment narrative, with a growing and ring-fenced budget for training. We agreed as a Board to try and tilt the balance of the time allocated for training towards behavioural and communication training. In October and November we will consider how that is to be done, and re-prioritise our approach to more mandatory and formal training in 2020 and 2021. It is clear that many staffing budgets do not reflect time for development and we will need to consider how an investment in that area is best identified.

4.2 The Board has an attached annex on **recruitment** activity. Whilst conditional and unconditional offers continue to thrive, exit levels remain at around 700 staff per annum. This and the underlying vacancy level drives a need to hire. Year to date it has become clear that we are recruiting almost half of our hires internally, and as such the yield needed externally is well above current applications let alone offers. A fortnightly project group, which I will chair, will direct work in this area for the next two to three months to seek to accelerate, I believe the modish

verb is turbo-charge, our efforts. Broadly we need to quintuple our current volumes. A failure to deliver this will imperil our agency reduction plan, and will damage our reduction of red rated ward shifts.

4.3 We continue to work towards our **mandatory training** target and trajectory: 85% compliance at 100% by the end of September and 95% at 100% by the end of January. The table below illustrates current delivery by group, and there is urgent validation going on to address the initial deadline, which each clinical group has committed to meet. August shows deterioration on June as individuals move out of prior compliance.

Group	End of August position	Volume of non-compliance
Corporate	72.52%	448
Medicine and EC	43.35%	699
Surgical services	54.58%	565
Imaging	54.20%	109
PCCT	71.63%	267
Women and Child Health	56.88%	370

4.4 Further to last month's Board discussions, we have re-launched **our Trust-wide approach to sickness**. This needs to show benefit in reducing both the number of people on long term sickness absence, the volume of people at work in redeployed roles, and falls in threshold breaches among short term sickness cases. There are teams making real progress with this work and our plans to address ward staffing issues rely on tackling sickness rates in these specific areas. HR business partners are working directly with our ward managers to support them with the skills needed to manage complex and repeat cases.

5. Our partners

5.1 The Trust has now made progress in contracting with commercial imaging partners in Australia and the Netherlands, and with making the necessary IT arrangements. A definitive improvement in **request to report times** from October is therefore expected towards a consistent 95% performance. Progress in improvement since May has been slower than expected and responsibility for booking of patients has been and is being moved from the imaging department to our central booking team to deliver benefits faster. New scanners are coming into use in coming weeks which will help with both capacity and productivity. The annex of current performance is appended.

5.2 Work continues with University Hospitals Birmingham to develop a revised **solid tumour oncology** service model. This would see chemotherapy and clinic services returning to our Sandwell site in spring 2020. IT dependencies remain to make this model truly effective, and the Trust's improved IT stability and implementation of Unity are enablers and pre conditions for movement. It is important that we go into 2020-2021 with compliant MDTs in each tumour group, against IOG guidance. As our risk register records we have work to do on the IT enablement of this which has been a 'bugbear' issue over many months. Any return of services to our city site will require estate investment which will, as indicated over the last 18 months, require a tariff premium to be agreed with purchasers. Our site plans continue to hold space for such a development.

6. Our commissioners

6.1 The Trust continues to negotiate to secure a clear future for the **specialist gynaecological cancer** service, whose provision we gave notice on almost 30 months ago. Any contract extension is contingent on satisfactory and transparent written assurances at regional level within NHS Midlands about the service moving in 2020 elsewhere in Birmingham. The discussions for this are protracted and we welcome the continued attention given to this matter by the Joint Overview and Scrutiny Committee of both local authorities, upcoming on September 12th.

6.2 From September we commence revised governance arrangements between the Trust and host CCG. These are designed to ensure a common and routine monthly view of the **Local Health Economy's (LHE) performance**. Once that approach matures it will be included with my monthly report to the Board. Much of the contractual information provided by the Trust to the CCG presently is provided via the IQPR which the Board sees.

6.3 The Board discussed at its last meeting the CCG's decision to issue to tender the **Patient Transport** contract for 2020-21. The procurement process for this continues, and the Trust has made clear, as over the last two years, that present service costs exceed income. We should know in November whether any bidder has matched the commissioner's budget envelope.

7. Our STP and ICP

7.1 Elsewhere in our papers we consider the plan being put together across our STP. Initially the deadline for submission nationally was in September, but we understand that this has been deferred now into November. In parallel our ICP Response Plans for both places are being developed, with the Trust undertaking a coordinating role. Work continues to establish organically what work is best done at ICP level and which work is best done at system level. National guidance of this topic is sometimes useful but we need to be guided by what will work to secure both full participation and the best outcomes.

7.2 Performance management by NHS Midlands has now begun to transition to STP level not organisations. This does not alter our undertakings process, which remains appended within the Board's papers. We have not yet agreed any budgetary pooling at either place or STP level.

8. Other comments

8.1 It is recognised that whilst our activity and income have risen this year compared to last, neither have risen as yet to the scale of our full year plan. Work is being finalised this month on our Q4 run rate, through which we will need to frame a plan for the coming year. We would expect to discuss **that planning baseline** with the Finance and Investment Committee on September 27th. Within that we need to take a shared view with the CCG on any remaining contract challenges.

Toby Lewis
Chief Executive
August 30th 2019

Annex A – TeamTalk slide deck for September
Annex B – August Clinical Leadership Executive summary
Annex C – 2019 imaging improvement indicators
Annex D – Vacancy dashboard
Annex E – Safe Staffing data including shift compliance summary

SWB TeamTalk

Annex A

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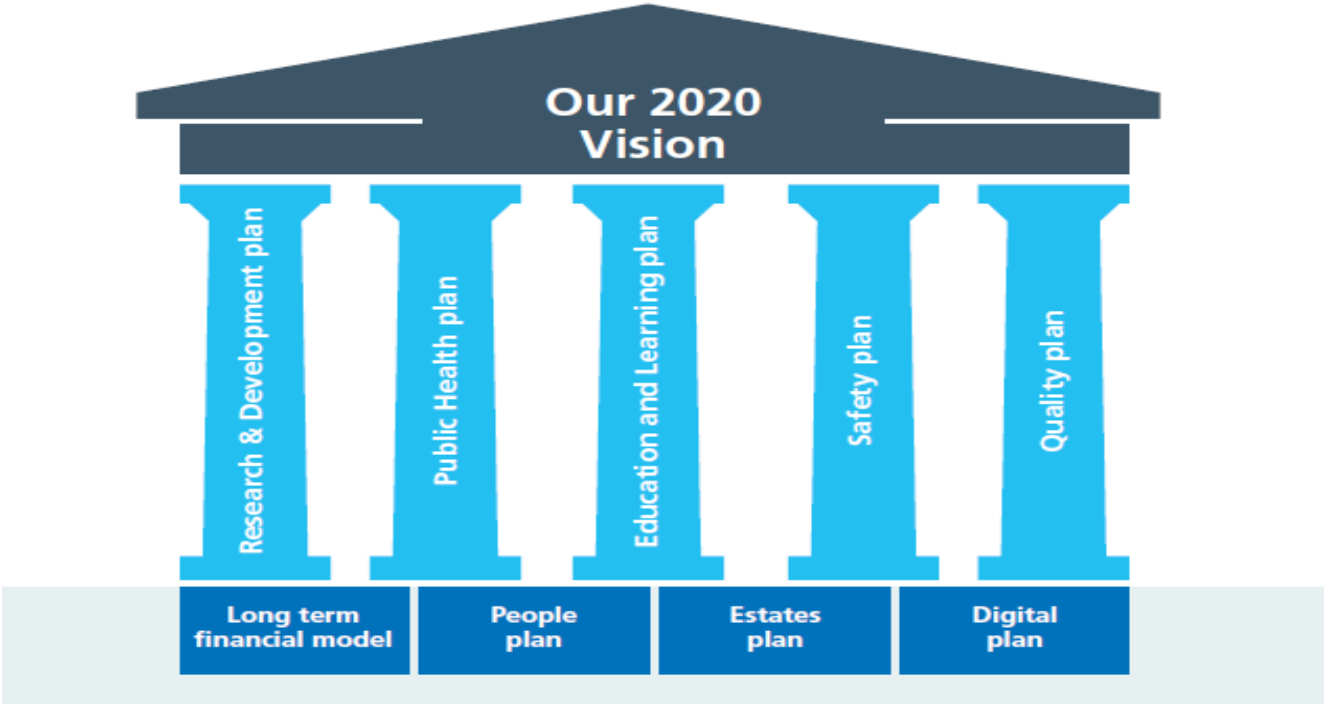
September 2019

Welcome to SWB TeamTalk

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



SWB TeamTalk

September 2019

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TeamTalk Agenda

1.00pm: Tune In: News from across our Trust and further afield

1.10pm: Learning from Excellence:

Completing the UniTeam competencies

1.25pm: What's on your mind?

1.35pm: Things you need to know (CLE feedback…)

1.50pm: This month's topic: Unity optimisation

Toby's monthly video post will be issued this week and will reflect your TeamTalk feedback.

West Midlands Ambulance Service to take over running of NHS 111 in the region

- An agreement has been reached that will see West Midlands Ambulance Service take over the running of NHS 111 service in the majority of the West Midlands in November.
- The plan will see the 111 and 999 services integrated into a single service and will lead to further developments in integration with local services for the benefit of patients.
- The first step of this change will be for the service, across the West Midlands (except Staffordshire), to be transferred from Care UK to WMAS in early November 2019.
- The new model will support more patients being cared for in the most appropriate place for their needs.
- This will also include more patients being provided with care over the phone by a team including GPs; other healthcare staff including advanced nurse practitioners; community mental health teams; pharmacists, dental nurses, paramedics and midwives.

Brexit

We continue to ensure we have robust arrangements in place so that we are best prepared for the UK's departure from the European Union.

Additional help for UK innovation and research post-Brexit

The Government has pledged further support for UK researchers and businesses post-Brexit, including providing additional funding to support Horizon 2020 projects beyond 2020 and a change to immigration rules to continue to attract international science and research talent after the UK leaves the EU. Further information is available from UK Research and Innovation

Continuity of medicines' supply

The Government has announced on 26th June that it will be continuing with its approach to continuity of medicines' supply, involving a range of activities including warehousing, buffer stocks and procurement for extra ferry capacity, including an express freight service for medicines and medical products. It has also written to the medicines and medical devices industries providing further information on its plans to minimise medicines' disruption.

Overseas visitors

Both sides in the Brexit negotiations have agreed in principle to preserve reciprocal health care rights until the end of a transition period (awaiting confirmation of this time limit), at least for those citizens already residing in another EU country. However, until the final outcome of the talks is known, uncertainty remains about the future.

SWB TeamTalk

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September 2019

Learning from excellence:

Creating momentum for Uniteam Competencies

Amber Markham
Matron CCS and Pain Service

Momentum for Uniteam competencies

We created the momentum by communicating the importance of getting involved pre go-live

We did this by talking about the competencies and the importance of completing them pre go-live at –

- Safety Brief every morning
- Every handover
- Creating Unity “O” clock
- Clear communication via the Unity Corner
- Email updates to the teams

Unity o'clock

- Identifying Unity o'clock focused the team and identified the point in the day we were working towards, this allowed the team to organise the workload
- The team gather and focus on the competencies that need practice
- Board in the coffee room showing how many competencies have been completed

The impact on readiness

- The team report feeling more confident with the system
- Colleagues are helping each other use the play system

Go live support

- 120% staffing uplift
- Roster created to support staff
- Digital Champions 24/7 for 2 weeks
- Supernumerary Super Users 24/7 for 2 weeks
- Super users and Digital champions will continue supporting the staff moving forward

SWB TeamTalk

September 2019

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What's on your mind?

Your opportunity to raise any issues or ask a question.

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September 2019

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Your questions answered from last time

What is being done regarding Wi-Fi at Leasowes?

A major priority for the informatics team has been to ensure that Wi-Fi works well across the Trust and can be relied upon to support Unity ahead of go-live. Wi-Fi signal across the Sandwell and the community sites has been upgraded and hopefully colleagues in these areas are already feeling the benefit. Wi-Fi improvements at City Hospital should be complete by week beginning 2 September.

What are the plans for free public Wi-Fi across the sites?

Free Wi-Fi for patients and visitors will be available from 5 September.

SWB TeamTalk

September 2019

Sandwell and West Birmingham NHS Trust

Things you need to know: from our Clinical Leadership Executive

Unity Go Live is getting very close

We have work to do to be ready for Unity go-live, and the Board will determine on 5 September which of two dates will be used. The expectation remains that we will go live over the weekend of 21 and 22 September. Plan B will see us go live in November.

The Trust will be going live in three stages:

- Saturday – City Hospital
- Sunday – Sandwell General Hospital, Rowley Regis Hospital and Leasowes
- Monday – outpatient and community sites

Unity go-live

- Elective activity will be reduced by 40 per cent during the first two weeks of go-live for gold services

- There will be increased rotas for go-live by 20 per cent for gold areas

- Look out for videos in the communications bulletin for barcode printing training for prescription – a requirement for all nursing colleagues

You can find a list of gold and silver teams on Connect

SWB TeamTalk

September 2019

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Things you need to know: from our Clinical Leadership Executive

Support during go-live

Don't worry if you get stuck or aren't sure what to do – plenty of help will be at hand.

- If you cannot log in to Unity then call the informatics service desk on ext. 4050
- If you have any other issue with Unity, please speak to a colleague wearing a green Unity t-shirt in the first instance. If your query requires urgent escalation, they can do this for you

As well as digital champions and super users, there will be floorwalkers in your area to help resolve any issues. If you've forgotten how to do a particular task in Unity, there will also be pocket books that you can refer to. These simple guides will take you through the process step by step.

For more information about going live with Unity please visit the go-live page on Connect or email swbh.unity.queries@nhs.net.

SWB TeamTalk

September 2019

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Things you need to know: from our Clinical Leadership Executive

Speak up Day – Wednesday 11 September

- Our second Speak up Day will focus on the launched Managers' Code Of Conduct.
- We want to encourage colleagues to send through examples of how staff are living the values of the Managers' Code of Conduct. Example can be sent as Shout Outs via Connect.
- Our Freedom to Speak up Guardians will be out and about listening top your concerns
- Managers are encouraged to hold a drop in session for their teams during that day
- We will be holding a Big Debate on the day featuring key managers. More details on how you can participate will follow in the communications bulletin.

See Connect for all the resources you require for the Managers' Code of Conduct

SWB TeamTalk

August 2019

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Things you need to know: from our Clinical Leadership Executive

Your votes are required for the Star Awards

- This year we had a wonderful turnout of nominees with colleagues and patients both keen to share their amazing experiences of care, kindness innovations and quality they had experienced from our staff and colleagues
- Over 500 nominations were received

Don't forget that you choose the winners in four categories:

- Employee of the Year
- Clinical Team of the Year (Adults)
- Clinical Team of the Year (Children's)
- Non Clinical Team of the Year

You can see the full shortlist in this month's Heartbeat. You will be able to vote online through Connect in September.

Voting will open from 2nd to 20th September.

SWB TeamTalk

September 2019

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Things you need to know: from our Clinical Leadership Executive

Quiet protocol

- The new quiet protocol sets out to restore peace and tranquillity on wards and support rest and recovery through the introduction of a wind down period from 9pm, with the aim of all patients being settled and ready for sleep by 11pm.

- The protocol will ensure that lights are dimmed, beds are filled and noise is kept to an absolute minimum.

- Wards will also be supported to ensure that supplies for sleep essentials such as pillows, eye masks, ear plugs and soft closing bins are replenished.

- The protocol will be piloted and monitored on a single ward during September with a view to roll wider in Winter.

SWB TeamTalk

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September 2019

TeamTalk Topic: Unity optimisation – how can you make best use of the new system?

As we go live with Unity it is vital that we focus on how we make the most of our ability to use the system well. This means that we will deliver better patient care as well as release more time for clinicians to care for patients.

From one month after go-live we will be making available information at an individual, team, directorate and group level to show you how well you are using Unity against an average. This will enable you to get the right help if you are finding some areas more challenging.

1. How will you use your team time once we have gone live to become optimised with Unity?
2. How will you support people in your team who are finding certain aspects of Unity difficult?
3. What do you think will be the benefits of us all becoming optimal users of Unity?

Annex B

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CLINICAL LEADERSHIP EXECUTIVE OUTBRIEF	
Date of meeting	27th August 2019
Attendees	Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), Executive Directors, and the Trust Convenor.
Apologies	Chetan Varma, Di Eltringham and Sarah Yusuf
Key points of discussion relevant to the Board	• **Unity Optimisation**: CLE discussed the indicators, data and deployment of this work. Reports will be ready on time and CLE will return on 24-09 to the rollout of data and conversations. CLE made a clear decision on pharmacy indicators. • **Mental health issues**: A summary of options was developed ranging from mental health first aid to expanded liaison and DDD teams. Meaningful costings remain to be done before a commitment is finalised. • **2020 outcomes from team**: All groups submitted analysis of current compliance against our 2014 promises. Just over half of these demonstrate delivery with the balance to be achieved. A process to both learn from success and drive completion was agreed. • **Current to target risk ratings**: All directorates have reviewed current risk scores and CLE discussed as peers the accuracy of this output. An A and B list will be prepared for Board recognising the work to be done over the next fortnight.
Positive highlights of note	• Continued delivery of core national standards and financial position • Good engagement by clinical groups with 2020 delivery review
Matters of concern or key risks to escalate to the Board	• Continued challenges in documenting good conversations about risk and risk mitigation • Varied understanding and appreciation of the true challenges of Unity implementation at Go Live
Matters presented for information or noting	• Integrated Quality and Performance Report: July 2019 • Finance Report: Month 4 and Q2 forecast • Improvement Team CLE scoped work update
Decisions made	• CLE sub-committee membership confirmed • Support for additional investment in mental health support

Toby Lewis
Chair of the Clinical Leadership Executive
For the meeting of the Trust Board scheduled for 5th September 2019

Annex C

2019 Imaging Improvement Indicators

	July	Aug	Sept	Oct	Stretch challenge requested by Chief Executive
% of all imaging reported in 4 weeks	86%	79%	90%	91%	95%
% of urgent tests reported within less than 5 days	64%	67%	77%	83%	90%
% of IP tests reported in less than 1 day	68%	71%	71%	80%	90%

Contracts with external reporting providers are in place and report to scan times in September will be a maximum of 2 days. The huge achievement and gain is off set in the current under delivery of request scan particularly for CT and US and failure to delivery IP booking productivity locally .

Areas of impact and therefore improvement are within Imaging's remit to deliver and are focussed on:

- Vetting of CT will be in place in September and improvement impact is 5% measured against the less than 4 week request to report performance
- The mitigation for the booking plan for inpatients is to move to elective access, as imaging have failed to sustain local improvement will be in October. This improvement impact is a 6% increase in IP request to report < 1 day.
- Cardiac imaging – improvement impact once in a sustainable state is 12 % improvement at modality level in request to report.

The outstanding improvement effort to get all targets above 95% is relatively small.

- For 95% of all imaging reported in 4 weeks from request it would require 266 less breaches a week which in context of the weekly workload is circa 4 % of the weekly workload. Sustainable cardiac capacity would account for 45 per week of that which leaves 221 out of 6200 imaging requests to improve. We have been cautious in the booking assumptions improvement until transferred to elective access and will identify further subspecialty resilience to gain week to week sustainability at this level.

Annex D

Fully Staffed – Recruitment Update POD August 2019

INDICATOR	JUNE 19	JULY 19	August 19 (part month)
No. of vacant WTE in active recruitment	927.31 WTE	966.28 WTE	1112 WTE
No. not in advert at end of reporting period (2 day processing)	5.92 WTE	19 roles 22.7 WTE	49 roles (113.46 WTE)
No. at advert on NHS jobs	39.30 WTE	57 roles (139.85 WTE)	69 roles (140.63 WTE)
No. at conditional offer stage	385.26 WTE	705 people (610 WTE)	753 people (647.12 WTE)
No at unconditional offer stage	496.83 WTE	372 people (332.7 WTE)	398 people (355.75 WTE)
No. withdrawn	21	41	11
No of New Starters	85 people (79.42 WTE)	80 people (69.06 WTE)	104 (99.82 WTE) August actual 101 (99.44 WTE) Sept estimate 168 (165.66 WTE) Oct estimate
No of Leavers	59	59	24
No of new activity requests received in reporting period	79 requests (144.16 WTE)	55 requests (87.89 WTE)	49 roles (113.46 WTE)

Safe Staffing Return : 01/07/2019 to 31/07/2019

Annex E

By Date	By Ward	Detail	Ward Name	Ward Code	Spec Name 1	Spec Name 2	e-Roster Location Code	DAY Qualified Planned Hours	DAY Qualified Actual Hours	DAY Care Staff Planned Hours	DAY Care Staff Actual Hours	NIGHT Qualified Planned Hours	NIGHT Qualified Actual Hours	NIGHT Care Staff Planned Hours	NIGHT Care Staff Actual Hours	Average Fill Rate DAY Qualified %	Average Fill Rate DAY Care Staff %	Average Fill Rate NIGHT Qualified %	Average Fill Rate NIGHT Care Staff %	Care Hours Per Patient Day Occ. Bed Days	Care Hours Per Patient Day Qualified Hours	Care Hours Per Patient Day Care Staff Hours	Care Hours Per Patient Day Overall Hours	
+	+	+	AMU A - Sandwell	SEAU	326 - ACUTE INTERNAL MEDICINE		AMU A	3,991	4,021	1,688	1,596	3,559	3,405	1,415	1,381	100.75%	94.54%	95.67%	97.63%	1145	6.5	2.6	9.1	Sign Off
+	+	+	Critical Care - Sandwell	SCRITC	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS Sand	3,781	3,745	540	501	2,453	2,426	22	11	99.07%	92.77%	98.9%	50.0%	217	28.4	2.4	30.8	Sign Off
+	+	+	Lyndon 1 - Paediatrics	SLY1	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	Lyndon 1	1,362	1,345	382	342	946	910	379	375	98.81%	89.53%	96.25%	98.94%	323	7.0	2.2	9.2	Sign Off
+	+	+	Lyndon 2 - Surgery	SLY2	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	Lynd2s	1,659	1,580	1,300	1,268	1,104	1,093	1,300	1,298	95.21%	97.54%	99.0%	99.88%	826	3.2	3.1	6.3	Sign Off
+	+	+	Lyndon 3 - T&O/Stepdown	SLY3	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	Lyn 3	1,342	1,326	1,450	1,433	1,012	1,012	1,346	1,299	98.85%	98.8%	100.0%	96.53%	596	3.9	4.6	8.5	Sign Off
+	+	+	Lyndon 4	SLY4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	L4	1,678	1,661	1,619	1,571	1,416	1,403	955	931	98.99%	97.05%	99.08%	97.49%	968	3.2	2.6	5.8	Sign Off
+	+	+	Lyndon 5 - Acute Medicine	SLY5	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	L5	1,953	1,991	1,488	1,396	1,449	1,415	782	736	101.98%	93.83%	97.69%	94.09%	987	3.5	2.2	5.6	Sign Off
+	+	+	Lyndon Ground - PAU/Adolescents	SLYG	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	PAU	2,297	2,261	859	853	1,823	1,745	583	547	98.45%	99.27%	95.69%	93.78%	275	14.6	5.1	19.7	Sign Off
+	+	+	Newton 3 - T&O	SNT3	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	SNNT3 - N	1,855	1,876	1,616	1,455	1,288	1,276	1,461	1,415	101.11%	90.03%	99.11%	96.85%	928	3.4	3.1	6.5	Sign Off
+	+	+	Newton 4 - Stroke and Neurology Rehab	SNT4	314 - REHABILITATION	300 - GENERAL MEDICINE	SNNT4 - N	1,333	1,319	1,649	1,564	1,127	1,057	759	747	98.97%	94.86%	93.79%	98.42%	861	2.8	2.7	5.4	Sign Off
+	+	+	Newton 5 - Haematology	SNT5	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	N5	1,347	1,359	465	449	702	715	46	46	100.85%	96.66%	101.85%	100.0%	281	7.4	1.8	9.1	Sign Off
+	+	+	Older Persons Assessment Unit (OPAU) - Sandwell	SNT1	430 - GERIATRIC MEDICINE		OPAU	1,528	1,544	1,030	1,033	1,352	1,309	1,024	1,023	101.05%	100.24%	96.82%	99.9%	581	4.9	3.5	8.4	Sign Off
+	+	+	Priory 2 - Colorectal/General Surgery	SPR2	100 - GENERAL SURGERY		Pr2	1,864	1,903	1,206	1,162	1,805	1,642	1,024	1,000	102.13%	96.35%	90.99%	97.7%	766	4.6	2.8	7.5	Sign Off
+	+	+	Priory 4 - Stroke/Neurology	SPR4	300 - GENERAL MEDICINE	400 - NEUROLOGY	Priory 4	2,231	2,254	931	863	2,058	1,933	1,058	1,046	101.03%	92.72%	93.93%	98.87%	650	6.4	2.9	9.4	Sign Off
+	+	+	Priory 5 - Gastro/Resp	SPR5	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	Pr5	2,295	2,297	1,039	992	2,127	2,108	1,089	1,035	100.08%	95.43%	99.09%	95.12%	938	4.7	2.2	6.9	Sign Off
+	+	+	SAU - Sandwell	SSAU	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	SAU (New)	1,869	1,871	1,266	1,297	1,805	1,709	334	346	100.13%	102.42%	94.7%	103.75%	432	8.3	3.8	12.1	Sign Off
+	+	+	AMUs - City	CM_AMU	326 - ACUTE INTERNAL MEDICINE		AMU CITY	5,073	5,104	2,016	2,035	4,301	4,217	1,840	1,829	100.61%	100.92%	98.05%	99.38%	1234	7.6	3.1	10.7	Sign Off
+	+	+	CCS - Critical Care Services - City	CCCS	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS City	4,263	4,302	223	239	2,356	2,324	0	0	100.93%	107.42%	98.64%	#NUM!	247	26.8	1.0	27.8	Sign Off
+	+	+	City Surgical Unit (CSU)	CD27	101 - UROLOGY	120 - ENT	CSU (D25)	0	12	66	129	23	12	0	0	#NUM!	195.2%	50.0%	#NUM!	545	0.0	0.2	0.3	Sign Off
+	+	+	D11 - Male Older Adult	CCDU	430 - GERIATRIC MEDICINE		D11	967	987	1,118	1,106	690	690	1,001	966	102.07%	98.93%	100.0%	96.55%	595	2.8	3.5	6.3	Sign Off
+	+	+	D15/D16 Gastro/Resp	CM_D15D16	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	D15	1,380	1,430	812	799	2,146	2,103	782	713	103.6%	98.48%	98.0%	91.11%	654	5.4	2.3	7.7	Sign Off
+	+	+	D17 (Gynae Ward)	CFSW	502 - GYNAECOLOGY		D17	1,321	1,312	731	658	693	686	341	340	99.36%	90.08%	98.92%	99.71%	371	5.4	2.7	8.1	Sign Off
+	+	+	D19 - Paediatric Medicine	CD19	420 - PAEDIATRICS	120 - ENT	CPAU	1,621	1,429	801	694	0	0	0	0	88.16%	86.7%	#NUM!	#NUM!	196	7.3	3.5	10.8	Sign Off
+	+	+	D26 - Female Older Adult	CD26	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	D26	1,054	1,064	728	712	748	715	748	703	100.9%	97.8%	95.59%	93.98%	631	2.8	2.2	5.1	Sign Off
+	+	+	D43 - Community RTG	CD43	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	D43	1,417	1,405	1,329	1,236	1,035	1,033	1,058	1,047	99.12%	93.0%	99.76%	98.91%	759	3.2	3.0	6.2	Sign Off
+	+	+	D47 - City	CD47	430 - GERIATRIC MEDICINE		Sheldon	644	701	1,202	1,212	690	690	737	725	108.8%	100.83%	99.96%	98.41%	502	2.8	3.9	6.6	Sign Off
+	+	+	D5/D7 - Cardiology	CM_D5D7	320 - CARDIOLOGY	300 - GENERAL MEDICINE		6,488	6,271	971	897	3,312	3,276	58	58	96.66%	92.38%	98.92%	100.0%	996	9.6	1.0	10.5	Sign Off
+	+	+	Labour Ward - City	CLW	501 - OBSTETRICS		Del Suite	4,198	3,820	877	850	3,683	3,349	713	667	91.0%	96.92%	90.94%	93.55%	296	24.2	5.1	29.3	Sign Off
+	+	+	Maternity 1 - City	CM_M1	501 - OBSTETRICS		M1	1,409	1,363	796	736	1,036	887	368	368	96.7%	92.52%	85.57%	100.0%	493	4.6	2.2	6.8	Sign Off
+	+	+	Maternity 2 - City	CM_M2	501 - OBSTETRICS	424 - WELL BABIES	M2	1,239	1,207	746	758	863	836	438	439	97.4%	101.54%	96.87%	100.23%	395	5.2	3.0	8.2	Sign Off
+	+	+	Neonatal Unit - City	CNNU	422 - NEONATOLOGY		NEO	3,031	2,922	647	573	1,568	1,463	644	615	96.41%	88.51%	93.29%	95.5%	668	6.6	1.8	8.3	Sign Off
+	+	+	Serenity Birth Centre - City	CSBC	501 - OBSTETRICS		Serenity	1,326	1,239	525	447	991	913	415	391	93.44%	85.14%	92.13%	94.22%	50	43.0	16.8	59.8	Sign Off
+	+	+	Ophthalmic Unit - City	CEYEIP	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	Eye Ward	1,891	1,900	601	605	577	557	9	34	100.5%	100.67%	96.66%	362.16%	190	12.9	3.4	16.3	Sign Off
+	+	+	Eliza Tinsley Ward - Community RTG	RETIN	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	ET	847	834	1,406	1,321	702	714	1,265	1,257	98.5%	94.01%	101.78%	99.39%	625	2.5	4.1	6.6	Sign Off
+	+	+	Henderson	RHEND	318 - INTERMEDIATE CARE		Henderson	1,330	1,339	1,605	1,527	689	713	1,046	988	100.66%	95.19%	103.48%	94.42%	647	3.2	3.9	7.1	Sign Off
+	+	+	McCarthy - Rowley	RMCCA	318 - INTERMEDIATE CARE		McCarthy	931	952	1,286	1,279	724	701	835	825	102.26%	99.49%	96.82%	98.86%	504	3.3	4.2	7.5	Sign Off
+	+	+	Leasowes	LEAS	318 - INTERMEDIATE CARE		Leasowes	1,143	1,161	1,163	1,199	734	743	745	738	101.57%	103.07%	101.16%	99.06%	565	3.4	3.4	6.8	Sign Off
			Total					73,953	73,106	38,171	36,783	53,582	51,775	26,613	25,933	98.85%	96.36%	96.63%	97.45%	21946	5.7	2.9	8.5	