Sandwell and West Birmingham Hospitals

NHS Trust

TRUST BOARD – PUBLIC SESSION AGENDA

Venue:

Being held via WebEx Meetings (joining details within Outlook Calendars)

Date:

Thursday, 1st October 2020, 09:30 – 12:45

Members:

| Mr R Samuda | (RS) | Chair |
|-----------------|------|-------------------------|
| Mr M Laverty | (ML) | Non-Executive Director |
| Mr M Hoare | (MH) | Non-Executive Director |
| Mr H Kang | (HK) | Non-Executive Director |
| Cllr W Zaffar | (WZ) | Non-Executive Director |
| Prof K Thomas | (KT) | Non-Executive Director |
| Mrs L Writtle | (LW) | Non-Executive Director |
| Mr T Lewis | (TL) | Chief Executive |
| Dr D Carruthers | (DC) | Medical Director |
| Mr L Kennedy | (LK) | Chief Operating Officer |
| Ms D McLannahan | (DM) | Chief Finance Officer |
| Mrs R Goodby | (RG) | Director of People & OD |
| Miss K Dhami | (KD) | Director of Governance |
| Ms K French | (KF) | Interim Chief Nurse |

In attendance:

Mrs R Wilkin Mr D Baker Ms S Rudd

- (RW) Director of Communications
- (DB) Director of Partnerships & Innovation
- (SR) Associate Director of Corporate
 - Governance

| Time | Item | Title | Reference Number | Lead |
|-------|------|---|---------------------|-------|
| 09:30 | 1. | Welcome, Apologies and Declarations of Interest To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting. | Verbal | Chair |
| | | Apologies: Toby Lewis, Kam Dhami, Lesley Writtle | | |
| | 2. | Chair's Opening Comments | Verbal | Chair |
| | 3. | Questions from Members of the Public | Verbal | Chair |
| | 4. | Patient Story | Verbal | KF |
| 10.00 | | Updates from Board Committees: | | |
| | 5b | (a) receive the update from the Quality and Safety Committee held on 25th September 2020. | TB (10/20) 001 | НК |
| | | (b) receive the minutes from the Quality and Safety Committee held on 28th August 2020. | TB (10/20) 002 | нк |
| | 5c | (a) receive the update from the Digital Major Projects Authority held on 25 th September 2020. | TB (10/20) 003 | МН |
| | | (b) receive the minutes from the Digital Major Projects Authority held on 28th August 2020. | TB (10/20) 004 | МН |
| | 5d | (a) receive the update from the Finance and Investment Committee held on 25 th September 2020 | TB (10/20) 005 | MH |
| | | (b) receive the minutes of the Finance and Investment Committee held on 28th August 2020 | TB (10/20) 006 | МН |

| Time | ltem | Title | Reference Number | Lead |
|-------|------|---|----------------------------------|----------------|
| | 5e | (a) receive the update from the Public Health, CD and Equality | TB (10/20) 007 | КТ |
| | | Committee held on 28th September 2020 (b) receive the minutes of the Public Health, CD and Equality Committee held on 31st July 2020 | TB (10/20) 008 | КТ |
| | | MATTERS FOR APPROVAL OR DISCUSSION | | |
| 10.15 | 6. | COVID-19: Overview | TB (10/20) 009 | DC |
| 10.35 | 7. | COVID-19: Restoration and recovery | TB (10/20) 010 | LK |
| | | BREAK | | |
| 11.15 | 8. | Winter Plan | TB (10/20) 011 | LK |
| 11.25 | 9. | CQC progress update | Verbal | KF |
| 11.30 | 10. | Freedom to Speak Up - update | Verbal | KF |
| | | REGULAR MATTERS | | |
| 11:35 | 11. | Chief Executive's Summary on Organisation Wide Issues | TB (10/20) 012 | DC |
| 11:45 | 11.1 | Integrated Quality and Performance Report | TB (10/20) 013 | DC |
| 12:00 | 11.2 | a) Finance Report: Month 05 2020/21 and Covid Finance | TB (10/20) 014 | DM |
| 12:15 | 11.3 | Trust Risk Report | TB (10/20) 015 | KF |
| 12:25 | 11.5 | NHS Regulatory Undertakings: monthly status update on agency and four hour standard | TB (10/20) 016 | DC |
| 12:35 | 12. | Application of the Trust Seal | TB (10/20) 017 | DC |
| | | UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETIN | IGS | |
| 12:40 | 14. | Minutes of the previous meeting and action log To approve the minutes of the meeting held on 3rd September 2020 as a true/accurate record of discussions, and update on actions from previous meetings | TB (10/20) 018 TB (10/20) 019 | Chair Chair |
| | | MATTERS FOR INFORMATION | | |
| 12:45 | 15. | Any other business | Verbal | Chair |
| | 16. | Details of next meeting of the Public Trust Board: Thursday, 5th Noven Meetings | nber 2020 via Wel | bEx |

Paper ref: TB (10/20) 001

Sandwell and West Birmingham Hospitals

NHS Trust

| | QUALITY AND SAFETY COMMITTEE |
|---|---|
| Date of meeting: | 25 th September 2020 |
| Attendees: | Harjinder Kang (Chair), Richard Samuda, Lesley Writtle, David Carruthers, Dave Baker, Kathleen French, Liam Kennedy, Chizo Agwu, Parmjit Marok, Vaish Kumar, Susan Rudd. |
| Apologies: | Toby Lewis, Kam Dhami, Kate Thomas, |
| Key points of discussion relevant to the Board: | COVID-19 update on community rates, local lock down, treatment pathways and effect of new IPC guidance Restoration and recovery with focus on harm reviews and prioritisation. How our work and data integrates with systems across STP Mortality review with high HSMR rate – influence of COVID deaths on coding as well as palliative care influence were discussed. |
| Positive highlights of note: | • SBAF2 to be closed (risk of collapse of care homes) due to work done with care homes in Sandwell and WB |
| Matters of concern or key risks to escalate to the Board: | • |
| Matters presented for information or noting: | CQC preparation visits to wards underway |
| Decisions made: | • To review ToR of committee and generate schedule for agenda |
| Actions agreed: | Committee members to respond with thoughts on ToR 3 monthly discussion on SBAF and LfD report |

Harjinder Kang, Non-Executive Director Chair of the Quality and Safety Committee For the meeting of the Trust Board scheduled for 1st October 2020

QUALITY & SAFETY COMMITTEE - MINUTES

| <u>Venue:</u> Me | eting held | l via WebEx | Date: 28 th August 2020, 11:00-12:30 | | |
|---------------------------------|--------------|--|--|------|----------------------------------|
| Members: | | | In Attendance: | | |
| Mr H Kang | (НК) | Non-Executive Director (Chair) | Ms C Agwu | (CA) | Deputy Medical Director |
| Mr R Samuda | (RS) | Non-Executive Director (Chairman) | | | |
| Prof K Thomas | (KT) | Non-Executive Director | | | |
| Ms L Writtle Mr D Carruthers | (LW) (DC) | Non-Executive Director Non-Executive Director | | | |
| Ms S Carr-Cave | (SCC) | Deputy Chief Nurse | Apologies: | | |
| Ms M Roberts | (MR) | Deputy Chief Operating Officer | Mr L Kennedy | (LK) | Chief Operating Officer |
| Ms P Marok | (PM) | GP West B'ham Med Centre | Ms K Dhami | (KD) | Director of Corporate Governance |
| Mr D Baker | (DB) | Director of Partnerships & Innovation | Ms K French | (KF) | Interim Chief Nurse |

| Minutes | Reference | | | |
|--|------------------|--|--|--|
| 1. Introductions [for the purpose of the audio recorder] | Verbal | | | |
| Committee Members provided an introduction for the purpose of the recording. | | | | |
| 2. Apologies for absence | Verbal | | | |
| Apologies were received from Liam Kennedy, Kam Dhami and Kathy French. | | | | |
| 3. Minutes from the meeting held on 31 st July, 2020QS (08/20) 001 | | | | |
| The minutes of the meeting held on 31 st July 2020 were reviewed and the following amendments made: | | | | |
| QS (07/20) 004 (Item 7) - Final paragraph to be reworded to clarify that LW agreed to look at a revised presentation [of the Safety Plan]. | | | | |
| QS (07/20) 005 (Item 8) – The sentence, 'This work has been delayed due to the impact of the COVID19 pandemic' to be removed. | | | | |
| QS (07/20) 007 (Item 10) – The sentence starting, 'DB queried whether an earlier presentation' DB to be changed to DC. | | | | |
| QS (07/20) 008 (Item 11) – The sentence, 'DB commented that it may be related to the COVID 19 pandemic' Reference to DB to be changed to LK. | | | | |
| • Two actions resulting from this discussion to be consolidated into one – Action: | DB, LK and KF to | | | |

review the mixed sex accommodation. DB reported that this had not yet been done, but suggested this topic be discussed at the September Q&S Committee meeting.

The minutes were **ACCEPTED** as a true and accurate record of the meeting, subject to the amendments.

Action: DB, LK and KF to review the mixed sex accommodation and report to the September Q&S Committee (Replacement/re-worded action)

| 4. | Matters and | actions | arising from | previous | meetings |
|----|-------------|---------|--------------|----------|----------|
|----|-------------|---------|--------------|----------|----------|

QS (08/20) 002

DC reviewed the action log. The following was updated:

- QS (02/20) Item 6 Organise an audit of Sickle Cell patients and define and describe the treatment pathway for patients for presentation to the Board.
 To be deferred until September 2020.
- QS (05/20) 004 Arrange a meeting with the team to find a solution to the lack of visibility of patient historic records through Unity. A report to be brought back to the July QS Committee.
 DC reported that further clarification would be required from the Unity team. Deferred to the September meeting.
- QS (07/20) 004 Seek advice and input from LW on reviewing the content of the Safety Report. LW reiterated that she had volunteered to be a test person in a revised presentation of the Safety Plan. SCC offered to discuss the topic with KF. MR offered to discuss it with LK on his return from leave. Ongoing.
- QS (07/20) 006 DC to discuss with LK the wording of the two risks on the risk register. Completed.
- QS (07/20) 006 Check whether the safety metrics have been added to the risk register. SCC reported that there was no update in relation to this action.
- QS (07/20) 008 Meet with the relevant GDONs regarding the fall and grade 4 pressure ulcer cases and provide an update at the August meeting.
 SCC reported that a meeting had taken place to discuss the outstanding investigations and a plan was being put in place to progress them to closure. The GDON meeting would be used to agree a process for the investigations going forward.
- QS (07/20) 008 Review the Mixed Sex Accommodation data and provide an updated report at the August meeting & QS (07/20) 008 KF to work with DB and LK to review the format of Integrated Quality and Performance Report: Exceptions.

To be reworded (see above review of minutes).

• QS (07/20) 007 - DC to include an update of the perinatal paper within his private Board Report. DC reported that the process to support staff and mothers following perinatal death had been included in the CEO report at the Private Board.

4.1 Feedback from the Executive Quality Committee and RMC

Verbal

Verbal

QS (08/20) 003

Not discussed.

5. Patient story for the August Public Trust Board

Not discussed.

DISCUSSION ITEMS

6. Gold update on COVID-19 position

DC reported that very few patients had been swab positive for COVID-19 in the organisation and none in ITU. Numbers were less than one positive result per day, from both new patients and a small number of asymptomatic patients identified in screening.

Community rates had been variable but had limited impact on the health service because cases had been in younger age groups. The risk around schooling would be that children could potentially pass on infection to more vulnerable adults.

DC reported that Primary Care had not been seeing many more cases of COVID-19. MR reported that latest figures had shown a decrease in Sandwell and Birmingham cases, which was a positive. DC stressed the importance of the promotion of infection control measures around the hospital, mask wearing etc., for visitors.

'Red' and 'Blue' streams through ED and AMU would continue, although positive patients would be focused on the respiratory hub on the City site.

MR reported that following talks with West Midlands Ambulance Service (WMAS), it had been agreed that queried COVID-19 patients would be taken directly to City from Monday (31st August 2020). A proposal had been put in place to recognise Sandwell as a mainly 'Blue' site. Management of 'walk-in' patients was being discussed. This system would be monitored before downgrading the existing 'Red' streams.

DC advised that new national infection prevention and control guidance had been released. The Trust had received a summary of changes and a national webinar would be taking place.

DC stated that the main change appeared to be a reduced requirement for downtime between AGP procedures conducted for endoscopy on patients who had appropriately self-isolated and had been screened with swabs beforehand. Confirmation of the advice was awaited from national bodies, however, if accepted, the new rules would allow more rapid turnover of endoscopies.

PPE provision remained positive and work from home guidance for staff would be extended to January

2021.

In terms of system-wide progress, the Phase 3 letter would be a major focus area for the Trust. Projected improvements until the end of the year were being reviewed e.g. waiting lists.

HK queried the impact of antibody testing and the significance of results. DC expressed the view that staff understood the implications of the test and its interpretation difficulties and this messaging would continue to be promoted.

DC commented that employee wellbeing projects continued to support colleagues' mental health. Planning for a potential second surge included a refined approach to staff deployments. DC confirmed that individual risk assessments had been done for the vast majority of staff, which would affect the type of work they would be asked to do and their level of PPE protection, in the event of a resurgence.

SCC commented that the risk assessments had been giving staff the confidence to return to the workplace.

KT queried whether SWBH had been liaising with Birmingham as well as the Black Country in terms of system-wide progress. DC commented that he was aware that work was being done across both areas with regard to intensive care.

RS queried the level of business going through the A&E departments. MR reported that the Trust overall was only operating at around 74% of 2019 activity levels. Sandwell had experienced a higher return than City, however, some of this activity was related to departments being moved in response to the pandemic. ED performance had increased by 3% during the week. MR reported that the Trust had been one of the first to return to near normal levels and of the 19 regional Trusts, SWBH was sitting at the mid-point. Sandwell had returned to almost normal attendances.

MR confirmed that 111 calls numbers had been high and a pilot programme would take place in October to get 20% of A&E attendances diverting to 111.

RS queried the Trust's comparative position. MR reported that the first return was due into NHSIE on Tuesday 1st September 2020 with feedback on the 10th September 2020. MR commented that the submission would need to be deliverable as there were financial penalties and additions at stake.

In terms of restoration and recovery, MR reported that the Trust was doing well in cancer services and was sitting higher than the STP but was on par for electives/outpatients.

HK queried the progress of system wide planning for Winter. DC confirmed that Winter planning was taking place and had been discussed at CLE. There was support for investment in ED for increased capacity and facilities to allow for Winter.

MR reported that the Winter Plan modelling would be ready week commencing Monday 31st August 2020 and would be presented to CLE and the Board in October.

HK queried the impact on system capacity of the ambition to give flu vaccinations to everyone over 50. PM reported that the CCG had been facilitating discussions within the Primary Care networks and with clinical directors about how this could be achieved. Targets had been missed in previous years.

PM commented that getting timely flu vaccine supplies had been an ongoing issue and in 2020, this would

be complicated by PPE requirements. Talks were still ongoing.

7. COVID-19: Recovery and Restoration Plan

QS (08/20) 004

MR summarised that the Trust's recovery and restoration had initially been set on an eight-week trajectory through June and July 2020, with the aim of clearing some backlogs of routine patients caused by the COVID-19 response.

All urgent patients had been seen through the COVID-19 period, but routine patients had been added to the list. MR reported that the Trust had achieved over 90% against recovery and restoration targets for inpatients, outpatients and follow-ups.

A Production Plan had been utilised to give the Trust visibility of its overall position. The restoration and recovery scorecard captured Phase 3 requirements and the number of patients seen against clinical prioritisation.

MR reported that some groups had overperformed (e.g. Women & Children's).

Against the Production Plan, the Trust had been tracking between 60-70% and Phase 3 would be based on Phase 3 requests plus the Production Plan.

Ambitious targets had been set for the end of the year. Groups were currently working on detailed plans, on how to re-establish services which ensured patient care and increased activity levels to return RTT activity back to 92% by the end of March 2021 and recover all the cancer targets by the end of December 2020. A draft document was expected to be prepared imminently for submission.

A piece of work had been carried out on clinical prioritisation assurance to risk assess all patients on waiting lists. We have currently completed prioritisation of 87% of all patients as at the end of July.

MR stated that the challenge was in balancing the chronological addition of patients to the list with clinical priorities.

Ophthalmology had the largest number of patients on its waiting list but had been dealing well with the backlog and the number had been starting to reduce.

A number of patients had been waiting more than 52 weeks and harm reviews were being carried out on all of these patients. In ophthalmology, harm reviews had been done on 136 out of 139 affected patients and 131 had incurred no harm. Four patients were being followed up by clinicians to ensure no psychological harm and one had been removed (RIP) but its harm review had been completed with no harm identified.

RCA (Root Cause Analysis) - in relation to chronological versus clinical prioritisation decision-making - was being carried out through the groups and through the Planned Care Board, but MR commented that there was still a lot of work to do.

MR summarised that, as the Trust moved into Phase 3 the recovery dashboard would be utilised to capture information and for monitoring. The Trust was currently represented at a recovery and restoration STP group and internal meetings had been taking place bi-weekly.

RS queried the numbers of DNA (Do Not Attend) patients. MR reported that the Trust was keeping DNA patients on wating lists, however, DNA numbers continued to be a national problem because of COVID-19 infection anxiety.

MR stated that national guidance in relation to DNA cases was awaited. Cancer patient referrals were beginning to increase. PM commented that during COVID-19 patients had not presented to Primary Care because of fear, but demand had been improving.

HK raised the issue of the cultural dimension to the problem. MR commented that some communications would be done in different languages in the coming weeks and community services teams were encouraging patients to return to Trust services.

DB suggested that it might be helpful to track DNA cases against the Trust's social deprivation database.

DC raised the issue of mixed messaging to patients regarding access to hospital. HK agreed this was a problem across the healthcare system. DB suggested comparing cancer patient characteristics prior to COVID-19 with current cancer patients to uncover possible reasons for DNA behaviour (e.g. age, area).

HK suggested that the discussion be carried on at the September DMPA meeting.

Action: Response to DNA patient to be on the agenda of the September meeting for discussion.

8. Update on community COVID mortality review

QS (08/20) 005

DC referred Committee members to the paper and highlighted the excess number of deaths during March, April and May 2020 (compared to recent years) in the SWBCCG area.

Data showed a relative reduction in non-COVID-19 related deaths within the hospital. In care homes, data showed the opposite – an increase in non-COVID-19 related deaths compared to COVID-19 related deaths. National figures had also shown an increase of people dying of age-related diseases such as dementia/Alzheimer's and non-specific, symptom related causes of mortality.

In care homes, deaths related to defined medical conditions such as asthma, diabetes and ischaemic heart disease had risen, but had fallen in hospital.

DC commented that patients might have had good end of life care in the care homes, had undiagnosed COVID-19 because they hadn't been swabbed, or had been avoiding seeking out medical care and had suffered premature mortality. DC reported that a process was now underway to clarify these issues by reviewing patient pathways.

CA added that GPs were being trained to undertake structured reviews and they had been given access to hospital, care home and community records. Results would give a clearer picture of what happened during COVID-19, to people who died in hospital and in community settings, and put the Trust in a stronger position if there was a second surge.

PM commented that the completed reviews had revealed a lot of good practice and end of life care which was positive. She thanked CA for facilitating training and DC for giving access to records. Reviews would be

completed by the end of September 2020 and results analysed.

DB commented that the 'Dying Place of Choice' metric sat in both the ICPs and was a focus for the Trust.

HK raised the issue of whether non-COVID-19 related deaths were linked to non-attendance at hospital because of infection fears. DC commented that admissions were down by 50% at one point but many complex factors were involved.

Perinatal Mortality quality and safety report 9.

DC referred Committee members to the paper and highlighted the following key points:

In August 2020, the Trust had two stillbirths but no neo-natal deaths. The group had continued to carry out a regular 72-hour perinatal review and hold the monthly Perinatal Board.

DC reported that the Board had raised aspects of concern around two cases in July 2020. These had been graded 'D'. The actions around the two cases had focused on the monitoring process for late bookers and a review of the handling of restricted growth (small for dates) babies and reduced fetal movement.

The Trust had been supporting the Neo-natal Department through the spike in cases with education and training, more visits by DC to the department and external input into the Perinatal Review group.

DC advised that the report had been sent to the Regional Midwife for feedback.

LW commended the transparency of the report.

10. Safety Plan update

SCC reported that data collection issues were continuing as highlighted at previous meetings. Other challenges were primarily centred on Unity reporting and recent work to upgrade work instructions.

Since February, there had been a steady improvement trajectory. Work had been continuing with the groups.

SCC extended thanks to Debbie Talbot for her hard work on the Safety Plan ahead of her retirement in September 2020. It was also formally noted that Associate Chief Nurse, Helen Bromwich would be taking over the lead on the Safety Plan.

LW commended the report for offering a good level of assurance to the Committee and queried whether other measures could be included by way of further assurance. SCC expressed the view that there was an opportunity to potentially look at a wider scope of quality indicators aligned to the Quality Plan and the key lines of enquiry. MR suggested the inclusion of quality indicators, currently collected by ED.

SCC commented that it was important to take an overarching, organisational approach to ensure patients regardless of specialty were getting the care expected.

11. SBAF review

QS (08/20) 008

DC commented that COVID-19 had changed all three of the three SBAF risks in the report. He reported that

QS (08/20) 006

QS (08/20) 007

SBAF updates would need to be reviewed as some were out-of-date because of the delays caused by the pandemic response.

The following changes were noted:

SBAF 4 - Vulnerable services - (now STP wide)

SBAF 14 - Reduction in amenable mortality (a renewed focus on sepsis in the quality and improvement work)

SBAF 15 - Research goals (restoration and recovery the focus following suspension of non-virus- related research during COVID-19)

It was agreed that a more detailed SBAF discussion be deferred to the September meeting to allow time for updated information to be presented.

Action: SBAF discussion to be prominently listed on the agenda for the September meeting.

12. Integrated Quality and Performance Report: Exceptions

QS (08/20) 009

DB reported that, whilst the Trust was still missing the 31/62-day targets in relation to cancer, both metrics had improved in July which suggested that they had reached the bottom of the curve.

Key markers for non-cancer performance, however, were still declining.

DB commented that work was ongoing in identifying how many patients who were not hitting their clinical prioritisation dates and Trust forecasting work.

ED performance was improving (as discussed earlier).

District nursing/community pressure ulcer rose steeply in the month. Feedback on the possible causes was awaited.

Mortality rates had risen and were being reviewed by DC's team. It was uncertain how rates compared to other organisations. A divergence between weekday and weekend had been observed.

Neutropenic sepsis diagnosis target was very close to achieving 100%.

There had also been improvements in the persistent 'reds'.

DC reported that a post-mortem and the Coroner's investigation of the maternal death (reported at a previous meeting) had not identified the cause and the initial, internal review had not revealed any care concerns.

LW raised the issue of SUIs (serious incidents) reporting and safe staffing, reiterated the view that visibility of these issues was important to the Committee and queried how these would be reflected in future in the IQPR context.

DB reported that there were no current plans to include these in an IQPR presentation. Safe staffing was reflected in the Chief Executive's report to Board. The IQPR captured incident reporting numbers but not the detail, which was discussed in the Executive Quality Committee.

DC commented that there was a monthly meeting of SI reports which explored all learning points and

actions. KF was also setting up a weekly review of patients who had suffered moderate harm. DC commented that these two meetings might create a data feed for future discussion by the Quality and Safety Committee.

SCC commented that work was being done to produce a one-page summary following SI investigations to capture and disseminate key learning points.

RS advised that KF was intending to review safe staffing. SCC reported that a template was in the process of being designed for the Safer Staffing Report. DC suggested the production of a combined safety and mortality report.

MATTERS FOR INFORMATION/NOTING

13. CQC Update

Verbal

SCC reported that, as part of the CQC Preparedness Plan, the Trust would be building on its 'outstanding' rating for caring.

Methodologies would focus on the following five points:

- In-house inspections the framework was currently being developed to ensure visit to all clinical areas based on the key lines of enquiry.
- Stagg engagement Making staff aware of area risks and also of positives which could be highlighted to inspectors. A booklet would be rolled out to all staff in Q3.
- Self-assessment A self-assessment would take place in each area against the key lines of enquiry with the focus being 'the journey to excellence'. Self-assessment data would be submitted centrally and there would be an assurance and sign-off process by way of validation.
- Learning Ensuring CQC and key lines of enquiry become standing items in group governance meetings. An upward report from the Compliance Officer would go to EQC, CLE and the Board, initially starting on the monthly reporting cycle.
- Visit preparation Scenario-based preparation within clinical areas.

SCC reported that the Good Governance Institute would support the well-led element of the CQC inspection. DC commented that an outline of the discussion would be discussed by the Board.

14. Matters to raise to the Trust Board Verbal HK suggested that the following matters be raised to the Trust Board: • • CQC • The COVID-19 position • The Restoration and Recovery Plan

| The two mortality reviews | | | |
|---|--------|--|--|
| 15. Meeting effectiveness | Verbal | | |
| HK commented that the meeting had facilitated good discussion and commended Committee members. | | | |
| 16. Any other business | Verbal | | |
| None. | | | |
| 16. Details of next meeting | | | |
| The next meeting will be held on 25 th September 2020, from 11:00 to 12:30, by WebEx meetings. | | | |
| | | | |
| Signed | | | |

Print

Date

Paper ref: TB (10/20) 003

Sandwell and West Birmingham Hospitals

. NHS Trust

| DI | GITAL MAJOR PROJECTS AUTHORITY |
|---|---|
| Date of meeting: | 25 th September 2020 |
| Attendees: | Mike Hoare (Chair), Richard Samuda, David Carruthers, Liam Kennedy, Raffaela Goodby, Martin Sadler, Siten Roy, Susan Rudd, Helen Bromage, |
| Apologies: | Kam Dhami, Toby Lewis, Nicola Taylor |
| Key points of discussion relevant to the Board: | • There was a progress update on Cyber remediation activities including patching and Windows 10 upgrades. |
| | The Informatics budget phasing was discussed and this can now be taken forward to FIC. |
| Positive highlights of note: | • The board noted that Unity is now a year old. |
| Matters of concern or key risks to escalate to the Board: | • N/A |
| Matters presented for information or noting: | • |
| Decisions made: | |
| Actions agreed: | Risks to be presented at next month's board following some scoring reviews. |

Mike Hoare, Non-Executive Director Chair of the Digital Major Projects Authority For the meeting of the Trust Board scheduled for 1st October 2020

DIGITAL MAJOR PROJECTS AUTORITY COMMITTEE - MINUTES

| Venue: Mee | ting held | l via WebEx <u>Da</u> | ite: 28 th August | : 2020, 2 | 13:00 - 14:30 |
|-----------------|-----------|--|------------------------------|-----------|--|
| Members: | | | In Attendance: | | |
| Mr M Hoare | (MH) | Non-Executive Director (Chair) | Ms S Rudd | (SR) | Assoc. Director of Corporate Governance |
| Mr R Samuda | (RS) | Non-Executive Director (Trust Chairman) | | | |
| Mr D Carruthers | (DC) | Acting CEO & Medical Director | | | |
| Ms M Roberts | (MR) | Deputy Chief Operating Officer | | | |
| Mr M Sadler | (MS) | Chief Informatics Officer | Apologies: | | |
| Ms R Goodby | (RG) | Director of People & OD | Mr T Lewis | (TL) | Chief Executive |
| Ms N Taylor | (NT) | Group Director of Nursing | Ms K Dhami | (KD) | Director of Governance |
| Ms A Binns | (AB) | Deputy Director of Governance | Mr L Kennedy | (LK) | Chief Operating Officer |
| Mr S Roy | (SR) | Group Director Surgical Services | | | |

| Minutes | Reference | | | |
|--|------------------------|--|--|--|
| 1. Introductions [for the purpose of the voice recorder] | Verbal | | | |
| The Chair welcomed Committee members to the meeting which was held via WebEx. Committee members provided an introduction for the purpose of the meeting's recording. | | | | |
| 2. Welcome, apologies, declarations of interest | Verbal | | | |
| Apologies were received from Toby Lewis, Kam Dhami and Liam Kennedy. There of interest. | were no declarations | | | |
| 3. Minutes from the meeting held on 31 st July 2020 | DMPA (08/20) 001 | | | |
| The Committee reviewed the minutes of the meeting held on 31 st July 2020. | | | | |
| The minutes were ACCEPTED as a true and accurate record of the meeting. | | | | |
| 4. Matters and actions arising from previous minutes | DMPA (08/20) 002 | | | |
| The Committee reviewed the action log. It was observed that some items were The following updates were made: | listed on the agenda. | | | |
| • DMPA (10/19) 006 - Effect a reduction in IT budget to cover outsourced services. | | | | |
| MS suggested this be discussed following the return of Liam Kennedy. He confirmed that progress had been made in aligning the IT strategy with the financial models and reported that a meeting had been scheduled with Dinah McLannahan and Liam Kennedy. | | | | |
| Action: LK to present a paper to the September 2020 DMPA meeting, setting of | it the alignment of IT | | | |

Action: LK to present a paper to the September 2020 DMPA meeting, setting out the alignment of IT strategy with the IT budget components in the Trust financials.

DISCUSSION ITEMS

5. Digital Ambitions - Draft

MS introduced the draft Digital Ambitions document, explaining that it had been discussed several times previously by the DMPA and had also been presented to the Digital Committee and CLE. It had been reviewed by all of the groups.

MS reported that the Digital Committee had agreed that it reflected the ambitions of the individual directorates in terms of the approach to digital transformation. However, MS reported that the recently published Information Strategy would also need referencing in the document.

MS commented that Informatics' purpose over the last two years had been to build the foundation environment, so that the Trust could change and innovate the services provided.

• Siten Roy joined the meeting 13:07

RS queried the involvement of an information strategy and whether there needed to be data protocols/principles. MS confirmed that some data principles had already been included, but noted that the approach to security, for example, should be a behavioural as well as a technology issue. The balance would be to ensure data security, whilst enabling people to use and share data.

MH commented that the Digital Ambitions document appeared to lack an overarching timeline, identifying milestones and key objectives. He commented that this would be important to understand if the plan was going to appropriately stretch the Trust. Use of data would be central to information strategy and ambitions.

MS expressed the view that the plan did not stretch the Trust from a technical perspective and that it would no longer take five years to achieve; however, the behaviour and adoption of technology would stretch the organisation. MS commented that one of Informatics' greatest challenges would be to foster enthusiasm for the uptake of digital ways of working. MH agreed that achieving the cultural change required for the Trust and users of Trust services would be a key factor.

MS reported that user experience was being included in the design.

SR commented that it was sometimes a struggle to communicate with patients who were not so comfortable with technology/remote consultations. MS acknowledged that there were barriers to usage for many people and this issue had been raised by patient groups. Discussions had already taken place around the possibility of the Trust loaning iPads to patients in a similar way to the loan of other pieces of hospital equipment and aids.

Action: MS to reference the Information Strategy in the Digital Ambitions document.

| 6. Unity Phase X | DMPA (08/20) 004 |
|------------------|------------------|
| | |

MR referred Committee members to the paper, which was in two parts:

Unity upgrade

MR reported that the recent Unity upgrade had gone extremely well. It been well planned with a tactical group in charge. Thanks were extended to the team for their hard work.

Some minor issues had been reported following the upgrade which were currently being resolved by the IT team.

MS commented that extensive pre-planning had enabled a smooth execution of the upgrade. SR also extended thanks for a problem-free process on behalf of the Trust's clinicians.

DC queried what main changes would be visible to users. MS advised that business continuity plans would not be required at the end of BST 2020 (Clocks back), as this would be automatic for the new system. It would also pave the way for the pharmacy list and the SurgiNet work.

Patients [& Partners] portal

The Patient Portal was a secure system that could be accessed through a web browser to enable patients to see parts of their hospital records.

MR reported that the paper had been tabled with the Digital Committee who had been asked to make the following four decisions:

- To confirm what parts of the records would be viewable by patients
- What date the project would 'go live'
- To accept the team's proposal for the enrolment of patients
- Confirm the process which the patients are to use for cancelling and rescheduling appointments

MR reported that the Digital Committee had needed more assurance and therefore, a piece of work would be done around the governance structure of the project over the next four weeks to ensure appropriate clinical engagement of the groups and operational colleagues. The Digital Committee was also keen to understand the involvement of patients. There had also been a request for comparison between the Trust and other Trusts, particularly West Suffolk [NHS Foundation Trust] for feedback in relation to the portal.

MR acknowledged the amount of work that had been done so far. The 'go live date' was expected early in the New Year (2021). MS commented that the foundations for the patient portal were in place, but the clinical groups' input and input from patients would now be required. MS reminded the Committee that the Partners aspect to the portal referred to the other groups that would have access to the information (GPs, social workers etc.).

MH queried the mode of patient engagement. MS advised that a patient user group was being used for input in this area. MH suggested that it would be helpful if more details of the approach being taken in relation to patient interaction be more visible to the DMPA. MR offered to obtain an update from the group and add it to the September Committee paper.

RS advised that it would be important for Primary Care colleagues to be included and commented that delivering greater transparency for patients in relation to clinical records/notes would require a mindset change on the part of Trust employees. DC agreed and queried how this change would be being communicated to clinical staff. MR reported that the topic would be discussed with the digital groups.

MH queried how the [different] language issue was being handled in relation to the portal. MS reported that the initial roll-out would be in English and whilst Cerner offered other languages, it would not be able to cover the 87 currently used in the Sandwell community.

DC commented that uniformity would be important because some staff used the dictation service through Winscribe as their primary patient record, while others used Unity.

AB commented that sensitive information in relation to patients could and should still be recorded but patients would need to know that those types of comments had been included and advised that their passwords ought to be closely guarded.

SR queried whether everything in the patient portal would be visible. MS advised that information would be filtered to a degree.

Action: MR to obtain an update on patient interaction in relation to the Patients & Partners Portal and add it as an appendix to the September Committee' Unity Phase X paper.

7. Review of In-House Application Support

MS advised that an in-house applications team had been built up over the last two years, however, the Trust paid for third party support for many of its applications.

Informatics had been exploring the potential to bring some of the support operations in-house. MS commented that one of the Trust's [digital] ambitions to link its systems together might be more easily achieved if the systems were self-supported because the Trust would have more control.

The Trust's systems had been categorised as Gold (24/7 and used by whole groups), Silver and Bronze (differentiated by size and usage).

MS reported that the total number of support calls received had been identified and investigated as to how many had required paid, external help to resolve (itemised costs). Contract renewal dates were also being looked at.

MS advised that the Trust would not be taking on the responsibility of application support without talking to the application owner. It was unlikely that the Trust would take on the support of those applications that required regular patches and updates.

MS commented that it was likely that poor performing systems (from an end-user perspective) would be the first to be brought in-house. In terms of decision-making, user frustration would be weighed against costs.

MS reported that all applications were being reviewed in a structured manner and in the context of meeting the Trust's Digital Ambitions.

MH queried how the application roadmap was being structured. MS reported that there were some foundation applications that would be further developed e.g. Unity. Other key components assessed were whether the application was web-based and capable of being used on any system, whether it was platform-independent for use on any device and its linkage to the other systems. MS summarised that the application roadmap's focus was to provide a single view of a patient and from a management perspective, visibility of organisational issues (HR, finance, IT etc.) in a single place.

MS commented that streamlining of systems would be important as there were some areas where three different systems were doing the same job.

MS offered to bring the application roadmap to the September DMPA meeting. MH agreed this would be helpful.

RS queried whether there were any overlap systems with neighbouring Trusts. MS advised that some, casual discussions around sharing support had taken place with other Trusts. SWBH had offered general assistance and there might be future opportunities to consolidate support.

Action: MS to present the application roadmap to the September 2020 DMPA meeting.

8. Windows 10 Roll-out Progress

DMPA (08/20) 006

MS advised that the roll-out target date of the end of September 2020 (as indicated in the paper), would be missed because 500 laptops from HP would now not be delivered until September 30. Therefore, a new timeline had been drawn up to finish roll-out on 20th October 2020 at the latest.

MS advised that NHS Digital had changed the deadline for removal of Windows 7 from the end of October 2020 to January 2021 and, therefore, the Trust would still be on track despite the delay and was ahead of schedule compared to other Trusts.

MS reported that regular discussions had been taking place with HP, who had indicated that around 100 laptops would probably be delivered before the end of September. One of the problems was that

laptops were being shipped and could not be airfreighted.

MS further commented that the Informatics 'build' area had been working well with the build pushed out so far proving to be reliable and robust.

Cyber security

MS reported that Microsoft patching had commenced for all of the Trust's desktops (currently deployed Windows 10 machines) and would be completed in eight weeks. The remaining Windows 7 machines would be replaced rather than patched. There had been no patching problems so far.

MS advised that NHS Digital was moving its email from a server to a cloud service, which would involve the migration of 1.4m NHS mail users. Around 250 [SWBH] Trust users had migrated so far.

The Trust had signed up for the NHS version of Office 365 (N365). N365 would be introduced for the Trust's users from April 2021 to allow time to organise its support. MS advised that the plan for N365 would be presented to the DMPA at a later date. There were some issues with N365 still to be ironed out.

MH raised the issue of the governance of N365 integration and the exposure of information. He expressed the view that this would need to be carefully reviewed to ensure compliance. MS reported that he had raised concerns with the NHS Digital N365 project lead on two occasions.

In response to a query from RS, MS reported that disruption to email would be minimal. Patching would not cause complications.

MS explained that some of the suppliers of medical equipment also supplied the computers to accompany them. MS reported that suppliers had been contacted to ensure plans were in place if computers were still using the Windows 7 operating system and any required adaptations/migration would be carried out to a similar timetable as the rest of the estate.

MH suggested that an overview of N365 be presented to the Committee. MS agreed to draft an explanatory paper for the September 2020 DMPA meeting. DC suggested that it would be helpful for the clinical teams to get regular summaries of N365 changes before it was introduced.

Action: MS to draft and present an explanatory paper on the N365 system to the September 2020 DMPA meeting.

9. Informatics Risks

DMPA (08/20) 007

MS advised that the Informatics risks included two SBAF risks. He reminded the Committee that it had been previously agreed that both risks held 'adequate' status and further progress was being made.

- SBAF 8 (Digital ambitions of the Trust were not achievable and did not reflect what was needed to be done as a Trust).
 - MS reported that it was hoped this risk would soon be closed as an SBAF following review by the Board and would instead be monitored.

SBAF 16 - (The infrastructure and the skills to manage the infrastructure not being fit for the Trust).

- MS reported that work to mitigate the server issues would be completed in September 2020 with all servers patched to create a level of stability in the network sufficient to close the risk as an SBAF.

MS confirmed that every Informatics risk had an owner and risks were reviewed monthly. Progress had been made against the risks. Of the COVID-19 risks previously presented (June 2020) the following

updates were made:

- Risk 3990: 'There is a risk of overload of our IT infrastructure due to multiple teams working off site leading to reduced performance.'
 - MS reported that changes had been made to Pulse and the risk had not materialised. Remote access had been reliable.
- **Risk 3992:** 'There is a risk that the rapid rollout of new technology to wards and to people at home and the movement of equipment around wards may result in asset registers becoming out of date and equipment being lost.'
 - MS reported that the Trust had effectively captured the moving of equipment to home working on its asset registers and was sure of its location, including the newly rolled-out laptops.
- **Risk 4001:** 'There is an increased risk of a cyber-attack due to the current criticality of the NHS caused by COVID-19 which could result in a prolonged IT outage and severe service disruption.'
 - MS reported that NHS Digital was continuing to advise the Trust. Working from home practices posed a risk because of the nature of open networks but this was being managed.
 Pulse was on a secure network and machines used at home would be included in patching activity.

RS raised the importance of achieving consistency in risk reporting. SR confirmed that meetings would take place with all the executives to ensure consistency.

| 10. Service change request highlights | DMPA (08/20) 008 |
|---------------------------------------|------------------|
|---------------------------------------|------------------|

MS reported that the service change requests had now been discussed both by the DMPA and the Digital Committee. He highlighted the following points to note:

There had been an installation of regional Neo-nates video conferencing technology across the four hospitals.

The Pentacams had been linked to the PACS system and improvements had been made to the management of devices in BMEC.

Ongoing work with multi-disciplinary teams, to ensure they were able to do successful video conferences, was considered complete as a project. Training and support would be delivered on an adhoc basis going forward.

MS referred Committee members to the full list of service change requests in the appendix to the papers.

MH queried how service change requests were prioritised. MS confirmed that there were principles and guidelines around the prioritisation process. Requests were sent to digital groups and were discussed by the Digital Committee only if decisions involving resourcing were required. Requests which raised a safety concern however were an exception and were given automatic top priority.

RS queried whether feedback from recipients had indicated that it was a fair process. MR reported that the topic had been discussed at a group operational meeting and no issues about the process had been raised.

DC queried whether groups received progress updates on their requests. MR reported that the groups' Business Relationship Managers were the link between them and the Digital Committee.

MATTERS FOR INFORMATION/NOTING

| 11. Meeting effectiveness/matters to raise to Trust Board | Verbal | | |
|---|-------------------|--|--|
| MH stated the following matters would be taken to the Trust Board: | | | |
| Progress on the Windows 10 update activity | | | |
| The successful implementation of the Unity release and next steps | | | |
| Digital Ambitions had been drafted and was being circulated (publication ir months) | approximately two | | |
| 12. Any other business | Verbal | | |
| Service performance report: | | | |
| MH reminded MS to append the service performance report to the papers. MS acknowledged that this was an oversight and offered to forward to SR for circulation. | | | |
| Action: MS to forward the service performance report to SR for immediate circulation. The report to be appended to future Committee papers. | | | |
| Details of Next Meeting | | | |
| The next meeting will be held on 25 th September 2020, 13:00 - 14:30 by WebEx. | | | |
| | | | |

| Signed | |
|--------|--|
| Print | |
| Date | |

Paper ref: TB (10/20) 005

Sandwell and West Birmingham Hospitals . NHS Trust

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| | Finance and Investment Committee | |
|---|--|--|
| Date of meeting: | 25 th September 2020 | |
| Attendees: | Mike Hoare, Richard Samuda, Harjinder Kang, Dinah McLannahan, Liam Kennedy, Dave Baker, David Carruthers, Raffaela Goodby (part), Mike Hanson (part) | |
| Apologies: | Toby Lewis | |
| Key points of discussion relevant to the Board: | Plan to develop a proposal to replace Walsall Healthcare with a Shropshire procurement collaborative System block for remainder of 2021, changing context and the importance of the Trust's case for income over and above the notified block to meet restoration and recovery, winter, and Covid costs Consideration of ongoing model of psychological well-being interventions for staff and funding proposition | |
| Positive highlights of | Working capital position | |
| note: | Validation of retrospective top up claims | |
| Matters of concern or key risks to escalate to the Board: | Governance process for allocation of system wide funding – must be transparent and equitable | |
| Decisions made: | FIC to monitor distribution of funds | |
| Actions agreed: | Split Agency spend by Covid and non-Covid related requests Analyse August value of £247k for Admin and Estates staff in relation to Covid Work up worst case costs of Covid re-surge Route to adequate for SBAF items for November FIC Addition FIC meeting to be set up before 22nd October to sign off Trust plan for remainder of 2021 and to look in detail at LTFM assumptions versus current position | |

Mike Hoare, Non-Executive Director Chair of the Finance and Investment Committee

For the meeting of the Trust Board scheduled for 1st October 2020

Paper ref:

TB (10/20) 006

FINANCE AND INVESTMENT COMMITTEE - MINUTES

31st July 2020, 09:30-10:45 Meeting held via WebEx Date: Venue: Members: **Committee Support** Mr M Hoare (MH) Non-Executive Dir (Chair) C Liston (CL) **Executive Assistant Trust Chairman** Mr R Samuda (RS) Ms D McLannahan (DM) **Chief Finance Officer** Mr L Kennedy (LK) **Chief Operating Officer** Mr D Baker Director of Partnerships & (DB) Innovation In Attendance **Apologies D** Carruthers (DC) Medical Dir/Acting CEO **Toby Lewis** (TL) CEO C Archer Harjinder Kang (CA) Assistant Director Strategic (HK) Non-Executive Director Development (Item 6 only) J Pollitt (JP) Assistant Director Strategic Development (Item 6 only) L Botea (LB) Good Governance (Guest)

| Minutes | Reference | | |
|--|---------------------|--|--|
| 1. Introductions | Verbal | | |
| The Chair welcomed Committee members to the meeting. | | | |
| Committee members provided an introduction for the purpose of the meeting rec | ording. | | |
| 2. Apologies for absence Verbal | | | |
| Apologies were received from Toby Lewis and Harjinder Kang. | | | |
| 3. Minutes from the meeting held on 29 th May 2020 | FIC (07/20) 001 | | |
| The Committee reviewed the minutes of the meeting held on 29 th May 2020. | | | |
| Page 2 refers to MS, should be RS. | | | |
| Page 3 the cash balance should be £53.7m not £63.7m. CL follow up to see if requi | ires amendment. | | |
| • The minutes were ACCEPTED as a true and accurate record of the meeting, subject to the above amendments. | | | |
| 3.1. Matters arising and update on previous meeting actions | FIC (07/20) 002 | | |
| The Committee reviewed the action log and noted the following updates: | | | |
| • FIC (02/20) 004 - Identify key lines of enquiry, data and comparison indicators in preparation for the CQC visit by April. | | | |
| This action is reflected in the following action, requiring the Trust to o | compare performance | | |

against Dudley, Wolverhampton and Walsall via the NHS Trust Peer-Finder Tool and the CQC

(Care Quality Commission) use of resources assessment framework. Comparison data to be provided to the Board once the issues with the functionality of the NHS Trust Peer-Finder Tool are resolved.

Clarification was sought regarding whether metrics with high numbers reflected a positive or negative performance. It was suggested that this could be resolved by using traffic light colour coding.

DC queried whether the core data involved looking at comparability of financial performance, when looking at clinical servicing.

DM replied that this was the only nationally understood way to benchmark productivity and operational efficiency. No other data set was available but the Trust is having more of a dialogue around comparing the run rate. They are base lining income and expenditure, run rates and COVID cost comparisons. They are always looking at comparing one organisation against another, but there is a long way to go as this is a relatively new conversation.

MH asked if they were putting these stats into overall reporting matrix? DB responded that his data is already in the IQPR Integrated Quality and Performance reports.

• FIC (02/20) 004 - Set out the use of resources position for each of the Trust's three large neighbouring organisations (Dudley, Wolverhampton, Walsall).

See above.

• FIC (02/20) 007 - Investigate the possibility of doing a financial close pending planning permission in relation to the car park

Closed.

• FIC (05/20) 003 - Compare absolute COVID-19 costs in Month 1 with those of other similarly sized Trusts.).

DM stated that there was no real relationship to COVID19 pandemic costs and turnover. It is difficult to obtain an absolute comparison between Trusts.

LK suggested that any comparison should factor in modernity of infrastructure, such as nightingale wards compared to single side room facilities, when managing infection prevention and control.

DC suggested that consideration should also be given to the type of services being provided, such as Emergency Departments and Acute Medical units.

• FIC (05/20) 004 - Check the assumption that the 19/20 margin would remain in place if the Trust could stay within the rollover budget

DM stated that the 2019/2020 margin would remain in place if the Trust remains within the rollover budgets. There is a £3.5m step up in 2020/2021 that would have been easily achieved with demographic growth assumptions had the contracts been agreed. There is no relationship in 2020/21 between income and activity in the organisation during Covid. The 2021 margin has already been accounted for in the post CIP expenditure budget.

The key message to the organisation is that as long as the post CIP expenditure budgets are followed, and income covers expenditure to breakeven, there is no additional pressure. It is unclear as to whether this will be the position recurrently for 2021/22 onwards.

ITEMS FOR DISCUSSION

4. Car Parking - Financial Close Proposition

Request to move Item 6 up the agenda.

DM introduced CA and JP and provided a summary of the project to construct two multi-storey carparks at City and Sandwell sites.

Key points to note:

- Before COVID19, the government announced more concessions for car parking for staff working overnight.
- Post COVID19, it is anticipated there would be a possible 40% reduction in outpatients attending the site affecting annual income.

The Trust has been focussed on reducing the risk associated with these two factors, and the mitigations to restore income and reduce costs by improving collection rates and reviewing the staff tariff structure and government concessions. It is unclear what proportion of government concessions will be compensated.

It was recommended that the lease be extended from 25 years to 30 years to reduce the annual premium, which results in a saving of £170,000 every year of the lease.

It was also recommended to secure a third-party operator for all of the Trust's parking, to provide efficient and effective car park operation.

Building the multi-storey carparks would free up the remainder of the estate for future development, which is a key factor whilst maintaining good quality car parking for patients and visitors.

DM advised that the financial viability of Q-Park had been reviewed, considering the COVID-19 pandemic, as a significant proportion of their revenue had potentially disappeared and they were ineligible for government subsidy to support their business. The review was informed by assessments by Standard & Poor (S&P) and Moodys, who downgraded their credit rating. Q-Park has been assessed as having a stable business model and being a viable company in the UK, being backed by their European based parent company.

If Q-Park were to cease trading, the Trust would be liable for the lease payment as the default tenant. However, the Trust could either find another carpark operator or take on the operation of the car parks.

Mike queried why the Trust was responsible for the provision and procurement of the Electric Vehicle (EV) charging points within the carparks.

CA stated that the funding conditions that apply to the multi-storey carparks require the installation of a certain number of EV charging points. The CAPEX for the EV charging points is billed within the construction contract; however, the Trust is responsible for the monitoring and metering of electrical currents and supplies and collecting the tariff. The Trust contracts the installation of the EV charging points to a third party, who is responsible for those costs.

DB queried whether disabled parking places were required at the EV charging points. CA advised that this was at the discretion of the Trust; however, government concessions include free parking for disabled badge holders, so the Trust may wish to cater for that market.

MH queried where currently employed car parking staff would be released to, or whether they would move to different roles or to Q-Park. JP informed the Trust that the person who maintains the barriers is eligible to move to Q-Park and the remaining staff will be redeployed.

MH thanked JP and CA for all their hard work on a very complex deal.

CA informed the Trust that he had received Q-Park's revised operating agreement.

The Board **approved** the recommendations in the Car Parking paper and for DC, as Acting Chief Executive Officer, to sign the revised operating agreement.

JP and CA left the meeting.

5. 2021 Q1 Financial Report: Months 5 to 12 financial regime

DM reported that the retrospective COVID19 financial top up arrangement continues and is likely to continue to the end of month 6. It is expected that the block regime will continue, on a refined basis, with possible incentives for delivery of activity over and above expected levels. The Trust is less productive and more expensive than it was pre-COVID19, mainly due to infection control measures.

A dialogue is open with NHSI/E about access to the taper relief funding stream, which comes to the Trust as revenue and which is committed on a mixture of revenue and capital projects in relation to the commissioning of MMUH and decommissioning of the City hospital. The Trust should also confirm the route to securing taper relief funding in this regime. Costs are accrued in the position to date but this requires swift formal resolution with NHSI/E. DM informed NHS Midlands at the system review meeting on Wednesday of the Trust's approach.

MH queried whether there was a risk that this would be negotiated out of the STP monies. DM advised that such a suggestion should be resisted, as this is a specific agreement between the Trust and the Department of Health and Social Care.

DM advised that the Trust should focus on CIP delivery and remaining within post CIP expenditure budgets. This, and the level at which the new block is set, will inform the reserves available to the Trust to manage financial risk through restoration, recovery and winter, and to fund investments. The year to date capital and cash positions were set out in the paper. The cash implications of the refined regime are unclear, particularly regarding whether they will try to recover the cash later in the financial year by restricting future cash allocations.

The Black Country and West Birmingham STP continues to work on agreeing a Capital Resource Limit control total for 2021. It is not expected that the Trust's 2021 plans will be impacted by this. The Trust has been entirely consistent and is proposing to spend lot less than entitled to spend in 2020/2021 based on NHSI's workings on the STP's budget.

Final key points:

Medicine and emergency care remain under pressure from an expenditure budget point of view. On a positive note, Agency spend is the lowest it has been for a long time and is below the monthly NHSI/E Agency cap which is approximately £880,000 a month. Debtors and Creditors are down, and Better Payment Practice has improved.

MH queried why Agency staff had reduced whilst there had been an increase in the number of staff absent from work due to the COVID19 pandemic. LK explained that a triangulation approach has led to the reduction in Agency staff engagement. This includes a change in the process for approving Agency staff employment, the reallocation of staff to wards with staff deficits, and an increase in Bank staff uptake. Bank staff are substantive employees who know the Ward and the Trust, can provide higher quality care, and are cheaper than Agency staff. The Trust should aim to increase Bank staff uptake and reduce reliance on Agency staff.

RS queried whether this trend would be reversed if there was an increase in Elective Surgery. LK said that there may be some impact, but it would be below pre-COVID19 demand, and would not reach the Agency cap.

DM proposed an analysis of the financial effect of triangulation approach of decreasing Agency staff, increasing Bank staff and reallocating staff to cover ward deficits at the September meeting.

LK queried whether a reduction in the Trust's pay expenditure and non-pay expenditure would provide a financial benefit to the organisation or reduce the block income. DM confirmed that if there was an underspend over and above the post CIP budget this would lead to a reduction in block income during months 1-6.

LK advised that the proposal to reduce the Emergency Department streams from two to one stream, as

well as only one stream for A&E would not benefit the Trust financially because of the reduction in the block income. DM agreed, but advised that the Trust should still aim for efficiency and productivity improvements in financial management. Any savings should be protected to create reserves or reinvestment opportunities.

MH queried what impact the COVID19 pandemic is having on the ability to implement or achieve some of the CIP initiatives. DM advised that the CIP plan has a target of £18.5m and the forecast is £10.8m. DM proposed an analysis of the impact of the forecast delivery of £10.8m on the CIP plan for 2020/2021 and 2021/2022 be provided at the September meeting.

Action: DM to provide an analysis of the financial effect of triangulation approach of decreasing Agency staff, increasing Bank staff and reallocating staff to cover ward deficits at the September meeting.

Action: DM to provide an analysis of the impact of the forecast delivery of £10.8m on the CIP plan for 2020/2021 and 2021/2022 at the September meeting.

| 6. Strategic Finance Update: | |
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| a. E year conital and each plan | |

FIC (07/20) 004a

a. 5-year capital and cash plan

DM stated that the FIC had periodically reviewed the cash implications of the 5-year capital programme for the Trust and that it had grown organically, leading to affordability challenges. The annual plans reflected in this paper are linked to the Department of Health and Social Care approved FBC in terms of the 5-year capital programme that the Board has also approved, and which have been signed off. DM proposed that the plan should be adjusted, based on what has been completed, whether items are still required, timing slippage, new red risks from the statutory standards and the backlog in the maintenance program.

The annual plans reflected in this paper are linked to the DHSC approved FBC, updated for known changes where applicable, and have rolled on one year, but are fundamentally linked to the approved FBC and remain the affordability envelope for the Trust, subject to at least break even I&E delivery. DM stated that the plan is affordable, as long as all of the cash is not absorbed into a deficit. Colleagues in the Directorate of System Transformation (DST) have reviewed the entire capital programme to ensure it encompasses updated risk assessments, and natural evolution of the plan, within these affordable parameters. The results of this work will be presented to the Estates Major Projects Authority (EMPA) in August alongside this funding plan.

The Trust is also required to submit a two to five-year capital plan (2021/2022 – 2024/2025) to NHSI/E which reflects these numbers.

DM spoke to the *Capital Programme - Forward Look 20/21 to 24/25* table in the report and advised that it was subject to approval. It is important that this goes through due governance, and also important that the STP capital control totals are considered, as CRL is restricted more than it was before, albeit self-funded programmes appear to have some priority.

DM advised that a full review of the MES accounting treatment would be undertaken, to ensure the Trust has an accurate financial planning and accounting treatment in relation to that significant contract.

LK stated that the IT budget around capital was low compared to other organisations due to removal of funding to balance the capital budget. Concern was raised that the risk the Trust would be exposed due to reliance on IT for efficient medical care in a new hospital. LK stated that it was difficult to ascertain; however, Midland Met was supposed to be a smart hospital with integration with apps and phones, which will require IT development. DM advised that consideration should be given for what is included in the £328m MMUH spend in relation to IT infrastructure.

MH requested a report covering IT requirements including routine maintenance and enhanced development with costings to be written and forwarded to the Digital Committee for analysis and

advice.

Action: Report covering IT requirements including routine maintenance and enhanced development with costings to be written and forwarded to the Digital Committee for analysis and advice.

Action: DB to discuss the proposed Information strategy for the next four years with Martin Sadler, Chief Informatics Officer.

b. Strategic Workstream Update

FIC (07/20) 004b

LTFM Plan Headlines

The requirement for this work has been particularly highlighted by events since the FBC was approved, specifically;

- 1. STP and Place based developments
- 2. The need for a long term view on CIP opportunities
- 3. Changes to the capital regime and cash consequences
- 4. Material variance from 1920 LTFM assumptions

DM spoke briefly to slides 2 and 3.

MH proposed that the LTFM Plan be discussed in detail at the September meeting.

Action: The LTFM Plan, and the CIP plan for the next three years, be discussed in detail at the September meeting.

| ~ | SBAF: Update on assurance levels | |
|----|----------------------------------|--|
| ι. | SDAF: Upuale on assurance levels | |

FIC (07/20) 004c

Verbal

Two SBAF risks SBAF9 and SBAF10 carried forward from 2019/2020.

SBAF 10 – DM reported that SWBH attend the Sandwell & West Birmingham ICP Board meeting where the ICP Financial Framework briefing was discussed with STP Partnership members. DM said that the Trust was well placed to influence that work and manage any risks associated with it that impacts on the long-term financial plan.

LK raised concern that the STP Directors of Finance meeting appears in the paper to be a decisionmaking body rather than providing advice. DM advised that the STP Directors of Finance meeting's modus operandi was to make recommendations to the STP Board. DM acknowledged that the governance mechanisms were unclear, and that STP Board membership was not represented from provider finance point of view.

Action: MH to write to Deloitte proposing that the Trust have further input into the OD review.

| MATTERS FOR INFORMATION/NOTING | |
|---|-----------|
| Matters to raise to the Trust Board | Verbal |
| H suggested that the following items be raised to the Trust Board: | |
| • Agreement on Car Parking and authorisation for David to sign that as Actin | g CEO |
| Cash position – seem to be on target for cash and affordability | |
| • Actions: CIP review, where the Trust is against the CIP and impacts of COVI | D |
| Triangulation of pay spend between Bank Agency, etc. | |
| • Note for the COVID comparison with the amendments David made with A8 | kE and ED |
| comparability piece so covered in Board papers. | |
| Review on IT functionality RISK | |
| | |

8. Meeting effectiveness feedback

7. N

MH

| Not discusse | d. | | |
|-----------------------|--|------------------------------|---------------|
| 9. Any Other Busine | SS | | Verbal |
| None | | | |
| 10. Details of Next I | Veeting | | |
| The next meeting wi | ill be held on Friday 25 th Septemb | er 2020, 09:30 - 10:45 by We | bEx Meetings. |
| Signed . | | | |

.....

.....

Print

Date

Page **7** of **7**

Paper ref: TB (10/20) 007

Sandwell and West Birmingham Hospitals

NHS Trust

| PUBLIC HEALTH, COMMUNITY DEVELOPMENT AND EQUALITY COMMITTEE | | | |
|---|---|--|--|
| Date of meeting: | 25th September 2020 | | |
| Attendees: | Prof Kate Thomas, Richard Samuda, Cllr Waseem Zaffar, Lesley Writtle, Ruth Wilkin, Raffaela Goodby, Prof David Carruthers, Kathleen French, Susan Rudd | | |
| Apologies: | | | |
| Key points of discussion relevant to the Board: | Why Weight Campaign (tackling obesity) launched in August and gaining positive traction in workforce E-bike pilot has had 110 expressions of interest and will help deliver on key health and well being initiatives Committee discussion on developing new public health plan and the key priorities from the organisation, from population health data and from local councils. | | |
| Positive highlights of note: | SBAF 13 remains adequate, committee members to receive an update in 12 weeks and reassess assurance level Public Health Plan review is welcomed and builds on positive work of anchor institution programmes | | |
| Matters of concern or key risks to escalate to the Board: | NA | | |
| Matters presented for information or noting: | NA | | |
| Decisions made: | Invite Director of System Transformation to attend committee to report on the MMUH and regeneration plans that TL was previously reporting on. | | |
| Actions agreed: | Public Health Plan to be reviewed and relaunched in line with ICP and STP priorities as well as Council's own public health plan Developing public health plan to take place over next 3-4 months through CLE committee and assurance at board committee | | |

Professor Kate Thomas Non-Executive Director

Chair of the Public Health, Community Development and Equality Committee For the meeting of the Trust Board scheduled for 1st October 2020

Public Health Community Development & Equality Committee - MINUTES

| Venue: Meeting held via WebEx | <u>Date:</u> | 31 st July 2020, 15:00-16:30 | |
|--|--------------|---|------|
| In Attendance: | Co | mmittee Support | |
| Prof Kate Thomas, Non-Executive Director (Chair) | (KT) Ch | ris Liston, Executive Assistant | (CL) |
| Richard Samuda, Non-Executive Director | (RS) | | |
| Rafaella Goodby, Director of People & OD | (RG) | | |
| Dr David Carruthers, Medical Director/Acting CEO | (DC) Ap | ologies | |
| Kathleen French, Interim Chief Nurse | (KF) Les | sley Writtle, Non-Executive Director | (LW) |
| | Wa | aseem Zaffar, Non-Executive Director | (WZ) |
| In attendance | Tol | by Lewis, Chief Executive | (TL) |
| | Ru | th Wilkin, Director of Communications | (RW) |
| Rachel Barlow, Director of System Transformation | (RB) | | |
| Laura Botea, Good Governance (guest) | (LB) | | |
| | | | |
| | | | |

| Minutes | Reference | |
|---|----------------|--|
| 1. Introductions [for the purpose of the audio recorder] | Verbal | |
| The Committee members provided an introduction for the purpose of the recording. | | |
| 2. Welcome, apologies and declarations of interest | Verbal | |
| The Chair (KT) welcomed Committee Members and those in attendance to the meeting. Apologies were received from Lesley Writtle, Waseem Zaffar, Toby Lewis and Ruth Wilkin. There were no declarations of interest. | | |
| 3. Minutes of the meeting held on 29 th May, 2020 | PH (07/20) 001 | |
| The minutes of the meeting held on 29th May 2020 were reviewed. | | |
| The minutes were ACCEPTED subject to the amendment. | | |
| 4. Actions log and matters arising from previous meetings | PH (07/20) 002 | |
| KT reported that some actions were on the agenda or not yet due. The following updates were made: | | |
| • <i>PH (02/20) 002 - Undertake a mathematical exercise to identify how the gender pay gap at the Trust could be closed.</i> | | |
| RG reported further analysis is being undertaken and will be presented at a future committee meeting. The workforce analysis capacity is currently being used for phase 3 recovery and planning | | |

LB joined the meeting at 3:02pm. KT introduced the Committee.

• PH (02/20) 004 - The interpreting improvement plan to be on the PHCDE Committee agenda for verbal update by TL going forward and TL to present a report by/in July.

DC reported there has been little use of the interpreting service during the COVID19 restrictions. RG added that prior to the COVID19 pandemic, TL proposed a mapping of the population against the number of interpreters in the Bank. It was also looking at whether during COVID19 could use of electronic devises for interpreting with video links and video chats. The action is deferred to a future Committee meeting.

• *PH (02/20) 007 - Draw up a carbon zero plan for the Trust with Engie to present to the May PHCDE Committee.*

Agenda Item.

• PH (02/20) 007 - Share baseline, comparative data relating to carbon zero efforts from key UK cities with TL.

RG advised that data was presented by Fran Silcocks presented an updated plan at the internal committee.

• PH (02/20) 007 - Update on the potential introduction of 'Changing Places' at Midland Met to be included as a matter arising on the May PHSCE meeting agenda.

Agenda Item.

• *PH* (05/20) 003 - Arrange modelling of the impact of the removal of Estates and its predominantly male workforce on the gender pay gap metrics.

RG stated same item as PH (02/20) 002.

• PH (05/20) 004 - Draw up a protocol to address refusal to carry out mandatory Stress Risk Assessment questionnaires and report back to the Committee.

RG said that if someone refuses to undertake the stress risk assessment it will document that and to protect the Trust from any future employment challenge.

• *PH (05/20) 004 - Forward details of the Afro-Caribbean men's mental health group to RG.* RG to follow up with LW.

MATTERS FOR APPROVAL OR DISCUSSION

PH (07/20) 003

5. 2020 Flu campaign

RG stated that in 2019, although the flu campaign achieved 83% of vaccinations for patient-facing staff, there were several issues that resulted in vaccinations still being administered in January 2020. It is proposed that in 2020 vaccinations will be administered during the first six weeks of Winter via a 'locally driven' peer vaccinator campaign.

The 2020 flu campaign is called "Fluper Trooper" based on an ABBA theme song which will be launched in August. A key part of campaign is to have very strong clinical leadership so that messages are communicated in an evidence-based way to the workforce.

DC advised that the flu vaccine is expected to arrive ahead of any potential COVID19 vaccine. The flu vaccine will not be administered via a nasal spray as this could place immunocompromised patients at risk as the virus is partially active. It is important that staff understand the importance of having the flu vaccine annually as the vaccine is designed to protect against the four most likely flu viruses. Data suggests those who have the flu vaccine on sequential years build up greater immunity rather than those have a single shot in a standalone year. It is proposed that a chart be developed providing an analysis of data related to the number of flu cases, number of staff who contract the flu and the relative success of flu vaccination program in preventing contraction of the flu and mortality from the flu.

RG added that a protocol should be developed regarding swabbing for COVID19 as well as the flu if someone has symptoms, which is important in relation to isolation. DC advised it would be a game changer is Point of Care Testing for Flu could also test COVID19 at the same time, as it would enable emergency admissions to stream patients appropriately and determine correct isolation time for staff members.

KF queried whether the herd immunity had been raised from 80% to 90% for this year. RG will investigate whether the standard for herd immunity is 80% or 90%.

RS queried whether primary care outperformed the Trust. RG said that, previously, there had been no requirement for the Trust to be measured against primary care; however, the Trust would be measured on uptake this year. The Trust has worked with primary care in the past and will need to have an early conversation about the changes that they will need to implement, regarding the restrictions on surgery attendance due to COVID19. KT advised that primary care also visits all care homes and offers vaccines to everyone.

KT stated that, in 2019, there were not many Trust doctors who provided vaccinations. DC wrote to the medical directors when discussion commenced on the flu campaign and they all responded that they would do whatever possible to become visible role models. The clinical groups are also going to ensure that medical staff are vaccinators. There is a need to ensure a good spread of professional groups with role models.

Action: RG to investigate whether the standard for herd immunity is 80% or 90%.

6. Midland Met regeneration programme

PH (07/20) 004

RB stated that the Midland Metropolitan University Hospital was intended not only to be a centre of excellence for health care but also to act as a catalyst for regeneration within the local area and for the local population. The core elements are the creation of jobs and careers, education, new housing, an improved transport network inclusive of walk and cycle areas, clean air, canal regeneration and creating community spaces and recreational facilities.

This paper has been to the Estates Development Committee and Malcolm Beattie, Lead Retail Transformation Manager with the Rank Group, who is on that committee as part of the integrated program. His business unit contacted RG to discuss how they could contribute more widely than Midland Met. They will meet with WZ next week to discuss their involvement and the possibility of funding some of the wider work.

RB to discuss with WZ and RS the possibility of organising a social distancing walk with partners at the canal prior to winter.

RG advised that the Estates Development Committee had found the visuals helpful in understanding the breadth that the Trust could achieve, but there was a request for it to be age profiled. RG will age profile the regeneration plan, focusing on younger people and their development years as well as older people to end of life.

RB advised that plans for having a small university campus on site will need to be revisited due to the effect of the COVID19 pandemic on university funding.

DC queried how to inform staff about the exciting initiatives for the Midland Met regeneration plan, to inspire them in a different way. RB advised that she would install photo boards at each site to tell the story to a wide-ranging audience.

RG commented that the project was really exciting and has really good energy. RG congratulated RB.

RB advised that the stakeholder maps have been revised to allow engagement about regeneration which could also involve a targeted approach.

RS queried Aston University's involvement in the project. RB advised that Jim Pollitt is liaising with Aston University.

KT sought clarification regarding the youth village. RB explained that the Hallam block would be closed this year and would either be sold or demolished. There is interest in converting it to a youth village with housing for young people and creating environments where they can learn and be supported. A feasibility study is being undertaken and the Trust will need to decide level of involvement.

KT commented that the paper is very good and thanked RB.

Action: RB to age profile the regeneration plan focusing on younger people and their development years as well as older people to end of life.

7. No-smoking: One year on and next steps

PH (07/20) 005

DC provided a summary of the No-smoking campaign which was praised by Public Health England. The campaign included establishing vaping sites as well as access to nicotine gum, inhalators and patches as part of a stop smoking strategy.

It is important to reflect whether smoking cessation is discussed with patients at the preadmission clinic and to ensure that they are aware that they have access to nicotine replacement during admission and on ward.

DC is undertaking a review on of the vaping literature and collecting data, as vaping was meant to be a down titration rather than a lifestyle change.

RS queried whether other Trusts have no-smoking initiatives. DC advised that when the no-smoking ban

was introduced only 60% of Trusts had smoking bans. As of April 2020, all hospital sites are supposed to be no-smoking nationally.

RS queried whether there had been an increase in referrals due to the no-smoking campaign. DC advised that he does not have patient data but will include it in future analysis.

RG queried why there was a variation in nicotine products across wards. DC said he would work more closely with Pharmacy to understand the distribution, as every ward has a supply of inhalator fake cigarettes and patches which require a prescription.

RB commented that there was functionality in Unity to measure the number of referrals around lifestyle habits, but there may be issues with reporting. TL was keen to have a reward and recognition for every referral, which may need to be introduced to have longer term sustainable impact on going smoke free.

KT queried whether weight reduction was the next campaign. DC advised that the weight-loss campaign would be launched mid-August, as part of overall wellbeing. This will be tied in with mental wellbeing from increasing exercise and healthy eating.

8. ENGIE: Sustainability plans

RB advised that the net zero carbon project had been delayed, as the team at ENGIE had just come back to work. ENGIE's view is that achieving net carbon zero by 2025 is ambitious, and probably doubtful. ENGIE will develop a plan aimed at net carbon zero by 2025 but proposed undertaking tactical purchases from wind farms and alternative fuels in the lead up to sustaining net zero carbon independently.

ENGIE will undertake a site survey of Sandwell and develop a milestone program of work for the next one to three years. In terms of strategic partnership, ENGIE has agreed in principle and will consider developing the first newly built net zero carbon building, as part of the Metropolitan Met regeneration plan.

Smart building technology will be installed in Midland Met, enabling every asset to be tracked, including people, equipment and even forecasting how many sandwiches should be ordered so there is no food wastage.

RS queried whether ENGIE would review all of the Trust's energy plans, including MMUH. RB stated that energy plan reviews are part of the detailed plan that ENGIE would prepare. The Sandwell site will be desteamed, two carparks are obvious places for the installation of solar panels and there is a large amount of roof space at Sandwell that is not being utilised.

RG commented that Birmingham City Council had built a carbon neutral building at 10 Woodcock Street. RG will connect RB to the people who designed 10 Woodcock Street.

RS queried how energy was sourced from the canal. DC advised that it is a heat exchange system, with the cooler water at the base being used to generate some form of energy. RB said there is a buried well on the Sandwell site which could be used for thermo exchange which might be a possibility for the canal site.

DC commented that the net zero carbon project will get people excited about the new hospital because it will not be a great big monolith sucking in energy.

RB sought guidance from the Committee as to the next step. KT requested a progress report on the net

PH (07/20) 006

zero carbon project be provided at the January 2021 meeting.

RB left the meeting at 4:06pm.

Action: RB to provide a progress report on the net zero carbon project at the January 2021 meeting. Action: RG to connect RB to the people who designed 10 Woodcock Street.

FOR INFORMATION/NOTING

9. SBAF: Progress on assurance levels

PH (07/20) 007

RG reported on the progress of SBAF13 stating that it has adequate assurance and additional mitigations are being undertaken in order to mitigate this risk.

The Stress Risk Assessment was launched six weeks ago, and an additional tool has been developed to measure anxiety or how at risk a person is of becoming unwell through non-work-related stress. This assessment is based on the Hospital Anxiety and Depression Rating Scale and offers additional assurance against this item.

RG suggested the assurance level be reviewed after the additional mitigation has been in place for six months.

KT asked how the stress risk assessments had been received. RG advised that the stress risk assessments had been well received. RG advised that the launch of the wholistic assessment tool would require a clear communication strategy, otherwise people may become confused.

Action: SBAF13 assurance level to be reviewed six months after implementation of the additional mitigation.

| 10. Matters to raise to the Trust Board | Verbal |
|---|--------|
| KT suggested the following matters be raised to the Trust Board | |
| • 2020 Flu campaign | |
| No smoking: one year on and next steps | |
| Midland Met regeneration programme | |
| ENGIE sustainability plans | |
| 11. Meeting effectiveness feedback | Verbal |
| Not discussed. | |
| 12. Any other business | Verbal |
| No items. | |
| | |
| 9. Date of next meeting: | Verbal |

The next meeting will be held on Friday, 25th September 2020, from 15:00 to 16:30, Room 13, Education Centre, Sandwell General Hospital.

| Signed | |
|--------|--|
| Print | |
| Date | |

Paper ref: TB (10/20) 009

Sandwell and West Birmingham Hospitals

NHS Trust

| Report Title | COVID-19 Overview | | |
|----------------------|-------------------------------------|------|------------------------------|
| Sponsoring Executive | David Carruthers – Medical Director | | |
| Report Author | David Carruthers – Medical Director | | |
| Meeting | Public Trust Board | Date | 1 st October 2020 |

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

An increase in COVID cases in the community and how that is impacting on hospital admissions are discussed, as are implications on new IPC guidance on the Trust. With the increase COVID-19 admissions to the Trust there is a strong focus on reviewing and updating the previous treatment pathways and to make sure that these are rigorously followed, adopting evidence from research in the first wave. Focus of care of these patients on the respiratory Hub at City should allow this. Learning from mortality reviews from the first surge will be important in how we work to monitor community cases not requiring admission. Individual case risk assessment will be important.

The Phase 3 letter has a focus on restoration and recovery and the areas focused on in this phase are summarised.

TB is invited to discuss issues around COVID within these broad categories.

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | |
|---|--|--------------------------|---|------------------------------|--|--|--|
| Safety Plan | | Public Health Plan | x | People Plan & Education Plan | | | |
| Quality Plan | | Research and Development | | Estates Plan | | | |
| Financial Plan | | Digital Plan | | Other [specify in the paper] | | | |

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

Q+S 25/09/20

4. Recommendation(s)

The Trust Board is asked to:

a. Consider new IPC guidance

- **b.** Discuss changes in patient activity and admission
- c. Reflect on phase 3 categories applied across the STP

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | |
|--|---|----------------------|---|--|---|---|-----------------------|
| Trust Risk Register | x | Multiple COVID risks | | | | | |
| Board Assurance Framework | | | | | | | |
| Equality Impact Assessment | | this required? | Υ | | Ν | х | If 'Y' date completed |
| Quality Impact Assessment | | this required? | Υ | | Ν | х | If 'Y' date completed |

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1st October 2020

COVID-19 Overview

1. Community rates

1.1 Increase in community infection rates have been seen in Birmingham and also Sandwell. The rate is lower in Dudley but rising in Wolverhampton. Generally a younger age group and more children are affected. There is now an increase pressure on GP red services (95% capacity) and also on hospital attendances and admissions. There is an increase in cases in the medical wards (focused on respiratory hub at City) and ICU (City site). Close working with Ambulance service continues for conveyance of suspected and positive COVID patients to City site. No paediatric admissions at this time though.

2. Local lock down

2.1 The rule of 6 has been extended in Birmingham and Sandwell to include restrictions on meeting within households or gardens if not within family or support bubbles and greater than 6 people. Schools and universities are back and the potential for increased infection amongst children and young adults is leading to requirements for household isolation. Remember that self-isolation of family members is only needed if their household member/child is infected, but not if they are sent home because of being a contact of a classmate. In these circumstances the child needs to isolate but not the rest of the family. Strict IPC at home is needed in these circumstances but other family members can remain at work (with appropriate social distancing etc.). Swabbing of family members of staff who are symptomatic continues as an offer from the Trust to allow staff members to return to work where swabs are negative.

3. COVID beds

3.1 The Trust still maintains 2 admission streams through ED and AMUs at both sites but aims to concentrate admissions in the substantive bed base on one site (City respiratory hub). Expansion plans are in place for increasing numbers that stay with a focus on City site but also developing options at Sandwell, consequential to service moves from Sandwell to City. This will create greater side room capacity at Sandwell

4. Treatment pathways

4.1 It is important that our treatment pathways established in March/April are applied to COVID admissions. The care of patients in a limited number of areas will allow correct escalation of these pathways, hopefully reducing the risk of admission requirement to ICU. Treatment pathways would include a focus on O₂ therapy escalation (and de-escalation), proning, NIV use on the wards, VTE assessment and prophylaxis, and early use of both steroid (dexamethasone) and anti-virals (remdesivir) as indicated by recent research trial results. These pathways are undergoing urgent review by the relevant clinical teams, with a focus on the NIV service and ICU.

5. New IPC guidance

5.1 The new IPC guidance offers further advice on infection control within hospitals, with a focus on those patients screened, self-isolated and swabbed pre-admission (routine procedure patients -Green wards), separate from those who are acute admissions, where prior infection control procedures were not possible. These patients, placed in an amber category are separated from those with COVID or COVID like symptoms who are in red areas. (See appendix 1). No reference to an intermediate group is made (AKA lilac wards at SWBHT). Though our rate of +ve swabs in lilac patients is low, there is still a requirement for this 'type' of ward which is in effect a midpoint between blue and red wards for those patients with a potential COVID exposure. As the community infection rate increases and the risk of undiagnosed and asymptomatic infection at presentation increases, there is support for the maintenance of the lilac stream for now. This can be continually reassessed as this lilac patient stream does potentially reduce bed capacity if the ward is not full. The lack of side rooms in the Trust means that the lilac stream remains a useful way of isolating patients at greater risk. This lilac capacity is also important where there is now an increased risk of asymptomatic positive patients being identified on the blue stream as the rate of community infection progresses.

6. Swabbing

6.1 The rapid turn around swab (Cepheid) process remains as does the routine swabbing analysis through BCP services at RWT. An additional new system allows for rapid turnaround but also screens for a panel of respiratory viruses and is now available in limited number for the Trust – multiplex system – with a 2 hour turnaround time, 15 viruses are screened for (several coronaviruses, influenza, parainfluenza and RSV as examples) and is suitable for paediatric, ITU and haematology patients initially. Day time use and confirmation of patient to be swabbed is needed. The community service still also provides swabbing for symptomatic household members of staff.

7. Restoration and recovery

- 7.1 A focus continues on restoration and recovery of services with good progress in many areas of diagnostics and OP provision much of which is still done by telephone, but increasing use of visionable system amongst colleagues is occurring in some areas. In paediatrics visionable appointments can reduce time out of school, in line with trust quality plan. Further exploration of the use of visionable as well as development of the process to provide access to the consultation for both interpreters and family members needs to occur. Some surgical services have returned to the trust this week and gynae-oncology next week, returning from the independent sector, allowing access to ICU services for post-op recovery where needed.
- 7.2 PACU (post-anaesthesia care unit) care is being considered as a development to reduce the pressure on ICU and to support care of these patients. This is in addition to training of staff from the gynae ward in level 2 care provided by ITU. In a similar way, new starters to the surgical nursing team have an induction period of 6 weeks on ITU for mentorship and introduction to the Trust while providing them with enhanced clinical care skills to support ward based care.

8. Well-being support

8.1 The support provided to colleagues during the pandemic was well received but it is important to realise the concern that some may have about a return to unfamiliar environments and stressful working practices if needed in the future. The provision of PPE, including silicon FFP3 masks and data showing that those in higher risk areas, but provided with correct equipment, used appropriately have a lower incidence of COVD infection may offer some reassurance. The staff risk assessments, stress assessment and workplace stress assessment are important aspects, as are the well-being resources available within the organisation.

9. Phase 3 submission

- 9.1 The data submission for restoration and recovery, reflecting projected return of services back to pre COVID capacity is submitted as part of a co-ordinated STP response across the 4 acute Trusts and CCGs. This allows a system based response so that vulnerabilities in each service can be identified and a co-ordinated supportive approach can be taken for those services where pressure is most. There has been a focus on endoscopy as well as other diagnostics but some specialty areas also show commonalities in pressure on achieving a return to normal service where co-working may be possible. The areas are reviewed at the STP clinical reference group comprised of Trust MDs and COOs with project work proposed where acute care collaboration offers likely advantages in return to normal service early and potentially longer term co-ordination of services. The areas of focus in the phase 3 letter were around 4 groups with a notable focus on improvement in health inequalities as well as return of services and winter planning:
- 9.1.1 Accelerating the return of non-COVID health services, making full use of the capacity available in the window of opportunity between now and winter.
 - Restore full operation of all cancer services.
 - Recover the maximum elective activity possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.
 - Restore service delivery in primary care and community services.
 - Expand and improve mental health services and services for people with learning disability and/or autism
- 9.1.2 Preparation for winter alongside possible COVID resurgence.
 - Continue to follow good COVID -related practice to enable patients to access services safely and protect staff, whilst also preparing for localised COVID outbreaks or a wider national wave.
 - Preparation for winter
- 9.1.3 Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

- Workforce
- Health inequalities and prevention.
- 9.1.4 Financial arrangements and system working

10. Recommendations

- 10.1 The Public Trust Board is asked to:
 - a. Consider new IPC guidance
 - b. Discuss changes in patient activity and admission
 - c. Reflect on phase 3 categories applied across the STP

David Carruthers Medical Director

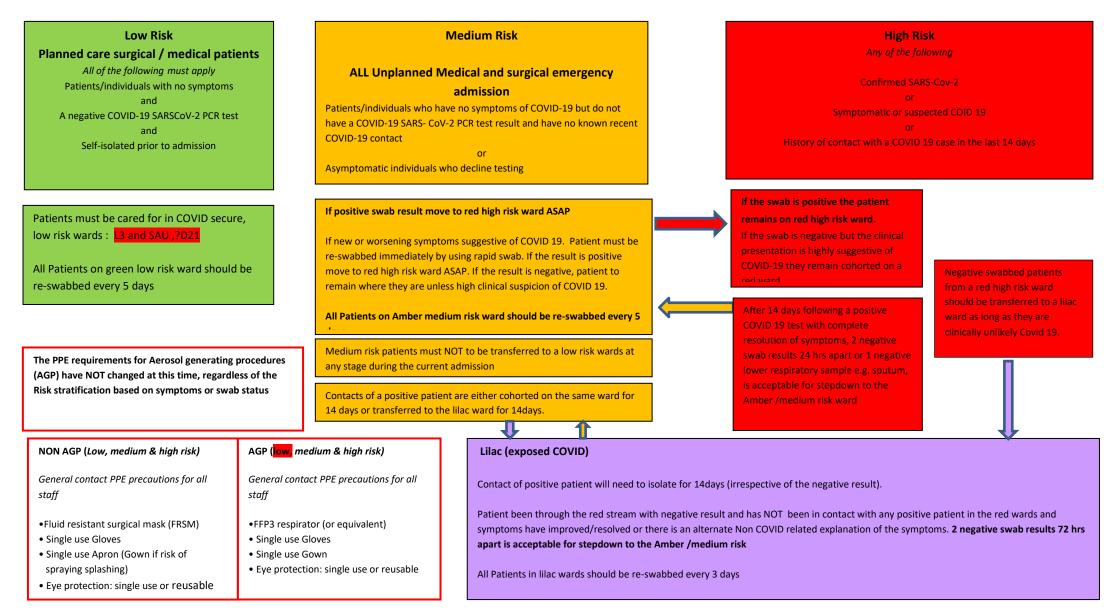
September 25th 2020

Annex 1: IPC summary Annex 2: phase 3 summary table

Annex 1:

INFECTION CONTROL DECISION SUPPORT TOOL FOR PLANNED AND UNPLANNED ADMSISSONS

Patients are classed as Low, Medium and High risk. Physical distancing of 2 metres is considered standard practice in all health and care settings. A staff member may choose to wear higher levels of PPE following their individual risk assessment.



Annex 2: phase 3 summary table

| UI | Key action |
|--------|--|
| А | Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter |
| A1 | A1. Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to: |
| A1.1 | To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels. |
| A1.2 | Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by: |
| A1.2.1 | Ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres |
| A1.2.2 | Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol- generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy. |
| A1.2.3 | Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in Covid19-secure environments. |
| A1.2.4 | Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment. |
| A1.2.5 | Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them. |
| A1.3 | Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days. |
| A2 | Recover the maximum elective activity possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals. Having carefully tested the feasible degree of ambition with a number of trusts and systems in recent weeks, trusts and systems are now expected to re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity the following: |
| A2.1 | In September at least 80% of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August); |
| A2.2 | This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October. |
| A2.3 | 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August). |
| A2.4 | Block payments will flex meaningfully to reflect delivery (or otherwise) against these important patient treatment goals, with details to follow shortly once finalised with Government. |

| UI | Key action |
|-------|---|
| A2.5 | Elective waiting lists and performance should be managed at system as well as trust level to ensure equal patient access and effective use of facilities. |
| A2.6 | Trusts, working with GP practices, should ensure that, between them, every patient whose planned care has been disrupted by COVID receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. |
| A2.7 | Clinically urgent patients should continue to be treated first, with next priority given to the longest waiting patients, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021. |
| A2.8 | To further support the recovery and restoration of elective services, a modified national contract will be in place giving access to most independent hospital capacity until March 2021. The current arrangements are being adjusted to take account of expected usage, and by October/ November it will then be replaced with a re-procured national framework agreement within which local contracting will resume, with funding allocations for systems adjusted accordingly. To ensure good value for money for taxpayers, systems must produce week-by-week independent sector usage plans from August and will then be held directly to account for delivering against them. |
| A2.9 | In scheduling planned care, providers should follow the new streamlined patient self isolation and testing requirements set out in the guideline published by NICE earlier this week. For many patients this will remove the need to isolate for 14 days prior to a procedure or admission. |
| A2.10 | Trusts should ensure their e-Referral Service is fully open to referrals from primary care. To reduce infection risk and support social distancing across the hospital estate, clinicians should consider avoiding asking patients to attend physical outpatient appointments where a clinically-appropriate and accessible alternative exists. |
| A3 | Restore service delivery in primary care and community services. |
| A3.1 | General practice, community and optometry services should restore activity to usual levels where clinically appropriate, and reach out proactively to clinically vulnerable patients and those whose care may have been delayed. Dental practices should have now mobilised for face to face interventions. We recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible. |
| A3.2 | In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood immunisations and cervical screening through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES. |
| A3.3 | GPs, primary care networks and community health services should build on the enhanced support they are providing to care homes, and begin a programme of structured medication reviews. |
| A3.4 | CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services. |
| A3.5 | Community health services crisis responsiveness should be enhanced in line with the goals set out in the Long Term Plan, and should continue to support patients who have recovered from the acute phase of COVID but need ongoing rehabilitation and other community health services. Community health teams should fully resume appropriate and safe home visiting care for all those vulnerable/shielding patients who need them. |

| UI | Key action |
|--------|---|
| A3.6 | The Government is continuing to provide funding to support timely and appropriate discharge from hospital inpatient care in line with forthcoming updated Hospital Discharge Service Requirements. From 1 September 2020, hospitals and community health and social care partners should fully embed the discharge to assess processes. New or extended health and care support will be funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital. |
| A3.7 | The Government has further decided that CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020 and work with local authorities using the trusted assessor model. Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements. |
| A4 | Expand and improve mental health services and services for people with learning disability and/or autism |
| A4.1 | Every CCG must continue to increase investment in mental health services in line with the Mental Health Investment Standard and we will be repeating the independent audits of this. Systems should work together to ensure that funding decisions are decided in partnership with Mental Health Providers and CCGs and that funding is allocated to core Long Term Plan (LTP) priorities. |
| A4.2 | In addition, we will be asking systems to validate their existing LTP mental health service expansion trajectories for 2020/21. Further advice on this will be issued shortly. In the meantime: |
| A4.2.1 | IAPT services should fully resume |
| A4.2.2 | The 24/7 crisis helplines for all ages that were established locally during the pandemic should be retained, developing this into a national service continue the transition to digital working |
| A4.2.3 | Maintain the growth in the number of children and young people accessing care |
| A4.2.4 | Proactively review all patients on community mental health teams' caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community; |
| A4.2.5 | Ensure that local access to services is clearly advertised |
| A4.2.6 | Use £250 million of earmarked new capital to help eliminate mental health dormitory wards. |
| A4.3 | In respect of support for people with a learning disability, autism or both: |
| A4.3.1 | Continue to reduce the number of children, young people and adults within a specialist inpatient setting by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission. |
| A4.3.2 | Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020. |
| A4.3.3 | GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged. (This is supported by existing payment arrangements and the new support intended through the Impact and Investment Fund to improve uptake.) |
| В | Preparation for winter alongside possible COVID resurgence. |

| UI | Key action |
|------|--|
| B1 | Continue to follow good COVID -related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid |
| | outbreaks or a wider national wave. This includes: |
| B1.1 | Continuing to follow PHE's guidance on defining and managing communicable disease outbreaks. |
| B1.2 | Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed actions set out on testing on 24 June. All NHS employers should prepare for the likelihood that if background infection risk increases in the |
| | Autumn, and DHSC Test and Trace secures 500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine Covid testing of all asymptomatic staff across the NHS. |
| B1.3 | Ongoing application of PHE's infection prevention and control guidance and the actions set out in the letter from 9 June on minimising nosocomial infections across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings. |
| B1.4 | Ensuring NHS staff and patients have access to and use PPE in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling. |
| B2 | Prepare for winter including by: |
| B2.1 | Sustaining current NHS staffing, beds and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector |
| | capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021. |
| B2.2 | Deliver a very significantly expanded seasonal flu vaccination programme for DHSC-determined priority groups, including providing easy access for all NHS staff |
| | promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available. |
| B2.3 | Expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the |
| | right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed A&E capital |
| | to help offset physical constraints associated with social distancing requirements in Emergency Departments. |
| B2.4 | Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients |
| | conveyed to Type 1 or 2 emergency departments. |
| B2.5 | Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed. |
| B2.6 | Continuing to work with local authorities, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that |
| B2.0 | those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies (see A3 above). |
| С | Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention. |
| C1 | Workforce |

| UI | Key action |
|------|---|
| C1.1 | COVID-19has once again highlighted that the NHS, at its core, is our staff. Yesterday we published We are the NHS: People Plan for 2020/21 (https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/) - actions for us all which reflects the strong messages from NHS leaders and colleagues from across the NHS about what matters most. It sets out practical actions for employers and systems, over the remainder of 2020/21 ahead of Government decisions in the Autumn Spending Review on future education and training expansions. It includes specific commitments on: |
| C1.2 | Actions all NHS employers should take to keep staff safe, healthy and well – both physically and psychologically. |
| C1.3 | Specific requirements to offer staff flexible working. |
| C1.4 | Urgent action to address systemic inequality that is experienced by some of our staff, including BAME staff. |
| C1.5 | New ways of working and delivering care, making full and flexible use of the full range of our people's skills and experience. |
| C1.6 | Growing our workforce, building on unprecedented interest in NHS careers. It also encourages action to support former staff to return to the NHS, as well as taking steps to retain staff for longer – all as a contribution to growing the nursing workforce by 50,000, the GP workforce by 6,000 and the extended primary care workforce by 26,000. |
| C1.7 | Workforce planning and transformation that needs to be undertaken by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally. |
| C1.8 | All systems should develop a local People Plan in response to these actions, covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities, plus setting out new initiatives for development and upskilling of staff. Wherever possible, please work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid. These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly. |
| C2 | Health inequalities and prevention. |
| C2.1 | We are asking you to work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and regularly assess this progress. Recommended urgent actions have been developed by an expert national advisory group and these will be published shortly. They include: |
| C2.3 | Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support. |
| C2.4 | Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March. |
| C2.5 | Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups. |

| UI | Key action |
|------|---|
| C2.6 | Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher. |
| C2.7 | Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later 31 December, with general practice prioritising those groups at significant risk of COVID19 from 1 September. |
| D1 | Financial arrangements and system working |
| D1.1 | To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government. More detail is set out in Annex Two. Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes: |
| D1.2 | Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making. This should include a single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships. |
| D1.3 | Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence. |
| D1.4 | Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020. |
| D1.5 | A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health. |

| Report Title | COVID-19 Restoration & Recovery | | |
|--|---------------------------------|--|------------------------------|
| Sponsoring Executive Liam Kennedy, Chief Operating Officer | | | |
| Report Author Janice James, Deputy Chief Operating Officer | | | |
| Meeting | Trust Board Report | | 1 st October 2020 |

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

The paper outlines the Trust's trajectories for performance against Production Plan, Phase 3 national targets & Clinical group assumptions.

It also highlights the 52week wait position.

The Board should may wish to:

- Note the progress each group is making
- Discuss the prioritisation work
- Challenge and suggest areas of concern

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

| Safety Plan | x | Public Health Plan | People Plan & Education Plan | |
|----------------|---|--------------------------|------------------------------|--|
| Quality Plan | х | Research and Development | Estates Plan | |
| Financial Plan | х | Digital Plan | Other [specify in the paper] | |

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

PCB, PMC, RMC CLE

4. Recommendation(s)

The Board is asked to:

| а | Note the progress each group is making |
|---|--|
| b | Discuss the prioritisation work |
| С | Challenge and suggest areas of concern |

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | | | | |
|--|---------------------------|----------------|---|---|---|--|-----------------------|----------|--|--|
| Trust Risk Register x Covid risk register | | | | | | | | | | |
| Board Assurance Framework | Board Assurance Framework | | | | | | | | | |
| Equality Impact Assessment | ls | this required? | Υ | х | Ν | | If 'Y' date completed | July 2nd | | |
| Quality Impact Assessment | ls | this required? | Υ | х | Ν | | If 'Y' date completed | July 2nd | | |

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1st October 2020

COVID-19 Restoration & Production plan

1. Introduction or background

- **1.1** The Trust remains focused on national & local asks to ensure recovery & restoration of services, align with the recently submitted Phase 3 national target ask.
- 1.2 Clinical Groups have finalised their initial planning assumptions which seek to reestablish services & increase activity levels so that by the end of March 2021 Production Plan assumptions, RTT activity & Phase 3 national targets are delivered.

2. Review of comparator trajectories

- 2.1 A Production Plan, Phase 3 national targets & clinical groups comparator dashboard has been created to aid the continued identification of 'gaps' between assumptions & delivery. Annex 1 details the *Elective* comparator assumptions
- **2.2** The table below at 2.2a captures the August position for electives. Elective variances include 75% attainment to the Trust's Production plan whilst a more favourable position of 85% attainment is seen when tracked to the Phase 3 national.

| Row Labels | Sum of prod plan | Sum of Phase 3 Target | Sum of Clinical Groups Target | Sum of Arrvd | % of PP Target | % of P3 Target | % of CG Target |
|-----------------------|------------------|-----------------------|-------------------------------|--------------|----------------|----------------|----------------|
| Imaging | 31 | 27 | 27 | 30 | 96.1% | 111.5% | 111.5% |
| Medicine & Emerg Care | 579 | 514 | 477 | 575 | 99.3% | 112.0% | 120.6% |
| PCCT | 389 | 417 | 417 | 399 | 102.6% | 95.6% | 95.6% |
| Surgical Services | 2204 | 1895 | 1184 | 1388 | 63.0% | 73.2% | 117.2% |
| Women & Child Health | 210 | 176 | 176 | 169 | 80.3% | 95.8% | 95.8% |
| Grand Total | 3413 | 3029 | 2281 | 2561 | 75.0% | 84.5% | 112.3% |

ELECTIVES ONLY

Table 2.2a Elective activity for August 2020

- 2.3 Annex 2 details the *New* OutPatients comparator assumptions
- 2.4 The table below at 2.4a captures the August position for New OutPatients. 65% attainment of the Trust's Production plan can be seen & a more favourable position is again seen when tracked to the Phase 3 national targets (86%)

OUTPATIENTS New ONLY

| Row Labels | Sum of prod plan | Sum of Phase 3 Target | Sum of Clinical Groups Target | Sum of Arrvd | % of PP Target | % of P3 Target | % of CG Target |
|-----------------------|------------------|--------------------------|----------------------------------|--------------|----------------|----------------|----------------|
| Imaging | 1 | 0 | 1 | 0 | 0.0% | 0.0% | 0.0% |
| Medicine & Emerg Care | 3596 | 3696 | 2980 | 2477 | 68.9% | 67.0% | 83.1% |
| PCCT | 2161 | 1362 | 1910 | 1046 | 48.4% | 76.7% | 54.7% |
| Surgical Services | 15776 | 11220 | 9265 | 10388 | 65.8% | 92.6% | 112.1% |
| Women & Child Health | 1690 | 1466 | 1541 | 1253 | 74.2% | 85.4% | 81.3% |
| Grand Total | 23224 | 17745 | 15696 | 15163 | 65.3% | 85.5% | 96.6% |

Table 2.4a OutPatients NEW activity for August 2020

- 2.5 Annex 3 details the *Review* OutPatients comparator assumptions
- **2.6** The table below at 2.64a captures the August position for *Review* OutPatients. 77% attainment of the Trust's Production plan can be seen with the more favourable position seen when tracked to the Phase 3 national targets (91%)

OUTPATIENTS Review ONLY

| Row Labels | Sum of prod plan | Sum of Phase 3 Target | Sum of Clinical Groups Target | Sum of Arrvd | % of PP Target | % of P3 Target | % of CG Target |
|-----------------------|------------------|--------------------------|----------------------------------|--------------|----------------|----------------|----------------|
| Imaging | 1 | 0 | 2 | 0 | 0.0% | 0.0% | 0.0% |
| Medicine & Emerg Care | 6495 | 6137 | 5629 | 3973 | 61.2% | 64.7% | 70.6% |
| PCCT | 10434 | 7106 | 9537 | 8637 | 82.8% | 121.6% | 90.6% |
| Surgical Services | 18606 | 16650 | 14021 | 14797 | 79.5% | 88.9% | 105.5% |
| Women & Child Health | 1823 | 1760 | 1792 | 1286 | 70.5% | 73.1% | 71.8% |
| Grand Total | 37359 | 31653 | 30982 | 28693 | 76.8% | 90.7% | 92.6% |

Table 2.6a OutPatients REVIEW activity for August 2020

- 2.7 To note, an OutPatient Follow Up risk stratification within Ophthalmology is promoting increased levels of monitoring & constructive challenge. Annexe 4 illustrates the outpatient position from April to August 2020. Further improvement in compliance is anticipated once an outstanding IT issue which is preventing some clinic codes from being risk stratified is resolved next month.
- 2.8 Clinical priority levels for the Trust's stratified InPatient waiting list initiative have been informed by various national & clinical group guidance, table 2.7a below highlights the current allocated position, this being 92% for the Trust. This is up from the previous month which was 87% & illustrates the continued risk assessment & clinical prioritisation of the Trust's waiting list. This process is now embedded within the Trust & any small 'non-compliance' percentage is due to expected additions/amendments to the waiting list.

| Inpatient Waiting List Entries(exc Planned) | | Pr | ioritisatio | n | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------|-------------|-------------------------------------|--------------------------------------|
| Clinical Division | Priority_Level_ Cateogry_1 | Priority_Level_ Cateogry_2 | Priority_Level_ Cateogry_3 | Priority_Level_ Cateogry_4 | Priority_Level_ Cateogry_5 | Not_Allocated | Grand Total | % Allocated <u>Current</u> month | % Allocated <u>Previous</u> month |
| Imaging | | | | | | 11 | 11 | 0.00% | 0.00% |
| Medicine & Emerg Care | | | 41 | 132 | | 37 | 210 | 82.38% | 66.81% |
| РССТ | | | 448 | 17 | | | 465 | 100.00% | 100% |
| Surgical Services | 1 | 193 | 796 | 2210 | 1183 | 292 | 4675 | 93.75% | 91.10%% |
| Women & Child Health | 2 | 75 | 81 | 86 | | 116 | 360 | 67.78% | 29.34% |
| Grand Total | 3 | 268 | 1366 | 2445 | 1183 | 456 | 5721 | 92.03% | 86.67% |

Table 2.7a - InPatient Risk Assessment & Waiting list Clinical prioritisation initiative.

2.9 Annex 5 details Specialty level Clinical prioritisation. InPatient numbers recorded in Priority Level 1 (currently 3) are sitting with Urology & Gynaecology. This is a significant improvement on the previous month which recorded 63 Priority Level 1.

- **2.10** Ophthalmology, T&O & Oral have the biggest numbers of Inpatients on their waiting list & work continues to utilise ISP provision & schedule in-house solutions.
- **2.11** Annex 6 details the 1064 clinically prioritised patients currently waiting 40+ weeks on the InPatient waiting list. This is up on the previous month's position of 867.
- 2.12 Harm Reviews & 52 week breaches continue to be carried out as part of the Trust's stratified waiting list initiative which is embed into Trust Waiting List ways of working. These are reviewed each week at the *refreshed* RTT/PTL support, confirm & challenge meetings. The Trust had 283 52wk patients on it PTL at the beginning of Sept, with 265 prioritised & 28 have TCI dates in the next couple of weeks.
- **2.13** Ophthalmology reported six harm reviews, all of which were surgical oculoplastic patients. They have been assessed as 'suffering no clinical harm' as a consequence of waiting times. Additional capacity has been created in October & the patients are being prioritised for booking.
- **2.14** Endoscopy is another key area of focus for the Trust & mitigation is focused on; the securement of STP capital funding to aid completion of a 3rd room at the BTC, optimisation of 'super sessions' including pathway streaming & a variety of staffing initiatives to aid numbers & skills mx.

3. Summary

3.1 In summary; whilst continuous planning & scheduling of activity is moving forward at pace, trajectories show varying degrees of achievement when tracked to Trust Production Plan, national Phase 3 targets & clinical groups initial trajectories.

Gaps will now be reviewed via 121 & group specific weekly support, confirm & challenge sessions. The expectation is delivery of the Production Plan.

Harm reviews & RCAs remain a focus for the Clinical groups & it should be noted that good progress has been made against compliance due to embedded risk stratification ways of working & heightened levels of scrutiny for areas such as Ophthalmology & Endoscopy.

4. Recommendations

- **4.1** The committee is asked to:
 - a) Note the progress each group is making
 - b) Discuss the prioritisation work
 - c) Challenge and suggest areas of concern

Janice James Deputy Chief Operating Officer

Oct 2020

Annex 1 - ELECTIVES Production Plan, Phase 3 & Clinical group comparisons

Production Plan Targets

| Activity type | All Electives | | | | | | | | |
|-----------------------|---------------|------|------|------|------|------|------|------|----------------|
| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Grand Total |
| Imaging | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 250 |
| Medicine & Emerg Care | 579 | 579 | 579 | 579 | 579 | 579 | 579 | 579 | 4630 |
| PCCT | 389 | 389 | 389 | 389 | 389 | 389 | 389 | 389 | 3110 |
| Surgical Services | 2204 | 2204 | 2204 | 2204 | 2204 | 2204 | 2204 | 2204 | 17630 |
| Women & Child Health | 210 | 210 | 210 | 210 | 210 | 210 | 210 | 210 | 1684 |
| Grand Total | 3413 | 3413 | 3413 | 3413 | 3413 | 3413 | 3413 | 3413 | 27304 |

Phase 3 Targets

Activity type

All Electives

Grand **Row Labels** Oct Total Aug Sep Nov Dec Jan Feb Mar Imaging Medicine & Emerg Care PCCT **Surgical Services** Women & Child Health **Grand Total**

Clinical Group Targets

Activity type All Electives

| | | | | | | | | | Grand |
|---|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
| Imaging | 27 | 27 | 30 | 33 | 33 | 31 | 31 | 36 | 246 |
| Medicine & Emerg Care | 477 | 477 | 478 | 478 | 417 | 483 | 498 | 499 | 3806 |
| PCCT | 417 | 417 | 469 | 499 | 499 | 475 | 475 | 545 | 3796 |
| Surgical Services | 1184 | 1184 | 2143 | 2073 | 1958 | 2116 | 2024 | 2196 | 14877 |
| Women & Child Health | 176 | 176 | 199 | 208 | 208 | 199 | 199 | 229 | 1595 |
| Grand Total | 2281 | 2281 | 3319 | 3290 | 3114 | 3304 | 3227 | 3505 | 24320 |
| Clinical Group Variance to Production Plan | 66.8% | 66.8% | 97.2% | 96.4% | 91.2% | 96.8% | 94.5% | 102.7% | 89.1% |
| Clinical Group Variance to Phase 3 | 75.3% | 75.3% | 97.4% | 91.0% | 86.2% | 96.0% | 93.7% | 88.6% | 88.3% |

Annex 2 - <u>NEW</u> Production Plan, Phase 3 & Clinical group comparisons

Production Plan Targets

Activity type New

| Daw Labala | A | Cont | 0 | Neu | Dee | | Fah | Max | Grand |
|-----------------------|----------|-------|-------|-------|-------|-------|-------|-------|--------|
| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
| Imaging | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8 |
| Medicine & Emerg Care | 3596 | 3596 | 3596 | 3596 | 3596 | 3596 | 3596 | 3596 | 28771 |
| PCCT | 2161 | 2161 | 2161 | 2161 | 2161 | 2161 | 2161 | 2161 | 17286 |
| Surgical Services | 15776 | 15776 | 15776 | 15776 | 15776 | 15776 | 15776 | 15776 | 126207 |
| Women & Child Health | 1690 | 1690 | 1690 | 1690 | 1690 | 1690 | 1690 | 1690 | 13518 |
| Grand Total | 23224 | 23224 | 23224 | 23224 | 23224 | 23224 | 23224 | 23224 | 185790 |

Phase 3 Targets

Activity type New

| Row Labels | Aug | Sont | Oct | Nov | Dec | Jan | Feb | Mar | Grand Total |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| ROW Labels | Aug | Sept | 000 | NOV | Dec | Jan | Feb | IVIdI | TULAI |
| Imaging | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Medicine & Emerg Care | 3696 | 3696 | 3696 | 3549 | 3549 | 3405 | 3405 | 3845 | 28843 |
| PCCT | 1362 | 1362 | 1362 | 1303 | 1303 | 1242 | 1242 | 1425 | 10602 |
| Surgical Services | 11220 | 11220 | 11220 | 10739 | 10739 | 10263 | 10263 | 11698 | 87362 |
| Women & Child Health | 1466 | 1466 | 1466 | 1400 | 1400 | 1335 | 1335 | 1530 | 11399 |
| Grand Total | 17745 | 17745 | 17745 | 16992 | 16992 | 16245 | 16245 | 18497 | 138207 |

Clinical Group Targets

Activity type

New

| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Grand Total |
|---|-------|-------|--------|--------|--------|--------|--------|--------|----------------|
| Imaging | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8 |
| Medicine & Emerg Care | 2980 | 2980 | 2860 | 3053 | 2693 | 3109 | 3129 | 2856 | 23660 |
| PCCT | 1910 | 1910 | 1910 | 1850 | 1850 | 1789 | 1789 | 1972 | 14981 |
| Surgical Services | 9265 | 9265 | 11822 | 11550 | 11433 | 11733 | 11364 | 12155 | 88588 |
| Women & Child Health | 1541 | 1541 | 1541 | 1471 | 1471 | 1402 | 1402 | 1607 | 11975 |
| Grand Total | 15696 | 15696 | 18134 | 17927 | 17450 | 18034 | 17685 | 18591 | 139212 |
| Clinical Group Variance to Production Plan | 67.6% | 67.6% | 78.1% | 77.2% | 75.1% | 77.7% | 76.2% | 80.1% | 74.9% |
| Clinical Group Variance to Phase 3 | 88.5% | 88.5% | 102.2% | 105.5% | 102.7% | 111.0% | 108.9% | 100.5% | 100.7% |

Production Plan Targets

| Activity type | Review | | | | | | | | |
|-----------------------|--------|-------|-------|-------|-------|-------|-------|-------|----------------|
| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Grand Total |
| Imaging | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8 |
| Medicine & Emerg Care | 6495 | 6495 | 6495 | 6495 | 6495 | 6495 | 6495 | 6495 | 51961 |
| PCCT | 10434 | 10434 | 10434 | 10434 | 10434 | 10434 | 10434 | 10434 | 83471 |
| Surgical Services | 18606 | 18606 | 18606 | 18606 | 18606 | 18606 | 18606 | 18606 | 148849 |
| Women & Child Health | 1823 | 1823 | 1823 | 1823 | 1823 | 1823 | 1823 | 1823 | 14586 |
| Grand Total | 37359 | 37359 | 37359 | 37359 | 37359 | 37359 | 37359 | 37359 | 298875 |

Phase 3 Targets

Activity type Review

| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Grand Total |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| Imaging | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Medicine & Emerg Care | 6137 | 6137 | 6137 | 5975 | 5975 | 5813 | 5813 | 6302 | 48291 |
| PCCT | 7106 | 7106 | 7106 | 6818 | 6818 | 6525 | 6525 | 7397 | 55399 |
| Surgical Services | 16650 | 16650 | 16650 | 16024 | 16024 | 15401 | 15401 | 17271 | 130069 |
| Women & Child Health | 1760 | 1760 | 1760 | 1683 | 1683 | 1606 | 1606 | 1838 | 13696 |
| Grand Total | 31653 | 31653 | 31653 | 30500 | 30500 | 29345 | 29345 | 32808 | 247456 |

Clinical Group Targets

Activity type Review

| | | | | | | | | | Grand |
|---|-------|-------|--------|--------|--------|--------|--------|--------|--------|
| Row Labels | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
| Imaging | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 16 |
| Medicine & Emerg Care | 5629 | 5629 | 5623 | 5607 | 5572 | 5710 | 5810 | 5680 | 45261 |
| PCCT | 9537 | 9537 | 9537 | 9218 | 9218 | 8893 | 8893 | 9862 | 74695 |
| Surgical Services | 14021 | 14021 | 17231 | 16719 | 16924 | 17375 | 16212 | 17723 | 130225 |
| Women & Child Health | 1792 | 1792 | 1792 | 1714 | 1714 | 1636 | 1636 | 1871 | 13947 |
| Grand Total | 30982 | 30982 | 34186 | 33260 | 33430 | 33616 | 32553 | 35138 | 264145 |
| Clinical Group Variance to Production Plan | 82.9% | 82.9% | 91.5% | 89.0% | 89.5% | 90.0% | 87.1% | 94.1% | 88.4% |
| Clinical Group Variance to Phase 3 | 97.9% | 97.9% | 108.0% | 109.0% | 109.6% | 114.6% | 110.9% | 107.1% | 106.7% |

| Team | Not RAG Rated | Total in Period | % RAG Rated |
|---------------------------------|---------------|--------------------|-------------|
| Diabetic | 174 | 1051 | 83% |
| Corneal | 697 | 2499 | 72% |
| VR | 304 | 1554 | 80% |
| Medical Retina | 1096 | 4301 | 75% |
| Glaucoma | 2682 | 7372 | 64% |
| Neuro | 496 | 686 | 28% |
| Oculoplastics | 304 | 571 | 47% |
| Uveitis | 542 | 786 | 31% |
| General | 2094 | 2696 | 22% |
| Paediatrics | 56 | 84 | 33% |
| Urgent Care | 177 | 239 | 26% |
| Cataract | 288 | 367 | 22% |
| Behchets | 19 | 19 | 0% |
| Other | 5 | 5 | 0% |
| | | | |
| Total Clinical Team Delivery | 8934 | 22230 | 60% |

Annexe 4: Ophthalmology OutPatient Risk stratification

Annex 5 – Specialty level Clinical prioritisation

| Inpatient Waiting List Entries | | Prio | ritisatio | on | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------|-------------|--------------------------------|--|
| Clinical Division | Priority Level Cateogry_1 | Priority Level Cateogry_2 | Priority Level Cateogry_3 | Priority Level Cateogry_4 | Priority Level Cateogry_5 | Not Allocated | Grand Total | % Prioritised Current month | % Prioritised Previous month July |
| Imaging | | | | | | 11 | 11 | 0.00% | 0.00% |
| RADIOLOGY | | | | | | 10 | 10 | 0.00% | 0.00% |
| Medicine & Emergency Care | | | 41 | 132 | | 37 | 210 | 82.38% | 66.81% |
| Acute Internal Medicine | | | | | | 8 | 8 | 0.00% | 0.00% |
| CARDIOLOGY | | | 41 | 121 | | 14 | 176 | 92.05% | 76.08% |
| CLINICAL HAEMATOLOGY | | | | | | 4 | 4 | 0.00% | 0.00% |
| GASTROENTEROLOGY | | | | 11 | | 2 | 13 | 84.62% | 0.00% |
| RESPIRATORY MEDICINE | | | | | | 7 | 7 | 0.00% | 0.00% |
| Primary Care, Community and Therapies | | | 448 | 17 | | | 465 | 100.00% | 100.00% |
| CLINICAL IMMUNOLOGY | | | 75 | 1 | | | 76 | 100.00% | 100.00% |
| DERMATOLOGY | | | 349 | | | | 349 | 100.00% | 100.00% |
| PAEDIATRIC CLINICAL IMMUNOLOGY & ALLERGY | | | 21 | 3 | | | 24 | 100.00% | 100.00% |
| PAEDIATRIC DERMATOLOGY | | | 2 | 2 | | | 4 | 100.00% | 100.00% |
| RHEUMATOLOGY | | | 1 | 11 | | | 12 | 100.00% | 100.00% |
| Surgical Services | 1 | 193 | 796 | 2210 | 1183 | 292 | 4675 | 93.75% | 91.10% |
| BREAST SURGERY | | 52 | | | | | 52 | 100.00% | 100.00% |
| ENT | | 15 | 8 | 252 | | 2 | 277 | 99.28% | 99.30% |
| GENERAL SURGERY | | 16 | 12 | 267 | | 2 | 297 | 99.33% | 99.78% |
| OPHTHALMOLOGY | | 8 | 311 | 379 | 1101 | 144 | 1943 | 92.59% | 84.03% |
| ORAL SURGERY | | | | 411 | | 8 | 419 | 98.09% | 99.55% |
| PAEDIATRIC ENT | | 1 | | 160 | | | 161 | 100.00% | 100.00% |
| PAEDIATRIC OPHTHALMOLOGY | | | 19 | 22 | 82 | 8 | 131 | 93.89% | 90.91% |
| PAEDIATRIC PLASTIC SURGERY | | | 2 | | | | 2 | 100.00% | 100.00% |
| PAEDIATRIC SURGERY | | | | 8 | | | 8 | 100.00% | 100.00% |
| PAEDIATRIC T&O | | | 4 | | | 5 | 9 | 44.44% | 46.15% |
| PAEDIATRIC UROLOGY | | 1 | | 18 | | 2 | 21 | 90.48% | 100.00% |
| PAIN MANAGEMENT | | | | 298 | | 56 | 354 | 84.18% | 97.38% |
| PLASTIC SURGERY | | 13 | 37 | 18 | | 5 | 73 | 93.15% | 85.53% |
| TRAUMA & ORTHOPAEDICS | | 9 | 397 | 134 | | 47 | 587 | 91.99% | 88.36% |
| UROLOGY | 1 | 78 | 6 | 221 | | 10 | 316 | 96.84% | 99.71% |
| VASCULAR SURGERY | | | | 22 | | 3 | 25 | 88.00% | 93.65% |
| Women & Child Health | 2 | 75 | 81 | 86 | | 116 | 360 | 67.78% | 29.34% |
| GYNAECOLOGICAL ONCOLOGY | | 40 | | | | | 40 | 100.00% | 100.00% |
| GYNAECOLOGY | 2 | 35 | 81 | 86 | | 115 | 319 | 63.95% | 19.30% |
| Grand Total | 3 | 268 | 1366 | 2445 | 1183 | 456 | 5721 | 92.03% | 86.67% |

Inpatient PTL Priority Status by Division/Specialty- By Wait

| Inpatient Waiting List Entries (exc Planned) | | | | | | Weeks | waiting | | | | | | | C |
|--|--------|----------------|----------|----------|---------|-------|---------|--------|--------|----|----|---------|--------|----------------|
| Specialty and Priority Status | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | Grand Total |
| BREAST SURGERY | 2 | 2 | 1 | 1 | 1 | | | | | | | | | 7 |
| Priority_Level_Cateogry_2 | 2 | 2 | 1 | 1 | 1 | | | | | | | | | 7 |
| CARDIOLOGY | | | | 1 | | | | | | | | 1 | 1 | 3 |
| Priority_Level_Cateogry_3 | | | | | | | | | | | | 1 | | 1 |
| Priority_Level_Cateogry_4 | | | | 1 | | | | | | | | | 1 | 2 |
| CLINICAL IMMUNOLOGY | | 1 | 1 | | 1 | 1 | | | 1 | | | | | 5 |
| 1Priority_Level_Cateogry_3 | | 1 | 1 | | 1 | 1 | | | 1 | | | | | 5 |
| DERMATOLOGY | 7 | 11 | 6 | 10 | 6 | 4 | 3 | 2 | 4 | 3 | | 1 | 2 | 59 |
| Priority_Level_Cateogry_3 | 7 | 11 | 6 | 10 | 6 | 4 | 3 | 2 | 4 | 3 | | 1 | 2 | 59 |
| ENT | 14 | 3 | 9 | 9 | 8 | 5 | 4 | 3 | 1 | 1 | 1 | 1 | 10 | 69 |
| Priority_Level_Cateogry_2 | 1 | | | 1 | 2 | | | | | | | | | 4 |
| Priority_Level_Cateogry_3 | 1 | | 1 | | | | 2 | | | | | | | 4 |
| Priority_Level_Cateogry_4 | 12 | 3 | 8 | 8 | 6 | 5 | 2 | 3 | 1 | 1 | 1 | 1 | 10 | 61 |
| GASTROENTEROLOGY | | | | | | | | | | | | | 2 | 2 |
| Priority_Level_Cateogry_4 | - | | | | | | | | | | _ | | 2 | 2 |
| GENERAL SURGERY | 2 | 1 | 1 | 1 | 1 | 1 | | | | | 2 | | | 9 |
| Priority_Level_Cateogry_3 | - | | | - | | 1 | | | | | 1 | | | 2 |
| Priority_Level_Cateogry_4 | 2 | 1 | 1 | 1 | 1 | ~ | | - | - | - | 1 | _ | | 7 כד |
| GYNAECOLOGY | 4 | 4 | <u> </u> | 4 | 4 | 3 | 4 | 4 | 5 1 | 5 | | 7 2 | 23 | 73 |
| Not_Allocated | 1 | ъ | 1 | 3 | 1 | 1 | | 3 | 1 | 4 | | 2 | 15 | 31 |
| Priority_Level_Cateogry_2 Priority_Level_Cateogry_3 | n | 2 | 1 1 | 1 | 1 1 | 2 | 1 | 1 | 2 | 1 | | 2 2 | 1 6 | 9 18 |
| Priority_Level_Cateogry_3 Priority_Level_Cateogry_4 | 2 1 | 2 | 3 | T | 1 | 2 | 1 3 | Т | 2 | T | | 2 | 6 1 | 18 |
| OPHTHALMOLOGY | 43 | 2 41 | 3 29 | 21 | 2 26 | 33 | 3 20 | 20 | | 29 | 20 | 1 20 | 189 | 15 518 |
| Not_Allocated | | 41 1 | 23 | 1 | 20 | 33 | 1 | 20 | 21 | 23 | 20 | 1 | 4 | 8 |
| Priority_Level_Cateogry_2 | | 1 | 3 | 1 | | | 1 | | | | | 1 | - | 4 |
| Priority_Level_Cateogry_3 | 7 | 5 | 3 | 3 | 5 | 10 | 4 | 3 | 5 | 7 | 3 | 6 | 43 | 104 |
| Priority_Level_Cateogry_4 | 9 | 7 | 7 | 5 | 5 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 51 | 107 |
| Priority_Level_Cateogry_5 | 27 | 27 | 16 | 12 | 16 | 19 | 11 | 14 | 19 | 19 | 14 | 10 | 91 | 295 |
| ORAL SURGERY | 8 | 16 | 5 | 3 | 3 | 1 | 5 | 2 | 8 | 4 | 2 | - | 14 | 71 |
| Priority_Level_Cateogry_4 | 8 | 16 | 5 | 3 | 3 | 1 | 5 | 2 | 8 | 4 | 2 | | 14 | 71 |
| PAEDIATRIC CLINICAL | | | | | | | | | | | | | | |
| IMMUNOLOGY AND ALLERGY | | 1 | | | | | | | | | | | | 1 |
| Priority_Level_Cateogry_4 | | 1 | | | | | | | | | | | | 1 |
| PAEDIATRIC ENT | 4 | 4 | 7 | 2 | 8 | 4 | 1 | | 1 | 2 | 1 | | 5 | 39 |
| Priority_Level_Cateogry_4 | 4 | 4 | 7 | 2 | 8 | 4 | 1 | | 1 | 2 | 1 | | 5 | 39 |
| PAEDIATRIC OPHTHALMOLOGY | 3 | 5 | 3 | 2 | 1 | 7 | 1 | 1 | 2 | | 2 | 1 | 20 | 48 |
| Priority_Level_Cateogry_3 | 1 | 1 | 2 | 1 | | 1 | 1 | | | | 1 | 1 | - | 9 |
| Priority_Level_Cateogry_4 | 2 | 1 | | | | c | | | 1 | | | | 2 | 6 |
| Priority_Level_Cateogry_5 | | 3 | 1 | 1 | 1 | 6 | 4 | 1 | 1 | | 1 | | 18 | 33 |
| PAEDIATRIC SURGERY | 1 | | | | | | 1 | | | | | | | 2 |
| Priority_Level_Cateogry_4 | 1 | | | 1 | | | 1 | | | | | | | 2 |
| PAEDIATRIC T&O | | | | 1 | | | | | | | | | | 1 |
| Priority_Level_Cateogry_3 PAEDIATRIC UROLOGY | | | | 1 | | | | 1 | | 1 | | | 2 | 1 4 |
| Priority_Level_Cateogry_4 | | | | | | | | 1 | | 1 | | | 2 | 4 |
| PAIN MANAGEMENT | 1 | | | | | 2 | | Т | | T | | | 1 | 4 |
| Not_Allocated | 1 | | | | | 1 | | | | | | | 1 | 3 |
| Priority_Level_Cateogry_4 | T | | | | | 1 | | | | | | | T | 5 |
| PLASTIC SURGERY | 2 | 2 | 2 | | 2 | 1 | | | | | | | 5 | 14 |
| Not_Allocated | | | | | - | | | | | | | | 1 | 1 |
| Priority_Level_Cateogry_3 | 1 | 1 | 1 | | 1 | | | | | | | | 3 | 7 |
| Priority_Level_Cateogry_4 | 1 | 1 | 1 | | 1 | 1 | | | | | | | 1 | 6 |
| RADIOLOGY | - | - | - | | - | - | | | | | | | 1 | 1 |
| Not_Allocated | | | | | | | | | | | | | 1 | 1 |
| TRAUMA & ORTHOPAEDICS | 20 | 15 | 10 | 10 | 8 | 8 | 7 | 4 | 7 | 2 | 2 | 2 | 9 | 104 |
| Not_Allocated | 2 | | | 1 | | | | | | | | | 1 | 4 |
| _ Priority_Level_Cateogry_3 | 15 | 10 | 7 | 5 | 7 | 6 | 5 | 4 | 6 | 2 | 1 | 2 | 6 | 76 |
| Priority_Level_Cateogry_4 | 3 | 5 | 3 | 4 | 1 | 2 | 2 | | 1 | | 1 | | 2 | 24 |
| UROLOGY | 3 | 1 | 2 | 2 | 2 | | | 1 | | | | | 3 | 14 |
| Not_Allocated | | | | | | | | _ | _ | _ | _ | _ | 3 | 3 |
| _ Priority_Level_Cateogry_2 | | | 1 | | | | | | | | | | | 1 |
| Priority_Level_Cateogry_4 | 3 | 1 | 1 | 2 | 2 | | | 1 | | | | | | 10 |
| VASCULAR SURGERY | | 2 | 1 | | | | | 2 | | | | | 11 | 16 |
| Priority_Level_Cateogry_4 | | 2 | 1 | | | | | 2 | | | | | 11 | 16 |
| | | | | | | | | | _ | | _ | | | |

Paper ref: TB (10/20) 010

Paper ref: TB (10/20) 011

Sandwell and West Birmingham Hospitals

NHS Trust

| Report Title | Winter Planning | | | | | | |
|----------------------|---|-----------------------------------|--|--|--|--|--|
| Sponsoring Executive | Liam Kennedy, Chief Operating Officer | | | | | | |
| Report Author | Melanie Roberts, Deputy Chief Operating Officer | | | | | | |
| Meeting | Public Trust Board | Date 1 st October 2020 | | | | | |

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

The Paper outlines the Trusts plan to managing patients safely during the winter period. The Paper and modelling explains the likely admissions we expect to see over the winter period in bed days required. This assumes that overall admission numbers whether Covid or non-Covid will be the within the range of the last three years. After completing a demand and capacity model for the winter period, October to March, we then needed to ensure that mitigations were in place to address the gap. The mitigations include:

- Frailty pathway in ED
- Increased usage of same day emergency care including quick access to diagnostics
- MDT approach with all care homes in Sandwell and West Birmingham
- Switching Elective work to Day case to release surgical beds for Emergency capacity
- Improvements in our End of Life pathway with Leasowes supporting

The Board is asked to:-

- Note and support the winter modelling completed
- Consider and discuss the plan to counteract the additional bed demand and the proposed timescales
- Evaluate the alert system that will be developed to ensure we remain on target and can initiate emergency actions should we hot the alerts

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | | |
|---|---|--------------------------|----------------|------------------------------|--|--|--|--|
| Safety Plan | x | Public Health Plan | | People Plan & Education Plan | | | | |
| Quality Plan | х | Research and Development | t Estates Plan | | | | | |
| Financial Plan | х | Digital Plan | | Other [specify in the paper] | | | | |

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

Clinical leadership Executive

4. Recommendation(s)

- The Board is asked to:
- a. Note and support the winter modelling completed
- **b.** Consider and discuss the plan to counteract the additional bed demand and the proposed timescales

c. Note the alert system that will be developed to ensure we remain on target and can initiate emergency actions should we hot the alerts

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | | |
|--|----|----------------|---|--|---|---|-----------------------|--|
| Trust Risk Register | х | | | | | | | |
| Board Assurance Framework | | | | | | | | |
| Equality Impact Assessment | ls | this required? | Υ | | Ν | х | If 'Y' date completed | |
| Quality Impact Assessment | ls | this required? | Υ | | Ν | х | If 'Y' date completed | |

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the: Public Trust Board ctober 1st 2020 Winter Planning

1. Background

- 1.1 Winter Planning has historically been concerned with how many medicine beds we have, what was our current length of stay (LOS), with the percentage increase in admissions (based on population size) and what would we need to reduce length of stay too, to stay within the Bed Base.
- 1.2 We have developed on previous good work to utilise 36 months of data which has been used to show the linear movement for the last 12 months and the mean movement over 36 months, we have then used the midpoint between the two for the model, this should reduce variation
- 1.3 The purpose of the modelling undertaken this year is to inform decision making regarding bed capacity within the rust, bed requirements and escalation planning.
- 1.4 This paper outlines the planning assumptions, the gaps in bed numbers and the schemes that have been implemented by the groups and the mitigations

2. Baseline & Assumptions

- 2.1 We have worked with the groups to ascertain what beds they have this winter by 5 different bed types (Adult, Children, Critical Care, Medical Assessment Unit and Community [IMC-MFFD-EOL]
- 2.2 Table 1 shows the Trust level bed base changes and current beds open as of 16th September

| | Summer | Winter | Actual |
|--|--------|--------|--------|
| Adult (including medicine and surgery) | 433 | 480 | 482 |
| Medical Assessment Beds | 88 | 88 | 79 |
| ITU | 18 | 18 | 18 |
| Children's | 34 | 49 | 49 |
| Community | 131 | 131 | 131 |

2.3 For modelling purposes occupancy is based on 92% for all beds except Medical Assessment Beds which has been modelled at 85%. (Please note in past years we have run our medical beds at 99% occupancy)

3. Winter projects to reduce demand and increase flow

3.1 There are 9 schemes proposed to reduce the gap in beds needed to maintain flow through winter. These schemes are bp0th to reduce admissions and reduce length of stay for patients Please note the bed savings are based on partial effect of these schemes not full effect and the affect is against all bed types

| Schemes (partial effect) | Bed reduction per month | Scheme type |
|---|----------------------------------|-----------------------------------|
| Reduce the unproductive LOS (red/green) for the top 20 diagnosis codes across all groups | 11 beds | Reduction in length of stay |
| Care/Nursing home – WebEx / Visionable appointments/Point of Care pilot in care homes | 4 beds | Admission avoidance |
| Increase AMAA (hot clinic) usage (removing patients out of AMU) pathways and opening times | 2 beds | Admission avoidance |
| Frailty front door pilot | 2 Beds | Admission avoidance |
| Winter conditions – e.g. respiratory packs – include contact details + Visionable clinics plus community MDT virtual | 8 beds | Admission avoidance |
| Asthma, Parkinson's, MS, Heart Failure run by community | 2 beds | Admission avoidance |
| EOL pathway reduction | 2 beds | Reduction in length of stay |
| Birmingham Council D2A project | 12 beds | Reduction in length of stay |
| Sandwell Council D2A project | 18 beds | Reduction in length of stay |

- 3.2 The above table shows a bed saving of 61 beds based on the 9 schemes. These schemes are based on partial effect of the schemes and are across all beds. Some such as the discharge to assess pathways will have a direct impact on community beds in the first instance but once working well would see patient's discharges directly from the adult acute beds more quickly. There are 5 admission avoidance schemes which would have a direct effect on both our assessment wards and adult bed base.
- 3.3 Implementation of the length of stay improvements across surgery and medicine are already on track with a focus on the reduction of LOS within the top 20 diagnosis codes

from 10 days to 7 days across all specialities with the exception of stroke which is excluded

- 3.4 Similarly to last year, both the end of life pathway and the care home MDTs involve partner organisations from social care, primary care networks and commissioning. Four primary care networks are engaged in the MDT process but there is work to be undertaken to engage the other four PCNs
- 3.5 Annex A shows the snapshot of the adult medical bed position per month with the bed savings from the schemes
- 3.6 Annex B contains a waterfall chart that shows the bed schemes in place ad when those beds come on line to close the gap , timescales, and allocated lead for each scheme

4 Gap

- 4.1 The initial gap for winter assumes that both COVID and winter can be managed within the bed base as it has been throughout the first wave. There is additional modelling within the plan at both 40 additional beds for COVID and an additional 100 beds. This creates a larger gap and the surge plan would be activated should we require those extra beds and additional wards opened. There is one ward on both sites set up for use during COVID but staffing would be the challenge
- 4.2 At present utilising the above schemes there is variation in the bed gaps for each different bed type modelled as below:-
 - Adult beds 6 beds to 54 beds
 - Children's beds there would be no bed gap, occupancy ranges with a maximum occupancy of 45 beds
 - Critical care beds at present the variation would be a bed gap from 4 beds to 16 beds but this will be covered by flexing between level 2 and level 3 beds
 - Medical Assessment beds No gap but we are currently working on less beds due to the need to provide and NIV area
 - Community beds the only month there is a gap is December and that is 1 bed. For other months we require 20 less beds within the community bed base

5 Mitigation

5.1 The main areas as you can see that we will have pinch points are around Adult beds.

There are three further plans we have instigated to reduce the gap are as follows:-

 Increase in medical beds that do not require any extra staffing which will provide extra 27 beds. However 16 of these 27 beds are currently open so we only actually gain 11 beds but that is dependent on haematology moving to city and N5 being staffed to 27 beds. These beds are not currently included within the adult bed base in Annexe 1

- 2. Reduction of elective activity to support emergency demand in a planned way for 3 months from 1st December which is the equivalent of 24 extra beds per month
- 3. Move from 92% 95% occupancy which will give us a further 16 beds
- 5.2 Even with this further mitigation there remains a gap of 15 beds during the month of December. Further mitigation will be required during December to increase the bed occupancy to 98% to close this gap
- 5.3 The bed model suggests community will not utilise all of their 131 beds, the model suggests they will utilise between 94 and 119 beds except December when the model suggests they will utilise all of their 131 beds. There may be an opportunity when the usage is less to either redeploy staff (which they currently are doing) to support medicine or implement a bed is a bed model to increase flow to community beds.

6 Monitoring

- 6.1 A dashboard will be developed as an alert system to monitor progress of the schemes and to inform us when they are not delivering for us to action and resolve quickly.
- 6.2 For each scheme we will look at the historical bed days used and then reduce this based on the bed reduction. We will then monitor weekly the usage of bed days.
- 6.3 For each scheme regarding admission avoidance we will plot the target activity and then plot the actual. We will monitor this against the weekly target
- 6.4 We will also have a winter plan which pulls all of the targets together and then plots actual bed day usage so that we can see from a cumulative picture as to whether we are on track.
- 6.5 Tracking will occur on a weekly basis in the form of a winter dashboard, and will be reported to the Urgent Care Board on a monthly basis. The dashboard will be circulated to the Urgent Care Board members on a weekly basis.
- 6.5 The information team will use statistical process control principles and will raise exceptions with the DCOO/COO when there is a projected line above the target.

7 Risks

- 7.1 There are 4 main risks outlined as below:-
 - Staffing There are currently vacancies in nursing in Medicine and there has been discussions about a potential HIT team similar to last winter to mitigate staffing gaps on the wards. The process for agency approval and the work the medicine team have bene undertaking to attract staff to join the bank will help mitigate this risk but

the risk remains in place. Staffing ratios would need to be discussed to support these additional beds

- 2. Winter Schemes We have 9 schemes in place, if any one scheme does not deliver, then it will need to be replaced by another scheme or over delivery on another. We also need to stress the team working especially between colleagues in medicine, PCCT and surgery.
- 3. COVID-19 If COVID-19 has a second surge we will need to revert to our COVID surge plan to manage the sites on a daily basis.
- 4. Increase in admissions If admissions increase by 10%, the gap in beds required to meet demand will be between 55 and 83 beds extra to our current emergency demand. The surge plan would be activated at this point so that as a Trust we can risk assess and agree the next steps such as stopping all elective activity and opening of additional wards
- 5. Elective to Daycase activity In effect to achieve the switch the team are looking to change electives during December to February by 250 per month to daycase. They are also working on what specialities can change most procedures to day case permanently. The risk are long waiters, failed chronology of booking, failure to comply with phase 3 and production plan expectations, decrease in RTT performance, income reduction (if moved off block), and clinically compromised decisions. For phase 3 the group are revising locally the recovery plan to ensure volume and value meets the phase 3 submission. Approximately 90% of elective and day case tariffs are the same. The risk is Trauma and Orthopaedic which has a different tariff for elective and daycase.

8. Recommendations

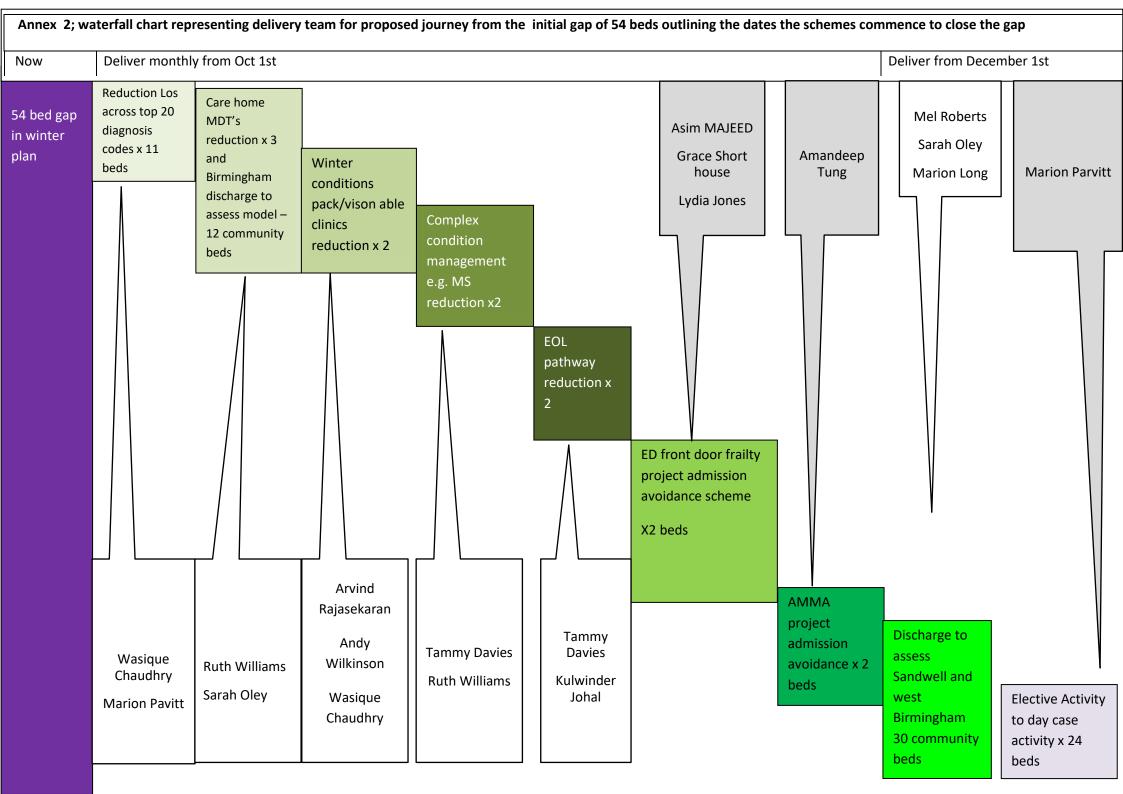
The Board is asked to:

- Note and support the winter modelling completed
- Consider and discuss the plan to counteract the additional bed demand and the proposed timescales
- Note the alert system that will be developed to ensure we remain on target and can initiate emergency actions should we hot the alerts
- Annex A: Snapshot of the adult medical bed position per month with the bed savings from the schemes
- Annex B: waterfall chart that shows the bed schemes in place ad when those beds come on line to close the gap, timescales, and allocated lead for each scheme

Melanie Roberts Deputy Chief Operating Officer 16th September 2020

Adult Bed Position month by month

| | October | November | December | January | February | March |
|---|---------|----------|----------|---------|----------|-------|
| Current winter bed stock | 488 | 488 | 488 | 488 | 488 | 488 |
| Current forecasted demand emergency beds | 466 | 466 | 513 | 490 | 471 | 446 |
| Winter schemes bed saving per month (partial effect) | 19 | 21 | 22 | 21 | 20 | 19 |
| Emergency beds required after schemes | 447 | 445 | 490 | 469 | 451 | 428 |
| Elective forecast demand | 53 | 51 | 53 | 57 | 56 | 46 |
| Elective to day case scheme (partial effect) | | | 24 | 24 | 13 | |
| Total bed requirement | 500 | 496 | 519 | 502 | 494 | 474 |
| Remaining gap through winter | 12 | 8 | 31 | 14 | 6 | 0 |
| Move occupancy from 92% to 95% | 0 | 0 | 15 | 0 | 0 | 0 |
| Other mitigation move from 95% to 98% | | | 1 | | | |



Paper ref: TB (10/20) 012

Sandwell and West Birmingham Hospitals

NHS Trust

| Report Title | Chief Executive's Summary on Organisation Wide Issues | | | | | | |
|----------------------|---|--|--|--|--|--|--|
| Sponsoring Executive | David Carruthers, Medical Director and Acting Chief Executive | | | | | | |
| Report Author | David Carruthers | | | | | | |
| Meeting | Trust Board (Public) Date 1 st October 2020 | | | | | | |

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

We are tightening up our processes for review of moderate harm cases reported through the safeguard system, linking with review of case reports that have progressed to an SI review. ED waits need a renewed focus as attendances of patients with COVID related symptoms increase at both sites. Unity was introduced one year ago last week. Reflections were had at CLE on benefits seen with the record but also on those areas where optimisation of use of specific functions is needed.

Local partnerships and regeneration remain an important aspect of the MMUH build project and the work on car parks on both sites is due to commence.

COVID planning takes a renewed focus with the increase in community cases and hospital attendances and we balance this with the work underway on restoration and recovery, in conjunction with STP partners.

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | | | | | |
|---|---|--------------------------|---|------------------------------|---|--|--|--|--|--|--|
| Safety Plan | Χ | Public Health Plan | Χ | People Plan & Education Plan | Χ | | | | | | |
| Quality Plan | Χ | Research and Development | Χ | Estates Plan | Χ | | | | | | |
| Financial Plan | Χ | Digital Plan | Χ | Other [specify in the paper] | | | | | | | |

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

n/a

4. Recommendation(s)

The Trust Board is asked to:

a. NOTE the changing and improved process around SI reviews

b. Discuss balance of COVID surge v recovery planning

c. Focus on colleague wellbeing continues, with flu campaign a major focus through October

| 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 | | n/a | | | | | | | |
| Equality Impact Assessment | ls | Is this required? | | | Ν | Х | If 'Y' date completed | | |
| Quality Impact Assessment | Is this required? | | Υ | | Ν | Х | If 'Y' date completed | | |

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 1st October 2020

Chief Executive's Summary of Organisation Wide Issues

1. Quality and safety

- 1.1 Our performance against the emergency four hour target remains lower than we would like and we apologise to patients who have had to wait longer than they should for care and treatment. Patient attendance is now at pre-covid levels with some particularly high admissions on certain days. The Group and Operations leads are continuing to address the improvement plan actions, that are well known to the Board, that include a focus on discharge earlier in the day with preparation done the day before to enable flow from the front door, senior decision-making within the first hour of arrival and timely triage and treatment of the minors stream. I need to bring to the Board's attention a 12 hour DTA breach of a mental health patient who arrived in ED on 23 September. The patient was deemed unsafe to move from the department before a suitable psychiatric inpatient bed could be found. A table top review will be carried out on the care of this patient with partners to identify any learning. Patients in ED with mental health needs are experiencing long waits on occasions which needs addressing with mental health providers and specialist commissioning colleagues, with recognition that our emergency departments are not the best place to provide appropriate care.
- 1.2 Our electronic patient record, Unity, reached its first anniversary last week and it is encouraging to see how well the system has been embedded across the Trust. Implementation of Unity was a huge transformational change for the organisation that was delivered successfully with thousands of colleagues trained in the new system. We continue to address optimisation to further realise the benefits of the investment and to ensure safer patient care. Ordering of tests and endorsing results remains a priority area for improvement.
- 1.3 We have commenced our weekly meetings to review moderate harm cases from our safeguard system to tighten up the process supporting groups on deciding which cases should proceed to full SUI review. This is a multi-disciplinary, multi-specialty committee where reports and 72 hour reviews are considered. This process adds to the already introduced formal SI sign off meetings which allow thorough review of the investigation outcome with the case reviewer and Group director present. Both these processes should improve the governance and effectiveness of our SI process, which now provides a regular report to the Q+S committee.

2. Colleague wellbeing

- 2.1 Our flu campaign begins this month with our early vaccination stock targeted at frontline clinical colleagues. Peer vaccinators have been identified and trained across the organisation with responsibility for vaccinating their team and service colleagues. The opportunities for mass vaccinations at Trust events are reduced this year so it is important that the localised approach is as effective in supporting high vaccination rates. Flu jab uptake is a vital part of our winter and Covid-19 surge preparation.
- 2.2 In September we held our Trust Speak Up Day which was an opportunity to raise awareness of the different ways available to staff to raise a concern about safety at work. Executive Directors and group leaders arranged to be available for booked or drop in appointments. A small number of concerns were raised through this route that have all been reviewed and followed up. This month (October) the national guardian's office is promoting Speak Up Month which we will again use as an opportunity to promote our Freedom to Speak Up Guardians and the role they plan in supporting people who are raising a concern. The Board will recall the assessment of our organisational approach to speaking up presented last month and we expect to be able to demonstrate progress on those areas where we are less assured, under Kathy French's leadership.
- 2.3 The national NHS staff survey is due to be issued to all colleagues within the Trust in the next few weeks. Last year we recorded our highest response rate to this important survey that allows us to benchmark against other similar NHS Trusts. This survey, along with our quarterly weconnect survey, provides useful information on how staff feel about their jobs and working for the Trust. Our latest weconnect survey results are due out this week which will be the first survey across the Trust since the pandemic. Results will be shared among the directorates taking part, who will all be supported to develop actions to address the engagement enablers that scored lowest. Our weconnect pioneer teams programme has restarted following a pause between April and June. The pioneer teams are demonstrating good progress on their engagement plans and have recognised the value of the programme in improving morale and wellbeing.

3. Partnerships

3.1 The Midland Metropolitan University Hospital programme continues to progress well with strong partnerships with Balfour Beatty, Engie and others. The construction proceeds to plan with at present no material delay to be reported. The regeneration opportunities that are being explored are developing well as reported to the last Public Health Committee. The hospital development is in a strong position to build on partnership with local planners, expert advisors and commercial organisations to create health and wealth in the surrounding areas. MMUH hosts a visit today by NHS England's national director of estates who is keen to see evidence of the Trust's partnership with Balfour Beatty and how we have worked together to continue construction work throughout the pandemic.

- 3.2 MMUH remains a cornerstone of the Black Country and West Birmingham STP, and we have participated in discussions with partners about acute care collaboration and the future form of commissioning. Our Trust has, in line with previous Board decision and discussion, put forward our support for the CCG merger proposal whilst seeking assurance over the precedence of "place" over system-wide change, financial allocations for the ICPs and the strengthening, not diluting, of local partnerships and engagement mechanisms. We have responded to the Black Country provider Trusts with a clear position on acute care collaboration, that we are committed to clinical collaboration where the clinical case for change is clear, and that organisation form change or shared leadership would not be in our interests due to our need to focus on covid-19 surge planning, winter and the transformational change associated with the MMUH development.
- 3.3 Commencement of building of our new multi-story carparks as a long term solution for on site parking for visitors, patients and staff is to start shortly. A reduction in car park space has occurred as a consequence. Though many colleagues from Sandwell site have been parking at New Square and many are still working from home, this has not been enough to create sufficient capacity for on-site parking for staff. This is undergoing rapid review to consider options, needed more at Sandwell than City. Government policy to encourage working from home may not have additional impact on the situation at SWBHT due to our own approach to WFH already in place.

4. Covid-19 planning and recovery

- 4.1 The organisation continues to focus on our recovery plans with submission of our phase 3 return that outlines our trajectory for returning service line activity. Our plan is ambitious and we know the areas that need further focus to ensure we are able to provide patients with their treatment plans, minimising waiting times. Referral rates remain lower than the same period in previous years, and we have high DNA rates for some specialty appointments where people need to come to a hospital site. We continue to focus on spreading the message in our local communities that hospitals and healthcare buildings are safe places to come to when you have a healthcare need, emphasising the infection control processes we have in place including symptom and temperature checks, use of PPE, handwashing and social distancing.
- 4.2 We are monitoring carefully the cases in the community that have led to further restrictions in Sandwell, Birmingham, Solihull and Wolverhampton. We have seen an increase in the number of inpatient admissions which is cause for concern. Our surge

plan is now documented and we are reviewing the decisions made during the early stages of the pandemic to ensure that we are prepared and have considered what we will need to change, when.

- 4.3 Further national and local restrictions, including school closures will undoubtedly have an impact on our workforce, be that with childcare or wellbeing needs. We have limited hotel accommodation reserved to enable staff to come to work and be safe, protecting their family members and themselves from risk of Covid-19 transmission. Our wellbeing offer has been reviewed by the Board and continues to be accessed by colleagues across the organisation. With the rise in community transmission we are taking a considered and cautious approach to visiting arrangements and our current restrictions remain in place. We fully recognise the impact that this restriction has on patients and their loved ones and have reviewed the technology available on our inpatient wards to support keeping in touch via telephone / video link to ensure it is sufficiently supported.
- 4.4 Compliance with PPE, social distancing and handwashing remains essential for all of our workforce and we need to guard against complacency in our health care services. We will be stepping up workplace checks to ensure compliance and making sure that managers understand their responsibilities to check that employees are following our infection prevention and control procedures at all time when at work. In coming days we are likely to move to the new national infection prevention and control classification that will see us change our "blue" stream to "amber". This will mean we are aligned with other hospitals and should ensure consistency of message across health care facilities. The PPE requirements for staff and patients remain the same.

David Carruthers Acting Chief Executive 1st October 2020



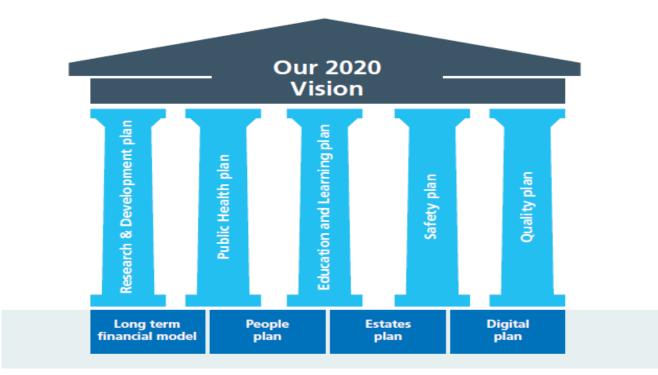
October 2020



Welcome to SWB TeamTalk

WHILST MANAGING A PANDEMIC, KINDLY

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





October 2020



TeamTalk Agenda

1.00pm: October priorities

1.10pm: welearn from Excellence Using informatics to fight the pandemic

1.25pm: COVID-19: Restoration and recovery

1.40pm: Your questions answered

October 2020

October priorities: NHS Staff Survey

Over the coming weeks everyone at our Trust will be receiving the annual NHS Staff Survey, an ideal opportunity to share your thoughts on how you feel about working for our organisation.

- Data captured through the survey is used to benchmark organisations against similar Trusts, identifying where • they excel and where there is room for improvement.
- The results of the national NHS Staff Survey are also used by NHS England to support national assessments of quality and safety. The Care Quality Commission uses the results to inform their Intelligent Monitoring work to help to decide who, where and what to inspect.
- Surveys will be distributed predominantly through email with a small number of colleagues receiving paper copies.
- Please make every effort to complete it. It is only through listening carefully to your comments that we can ٠ truly make our Trust a great place to work.
- There are fantastic prizes on offer too, including £200 worth of shopping vouchers up for grabs. ۲
- We had our highest response rate ever last year so let's see if we can beat that.

The survey will be distributed from early October and will be open until the end of November.

October 2020



October priorities: National Speak up Month

October is Speak Up Month and will see organisations across health and throughout England raise awareness of speaking up and demonstrate their willingness to listen to colleagues.

- This year, the National Guardian's Office is drawing up an Alphabet of Speak Up from accountability to zero tolerance there will be films, podcasts, blogs and resources sharing how Freedom to Speak Up is making a difference.
- We'll spend October looking at the alphabet of speak up, with each day identifying a word and what that means to colleagues across the Trust.
- Please use this as an opportunity for discussion with your colleagues and team. Speaking up is an important part of a culture that focuses on safety and quality, and we would like you and your teams to play a part in encouraging these conversations to be part of who we are and how we work.
- The daily communications bulletin will carry more information including appointment slots to meet with our Freedom to Speak up Guardians. You can contact the team by emailing swbh.ftsuguardians@nhs.net

If you would like a one of the speak up team join a team meeting to talk about how the processes work across the Trust, please email Claire Hubbard, <u>claire.hubbard2@nhs.net</u>.

Further information about Speak up Month is available on the National Guardian's Office website https://www.nationalguardian.org.uk/ #FTSU #SpeakUpABC

October 2020



October priorities: Unity is a year old

Last year on the weekend of Saturday 21 September we went live with Unity, our electronic patient record. This was a momentous occasion for the organisation which saw colleagues from across all professions come together to bring about change to benefit patient care.

A year on

- Many of us are realising the benefits and could never imagine going back to paper records
- Unity has been upgraded to the most current version available
- Having Unity in place during the pandemic was a huge benefit in helping us manage our Covid-19 response
- We are able to provide safer services for patients with improved record-keeping and electronic prescribing

Looking ahead

- Optimisation of Unity remains a key priority
- We want to maximise the benefits and continue to improve consistency of use of the system
- This includes how we use care plans, test ordering and endorsing results, among other metrics that can be looked at
- Keep checking the 'Unity Tip of the Week' for highlights on how to best use the system
- Digital champions and super users still have a part to play

October 2020 October priorities: Flu-Per Troopers take centre stage with the launch of our flu campaign

Our flu campaign launches this year with an all new ABBA inspired theme. We've built an integrated campaign that brings together all disciplines to create a winning flu strategy. Our target is to vaccinate 80 per cent of colleagues before Christmas.

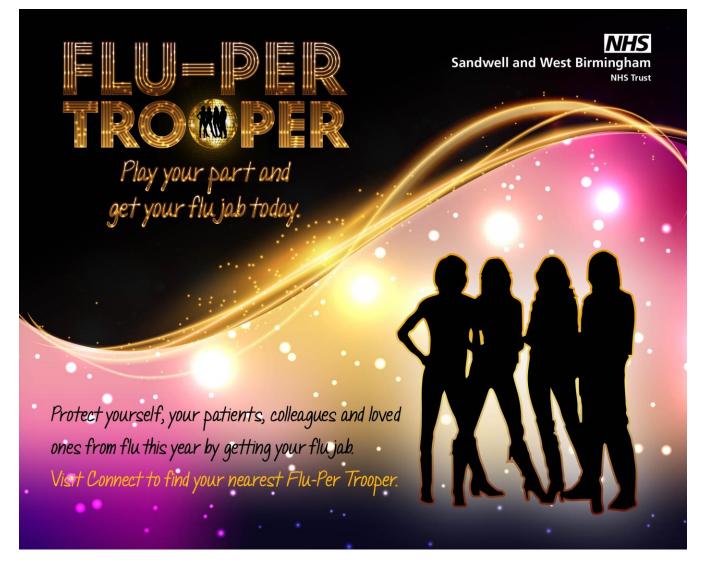
- Flu-Per Troopers (our peer vaccinators) have been recruited across the entire Trust to ensure everyone has the opportunity to have their flu jab. The campaign has buy in from the board to the ward so we're looking forward to making this one of our most successful campaigns yet.
- We're asking that all areas get behind this year's campaign. Flu is a preventable infection and we are keen to ensure all colleagues are protected and ready to tackle winter safely.
- Vaccination clinics will be advertised locally and we'd encourage you all to get your jabs early. It's important to be protected early, to give your body time to build up its defences and to generate some antibodies.
- Everyone that has their jab will be entered into a prize draw to win tickets to see Mamma Mia The Party Experience in London with money included towards hotel and travel costs.

NHS England/Improvement have written a letter to all NHS colleagues urging us to take the opportunity to have the jab in order to protect ourselves, our families and patients.



October 2020

Sandwell and West Birmingham



Sandwell and October 2020 West Birmingham **October priorities: weAssure Programme: Inspection Preparedness Update**

We are due a follow-up CQC inspection sometime this year given our current overall provider rating of 'Requires Improvement'. Visits have been on pause during the pandemic but are restarting.

In-house unannounced inspection visits

- Our Trust wide programme of in-house unannounced inspection visits are commencing this week and will ٠ become part of our 'business as usual' approach to quality and safety within the Trust.
- The visits will be undertaken by groups of multi-disciplinary staff at all levels including nurses, medics, ٠ operational staff, pharmacists, clinical scientists, therapists, facilities staff, executive and non-executive directors.
- If you have not yet put your name down to take part in an inspection visit, but would like to be involved please contact Ruth Spencer, Associate Director of Quality Assurance

Self assessment toolkit

- A self assessment toolkit designed in line with the CQC's key lines of enquiry will be available for teams to use from the beginning of October.
- The toolkit will enable teams to evaluate their service and also have the opportunity to rate their own services • in line with CQC ratings.
- Feedback and headlines, with focus for celebration and improvement, will be extracted from these and will be ٠ reported on an ongoing basis.

NHS Trust

Sandwell and October 2020 West Birmingham **October priorities: weAssure Programme: Inspection Preparedness Update**

Finding out more

- Come and join us at one of our focus groups aimed at providing staff with more information and support in readiness for inspection. We will be holding a series of groups including face to face sessions, WebEx, and drop in sessions. Look out in Heartbeat and the daily communications bulletin for dates which will be circulated shortly.
- We are currently in the process of designing a handbook for all staff which will explain the inspection process, provide top tips on how to improve the quality of our services, and where to go if you need further information.

If you require any further information on any of the above, please contact **Ruth Spencer on 07970 993948 or** email ruth.spencer10@nhs.net

NHS Trust





Using informatics to fight the pandemic

Martin Sadler, Chief Informatics Officer

FIRST ANNIVERSARY





Allergies documented 67,600



Number of times patient records opened **4,200,000**



Documents Signed 442,492



Results entered into Assessments / Fluid Balance 1,100,000



Results viewed in A/FB 2,100,000



Lab tests ordered

ab tests ordered 419,369



Medications Prescribed 482,147



Diagnoses documented 109,200



Average user logs in 5 times per day





Visionable

 Procured and supported the roll out of the equipment to enable clinicians to have video consultations with patients





Webex

- Webex Meetings
 - Enable video meetings between colleagues from anywhere
- Webex Teams
 - Easy messaging, document sharing and video calling between colleagues
 - No phone number needed!





Video patient calling

- iPads deployed to all the wards to enable patients to video call their relatives
- A false start trying to use Facebook messenger, so WhatsApp and mobile phones deployed
- Feedback welcome to help ensure a suitable video calling system is available for all wards to cope with a second wave and support restricted visiting now





Working from home

 Improvements in the Trust IT infrastructure, the implementation of Unity and a rapid deployment of necessary equipment enabled staff to stay safe by working more remotely, and this continues to date





Team wellbeing

- Daily "keep in touch" webex 15 minute briefings with the whole department
 - A Friday fun session for everyone to share more about themselves
- Weekly virtual coffee chat





October 2020

Any questions?

October 2020



COVID-19: Operation Mary Seacole – New restrictions

On Monday, the UK's COVID-19 alert level moved to level 4, meaning transmission is "high or rising exponentially".

- Extra restrictions have now been brought in including the 'rule of six' with guidance to encourage people to work from home where possible.
- The 'rule of six' now excludes paid or unpaid child care of children under 14.
- The new 'rule of six' means that any social gatherings of more than six people will be against the law.

In addition to national restrictions, there are further restrictions in Birmingham, Sandwell and Solihull.

- Residents in these areas are no longer able to mix with people they don't live with, in their homes or gardens.
- Your household is defined as the people you live with and any support bubble.
- Households that have formed a support bubble with another single adult household behave as if everyone lives in the same house.

These new restrictions have come into effect for Birmingham, Sandwell, Solihull and Wolverhampton to reduce the coronavirus rates of infection.

October 2020



COVID-19: Operation Mary Seacole – Planning for second surge

We are seeing rises in the numbers of people testing positive for COVID-19 in the community as well inpatients. Our tactical and strategic Covid meetings are addressing our plans to ensure we are fully prepared.

• IPC guidance is changing with the change of Blue to Amber and the introduction of Green wards. The detailed guidance will be shared in the COVID bulletin.

October 2020

Sandwell and West Birmingham

COVID-19: Operation Mary Seacole – Change to IPC classifications

Our guidance on infection prevention and control is changing in line with national guidance. This means that "Blue" becomes "Amber" and we have a new "Green" stream.

In addition, we have a lilac stream which is for patients who have had exposure to Covid positive patients.

The PPE guidance remains in place and the detailed information will be shared in the COVID bulletin.

| High-risk pathway | Medium-risk pathway | Low-risk pathway |
|---|---|--|
| Any care facility where: untriaged individuals present for assessment or treatment (symptoms unknown) OR confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/ dinically assessed and are awaiting test results OR symptomatic individuals who decline testing | Any care facility where: triaged/clinically assessed individuals are asymptomatic and are awaiting a SARS- CoV-2 (COVID-19) test result with no known recent COVID-19 contact OR testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR asymptomatic individuals decline testing | Any care facility where: triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-COV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR patients or individuals are regularly tested (remain negative) |

October 2020



COVID-19: Operation Mary Seacole – Home working guidance extended

Our Working From Home guidance will remain in place until 15 January 2021, as we continue to evaluate what is best for colleagues and the services we provide. We will also check whether any changes are needed in light of the governments latest advice on working from home if you can.

- This includes a safe office space review, which is now close to conclusion. As a result the Health and Safety team has written to managers in areas where this has been completed. If you have not yet responded please ensure you do.
- We will maintain contact with colleagues who are shielding and continue to provide support.
- There will also be engagement over long-term working from home arrangements over the coming months. This strategy will reflect learnings from over the last five months and look to put arrangements on a firmer and more contractual footing that will carry the Trust through to 2023. This ensures fairness for existing and new employees and clarity about eligibility and decision making.
- A further survey of working from home arrangements will be undertaken to help to inform our decision making.
- If you do not have the correct IT or other equipment for working from home you should raise this with your line manager in the first instance. You are able to read the policy in full <u>by clicking here.</u>

If you require any information on the safe office space review then please contact Jacque Calloway on ext 4118.

October 2020 West Birmingham COVID-19: Operation Mary Seacole – Guidance on school NHS Trust closures

Colleagues who cannot attend work (including on-call activity) because of the breakdown of their normal childcare arrangements (due to COVID-19) may have the first day off to make alternative arrangements. This one day of absence will be classed as carer's leave.

- Managers are requested to be flexible to support staff and consider alternative shift patterns/allow colleagues to make up time to enable them to remain working.
- In the event that a colleague is unable to attend work and options to work alternative shift patterns have been exhausted, staff may take parental leave or annual leave/accrued time in lieu. Consideration will also need to be made if work can be undertaken at home.

Test and Trace Guidance Reminder

- If a staff member's child is symptomatic of COVID-19 or tests positive (they could be asymptomatic) then the staff member and other household contacts will need to self-isolate for 14 days.
- If the child is a contact of a suspected or positive COVID-19 person, then the child will need to self-isolate for 14 days, but the parents or close contacts of the child do not need to self-isolate and can attend work.
- The staff member must remember to adhere to social distancing and PPE whilst at work.

This advice should be followed regardless of the results of any SARS-CoV-2 antibody testing and previous COVID PCR positive result. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

where everyone matters

October 2020



COVID-19: Operation Mary Seacole – Staff and family swabbing

Swabbing for symptomatic colleagues and their household member/s remains available through our drive through at City Hospital and Little Lane car park at Sandwell Hospital, with capacity for 75 swabs on each site per day.

If you have been experiencing symptoms you can book an appointment for a test by calling the community contact centre on 0121507 2664 option 5 Monday – Friday 8am – 6pm. At weekends call 07817 397 533. **Please do not just turn up!**

Note: Family member testing is only open to symptomatic household members.

Test results will be available after 48 hours when the team will call you to give you individual results and those of your family member as appropriate.

October 2020



COVID-19: Operation Mary Seacole – When and where you should wear your face mask

Following the recent restrictions nationally and regionally as well as a sharp increase in COVID-19 infection rates, we want to remind colleagues when and where they should wear their face masks.

- Non-clinical office buildings colleagues should maintain social distancing and handwashing. There is no requirement to wear masks, however you may wear your own face covering if you choose. However, where 2m social distancing cannot be maintained consistently, you must wear a face mask.
- **Clinical areas including wards, clinic rooms and imaging** wear PPE as currently advised (Fluid-resistant surgical mask (FRSM), disposable gloves and apron in all clinical areas with visor/FFP3 for close clinical care/AGP).

If you are attending a meeting or huddle where social distancing cannot be maintained consistently, face masks should be worn. See our overview <u>here</u>.

October 2020



COVID-19: Operation Mary Seacole – Set an example – wash your hands, wear your mask, practice social distancing

It is vital we continue to abide by social distancing measures ensuring you keep two metres between you and those around you at all times, including when you go for breaks and lunch. There are clear floor markings at all catering outlets and seating areas highlighting the necessary spacing.

- Social distancing should be maintained during handovers and MDTs. If you are unable to do so, please ensure that you wear a fluid resistant surgical face mask.
- It is important that staff take breaks and social distancing should be maintained whilst you are taking a break.
- Colleagues and patients are also required to ensure they wear a mask in communal areas in our hospital buildings. These are available at our entrances and must remain on whilst you are in our main hospital buildings. Please don't remove them as soon as you move away from the entrance – the masks are there to protect you and the people around you. They must remain in place and be replaced when you enter or exit a clinical area.

September 2020 West Birmingham **COVID-19: Operation Mary Seacole – Set an example –** wash your hands, wear your mask, practice social distancing

- Alongside practising social distancing and PPE, it is important to remember that you need to continue to wash • and sanitise your hands thoroughly at regular intervals and for a minimum of 20 seconds.
- Alcohol gel dispensers are often within arm's reach of all clinical areas and additionally are available from the ۲ procurement team if you feel your department is lacking any. Ensure that the dispensers are topped up and that your team know where the hand gel is and how to refill.

Fighting COVID-19 is a team effort, it needs the cooperation of everyone at our Trust to ensure we keep the virus at bay, keeping us safe and well and ensuring we are able to continue safely caring for our patients.

Set an example, wash your hands, wear your mask, practice social distancing and play your part in keeping yourself and those around you safe.

Sandwell and

NHS Trust





Answering your questions

swbh.nhs.uk

Safe Staffing Return : 01/08/2020 to 31/08/2020

| | | | | | | | DAY NIGHT | | | Average Fill Rate DAY NIGHT | | | | Care Hours Per Patient Day | | | - | | | | | | |
|----------------------|--------|--|----------------|--------------------------------------|--------------------------------|------------------------------|------------------|-----------------|------------------|-----------------------------|------------------|-----------------|------------------|----------------------------|-------------------|--------------------|-------------------|-------------------|---------------------|------------|----------------|--------------|-----|
| | | | | | | | Qual | | Care | Staff | Qua | | Care | Staff | Qualified | A Y Care Staff | Qualified | HI Care Staff | | Qualifie | Care | Overall | ĩ |
| By Date 3y Person | Detail | Ward Name | Ward Code | Spec Name 1 | | e-Roster Location Code | Planned Hours | Actual Hours | Planned Hours | Actual Hours | Planned Hours | Actual Hours | Planned Hours | Actual Hours | % | % | % | % | Occ. Bed Days | d Hours | Staff Hours | Hours | |
| + + | + | AMU A - Sandwell | SEAU | 326 - ACUTE INTERNAL MEDICINE | | AMU A | 3,047 | 2,913 | 2,278 | 2,178 | 3,136 | 3,021 | 2,229 | 2,154 | 95.61% | 95.63% | 96.34% | 96.65% | 1054 | 5.6 | 4.1 | 9.7 | Się |
| + + | + | Critical Care - Sandwell | SCRITC | 192 - CRITICAL CARE MEDICINE | 300 - GENERAL MEDICINE | CCS Sand | 3,178 | 3,089 | 548 | 592 | 2,442 | 2,421 | 0 | 0 | 97.21% | 107.98% | 99.15% | #NUM! | 180 | 30.6 | 3.3 | 33.9 | Si |
| + + | + | Lyndon 1 - Paediatrics | SLY1 | 420 - PAEDIATRICS | | Lyndon 1 | 1,006 | 1,036 | 643 | 627 | 1,013 | 990 | 385 | 374 | 103.07% | 97.59% | 97.73% | 97.14% | 290 | 7.0 | 3.5 | 10.4 | S |
| + + | + | Lyndon 3 - T&O/Stepdown | SLY3 | 110 - TRAUMA & ORTHOPAEDICS | 160 - PLASTIC SURGERY | Lyn 3 | 1,527 | 1,574 | 1,841 | 1,672 | 1,426 | 1,311 | 1,539 | 1,553 | 103.13% | 90.87% | 91.94% | 100.89% | 565 | 5.1 | 5.7 | 10.8 | S |
| + + | + | Lyndon 4 | SLY4 | 430 - GERIATRIC MEDICINE | 300 - GENERAL MEDICINE | L4 | 1,545 | 1,538 | 2,007 | 1,965 | 1,330 | 1,316 | 1,244 | 1,234 | 99.56% | 97.91% | 98.95% | 99.2% | 859 | 3.3 | 3.7 | 7.0 | S |
| + + | + | Lyndon 5 - Acute Medicine | SLY5 | 100 - GENERAL SURGERY | 300 - GENERAL MEDICINE | L5 | 1,719 | 1,676 | 1,639 | 1,619 | 1,265 | 1,269 | 1,113 | 1,052 | 97.53% | 98.83% | 100.36% | 94.56% | 890 | 3.3 | 3.0 | 6.3 | 0 |
| + + | + | Lyndon Ground - PAU/Adolescents | SLYG | 420 - PAEDIATRICS | MEDICINE | PAU | 1,066 | 1,063 | 549 | 494 | 738 | 729 | 416 | 427 | 99.68% | 90.11% | 98.81% | 102.65% | 198 | 9.0 | 4.7 | 13.7 | S |
| + + | + | Newton 1 | N1 | 326 - ACUTE | 100 - GENERAL | N1 | 963 | 987 | 1,215 | 1,104 | 1,047 | 990 | 1,046 | 1,023 | 102.51% | 90.86% | 94.55% | 97.8% | 1 | 1,976.7 | 2,126.0 | 4,102.7 | 7 |
| + + | + | Newton 3 - T&O | SNT3 | INTERNAL MEDICINE 110 - TRAUMA & | SURGERY 430 - GERIATRIC | SNNT3 - | 1,332 | 1,220 | 1,238 | 1,087 | 955 | 910 | 1,116 | 1,045 | 91.61% | 87.8% | 95.32% | 93.68% | 521 | 4.1 | 4.1 | 8.2 | S |
| + + | + | Newton 4 - Stroke and Neurology | SNT4 | ORTHOPAEDICS 314 - | MEDICINE 300 - GENERAL | N SNNT4 - | 1,498 | 1,406 | 1,767 | 2,003 | 989 | 990 | 1,254 | 1,231 | 93.86% | 113.36% | 100.15% | 98.17% | 859 | 2.8 | 3.8 | 6.6 | S |
| + + | + | Rehab Newton 5 - Haematology | SNT5 | REHABILITATION 304 - CLINICAL | MEDICINE 300 - GENERAL | N N5 | 1,049 | 1,100 | 652 | 679 | 667 | 716 | 368 | 368 | 104.81% | 104.14% | 107.35% | 100.0% | 247 | 7.4 | 4.2 | 11.6 | S |
| + + | + | Priory 2 - Colorectal/General | SPR2 | PHYSIOLOGY 100 - GENERAL | MEDICINE | Pr2 | 1,575 | 1,554 | 1,834 | 1,796 | 1,541 | 1,477 | 1,127 | 1,081 | 98.66% | 97.91% | 95.84% | 95.87% | 626 | 4.8 | 4.6 | 9.4 | |
| + + | + | Surgerv Priory 4 - Stroke/Neurology | SPR4 | SURGERY 300 - GENERAL | 400 - | Priory 4 | 2,233 | 2,163 | 1,594 | 1,605 | 1,668 | 1,668 | 1,196 | 1,182 | 96.85% | 100.66% | 100.04% | 98.87% | 514 | 7.5 | 5.4 | 12.9 | - |
| + + | + | Priory 5 - Gastro/Resp | SPR5 | MEDICINE 340 - RESPIRATORY | NEUROLOGY 301 - | Pr5 | 1,129 | 1,112 | 1,060 | 1,226 | 1,093 | 1,093 | 943 | 955 | 98.54% | 115.61% | 100.0% | 101.22% | 710 | 3.1 | 3.1 | 6.2 | 0 |
| | | | | MEDICINE | GASTROENTERO LOGY | | | | | | | | | | | | | | | | | | |
| + + | + | SAU - Sandwell | SSAU | 100 - GENERAL SURGERY | 110 - TRAUMA & ORTHOPAEDICS | SAU (New) | 2,338 | 2,410 | 1,755 | 1,902 | 1,894 | 1,902 | 1,136 | 1,116 | 103.11% | 108.38% | 100.42% | 98.31% | 408 | 10.6 | 7.4 | 18.0 | |
| + + | + | AMUs - City | CM_AMU | 326 - ACUTE INTERNAL MEDICINE | | AMU CITY | 3,172 | 3,154 | 1,953 | 1,919 | 3,324 | 3,229 | 1,944 | 1,806 | 99.44% | 98.23% | 97.14% | 92.9% | 718 | 8.9 | 5.2 | 14.1 | • |
| + + | + | CCS - Critical Care Services - City | CCCS | 192 - CRITICAL CARE MEDICINE | 300 - GENERAL MEDICINE | CCS City | 2,971 | 2,895 | 511 | 438 | 2,189 | 2,134 | 22 | 11 | 97.44% | 85.71% | 97.49% | 50.0% | 152 | 33.1 | 3.0 | 36.0 | • |
| + + | + | Children Emergency Care Unit | CCECU | 420 - PAEDIATRICS | | CECU | 703 | 705 | 199 | 246 | 680 | 669 | 55 | 22 | 100.28% | 123.93% | 98.38% | 40.0% | 25 | 54.9 | 10.7 | 65.7 | 1 |
| + + | + | D11 - Male Older Adult | CCDU | 430 - GERIATRIC MEDICINE | | D11 | 968 | 979 | 1,065 | 997 | 713 | 713 | 1,012 | 978 | 101.13% | 93.62% | 100.0% | 96.59% | 429 | 3.9 | 4.6 | 8.5 | |
| + + | + | D17 (Gynae Ward) | CFSW | 502 - GYNAECOLOGY | | D17 | 990 | 966 | 703 | 667 | 704 | 705 | 341 | 341 | 97.57% | 94.88% | 100.07% | 100.0% | 31 | 53.9 | 32.5 | 86.4 | 5 |
| + + | + | D26 - Female Older Adult | CD26 | 430 - GERIATRIC MEDICINE | 300 - GENERAL MEDICINE | D26 | 1,093 | 1,084 | 1,145 | 1,305 | 702 | 690 | 817 | 748 | 99.15% | 113.93% | 98.36% | 91.55% | 616 | 2.9 | 3.3 | 6.2 | |
| + + | + | D28 - (Female) | CD28 | 301 - GASTROENTEROLO | 300 - GENERAL MEDICINE | D28 | 1,016 | 1,051 | 767 | 808 | 610 | 633 | 471 | 448 | 103.44% | 105.28% | 103.77% | 95.12% | 0 | #DIV/0! | #DIV/0! | #DIV/0! | ! |
| + + | + | D30 - Medicine | CD30 | 300 - GENERAL MEDICINE | | D30 | 857 | 878 | 975 | 878 | 966 | 968 | 770 | 759 | 102.39% | 90.06% | 100.16% | 98.57% | 389 | 4.7 | 4.2 | 9.0 | • |
| + + | + | D43 - Community RTG | CD43 | 318 - INTERMEDIATE | 430 - GERIATRIC MEDICINE | D43 | 15 | 15 | 95 | 36 | 0 | 0 | 0 | 0 | 100.0% | 38.1% | #NUM! | #NUM! | 0 | #DIV/0! | #DIV/0! | #DIV/0! | 1 |
| + + | + | D47 - City | CD47 | 430 - GERIATRIC MEDICINE | | Sheldon | 751 | 772 | 1,400 | 1,321 | 679 | 676 | 941 | 987 | 102.9% | 94.36% | 99.63% | 104.89% | 325 | 4.5 | 7.1 | 11.6 | ľ |
| + + | + | D5/D7 - Cardiology | CM_D5D7 | 320 - CARDIOLOGY | 300 - GENERAL MEDICINE | | 5,179 | 5,068 | 986 | 958 | 3,003 | 3,001 | 138 | 127 | 97.85% | 97.11% | 99.96% | 91.67% | 980 | 8.2 | 1.1 | 9.3 | 2 |
| + + | + | Labour Ward - City | CLW | 501 - OBSTETRICS | | Del Suite | 3,618 | 3,628 | 644 | 749 | 3,267 | 3,267 | 578 | 690 | 100.29% | 116.3% | 100.02% | 119.29% | 317 | 21.8 | 4.5 | 26.3 | S |
| + + | + | Maternity 1 - City Maternity 2 - City | CM_M1 CM_M2 | 501 - OBSTETRICS 501 - OBSTETRICS | 424 - WELL | M2 | 1,040 | 1,103 1,099 | 735 644 | 840 724 | 860 776 | 766 770 | 515 436 | 503 475 | 106.11% 97.65% | 114.29% 112.34% | 89.06% 99.29% | 97.67% 108.83% | 650 697 | 2.9 2.7 | 2.1 | 4.9 4.4 | - |
| + + | | Neonatal Unit - City | CNNU | 422 - NEONATOLOGY | BABIES | NEO | 3.889 | 3,890 | 1,100 | 996 | 2,861 | 2,755 | 782 | 782 | 100.02% | 90.55% | 96.3% | 100.03% | 564 | 11.8 | 3.2 | 14.9 | ļ |
| + + | + | Respiratory Hub | Resp Hub | 340 - RESPIRATORY | | Resp Hub | 2,483 | 2,450 | 1,582 | 1,632 | 2,495 | 2,755 | 1,466 | 1,466 | 98.65% | 103.19% | 100.51% | 100.0% | 905 | 5.5 | 3.4 | 8.9 | - |
| + + | +. | Soropity Pitth Contra City | CSBC | MEDICINE 501 - OBSTETRICS | | Corority | 1,204 | 1.000 | 483 | 556 | 1,062 | 898 | 412 | 437 | 90.71% | 115 11% | 94 554 | 106.08% | 115 | 17.3 | 8.6 | 25.9 | ŀ |
| + + | + | Serenity Birth Centre - City Ophthalmic Unit - City | CEYEIP | 130 - | 180 - ACCIDENT & | Serenity Eye Ward | 1,204 | 1,092 1,352 | 483 686 | 556 678 | 699 | 898 702 | 412 | 437 | 96.16% | 98.83% | 84.55% 100.32% | 106.08% | 115 | 17.3 | 4.2 | 25.9 16.6 | 3 |
| + + | + | Eliza Tinsley Ward-Community RTG | RETIN | OPHTHALMOLOGY 318 - INTERMEDIATE | EMERGENCY 300 - GENERAL | ET | 1,039 | 1,052 | 1,415 | 1,263 | 713 | 715 | 1,150 | 1,161 | 101.24% | 89.24% | 100.28% | 100.91% | 656 | 2.7 | 3.7 | 6.4 | S |
| + + | + | Henderson | RHEND | CARE 318 - INTERMEDIATE | MEDICINE | Henderso | 808 | 820 | 1,237 | 1,190 | 711 | 710 | 794 | 759 | 101.49% | 96.16% | 99.79% | 95.59% | 499 | 3.1 | 3.9 | 7.0 | t |
| + + | + | McCarthy - Rowley | RMCCA | CARE 318 - INTERMEDIATE | | n McCarthy | 1,015 | 945 | 1,486 | 1,407 | 758 | 700 | 1,068 | 1,012 | 93.1% | 94.7% | 92.41% | 94.8% | 665 | 2.5 | 3.6 | 6.1 | S |
| + + | + | Leasowes | LEAS | CARE 318 - INTERMEDIATE | | Leasowes | 1,219 | 1,289 | 1,060 | 1,103 | 756 | 745 | 836 | 789 | 105.77% | 104.11% | 98.54% | 94.32% | 490 | 4.2 | 3.9 | 8.0 | S |
| | | | | CARE | | | | | | | | | | | | | | | | | | | |

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Trust Board: 1st October 2020

Vacancy Update

Actual vacancies on 22.09.20

| INDICATOR | APR 20 | MAY 20 | JUN 20 | JUL 20 | AUG 20 | SEPT 20 |
|---|---------|---------|---------|---------|---------------------|--------------------|
| Position FTE | 7012.66 | 7136.28 | 7190.51 | 7247.62 | 7245.45 | 7239.24 |
| No of vacant posts within the Trust | 537.29 | 527.23 | 504.71 | 580.35 | 621.67 | 658.47 |
| No. of vacant WTE in active recruitment | 197.44 | 246.1 | 345.39 | 434.06 | 322.02 | 322.81 |
| No. not in advert at end of reporting period (2 day processing) | 0 | 0 | 0 | 1 | 0 | 0 |
| No. at advert on NHS jobs | 49.24 | 83.24 | 104.49 | 128.91 | 149.49 | 129.51 |
| No. at conditional offer stage | 147.44 | 148.78 | 188.97 | 265.38 | 215.46 | 163.24 |
| No at unconditional offer stage | 127.26 | 174.3 | 145.25 | 68.84 | 61.22 | 38.81 |
| No. withdrawn | 0 | 4 | 2 | 12 | 0 | 0 |
| No of New Starters | 149.69 | 167.68 | 84.17 | 54.99 | 166.02 + 318 DiT | 127.46 + 33 DiT |
| No of Leavers | 74.09 | 33 | 44.02 | 75.04 | 247.56 | 109.26 |
| No of new activity requests received in reporting period | 194 | 133 | 469 | 311 | 234 | 136 |

Annex D

New activity requests include:

- 68 advert requests
- 68 Conditional Offer made

Comments:

- 183.67 New Starters effective 01.09.20 (Not including DiT)
- 202.05 candidates currently going through the recruitment process awaiting pre-employment clearances/confirmation of a start date
- 69.49 wte cleared in September
- DiT = Doctors in Training/rotation

Annex E

Sandwell and West Birmingham Hospitals

NHS Trust

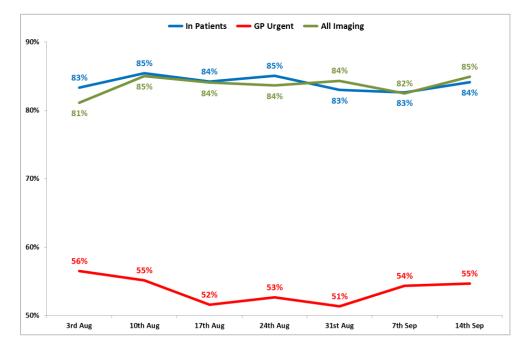
| CLINICAL LEADERSHIP EXECUTIVE OUTBRIEF | | | | | |
|--|--|--|--|--|--|
| Date of meeting | 22nd September 2020 | | | | |
| Attendees | Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), Director of Therapies and Executive Directors. | | | | |
| Apologies | Toby Lewis, Kam Dhami, Liam Kennedy, Rachel Barlow | | | | |
| Key points of discussion relevant to the Board | • Interim governance arrangements confirmed with the CLE for clarity on whom to escalate concerns to | | | | |
| | Discussion had on winter planning with some modification and clarification proposed | | | | |
| | Presentation on ACP posts and potential role in care provision in MMUH, supporting traditional clinical roles, particularly in the acute environment | | | | |
| Positive highlights of note | Support for ACP model but further review of work force options needed to consider broad requirements for MMUH All 52 week waits have had a harm review undertaken | | | | |
| Matters of concern or key risks to escalate to the Board | None | | | | |
| Matters presented for information or noting | IQPR Chief Executive's report to the September Trust Board | | | | |
| Decisions made | Review winter plan with medicine to make sure bed changes proposed are deliverable | | | | |

David Carruthers, Acting Chief Executive Acting Chair of the Clinical Leadership Executive For the meeting of the Trust Board scheduled for 1st October 2020

Imaging Performance

Throughout August and September 2020 performance has been as follows:

| | In Patients (Target 90%) | GP Urgent (Target 90%) | All Imaging (Target 95%) |
|----------|-----------------------------|---------------------------|-----------------------------|
| 3rd Aug | 83% | 56% | 81% |
| 10th Aug | 85% | 55% | 85% |
| 17th Aug | 84% | 52% | 84% |
| 24th Aug | 85% | 53% | 84% |
| 31st Aug | 83% | 51% | 84% |
| 7th Sep | 83% | 54% | 82% |
| 14th Sep | 84% | 55% | 85% |



Both the Impact from Covid 19 and the on-going recovery program continue to impact on KPI performance. IP delivery continues to hover around 85%.

Individual Modality Leads having been assigned ownership of the targets and improvement made as a result through some modalities.

Sandwell ultrasound service remains a concern, although the project group now review processes and aim to improve efficiency.

The backlog is still being addressed along with longest waiting patients continuing to be dated.

GP urgent along with all Imaging KPI remain below target due to this impact.

The team continue to review and amend processes re allocation, booking templates, rota development holding an aim of continuous improvement.

Paper ref: TB (10/20) 013

Sandwell and West Birmingham Hospitals

| Report Title | ust 2020 | | | | |
|----------------------|---|------|----------------|--|--|
| Sponsoring Executive | Dave Baker, Director of Partnerships and Innovation | | | | |
| Report Author | Yasmina Gainer, Head of Performance and Costing | | | | |
| Meeting | Public Board | Date | 1 October 2020 | | |

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

- Cancer continues to improve: 31 day 94.3% vs 96% target and 62 day at 76% vs. 85% target. RTT looks to have bottomed out in July and begins to improve in August to 61% v 53% with a reduction to the backlog of ~3000 patients to ~14000. Increasing referrals see our waiting list rise to c36,000; 52 week breaches climb further to 252 in August (178 July).
- DM01 performance improves to 59% with 5,020 patients above 6 weeks but is the lowest performing in the region with 2,436 above at 13⁺ weeks. Patient's reluctance to attend combined with policy of not referring DNAs back to their GPs are the most significant issues.
- ED activity levels are now at 85% of last year, same period. Performance has dropped again in August to 84.9% (86% last month) suggesting likely difficulty in improving performance as activity increases more to last year levels. SGH is the key issue (79.91% v 88.33% at City) with the focus being on better flow in the day to ease pressure in the evening. Outlier regionally and nationally.
- Mortality rates have risen again to 128 against HSMR with high weekend mortality rate of 137 / weekday at 125, however we have negative excess deaths for the last 2 months. A report was produced for Q&S committee which points to timing, documentation and coding as the cause. Actions are in place to resolve this.
- After peaking in June still birth rates decline to more normal levels at 4.35 per 1000 babies and Neo natal deaths achieve 0 for the first time since February.
- Falls increase in numbers and rate near to upper control level. Medicine has pinpointed a high numbers of non-observed falls in the early morning, corresponding with handovers and some faulty buzzers.
- On the persistent reds Neutropenic Sepsis, Stroke ward in 4 hour, theatre cancellations and non-elective MRSA screening perform well whereas elective screening remains low.

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | | |
|---|---|--------------------------|---|------------------------------|---|--|--|--|
| Safety Plan | Χ | Public Health Plan | Χ | People Plan & Education Plan | Χ | | | |
| Quality Plan | Χ | Research and Development | | Estates Plan | | | | |
| Financial Plan | Χ | Digital Plan | | Other [specify in the paper] | | | | |

3. Previous consideration [where has this paper been previously discussed?] OMC, WD5 Group Distribution to Group Management, PMC, CLE, QS

4. Recommendation(s)

The Board are asked to:

a. Note the performance for August 2020 and assure itself that performance of clinical indicators are in line with expectations or actions.

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Trust Risk Register | Numerous | | | | | | | | |
| Board Assurance Framework | SBAF 11: Labour Supply and SBAF 14: Amenable Mortality | | | | | | | | |
| Equality Impact Assessment | s this required? Y N X If 'Y' date completed | | | | | | | | |
| Quality Impact Assessment | s this required? Y N X If 'Y' date completed | | | | | | | | |



Integrated Quality & Performance Report

Month Reported: August 2020

Reported as at: 23/09/2020

Trust Board

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| | | Operational Performance at a Glance: August 2020 |
|------------|--|--|
| Highlights | : | Recovery: Similar to other providers, we are seeing a steady increase in patient attendances in August across the range of elective and non-elective patients, A&E attendances and Diagnostics ; the impact of maintaining infection control (C19 distance) and high DNA rates are still creating difficulties in managing patients through the recovery plan and this is true for some services more than others. The recovery plan is being produced currently to cover the remaining part of the calendar year and will reflect the 'NHSI Phase 3' guidance; this will include the guidance criteria in respect of prioritised patients, diagnostics and recovery targets compared to last year, for both, inpatients and outpatients. The groups are considering their respective capacity to meet this very ambitious Phase 3 plan. A&E performance dropped in August again to last and previous months, which is mainly due to Sandwell ED; our performance is at the bottom against regional providers, we are roughly in the bottom 10% performance looking at the national picture RTT & DM01 performance is fully dependant on recovery plans being achieved, patients attending safely diagnostics appointments, and so it is likely that we can expect an overall longer period before we are able to recover to the 92% standard; however some services should be able to achieve this faster than others. GP referrals are increasing steadily too, so essential that we are progressing patients through the waiting list now as more referrals are coming through. Cancer performance is below standards in July (latest reported position), but performance improving; recovery of the 62 days is predicted for the start of Q4 |
| | A&E Performance | Performance dipped to 84.9% in August; attendance numbers, whilst increasing again in August to 15,099, are still lower attendance numbers compared to previous average trends of c18,500 per month; August volumes represent 85% attendances compared to the same period last year; so the volume is clearly picking up. Despite lower attendances we continue to see high levels of breaches, in August we saw 2,284 patients breaching the 4 hr target hence the performance of 84.9%, breaches are higher at Sandwell A&E A&E Re-Attendance rates remaining high at 8.2% in August against the 5% target, the service is deep-diving into these re-attending patients to understand whether there is a pathway concern. Benchmarking with regional A&E providers, as at July period, we can see that we are all picking up similar levels of activity relative to last year-same period numbers; we are therefore doing more or less the same as regional peers, but we are showing higher level of breaches, hence resulting at the bottom compared to the other three Dudley, Walsall and Wolverhampton; the national benchmark picture for July shows a similar position, putting us in the bottom 10% performance wise |
| | Referral to Treatment in 18 weeks (RTT Incomplete) | RTT Incomplete pathways waiting times as at August is at 61% with most of the specialities breaching the national standard for this indicator of 92% Looking at a regional benchmark, we seem to be 'in the mix' other than Dudley who are ahead of all regional providers in terms of delivering this standard. RTT plans to recover by March 2021 follow Phase 3 NHSE guidance and these plans are being validated with the services. Our waiting list has increased to 36,056 patients which means we are getting more GP referrals, which is good news, but means we have to manage the backlog (patients waiting over 18 weeks) which is in August at 14,061; this backlog includes 252 cases of the 52 week wait time breaches and we do expect initially some more breaches on this waiting time. However, these patients are prioritised and the Trust plan is to get back to zero 52 week waits by end of March 2021. |
| RESPONSIVE | Diagnostics Waits (% of patients waiting >6 weeks) | August DM01 performance improving to 59% against the 99% full standard; recovery plans to achieve the full standard are being prepared; recovery of services is continuing with a number of issues around patients not being keen to attend. Reminders and phone-calls to patients providing reassurance on safety are in place and we have had large success with Neurophysiology patients who increased rapidly their attendance. We continue to keep patients on the waiting list who DNA or who do not want to come in at this time. We have in total 5,020 breaches e.g. patient above the 6 weeks waiting time, of which 2,436 have been waiting a prolonged period of time and are sitting at 13+ weeks 2,764 / 5,020 of the breaches are in Imaging: 1,286 MRIs and CTs, 1,478 are non-obstetric ultrasounds causing most of the concerr; other breaches are in Neurophysiology (c400) and in Cardiology (c400) who have been issuing several letters to patients encouraging attendance DM01 benchmarking wise, regionally, we are currently the lowest performer; recovery plans are progressing with internal Trust ambitions to recover DM01 to 99% by November. DM01 recovery plans also follow the Phase 3 guidance and internally we seek to recover to standard of 99% by end of November, notably this will not be possible for all services. The Imaging diagnostic patient volumes increased in August very slightly to 24,445 from July 23,773, doubled since April; getting closer to pre-COVID levels which were at an average of c30,000-32,000 per month. Against these August volumes, and the top three Board KPIs, the Imaging team have performed as follows: Inpatient total turnaround (TAT) time within 24hrs has dipped to 84% against the 90% rust target; Urgent GP tests within 5 days dropped to 53% vs 90% target, and the booking team are reviewing why this is the case. Overall Imaging achieved to turn around 83% of 'all Imaging work' under the 4 weeks (target of 95%) Seeing now pressure in the bookin |

| | _ | Operational Performance at a Glance: August 2020 |
|--------|---|--|
| | Cancer Performance | • Reporting the July position (latest available reporting period), the Trust, has met some access cancer standards, but has failed to deliver the 31-day and 62-day standard and whilst meeting 2WW as a Trust, Medicine has failed to deliver this in June again. Whilst failing some standards, it is showing an improving position and working towards March 2021 for full recovery. Failed standards: 31-Day (94% vs 96% target) and 62 Day (76% vs 85% target); however, whilst failing these performance standards, the performance is improving steadily to previous months. |
| | Cancellations | • August cancellations are at 17 resulting in a cancellations rate against all elective patients of 0.7%. This is exceeding the national standard right now (0.8%), but of course we have much less activity going through the theatres at this stage so cancellations may increase when volumes start to increase and hence robust management of avoidable cancellations is key. |
| | Infection Control | Infection Control metrics continue to report reasonable performance; we reported 3x cases of CDIFFs in August (including community) and 11 cases on a year to date basis well below the target; nil MRSA cases were reported year to date. MRSA screening rates non-electively have improved to 94% in August and are very close against the target 95%. Elective patients MRSA screening rates are still below this target at 75% in August against the 95% target and this needs improvement focus. This is based on a swab remaining valid for 6 weeks. |
| | Harm Free Care | The Trust falls rate per 1,000 bed days in August is still showing increased levels reporting at a 4.84 rate against the trust target of 5; whilst still just below target rate, this is higher than previous trust trends; we report 81 actual falls in August with 1 fall causing serious harm (within the PCCT group). Pressure Ulcers (PUs) in August have reduced in the community setting, staying low in the acute setting; the overall Trust reports 49PUs (64 last month). There were no Grade 4 PUs reported. |
| SAFE | | • VTE assessment performance at 95.3% meeting the 95% target at Trust level; however missing the target in Surgical and Women's & Children's Group • Sepsis screening of eligible patients at 95% in August with 23% of those screened patients being sepsis positive; 88% of the sepsis positive patients were treated, and of those treated 56% were treated within the prescribed 1hr. Hence the Sepsis performance is still below expected standard on the treatment side, however, an improvement plan has been put in place by the Medical Director's team.; Groups are monitoring ward and ED sepsis performance routinely via available reporting and non-compliance drill down to patient level functionality. |
| | Obstetrics | The overall Caesarean Section rate for August is at 28% against trust target of 25%; this is still considered by the service as an acceptable performance when comparing to regional trusts. This is split between : Elective C-Section rates slightly higher than average trend and at 11% Non-elective C-Section rates were on average 17% during the full year, and in August up to 18% In August, after elevated still-birth rate of 6.44 per 1,000 babies this has decreased to 4.35. In June we saw highest levels of 9.43 Neo-natal death rate in August has gone back to zero, following an elevated few months A full service review report has been submitted to the Quality & Safety Committee during the last couple of months reporting on the position. |
| CARING | Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination | • MSA and FFT are not reported as yet for August ; flu vaccination reporting resumes again for the winter season in September and the Trust plans to have vaccinated 80% of the front-line staff by end of December. |

| | | Operational Performance at a Glance: August 2020 |
|---------------------|-------------------------|--|
| EFFECTIVE | Mortality, Readmissions | Readmissions rates (30 days after discharge) have gone up again in August to 9.1%; the Groups are reviewing their readmissions reasons to assure themselves that these are as expected. Quality Plan is leading a readmissions focus. HSMR reporting at 128, above the tolerance levels as at the end of April (latest available reporting period), showing an elevated position against the weekend mortality rate which is 137 and weekday at 125. This position makes the Trust HSMR position a significant outlier compared against the national picture. A review concludes that some of the coding included COVID related deaths, which should have been excluded; the errors are multi-factorial e.g. delayed pathology tests after coding has taken place and other similar issues; learning from deaths facilitator and coding team will be jointly looking at corrections to ensure national guidance is appropriately applied. The Learning from Deaths Facilitator will be producing a detailed review paper which will summarise findings and learning. In the interim, however, looking therefore at deaths levels on a 'real' basis compared to same period last year, we can see April and May excess deaths, as expected from COVID, however more recent months are showing a reduction to prior year same period. This provides some reassurance that the outlier position is a coding related resulting in an increased HSMR rate. Coding team will be working with the Learning Deaths Facilitator to appropriately correct coding following the detailed review outcome. Mortality review performance picking up to 74% which is lower than trust target of 90% however, reasonable against peers which is around 80% pre-COVID levels. |
| _ | Stroke & Cardiology | Stroke performance good against most indicators; a dip in thrombolysis within the hour is observed in August Cardiology performance also reporting good performance across all indicators, recovering unusual dip in July against the 'call to balloon time of 150 mins) |
| | Patient Flow | 21+ LOS patients (long stay patients) count at the end of August is at 55 based within the acute setting. From 1 April 2020 we started reporting just the acute patients in line with current NHSI guidance and to align with our SitRep. Neck of Femur performance recovers from July performance but still below target, reporting at 71% in August with 7 patients breaching; all breaches have been analysed and confirmed as clinically necessary delays. |
| MELL LED | Workforce | Sickness rates at 4.7% in the month and 5.6% cumulatively coping extremely well in the light of COVID; ward sickness at 7.1% and long term open sickness cases are at 162 above the 140 target set, but reasonable in the light of COVID. Mandatory Training (where staff are at 100% compliance) showing a continued improvement and reporting August at 86% against the 95% target. Qualified nursing turnover rate still at above 12% The nursing vacancy rate at 12.6% |
| USE OF RESOURCES | Use of Resources | The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality. The review is designed to provide an assessment and improve understanding of how effectively and efficiently Trusts are using their resources to provide high quality and sustainable care for patients. The CQC assessment includes an analysis of Trust performance against a selection of CQC initial metrics, using local intelligence, and other evidence. The last Trust rating for Use of Resources was 'Requires Improvement' and the Trust is aiming to achieve a 'Good' rating in the next CQC inspection and performance will continue to be monitored with this aspiration. We have populated 7/16 of the Use of Resources metrics. No work is currently under way to increase this proportion |
| TRUST EMPHASIS | Persistent Reds | Despite improvement progress being impacted by COVID-19, many indicators are moving in the right direction, maintaining or improving towards ambitions Stroke patients have met their target in July and August and patients are reaching the dedicated stroke ward within the 4hrs target of 80%. Neutropenic sepsis patient breaches amount to 1 patient last month and in August; 95% performance has been achieved in August with only 1 out of 20 patients breaching by 11 minutes over the hour. Mandatory training and MRSA screening (non-elective) have been improving month on month within reach of their targets now. |

Persistent Red Focus

| Exec Lead | 11 | Indicator Note: Some are grouped (two or more indicators) | Standard Expected | Plan in Place | Recovery Expected | August20 - Actual Perf | Tracking Planned Monthly |
|--------------|--------|--|----------------------|------------------|----------------------|--|-----------------------------|
| Dr DC | 1 | Mortality Reviews within 42days | 90% | ٧ | Dec-19 | 78.4% | x |
| RG | 1 | Mandatory Training (staff % where MT 100% complete) | 95% | ٧ | Mar-20 | 86.4% | x |
| | 1 1 | Treatment Functions below 92% RTT Open Referrals (relevant for improvement) | 0 30,000 | v v | Phase 3 Sep-19 | <u>16</u> 36,380 | × 🗸 |
| LK | 1 | Neck of Femur - to surgery within 36 hours Cancellations (20pm) | 85% 20 | V V | Jul-19 Mar-20 | <u>70.8%</u> 17 | X |
| | 1 | Cancellations as %age of elective admissions | 0.80% | v | Mar-20 | 0.7% | • |
| | 1 | Stroke Ward Admissions (Within 4 hrs) Neutropenic Sepsis | 80% 100% | V V | Mar-20 Jul-19 | | X |
| PG | 1 | MRSA Screening (Elective & Non-Elective) | 95% | ۷ | Apr-20 | 75% Elec / 94% Non-Elec IP 15% / Maternity 7% /OP not | x |
| 10 | 1 | FFT Response Target (IP, OP, Maternity and A&E) | 25% | ٧ | TBC | shown in IQPR | X |

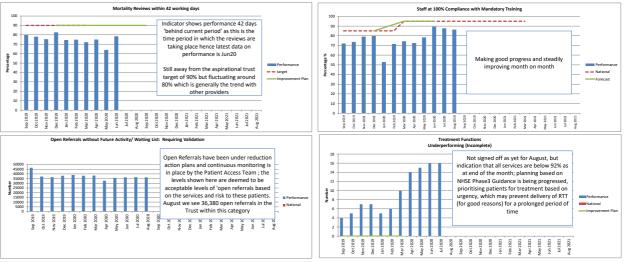
August performance:

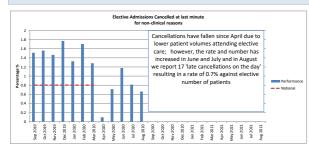
 Improvement progress has been impacted by COVID-19 pressures, however, many indicators are moving in the right direction or have continued to improve or achieve targets in August.

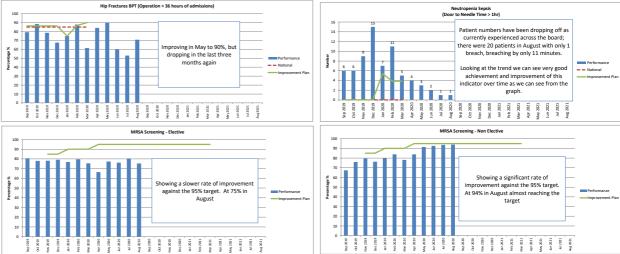
 Stroke patients have met their target in July and August in reaching the dedicated stroke ward within the 4hrs target of 80%.

- Neutropenic sepsis would have achieved 95% in August with 1 patient breaching by 11 minutes over the hour.
- Mandatory training and MRSA screening (non-elective) have been improving month on month within reach of their targets now.
- Neck of Femur continues to be up and down in terms of performance

RTT has been impacted by COVID and most services have been unable to deliver the 92%; as we progress the recovery
plan (as per Phase 3) over the next few months this is expected to recover at the end of March 2021, but again not all
specialities will be able to perform at this standard; we are already seeing steady improvements in many services, but have
got pressures in others e.g. gastro. Recovery of RTT by March 2021 depends on several factors such as e.g. are referrals
coming in at the rate predicted in the model, what is COVID-19 second surge going to present impacting potentially the



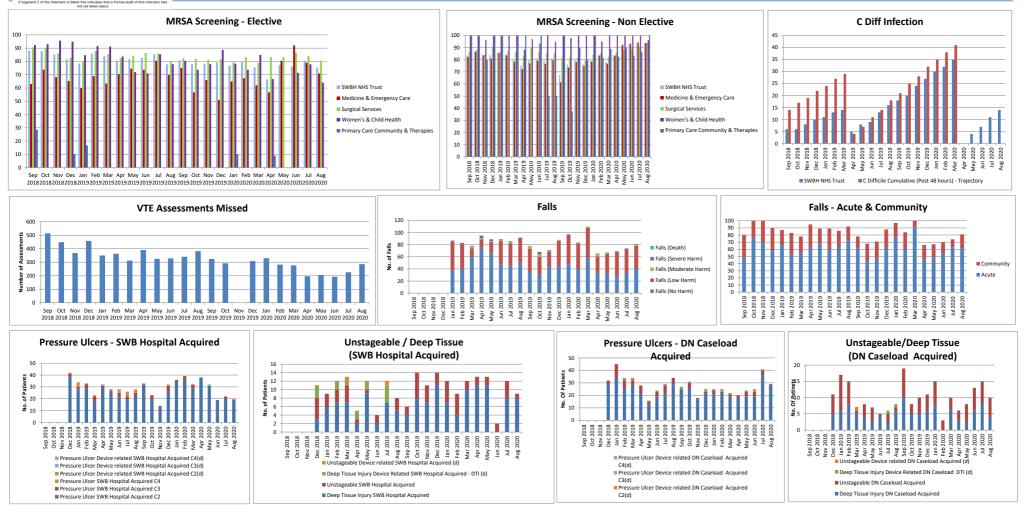




| | | | | | С | QC | D | on | na | in | - | Sa | fe | | | | | | | | | | | | | | | | | | |
|-----------|---------------|------------------|--|----------|--------------|----------------|-------------|-------------|----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|-------|-------|--------|-------|-------|----|
| _ | Kitemark | Reviewed Date | Indicator | Measure | Star Year | ndard Month | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | Mar 2020 | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | 20/21 Year to Date | м | SS | Gr | roup | PCCT | со |
| _ | ••••• | • | C. Difficile (Post 48 hours) | <= No | 41 | 3.4 | 1 | 5 | 3 | 1 | 4 | 3 | 2 | 2 | 4 | 3 | 3 | 2 | 3 | 0 | 4 | 2 | 2 | 3 | 11 | 3 | 0 | 0 | - | 0 | - |
| Control | ••••• | • | MRSA Bacteraemia (Post 48 hours) | <= No | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | - |
| | ••••• | • | MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days | <= Rate2 | 9.42 | 9.42 | 5.53 | 5.48 | 5.44 | 0.00 | 5.46 | 5.49 | 5.65 | 15.18 | 0.00 | 4.76 | 4.88 | 21.01 | 0.00 | 7.02 | 12.15 | 7.23 | 13.49 | 0.00 | 8.05 | - | - | - | - | - | - |
| Infection | ••••• | • | E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days | <= Rate2 | 94.9 | 94.9 | 16.59 | 32.90 | 5.44 | 17.68 | 5.46 | 10.99 | 22.58 | 15.18 | 5.19 | 14.27 | 24.39 | 26.26 | 16.43 | 21.05 | 18.23 | 28.93 | 6.75 | 13.15 | 17.43 | - | - | - | - | - | - |
| nfec | ••••• | • | MRSA Screening - Elective | => % | 95 | 95 | 83.8 | 80.5 | 81.6 | 82.5 | 85.3 | 77.8 | 80.6 | 78.1 | 78.2 | 79.1 | 76.9 | 79.7 | 75.5 | 66.4 | 77.4 | 76.2 | 80.4 | 75.4 | 76.2 | 70.9 | 80.5 | 64.0 | 75.0 | 0.0 | - |
| - | ••••• | • | MRSA Screening - Non Elective | => % | 95 | 95 | 80.7 | 75.1 | 80.2 | 81.3 | 79.5 | 81.3 | 67.3 | 76.0 | 79.5 | 76.3 | 80.0 | 83.9 | 78.1 | 83.9 | 91.5 | 92.6 | 93.6 | 93.9 | 89.7 | 93.8 | 93.9 | 96.2 | · · · | 100.0 | - |
| | • • • • • • • | • | Patient Safety Thermometer - Overall Harm Free Care | => % | 95 | 95 | 99.0 | 99.1 | 96.3 | 99.0 | 95.4 | 93.7 | 94.8 | 98.5 | 95.4 | 99.3 | 98.9 | 98.7 | 98.4 | - | - | - | - | - | 97.3 | - | - | - | - | - | - |
| | • • • • • • • | • | Patient Safety Thermometer - Catheters & UTIs | % | - | - | 0.6 | 0.0 | 0.2 | 0.3 | 0.1 | 0.3 | 0.5 | 0.5 | 0.0 | 0.4 | 0.0 | 0.3 | 0.1 | - | - | - | - | - | 0.2 | - | - | - | - 1 | - | - |
| | • • • • • • | • | Number of DOLS raised | No | - | - | 39 | 32 | 30 | 34 | 26 | 36 | 37 | 34 | 26 | 36 | 33 | 31 | 28 | 32 | 43 | 45 | 42 | 26 | 188 | 15 | 6 | 0 | - | 5 | - |
| | • • • • • • | • | Number of DOLS which are 7 day urgent | No | - | - | 39 | 32 | 30 | 34 | 26 | 36 | 37 | 34 | 26 | 36 | 33 | 31 | 28 | 32 | 43 | 45 | 42 | 26 | 188 | 15 | 6 | 0 | - | 5 | - |
| | • • • • • • | • | Number of delays with LA in assessing for standard DOLS application | No | - | - | 8 | 5 | 5 | 15 | 6 | 11 | 2 | 4 | 3 | 7 | 6 | 7 | 0 | 3 | 3 | 4 | 8 | 6 | 24 | 3 | 1 | 0 | - | 2 | - |
| | • • • • • • | • | Number DOLs rolled over from previous month | No | - | - | 5 | 5 | 5 | 7 | 0 | 4 | 0 | 1 | 1 | 2 | 0 | 5 | 7 | 9 | 8 | 9 | 6 | 3 | 35 | 1 | 1 | 0 | - | 1 | - |
| | • • • • • • | • | Number patients discharged prior to LA assessment targets | No | - | - | 19 | 19 | 22 | 17 | 11 | 23 | 20 | 22 | 13 | 22 | 18 | 18 | 24 | 30 | 37 | 43 | 35 | 18 | 163 | 11 | 4 | 0 | - | 3 | - |
| | • • • • • • | • | Number of DOLs applications the LA disagreed with | No | - | - | 3 | 1 | 1 | 1 | 0 | 2 | 2 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | - |
| | • • • • • • | • | Number patients cognitively improved regained capacity did not require LA assessment | No | - | - | 0 | 4 | 0 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | - |
| | • • • • • • | Apr 19 | Falls | No | | - | 78 | 95 | 89 | 89 | 86 | 92 | 78 | 68 | 71 | 88 | 97 | 84 | 110 | 66 | 67 | 70 | 74 | 81 | 358 | 44 | 12 | 2 | - | 23 | - |
| | • • • • • • | Apr 19 | Falls - Death or Severe Harm | <= No | 0 | 0 | 1 | 4 | 3 | 2 | 2 | 0 | 0 | 4 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 5 | 0 | 0 | 0 | 0 | 1 | 0 |
| | | | Falls Per 1000 Occupied Bed Days | <= Rate1 | 5 | 5 | - | 4.40 | 4.20 | 3.97 | 3.80 | 4.32 | 3.78 | 2.98 | 3.22 | 3.80 | 4.19 | 3.94 | 5.66 | 4.33 | 4.54 | 4.62 | 4.58 | 4.84 | 4.59 | - | - | - | - | - | - |
| | • • • • • • | Apr 19 | Pressure Ulcer SWB Hospital Acquired - Total | <= No | 0 | 0 | 23 | 37 | 28 | 28 | 26 | 28 | 33 | 23 | 14 | 32 | 36 | 39 | 32 | 38 | 32 | 19 | 23 | 20 | 132 | 11 | 5 | - | - | 4 | - |
| Care | • • • • • • | Apr 19 | Pressure Ulcers per 1000 Occupied Bed Days | Rate1 | - | - | 1.06 | 1.72 | 1.37 | 1.34 | 1.16 | 1.27 | 1.54 | 0.97 | 0.61 | 1.32 | 1.50 | 1.77 | 1.59 | 2.44 | 2.10 | 1.22 | 1.38 | 1.16 | 1.65 | - | - | - | - | - | - |
| ee | • • • • • • | Apr 19 | Pressure Ulcer DN Caseload Acquired - Total | <= No | 0 | 0 | 34 | 36 | 16 | 24 | 29 | 35 | 27 | 31 | 18 | 25 | 25 | 26 | 22 | 20 | 24 | 25 | 41 | 29 | 139 | - | - | - | - | 29 | - |
| μFr | • • • • • • • | • | Pressure Ulcer Present on Admission to SWBH | <= No | 0 | 0 | 96.0 | 198.0 | 130.0 | 141.0 | 125.0 | 87.0 | 85.0 | 78.0 | 95.0 | 88.0 | 104.0 | 117.0 | 102.0 | 108.0 | 100.0 | 96.0 | 114.0 | 112.0 | 530.0 | - | - | - | - | - | - |
| Harm | • • • • • • | • | Venous Thromboembolism (VTE) Assessments | => % | 95 | 95 | 96.1 | 95.1 | 96.0 | 95.7 | 95.9 | 95.2 | 95.6 | 96.3 | - | 95.9 | 96.0 | 96.0 | 95.3 | 94.9 | 95.0 | 96.2 | 96.2 | 95.3 | 95.6 | 97.2 | 93.7 | 91.0 | 93.3 | 99.0 | - |
| | | Apr 19 | WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete) | => % | 100 | 100 | 100.0 | 100.0 | - | 100.0 | 100.0 | 100.0 | - | 100.0 | 99.9 | 100.0 | 99.9 | 99.6 | 100.0 | 99.8 | 100.0 | 100.0 | 100.0 | 99.9 | 100.0 | 99.9 | 100.0 | 0 99.6 | . 1 | 100.0 | - |
| | | Apr 19 | WHO Safer Surgery - brief(% lists where complete) | => % | 100 | 100 | 100.0 | 100.0 | 100.0 | 99.8 | 100.0 | 99.8 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 99.6 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 0 - | - | - | - |
| | | Apr 19 | WHO Safer Surgery - Audit - brief and debrief (% lists where complete) | => % | 100 | 100 | 100.0 | 99.4 | 100.0 | 99.8 | 99.8 | 99.6 | 100.0 | 99.7 | 100.0 | 99.3 | 100.0 | 99.8 | 99.3 | 100.0 | 100.0 | 100.0 | 98.7 | 99.3 | 99.4 | 99.7 | 97.7 | - | - | - | - |
| | ••••• | • | Never Events | <= No | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ••••• | • | Medication Errors causing serious harm | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | • • • • • • | • | Serious Incidents | <= No | 0 | 0 | 6 | 3 | 3 | 12 | 32 | 12 | 11 | 17 | 11 | 7 | 6 | 8 | 0 | 4 | 8 | 12 | 6 | 7 | 37 | 3 | 1 | 1 | 0 | 2 | 0 |
| | • • • • • • | • | Open Central Alert System (CAS) Alerts | No | - | - | 19 | 15 | 15 | 4 | 9 | 8 | 11 | 12 | 10 | 12 | 10 | 9 | 8 | 2 | 5 | 3 | 3 | 5 | 18 | - | - | - | 1 | - | - |
| | • • • • • • | • | Open Central Alert System (CAS) Alerts beyond deadline date | <= No | 0 | 0 | 8 | 6 | 7 | 3 | 6 | 5 | 6 | 7 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - |
| | | | Sepsis - Screened (as % Of Screening Required) | => % | 100 | 100 | - | - | - | - | - | - | - | - | - | 88.5 | 91.1 | 90.7 | 92.8 | 95.4 | 94.7 | 96.2 | 94.4 | 94.5 | 95.2 | 92.9 | 99.3 | 100.0 | - | 96.1 | - |
| | | | Sepsis - Screened Positive (as % Of Screened) | % | - | - | - | - | - | - | - | - | - | - | - | 16.2 | 16.3 | 17.6 | 19.6 | 20.2 | 21.1 | 20.8 | 22.8 | 22.9 | 21.3 | 24.4 | 19.2 | 12.5 | - | 18.4 | - |
| | | | Sepsis - Treated (as % Of Screened Positive) | % | - | - | - | - | - | - | - | - | - | - | - | 80.3 | 77.1 | 75.7 | 79.6 | 82.7 | 72.1 | 72.8 | 82.9 | 87.9 | 78.1 | 88.7 | 84.7 | 66.7 | - | 66.7 | - |
| | | | Sepsis - Treated in 1 Hour (as % Of Treated) | => % | 100 | 100 | - | - | - | - | - | - | - | - | - | 54.9 | 51.9 | 60.0 | 53.9 | 57.2 | 64.2 | 58.2 | 57.1 | 56.1 | 59.1 | 58.2 | 58.3 | 50.0 | - | 0.0 | - |
| | | | Sepsis - Antibiotic Review Within 72 hrs | => % | 100 | 100 | - | - | - | - | | - | - | - | - | - | • | - | | | | - | - | - | - | • | - | - | - | • | - |
| | | 1 | | | | | | | | I | 1 | | | | I | | 1 | I | 1 | I | <u> </u> | I | 1 | | | L | I | Щ | | | |

| | | Data | Quality - K | itemark | | |
|------------|-------|--------|-------------|------------------|-------------|-----------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Timeliness | Audit | Source | Validation | Complete ness | Granularity | Assessment of Exec Director |
| • | • | • | • | • | • | • |

CQC Domain - Safe



CQC Domain - Caring

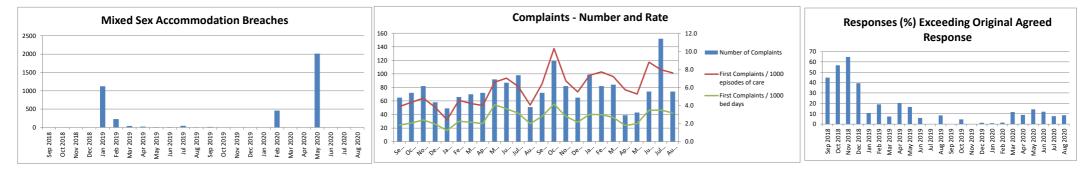
| | Kitemark | Reviewed | Indicator | Measure | | ndard | Mar | Apr | Мау | Jun | Jul | Aug | Sep | Oct | Nov | Dec 2019 | Jan | Feb | Mar | Apr | May | Jun | Jul | | 20/21 Year to | | | | oup | | |
|------------|---------------|----------|--|---------|------|-------|------|-------|------|-------|-------|-------|-------|-------|-------|-------------|-------|-------|-------|-------|------|------|------|------|---------------|------|------|------|-----|-------|-----|
| | Kitemark | Date | | Weasure | Year | Month | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | Date | М | SS | W | 1 | PCCT | CO |
| | | | FFT Response Rate - Adult and Children Inpatients (including day cases and community) | => % | 25 | 25 | 19.7 | 16.1 | 29.0 | 25.7 | 23.1 | 20.9 | 23.4 | 18.7 | 21.5 | 18.5 | 20.5 | 26.2 | 26.2 | 13.6 | 16.2 | 15.5 | 23.8 | 14.7 | 16.9 | - | - | - | - | - | - |
| | | | FFT Score - Adult and Children Inpatients (including day cases and community) | => No | 95 | 95 | 91 | 89 | 89 | 92 | 91 | 90 | 89 | 89 | 89 | 86 | 89 | - | 90 | 86 | 86 | 88 | 89 | 82 | - | - | - | - | - | - | - |
| | | | FFT Response Rate: Type 1 and 2 Emergency Department | => % | 25 | 25 | 16.1 | 12.0 | 10.8 | 9.6 | 10.4 | 9.5 | 9.8 | 10.6 | 9.6 | 9.1 | 9.5 | 9.1 | 10.5 | 14.2 | 13.7 | 12.9 | 13.2 | 12.9 | 13.3 | 12.9 | - | - | - | - | - |
| | | | FFT Score - Adult and Children Emergency Department (type 1 and type 2) | => No | 95 | 95 | 75 | 75 | 76 | 73 | 76 | 78 | 71 | 71 | 68 | 73 | 75 | 72 | 79 | 89 | 85 | 84 | 81 | 78 | - | 78 | - | - | - | - | - |
| Ŀ | •••• | Apr 19 | FFT Score - Outpatients | => No | 95 | 95 | 91 | 90 | 90 | 89 | 88 | 76 | 87 | 87 | 89 | 89 | 89 | 89 | 89 | 87 | 89 | 89 | 89 | 88 | - | - | - | - | - | - | - |
| E | ••••• | Apr 19 | FFT Score - Maternity Antenatal | => No | 95 | 95 | 0 | 0 | 0 | 0 | 0 | 0 | | 90 | 97 | 100 | 75 | 83 | 80 | 86 | 84 | 84 | 84 | 78 | - | - | - | - | - | - | - |
| | ••••• | Apr 19 | FFT Score - Maternity Postnatal Ward | => No | 95 | 95 | 0 | 100 | 100 | 0 | 100 | 100 | 100 | 92 | 93 | 0 | 97 | 94 | 100 | | 67 | | 100 | 0 | - | | - | - | - | - | - |
| | ••••• | Apr 19 | FFT Score - Maternity Community | => No | 95 | 95 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | | - | - | - | - | - |
| | ••••• | Apr 19 | FFT Score - Maternity Birth | => No | 95 | 95 | 100 | 100 | 94 | 94 | 91 | 66 | | 94 | 97 | 94 | 95 | 97 | 97 | 89 | 100 | 82 | 94 | 70 | - | | - | - | - | - | - |
| | ••••• | Apr 19 | FFT Response Rate: Maternity Birth | => % | 25 | 25 | 3.5 | 2.1 | 3.5 | 8.3 | 10.2 | 1.4 | 6.1 | 28.2 | 35.3 | 12.2 | 32.2 | 55.0 | 28.2 | 4.4 | 8.4 | 6.1 | 41.6 | 7.3 | 15.4 | | - | - | - | - | - |
| MSA | • • • • • • • | | Mixed Sex Accommodation - Breaches (Patients) | <= No | 0 | 0 | 40 | 22 | 11 | 9 | 44 | 7 | 16 | | - | - | - | 458 | - | - | 2013 | | - | - | 2013 | | - | - | - | - | - |
| | ••••• | | No. of Complaints Received (formal and link) | No | - | - | 70 | 72 | 92 | 87 | 98 | 51 | 72 | 119 | 82 | 65 | 99 | 82 | 84 | 39 | 43 | 74 | 152 | 74 | 382 | 34 | 8 | 8 | 2 | 16 | 6 |
| | ••••• | | No. of Active Complaints in the System (formal and link) | No | - | - | 151 | 163 | 149 | 121 | 148 | 91 | 121 | 140 | 114 | 92 | 106 | 142 | 126 | 102 | 109 | 123 | 152 | 139 | 625 | 61 | 29 | 14 | 4 | 21 | 10 |
| ints | ••••• | | No. of First Formal Complaints received / 1000 bed days | Rate1 | - | - | 2.14 | 2.00 | 4.08 | 3.63 | 3.15 | 1.98 | 2.78 | 4.16 | 2.78 | 2.15 | 3.03 | 2.99 | 2.68 | 1.78 | 1.99 | 3.47 | 3.50 | 3.17 | 2.79 | 2.75 | 2.08 | 2.29 | - | 16.08 | - |
| Complaints | ••••• | | No. of First Formal Complaints received / 1000 episodes of care | Rate1 | - | - | 4.22 | 3.98 | 6.57 | 7.02 | 6.10 | 4.05 | 6.38 | 10.31 | 6.72 | 5.50 | 7.33 | 7.72 | 7.21 | 5.74 | 5.26 | 8.79 | 7.96 | 7.61 | 7.20 | 8.27 | 3.50 | 4.36 | - | 34.48 | - |
| Con | • • • • • • • | | No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt) | => % | 100 | 100 | 98.4 | 100.0 | 2.2 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 82.9 | 76.1 | 83.1 | 10.4 | 65.6 | 2.8 | 87.5 | 0.0 | 0.0 | 0.0 | 0.0 |
| | ••••• | | No. of responses which have exceeded their original agreed response date (% of total active complaints) | <= % | 0 | 0 | 7.2 | 20.3 | 16.5 | 5.9 | 0.0 | 8.4 | 0.0 | 4.5 | 0.0 | 1.3 | 0.8 | 1.4 | 11.6 | 8.8 | 14.3 | 11.9 | 7.6 | 8.5 | 9.5 | 0.0 | 35.7 | 14.3 | 0.0 | 0.0 | 0.0 |
| | ••••• | | No. of responses sent out | No | - | - | 95 | 77 | 98 | 97 | 95 | 96 | 61 | 88 | 105 | 76 | 76 | 70 | 87 | 68 | 35 | 58 | 66 | 86 | 313 | 25 | 20 | 17 | 2 | 14 | 8 |
| WKF | ••••• | Apr 19 | Flu Vaccination Rate | => % | 80 | 80 | - | - | - | - | - | - | - | 47.7 | 62.4 | 78.1 | 82.0 | 83.1 | - | - | - | - | - | - | 70.7 | - | - | - | - | - | - |

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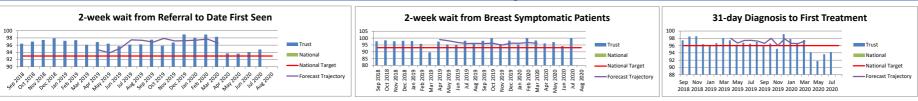


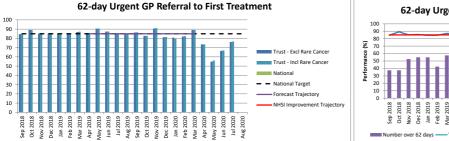
| | | | | | CC | QC | Do | m | ai | n - | - R | les | sp | on | si | ive |) | | | | | | | | | | | | | | |
|---------------|---------------|------------------|--|---------|------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|---------------|-------------|-------------|---------------|---------------|-------------|-----------------------|----------|-------|-------------|---|----------|----------|
| | Kitemark | Reviewed Date | Indicator | Measure | Star | ndard Month | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | Mar 2020 | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | 20/21 Year to Date | м | SS | Gro | | PCCT | |
| | | Duto | Emergency Care Attendances (Including Malling) | No | - | - | 1859 | | | 18091 | 19047 | 17657 | 17973 | 18445 | 17868 | | 18477 | 17367 | 13392 | 7163 | 9828 | 12215 | 14065 | 15099 | 58370 | - | - | | - | - | - |
| | • • • • • • | | Emergency Care 4-hour waits | => % | 95 | 95 | 85.9 | 78.3 | 82.7 | 81.8 | 81.4 | 81.6 | 74.1 | 71.7 | 70.9 | 72.2 | 73.0 | 74.6 | 79.3 | 87.8 | 91.6 | 90.0 | 86.2 | 84.9 | 87.8 | - | - | - | - | - | - |
| | • • • • • • | | Emergency Care 4-hour breach (numbers) | No | - | | 2629 | 4106 | 3213 | 3288 | 3542 | 3252 | 4764 | 5215 | 5199 | 5375 | 4819 | 4416 | 2768 | 844 | 828 | 1225 | 1941 | 2284 | 7122 | - | - | - | - | - | - |
| | • • • • • • | | Emergency Care Trolley Waits >12 hours | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | - | - | - | - | - | - |
| Care | ••••• | • | Emergency Care Timeliness - Time to Initial Assessment (95th centile) | <= No | 15 | 15 | 57 | 74 | 39 | 89 | 45 | 52 | 71 | 185 | 154 | 116 | 121 | 62 | 85 | 74 | 44 | 62 | 194 | 69 | - | | - | - 1 | - | - | - |
| | • • • • • • | • | Emergency Care Timeliness - Time to Treatment in Department (median) | <= No | 60 | 60 | 241 | 282 | 264 | 255 | 261 | 208 | 217 | 250 | 263 | 263 | 254 | 232 | 151 | 82 | 82 | 100 | 136 | 153 | - | - | - | - | - | - | - |
| Emergency | • • • • • • | | Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | <= % | 5 | 5 | 4.7 | 5.4 | 5.2 | 5.4 | 5.2 | 5.6 | 7.3 | 7.8 | 7.9 | 7.9 | 8.1 | 7.5 | 8.8 | 8.6 | 8.9 | 7.5 | 8.4 | 8.2 | 8.3 | - | - | - | - | - | - |
| mer | • • • • • • | | Emergency Care Patient Impact - Left Department Without Being Seen | <= % | 5 | 5 | 5.9 | 7.3 | 6.6 | 7.1 | 7.4 | 6.4 | 8.8 | 10.5 | 10.2 | 9.5 | 8.0 | 7.8 | 5.5 | 2.8 | 2.6 | 3.2 | 4.5 | 4.8 | 3.8 | - | - | - | - | - | - |
| ш | • • • • • • | | WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number) | <= No | 0 | 0 | 88 | 166 | 119 | 128 | 123 | 162 | 238 | 251 | 228 | 279 | 199 | 242 | 380 | 234 | 172 | 77 | 183 | 172 | 838 | - | - | - | - | - | - |
| | | | WMAS -Finable Handovers (emergency conveyances) >60 mins (number) | <= No | 0 | 0 | 6 | 5 | 4 | 4 | 5 | 9 | 33 | 16 | 9 | 12 | 9 | 32 | 42 | 8 | 1 | 0 | 0 | 3 | 12 | | - | - | - | - | - |
| | | | WMAS - Handover Delays > 60 mins (% all emergency conveyances) | <= % | 0.02 | 0.02 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.7 | 0.3 | 0.2 | 0.2 | 0.2 | 0.7 | 0.9 | 0.3 | 0.0 | ##### | 0.0 | 0.1 | 0.1 | | - | - | - | - | - |
| | | | WMAS - Emergency Conveyances (total) | No | - | | 4655 | 4814 | 4670 | 4555 | 4658 | 4486 | 4484 | 4656 | 4721 | 4887 | 4848 | 4522 | 4588 | 3069 | 3282 | 3039 | 3951 | 4209 | 17550 | - | - | - | - | - | - |
| | | Apr 19 | Delayed Transfers of Care (Acute) (%) | <= % | 3.5 | 3.5 | 1.6 | 2.0 | | 1.0 | - | 4.7 | 3.0 | 2.8 | 2.9 | 2.4 | 2.8 | 3.0 | 4.2 | 1.6 | | - | 0.3 | 0.6 | 0.5 | - | - | - | - | - | - |
| No | | | Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS | <= No | 240 | 20 | 15 | 12 | | 14 | - | 27 | 17 | 19 | 20 | 16 | 19 | 20 | 28 | 11 | | | 2 | 4 | - | | - | - | - | - | - |
| μE | • • • • • • | Apr 19 | Delayed Transfers of Care (Acute) - Finable Bed Days | <= No | 0 | 0 | 211 | 99 | 149 | 239 | 295 | 185 | 127 | 147 | 163 | 180 | 195 | 340 | 388 | 210 | 32 | 10 | 8 | 0 | 260 | | - | - | - | - | - |
| Patient Flow | ••••• | Apr 19 | Patient Bed Moves (10pm - 6am) (No.) - ALL | No | - | | 642 | 672 | 698 | 583 | 684 | 671 | 675 | 867 | 852 | 944 | 989 | 860 | 730 | 501 | 554 | 543 | 604 | 746 | 2948 | - | - | - | - | - | - |
| - | | Apr 19 | Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions | => % | 85 | 85 | 82.9 | 64.0 | 77.1 | 75.0 | 62.5 | 87.9 | 79.2 | 88.5 | 78.6 | 67.5 | 75.0 | 87.9 | 61.5 | 84.0 | 90.0 | 60.0 | 53.1 | 70.8 | 69.8 | - | 70.8 | - | - | - | - |
| | • • • • • • | | No. of Sitrep Declared Late Cancellations - Total | <= No | 240 | 20 | 32 | 44 | 38 | 40 | 46 | 32 | 57 | 63 | 59 | 65 | 56 | 60 | 35 | 1 | 9 | 18 | 21 | 17 | 66 | 0 | 15 | 1 | - | 1 | - |
| | • • • • • • | | No. of Sitrep Declared Late Cancellations - Avoidable | No | - | | 10 | 16 | 13 | 3 | 16 | 17 | 32 | 40 | 30 | 41 | 29 | 17 | 16 | 1 | 1 | 5 | 9 | | 16 | 0 | 8 | 0 | - | 1 | - |
| | • • • • • • | | No. of Sitrep Declared Late Cancellations - Unavoidable | No | | | 22 | 28 | 25 | 37 | 30 | 15 | 25 | 23 | 29 | 24 | 27 | 43 | 19 | 0 | 8 | 13 | 12 | - | 33 | 7 | 2 | 3 | - | 0 | - |
| su | | | Elective Admissions Cancelled at last minute for non-clinical reasons (as | <= % | 0.8 | 0.8 | 0.8 | 1.3 | 1.0 | 1.2 | 1.1 | 0.8 | 1.5 | 1.6 | 1.5 | 1.8 | 1.3 | 1.7 | 1.3 | 0.1 | 0.7 | 1.2 | 0.8 | 0.7 | 0.8 | - | 1.1 | 0.6 | - | 0.3 | - |
| atio | • • • • • • | | a percentage of admissions) Number of 28 day breaches | <= No | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 4 | 0 | 0 | 0 | - | 0 | - |
| Cancellations | ••••• | | No. of second or subsequent urgent operations cancelled | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - |
| Car | •••• | | Urgent Cancellations | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | - |
| | •••• | | No. of Sitrep Declared Late Cancellations (Pts. >1 occasion) | <= No | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 1 | 1 | 2 | 0 | 1 | 1 | 2 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | - | 0 | - |
| | •••• | | Multiple Hospital Cancellations experienced by same patient (all cancellations) | <= No | 0 | 0 | 69 | 73 | 64 | 75 | 86 | 67 | 79 | 103 | 92 | 65 | 73 | 124 | 344 | 19 | 20 | 42 | 46 | 49 | 176 | 3 | 41 | 5 | - | - | - |
| | •••• | | All Hospital Cancellations, with 7 or less days notice | <= No | 0 | 0 | 244 | 265 | 262 | 277 | 296 | 204 | 367 | 370 | 376 | 358 | 347 | 584 | 890 | 63 | 58 | 133 | 138 | 202 | 594 | 26 | 155 | 21 | - | - | - |
| | •••• | Apr 19 | 2 weeks | => % | 93 | 93 | 96.1 | 96.8 | 96.4 | 95.7 | 96.1 | 96.2 | 97.5 | 95.8 | 96.7 | 99.0 | 98.0 | 98.9 | 98.3 | 93.7 | 93.6 | 94.1 | 94.8 | - | 94.2 | 86.9 | 95.7 | 98.0 | - | 97.2 | - |
| | •••• | Apr 19 | 2 weeks (Breast Symptomatic) | => % | 93 | 93 | 89.5 | 97.4 | 95.3 | 95.1 | 98.1 | 95.8 | 98.0 | 100.0 | 95.7 | 98.1 | 95.5 | 100.0 | 98.2 | 96.2 | 97.1 | 94.1 | 100.0 | - | 97.1 | - | 100.0 | - | - | - | - |
| | ••••• | Apr 19 | 31 Day (diagnosis to treatment) | => % | 96 | 96 | 98.1 | 97.5 | 96.2 | 96.8 | 96.5 | 96.9 | 95.8 | 96.6 | 95.1 | 99.2 | 97.8 | 96.5 | 97.5 | 94.2 | 91.8 | 93.6 | 94.3 | - | 93.5 | 100.0 | 93.0 | 88.9 | - | 100.0 | - |
| | ••••• | Apr 19 | 31 Day (second/subsequent treatment - surgery) | => % | 94 | 94 | 95.2 | 100.0 | 94.7 | 95.0 | 96.2 | 95.2 | 100.0 | 93.5 | 100.0 | 93.1 | 100.0 | 100.0 | 95.7 | 92.3 | 69.6 | 100.0 | 100.0 | - | 84.6 | - | - | - 1 | - | - | - |
| | ••••• | Apr 19 | 31 Day (second/subsequent treatment - drug) | => % | 98 | 98 | - | - | 100.0 | - | - | 100.0 | 100.0 | - | 100.0 | 100.0 | | | 100.0 | 100.0 | | 100.0 | - | - | 100.0 | - | - | - | - | - | - |
| | ••••• | Apr 19 | 62 Day (urgent GP referral to treatment) Excl Rare Cancers | => % | 85 | 85 | 86.9 | 85.8 | 90.5 | 87.3 | 85.6 | 84.3 | 86.3 | 82.7 | 90.7 | 81.1 | 80.8 | 82.0 | 89.2 | 73.6 | 54.8 | 66.4 | 76.1 | - | 68.6 | 70.6 | 74.2 | 58.3 | - | 100.0 | - |
| | • • • • • • | | 62 Day (urgent GP referral to treatment) - Inc Rare Cancers | => % | 85 | 85 | 87.2 | 85.8 | 90.6 | 87.3 | 85.6 | 84.6 | 86.5 | 82.7 | 91.0 | 81.4 | 79.5 | 82.4 | 89.2 | 73.6 | 56.0 | 67.0 | 76.6 | - | 69.1 | 70.6 | 75.0 | 58.3 | - | 100.0 | - |
| | • • • • • • | Apr 19 | 62 Day (referral to treat from screening) | => % | 90 | 90 | 90.0 | 100.0 | 98.2 | 91.7 | 94.4 | 100.0 | 96.9 | 93.2 | 94.6 | 89.7 | 91.5 | 100.0 | 94.8 | 83.9 | 33.3 | 100.0 | 80.0 | - | 76.8 | - | 75.0 | 100.0 | - | - | - |
| | •••• | Apr 19 | 62 Day (referral to treat from hosp specialist) | => % | 90 | 90 | 89.0 | 89.4 | 83.1 | 92.9 | 84.3 | 80.0 | 86.4 | 76.5 | 81.8 | 82.3 | 87.5 | 76.1 | 84.6 | 95.5 | 82.1 | 80.3 | 85.3 | - | 85.4 | 80.0 | 100.0 | 75.0 | - | - | - |
| cer | • • • • • • | • | Cancer = Patients Waiting Over 62 days for treatment | No | - | - | 12 | 10 | 7 | 8 | 10 | 11 | 10 | 11 | 6 | 12 | 12 | 9 | 9 | - | 17 | 19 | 13 | - | 48 | 3 | 8 | 3 | - | 0 | - |
| Cano | • • • • • • | | Cancer - Patients Waiting Over 104 days for treatment | No | - | - | 7 | 3 | 4 | 1 | 3 | 5 | 3 | 3 | 5 | 6 | 7 | 4 | 2 | - | 4 | 10 | 8 | - | 21 | 2 | 5 | 1 | - | 0 | - |
| Ĭ | • • • • • • • | | Cancer - Longest wait for treatment (days) - TRUST | No | - | - | 209 | 241 | 183 | 91 | 196 | 147 | 96 | 171 | 149 | 148 | 169 | 217 | 121 | - | 171 | 177 | 138 | | - | | - | - | - | - | - |
| | • • • • • • | Apr 19 | Neutropenia Sepsis - Door to Needle Time > 1hr | <= No | 0 | 0 | 2 | 7 | 2 | 3 | 3 | 4 | 6 | 6 | 9 | 15 | 7 | 11 | 5 | 4 | 3 | 2 | 1 | 1 | 11 | 1 | 0 | 0 | | 0 | - |
| | • • • • • • • | | IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway | % | | | 66.7 | 48.0 | | 63.6 | 74.1 | 51.9 | 65.2 | 66.7 | 69.6 | 35.7 | 69.6 | 68.8 | 84.2 | 73.3 | 66.7 | 35.7 | 57.1 | | 58.6 | | - | | | | - |
| | | | | % | - | - | - | | - | - | - | - | - | - | - | - | 85.2 | 97.8 | 96.7 | 84.6 | 96.5 | 94.7 | 99.8 | | 95.3 | - | - | - | | - | \vdash |
| | | | Cancer - 28 Day FDS TWW Referral (% of Informed) - Total | | - | | - | | - | • | - | - | - | • | | - | 85.2 99.4 | 97.8 | 96.7 100.0 | | 96.5 | 94.7 100.0 | 99.8 100.0 | | 95.3 | - | - | - | • | - | <u> </u> |
| | | | Cancer - 28 day FDS TWW breast symptomatic (% of Informed) Cancer - 28 day FDS screening referral (% of Informed) - Total | % | - | - | - | <u> </u> | - | <u> </u> | - | - | - | - | - | - | 99.4 77.8 | 100.0 | 92.9 | 100.0 | 100.0 | 100.0 | 100.0 | - | | - | | Ē | - | Ē | <u> </u> |
| | | | | | | | | - | - | - | - | - | - | - | - | - | 47.2 | - | 92.9 59.6 | - | - 65.9 | 100.0 | - 27.0 | - | 100.0 | - | - | - | • | - | <u> </u> |
| | | | Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total | % | - | - | - | | - | - | - | - | - | - | - | - | 47.2 | 62.8 | 59.6 72.1 | 22.3 | | - 22.8 | 27.0 18.9 | - | 46.1 | - | - | <u>⊢</u> -' | - | <u> </u> | <u> </u> |
| 1 | 1 | | Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total | % | · · | - | | 1 | - | - | - | - | - | - | - | - | 105.3 | 62.7 | 72.1 | 16.2 | 34.0 | 22.8 | 10.9 | - | 22.8 | <u> </u> | 1 | - | - | L | 1 - |

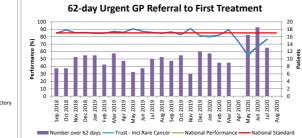
| | | | | | CC | QC | Dc | m | ai | n - | · R | e | sp | on | si | ive |) | | | | | | | | | | | | | | |
|----|-------|--------|---|-------|----|----|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|------|------|------|------|------|---|
| | | | Cancer - 28 day FDS screening referral (% of Eligible) - Total | % | - | - | - | - | - | - | - | - | - | - | - | - | 100.0 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | ••••• | Apr 19 | RTT - Admittted Care (18-weeks) | => % | 90 | 90 | 78.9 | 81.7 | 83.1 | 80.5 | 77.6 | 80.5 | 80.6 | 82.6 | 81.4 | 82.4 | 81.2 | 78.9 | 80.8 | 85.7 | 83.5 | 74.5 | 61.2 | 56.1 | 67.4 | 77.0 | 49.2 | 65.8 | • | 75.0 | - |
| | ••••• | Apr 19 | RTT - Non Admittted Care (18-weeks) | => % | 95 | 95 | 90.2 | 91.7 | 92.5 | 90.7 | 89.6 | 89.2 | 89.8 | 87.3 | 87.3 | 87.2 | 87.0 | 86.3 | 88.8 | 85.4 | 88.4 | 83.4 | 78.6 | 80.1 | 82.6 | 55.6 | 85.5 | 80.6 | • | 63.1 | - |
| | ••••• | Apr 19 | RTT - Incomplete Pathway (18-weeks) | => % | 92 | 92 | 93.0 | 93.2 | 92.6 | 92.1 | 92.0 | 92.0 | 92.0 | 91.6 | 90.9 | 91.1 | 90.7 | 90.4 | 88.0 | 80.5 | 70.7 | 58.2 | 53.5 | 61.0 | 65.2 | 59.1 | 60.3 | 74.5 | - | 50.6 | - |
| | ••••• | Apr 19 | RTT Waiting List - Incomplete | No | - | - | 3488 | 35859 | 36762 | 37231 | 39115 | 38714 | 39634 | 39898 | 38360 | 38416 | 39374 | 39364 | 38603 | 34989 | 34058 | 34436 | 35421 | 36056 | 181818 | 6113 | #### | 2075 | - | 3016 | 0 |
| Ŀ | ••••• | Apr 19 | RTT - Backlog | No | - | - | 2436 | 2450 | 2710 | 2951 | 3118 | 3082 | 3168 | 3360 | 3475 | 3433 | 3645 | 3781 | 4646 | 6823 | 9964 | 14405 | 16470 | 14061 | 63362 | 2501 | 7097 | 529 | - | 1491 | 0 |
| RT | ••••• | Apr 19 | Patients Waiting >52 weeks (All Pathways) | <= No | 0 | 0 | 6 | 1 | 11 | 24 | 12 | 14 | 0 | 0 | | 0 | | 0 | 1 | 7 | 35 | 99 | 196 | 281 | 618 | 1 | 203 | 18 | 0 | 7 | 0 |
| | ••••• | Apr 19 | Patients Waiting >52 weeks (Incomplete) | <= No | 0 | 0 | 0 | 0 | 5 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 32 | 93 | 177 | 252 | 561 | 0 | 187 | 18 | 0 | 4 | 0 |
| | ••••• | | Treatment Functions Underperforming (Admitted, Non- Admitted, Incomplete | <= No | 0 | 0 | 27 | 23 | 27 | 29 | 30 | 29 | 27 | 26 | | 29 | | 28 | 32 | 30 | 32 | 41 | 41 | 42 | - | 12 | 18 | 3 | • | 6 | 0 |
| | ••••• | | Treatment Functions Underperforming (Incomplete) | <= No | 0 | 0 | 1 | 2 | 3 | 5 | 5 | 5 | 4 | 5 | 7 | 7 | 5 | 6 | 10 | 14 | 15 | 16 | 16 | 16 | - | 6 | 6 | 1 | - | 2 | 0 |
| | | | RTT Clearance Time (Wks) | Ratio | - | - | 9.1 | 9.5 | 9.7 | 10.0 | 9.7 | 10.5 | 10.3 | 9.6 | 8.9 | 10.8 | - | 9.8 | - | 18.1 | 15.5 | - | 12.6 | - | 14.7 | 20.4 | 12.9 | 14.1 | - | 27.4 | - |
| 10 | ••••• | Apr 19 | Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census) | <= % | 1 | 1 | 0.4 | 1.8 | 2.6 | 0.9 | 0.8 | 2.3 | 1.5 | 1.1 | 0.2 | 0.7 | 0.1 | 0.0 | 8.8 | 60.2 | 63.6 | 53.6 | 47.8 | 41.0 | 53.1 | 42.9 | 63.9 | - | 35.0 | - | - |
| MO | ••••• | Apr 19 | Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters) | No | - | - | 958 | 1158 | 1330 | 1023 | 1010 | 600 | 614 | 457 | 359 | 338 | 1028 | 499 | 1140 | 78 | 281 | 232 | 525 | 974 | 2090 | 133 | 155 | - | 686 | - | - |

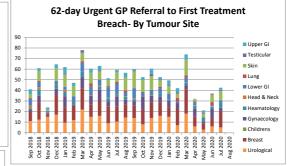
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------|-------|--------|------------|------------------|-------------|-----------------------------------|
| Timeliness | Audit | Source | Validation | Complete ness | Granularity | Assessment of Exec Director |
| • | • | • | • | • | | • |

CQC Domain - Responsive

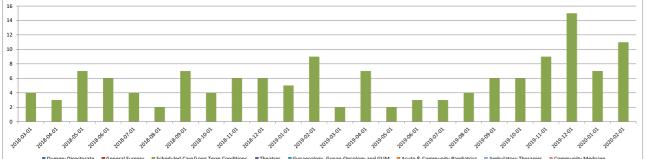








Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour



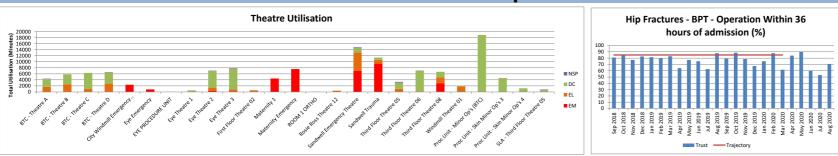
| Month | Indicator | TumourSite | Informed In 28 Days | Eligible | % of Informed | % of Eligible |
|----------|--|-------------|------------------------|----------|------------------|---------------|
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Breast | 207 | 426 | 99.5 | 48.6 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Colorectal | 66 | 197 | 100 | 33.5 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Gynaecology | 113 | 342 | 100 | 33 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Haematology | 3 | 112 | 100 | 2.68 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Head & Neck | 36 | 251 | 100 | 14.3 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Lung | 13 | 254 | 100 | 5.12 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Skin | 118 | 393 | 100 | 30 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Upper GI | 63 | 286 | 100 | 22 |
| Jul 2020 | Cancer - 28 Day FDS TWW Referral | Urology | 41 | 187 | 100 | 21.9 |
| Jul 2020 | 28 day FDS TWW Breast Symptomatic | Breast | 18 | 95 | 100 | 18.9 |
| Jul 2020 | Cancer - 28 day FDS screening referral | Breast | 0 | 0 | 0 | 0 |
| Jul 2020 | Cancer - 28 day FDS screening referral | Colorectal | 0 | 0 | 0 | 0 |
| Jul 2020 | Cancer - 28 day FDS screening referral | Gynaecology | 0 | 0 | 0 | 0 |

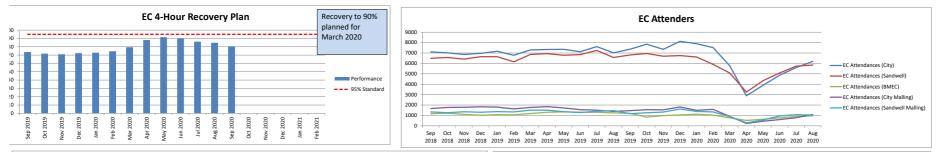
0.25

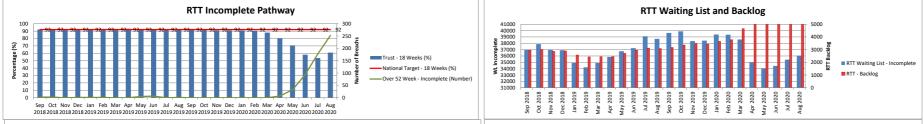
Elective Admissions Cancelled at Last Minute for Non-SitRep Late Cancellations **Cases Per Session (Operating Theatres)** Clinical Reasons (%) 2.66 70 2.63 .5 2.5 60 2.00 2.00 1.79 2 1.53 1.38 50 a 1.5 1.5 1.00 40 3 Trust 20 alle areas and a cale of the second and a cale of the second and t Trajectory 10 Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug

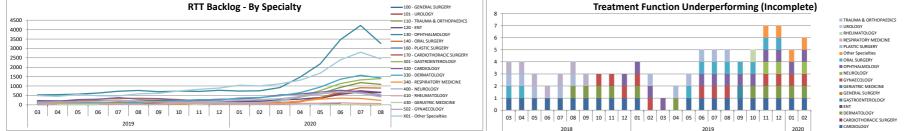
Dummy Directorate General Surgery Scheduled Care/Long Term Conditions Theatres Gynaecology, Gynae-Oncology and GUM Acute & Community Paediatrics Ambulatory Therapies Community Medicin

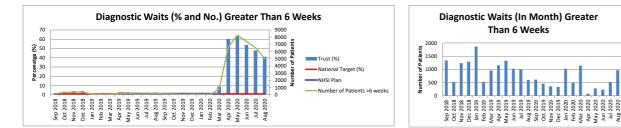
CQC Domain - Responsive











CQC Domain - Effective

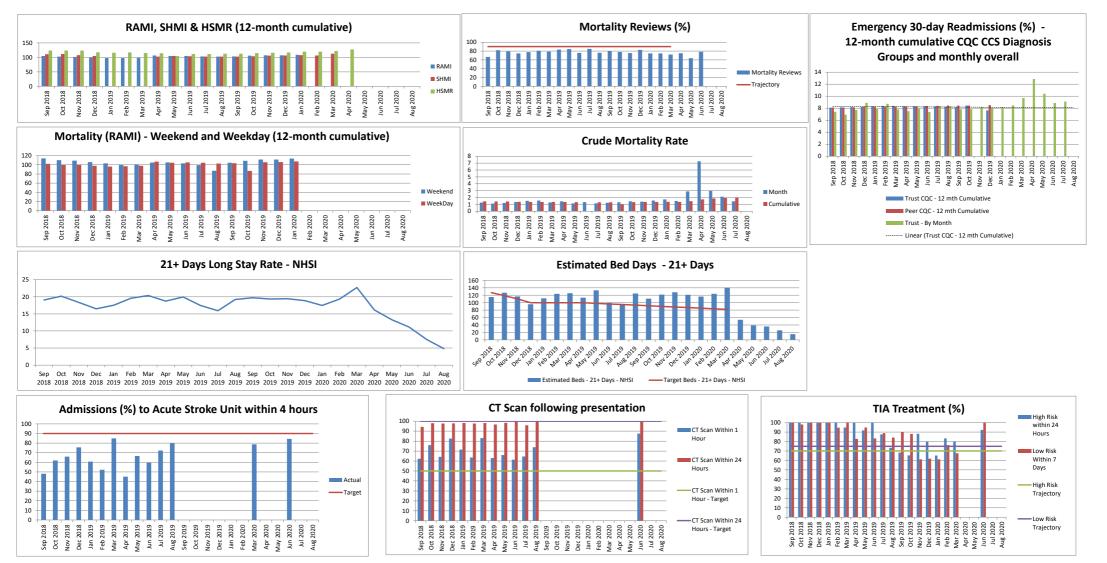
| | | Reviewed | | | Star | ndard | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | 20/21 Year to | _ | | Gr | oup | | |
|-------------|---------------|----------|--|---------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------|-------|------|------|-------|-------|----|
| | Kitemark | Date | Indicator | Measure | | Month | 2019 | | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | Date | М | SS | W | Ϊ. | PCCT | со |
| | • • • • • • | | Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative) | No | - | - | 99 | 107 | 105 | 105 | 104 | 103 | 104 | 106 | 107 | 107 | 109 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | • • • • • • | | Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative) | No | - | - | 98 | 107 | 105 | 105 | 104 | 103 | 103 | 87 | 106 | 106 | 107 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | • • • • • • • | | Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative) | No | - | - | 101 | 105 | 105 | 103 | 99 | 87 | 105 | 109 | 112 | 112 | 114 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | • • • • • • | | Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative) | No | - | - | 115 | 115 | 105 | 112 | 112 | 113 | 113 | 115 | 116 | 117 | 120 | 120 | 122 | 128 | - | - | - | - | - | - | - | - | - | - | - |
| | | | Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative) | No | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 120 | 125 | - | - | - | - | - | - | - | - | - | - | - |
| suc | | | Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative) | No | - | - | - | - | - | - | - | - | - | - | - | | - | - | 128 | 137 | - | - | - | - | - | - | - | - | - | - | - |
| issi | • • • • • • | | Summary Hospital-level Mortality Index (SHMI) (12-month cumulative) | No | - | - | - | 103 | 105 | 104 | 103 | 103 | 103 | 104 | 106 | 107 | 108 | 107 | 113 | - | - | - | - | - | - | - | - | - | - | - | - |
| Readmission | • • • • • • • | | Deaths in Low Risk Diagnosis Groups (RAMI) - month | No | - | - | 85 | 98 | - | 93 | 125 | 85 | 88 | 152 | 97 | 121 | 71 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | • • • • • • • | | Mortality Reviews within 42 working days | => % | 90 | 90 | 78.8 | 83.3 | 84.5 | 75.7 | 84.9 | 76.3 | 80.0 | 78.0 | 75.4 | 82.7 | 74.5 | 74.8 | 72.2 | 75.1 | 63.9 | 78.4 | - | - | 73.0 | 80.5 | 50.0 | - | - | 100.0 | - |
| y and | • • • • • • • | | Crude In-Hospital Mortality Rate (Deaths / Spells) (by month) | % | - | - | 1.3 | 1.4 | 1.2 | 1.3 | 1.1 | 1.2 | 1.3 | 1.4 | 1.4 | 1.6 | 1.7 | 1.5 | 2.9 | 7.3 | 3.0 | 2.1 | 1.5 | - | 3.2 | - | - | - | - | - | - |
| Mortality | • • • • • • | | Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative) | % | - | - | 1.3 | 1.3 | 1.3 | - | 1.3 | 1.3 | 1.0 | 1.3 | 1.3 | 1.3 | 1.4 | 1.4 | 1.5 | 1.7 | 1.9 | 1.9 | 2.0 | - | 1.9 | - | - | - | - | - | - |
| Moi | • • • • • • | | Deaths in The Trust | No | - | - | 121 | 134 | 112 | 117 | 109 | 118 | 114 | 133 | 136 | 139 | 162 | 125 | - | 334 | 150 | 125 | 103 | - | 712 | 86 | 11 | 2 | 0 | 4 | 0 |
| | | | Avoidable Deaths In the Trust | No | - | - | - | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | 0 | - | - | - | - | - | - |
| | • • • • • • • | Apr 19 | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | - | - | 7.8 | 7.5 | 7.9 | 7.4 | 8.4 | 8.3 | 7.8 | 7.9 | 8.2 | 8.0 | 8.1 | 8.5 | 9.7 | 12.9 | 10.4 | 8.9 | 9.1 | - | 10.1 | 13.3 | 4.2 | 11.3 | 15.4 | 2.9 | - |
| | • • • • • • • | Apr 19 | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | - | - | 8.0 | 7.9 | 7.9 | 7.9 | 7.9 | 7.9 | 7.9 | 8.0 | 8.1 | 8.0 | 8.0 | 8.0 | 8.1 | 8.3 | 8.5 | 8.6 | 8.7 | - | 8.5 | 13.4 | 4.4 | 8.2 | 6.7 | 1.9 | - |
| | ••••• | Apr 19 | Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month | % | - | - | 3.5 | 3.0 | 3.0 | 2.6 | 3.5 | 3.5 | 3.2 | 3.0 | 3.3 | 2.9 | 3.0 | 3.1 | 3.8 | 5.2 | 4.1 | 3.6 | 4.0 | - | 4.1 | 5.3 | 2.1 | 9.7 | - | - | - |
| | ••••• | Apr 19 | Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative | % | - | - | 3.6 | 3.5 | 3.5 | 3.4 | 3.4 | 3.3 | 3.3 | 3.4 | 3.3 | 3.2 | 3.2 | 3.1 | 3.1 | 3.2 | 3.3 | 3.4 | 3.4 | - | 3.3 | 4.3 | 2.4 | 6.7 | 0.4 | 0.1 | - |
| Flow | ••••• | Apr 19 | Inpatients Staying 21+ Days At Month End Census - NHSI | No | - | - | 116 | 139 | 130 | 124 | 129 | 118 | 152 | 159 | 148 | 156 | 154 | 173 | 161 | 66 | 57 | 56 | 53 | 55 | - | 32 | 16 | 3 | 3 | 1 | - |
| Patient F | ••••• | | 21+ Days Long Stay Rate - NHSI | % | - | - | 20.4 | 18.7 | 20.0 | 17.5 | 15.9 | 19.2 | 19.7 | 19.4 | 19.4 | 18.9 | 17.5 | 19.3 | 22.7 | 16.1 | 13.3 | 11.1 | 7.5 | 4.8 | 11.5 | 4.5 | 6.3 | 4.5 | 0.0 | 0.0 | - |
| Pati | ••••• | | Estimated Beds - 21+ Days - NHSI | No | - | - | 126 | 114 | 133 | 101 | 96 | 125 | 111 | 122 | 128 | 121 | 117 | 124 | 140 | 54 | 39 | 36 | 26 | 15 | - | 10 | 5 | 0 | 0 | 0 | - |
| | ••••• | Apr 19 | Routine Outpatient Appointments with Short Notice(<3Wks) | % | - | - | 34.6 | 38.6 | 35.4 | 34.5 | 36.3 | 33.9 | 37.9 | 38.6 | 38.9 | 39.6 | 38.0 | 46.0 | 36.4 | 48.8 | 54.9 | 61.7 | 62.7 | 61.4 | 57.1 | 73.5 | 63.2 | 42.5 | - | 49.6 | - |
| E | ••••• | Apr 19 | Routine Outpatient Appointments with Short Notice(<3Wks) | No | - | - | 3554 | 3599 | 3767 | 3498 | 3838 | 3034 | 3711 | 4512 | 4735 | 4029 | 4571 | 6313 | 4983 | 5886 | 3715 | 4644 | 5122 | 4706 | 24073 | 1423 | 2436 | 493 | 0 | 352 | - |
| RП | ••••• | Apr 19 | Short Notice Inpatient Admission Offers (<3wks) | % | - | - | 45.5 | 57.9 | 57.4 | 56.1 | 53.8 | 54.4 | 51.4 | 51.4 | 53.7 | 54.8 | 55.3 | 56.3 | 55.4 | 49.5 | 94.0 | 82.1 | 78.8 | 76.2 | 75.0 | 92.9 | 77.2 | 50.9 | 100.0 | 79.2 | - |
| | • • • • • • • | Apr 19 | Short Notice Inpatient Admission Offers (<3wks) | No | - | - | 1869 | 2416 | 2414 | 2136 | 2375 | 2150 | 2142 | 2313 | 2388 | 2087 | 2242 | 2207 | 2155 | 549 | 547 | 898 | 1435 | 1625 | 5054 | 196 | 1106 | 116 | 1 | 206 | - |
| | | | 5WD: Pts spending >90% stay on Acute Stroke Unit | => % | 90 | 90 | 93.0 | 88.5 | 87.9 | 92.9 | 90.2 | 98.2 | 88.2 | 93.7 | 91.5 | 96.2 | 84.0 | 90.5 | - | 84.8 | - | 88.9 | 95.2 | 87.0 | 89.1 | 87.0 | - | - | - | - | - |
| | | | 5WD: Pts admitted to Acute Stroke Unit within 4 hrs | => % | 80 | 80 | 85.5 | 50.8 | 67.3 | 63.5 | 76.6 | 77.1 | 47.4 | 45.6 | 70.6 | 48.4 | 52.0 | 66.0 | - | 72.5 | - | 82.2 | 84.2 | 81.8 | 81.4 | 81.8 | - | - | - | - | - |
| | | | 5WD: Pts receiving CT Scan within 1 hr of presentation | => % | 50 | 50 | 85.5 | 68.9 | 66.1 | 60.3 | 70.2 | 73.5 | 53.4 | 60.3 | 73.5 | 74.6 | 94.1 | 88.7 | - | 82.9 | - | 87.5 | 85.9 | 89.1 | 86.8 | 89.1 | - | - | - | - | - |
| | | | 5WD: Pts receiving CT Scan within 24 hrs of presentation | => % | 95 | 95 | 98.2 | 98.4 | 98.3 | 100.0 | 97.9 | 100.0 | 96.6 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | - | 97.6 | - | 100.0 | 100.0 | 100.0 | 99.2 | 100.0 | - | - | - | - | - |
| Stroke | | | 5WD: Stroke Admission to Thrombolysis Time (% within 60 mins) | => % | 85 | 85 | 100.0 | 66.7 | 85.7 | 85.7 | 83.3 | 60.0 | 100.0 | 50.0 | 66.7 | 50.0 | 75.0 | 83.3 | - | 25.0 | - | 50.0 | 100.0 | 50.0 | 66.7 | 50.0 | - | - | - | - | - |
| Str | | | 5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral | => % | 70 | 70 | 94.7 | 100.0 | 88.9 | 64.3 | 87.5 | 75.0 | 68.2 | 65.4 | 88.2 | 80.0 | 65.2 | 83.3 | 80.0 | 82.6 | - | 85.7 | 100.0 | 100.0 | 86.8 | 100.0 | - | - | - | - | - |
| | | | 5WD: TIA (Low Risk) Treatment <7 days from receipt of referral | => % | 75 | 75 | 100.0 | 73.9 | 93.3 | 77.8 | 88.4 | 90.9 | 90.0 | 88.0 | 61.1 | 61.9 | 61.1 | 76.2 | 67.6 | 25.0 | - | 96.2 | 96.2 | - | 93.1 | 96.2 | - | - | - | - | - |
| | • • • • • • • | | Primary Angioplasty (Door To Balloon Time 90 mins) | => % | 80 | 80 | 95.2 | 95.2 | 85.7 | 100.0 | 93.8 | 100.0 | 77.8 | 100.0 | 95.7 | 91.7 | 94.1 | 91.7 | 71.4 | 33.3 | 100.0 | 100.0 | 100.0 | 100.0 | 94.3 | 100.0 | - | - | - | - | - |
| | • • • • • • | | Primary Angioplasty (Call To Balloon Time 150 mins) | => % | 80 | 80 | 85.7 | 95.5 | 85.7 | 87.5 | 93.3 | 90.9 | 66.7 | 100.0 | 89.5 | 81.8 | 88.2 | 91.7 | 50.0 | 33.3 | 80.0 | 100.0 | 75.0 | 100.0 | 85.7 | 100.0 | - | - | - | - | - |
| | • • • • • • • | | Rapid Access Chest Pain - seen within 14 days | => % | 98 | 98 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | - | - | - | - | |
| - | | | | | | | | | | | | | | | | | | | | | | | | | | - | | | | | |

 Data Quality - Kitemark

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CQC Domain - Effective





The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

CQC Domain - Well Led

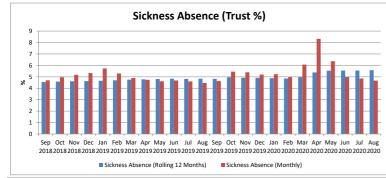
| | | Reviewed | | Measure | Sta | ndard | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | 20/21 Year to | | | Gr | roup | | |
|-------|---------------|----------|---|---------|------|-------|------|------|------|------|------|------|------|------|-------|-------|------|-------|-------|-------|-------|-------|-------|------|---------------|-------|-------|-------|-------|-------|-------|
| | Kitemark | Date | Indicator | Measure | Year | Month | 2019 | 2019 | | | | 2019 | | | | | | | | | | | | 2020 | Date | м | SS | W | | PCCT | CO |
| | ••••• | | PDRs - 12 month rolling | => % | 95 | 95 | 98.7 | - | - | - | - | - | 75.3 | 78.9 | | - | - | - | - | - | - | - | - | - | 77.1 | 51.6 | 89.4 | 85.6 | 84.8 | 88.6 | 90.5 |
| | • • • • • • • | | Medical Appraisal | => % | 90 | 90 | 94.9 | 95.3 | 95.2 | 94.4 | 93.6 | 94.6 | 97.3 | 94.7 | 94.7 | 94.9 | 94.4 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | - | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| | ••••• | Apr 19 | Sickness Absence (Rolling 12 Months) | <= % | 3 | 3 | 4.7 | 4.8 | 4.8 | 4.8 | 4.8 | 4.8 | 4.8 | 5.0 | 4.9 | 4.9 | 4.9 | 4.9 | 5.0 | 5.4 | 5.5 | 5.5 | 5.6 | 5.6 | 5.5 | 6.4 | 6.4 | 5.6 | 4.3 | 4.8 | 4.9 |
| | ••••• | Apr 19 | Sickness Absence (Monthly) | <= % | 3 | 3 | 4.9 | 4.7 | 4.6 | 4.7 | 4.6 | 4.5 | 4.6 | 5.4 | 5.4 | 5.2 | 5.2 | 5.0 | 6.1 | 8.3 | 6.4 | 5.0 | 4.8 | 4.7 | 5.8 | 5.8 | 4.7 | 4.4 | 3.3 | 4.4 | 4.1 |
| | | | Sickness Absence - Long Term - (Open Cases in the month) | No | - | 140 | - | - | - | - | - | - | 131 | 156 | 169 | 187 | 153 | 114 | 152 | 156 | 228 | 160 | 145 | 162 | - | 45 | 29 | 21 | 6 | 22 | 39 |
| | ••••• | Apr 19 | Sickness Absence - Short Term (Monthly) | No | - | - | 784 | 738 | 644 | 674 | 681 | 539 | 719 | 875 | 814 | 872 | 845 | 779 | 936 | 1241 | 722 | 657 | 789 | 630 | - | 166 | 144 | 66 | 23 | 85 | 120 |
| rce | | | Ward Sickness Absence (Monthly) | <= % | 3 | 3 | 6.9 | 6.8 | 6.6 | 6.7 | 5.8 | 5.8 | 6.7 | 7.2 | 7.6 | 7.0 | 6.6 | 6.8 | 8.9 | 11.7 | 9.5 | 7.4 | 6.8 | 7.1 | 8.6 | 7.9 | 7.6 | 5.5 | - | 6.3 | - |
| orkfo | ••••• | | Mandatory Training - Health & Safety (% staff) | => % | 95 | 95 | 95.7 | 95.6 | 94.0 | 71.0 | 80.3 | 85.3 | 86.2 | 89.0 | 90.4 | 91.8 | 92.8 | 92.7 | 94.2 | 93.9 | 96.3 | 97.7 | 98.6 | 97.5 | 96.8 | 95.1 | 96.3 | 98.9 | 99.6 | 98.8 | 98.4 |
| Ň | | | Staff at 100% compliance with mandatory training | % | - | - | 70.8 | 73.8 | 72.7 | 56.8 | 64.4 | 60.4 | 72.0 | 73.6 | 79.1 | 80.1 | 52.8 | 71.5 | 74.4 | 72.6 | 78.4 | 89.3 | 87.7 | 86.4 | 83.0 | 81.7 | 85.1 | 89.0 | | 87.4 | - |
| | | | Staff requiring to complete 1 module to be at 100% compliance with mandatory training | % | - | - | 12.4 | 13.5 | 12.9 | 23.0 | 18.7 | 22.0 | 12.7 | 13.8 | 10.1 | 9.4 | 25.5 | 15.1 | 15.3 | 16.3 | 13.2 | 6.8 | 8.3 | 9.1 | 10.7 | 11.4 | 9.1 | 6.5 | - | 9.3 | - |
| | | | Staff requiring to complete 2 modules to be at 100% compliance with mandatory training | % | - | - | 8.1 | 8.4 | 6.5 | 8.5 | 7.2 | 7.6 | 5.7 | 4.6 | 3.8 | 4.0 | 10.0 | 5.8 | 4.9 | 5.2 | 3.8 | 1.8 | 1.9 | 2.4 | 3.0 | 3.3 | 2.9 | 2.2 | - | 1.9 | - |
| | | | Staff requiring to complete 3 modules to be at 100% compliance with mandatory training | % | - | - | - | - | - | - | - | - | - | - | - | - | 11.7 | 7.6 | 5.4 | 5.9 | 4.6 | 2.0 | 2.1 | 2.2 | 3.3 | 3.7 | 3.0 | 2.4 | - | 1.3 | - |
| | ••••• | Apr 19 | Nursing Turnover (Qualified Only) | <= % | 10.7 | 10.7 | 12.1 | 11.8 | 12.4 | 12.3 | 12.3 | 11.7 | 11.5 | 12.2 | 12.1 | 12.6 | 12.3 | 12.6 | 12.5 | 12.7 | 12.9 | 12.4 | 12.3 | 12.6 | 12.6 | - | - | - | - | - | - |
| | ••••• | Apr 19 | Nursing Vacancy Rate (Qualified) | <= % | 11 | 11 | 10.6 | 15.2 | 15.8 | 15.9 | 16.1 | 15.8 | 14.3 | 14.6 | 13.8 | 14.5 | 12.9 | 12.3 | 12.4 | 12.4 | 13.3 | 14.2 | 18.0 | 12.6 | 14.1 | 9.7 | 17.8 | 15.3 | 46.3 | 8.9 | -1.9 |
| | | Apr 19 | New Starters Complete Onboarding Process | => % | 100 | 100 | 86.9 | 92.3 | 77.6 | 87.5 | 94.6 | 87.0 | 93.5 | 99.2 | 100.0 | 100.0 | 94.8 | 100.0 | 96.9 | 38.8 | 100.0 | 98.9 | 100.0 | 97.2 | 73.7 | 100.0 | 87.5 | 100.0 | - | 95.0 | - |

 Data Quality - Kitemark

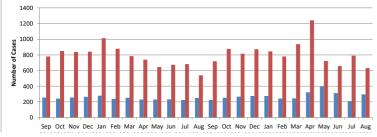
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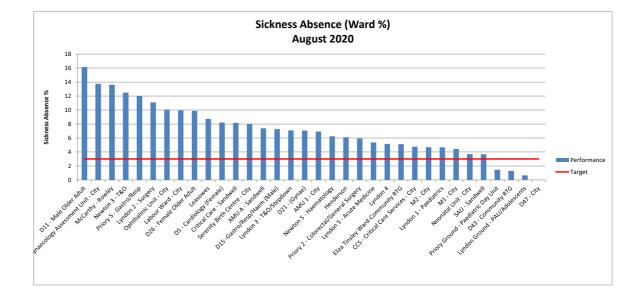
 Timeliness
 Audit
 Source
 Validation
 Complete case
 Granularity
 Assessme Officer

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





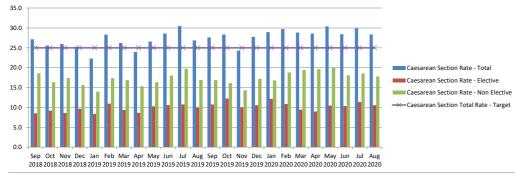


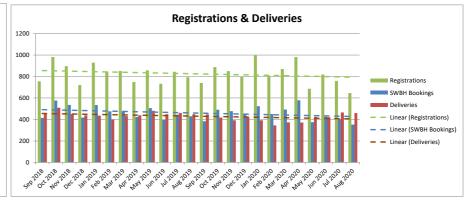


Patient Safety - Obstetrics

| | | | | | Trajecto | ory | | | | | | | | | | | | | | | | | | | |
|-----------------|-------------|-----|--|----------|-------------------|-------|------|------|----------|-----------|--------|------|---------|---------|----------|------|---------|--------|---------|-----------|----------------|-------|---|-----------------|---------------|
| Data Quality | Last review | PAF | Indicator | Measure | 2016-20 Year M | | м | Α | м | JJ | Prev | | | Trend | (since M | | 9) M | | IJJ | JA | Data Period | Month | Γ | Year To Date | Trend |
| Quality | | | | | rear w | ionth | IVI | A | IVI | JJJ | A | 3 | 0 | | | - F | | A W | J | JA | Period | | | Date | |
| \bigcirc | | | Caesarean Section Rate - Total | <= % | 25.0 | 25.0 | ۲ | ۰ | • | • • | ۲ | ۰ | • | | | ۲ | • | | ۲ | • | Aug 2020 | 28.4 | | 29.2 | \mathcal{M} |
| Ó | | • | Caesarean Section Rate - Elective | <= % | | | 9 | 9 | 10 1 | 11 11 | 10 | 11 | 12 1 | 0 1 | 1 12 | 11 | 9 9 | 9 10 | 0 10 | 11 11 | Aug 2020 | 10.5 | | 10.4 | \sim |
| Ó | | • | Caesarean Section Rate - Non Elective | <= % | | | 17 | 15 | 16 1 | 18 20 | 17 | 17 | 16 1 | 4 1 | 7 17 | 19 | 19 2 | 0 20 |) 18 | 19 18 | Aug 2020 | 17.8 | | 18.8 | \sim |
| Ô | | •d | Maternal Deaths | <= No | 0 | 0 | • | ۰ | | • • | ۰ | ٠ | • | | | ٠ | • | | | • | Aug 2020 | 0 | | 1 | _∧∧ |
| | | | Post Partum Haemorrhage (>2000ml) | <= No | 48 | 4 | | ۰ | | • • | ۲ | ٠ | • | | | ٠ | • | | | • • | Aug 2020 | 1 | | 16 | \sim |
| Ó | | | Admissions to Neonatal Intensive Care (Level 3) | <= % | 10.0 | 10.0 | ۰ | ۰ | • | • • | ۰ | ٠ | • | | | ٠ | • | | | • | Aug 2020 | 3.70 | | 4.58 | \sim |
| | | | Adjusted Perinatal Mortality Rate (per 1000 babies) | <= Rate1 | 8.0 | 8.0 | ۰ | ۰ | • | • • | ۰ | ٠ | • | | | ٠ | • | | ۲ | • | Aug 2020 | 4.35 | | 10.74 | \sim |
| \bigcirc | Apr-19 | | Stillbirth Rate (Corrected) (per 1000 babies) | Rate1 | | | 4.64 | 0.00 | 6.25 4 | 1.45 6.5 | 1 8.93 | 2.24 | 4.80 2. | 54 4.7 | 8 5.10 | 0.00 | 2.68 2. | 70 9.4 | 3 11.90 | 6.44 4.35 | Aug 2020 | 4.35 | | 7.01 | \sim |
| \bigcirc | Apr-19 | | Neonatal Death Rate (Corrected) (per 1000 babies) | Rate1 | | | 0.00 | 0.00 | 0 2.08 0 | 0.00 0.00 | 0.00 | 0.00 | 2.40 5. | .09 2.3 | 9 2.55 | 0.00 | 2.68 5. | 39 2.3 | 6 4.76 | 6.44 0.00 | Aug 2020 | 0.00 | | 3.74 | $\sim \sim$ |
| | | | Early Booking Assessment (<12 + 6 weeks) - SWBH Specific | => % | 85.0 | 85.0 | | ۰ | | • • | ۰ | ٠ | • | | | ٠ | • | | | • • | Aug 2020 | 93.0 | | 92.4 | \sim |
| | | | Early Booking Assessment (<12 + 6 weeks) - National Definition | => % | 90.0 | 90.0 | | ۰ | | • • | ۰ | ٠ | • | | | ٠ | • | | | • • | Aug 2020 | 106.9 | | 132.8 | m |
| | | | Breast Feeding Initiation (Quarterly) | => % | 74.0 | 74.0 | ۰ | ۰ | | • • | ۰ | ٠ | • | | | ٠ | • | | | • • | Aug 2020 | 85.62 | | 83.24 | |
| \bigcirc | Apr-19 | • | Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) - | <= % | | | 0.5 | 1.8 | 2.2 1 | 1.4 0.9 | 9 0.8 | 0.3 | 0.3 1 | .2 0. | 5 1.1 | 0.0 | 0.3 1 | 9 1.6 | 6 1.8 | 1.7 2.1 | Aug 2020 | 2.13 | | 1.86 | \sim |
| \bigcirc | Apr-19 | • | Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 085 or 086 Not 0864) (%) | <= % | | | 0.5 | 0.9 | 1.9 1 | 1.0 0.9 | 0.8 | 0.3 | 0.3 1 | .2 0. | 5 0.8 | 0.0 | 0.3 0 | 4 0.8 | 8 1.3 | 1.1 1.8 | Aug 2020 | 1.77 | | 1.12 | \sim |
| \bigcirc | Apr-19 | • | Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) | <= % | | | 0.0 | 0.0 | 0.6 0 | 0.7 0.6 | 6 0.0 | 0.0 | 0.0 0 | .3 0. | 0 0.5 | 0.0 | 0.0 0 | 0.0 | 0.0 | 0.0 0.7 | Aug 2020 | 0.71 | | 0.19 | |







CQC : Use of Resources

| Г | | 1 | | | | | | Benchmark | | | | Tru | st | | | | | | | | | | | | | | | | | Group | | |
|---------------------------------|----------|------------------|---|---------|------------|-------------------------------|-------------------------------|------------------------------------|--|---|---|-------------------|--------|-------------|----------------------|-------------|-------------|----------------------|-------------|------------------------|-------------------|-------------|---------------|------------------|-----------------|---------------------------------|-----------------------|------|------|----------|----------|------|
| | Kitemark | Reviewed Date | Indicator | Measure | Period | Model Hospital STP Peer | Royal Wolverh NHS Trust | Walsall Healthcare NHS Trust | Dudley Group NHS Foundation Trust | Model Hospital National Median | Model Hospital Quality Account Peer | Trust Delivery | Target | Mar 2019 | Apr May 2019 2019 | Jun 2019 | Jul 2019 | Aug Sep 2019 2019 | Oct 2019 | Nov De 2019 20 | c Jan 19 2020 | Feb 2020 | Mar / | pr Ma 020 202 | / Jun 0 2020 | Jul Aug 2020 2020 | 20/21 Year to Date | м | SS | wi | I PCC7 | т со |
| | | | Pre-Procedure Elective Bed Days | Avg | Q4 2019/20 | 0.15 | 0.18 | 0.03 | 0.08 | 0.11 | 0.21 | 0.2 | - | - | | - | - | | - | | - | - | - | | - | 0.32 0.31 | 0.39 | 0.80 | 0.15 | 0.00 0.0 | 00 4.00 | - |
| vices | | | Pre-Procedure Non-Elective Bed Days | <= Avg | Q4 2019/20 | 0.74 | 0.64 | 0.85 | 0.82 | 0.66 | 0.54 | 0.66 | | - | 0.74 0.55 | 0.66 | 0.72 | 0.85 0.67 | 0.77 | 0.61 0.5 | 59 0.63 | 0.61 | 0.49 0 | .55 0.3 | 8 0.52 | 0.28 0.25 | 0.39 | 0.32 | 0.13 | 0.03 - | - 0.25 | - |
| al Sei | | | DNA Rate - Inc Radiology (Model Hospital) | <= % | Q4 2019/20 | 8.09 | 7.31 | 9.92 | 6.63 | 7.11 | 6.75 | 8.35 | - | 7.8 | 8.1 7.8 | 7.8 | 7.9 | 8.4 8.1 | 8.1 | 8.3 8. | 8 7.7 | 7.7 | 11.7 | 9.1 7.5 | 8.0 | 8.6 9.1 | 8.4 | 8.7 | 11.8 | 15.4 0. | .1 7.4 | - |
| Clinic | | | DNA Rate - Exc Radiology (SWB) | <= % | Q3 2019/20 | n/a | - | - | - | n/a | n/a | 10.49 | - | 9.9 | 10.2 9.8 | 9.8 | 9.9 | 10.5 10.2 | 10.2 | 10.3 11 | .0 9.6 | 9.5 | 14.1 1 | 0.0 8.6 | - | 10.3 11.4 | 9.8 | 8.7 | 11.8 | 15.4 30 | 0.0 7.4 | - |
| | | | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | <= % | Q4 2019/20 | 7.97 | 6.68 | 8.16 | 5.72 | 7.94 | 7.49 | 8.23 | - | 7.8 | 7.5 7.9 | 7.4 | 8.4 | 8.3 7.8 | 7.9 | 8.2 8. | 0 8.1 | 8.5 | 9.7 1 | 2.9 10. | 4 8.9 | 9.1 - | 10.1 | 13.3 | 4.2 | 11.3 15 | 5.4 2.9 | - |
| cal bort ces | | | Top 10 Medicines - Delivery of Savings | % | To Mar2018 | - | - | | - | 100 | | 82 | - | - | | | - | | | | - | | - | | | | - | - | - | | | - |
| Clinical Support Services | | | Pathology Overall Cost Per Test | £ | 2018/19 | £1.45 | £2.08 | £1.58 | £1.14 | £1.94 | £2.46 | £1.33 | - | Pa | thology servic | es are p | provided | by the Black | Country | Pathology Model Hos | Services pital | nodel; c | osts per t | est are av | ailable a | annually only in | | | | | | |
| | | | Staff Retention Rate | % | To May2020 | 86 | 87.2 | 84.4 | 89.8 | 86.2 | 85.1 | 85 | - | - | | - | - | | - | | - | 86.1 | 86.6 8 | 5.4 85. | 5 85.7 | 86.3 86.6 | 85.9 | 84.1 | 87.7 | 87.3 93 | J.8 85.0 | 87.4 |
| | | | Sickness Absence (Monthly) | <= % | May2020 | 5.41 | 4.87 | 6.89 | 4.82 | 4.77 | 5.01 | 5.39 | - | 4.9 | 4.7 4.6 | 4.7 | 4.6 | 4.5 4.6 | 5.4 | 5.4 5. | 2 5.2 | 5.0 | 6.1 | 3.3 6.4 | 5.0 | 4.8 4.7 | 5.8 | 5.8 | 4.7 | 4.4 3. | .3 4.4 | 4.1 |
| | | | Total Cost per WAU | £ | 2018/19 | £3,614 | - | - | - | £3,500 | • | £3,359 | - | | | | | | | | | | | | | | | | | | | |
| eld | | | Total Pay Cost per WAU | £ | 2018/19 | £1,940 | - | - | - | £1,923 | - | £1,901 | - | | | | | | | | | | | | | | | | | | | |
| Peo | | | Clinial Staff Pay Cost WAU | £ | 2018/19 | £1,940 | - | | - | £1,923 | | £1,901 | - | D | ad New Dev | | | | | Ma dal 11a | | | (1 1 h | | | U a ati a a sui a dasso | | | | | | |
| | | | Substantive Medical Staff Cost Per WAU | £ | 2018/19 | £780 | £774 | £786 | £793 | £763 | | £770 | | | | | | | | e are ther | efore un | | | | | llection window on a per WAU | | | | | | |
| | | | Substantive Nursing Staff Cost Per WAU | £ | 2018/19 | £924 | £839 | £948 | £1,005 | £892 | | £901 | - | | | | | | | basis | | | | | | | | | | | | |
| | | | Professional Technical and Therapies Staff Cost Per WAU | £ | 2018/19 | £236 | - | | | £268 | | £230 | - | | | | | | | | | | | | | | | | | | | |
| 80 - 10 | | | Total Non-Pay Cost Per WAU | £ | 2018/19 | £1,674 | - | - | - | £1,577 | - | £1,458 | - | | | | | | | | | | | | | | | | | | | |
| rvices, Estates s | | | Finance Cost Per £100m Turnover | £000 | 2018/19 | 483.8k | 483.42 | 626.25 | 457.75 | 653.3 | 653.3k | 634.6k | - | - | | - | - | | - | | - | - | - | | - | - FALSE | 0.7 | - | - | | | - |
| ate se nent, E scilitie | | | HR Cost Per £100m Turnover | £000 | 2018/19 | 686.9k | 767.49 | 1270 | 388.35 | 910.7 | 767.5k | 794.9k | | - | | | - | | - | | - | | - | | - | - FALSE | 0.7 | - | - | | | - |
| Corpor Procuren Fi | | | Estates & Facilities Cost (£ per m2) | £ | 2018/19 | - | £360 | £366 | £494 | - | | - | - | - | | - | - | | - | | - | - | - | | - | | | - | - | | | - |
| Pro | | | Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100) | No | Q2 2019/20 | 54 | 58 | 43 | | 57 | 57 | 74 | - | - | | - | 74 | ÷ | - | | - | - | - | | - | | 74 | - | - | | | - |
| | | | Capital Service Capacity - Value | No | Feb 20 | n/a | - | - | | n/a | n/a | | - | - | | - | - | | - | | 2 | 2 | 2 1 | 146 2 | 2 | 2 2 | 1155 | - | - | | | - |
| e | | | Liquidity (Days) - Value | No | Feb 20 | n/a | - | | | n/a | n/a | - | - | - | | | - | | - | | -15 | -11 | 15 - | 164 -91 | -59 | -52 -34 | -399 | - | - | | | - |
| Finance | | | Distance From Agency Spend Cap - Value | % | Feb 20 | n/a | - | - | - | n/a | n/a | - | - | | | - | | | - | | 76.0 | 75.0 | 78.0 7 | 0.0 50. | 31.0 | 37.0 22.0 | 42.0 | - | - | | | - |
| ii. | | | Income and Expenditure (I &E) Margin - Value | % | Feb 20 | n/a | - | | | n/a | n/a | | | | | | - | | - | | -0.4 | -0.5 | 0.0 | 0.0 0.0 | 0.0 | 0.0 0.0 | 0.0 | | - | | | - |
| | | | Distance Form Financial Plan - Value | % | Feb 20 | n/a | - | - | - | n/a | n/a | - | - | - | | - | - | | - | | -0.1 | -0.1 | 0.0 | 5.0 0.0 | 0.0 | 0.0 0.0 | 1.0 | - | - | | | - |

Benchmark:

Quality Account Peer Group :

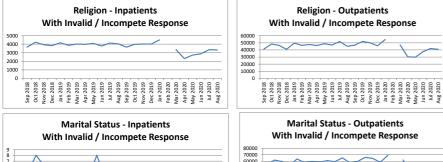
- Bradford Teaching NHS Foundation Trust (BTH)
 Kings College Hospital NHS Foundation Trust (KCH)
- Royal Liverpool & Broadgreen University NHS Foundation Trust (RLBUH)
 The Royal Wolverhampton NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UH Bristol)
- Worcestershire Acute Hospital NHS Foundation Trust (Worcs Acute)
- Northumbria Healthcare NHS Foundation Trust

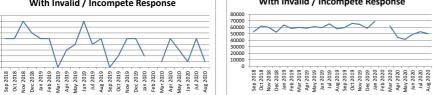
STP FootPrint Peer Group:

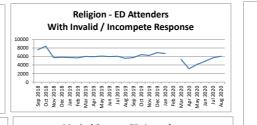
- Black Country Partnership NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Dudley Group NHS Foundation Trust
 Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation Trust

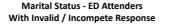
Data Completeness

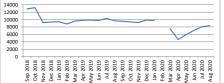
| Data Quality | ast review | PAF | Indicator | Measure | | jectory Month | м | А | м | J | J | | | | | I (since I D J | | | A | M J | J. | JA | Data Period | Group M SS W P I PCCT CO | Month | Year To Date | Trend |
|-----------------|------------|-----|--|---------|------|------------------|---------|---------|---------|---------|---------|---------|---------|----------|---------|-------------------|---------|----------|--------|--------------------|--------|-----------|----------------|---|---------|-----------------|-------------|
| \bigcirc | | • | Data Completeness Community Services | => % | 50.0 | 50.0 | ۰ | ٠ | ٠ | ٠ | ٠ | ٠ | • | • | | | ٠ | ٠ | • | • • | | | Aug 2020 | 61.2 | 61.2 | | |
| C | | • | Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC | => % | 99.0 | 99.0 | ۰ | ۲ | ۲ | ۲ | ۲ | ۲ | • | • | | | ۲ | ۲ | • | • . | | | May 2020 | | 77.5 | | |
| C | | • | Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC | => % | 99.0 | 99.0 | ۲ | ۲ | ۲ | ۲ | ۲ | ۲ | ٠ | • | | • | ۲ | ۲ | ۲ | • . | | | May 2020 | | 97.1 | | ٦ |
| C | | • | Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC | => % | 99.0 | 99.0 | ۲ | ۰ | ۲ | ۲ | ۲ | ۲ | ۰ | • | | | ۲ | ۲ | ۲ | • . | | | May 2020 | | 99.0 | | \ |
| C | | | Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS | => % | 99.0 | 99.0 | 97. | 5 98.2 | 98.1 | 96.8 | 98.7 | 97.9 | 96.8 | 97.2 9 | 6.2 95 | 5.1 95.3 | 7 99.0 | 97.1 | 95.5 9 | 8.4 98. | .6 96 | 6.2 - | Jul 2020 | | 96.2 | 97.2 | $\sim M$ |
| C | | | Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS | => % | 99.0 | 99.0 | 99. | 6 99.6 | 99.7 | 99.6 | 99.6 | 99.5 | 99.6 | 99.6 9 | 9.6 99 | 9.6 99. | 5 99.7 | 99.5 | 99.6 9 | 9.4 99. | .4 99 | 9.5 - | Jul 2020 | | 99.5 | 99.5 | \sim |
| C | | | Completion of Valid NHS Number Field in A&E data set submissions to SUS | => % | 95.0 | 95.0 | 97. | 5 97.6 | 97.6 | 97.3 | 97.3 | 97.2 | 92.6 | 82.7 8 | 4.4 84 | 4.2 86.0 | 85.6 | 88.4 | 90.3 8 | 9.9 90. | .2 90 | 0.2 - | Jul 2020 | | 90.2 | 90.2 | ~~ |
| | | | Ethnicity Coding - percentage of inpatients with recorded response | => % | 90.0 | 90.0 | ۲ | ٠ | ۰ | ۲ | ۲ | ۲ | ۰ | • | | • | ۲ | ۲ | ۲ | • | | • | Jul 2020 | | 87.3 | 87.1 | \sim |
| \bigcirc | | | Ethnicity Coding - percentage of outpatients with recorded response | => % | 90.0 | 90.0 | ۲ | ۲ | ۰ | ۲ | ۰ | ۰ | ٠ | • | | • | ۲ | ۲ | ۲ | • | | | Jul 2020 | | 88.7 | 89.0 | \sim |
| \bigcirc | | | Protected Characteristic - Religion - INPATIENTS with recorded response | % | | | 68 | 4 68.6 | 68.2 | 68.0 | 67.7 | 66.8 | 67.7 | 65.7 6 | 5.9 65 | 5.3 62.9 | 9 - | 64.5 | 65.5 6 | 3.4 65. | .0 63 | 3.6 63.8 | Aug 2020 | | 63.8 | 64.2 | 7 |
| \bigcirc | | | Protected Characteristic - Religion - OUTPATIENTS with recorded response | % | | | 50. | 1 50.7 | 50.2 | 50.3 | 50.4 | 51.1 | 50.6 | 50.3 5 | 0.9 50 | 0.3 50.0 | - o | 51.2 | 55.9 5 | 2.5 50. | .1 48 | 8.1 46.5 | Aug 2020 | | 46.5 | 50.4 | \neg |
| \bigcirc | | | Protected Characteristic - Religion - ED patients with recorded response | % | | | 62. | 64.0 | 62.8 | 62.9 | 64.7 | 64.6 | 63.7 | 59.2 5 | 9.1 57 | 7.0 57.3 | 7 - | 55.5 | 55.1 5 | 5.3 56. | .2 55 | 5.3 55.0 | Aug 2020 | | 55.0 | 55.4 | |
| \bigcirc | | | Protected Characteristic - Marital Status - INPATIENTS with recorded response | % | | | 100 | 0 100.0 | 100.0 | 99.9 | 100.0 | 100.0 | 100.0 1 | 100.0 10 | 0.0 10 | 0.0 100. | 0 - | 100.0 | 99.9 1 | 00.0 100 | 0.0 99 | 9.9 100.0 | Aug 2020 | | 100.0 | 100.0 | V |
| \bigcirc | | | Protected Characteristic - Marital Status - OUTPATIENTS with recorded response | % | | | 37. | 1 37.5 | 37.4 | 37.2 | 37.5 | 37.3 | 36.8 | 36.7 3 | 6.5 36 | 6.5 36.4 | 4 - | 35.1 | 35.5 3 | 4.4 34. | .4 34 | 4.1 34.3 | Aug 2020 | | 34.3 | 34.5 | V- |
| | | | Protected Characteristic - Marital Status - ED patients with recorded response | % | | | 40 | 4 40.6 | 40.0 | 39.5 | 39.9 | 38.4 | 40.1 | 40.5 3 | 9.8 39 | 9.1 38.3 | 3 - | 37.2 | 33.6 3 | 6.5 36. | .3 36 | 6.5 37.7 | Aug 2020 | | 37.7 | 36.4 | -V- |
| \bigcirc | | | Maternity - Percentage of invalid fields completed in SUS submission | <= % | 15.0 | 15.0 | ۰ | ۲ | ۰ | ۲ | ۰ | ۰ | ٠ | • | | • | ۰ | ۰ | • | • | | • | Jul 2020 | | 7.2 | 6.8 | $\sim \sim$ |
| 0 | | | Open Referrals | No | | | 325,229 | 311,212 | 223,937 | 221,026 | 216,977 | 215,389 | 210,947 | 213,037 | 213.645 | 216,936 | 217,529 | 215, 194 | | 206,748 206,550 | | 211,836 | Aug 2020 | 32,929 731 - 24,511 101,729 51,936 | 211,836 | | |
| 0 | | | Open Referrals without Future Activity/ Waiting List: Requiring Validation | No | | | 151,428 | 158,635 | 69,739 | 64,564 | 54,518 | 53,060 | 46,595 | 37, 194 | 36.476 | 38,823 | 38, 104 | 38, 197 | | 36,323 | | 36,380 | Aug 2020 | 3,700 423 - 5,164 13,059 | 36380 | | |









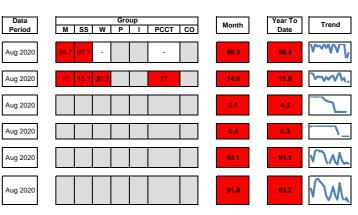




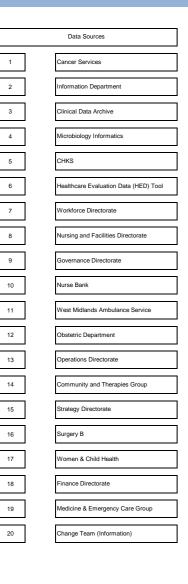
Local Quality Indicators - 2020/2021

| Data | Last review | PAF | Indicator | Measure | Traje | ectory |
|---------|-------------|-----|---|---------|-------|--------|
| Quality | Last review | PAF | indicator | Weasure | Year | Month |
| | | | | | - | |
| | | | WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR | => % | 100 | 100 |
| | 1 | | | | | |
| | | | Morning Discharges (00:00 to 12:00) - SQPR | => % | 35 | 35 |
| | | | | | | |
| | | | ED Diagnosis Coding (Mental Health CQUIN) - SQPR | => % | 85 | 85 |
| | | | 1 | | | |
| | | | CO Monitoring by 12+6 weeks of pregnancy - SQPR | => % | 90 | 90 |
| | | | | | | |
| | | | Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload | => % | 100 | 100 |
| | | | | | | |
| | | | Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment | => % | 95 | 95 |

| | | | | F | Previ | ous N | lont | ns Tr | end (| From | n Mar | 2019 |)) | | | | |
|-----|----|-----|-----|-----|-------|-------|------|-------|-------|------|-------|------|----------------|-----|-----|----|----|
| М | Α | М | J | J | Α | S | 0 | Ν | D | J | F | М | Α | М | J | J | Α |
| 100 | 99 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 99 | 100 | 100 | 99 | 100 | 100 | 100 | 99 | 99 |
| 20 | 19 | 16 | 17 | 17 | 17 | 14 | 17 | 15 | 17 | 18 | 15 | 18 | 20 | 15 | 16 | 13 | 14 |
| 91 | 92 | 91 | 91 | 92 | 92 | 75 | 68 | 63 | 61 | 55 | 5 | 6 | 7 | 5 | 5 | 4 | 2 |
| 86 | 97 | 94 | 94 | 93 | 93 | 90 | 91 | 92 | 90 | 93 | 94 | 47 | 0 | 0 | 0 | 1 | 0 |
| 95 | 93 | 97 | 97 | 97 | 97 | 96 | 93 | 91 | 93 | 95 | 93 | 92 | 96 | 93 | 92 | 93 | 92 |
| 95 | 93 | 97 | 98 | 97 | 96 | 96 | 93 | 92 | 93 | 96 | 93 | 92 | 96 | 93 | 92 | 93 | 92 |



Legend



| Ir | dicators which comprise the External Performance Assessment Frameworks |
|----|--|
| | CQC Regulatory Framework and NHS Oversight Framework |
| а | Caring |
| b | Well-led |
| с | Effective |
| d | Safe |
| е | Responsive |
| f | Finance |

| | Groups |
|------|-------------------------------------|
| м | Medicine & Emergency Care |
| А | Surgery A |
| В | Surgery B |
| w | Women & Child Health |
| I | Imaging |
| PCCT | Primary Care, Community & Therapies |
| со | Corporate |

| | | Data C | uality - Ki | temark | | |
|------------|-------|--------|-------------|------------------|-------------|-----------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Timeliness | Audit | Source | Validation | Complete ness | Granularity | Assessment of Exec Director |
| • | • | • | • | • | • | • |

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

| Key | | |
|-----|------------------|--|
| - | Segment 1-6 | Segment 7 |
| • | Insufficient | As assessed by Executive Director |
| • | Sufficient | As assessed by Executive Director |
| | | |
| • | Not Yet Assessed | Awaiting assessment by Executive Director |

| Section | Indicator | Measure | Trajectory Year Month | Previous Months Trend M A M J J A S O N D J F M A M J J A A | Data Period | Directorate EC ACA ACB | Month | Year To Date | Trend |
|---------------------------------|---|---------|--------------------------|---|----------------|---------------------------|-------|-----------------|--------|
| Patient Safety - Inf Control | C. Difficile | <= No | 30 3 | | Aug 2020 | 3 0 0 | 3 | 8 | \sim |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 0 | | Aug 2020 | 0 0 0 | 0 | 0 | |
| Patient Safety - Inf Control | MRSA Screening - Elective (%) | => % | 80 80 | | Aug 2020 | 76 74 43 | 70.9 | | \sim |
| Patient Safety - Inf Control | MRSA Screening - Non Elective (%) | => % | 80 80 | | Aug 2020 | 93 95 95 | 93.8 | | ~~~~ |
| Patient Safety - Harm Free Care | Number of DOLS raised | No | | 28 20 16 21 13 14 24 19 12 25 14 17 15 13 21 23 17 15 | Aug 2020 | 0 15 0 | 15 | 89 | h |
| Patient Safety - Harm Free Care | Number of DOLS which are 7 day urgent | No | | 28 20 16 21 13 14 24 19 12 25 14 17 15 13 21 23 17 15 | Aug 2020 | 0 15 0 | 15 | 89 | h |
| Patient Safety - Harm Free Care | Number of delays with LA in assessing for standard DOLS application | No | | 6 2 4 11 2 4 0 4 3 6 3 4 0 2 1 3 3 3 | Aug 2020 | 0 3 0 | 3 | 12 | hm |
| Patient Safety - Harm Free Care | Number DOLs rolled over from previous month | No | | 3 5 2 4 0 2 0 1 0 0 0 2 1 5 4 2 3 1 | Aug 2020 | 0 1 0 | 1 | 15 | mm |
| Patient Safety - Harm Free Care | Number patients discharged prior to LA assessment targets | No | | 13 11 9 9 8 8 13 12 7 16 7 10 11 12 22 19 15 11 | Aug 2020 | 0 11 0 | 11 | 79 | \sim |
| Patient Safety - Harm Free Care | Number of DOLs applications the LA disagreed with | No | | 2 1 0 0 2 2 0 0 0 1 0 0 0 0 0 0 | Aug 2020 | 0 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Number patients cognitively improved regained capacity did not require LA assessment | No | | 0 4 0 2 0 0 0 0 0 1 0 0 0 0 0 0 0 | Aug 2020 | 0 0 0 | 0 | - | M |
| Patient Safety - Harm Free Care | Falls | <= No | 0 0 | 43 51 60 47 58 58 39 30 34 47 46 42 65 21 35 44 51 44 | Aug 2020 | 14 | 44 | 195 | \sim |
| Patient Safety - Harm Free Care | Falls - Death or Severe Harm | <= No | 0 0 | 1 2 2 1 2 0 0 1 0 1 1 0 0 1 1 2 0 | Aug 2020 | 0 0 0 | 0 | 4 | \sim |
| Patient Safety - Harm Free Care | Pressure Ulcer SWB Hospital Acquired - Total | <= No | 0 0 | 11 14 11 16 14 12 15 12 3 14 14 17 18 15 17 6 7 11 | Aug 2020 | 2 | 11 | 56 | \sim |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95.0 95.0 | | Aug 2020 | 97.9 95.3 96.2 | 97.2 | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 100.0 100.0 | | Aug 2020 | 100.0 99.6 100.0 | 99.9 | | VV - |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 100.0 100.0 | | Aug 2020 | 100 100 100 | 100.0 | | WV |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 100.0 100.0 | | Aug 2020 | 100 100 99 | 99.7 | | ~~~^V |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 0 | | Aug 2020 | 0 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 0 | 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 | Aug 2020 | 0 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 0 | | Aug 2020 | 0 3 0 | 3 | 12 | \sim |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 100 98 | | Jun 2020 | 75 75 94 | 81 | | T |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | | 12.1 11.9 12.7 12.3 13.0 12.9 12.6 13.3 14.1 13.3 13.8 13.9 13.7 14.9 12.8 11.9 13.3 - | Jul 2020 | | 13.3 | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | 12.5 12.4 12.4 12.4 12.4 12.4 12.5 12.7 12.9 12.9 13.0 13.0 13.1 13.3 13.4 13.4 13.4 - | Jul 2020 | | | 13.4 | |

| Section | Indicator | | Trajectory Year Month | M A M | JJ | A S | | onths Trend D J | FM | A M J J A | Data Period | Directorate EC AC SC | Month | Year To Date | |
|---------------------------------|--|-------|--------------------------|-------------|--------|--------|---------|--------------------|--------|-------------------|----------------|-------------------------|-------|-----------------|---|
| Clinical Effect - Stroke & Card | Pts spending >90% stay on Acute Stroke Unit (%) | => % | 90.0 90.0 | • • • | • • | • | | | - | | Jun 2020 | - | 86.7 | 85.7 | \neg |
| Clinical Effect - Stroke & Card | Pts admitted to Acute Stroke Unit within 4 hrs (%) | => % | 90.0 90.0 | • • • | • | • | | | - | | Jun 2020 | - | 84.4 | 82.4 | \sim |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 1 hr of presentation (%) | => % | 50.0 50.0 | • • • | • • | • | | | | | Jun 2020 | - | 87.5 | 86.4 | $\neg \land$ |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 24 hrs of presentation (%) | => % | 100.0 100.0 | • • • | • • | • | | | | | Jun 2020 | - | 100.0 | 98.4 | |
| Clinical Effect - Stroke & Card | Stroke Admission to Thrombolysis Time (% within 60 mins) | => % | 85.0 85.0 | • • • | • • | • - | | | - | | Jun 2020 | - | 50.0 | 57.1 | \sim |
| Clinical Effect - Stroke & Card | Stroke Admissions - Swallowing assessments (<24h) (%) | => % | 98.0 98.0 | • • • | • . | | | | | | Jun 2019 | - | 100.0 | 100.0 | |
| Clinical Effect - Stroke & Card | TIA (High Risk) Treatment <24 Hours from receipt of referral (%) | => % | 70.0 70.0 | • • • | • • | • | • | • • | • • | • | Jun 2020 | - | 92.3 | 84.2 | ~~~V |
| Clinical Effect - Stroke & Card | TIA (Low Risk) Treatment <7 days from receipt of referral (%) | => % | 75.0 75.0 | • • • | • • | • • | • | • • | • | | Jun 2020 | - | 100.0 | 91.3 | $\overline{\mathcal{M}}$ |
| Clinical Effect - Stroke & Card | Primary Angioplasty (Door To Balloon Time 90 mins) (%) | => % | 80.0 80.0 | • • • | • • | • • | • | • • | • • | | Aug 2020 | 100.0 | 100.0 | 94.3 | ~~~ |
| Clinical Effect - Stroke & Card | Primary Angioplasty (Call To Balloon Time 150 mins) (%) | => % | 80.0 80.0 | • • • | • • | • | • | • • | • • | | Aug 2020 | 100.0 | 100.0 | 85.7 | $\sim\sim\sim\sim$ |
| Clinical Effect - Stroke & Card | Rapid Access Chest Pain - seen within 14 days (%) | => % | 98.0 98.0 | • • • | • • | • • | • | • • | • • | | Aug 2020 | 100.0 | 100.0 | 100.0 | |
| Clinical Effect - Cancer | 2 weeks | => % | 93.0 93.0 | • • • | • | • | • | • • | • • • | | Jul 2020 | 85.1 | 86.9 | | M |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96.0 96.0 | • • • | • • | • • | • | • | • • | | Jul 2020 | 100.0 | 100.0 | | |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85.0 85.0 | • • • | • • | • | • | • • | • • • | • • • • • | Jul 2020 | 80.0 | 70.6 | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | 2.5 4 0.5 | 2 5 | 4 2 | 3.5 1 | 3.5 3.5 | 1.5 1 | - 4 3 2.5 - | Jul 2020 | - 2.00 0.50 | 2.50 | 10 | \sim |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | 1 1 0.5 | 0 1.5 | 1.5 2 | 1 1 | 2.5 2.5 | 1 0 | - 0 1 1.5 - | Jul 2020 | - 1.00 0.50 | 1.50 | 3 | $\sqrt{}$ |
| Clinical Effect - Cancer | Cancer - Longest wait for treatment (days) | No | | 163 168 183 | 91 149 | 147 83 | 141 149 | 145 133 | 156 79 | - 91 173 134 - | Jul 2020 | - 134 112 | 134 | | \mathcal{M} |
| Clinical Effect - Cancer | Neutropenia Sepsis Door to Needle Time Greater than 1hr | <= No | 0.0 0.0 | 2 7 2 | 3 3 | 4 6 | 69 | 15 7 | 11 5 | 4 3 2 1 1 | Aug 2020 | - 1 0 | 1 | 11 | m |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0.0 0.0 | 7 4 0 | 0 31 | 09 | | | 401 - | | May 2020 | | - | - | / |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | 27 33 47 | 26 31 | 24 21 | 37 31 | 29 40 | 36 32 | 14 19 32 52 34 | Aug 2020 | 19 15 0 | 34 | 151 | \sim |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | 62 84 80 | 37 58 | 48 47 | 54 50 | 50 58 | 68 59 | 49 51 54 52 61 | Aug 2020 | 27 34 0 | 61 | | h |

| Section | Indicator | Measure | Trajectory | п г | Previous Months Trend Data Directorate | Month Year To | |
|---|--|---------|------------|------------|---|---------------|---|
| Section | indicator | Weasure | Year Mon | | M A M J J A S O N D J F M A M J J A Period EC AC SC | Date | |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non- clinical reasons | <= % | 0.8 0.8 | | • • • • • • • • • • • • • • • • • • • | - | \mathcal{M} |
| Pt. Experience - Cancellations | 28 day breaches | <= No | 0 0 |] [| 0 | 0 0 | |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 0 |] [| 0 0 0 0 5 3 12 5 14 5 3 0 2 9 7 0 Aug 2020 0.0 0.0 0.0 | 0 18 | _M^ |
| Pt. Experience - Cancellations | Urgent Cancellations | No | |] [| 0 | 0.00 0 | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour waits (%) | => % | 95.0 95.0 | | • | 84.3 87.1 | \sim |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | | 360 310 320 <td>0 0</td> <td>\mathbb{k}</td> | 0 0 | \mathbb{k} |
| Emergency Care & Pt. Flow | Emergency Care Trolley Waits >12 hours | <= No | 0 0 | | • | 0 1 | Λ |
| Emergency Care & Pt. Flow (Group Sheet Only) | Emergency Care Timeliness - Time to Initial Assessment (95th centile) | <= No | 15.0 15.0 |] [| • • • • • • • • • • • • • • • • • • • | 22 20 | \mathcal{M} |
| Emergency Care & Pt. Flow (Group Sheet Only) | Emergency Care Timeliness - Time to Treatment in Department (median) | <= No | 60.0 60.0 | | • | 39 26 | \sim |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | <= % | 5.0 5.0 | | • • • • • • • • • • • • • • • • • • • | 8.4 8.5 | ~~~~ |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Left Department Without Being Seen Rate (%) | <= % | 5.0 5.0 |] [| • | 5.1 3.9 | \sim |
| Emergency Care & Pt. Flow | WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number) | <= No | 0 0 | 7 [| 88 92 61 82< | 172 838 | ~~~ |
| Emergency Care & Pt. Flow | WMAS -Finable Handovers (emergency conveyances) >60 mins (number) | <= No | 0 0 | ī [| 6 5 4 4 5 9 33 16 9 12 9 32 42 8 1 0 0 3 | 3 12 | \mathcal{M} |
| Emergency Care & Pt. Flow | WMAS - Turnaround Delays > 60 mins (% all emergency conveyances) | <= % | 0.02 0.02 | | • | 0.07 0.08 | \mathcal{M} |
| Emergency Care & Pt. Flow | WMAS - Emergency Conveyances (total) | No | | | 46.57 31.22 32.82 <th< td=""><td>4209 17550</td><td>$\overline{}$</td></th<> | 4209 17550 | $\overline{}$ |
| Emergency Care & Pt. Flow | Inpatients Staying 21+ Days At Month End Census - NHSI | No | | | bf 61 11 11 11 61 61 61 82 82 92 92 Aug 2020 22 3 | 32 - | ~~ |
| Emergency Care & Pt. Flow | 21+ Days Long Stay Rate - NHSI | % | | | 22:21:53 6 22:21:53 5 22:21:54 5 23:21:54 5 24:21:54 5 25:21:54 5 26:21:54 5 27:21:54 5 28:21:54 5 29:21:54 5 20:21:54 5 20:21:54 5 20:21:54 5 </td <td>5 11</td> <td>\sim</td> | 5 11 | \sim |
| Emergency Care & Pt. Flow | Estimated Beds - 21+ Days - NHSI | No | | | 106.62 106.21 106.21 106.21 106.21 106.21 111.2 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 112.3 <td>10 -</td> <td>m</td> | 10 - | m |
| RTT | RTT - Admittted Care (18-weeks) (%) | => % | 90.0 90.0 | | • | 77.0 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| RTT | RTT - Non Admittted Care (18-weeks) (%) | => % | 95.0 95.0 | | • | 55.6 | \sim |
| RTT | RTT - Backlog | <= No | 0 0 | | 327 346 452 515 568 451 525 483 559 579 601 695 1034 1639 2372 2944 2989 2501 Aug 2020 0 885 1538 | 2501 | |
| RTT | Patients Waiting >52 weeks | <= No | 0 0 | | 1 0 1 4 1 7 0 0 0 0 0 0 0 1 1 Aug 2020 0 0 0 0 | 1 | Μ |
| RTT | Treatment Functions Underperforming | <= No | 0 0 |] [| 6 3 6 6 5 7 6 9 7 7 10 10 8 11 12 12 Aug 2020 0 5 6 | 12 | \sim |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 1.0 | | • | 42.88 | |

| Section | Indicator | Measure | Tra | jectory | | | | | | | | Previo | ous Mo | ths Tr | end | | | | | | Data | Directorate | | onth | Year To | |
|-------------------|---|---------|------|---------|--------|--------|------------------|--------|--------|--------|--------|--------|--------|--------|------------------|---------|------------------|--------|--------|------------------|----------|----------------------------|------|------|---------|------------------|
| Section | Indicator | weasure | Year | Month | M | | A N | 1 J | J | Α | S | 0 | Ν | D | JF | FI | M A | Μ | J | J A | Period | EC AC SC | IVIC | onth | Date | |
| Data Completeness | Open Referrals | No | | | 78,479 | 001 01 | /8,128 58 658 | 56,434 | 54,224 | 52,647 | 51,785 | 52,607 | 52,552 | 54,131 | 55,024 | 00, £50 | 53,611 50,679 | 50,502 | 50,369 | 51,104 51,936 | Aug 2020 | 11,499 22,031 18,406 | 51 | 936 | | <u> </u> |
| Data Completeness | Open Referrals without Future Activity/ Waiting List: Req | No | | | 44,301 | 1001 | 4/,385 27 037 | 25,112 | 21,330 | 20,501 | 19,410 | 16,093 | 15,603 | 16,166 | 16,654 16 204 | 10,234 | 14,829 12,044 | 13,757 | 14,228 | 14,244 13,873 | Aug 2020 | 6,617 4,487 2,769 | 13 | 873 | | 1 |
| Workforce | PDRs - 12 month rolling (%) | => % | 95.0 | 95.0 | ۰ | | | - | - | - | ۲ | ٠ | - | - | | - | | - | - | | Oct 2019 | 63.26 | | | 50.0 | ۸ I |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | ۲ | | | | ۰ | ۲ | ۰ | ۲ | ٠ | • | • | | • | ۰ | ۲ | • - | Jul 2020 | 100 100 100 | | | 100.0 | |
| Workforce | Sickness Absence - 12 month rolling (%) | <= % | 3.00 | 3.00 | 5.6 | 7 5. | .69 5.5 | 54 5.5 | 5.43 | 5.38 | 5.32 | 5.44 | 5.41 | 5.24 5 | 5.14 5.0 | 06 5. | .33 5.9 | 6 6.21 | 1 6.28 | 6.32 6.41 | Aug 2020 | 5.74 6.52 7.20 | 6 | .41 | 6.24 | ~~~ |
| Workforce | Sickness Absence - In month | <= No | 3.00 | 3.00 | 6.3 | 2 6. | .13 4.9 | 97 4.4 | 9 4.41 | 4.68 | 5.20 | 5.90 | 6.05 | 5.43 5 | 5.50 5.5 | 54 8. | .32 11.7 | 4 7.83 | 3 5.87 | 5.55 5.82 | Aug 2020 | 5.32 6.28 6.07 | 5 | .82 | 7.35 | $\sim \sim$ |
| Workforce | Sickness Absence - Long Term - In month | No | | | 68 | e | 52 4 | 6 39 | 42 | 47 | 45 | 52 | 59 | 57 | 60 4 | 7 5 | 58 91 | 95 | 66 | 42 66 | Aug 2020 | 28 18 20 | | 66 | 413 | $\sim \sim \sim$ |
| Workforce | Sickness Absence - Short Term - In month | No | | | 196 | 5 1 | 90 17 | 1 188 | 153 | 142 | 177 | 209 | 176 | 183 1 | 195 18 | 38 2 | 99 338 | 3 175 | 5 162 | 191 166 | Aug 2020 | 73 31 62 | 1 | 66 | 1197 | |
| Workforce | Mandatory Training (%) | => % | 95.0 | 95.0 | ۲ | (| | • | ۰ | ٠ | ٠ | ٠ | ٠ | • | • | | | - | - | | Jan 2020 | 84.12 | | | 87.6 | |

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| Section | Indicator | Measure | | jectory Month | м | A | M | J | J | A | Pre S O | | Months D | | F | м | A M | J |]]]) | 4 | Data Period | Directorate GS SS TH An O | Month | Year To Date | Trend |
|---------------------------------|--|---------|-------|------------------|-----|-----|--------|------|------|--------|------------|--------|-------------|------|--------|-------|----------|--------|---------|---|----------------|------------------------------|-------|-----------------|---|
| Patient Safety - Inf Control | C. Difficile | <= No | 7 | 1 | ۲ | • | ٠ | ٠ | ٠ | • | • • | ٠ | ٠ | ٠ | • | | • | ۰ | • | | Aug 2020 | 0 0 0 0 0 | 0 | 1 | |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 | 0 | ٠ | | ۰ | ٠ | ٠ | • | • • | ٠ | ۰ | ٠ | • | | | ۰ | • | | Aug 2020 | 0 0 0 0 0 | 0 | 0 | |
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80 | 80 | ۲ | | ۲ | ٠ | ۰ | ۰ | • • | ۰ | ۲ | ٠ | ۰ | | • | ۲ | • | | Aug 2020 | 93.94 69.23 - 0 30.77 | 80.5 | | \sim |
| Patient Safety - Inf Control | MRSA Screening - Non Elective | => % | 80 | 80 | ۰ | | ۰ | ۰ | ٠ | • | • • | ۰ | ۰ | ٠ | ٠ | | | ۰ | • | | Aug 2020 | 95.16 91.33 - 100 91.18 | 93.9 | | \sim |
| Patient Safety - Harm Free Care | Number of DOLS raised | No | | | 8 | 8 | 8 | 8 | 7 | 9 | 8 8 | 8 | 7 | 13 | 9 | 9 | 10 16 | 14 | 12 (| 6 | Aug 2020 | 3 0 0 3 0 | 6 | 58 | ~~~~ |
| Patient Safety - Harm Free Care | Number of DOLS which are 7 day urgent | No | | | 8 | 8 | 8 | 8 | 7 | 9 | 8 8 | 8 | 7 | 13 | 9 | 9 | 10 16 | 14 | 12 (| 6 | Aug 2020 | 3 0 0 3 0 | 6 | 58 | ~~~~ |
| Patient Safety - Harm Free Care | Number of delays with LA in assessing for standard DOLS application | No | | | 1 | 2 | 0 | 1 | 1 | 1 | 2 0 | 0 | 0 | 2 | 0 | 0 | 1 2 | 1 | 1 1 | ı | Aug 2020 | 0 0 0 1 0 | 1 | 6 | ∿- \.\∕- |
| Patient Safety - Harm Free Care | Number DOLs rolled over from previous month | No | | | 1 | 0 | 2 | 1 | 0 | 0 | 0 0 | 0 | 1 | 0 | 1 | 6 | 2 2 | 4 | 1 1 | ı | Aug 2020 | 1 0 0 0 0 | 1 | 10 | \sim \sim |
| Patient Safety - Harm Free Care | Number patients discharged prior to LA assessment targets | No | | | 5 | 6 | 8 | 6 | 2 | 7 | 56 | 4 | 5 | 9 | 6 | 12 | 9 10 | 15 | 10 | 1 | Aug 2020 | 2 0 0 2 0 | 4 | 48 | \sim |
| Patient Safety - Harm Free Care | Number of DOLs applications the LA disagreed with | No | | | 1 | 0 | 1 | 1 | 0 | 0 | 0 0 | 1 | 0 | 0 | 1 | 1 | 0 0 | 0 | 0 (|) | Aug 2020 | 0 0 0 0 0 | 0 | 0 | <u>\\\\</u> |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 | 12 | 1 | 8 | 12 | 6 | 9 | 16 9 | 11 | 13 | 20 | 8 | 16 | 20 12 | 8 | 8 1 | 2 | Aug 2020 | 2 7 2 - 1 | 12 | 60 | \sim |
| Patient Safety - Harm Free Care | Falls - Death or Severe Harm | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 1 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | 0 0 |) | Aug 2020 | 0 0 0 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Pressure Ulcer SWB Hospital Acquired - Total | <= No | 0 | 0 | 7 | 8 | 8 | 7 | 6 | 8 | 8 7 | 4 | 6 | 13 | 9 | 7 | 16 5 | 7 | 2 ! | 5 | Aug 2020 | - 2 - 3 - | 5 | 35 | $\sim \sim $ |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95.0 | 95.0 | ۲ | | ۲ | ٠ | ٠ | ٠ | • • | - | ٠ | ٠ | | | | ۰ | • | | Aug 2020 | 93.92 96.32 - 100 87.65 | 93.7 | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 100.0 | 100.0 | ۲ | | - | ٠ | ٠ | | | • | ٠ | ٠ | | | | ٠ | • | | Aug 2020 | 100 100 100 100 100 | 100.0 | | VV |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 100.0 | 100.0 | ٠ | | ٠ | | ٠ | | • • | ۰ | ٠ | ٠ | | • | | ۰ | • | | Aug 2020 | - 100 100 - 100 | 100.0 | | V |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 100.0 | 100.0 | ٠ | | ٠ | ٠ | ٠ | • | • • | ۰ | ٠ | ٠ | | | | ۰ | • | | Aug 2020 | - 83.33 91.67 - 100 | 97.7 | | <u> vvvv</u> |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | 0 0 |) | Aug 2020 | 0 0 0 0 0 | 0 | 0 | M |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | 0 | 0 | 1 | 0 | 0 0 | 0 | 0 0 |) | Aug 2020 | 0 0 0 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 | ٠ | • | ۰ | ۲ | ٠ | ٠ | • • | • | ٠ | ٠ | ٠ | | • | ۲ | | | Aug 2020 | 1 0 0 0 0 | 1 | 3 | Mar |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 100 | 98.0 | ۲ | | ۲ | ۲ | • | ۲ | • • | • | ۰ | ٠ | | | • | ۲ | | _ | Jun 2020 | 20 75 - 100 - | 50.0 | | \sim |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | | | 6.4 | 5. | 6.0 | 4.8 | 4.8 | 4.5 | 4.6 3.7 | 4.1 | 3.7 | 3.6 | 4.2 | 5.7 1 | 0.4 6.3 | 4.8 | 4.2 | | Jul 2020 | | 4.2 | | ~~~ |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | | 6.3 | 6.1 | 6 6.18 | 6.07 | 5.84 | 5.63 5 | i.48 5.3 | 2 5.13 | 3 4.87 | 4.75 | 4.61 4 | .54 4 | .56 4.48 | 3 4.47 | 4.41 | | Jul 2020 | | | 4.5 | |

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| Section | Indicator | Measure | Traj Year | ectory Month | м | A | М | J | J | A | Pi S C | revious D 1 | s Months | s Trend | F | м | A | М | l l | А | Data Period | GS | Direc SS 1 | torate 'H An O | | Month | Year To Date | |
|--------------------------------|--|---------|--------------|-----------------|------|--------|------|------|------|------|-----------|----------------|----------|---------|------|------|------|--------|---------|--------|----------------|-------|---------------|-------------------|------------------|-------|-----------------|--------|
| Clinical Effect - Cancer | 2 weeks | => % | 93.0 | 93.0 | ۰ | ٠ | ٠ | ٠ | ٠ | • | • | | • | ٠ | ٠ | ٠ | • | • | • • | - | Jul 2020 | 95.7 | - | | | 95.69 | | |
| Clinical Effect - Cancer | 2 weeks (Breast Symptomatic) | => % | 93.0 | 93.0 | ۲ | ٠ | ٠ | ٠ | | • | | | | ٠ | • | ٠ | • | • | • • | - | Jul 2020 | 100.0 | | | | 100 | | |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96.0 | 96.0 | ۰ | ٠ | ٠ | ٠ | • | ٠ | • | | | ٠ | • | ٠ | ٠ | • | • • | | Jul 2020 | 93.0 | - | | | 93.02 | | |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85.0 | 85.0 | ۰ | ۰ | ٠ | ٠ | | • | | | | ۲ | ٠ | ٠ | • | • | • | - | Jul 2020 | 74.2 | - | | | 74.19 | | Y |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | | 6 | 5 | 4 | 4 | 3 | 6 | 5 4 | 4 4 | 4 6 | 6 | 2 | 4 | - | 7 | 6 8 | - | Jul 2020 | - | - | | | 8 | 21 | \sim |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | | 3 | 1 | 4 | 1 | 1 | 3 | 1 1 | 1 4 | 4 3 | 4 | 0 | 1 | - | 3 | 4 5 | - | Jul 2020 | 5 | - | 0 | | 5 | 12 | mm |
| Clinical Effect - Cancer | Cancer - Longest wait for treatment (days) | No | | | 175 | 131 | 120 | 111 | 105 | 168 | 167 | 132 | 239 | 204 | 102 | 166 | | 228 | 177 | • | Jul 2020 | 177 | - | 0 | | 177 | | ~~~ |
| Clinical Effect - Cancer | Neutropenia Sepsis Door to Needle Time Greater than 1hr | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 (| 0 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | Aug 2020 | 0 | - | 0 | | 0 | 0 | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 | 33 | 18 | 11 | 9 | 13 | 7 | 7 | - - | | - | 57 | - | - | - | | - | May 2020 | - | - | | | - | - | \sim |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 18 | 18 | 16 | 18 | 22 | 15 | 22 4 | 2 2 | 8 19 | 26 | 32 | 25 | 12 | 9 | 19 43 | 8 | Aug 2020 | 2 | 0 | 2 1 3 | | 8 | 91 | ~~~ |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 41 | 34 | 26 | 30 | 38 | 26 | 33 4 | 1 3 | 2 19 | 30 | 41 | 28 | 27 | 28 | 34 43 | 29 | Aug 2020 | 14 | 2 | 2 5 6 | Γ | 29 | | \sim |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non- clinical reasons | <= % | 0.8 | 0.8 | ۲ | ٠ | ٠ | ٠ | | • | • | | • | ٠ | ٠ | ٠ | | • | • • | ٠ | Aug 2020 | 1.36 | - | 1.96 | | 1.09 | | ~m |
| Pt. Experience - Cancellations | 28 day breaches | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 0 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | Aug 2020 | 0 | 0 | 0 0 0 | | 0 | 0 | |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 | 0 | 26 | 38 | 31 | 32 | 39 | 27 | 42 5 | 5 3 | 2 54 | 35 | 40 | 21 | 0 | 1 | 4 10 | 15 | Aug 2020 | 6 | 0 | 0 0 9 | | 15 | 30 | m |
| Pt. Experience - Cancellations | Urgent Cancellations | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 0 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | Aug 2020 | 0 | 0 | 0 0 0 | | 0 | 0 | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (%) | => % | 95.0 | 95.0 | 99.7 | 7 98.8 | 98.7 | 95.9 | 95.7 | 98.3 | 93.2 90 |).3 93 | 3.3 96.4 | 4 95.8 | 98.0 | 97.0 | 98.8 | 99.7 9 | 7.9 96. | 0 94.1 | Aug 2020 | - | - | 94.14 | | - | - | \sim |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | <= No | 0 | 0 | 56 | 145 | 102 | 94 | 148 | 144 | 165 8 | 8 7 | 2 41 | 48 | 21 | 23 | 3 | 2 | 15 32 | 47 | Aug 2020 | 0 | 0 | 0 0 47 | | 47 | 99 | \sim |
| Emergency Care & Pt. Flow | Emergency Care Trolley Waits >12 hours | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 0 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | Aug 2020 | - | - | 0 | Ē | - | - | |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Unplanned Reattendance Rate (%) | <= % | 5.0 | 5.0 | 1.0 | 2.1 | 2.1 | 1.7 | 2.6 | 2.2 | 6.3 5. | .2 7 | .2 9.9 | 8.3 | 4.1 | 7.3 | 5.6 | 5.6 | 7.0 5.0 | 6.2 | Aug 2020 | - | - | 6.24 | | - | - | ~~~~ |
| Emergency Care & Pt. Flow | Emergency Care Patient Impact - Left Department Without Being Seen Rate (%) | <= % | 5.0 | 5.0 | 4.8 | 4.8 | 4.5 | 5.5 | 6.7 | 3.7 | 3.5 6. | .4 5 | .9 0.7 | 2.1 | 2.7 | 1.4 | 0.6 | 0.8 | 2.4 2.3 | 2.2 | Aug 2020 | - | - | 2.22 | Ē | - | - | -~~ |
| Emergency Care & Pt. Flow | Emergency Care Timeliness - Time to Initial Assessment (95th centile) | <= No | 15 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 (| 0 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | Nov 2018 | - | - | 26 | | 0 | 0 | |
| Emergency Care & Pt. Flow | Emergency Care Timeliness - Time to Treatment in Department (median) | <= No | 60 | 60 | 19 | 7 | 14 | 6 | 3 | 10 | 7 1 | 2 1 | 2 6 | 7 | 6 | 12 | 23 | 2 | 11 3 | 5 | Aug 2020 | 2.55 | 2.26 | 0 | | 4.81 | 44 | huch |
| Emergency Care & Pt. Flow | Hip Fractures BPT (Operation < 36 hours of admissions | => % | 85.0 | 85.0 | ۲ | ۲ | ۲ | ۲ | • | • | • | | | ٠ | ٠ | ٠ | • | • | • • | ٠ | Aug 2020 | | | | | 70.8 | 69.8 | \sim |
| Emergency Care & Pt. Flow | Inpatients Staying 21+ Days At Month End Census - NHSI | No | | | 22 | 21 | 13 | 10 | 15 | 16 | 23 2 | 1 1 | 7 25 | 24 | 28 | 29 | 15 | 18 | 12 12 | 16 | Aug 2020 | 10 | 5 | 0 0 1 | | 16 | - | ~~~ |
| Emergency Care & Pt. Flow | 21+ Days Long Stay Rate - NHSI | % | | | 15 | 6 | 12 | 5 | 3 | 8 | 6 1 | 0 9 | 95 | 7 | 6 | 12 | 39 | 4 | 16 3 | 6 | Aug 2020 | 5.58 | 9.08 | 0 | $ \overline{ }$ | 6.29 | 13 | mh |
| Emergency Care & Pt. Flow | Estimated Beds - 21+ Days - NHSI | No | | | 19 | 7 | 14 | 6 | 3 | 10 | 7 1 | 2 1 | 2 6 | 7 | 6 | 12 | 23 | 2 | 11 3 | 5 | Aug 2020 | 2.55 | 2.26 | 0 | | 4.81 | - | hunh |

Surgical Services Group

| Section | Indicator | Measure | Traj Year | ectory Month | Previous Months Trend Data Directorate M A M J J A S O N D J F M A M J J A S TH An O | Month Year To Date | |
|-------------------|---|---------|--------------|-----------------|---|--------------------|---|
| RTT | RTT - Admitted Care (18-weeks) (%) | => % | 90.0 | 90.0 | • | 49.2 | $\sim \sim$ |
| RTT | RTT - Non Admitted Care (18-weeks) (%) | => % | 95.0 | 95.0 | • | 85.5 | ~~, |
| RTT | RTT - Incomplete Pathway (18-weeks) (%) | => % | 92.0 | 92.0 | • | 60.3 | ` , |
| RTT | RTT - Backlog | <= No | 0 | 0 | 1316 1415 | 7097 | |
| RTT | Patients Waiting >52 weeks | <= No | 0 | 0 | 5 0 9 19 7 5 0 0 1 0 0 7 32 80 142 203 Aug 2020 23 6 0 0 174 | 203 | ~ |
| RTT | Treatment Functions Underperforming | <= No | 0 | 0 | 14 13 14 15 16 16 13 12 13 11 11 13 18 18 18 Aug 2020 12 3 0 0 3 | 18 | <u>~Г</u> |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 | 1.0 | • | 63.92 | |
| Data Completeness | Open Referrals | No | | | 49,888 4,858 4,858 14,070 32,213 100,115 99,486 100,115 99,486 104,619 99,486 104,619 104,619 104,619 104,619 104,619 104,619 106,665 106,665 106,545 106,313 107,224 106,313 107,251 | 101729 | |
| Data Completeness | Open Referrals without Future Activity/ Waiting List: Requi | No | | | 3,808 1,782 2,913 4,556 12,641 12,672 12,647 12,647 12,647 12,647 12,647 12,647 12,647 12,647 12,647 12,647 12,647 12,647 12,648 20,182 20,182 20,182 20,182 24,862 24,862 24,862 25,583 81,553 | 13059 | |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | • Oct 2019 88.3 89.4 93.0 96.5 81.8 | 89.2 | Ν |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | • | 100.0 | |
| Workforce | Sickness Absence - 12 month rolling (%) | <= % | 3.0 | 3.0 | 4.82 4.84 4.90 4.97 5.01 4.96 4.92 5.09 5.12 5.18 5.23 5.26 5.39 5.85 6.16 6.22 6.30 6.35 Aug 2020 5.9 7.9 8.8 5.3 3.9 | 6.4 6.2 | \sim |
| Workforce | Sickness Absence - In Month | <= % | 3.0 | 3.0 | 5.06 4.85 4.54 5.34 4.87 4.33 4.37 6.30 6.27 5.90 5.93 5.53 6.80 8.97 7.90 6.07 5.80 4.68 Aug 2020 4.2 6.5 5.4 4.3 3.3 | 4.7 6.7 | $\sim \sim$ |
| Workforce | Sickness Absence - Long Term - In Month | No | | | 47 42 38 46 43 44 39 47 58 55 63 50 41 59 99 75 54 64 Aug 2020 13.0 17.0 14.0 10.0 | 64 351 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Workforce | Sickness Absence - Short Term - In Month | No | | | 143 144 142 141 133 93 133 181 174 171 118 148 214 238 167 149 187 144 Aug 2020 37.0 27.0 30.0 38.0 12.0 | 144 885 | $\neg \sim$ |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | • • | 91.3 | |

| Section | Indicator | Measure | | jectory | | | | | | | | | vious N | lonths | Trend | | | | | | | | Data | | rectorate | | Month | Year To | Trend |
|---------------------------------|--|---------|-------|---------|---|---|---|---|---|---|---|---|---------|--------|-------|---|---|---|---|---|---|---|----------|------|-----------|---|-------|---------|------------|
| Section | indicator | Weasure | Year | Month | М | Α | Μ | J | J | Α | S | 0 | Ν | D | J | F | М | Α | М | J | J | Α | Period | G | MF | 2 | Wonth | Date | Trenu |
| Patient Safety - Inf Control | C. Difficile | <= No | 0 | 0 | ٠ | ٠ | • | ٠ | | | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | • | • | ٠ | ٠ | • | Aug 2020 | 0 | 0 0 |) | 0 | 0 | |
| Patient Safety - Inf Control | MRSA Bacteraemia | <= No | 0 | 0 | ٠ | ۰ | ۰ | ۰ | ٠ | | ۰ | ۰ | ٠ | | ٠ | ٠ | ٠ | • | ٠ | ٠ | ۰ | | Aug 2020 | 0 | 0 0 |) | 0 | 0 | |
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80.00 | 80.00 | ٠ | ۰ | ٠ | ۰ | • | | ۰ | ٠ | ٠ | | ٠ | ۲ | ٠ | • | ٠ | ۲ | ۲ | ٠ | Aug 2020 | 64 | | | 64.0 | | $\sim\sim$ |
| Patient Safety - Inf Control | MRSA Screening - Non Elective | => % | 80.00 | 80.00 | ٠ | ٠ | ٠ | ٠ | | | ٠ | ٠ | ٠ | | ٠ | ٠ | ٠ | • | | ٠ | ٠ | | Aug 2020 | - | 96.2 | | 96.2 | | m. |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | - | 1 | - | - | 1 | 1 | 1 | 3 | 1 | - | - | 2 | Aug 2020 | - | 2 - | | 2 | 6 | \sim |
| Patient Safety - Harm Free Care | Falls - Death or Severe Harm | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Aug 2020 | 0 | 0 0 |) | 0 | 0 | |
| Patient Safety - Harm Free Care | Pressure Ulcer SWB Hospital Acquired - Total | <= % | 0 | 0 | 2 | 4 | 0 | 2 | - | - | - | - | - | 2 | - | 2 | - | 2 | 4 | 2 | - | - | Aug 2020 | - | | | - | 4 | <u>h_</u> |
| Patient Safety - Harm Free Care | Venous Thromboembolism (VTE) Assessments | => % | 95.0 | 95.0 | ٠ | ٠ | ۰ | ٠ | | | ٠ | ٠ | - | ٠ | ٠ | ۲ | ٠ | • | ٠ | ٠ | ٠ | ٠ | Aug 2020 | 80 | 96.2 | | 91.0 | | |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections | => % | 100.0 | 100.0 | ٠ | ٠ | - | ۰ | | | | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | Aug 2020 | 98.7 | 100 | | 99.6 | | VV |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections and brief | => % | 100.0 | 100.0 | - | | - | | - | - | - | ٠ | - | - | | - | | • | - | | | - | Aug 2020 | - | - | | - | | <u> </u> |
| Patient Safety - Harm Free Care | WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief | => % | 100.0 | 100.0 | - | - | - | | | | | ٠ | - | - | - | - | - | ٠ | | | - | - | Aug 2020 | - | - | | - | | <u> </u> |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | ٠ | ٠ | ٠ | ٠ | | | ٠ | ٠ | | | • | ٠ | ٠ | • | • | • | ٠ | | Aug 2020 | 0 | 0 0 |) | 0 | 0 | Λ |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | ٠ | ٠ | ٠ | ٠ | | | ٠ | ٠ | | | • | ٠ | ٠ | • | • | • | ٠ | | Aug 2020 | 0 | 0 0 |) | 0 | 0 | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 | ٠ | ٠ | ٠ | ٠ | • | | ٠ | ٠ | | ٠ | ٠ | ٠ | ٠ | • | • | ٠ | ٠ | • | Aug 2020 | 0 | 1 0 |) | 1 | 3 | |

| Section | Indicator | Measure | | jectory Month | | | м | J | , , | A | • | | | lonths | | F | 64 | | NA | J | IJ | A | Data Period | | rectorate M P | Nonth | Year To Date | |
|-------------------------------|---|----------|-------|------------------|------|------|------|------|------|------|------|------|------|--------|------|------|------|------|------|-------|------|------|----------------|------|------------------|-------|-----------------|---|
| | | | | | | 1 | 1 | | | | | 1 | | | | | | 1 | | | | | | G | | | | |
| Patient Safety - Obstetrics | Caesarean Section Rate - Total | <= % | 25.0 | 25.0 | ۲ | ۰ | ۲ | • | • | • | • | • | | • | • | ۰ | ۲ | • | • | ۲ | • | • | Aug 2020 | | 28.4 | 28.4 | 29.2 | VW |
| Patient Safety - Obstetrics | Caesarean Section Rate - Elective | % | | | 9 | 9 | 10 | 11 | 11 | 10 | 11 | 12 | 10 | 11 | 12 | 11 | 9 | 9 | 10 | 10 | 11 | 11 | Aug 2020 | | 10.6 | 10.6 | 10.4 | \sim |
| Patient Safety - Obstetrics | Caesarean Section Rate - Non Elective | % | | | 17 | 15 | 16 | 18 | 20 | 17 | 17 | 16 | 14 | 17 | 17 | 19 | 19 | 20 | 20 | 18 | 19 | 18 | Aug 2020 | | 17.8 | 17.8 | 18.8 | \sim |
| Patient Safety - Obstetrics | Maternal Deaths | <= No | 0 | 0 | ٠ | | ٠ | | | | ٠ | | | | | ٠ | | | | • | | | Aug 2020 | | 0 | 0 | 1 | _∧∧ |
| Patient Safety - Obstetrics | Post Partum Haemorrhage (>2000ml) | <= No | 48 | 4 | ۲ | ۰ | ٠ | | | • | | ٠ | | | | ٠ | ٠ | | ٠ | ٠ | ٠ | | Aug 2020 | | 1 | 1 | 16 | \sim |
| Patient Safety - Obstetrics | Admissions to Neonatal Intensive Care | <= % | 10.0 | 10.0 | ٠ | ٠ | ٠ | | | • | | ٠ | | | | ٠ | | | | | ٠ | | Aug 2020 | | 3.7 | 3.7 | 4.6 | \sim |
| Patient Safety - Obstetrics | Adjusted Perinatal Mortality Rate (per 1000 babies) | <= Rate1 | 8.0 | 8.0 | ٠ | | ٠ | | | | | | | | | | | | | | | | Aug 2020 | | 4.35 | 4.4 | | \sim |
| Patient Safety - Obstetrics | Stillbirth (Corrected) Mortality Rate (per 1000 babies) | Rate1 | | | 4.64 | 0.00 | 6.25 | 4.45 | 6.51 | 8.93 | 2.24 | 4.80 | 2.54 | 4.78 | 5.10 | 0.00 | 2.68 | 2.70 | 9.43 | 11.90 | 6.44 | 4.35 | Aug 2020 | | 4.35 | 4.35 | 7.01 | \sim |
| Patient Safety - Obstetrics | Neonatal Death (Corrected) Mortality Rate (per 1000 babies) | Rate1 | | | 0.00 | 0.00 | 2.08 | 0.00 | 0.00 | 0.00 | 0.00 | 2.40 | 5.09 | 2.39 | 2.55 | 0.00 | 2.68 | 5.39 | 2.36 | 4.76 | 6.44 | 0.00 | Aug 2020 | | 0 | 0.00 | 3.74 | \sim |
| Patient Safety - Obstetrics | Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific | => % | 85.0 | 85.0 | ٠ | | ٠ | | | | | | | | | | | | | | | | Aug 2020 | | 93.1 | 93.1 | | \sim |
| Patient Safety - Obstetrics | Early Booking Assessment (<12 + 6 weeks) (%) - National Definition | => % | 90.0 | 90.0 | ٠ | | ٠ | | | | | | | | | | | | | | | | Aug 2020 | | 107 | 106.9 | | ~~~h |
| Patient Safety - Obstetrics | Breast Feeding Initiation (Quarterly) | => % | 74.0 | 74.0 | ٠ | ٠ | ٠ | • | | • | ٠ | ٠ | | | | ٠ | ٠ | | ٠ | ٠ | ٠ | ٠ | Aug 2020 | | 85.6 | 85.6 | | \sim |
| Patient Safety - Obstetrics | Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) - | % | | | 0.5 | 1.8 | 2.2 | 1.4 | 0.9 | 0.8 | 0.3 | 0.3 | 1.2 | 0.5 | 1.1 | 0.0 | 0.3 | 1.9 | 1.6 | 1.8 | 1.7 | 2.1 | Aug 2020 | | 2.13 | 2.1 | | \sim |
| Patient Safety - Obstetrics | Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%) | % | | | 0.5 | 0.9 | 1.9 | 1.0 | 0.9 | 0.8 | 0.3 | 0.3 | 1.2 | 0.5 | 0.8 | 0.0 | 0.3 | 0.4 | 0.8 | 1.3 | 1.1 | 1.8 | Aug 2020 | | 1.77 | 1.8 | | \sim |
| Patient Safety - Obstetrics | Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) | % | | | 0.0 | 0.0 | 0.6 | 0.7 | 0.6 | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.7 | Aug 2020 | | 0.71 | 0.7 | | Λ |
| Clinical Effect - Mort & Read | Mortality Reviews within 42 working days | => % | 100.0 | 97.0 | N/A | ٠ | N/A | N/A | N/A | N/A | ٠ | ٠ | N/A | | N/A | N/A | ٠ | N/A | N/A | N/A | | | Jun 2020 | - | | - | | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | % | | | 3.9 | 4.3 | 4.0 | 3.7 | 9.2 | 9.4 | 6.2 | 7.9 | 7.1 | 7.5 | 7.5 | 8.4 | 9.2 | 8.7 | 9.4 | 7.6 | 11.3 | - | Jul 2020 | | | 11.3 | | m |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | % | | | 4.7 | 4.6 | 4.6 | 4.5 | 4.6 | 4.8 | 4.9 | 5.0 | 5.1 | 5.0 | 5.1 | 5.3 | 5.7 | 6.1 | 6.9 | 8.1 | 8.2 | - | Jul 2020 | | | [| 7.1 | - |
| Clinical Effect - Cancer | 2 weeks | => % | 93.0 | 93.0 | ۰ | ٠ | ٠ | | | | | ٠ | | | ٠ | | ٠ | | | ٠ | ٠ | - | Jul 2020 | 98 | - | 98.0 | | |
| Clinical Effect - Cancer | 31 Day (diagnosis to treatment) | => % | 96.0 | 96.0 | ٠ | ٠ | ٠ | ٠ | | • | ٠ | ٠ | ٠ | | • | ٠ | ٠ | ٠ | ٠ | ٠ | ٠ | - | Jul 2020 | 88.9 | | 88.9 | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Clinical Effect - Cancer | 62 Day (urgent GP referral to treatment) | => % | 85.0 | 85.0 | • | ٠ | ٠ | | | • | • | ٠ | • | | ٠ | • | ٠ | • | ٠ | ٠ | ٠ | - | Jul 2020 | 58.3 | | 58.3 | | ~~~~ |
| Clinical Effect - Cancer | Cancer = Patients Waiting Over 62 days for treatment | No | | | 3 | 0.5 | 2 | 1.5 | 2 | 1 | 3 | 3.5 | 1.5 | 2.5 | 2 | 5.5 | 4 | - | 5.5 | 10 | 2.5 | - | Jul 2020 | 2.5 | - 0 | 2.5 | 18 | \sim |
| Clinical Effect - Cancer | Cancer - Patients Waiting Over 104 days for treatment | No | | | 3 | 1 | 0 | 0 | 0.5 | 0.5 | 0 | 1 | 0 | 1 | 0.5 | 3 | 1 | - | 0.5 | 5 | 1 | - | Jul 2020 | 1 | - 0 | 1 | 6.5 | \sim |
| Clinical Effect - Cancer | Cancer - Longest wait for treatment (days) | No | | | 209 | 241 | 97 | 85 | 196 | 109 | 96 | 171 | 104 | 148 | 169 | 217 | 121 | - | 171 | 177 | 138 | - | Jul 2020 | 138 | - 0 | 138 | | \mathcal{M} |
| Clinical Effect - Cancer | Neutropenia Sepsis Door to Needle Time Greater than 1hr | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Aug 2020 | 0 | - 0 | 0 | 0 | |

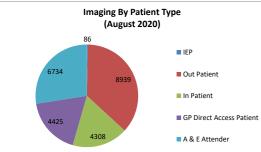
| Section | Indicator | Measure | Traje Year | ectory Month | м | A | м | J | J | А | s | | ious Mo N | | | F | м | A | м | J | J | А | Data Period | | rectora M | | Month | Year To Date | |
|--------------------------------|---|---------|---------------|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------|------|--------------|---|-------|-----------------|---|
| | | | r r | | | I | | | | | | - | | | | | | | | | | | | | | | | | |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | 0 | - | - | - | - | - | - | May 2020 | Ŀ | | | - | - | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 12 | 5 | 18 | 12 | 23 | 4 | 17 | 19 | 10 | 6 | 11 | 5 | 9 | 3 | 6 | 10 | 23 | 8 | Aug 2020 | 0 | 7 | 1 | 8 | 50 | \sim |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 18 | 17 | 26 | 19 | 23 | 6 | 22 | 25 | 12 | 13 | 13 | 14 | 15 | 9 | 12 | 15 | 23 | 14 | Aug 2020 | 0 | 0 | 0 | 14 | | m |
| Pt. Experience - Cancellations | Elective Admissions Cancelled at last minute for non- clinical reasons | <= % | 0.8 | 0.8 | ٠ | ٠ | • | ٠ | • | • | ٠ | ٠ | • | • | ٠ | ٠ | • | • | • | • | ٠ | • | Aug 2020 | 0.83 | | - | 0.6 | | $\sim\sim\sim$ |
| Pt. Experience - Cancellations | 28 day breaches | <= No | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Aug 2020 | 0 | | | 0 | 0 | |
| Pt. Experience - Cancellations | Sitrep Declared Late Cancellations | <= No | 0 | 0 | 5 | 6 | 7 | 3 | 5 | 5 | 10 | 5 | 8 | 6 | 7 | 13 | 4 | 0 | 1 | 3 | 3 | 1 | Aug 2020 | 1 | | | 1 | 8 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Pt. Experience - Cancellations | Urgent Cancellations | No | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Aug 2020 | 0 | - | 0 | 0 | 0 | |
| Emergency Care & Pt. Flow | Emergency Care 4-hour breach (numbers) | No | | | 17 | 46 | 20 | 10 | 13 | 7 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Aug 2020 | 0 | 0 | 0 | 0 | 0 | Δ |
| Emergency Care & Pt. Flow | Inpatients Staying 21+ Days At Month End Census - NHSI | No | | | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 4 | 0 | 2 | 0 | 3 | Aug 2020 | 3 | 0 | 0 | 3 | - | _ W |
| Emergency Care & Pt. Flow | 21+ Days Long Stay Rate - NHSI | % | | | 2 | 1 | 4 | 3 | 7 | 1 | 0 | 4 | 23 | 7 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 4 | Aug 2020 | 4.49 | - | - | 4 | 1 | |
| Emergency Care & Pt. Flow | Estimated Beds - 21+ Days - NHSI | No | | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | Aug 2020 | 0.39 | - | 0 | 0 | - | |
| RTT | RTT - Admitted Care (18-weeks) | => % | 90.0 | 90.0 | ۰ | ۲ | • | ٠ | • | ٠ | ٠ | ٠ | • | • | ٠ | ٠ | • | • | • | ٠ | ٠ | • | Aug 2020 | 65.8 | | | 65.8 | | $\sim\sim\sim$ |
| RTT | RTT - Non Admitted Care (18-weeks) | => % | 95.0 | 95.0 | ۲ | ٠ | ٠ | | • | • | • | | • | • | | | ٠ | • | • | • | ۲ | • | Aug 2020 | 80.6 | | | 80.6 | | $\sim\sim$ |
| RTT | RTT - Incomplete Pathway (18-weeks) | => % | 92.0 | 92.0 | ٠ | ٠ | • | • | • | • | • | | • | • | • | • | • | • | • | • | ٠ | • | Aug 2020 | 74.5 | | | 74.5 | | |
| RTT | RTT - Backlog | <= No | 0 | 0 | 142 | 146 | 162 | 201 | 231 | 187 | 141 | 142 | 169 | 191 | 225 | 282 | 324 | 437 | 577 | 696 | 632 | 529 | Aug 2020 | 529 | | | 529 | | \sim |
| RTT | Patients Waiting >52 weeks | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 11 | 18 | Aug 2020 | 18 | | | 18 | | |
| RTT | Treatment Functions Underperforming | <= No | 0 | 0 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | Aug 2020 | 3 | | | 3 | | $\mathcal{N}\mathcal{N}$ |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks | <= % | 0.1 | 0.1 | ٠ | ۰ | | • | • | • | | • | | • | • | | • | • | • | • | • | | Aug 2020 | - | | | - | | |

| Section | Indicator | Measure | | ectory | | | | | | | | | ous Mo | onths T | rend | | | | | | | | Data | | rectorate | Month | Year To | 1 |
|-------------------|---|---------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|----------|-------|-----------------|--------|---------|----------------|
| oconom | indicator | measure | Year | Month | М | Α | М | J | J | Α | S | 0 | Ν | D | J | F | М | Α | М | J | J | Α | Period | G | M P | montai | Date | |
| Data Completeness | Open Referrals | No | | | 31,884 | 27,992 | 24,316 | 23,359 | 23,153 | 22,571 | 22,333 | 22,687 | 22,895 | 23,733 | 24,099 | 24,479 | 23,888 | 23,681 | 24,706 | 24,448 | 24,352 | 24,511 | Aug 2020 | 6,207 | 7,466 10,838 | 24511 | | |
| Data Completeness | Open Referrals without Future Activity/ Waiting List: Requiring Validation | No | | | 9,906 | 10,961 | 7,086 | 6,248 | 5,887 | 5,518 | 5,139 | 4,857 | 4,788 | 5,150 | 5,048 | 5,068 | 4,875 | 4,425 | 5,000 | 4,890 | 5,100 | 5,164 | Aug 2020 | 1,280 | 317 3,567 | 5164 | | 1 |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | • | - | - | - | - | - | ٠ | • | - | - | | - | - | - | - | - | | - | Oct 2019 | 86.7 | 82.3 94.4 | | 82.4 | Λ / |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | ٠ | ٠ | ٠ | ٠ | • | • | • | • | • | • | • | | ٠ | • | • | | ٠ | - | Jul 2020 | 100 | 100 100 | | 100.0 | / |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.0 | 3.0 | 4.96 | 5.06 | 5.26 | 5.35 | 5.34 | 5.38 | 5.47 | 5.69 | 5.72 | 5.79 | 5.71 | 5.57 | 5.54 | 5.77 | 5.76 | 5.72 | 5.66 | 5.60 | Aug 2020 | 4.15 | 6.24 5.25 | 5.6 | 5.7 | |
| Workforce | Sickness Absence - in month | <= % | 3.0 | 3.0 | 5.55 | 5.35 | 6.06 | 6.21 | 5.59 | 4.96 | 5.24 | 6.00 | 6.56 | 6.09 | 5.26 | 3.92 | 5.15 | 7.08 5 | 5.41 | 5.09 | 4.20 | 4.40 | Aug 2020 | 2.72 | 5.53 3.49 | 4.4 | 5.2 | $\sim\sim$ |
| Workforce | Sickness Absence - Long Term - in month | No | | | 41 | 39 | 45 | 47 | 40 | 46 | 41 | 44 | 45 | 52 | 45 | 31 | 30 | 40 | 49 | 43 | 27 | 43 | Aug 2020 | 2 | 26 15 | 43.0 | 202.0 | $\sim\sim\sim$ |
| Workforce | Sickness Absence - Short Term - in month | No | | | 102 | 97 | 78 | 70 | 87 | 60 | 98 | 98 | 106 | 103 | 101 | 94 | 96 | 137 | 79 | 77 | 86 | 66 | Aug 2020 | 3 | 44 19 | 66.0 | 445.0 | \sim |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | ۲ | ٠ | ٠ | ٠ | • | • | • | • | • | • | • | - | | - | - | - | - | - | Jan 2020 | 87.6 | 86.4 95.4 | | 90.6 | |

| Section | Indicator | Measure | | ectory Month | М | A | М | J | J | A | | | | onths T D | | FI | M A | М | J | J | A | Data Period | ectorate M P | 5 C | Month | Year To Date | |
|----------------|---|---------|------|-----------------|---|------|---|---|------|---|-----|------|---|--------------|--------|----|---------|----|---|------|---|----------------|-----------------|-----|-------|-----------------|-------------------------------------|
| WCH Group Only | HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy | No | | | > | 978 | > | > | 1045 | > | > 9 | 928 | > | > | 908 · | > | -> 1004 | 4> | > | 1008 | > | Jul 2020 | 100 | 8 | 1008 | 2012 | MMMM |
| WCH Group Only | HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days | => % | 95.0 | 95.0 | > | 91.4 | > | > | 92.4 | > | > 9 | 90.9 | > | > | 91.3 | > | -> 94.1 | > | > | 90.3 | > | Jul 2020 | 90. | 3 | 90.29 | 92.12 | |
| WCH Group Only | HV (C3) - % of births that receive a face to face new birth visit by a HV >days $% \left(\frac{1}{2}\right) =0$ | % | | | > | 6.09 | > | > | 7.64 | > | > 7 | 7.38 | > | > | 8.18 | > | -> 5.86 | > | > | 6.03 | > | Jul 2020 | 6.0 | 3 | 6.03 | 5.95 | ٨٨٨٨٨ |
| WCH Group Only | HV (C4) - % of children who received a 12 months review by 12 months | => % | 95.0 | 95.0 | > | 96.4 | > | > | 96.1 | > | > 9 | 97.3 | > | > | 96.6 | > | -> 96.8 | > | > | 95.8 | > | Jul 2020 | 95. | 8 | 95.75 | 96.29 | $\mathcal{M}\mathcal{M}\mathcal{M}$ |
| WCH Group Only | HV (C5) - % of children who received a 12 months review by the time they were 15 months | % | | | > | 96.7 | > | > | 96 | > | > 9 | 95.1 | > | > | 96.5 | > | -> 96 | > | > | 96 | > | Jul 2020 | 96 | | 96.02 | 96.03 | |
| WCH Group Only | HV (C6i) - % of children who received a 2 - 2.5 year review | => % | 95.0 | 95.0 | > | 94.8 | > | > | 95.8 | > | > 9 | 96.6 | > | > | 97 · | > | -> 97.5 | > | > | 96.9 | > | Jul 2020 | 96. | 9 | 96.91 | 97.23 | |
| WCH Group Only | HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3 | % | | | > | 94.5 | > | > | 98.6 | > | > 9 | 98.4 | > | > | 98.2 | > | -> 98.1 | > | > | 98.4 | > | Jul 2020 | 98. | 4 | 98.41 | 98.24 | |
| WCH Group Only | HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence | => No | 100 | 100 | > | > | > | > | 4 | > | > | > | > | > | 1 | > | ->> | > | > | 1 | > | Jul 2020 | 1 | | 1 | 1 | |
| WCH Group Only | HV (C8) - % of children who receive a 6 - 8 week review | => % | 95.0 | 95.0 | > | 99.9 | > | > | 99.9 | > | > 9 | 99.7 | > | > | 99.5 | > | -> 100 | > | > | 99.8 | > | Jul 2020 | 99. | 8 | 99.79 | 99.89 | |
| WCH Group Only | HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check | => % | 100 | 100 | > | 99.8 | > | > | 99.9 | > | > 9 | 99.7 | > | > | 99.1 · | > | -> 100 | > | > | 99.1 | > | Jul 2020 | 99.: | 2 | 99.15 | 99.57 | |
| WCH Group Only | HV - % of infants being breastfed at 6 - 8 weeks | % | | | > | 40.3 | > | > | 44.1 | > | > 4 | 45.1 | > | > | 43 | > | -> 46.6 | > | > | 43.7 | > | Jul 2020 | 43. | 7 | 43.68 | 45.09 | |
| WCH Group Only | $\rm HV$ - $\%$ HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years | => % | 95.0 | 95.0 | > | > | > | > | > | > | > | > | > | > | > | > | ->> | > | > | > | > | Feb 2017 | - | | 100 | 100 | |
| WCH Group Only | HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check | No | | | > | 99.4 | > | > | 1071 | > | > 1 | 125 | > | > | 1004 · | > | -> 979 | > | > | 1035 | > | Jul 2020 | 103 | 5 | 1035 | 2014 | $\mathcal{M}\mathcal{M}$ |
| WCH Group Only | HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check | => % | 100 | 100 | > | > | > | > | 99.4 | > | > | > | > | > | > | > | ·> ·-> | > | > | > | > | Jul 2019 | 99. | 4 | 99.44 | 99.44 | |
| WCH Group Only | HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check | No | | | > | 1.8 | > | > | 0.21 | > | > | 21 | > | > | 19 · | > | -> 14 | > | > | 37 | > | Jul 2020 | 37 | | 37 | 51 | |
| WCH Group Only | HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check | => % | 100 | 100 | > | > | > | > | 2.2 | > | > | > | > | > | > | > | ->> | > | > | > | > | Jul 2019 | 2.2 | 2 | 2.2 | 2.2 | Λ |
| WCH Group Only | HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check | No | | | > | 2.2 | > | > | 3.6 | > | > | 28 | > | > | 35 | > | -> 27 | > | > | 22 | > | Jul 2020 | 22 | | 22 | 49 | ~~\/\/ |
| WCH Group Only | HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check | => % | 100 | 100 | > | > | > | > | 3.6 | > | > | > | > | > | > | > | ->> | > | > | > | > | Jul 2019 | 3.6 | | 3.6 | 3.6 | |
| WCH Group Only | HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service | No | | | > | 73.5 | > | > | 255 | > | > | 196 | > | > | 210 | > | -> 170 | > | > | 120 | > | Jul 2020 | 120 | | 120 | 290 | $\mathcal{M}\mathcal{M}$ |
| WCH Group Only | HV - all untested babies <1 year of age will be offered NBBS screening & results to HV. | Y/N | | | > | > | > | > | > | > | > | > | > | > | > | > | ->> | > | > | > | > | Jan-00 | | | | | |

Imaging Group

| Section | Indicator | Measure | Trajectory |] [| | | | | | us Month | | | | | | Data | Directorate | Month | Year To | Trend |
|---------------------------------|--|---------|--------------|-----|--------------|----------|------------------|---------|----------|----------|--------|------------|------------------|--------|------------------|----------|-----------------------|-------|---------|---|
| 0004041 | malottor | | Year Month | JL | MAI | N J | JA | S | 0 1 | N D | J | FM | A N | J | JA | Period | DR IR NM BS BCP | month | Date | |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 0 |] [| • • • | | • | | • | • | • | • | • | ۲ | • • | Aug 2020 | 0 0 0 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 0 |] [| • • • | | • | | • | • | • | • | • | ۲ | • | Aug 2020 | 0 0 0 0 0 | 0 | o | |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month | <= No | 0 0 |] [| 2.0 2.0 3 | .0 2.0 | - 1.0 | 0 1.0 | 1.0 4. | .0 1.0 | 1.0 | 2.0 - | 1.0 1.0 | - | 2.0 - | Jul 2020 | | 15.38 | - | $\sim \sim $ |
| Clinical Effect - Mort & Read | Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative | => % | 0 0 | | 14.0 13.0 16 | i.0 17.0 | 16.0 16. | .0 16.0 | 15.0 18 | 8.0 18.0 | 18.0 2 | 0.0 18.0 | 17.0 15. | 0 13.0 | 15.0 - | Jul 2020 | | | 6.32 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 1 hr of presentation (%) | => % | 50.0 50.0 | | • • • | | • • | | | | - | | | ٠ | | Jun 2020 | | 87.5 | 86.4 | \neg \land |
| Clinical Effect - Stroke & Card | Pts receiving CT Scan within 24 hrs of presentation (%) | => % | 100.0 100.00 | | • • • | | • | | | | - | | | ۲ | | Jun 2020 | - | 100 | 98.4 | Λ |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 2 0 | 6 5 | 3 2 | 0 | 1 3 | 3 3 | 5 | 1 0 | 1 1 | 1 | 4 2 | Aug 2020 | 1 0 0 1 0 | 2 | 9 | |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 4 3 | 6 11 | 63 | 1 | 2 3 | 3 2 | 5 | 2 1 | 2 2 | 3 | 4 4 | Aug 2020 | 3 0 0 1 0 | 4 | | $\wedge \neg \neg$ |
| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 1.0 |] [| • • • | | • | | • | | • | • | • | ۲ | • | Aug 2020 | 35 | 35.03 | | |
| Data Completeness | Open Referrals | No | |] [| 977 948 | 295 | 308 | 363 | 396 | 486 | 516 | 527 526 | 715 | 701 | 731 701 | Aug 2020 | 191 0 26 514 | 731 | | 1 |
| Data Completeness | Open Referrals without Future Activity/ Waiting List: Requiring Validation | No | |] [| 901 865 | 178 | 233 215 | 244 | 255 | 321 | 357 | 373 | 388 382 | 395 | 423 396 | Aug 2020 | 382 0 0 36 | 423 | | 1 |
| Workforce | PDRs - 12 month rolling | => % | 95.0 95.0 | | • • | | | ۲ | • | | - | | | - | | Oct 2019 | 79.8 100 88.9 97.9 - | | 72.8 | \land |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 95.0 |] [| • • • | • | • | | • | • | • | • | • | ۲ | • . | Jul 2020 | 100 - 100 - 100 | | 100.0 | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.00 3.00 |] [| 4.59 4.66 4. | 88 4.71 | 4.62 4.6 | 4.60 | 4.52 4.2 | 24 4.07 | 4.03 3 | .99 4.09 | 4.24 4.2 | 5 4.21 | 4.38 4.33 | Aug 2020 | 4.8 5.0 1.9 4.0 0.0 | 4.33 | 4.29 | $\sim \sim$ |
| Workforce | Sickness Absence - in month | <= % | 3.00 3.00 | | 4.12 4.56 5. | 06 3.86 | 3.53 4.8 | 4.46 | 4.20 4.3 | 12 3.57 | 3.64 3 | .57 5.24 | 5.88 4.5 | 8 3.35 | 4.31 3.31 | Aug 2020 | 3.4 0.0 2.1 4.4 0.0 | 3.31 | 4.28 | $\sim \sim$ |
| Workforce | Sickness Absence - Long Term - in month | No | | | 6 10 1 | 0 7 | 58 | 9 | 10 7 | 7 7 | 5 | 5 5 | 7 9 | 8 | 6 11 | Aug 2020 | 9 0 0 2 0 | 11 | 41 | $\wedge \wedge$ |
| Workforce | Sickness Absence - Short Term - in month | No | | | 30 34 1 | 9 26 | 24 19 | 9 24 | 33 2 | 5 33 | 44 | 34 39 | 40 24 | 26 | 30 23 | Aug 2020 | 15 0 3 5 0 | 23 | 143 | 1.M |
| Workforce | Mandatory Training | => % | 95.0 95.0 | | • • • | | • | • | • | • | • | | | - | | Jan 2020 | 92.9 94.6 93.3 92.7 - | 93.0 | 93.6 | |
| Workforce | Imaging - Total Scans | No | | | 30,262 | 29,982 | 29,248 32,665 | 29,463 | 31,286 | 28,573 | 32,398 | 23,026 | 15,657 12,474 | 20,296 | 24,445 23,773 | Aug 2020 | | 24445 | 96645 | \sim |
| Board KPI | Imaging - Inpatient Turnaround Time <=24hr | => % | 90.0 90.0 |] [| - 65 6 | 5 69 | 67 69 | 67 | 77 7 | 7 77 | 79 | 82 87 | 91 87 | 86 | 85 84 | Aug 2020 | | 84.0 | 86.4 | / |
| Board KPI | Imaging - Urgent Other(GP 5) Turnround Time <=5d | => % | 90.0 90.0 | | - 76 6 | 9 65 | 66 70 | 71 | 77 7 | 5 72 | 72 | 68 | 82 87 | 79 | 69 53 | Aug 2020 | | 53.3 | 74.2 | \sim |
| Board KPI | Imaging - All Imaging Work Reported in less than 4 weeks (request to report) | => % | 95.0 95.0 | | | | | - | 88 9 | 0 90 | 88 ! | 92 90 | 93 94 | 90 | 85 83 | Aug 2020 | | 83.0 | 88.1 | |
| | | | | | | | | | | | | | | | | | | | | |





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Primary Care, Community & Therapies Group

| Section | Indicator | Measure | Trajecto Year Mo | ry onth | М | A | M | J | J | Α | s | | ious M N | | | F | M | A M | J | JA | Data Period | AT | Directorat | | Month | Year To Date | Trend |
|------------------------------------|---|---------|---------------------|------------|----|----|----|----|----|----|----|----|-------------|----|----|----|------|------|----|-------|----------------|----|------------|------|-------|-----------------|-------------|
| Patient Safety - Inf Control | MRSA Screening - Elective | => % | 80.0 8 | 0.0 | ۰ | ۲ | ٠ | ۲ | ۲ | ٠ | ۲ | ۲ | ۲ | ۲ | ٠ | ٠ | • | | ۲ | • • | Aug 2020 | - | | 0 - | 0 | | M_V_ |
| Patient Safety - Harm Free Care | Number of DOLS raised | No | | | 3 | 4 | 6 | 5 | 6 | 13 | 5 | 7 | 6 | 4 | 6 | 5 | 4 9 | 96 | 8 | 13 5 | Aug 2020 | 0 | 50- | 0 0 | 5 | 41 | m |
| Patient Safety - Harm Free Care | Number of DOLS which are 7 day urgent | No | | | 3 | 4 | 6 | 5 | 6 | 13 | 5 | 7 | 6 | 4 | 6 | 5 | 4 9 | 96 | 8 | 13 5 | Aug 2020 | 0 | 50- | 0 0 | 5 | 41 | m |
| Patient Safety - Harm Free Care | Number of delays with LA in assessing for standard DOLS application | No | | | 1 | 1 | 1 | 3 | 3 | 6 | 0 | 0 | 0 | 1 | 1 | 3 | 0 0 | 0 0 | 0 | 4 2 | Aug 2020 | 0 | 2 0 - | 0 0 | 2 | 6 | -1-1- |
| Patient Safety - Harm Free Care | Number DOLs rolled over from previous month | No | | | 1 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 2 | 0 2 | 2 2 | 3 | 2 1 | Aug 2020 | 0 | 1 0 - | 0 0 | 1 | 10 | \sim |
| Patient Safety - Harm Free Care | Number patients discharged prior to LA assessment targets | No | | | 1 | 2 | 5 | 2 | 1 | 8 | 2 | 4 | 2 | 1 | 2 | 2 | 1 9 | 9 5 | 9 | 10 3 | Aug 2020 | 0 | 3 0 - | 0 0 | 3 | 36 | M |
| Patient Safety - Harm Free Care | Number of DOLs applications the LA disagreed with | No | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 0 | 0 | 0 0 | Aug 2020 | 0 | 0 0 - | 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Number patients cognitively improved regained capacity did not require LA assessment | No | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 0 | 0 | 0 0 | Aug 2020 | 0 | 0 0 - | 0 0 | 0 | 0 | Λ |
| Patient Safety - Harm Free Care | Falls | <= No | 0 | 0 | 22 | 33 | 21 | 29 | 22 | 24 | 23 | 28 | 26 | 28 | 29 | 32 | 25 2 | 2 19 | 18 | 14 23 | Aug 2020 | - | 22 1 - | | 23 | 96 | M |
| Patient Safety - Harm Free Care | Falls - Death or Severe Harm | <= No | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 0 | 0 0 | 0 | 0 1 | Aug 2020 | 0 | 1 0 - | 0 0 | 1 | 1 | $\sim \sim$ |
| Patient Safety - Harm Free Care | Pressure Ulcer SWB Hospital Acquired - Total | <= No | 0 | 0 | 8 | 26 | 18 | 8 | 12 | 16 | 20 | 8 | 14 | 22 | 18 | 24 | 14 1 | 2 16 | 10 | 28 8 | Aug 2020 | - | 2 2 - | | 4 | 37 | \sim |
| Patient Safety - Harm Free Care | Pressure Ulcer DN Caseload Acquired - Total | <= No | 0 | 0 | 34 | 36 | 16 | 24 | 29 | 34 | 27 | 31 | 18 | 24 | 25 | 25 | 22 2 | 0 23 | 25 | 37 29 | Aug 2020 | - | 1 28 - | | 29 | 134 | \sim |
| Patient Safety - Harm Free Care | Never Events | <= No | 0 | 0 | ۰ | ٠ | | ۰ | ۰ | ۰ | ۰ | ۰ | ۰ | | ٠ | ٠ | | | ۰ | • • | Aug 2020 | 0 | 0 0 - | 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Medication Errors | <= No | 0 | 0 | ۰ | ٠ | ۰ | ۰ | ۰ | ٠ | ۰ | ۰ | ٠ | ٠ | ٠ | • | | | ٠ | • • | Aug 2020 | 0 | 0 0 - | 0 0 | 0 | 0 | |
| Patient Safety - Harm Free Care | Serious Incidents | <= No | 0 | 0 | ۰ | ۲ | ۰ | ۰ | ۲ | ۲ | ۲ | ۰ | ۲ | ٠ | ۲ | • | • | | ۲ | • • | Aug 2020 | 0 | 1 1 - | 0 0 | 2 | 18 | M |
| Pt. Experience - FFT,MSA,Comp | Mixed Sex Accommodation Breaches | <= No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | 0 | | | - | | May 2020 | | | | - | - | |
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 7 | 14 | 4 | 13 | 8 | 6 | 9 | 14 | 8 | 5 | 11 | 4 | 8 6 | 64 | 7 | 19 16 | Aug 2020 | 4 | 1 0 - | 3 8 | 16 | 52 | \sim |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 16 | 22 | 5 | 20 | 17 | 7 | 14 | 15 | 13 | 7 | 0 | 11 | 11 1 | 2 12 | 14 | 19 21 | Aug 2020 | 4 | 2 0 - | 5 10 | 21 | | \sim |

Primary Care, Community & Therapies Group

| Section | Indicator | Measure | Trajectory Year Month | Previous Months Trend M A M J J A S O N D J F M A M J J A | Data Period | Directorate AT IB IC CT CM YHP | Month | Year To Date | |
|-----------|--|---------|--------------------------|---|----------------|-----------------------------------|-------|-----------------|------------|
| Workforce | PDRs - 12 month rolling | => % | 95.0 95.0 | • • • • | Oct 2019 | 97 88 97 - 59 - | | 88.0 | <u>۸</u> / |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.00 3.00 | 4.27 4.30 4.37 4.40 4.39 4.38 4.33 4.36 4.23 4.24 4.19 4.17 4.26 4.60 4.80 4.84 4.81 4.84 | Aug 2020 | 2.8 5.5 5.2 - 5.5 5.75 | 4.84 | 4.78 | \sim |
| Workforce | Sickness Absence - in month | <= % | 3.00 3.00 | 4.06 3.79 4.08 3.67 4.08 3.84 3.57 4.13 4.07 4.78 4.82 4.82 4.91 6.89 5.98 4.55 4.21 4.44 | Aug 2020 | 3.5 5.2 4.7 - 3.7 4.58 | 4.44 | 5.21 | ~~~~ |
| Workforce | Sickness Absence - Long Term - in month | No | | 33 25 31 25 25 26 23 27 23 32 30 31 36 29 50 44 27 40 | Aug 2020 | 9 | 40 | 191 | ~.~N |
| Workforce | Sickness Absence - Short Term - in month | No | | 102 101 79 86 94 78 93 135 121 140 114 92 181 104 81 99 85 | Aug 2020 | 13 37 24 0 8 3 | 85 | 553 | \sim m |
| Workforce | Mandatory Training | => % | 95.0 95.0 | | Jan 2020 | 96 93 94 - 91 - | | 95.4 | |

Primary Care, Community & Therapies Group

| Section | Indicator | | jectory Month | Previous Months Trend M A M J J A S O N D J F M A M J J A | Data Period | Directorate | Month | Year To Date | |
|-------------------------------------|--|------------|------------------|---|----------------|-------------|-------|-----------------|---------------|
| | | 1.00 | inonai | | Teriou | | | Date | |
| Community & Therapies Group Only | DVT numbers | => No 730 | 61 | 12 20 38 43 55 43 27 25 29 19 21 14 1 15 22 31 26 28 | Aug 2020 | | 28 | 122 | \sim |
| Community & Therapies Group Only | Adults Therapy DNA rate OP services | <= % 9 | 9 | | Aug 2017 | | 8.0 | 8.2 | |
| Community & Therapies Group Only | Therapy DNA rate Paediatric Therapy services | <= % 9 | 9 | 9.76 6.87 7.84 12 11.5 12.7 11.6 | Sep 2019 | | 10.8 | 11.1 | \sim |
| Community & Therapies Group Only | Therapy DNA rate S1 based OP Therapy services | <= % 9 | 9 | 8.78 8.92 8.23 10.1 8.7 10.5 9.59 9.67 9.01 10.6 9.49 9.71 6.16 2.25 7.63 4.41 5.56 6.29 | Aug 2020 | | 6.3 | 5.2 | /r |
| Community & Therapies Group Only | STEIS | <= No 0 | 0 | . . <td>Oct 2018</td> <td></td> <td>0</td> <td>1</td> <td></td> | Oct 2018 | | 0 | 1 | |
| Community & Therapies Group Only | Green Stream Community Rehab response time for treatment (days) | <= No 15.0 | 15.0 | 20.3 24 21.8 15 19 22.5 21.7 19.7 19.4 20.7 19.4 13.3 14.6 4.76 5.75 7.5 9 16.8 | Aug 2020 | | 16.84 | 43.85 | \sim |
| Community & Therapies Group Only | DNA/No Access Visits | % | | 1 1 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 | Aug 2020 | | 0.92 | | \sim |
| Community & Therapies Group Only | Baseline Observations for DN | => % 95 | 95 | 95.8 91.2 97.7 96.8 95.7 97.3 95 93.7 92.1 93.6 94.7 93.7 90.6 95.9 93.2 91.3 91 91.3 | Aug 2020 | | 91.3 | 92.44 | \mathcal{M} |
| Community & Therapies Group Only | Falls Assessments - DN Intial Assessments only | => % 95 | 95 | 96.6 93 97.5 96.1 97.7 95.9 93.1 91.4 93.4 95.3 92.8 91.9 96.1 93.4 92.1 92.6 92.1 | Aug 2020 | | 92.12 | | MM |
| Community & Therapies Group Only | Pressure Ulcer Assessment - DN Intial Assessments only | => % 95 | 95 | 96.4 93.2 97.5 96.8 96.5 97.3 95.6 93.3 92.3 93.4 95.6 93.5 92.4 96.4 93.4 91.8 92.8 91.8 | Aug 2020 | | 91.85 | | M. |
| Community & Therapies Group Only | MUST Assessments - DN Intial Assessments only | => % 95 | 95 | 95.8 92.6 97.2 96.8 96.3 97.7 95.4 93.1 91.4 93.6 94.9 93 92.4 96.4 92.6 90.6 91.5 92.1 | Aug 2020 | | 92.12 | | \sim |
| Community & Therapies Group Only | Dementia Assessments - DN Intial Assessments only | => % 95 | 95 | 93.2 91.3 95.4 91.6 94.2 93.3 93.7 88.8 87 90.9 89.7 85.9 84.4 91.1 89.8 88.9 85.8 78.4 | Aug 2020 | | 78.36 | | \sim |
| Community & Therapies Group Only | 48 hour inputting rate - DN Service Only | % | | 96 - 95 1 94 95 95 95 - 95 94 95 96 95 95 | May 2020 | | 94.62 | | WV-1 |
| Community & Therapies Group Only | Making Every Contact (MECC) - DN Intial Assessments only | => % 95 | 95 | 95.8 92.4 97.5 96.8 96.3 97.1 95.2 93.1 90.6 92.4 94.7 93 92.4 95.3 93.4 90.6 91.7 91.3 | Aug 2020 | | 91.3 | 92.39 | \sim |
| Community & Therapies Group Only | Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired) | No | | 8 26 18 8 12 16 20 8 14 22 18 24 14 12 16 10 28 8 | Aug 2020 | | 4 | 37 | VVWV |
| Community & Therapies Group Only | Avoidable Grade 2 Pressure Ulcers (DN caseload acquired) | No | | . . <td>Nov 2018</td> <td></td> <td>26</td> <td>37</td> <td></td> | Nov 2018 | | 26 | 37 | |
| Community & Therapies Group Only | Avoidable Grade 3 Pressure Ulcers (DN caseload acquired) | No | | . . <td>Nov 2018</td> <td></td> <td>11</td> <td>14</td> <td></td> | Nov 2018 | | 11 | 14 | |
| Community & Therapies Group Only | Avoidable Grade 4 Pressure Ulcers (DN caseload acquired) | No | | . . <td>Nov 2018</td> <td></td> <td>0</td> <td>1</td> <td></td> | Nov 2018 | | 0 | 1 | |

Corporate Group

| Section | Indicator | Measure | Traje Year | ectory Month | м | A | м | J | J | A | | Previou | IS Month | | d F | м | A | м | 1 1 | A | Data Period | F | Directora SG F W M | e E N O | Month | Year To Date | Trend |
|----------------------------------|--|---------|---------------|-----------------|------|------|------|--------|--------|--------|--------|---------|----------|-------|--------|------|------|--------------|-----------|------|----------------|---|-----------------------|------------------|--------|-----------------|------------------|
| Pt. Experience - FFT,MSA,Comp | No. of Complaints Received (formal and link) | No | | | 4 | 2 | 1 | 12 | 10 | 0 | 3 | 6 | 2 3 | 6 | 3 | 10 | 3 | 4 | 5 11 | 6 | Aug 2020 | [| 0 0 0 0 | 0 6 0 | 6 | 29 | Sur |
| Pt. Experience - FFT,MSA,Comp | No. of Active Complaints in the System (formal and link) | No | | | 9 | 2 | 6 | 4 | 5 | 1 | 4 | 3 | 4 1 | 0 | 5 | 12 | 3 | 4 | 3 11 | 10 | Aug 2020 | | 0 0 0 0 | 2 8 0 | 10 | | mM |
| Workforce | PDRs - 12 month rolling | => % | 95.0 | 95.0 | ٠ | - | - | - | - | - | • | • | | - | - | - | - | - | | - | Oct 2019 | | 71 96 94 89 | 97 89 - | | 89.2 | \land |
| Workforce | Medical Appraisal and Revalidation | => % | 95.0 | 95.0 | ۲ | ۲ | ٠ | | | • | | | • | | ۲ | ٠ | ٠ | | • | - | Jul 2020 | | 95 | | 100.0 | 100 | |
| Workforce | Sickness Absence - 12 month rolling | <= % | 3.00 | 3.00 | 4.21 | 4.21 | 4.21 | 4.22 4 | l.21 4 | 4.26 4 | 4.32 4 | 1.47 4 | .41 4.4 | 3 4.4 | 7 4.51 | 4.59 | 4.94 | 4.99 4 | 4.91 4.88 | 4.86 | Aug 2020 | | 3.17 1.65 3.32 3.95 | 6.03 6.25 3.87 | 4.86 | 4.92 | \sim |
| Workforce | Sickness Absence - in month | <= % | 3.00 | 3.00 | 3.81 | 3.71 | 3.80 | 4.21 4 | 1.47 | 4.42 4 | 1.68 5 | 5.03 4 | .48 4.4 | 4.9 | 1 4.89 | 4.77 | 6.75 | 4.87 3 | 3.81 4.31 | 4.14 | Aug 2020 | | 4.92 0.63 0.64 1.42 | 5.14 6.46 4.00 | 4.14 | 4.74 | · ~~~~ |
| Workforce | Sickness Absence - Long Term - in month | No | | | 28 | 20 | 25 | 32 | 32 | 40 | 33 | 35 | 32 2 | 7 27 | 33 | 31 | 37 | 77 | 62 45 | 62 | Aug 2020 | | 6.00 1.00 0.00 2.00 | 23.00 23.00 7.00 | 62.00 | 289.00 | ^ |
| Workforce | Sickness Absence - Short Term - in month | No | | | 86 | 79 | 57 | 65 | 82 | 54 | 92 | 90 | 84 10 | 8 10 | 0 80 | 73 | 116 | 147 1 | 134 164 | 120 | Aug 2020 | | 9.00 0.00 4.00 11.00 | 52.00 36.00 8.00 | 120.00 | 698.00 | $\sim \sim \sim$ |
| Workforce | Mandatory Training | => % | 95.0 | 95.0 | ۲ | ۲ | ٠ | • | • | • | • | • | • | | - | - | | | | - | Jan 2020 | | 93 97 97 96 | - 93 - | 94.3 | 94 | |

Paper ref: TB (10/20) 014

Sandwell and West Birmingham Hospitals

NHS Trust

| Report Title | Month 5 finance report, Covid finance re | eport | |
|----------------------|--|-------|------------------------------|
| Sponsoring Executive | Dinah McLannahan, Chief Finance Office | r | |
| Report Author | Dinah McLannahan, Chief Finance Office | r | |
| Meeting | Trust Board (Public) | Date | 1 st October 2020 |

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

Month 5 saw costs fall across the board, reflected in a smaller retrospective top up claim and break even position. Cash and capital remain on plan.

The report also includes information relating to the Trust's block income arrangement for months 7-12 of the financial year. Cost forecasts require further work, confirm and challenge, and FIC should monitor on behalf of the Board, the governance in relation to distribution of system funding over above organisational blocks. A clear quantification of Covid related expenditure and the relationship between this and restoration and recovery, and winter, should be established before the Trust submits a more detailed plan on the 22nd October.

Finally, the Trust reports expenditure of c£20m in relation to the Covid response. £3m has been incurred on capital works and expenditure, £17.7m on revenue items, £10m of which was non-pay, £7m pay.

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | | | | | | |
|---|---|--------------------------|---|------------------------------|---|--|--|--|--|--|--|--|
| Safety Plan | | Public Health Plan | | People Plan & Education Plan | x | | | | | | | |
| Quality Plan | | Research and Development | | Estates Plan | x | | | | | | | |
| Financial Plan | х | Digital Plan | х | Other [specify in the paper] | | | | | | | | |

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

PMC 22nd September 2020

FIC 25th September 2020

4. Recommendation(s)

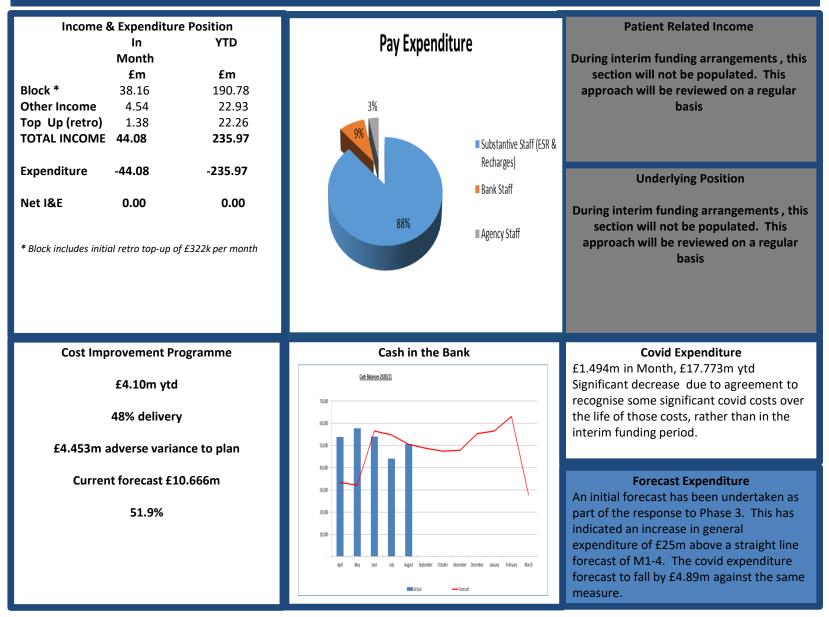
The Trust Board is asked to:

a. Note and discuss the contents of the report, particularly the risks and issues

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Trust Risk Registerx388, 3689 | | | | | | | | | | | | |
| Board Assurance Framework x SBAF 9, SBAF 10 | | | | | | | | | | | | |
| Equality Impact Assessment | 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 | | | | | | | | | | | |

Dashboard

Month 5 2020/2021



Headlines Summary: Month 1 - Month 5

I&E – Slide 4

The Trust reported break even for Months 1-5 under the Covid-19 regime. Covid specific costs decreased in Month 5 due to agreeing the treatment of IT costs, external consultancy, taper relief and Balfour Beatty hub costs monthly as opposed to a lump sum. Other Income was relatively stable whereas Pay went down in part due to the change in treatment of taper relief costs. Non-pay also decreased in August largely for the same reasons.

PRI and Top Up – Slide 4

| M1: | £3.796m (£3.331m Covid); | £1.029m other |
|-----|--------------------------|----------------|
| M2: | £2.759m (£2.752m Covid); | £0.835m other |
| M3: | £5.340m (£4.75m Covid); | £1.021m other |
| M4: | £8.985m (£5.406m Covid); | £3.579m other |
| M5: | £1.378m (£1.494m Covid), | -£0.116m other |

The significant reduction in Top up is a result of changing the treatment of a number of key costs, and phasing the costs over the period the expenditure relates to, agreed with NHSM in a recent review meeting. The Trust has £4.193m now unvalidated as retrospective top up, meaning that £18.065m has been validated and received.

Other Income - Slide 4

Below plan currently due to Covid-19 impact on car parking, Pathology and Catering. Pathology activity picked up further in Month 5, which is in line with expectations as restoration gathers pace.

Pay – Slide 5

Pay has seen a decrease, as direct covid costs reduce and the change in treatment of Taper Relief costs. There has been some improvement in Emergency Care expenditure as rotas have been cut, but still not to within budget. Most other areas have remained stable.

Non-pay – Slide 6

Significant decrease in month driven by treatment changes identified above. On going covid costs have reduced as cases have fallen. The increase in local cases needs to be carefully monitored as pressure on expenditure may resume.

Performance against budgets – see slide 13

The clinical group showing adverse variance to budget is Medicine and Emergency care, driven by Covid related pay pressures, and non-delivery of CIP. Remediation will be important when the retro top up arrangements end. Other clinical groups are showing underspends against expenditure budgets. It is important to note that these underspends will not be available locally in future months as they form part of the net top up required. Compliance to post CIP budgets should be the focus. Budgetary pressures are also seen in all Corporate directorates, with the exception of Finance. The drivers for the non-Covid adverse variances are mostly related to non-delivery of CIP and require in year mitigation. Corporate are also adverse to their budget, plans for recovery in this area are being developed, but are driven by Covid related income decreases, CIP delivery and one off costs. It remains an area to watch.

Cash and Capital

Slide 8 contains the Trust's 20/21 revised capital programme as submitted to NHSI/E in July 2020. Work has been ongoing to confirm the 20/21 and 5 year internally funded programme to re-confirm alignment to the DHSC approved FBC and the Trust's extant cash plans. This was considered at FIC, and submitted to NHSI/E in August. Scheme detail behind the affordability envelope will be discussed at the Capital Programme Meeting in September. Good progress has been made on Covid capital claims, with £2.1m authorised against circa £2.5m of claims with a further c£500k, albeit the cash has not yet been received.

Cash is considerably ahead of plan due to receipt of the block income in advance, and this is reflected in creditor balances against plan also. The working capital position is improving, as set out on slide 11. For the first time in many years, UHB has paid all of monies owed to the Trust, and the Trust has paid all money owed to UHB. This is as a result of the Covid-19 Provider to Provider guidance. Work continues on identifying local suppliers on the system for prompt payment and identifying a 2% spend commitment in line with Anchor Institution commitments.

Financial Regime Update – Months 7-12

Financial Regime Update

- Block values confirmed we will have to live within it
- Simplified payments with a focus on system working and elective recovery
- Small system pot for growth (£20m) and Covid costs (£78m)
- Restoration of "other income" to normal levels will be important GSFMs will review in September
- Activity recovery targets should be achieved within block values there is NO retrospective top up mechanism. Blocks will be flexed according to activity restart targets i.e. underperformance will mean less income
- Any additional restoration funding required over and above that funded in base budgets should be separately identified and requested via the system plan, or as Covid specific e.g. Vanguard theatre in Ophthalmology, Endoscopy, Imaging, Dual red and blue streams in EDs and AMUs. This is not currently identified and is therefore a risk. *Early indications suggest that our cost forecast is circa £20m more than the block income indicated for SWB for months 7-12. A system wide affordability assessment is underway.*
- It should remain the Trust's aim to achieve a break even position for 20/21, if at all possible. The new regime will allow for surpluses or deficits by organisation, with STP wide break even. It is therefore unrealistic to aim for a headline surplus position.
- We should expect to forecast to the centre a 20/21 year end position during September
- Inherent efficiency requirement embedded in the funding for months 7-12, as activity is expected to return to 19/20 levels, and although we are more efficient in some ways, we are less productive in others
- Continued CIP delivery is therefore important to remain true to the Trust's long term financial model in preparation for service reconfiguration and Midland Met UH

KEY MESSAGES

- Remain within 20/21 post CIP expenditure budgets for activity recovery plan
- Ensure funding sources identified for all expenditure base budgets? Covid? specific restoration?
- Critical decisions on significant costs (Vanguard, Endoscopy, Imaging) if additional funding for restoration is not provided
- Restoration of "other income" by October will be critical value circa £5m a month
- Financial grip and control needs to be very tight across the Trust

Income and Expenditure Run Rates

| | | | 2019/ | /2020 | | | 2020/2021 | | | | ANALYSIS |
|------------------------|---------|-----------------|---------|---------|---------|----------------|-----------|---------|---------------------|---------------------|---|
| £000's | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Patient Related Income |
| | INON | Del | Jall | rev | IVIAI | Арі | iviay | Juli | Jui | Aug | Movements relate largely to the Retrospective top-up |
| Patient Related Income | | | | | | | | | | | income, this saw a significant decrease in August, driven by |
| Plan | 39,854 | 39,247 | 41,433 | 37,808 | 36,955 | 39,250 | 39,250 | 39,250 | 39,250 | 39,250 | changes to the recording of Covid expenditure, and relatively flat general expenditure. |
| Actual | 37,762 | 36,683 | 39,845 | 37,279 | 47,105 | 44,075 | 42,844 | 45,611 | 47,379 | 41,311 | Other Income |
| Variance | -2,092 | -2,564 | -1,588 | -529 | 10,149 | 4,825 | 3,594 | 6,361 | 8,129 | 2,061 | Other income is tracking at significantly lower values than |
| | _, | _ ,••• . | -,000 | •=• | | ., 0 =0 | 0,001 | 0,001 | 0,110 | _,•••_ | last year, this is driven by Facilities related and Pathology Specialist lab activity. There has been some recovery in |
| Other Income | | | | | | | | | | | Specialist lab activity. There has been some recovery in Specialist lab income, and reductions in non-pay to offset |
| Plan | 4,342 | 5,060 | 4,943 | 4,603 | 195 | 4,663 | 4,663 | 4,663 | 4,663 | 4,663 | some of the gap. The decline between July and August is |
| Actual | 4,659 | 4,863 | 4,828 | 5,414 | 728 | 2,997 | 2,501 | 3,302 | 3,182 | 2,765 | driven by small movements across a number of Corporate |
| Variance | 317 | -197 | -115 | 812 | 534 | -1,666 | -2,162 | -1,360 | | -1,897 | areas, as well as Education and Training Income. |
| | J1/ | -17/ | -112 | 012 | 554 | 1,000 | -2,102 | -1,500 | -1 ₁ 700 | -1 ₁ 037 | September will see work to firm up forecasts of other income. |
| Pay | | | | | | | | | | | Pay |
| Plan | -28,597 | -27,963 | -28,439 | -28,154 | -29,627 | -29,110 | -29,110 | -29,110 | -29,110 | -29,110 | The improvement in pay is largely driven by reductions in |
| Actual | -28,405 | -28,452 | -28,654 | -28,001 | -29,506 | -30,377 | -29,934 | -29,846 | -30,745 | -29,480 | Covid Pay Costs, both direct and within Emergency care, |
| Variance | 192 | -490 | -215 | | 121 | -1,267 | -823 | -735 | | -370 | and re-phasing of the Taper Relief expenditure as agreed |
| | 172 | -400 | -213 | 1)) | 121 | -1,20/ | -025 | -755 | -1,000 | -3/0 | with NHSM. It is important that when funding for restoration is agreed that work is done to ensure pay costs |
| Non Pay | | | | | | | | | | | do not exceed funding. Given funding in line with current |
| Plan | -16,031 | -17,941 | -17,050 | -16,963 | -7,151 | -14,802 | -14,802 | -14,802 | -14,802 | -14,802 | levels this presents a significant risk to the Trusts target of |
| Actual | -14,390 | -14,652 | -15,251 | -17,347 | -18,534 | -16,691 | -15,414 | -19,068 | -19,817 | -14,596 | break-even |
| Variance | | | | | | | -612 | | | 206 | Non Pay |
| | 1,641 | 3,290 | 1,799 | -304 | -11,383 | -1,889 | -012 | -4,266 | -2,012 | 200 | The significant decrease was driven by Covid costs, most notably reduced IT costs and Balfour Beatty costs as spend |
| Net I&E | | | | | | | | | | | has been re-phased in line with an agreement with NHSM. |
| Plan | -432 | -1,597 | 887 | -2,706 | 372 | 0 | 0 | 0 | 0 | 0 | Expenditure on protective equipment and general medical |
| Actual | -374 | -1,557 | 767 | -2,654 | -207 | 3 | -3 | ٥ | 0 | 0 | equipment continues to fall in line with low covid patient |
| | | 1,001 | | -1007 | | 5 | 5 | ۰ م | | 0 | numbers. The other significant reduction is Taper Relief |
| Variance | 59 | 40 | -120 | 52 | -579 | 3 | -3 | 0 | 0 | U | expenditure which will be shown as costs are incurred. |

Capital Expenditure

Month 5 2020/21

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

Summary Capital Expenditure: FY 2020/20 to P05

| | | Year to Date | | | | Variance |
|---|--------|--------------|---------|----------------------------------|------------------|-----------------------------|
| Programme | Plan | Actual | Gap | NHSI Revised Plan (July 2020) | Forecast Outturn | Revised NHSI Plan vs FOT |
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Estates | 1,757 | 835 | 922 | 7,234 | 7,234 | О |
| Estates - ETTF | 600 | 766 | (166) | 1,800 | 1,800 | о |
| Covid-19 | 0 | 1,542 | (1,542) | 0 | 2,961 | (2,961) |
| Informatics | 1,423 | 991 | 432 | 4,111 | 4,111 | о |
| Medical equipment / Imaging | 814 | 160 | 654 | 2,272 | 2,272 | о |
| | | | | | | |
| Sub-Total | 4,594 | 4,294 | 300 | 15,417 | 18,378 | (2,961) |
| Technical schemes | 601 | 528 | 73 | 1,511 | 1,511 | о |
| Donated assets | 0 | 0 | 0 | 83 | 83 | о |
| Total Core Programme | 5,195 | 4,822 | 373 | 17,011 | 19,972 | (2,961) |
| Midland Met Construction Cost to Complete | 68,193 | 43,433 | 24,760 | 237,115 | 237,115 | 0 |
| Reconfiguration | 1,638 | 1,477 | 161 | 3,704 | 3,704 | o |
| | | | | | | |
| Total Non Core Programme | 69,831 | 44,910 | 24,921 | 240,819 | 240,819 | 0 |
| Total Core & Non Core Programme | 75,026 | 49,732 | 25,294 | 257,830 | 260,791 | (2,961) |

Analysis

• The above plan and forecast outturn reflect the latest submitted plan to NHSI (July 2020) and the spend to Month 5 20/21. MMUH construction costs continue to show slippage against the forecast and a revised plan for this year is in progress with the contractor.

• The Year to Date actuals include Covid costs of £1.54m, which represents those items receipted and/or paid for at the reporting date. There are circa £2.9m of costs in our system but £1.2m of IT costs have not been receipted. This will be fully reconciled for Month 6. £2.1m of Covid capital has been approved by NHSI/E.

Finance Report

SOFP Month 5 2020/21

Sandwell & West Birmingham Hospitals NHS Trust STATEMENT OF FINANCIAL POSITION 2020/21

| | Balance as at 31st March 2019 | Balance as at 31st August 2020 | NHSI Planned Balance as at 31st August 2020 | Variance to plan as at 31st August 2020 | NHSI Plan as at 31st March 2021 | Forecast 31st March 2021 |
|-------------------------------|-------------------------------------|--------------------------------------|---|--|--|--------------------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Non Current Assets | | | | | | |
| Property, Plant and Equipment | 521,752 | 563.595 | 601,260 | (37,665) | 749,751 | 749,751 |
| Intangible Assets | 132 | 119 | 106 | 13 | 106 | · · · · · |
| Investment Assets | 0 | 0 | 0 | 0 | 0 | |
| Trade and Other Receivables | 181 | (144) | 67 | (211) | 67 | |
| Current Assets | | | | | | |
| Inventories | 5.129 | 5.129 | 4,742 | 387 | 4,742 | 4.742 |
| Trade and Other Receivables | 45,497 | 47,610 | 47,344 | | 47,344 | , |
| Cash and Cash Equivalents | 23,381 | 50,526 | 22,615 | 27,911 | 2,009 | · · · · · |
| Current Liabilities | | | | | | |
| Trade and Other Payables | (83,897) | (116,457) | (84,105) | (32,352) | (82,774) | (98,472) |
| Provisions | (815) | (752) | (1,855) | 1,103 | (1,855) | (1,855) |
| Borrowings | (1,858) | (1,846) | (3,872) | 2,026 | (3,872) | (3,872) |
| DH Loan | 0 | 0 | 0 | 0 | 0 | 0 |
| Non Current Liabilities | | | | | | |
| Provisions | (3,504) | (3,504) | (3,454) | (50) | (3,454) | (3,454) |
| Borrowings | (27,545) | (26,735) | (30,935) | 4,200 | (29,295) | (29,295) |
| DH Loan | 0 | 0 | 0 | 0 | 0 | 0 |
| | 478,453 | 517,541 | 551,913 | (34,372) | 682,769 | 682,769 |
| Financed By | | | | | | |
| Taxpayers Equity | | | | | | |
| Public Dividend Capital | 300,103 | 339,192 | 380,850 | (41,658) | 527,359 | 527,359 |
| Retained Earnings reserve | 158,853 | 158,852 | 148,680 | 10,172 | 133,027 | 133,027 |
| Revaluation Reserve | 10,439 | 10,439 | 13,325 | (2,886) | 13,325 | 13,325 |
| Other Reserves | 9,058 | 9,058 | 9,058 | 0 | 9,058 | 9,058 |
| | 478,453 | 517,541 | 551,913 | (34,372) | 682,769 | 682,769 |

Analysis

- The overall variance from plan is due to lower capital spend due to slippage on major capital schemes which are forecast to increase spend for the remainder of 2020/21 and close the gap to the plan.
- Working balances are improving as the NHSI/E Provider to Provider payment arrangements reduce aged balances. Cash and Payables balances are higher than planned due to the Block Commissioner Income being received a month in advance and reflected in the SOFP as a payment in advance.
- Further Analysis of Cash Balances and movements are included on the SOCF slide
- Further analysis on Receivables and Payables balances is available on slide 11
- Cash and Cash Equivalents balances on this slide will differ from the SOCF by the value of Cash in Hand, that is not included in the SOCF

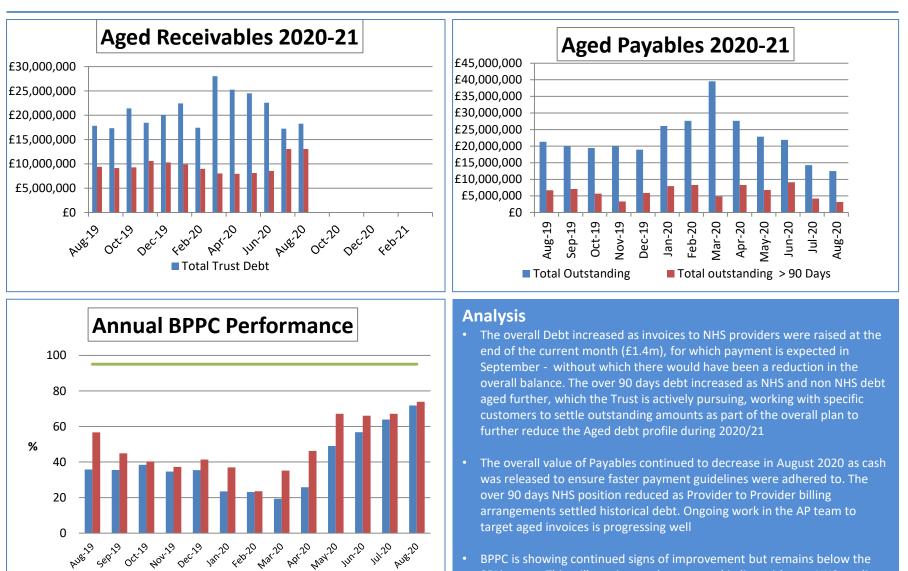
Finance Report

| Sandwell & West Birmingham Hospitals NHS Trust | | | | | | | | | | | | |
|--|--------|--------|---------|----------|-----------|-----------|----------|----------|----------|----------|----------|---------|
| | | | | CASH FLC | W 2020/21 | | | | | | | |
| | | | | | | | | | | | | |
| | April | May | June | July | U | September | October | November | | January | February | March |
| ACTUAL/FORECAST | Actual | Actual | Actual | Actual | Actual | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecas |
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| Receipts | | | | | | | | | | | | |
| SLAs: SWB CCG | 50,491 | 26,041 | 27,926 | 24,463 | 24,255 | 24,193 | 24,193 | 24,193 | 24,193 | 24,193 | 24,193 | |
| Associates | 18,046 | 8,993 | 8,783 | 8,916 | 8,874 | | 8,681 | 8,681 | 8,681 | 8,681 | 8,681 | |
| Other NHS | 8,193 | 1,184 | 1,209 | 4,275 | 184 | 0 | 1,154 | 728 | 1,796 | 749 | 5,501 | 1,8 |
| Specialised Services | 4,987 | 14,583 | 8,206 | 7,089 | 4,394 | 4,391 | 4,581 | 4,392 | , | 5,123 | , | 1 |
| STF Funding | 0 | 0 | 0 | 0 | 0 | | 0 | | , | , | , | |
| Over Performance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Education & Training - HEE | 5,209 | 26 | 0 | 1,499 | 3 | 4,476 | 0 | 0 | 4,405 | 0 | 0 | 4,4 |
| Public Dividend Capital | 5,059 | 6,208 | 8,979 | 0 | 16,474 | 26,036 | 19,610 | 20,856 | 28,925 | 17,062 | 16,959 | 17,0 |
| Loans | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Other Receipts | 893 | 796 | 4,078 | 4,817 | 6,793 | 2,082 | 1,375 | 1,375 | 2,775 | 2,075 | 2,075 | 2,0 |
| Total Receipts | 92,879 | 57,830 | 59,181 | 51,059 | 60,975 | 69,859 | 59,595 | 60,224 | 75,362 | 57,884 | 62,327 | 25,6 |
| Payments | | | | | | | | | | | | |
| Payroll | 16,273 | 16,035 | 16,770 | 16,744 | 16,270 | 16,455 | 16,445 | 16,430 | 16,155 | 16,353 | 16,604 | 16,5 |
| Tax, NI and Pensions | 3,970 | 11,972 | 11,929 | 11,618 | 11,793 | | 11,800 | 11,800 | 11,800 | 11,800 | 11,800 | 11,8 |
| Non Pay - NHS | 1,550 | 1,550 | 1,550 | 1,550 | 1,550 | | 1,550 | 1,550 | 1,550 | 1,550 | 1,550 | 1,5 |
| Non Pay - Trade | 27,364 | 8,135 | 6,589 | 23,751 | 8,077 | 7,737 | 8,364 | 6,006 | 6,040 | 6,486 | 6,797 | 6,8 |
| Non Pay - Capital | 10,202 | 7,779 | 14,530 | 4,931 | 14,299 | 27,323 | 20,871 | 22,117 | 30,209 | 18,524 | 18,425 | 18,5 |
| MMH PFI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| PDC Dividend | 0 | 0 | 0 | 0 | 0 | 4,914 | 0 | 0 | 0 | 0 | 0 | 4,9 |
| Repayment of Loans & Interest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| BTC Unitary Charge | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 4 |
| NHS Litigation Authority | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,325 | 1,325 | 1,325 | 1,325 | 1,325 | 0 | |
| Other Payments | 1,124 | 6,411 | 9,546 | 460 | 433 | 117 | 139 | 189 | 299 | 179 | 239 | |
| otal Payments | 62,487 | 53,887 | 62,919 | 61,060 | 54,428 | 71,610 | 60,934 | 59,857 | 67,818 | 56,657 | 55,855 | 60,9 |
| Cash Brought Forward | 23,348 | 53,740 | 57,684 | 53,945 | 43,945 | 50,492 | 48,741 | 47,401 | 47,769 | 55,312 | 56,539 | 63,0 |
| Net Receipts/(Payments) | 30,392 | 3,944 | (3,738) | (10,001) | 6,547 | (1,752) | (1,339) | 367 | 7,544 | 1,227 | 6,472 | (35,3 |
| Cash Carried Forward | 53,740 | 57,684 | 53,945 | 43,945 | 50,492 | 48,741 | 47,401 | 47,769 | 55,312 | 56,539 | 63,011 | 27,7 |

Analysis

- This cash flow incorporates YTD M5 actual movements and a full year forecast for balances in the Trusts Bank Account.
- The cash flow represents the application of the breakeven NHS funding plans for Months 1 to 6, with the planned allocation of block contract funding for Months 7 -12. The Trust has received payments in advance during 20/21 and therefore assumes that no cash will flow to us in March. Over the medium term delivery of I&E plans are the key determinant of cash borrowing requirements, as well as capital investment.

Aged Receivables, Aged Payables & BPPC Finance Report



Number Paid Within Terms 📕 Value Paid Within Terms — Target

BPPC is showing continued signs of improvement but remains below the 95% target. This will continue to be managed in line with non-NHS creditor improvement and cash balances. The Trust is investigating further plans to improve performance against the target.

Month 5 2020/21

| | | Month 1-4 A | ctual | | Month 5-6 | Forecast | Month 7-12 Forecast | | | | | | |
|--|----------|-------------|----------|----------|-----------|----------|---------------------|----------|----------|----------|----------|----------|-----------|
| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Total |
| | Actual | Actual | Actual | Actual | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast |
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| Expenditure (-ve) exc. COVID-19 | | | | | | | | | | | | | |
| Employee expenses | (29,202) | (28,689) | (28,144) | (28,711) | (29,138) | (29,794) | (30,052) | (30,209) | (30,196) | (30,192) | (30,194) | (30,162) | (354,682) |
| Op. expenses excluding employee expenses | (13,571) | (12,938) | (15,050) | (15,471) | (14,230) | (15,794) | (16,011) | (16,589) | (16,572) | (16,517) | (16,430) | (16,433) | (185,607) |
| Finance Costs | (965) | (969) | (970) | (973) | (982) | (982) | (982) | (982) | (982) | (982) | (982) | (982) | (11,735) |
| Other | | | | | | | | | | | | | - |
| Total Expenditure | (43,738) | (42,596) | (44,163) | (45,155) | (44,351) | (46,570) | (47,045) | (47,780) | (47,750) | (47,691) | (47,607) | (47,577) | (552,024) |

Months 1-6 will be funded by the retrospective top up process. There are no indications that there are material risks to this

All numbers above exclude Covid specific costs

The Trust is currently forecasting to spend £285.451m in Months 7-12, including CIP failure, winter and recovery. Gut feel is this is realistic

- The block issued suggests expected income of £265.220m for months 7-12
- This suggests a funding gap of £20.231m
- The Trust expects to spend c£266.573m in Months 1-6
- The increase in spend has been analysed by specialty (slide 3)
- The system has been allocated an additional £100m for Covid costs, and for service growth in 2021

Risks and issues

- Trust's objective is at least break even, linked to capital plans. Need to ensure the system stays sighted on cash implications of finance flows
- The devil will be in the detail to ensure safe financial transition through this regime, although it is possible that transition away from PbR has been expedited by Covid
- Other income assumptions need confirming, including "other income" to be completed by the end of September – particularly car parking, catering and P2P
- Access to other system pots (£20m growth and £78m covid) needs to be confirmed – FIC should monitor governance
- Confirm and challenge cost forecasts risk of recurrent "bake in", and how really linked are these costs to activity?
- Improve CIP delivery forecast confirm exit position asap
- Risk of inefficiency creep budgets for 1920 funded production plan
- Confirm reserves position in the cost forecast
- Reconcile current view with MMUH LTFM (November FIC)
- Not clear how elective performance will impact on the £265m of income due (consistency and fairness of plans)
- EIS

Covid Capital Analysis

Covid capital claims to date are £2.96m

| | Clinical | Infrastructure | | |
|-------------------------|-----------|----------------|-----------|-----------|
| | Equipment | (MMH) | IT | Total |
| Capital Claims Approved | 214,274 | | 1,778,922 | 1,993,196 |
| Awaiting decision | 450,715 | 408,953 | 108,424 | 968,092 |
| Total Claims | 664,989 | 408,953 | 1,887,346 | 2,961,288 |

The capital regime and processes in relation to Covid have been fast moving and have changed several times, from claims in arrears to claims in advance, with de minimus limits being introduced where different rules applied. The Trust has complied as best it was able to alongside necessary quick decision making to ensure an effective response to the pandemic.

The major items awaiting decision include - 14 Anaesthetic Machines in clinical equipment, and within infrastructure, MMH covid safety spend, mainly the Level 0 staff welfare facility. NHSI/E are very well sighted on the welfare facility, being engaged closely by the Trust through its fortnightly calls. The Trust expects to be reimbursed for these costs. If it is not reimbursed, the funding source would have to be the Midland Met UH contingency pot, or ultimately, Trust capital funds. In relation to the anaesthetic machines, it is possible that the Trust will not have these approved. These machines were ordered in late March in the peak of the pandemic, but were not delivered until July. The Trust was instructed not to claim for the machines until they were delivered.

Covid Revenue Expenditure Analysis

YTD expenditure in FLP000 (Covid) is (£17.7m) with an expenditure in August of (£1.5m) net of £0.8m prepayments. August saw a fall of (£3.9m) compared to July.

| Run Rate | | | | | | Movement | |
|--------------------|------------|--------------|---------------|---------------|-----------------|-------------|--------------|
| SSG Grou 🕶 | April | Run Rate May | Run Rate June | Run Rate July | Run Rate August | July August | Year to date |
| 3 - Pay | £1,175,526 | £1,244,943 | £1,701,938 | £2,034,289 | £1,197,141 | £837,148 | £7,353,837 |
| 4 - Non Pay | £2,155,511 | £1,506,736 | £3,047,900 | £3,372,140 | £296,449 | £3,075,691 | £10,378,736 |
| Grand Total | £3,331,037 | £2,751,679 | £4,749,838 | £5,406,429 | £1,493,590 | £3,912,839 | £17,732,573 |

Pay spend

| | | | Movement July to | |
|---|---------------|-----------------|------------------|--------------|
| Super Sub Group Description | Run Rate July | Run Rate August | August | Year to date |
| Medical Staffing | £577,095 | £368,423 | £208,672 | £2,042,557 |
| Management | £10,794 | £0 | £10,794 | £17,747 |
| Administration and Estates | £245,175 | £247,424 | -£2,249 | £1,347,460 |
| Healthcare Assistants and Support Staff | £478,876 | £323,973 | £154,904 | £1,390,617 |
| Qualified Nursing and Midwifery | £646,476 | £235,541 | £410,935 | £2,253,709 |
| Scientific, Therapeutic and Technical | £75,873 | £21,780 | £54,093 | £301,747 |
| | £2,034,289 | £1,197,141 | £837,148 | £7,353,837 |
| | £2,034,289 | £1,197,141 | £837,148 | £7,353,837 |

Pay spend fell £837k July to August with significant reductions in both Nursing and medical staffing. Non-pay costs fell by (£3,076k), material changes included a reduction in expenditure on IT £1,382k, protective clothing £275k and building maintenance £686k, and Medical equipment £260k. The total year to date non pay costs are £10,378k.

| The most material YTD spend on non-pay categories are | | | | | | |
|---|---------|--|--|--|--|--|
| Protective clothing | £2,665k | | | | | |
| Building Works and Maintenance | £2,218k | | | | | |
| IT costs | £1,631k | | | | | |
| Medical equipment | £1,540k | | | | | |
| Subsistence including hotels | £ 624k | | | | | |
| Drugs | £ 464k | | | | | |

Paper ref: TB (10/20) 015

Sandwell and West Birmingham Hospitals NHS Trust

| S | Ν | HS |
|---|---|----|
| + | | |

| Report Title | Monthly Risk Register Report | | | | |
|---|---|--|--|--|--|
| Sponsoring Executive | Kathleen French, Chief Nurse | | | | |
| Report Author | Sindeep Chatha, Head of Patient Safety and Risk | | | | |
| MeetingTrust Board (Public)Date1st October 2020 | | | | | |

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

There are 13 risks overseen by the Board with upcoming action deadlines, of those 4 risks have been updated since the last meeting with recommendations put forward on how these could be managed moving forward.

The Board to note the following concerns have been discussed at RMC and CLE:

- There is no Trust-wide Covid 19 risks on the Trust Risk Register •
- No clear process on how risks are being managed by the Organisation •
- Ophthalmology backlog of outpatients' appointment is increasing to 22,000. •

There continues to be incidents over 3 weeks old which are not managed within the agreed timeframes.

There is a slight improvement in the number of incidents in the 'saved for later'.

| 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 | Χ | Research and Development | | Estates Plan | |
| Financial Plan | Χ | Digital Plan | Χ | Other [specify in the paper] | X |

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

Risk Management Committee, 14th September 2020, CLE, 22nd September 2020

| - | |
|-----|---|
| 4. | Recommendation(s) |
| The | e Trust Board is asked to: |
| а. | NOTE the update for each risk |
| b. | NOTE the concerns raised at RMC and CLE |

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | |
|--|---|--|--|--|--|--|
| Trust Risk Register x Risk Number(s): | | | | | | |
| Board Assurance Framework | Risk Number(s): | | | | | |
| 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 Trust Board: 1st October 2020

Monthly Risk Register Report

1.0 INTRODUCTION

- **1.1** This report provides the Trust Board with an update on the risks it has oversight on, held within the Trust's risk register. The report outlines progress in improving the robustness of the Trust's risk management arrangements with a review of the Risk Register entries.
- **1.2** The Trust has identified a range of significant risks that are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration, should the mitigation plans be ineffective.
- **1.3** A summary of the main controls and mitigating actions for the significant risks currently identified in each Clinical Group and Corporate Directorate monitored by the Trust Board are available in **Appendix A.**

2.0 NEW RISKS ADDED LAST MONTH

2.1 19 new risks have been added on to the Risk register by the Groups and are presented in Appendix B. These risks were reviewed by RMC but the committee understood these risks to be issues and incidents and it was difficult to ascertain what the risk was. This has highlighted some Trust-wide training needs on risk identification and statement writing.

3.0 GROUP COVID 19 RELATED RISKS

3.1 At June RMC the Groups presented their Covid 19 related risks specific to their areas. An update on each of these was presented at September's RMC. Since some of the services have resumed to some extent some of these risks have been mitigated and put forward for annual review. RMC did identify although the risk register has Group level risks; there is no Covid 19 Risk for Trust Board oversight. RMC is reviewing this and will propose a new risk to be added onto the Board Risk Register. This will be presented at October CLE and November Board for approval.

4.0 RISK REGISTER REVIEW

- **4.1** In August 2020 the Board agreed to extend the deadline for risk 214 (Lack of assurance of the 18 week data quality pathway). The new deadline is 28th February 2021.
- **4.2** In August 2020 the Board agreed to extend the deadline for risk 3212 (BMEC hard drives). The new deadline is December 2020.

- **4.3** In August 2020 the Board agreed to accept risk 4164 (Endorsements of results) to be added on the Trust Board risk register.
- **4.4** No further update to risk 2642 (Radiology Results), risk 3693 (reduce amenable mortality) and risk 3212 (standalone hard drives) is required since these risks are currently on track for achieving the target rating by the deadline.
- **5.0** Since the last Board meeting the following updates have been received and recommendations have been put forward for the Board to consider and discuss.

| Indicator | Кеу |
|-------------------|--------------------------------------|
| \leftrightarrow | Current score remains unchanged |
| \checkmark | Reduction in score since last update |
| \wedge | Increase in score since last update |

| Risk ID | Executive Risk Lead | Title | Current rating | Target rating | Change | | |
|----------------|---|---|----------------|---------------|-------------------|--|--|
| 2784 | Chief Executive | MMH Funding for compensation scheme | 5x5=25 | 4x5 =20 | \leftrightarrow | | |
| Update | requires an update: 1: Conclude design Following discussion | The Board has agreed to tolerate this risk but there is one overdue action which requires an update: 1: Conclude design validation of MEP (Target date: 01/09/2020) Following discussion at RMC the committee agreed this risk is better managed by the Director for ServiceTransformation. | | | | | |
| Recommendation | For information | | | | | | |

| Risk ID | Executive Risk Lead | Title | Current rating | Target rating | Change | | | |
|----------------|--|--|----------------|---------------|-----------------------|--|--|--|
| 3689 | Chief Finance Officer | Trust not achieving best integrated care due to mechanism of contracting | 4x4=20 | 4x4 =20 | \longleftrightarrow | | | |
| Update | at the end of Septer Since RMC, this risk | The Board has agreed to tolerate this risk but there is one overdue action and two due at the end of September. Since RMC, this risk has been updated and the current actions remain relevant and all actions are up to date and remain robust to manage this risk. | | | | | | |
| Recommendation | For information | | | | | | | |

| Risk ID | Executive Risk Lead | Title | Current rating | Target rating | Change |
|---------|---|--|--|--|-------------------|
| 325 | Chief Informatics Officer | Cyber Attack | 4x4=16 | 4x4 =16 | \leftrightarrow |
| Update | At RMC the risk owr actions will be achie | nutstanding actions and ner reassured the comn eved in October. A pape out windows 10 as well | nittee this risk is or er to DMPA is bein | n track and the ov g presented this | month |

| | October. This will reduce the risk of cyber-attack. |
|----------------|---|
| | 1. |
| Recommendation | RMC will review this risk again in November once the actions have been completed. |

| Risk ID | Executive Risk Lead | Title | Current rating | Target rating | Change |
|----------------|--|---|--|--|-------------------|
| 3110 | Chief Informatics Officer | Technical Infrastructure | 4x4=16 | 4x4 =16 | \leftrightarrow |
| Update | achieved in October The current update new storage is in pla cloud computer. Te | tstanding actions and to is that CB is working on ace, new backups are in lephony is being looked eplaced. DC's and UPS | an Infrastructure place and IT has s d at as a result of t | strategy. In addit tarted the journe he City decomm, | tion a ey to |
| Recommendation | RMC will review thi | s risk again in Novemb | er once the action | s have been com | pleted. |

| Risk ID | Executive Risk Lead | Title | Current rating | Target rating | Change |
|----------------|--|---|---|--|--------------------------|
| 3109 | Chief Operating Officer | IT Infrastructure | 4x5=20 | 2x4 =8 | \leftrightarrow |
| Update | Servers are being m Veeam. The issue w the length of time it Additionally. New le relating to 4 other p If these interviews a | tstanding action but thi igrated to Vmware fror ith DPM is not so much would take to restore. ead for the team is in pl osts. An advert has gor are successful the risk w | n Hyper-V and the what was or was n ace, however there he out to attempt t vill be reduced. | se will be backed not being backed e are still vacanci o mitigate these | up but es 4 posts. |
| Recommendation | RMC will review thi | s risk again in Novemb | er once the action | s have been com | pleted. |

| Risk ID | Executive Risk Lead | Title | Current rating | Target rating | Change |
|----------------|----------------------------|---|----------------|-------------------|-------------------|
| 1762 | Chief Operating Officer | Backlog of Outpatient appointment | 5x3=15 | 2x3=6 | \leftrightarrow |
| Update | | klog of outpatients' app le will be presented at (| | sing to 22,000. A | a paper |
| Recommendation | RMC to review this | risk at October RMC | | | |

3.0 WEB HOLDING INCIDENTS

3.1. There were 130 incidents, which is a decrease compared to last month (172) waiting to be managed which have been in web holding for 21 days or more. RMC identified further work needs to be done to reduce these incidents. The Risk team is currently reviewing how incidents are being managed as well as offering training to Groups on how to manage the incidents; including timeframes for each investigation stage.

| Group/Directorate | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Aug 20 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|
| Corporate Operations | 25 | 37 | 21 | 16 | 18 | 11 | 10 |
| Corporate Nursing | 1 | 1 | 6 | 1 | 2 | 4 | 3 |
| Estates and New Hospital / | 1 | 12 | 8 | 2 | 7 | 2 | 0 |
| System Transformation | | | | | | | |
| Finance | 2 | 0 | 2 | 2 | 2 | 1 | 2 |
| Imaging | 10 | 23 | 44 | 32 | 33 | 3 | 9 |
| Medicine & Emergency care | 19 | 37 | 70 | 48 | 50 | 78 | 63 |
| Medical Directors Office | | | 3 | 1 | 2 | 4 | 0 |
| People & Organisation | 3 | 0 | 3 | 5 | 6 | 7 | 14 |
| Development | | | | | | | |
| Primary Care, Community & | 0 | 4 | 27 | 7 | 2 | 4 | 3 |
| Therapies | | | | | | | |
| Surgery | 3 | 16 | 90 | 18 | 25 | 11 | 18 |
| Women & Child Health | 2 | 8 | 2 | 11 | 11 | 35 | 5 |
| Strategy and Governance | 0 | 3 | 1 | 1 | 3 | 1 | 0 |

4.0 SAVED FOR LATER INCIDENTS

4.1 Currently there are 54 'saved for later' incidents; this is a significant decrease due to a number of the incidents being batch deleted pre April 2020. Weekly reminder emails continue to be sent to the reporter to either submit or request deletion of the incident.

4.0 **RECOMMENDATIONS**

Trust Board is asked to:

- a) NOTE the updates for each risk.
- **b) NOTE** the concerns raised at RMC and CLE

Sindeep Chatha Head of Patient Safety and Risk

24th September 2020

Where EVERYONE Mothers

Trust Board Level Risks - August 2020

| /4 | | | Matters | | Thust buard Level Risks - Augu | 31 202 | 20 | | | | NHS Trust | |
|-----------------------|------------|--------------------------------|---|------------------------------------|---|--|---------------------------------|-----------------------------------|---|-----------------------------------|---------------------|---------------------------|
| Risk No. | | Department | Risk | Initial Risk Rating (LxS) | Existing controls | OWNER Execut ive lead | Last Review Date | Curren Risk Rating (LxS) | | Target Risk Rating (LxS) | Review frequency | Status |
| 3109 21/08/2019 | Operations | Informatics (C) | There is a risk that IT infrastructure service provision is inadequat Trust-wide, caused by the insufficient 24/7 workforce resilience, skills and change governance processes, which results in planned and unplanned changes being made to the IT infrastructure leadir to loss of IT service provision to run clinical and non clinical servic safely and effectively | l | 24/7 on call IT support in place but with variable skills and competence change control processes documented is now established and understanding of the need for compliance and adherence to this is accepted and understood by all members of the Informatics team There is now an established Change Control and approval system. All proposed changes to the infrastructure are logged and approved by the IT Change Management Group. Some trusted changes are pre-approved by the IT Change management group. Changes are logged for request, approval and completion. The IT change management group meets weekly and approves emergency changes outside of this occurrence but within the procedure. Reviewed who has access to make changes to infrastructure, have removed access from individuals where not appropiate. Introduced a monitoring tool provides early warning of potential issues. The tool is PRTG and monitors the network, IP telephony and | Sadler <i>Liam</i> Kennedy | 27/05/2020 Review overdue | 2x4=8 | 1. Interview and appoint new members in to the L3 team (Target date: 08/10/2020) | 2x4=8 | Quarterly | Live (With Actions) |
| 3110 28/08/2019 | Operations | Informatics (C) | There is a risk that the technical infrastructure, Trust-wide is not robust nor subject to compliance against formal technical architecture and is therefore suboptimal. Combined with areas of legacy technology currently without a full plan to update or replace, there is an impact of loss of IT provision to run clinical and non clinical services safely and effectively. | f | systems 1. IT infrastructure plan is documented and reports to CLE through the Digital Committee (but has slippage on delivery dates) 2. Infrastructure monitoring and alerting implemented following the installation of a system called PRTG. 3. Supplier warranted support contracts in place. 4. 3rd party contracts for provision of spares in place for equipment where a supplier warranted break/fix contract is not available. | | 27/05/2020 Review overdue | 3x4=12 | Upgrade and replace out of date systems. We have spares and contracts for our older systems. (Target date: 31/03/2021) With industry expertise advise fully document technical architecture (Target date: 28/06/2020) Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 15/10/2020) | 2x4=8 | Quarterly | Live (With Actions) |
| | Operations | Informatics (C) | There is a risk that air conditioning will fail in the computer rooms data centre, that other adverse conditions will impact the performance of the computer rooms. Any damage to the computer rooms could lead to a catastrophic IT failure with no way of recovering. | | Jacarta units installed by IT into the rooms to monitor temperature Estates team have installed temperature monitoring equipment into the room with alerting Review of the air cooling capacity in the rooms has been undertaken and highlighted need to add additional units | Craig Bromage <i>Martin</i> <i>Sadler</i> | 24/06/2020 | 2x4=8 | 1. Whilst reporting of temperatures is operational there is a general feelin there is a need to review the overall DC aircon solution and make recommedations accordingly. (Target date: 02/08/2020) | g 1x4=4 | Quarterly | Live (Monit or) |
| 325 09/01/2020 · • | Operations | Informatics (C) | There is a risk a breach of patient or staff confidentiality caused by cyber attack could result in loss of data and/or serious disruption the operational running of the Trust. | | Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case Annual Cyber Security Assessment Monthly security reporting by Informatics Third Line Manager Trust Business Continuity plans CareCERT NHS wide and Trust specific alerting received from NHS Digital We need a regular updates on suitable behaviour relating to scam emails and phishing. | Craig Bromage <i>Martin</i> <i>Sadler</i> | 24/06/2020 | 4x4=16 | Conduct a review of staff training (Target date: 30/06/2020) Hold cyber security business continuity rehearsal. Agree scope with Emergency Planning Lead Plan and hold rehearsal Review lessons learned (Target date: 31/07/2020) Upgrade servers from version 2003. (Target date: 15/09/2020) Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. (Target date: 30/09/2020) Improve communications on intranet about responses to suspicious emails. (Target date: 10/08/2020) | 2x4=8 | Quarterly | Live (With Actions) |
| | | Waiting List Management (S) | The lack of assurance of the 18 week data quality process, has an impact on patient treatment plans which results in poor patient outcomes/experience and financial implications for the Trust as i results in 52 weeks breaches. There is a risk delay in treatment for individual patients due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust as a result of 52 week breaches | i | SOP in place Improvement plan in place for elective access with training being progressed. training completed with competency assessment for operational teams involved in RTT pathway management ongoing audit and RCA process to learn and provide assurance | Mark Whiteho <i>Liam</i> <i>Kennedy</i> | | 2x3=6 | 1. Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020) | 1x3=3 | Six-Monthly | Live (Monit or) |

Sandwell and West Birmingham Hospitals



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Trust Board Level Risks - August 2020

| | /L J)i | | | Matters | | Thush budin Level Risks - Augus | 31 ZUA | 20 | | | | NHS Trust | |
|------|---------------|---------|----------------------------------|---|------------------------------------|---|---|------------------------|-----------------------------------|--|-----------------------------------|---------------------|---------------------------|
| | isk 🛛 (| | Department | Risk | Initial Risk Rating (LxS) | Existing controls | OWNER Execut ive leao | Last Review Date | Curren Risk Rating (LxS) | | Target Risk Rating (LxS) | Review frequency | Status |
| 3680 | 23/07/2020 % | | Financial Management (S) | SBAF 10 - NHS Contracting And Payment Mechanism | 4x4=16 | ICS Board held weekly. STP Board attendance. STP DoFs meetings. STP DoFs attendance. APMS and other non-NHS contracts for patient care taken on for 19/20 indicating the direction of travel for the Trust. DoF sits on HFMA Payment Systems & Specialised Commissioning Committee ensuring we are sighted on integration opportunities. Weekly Black Country DoFs meeting | Dinah Mclanna <i>Dinah Mclann</i> <i>ahan</i> | 26/06/2020 | 4x4=16 | Need to begin to explore place based resource allocation between Sandwell & West Birmingham. Part of mitigation plan in the event that Sandwell & West Birmingham CCG separate. Need to join up with CCG's work on place based allocation. (Target date: 30/09/2020) Finance and Contracting team to analyse and explain the key features of the ICP contract with a view to adoption by April 2021 (Target date: 31/08/2020) Agree scope of work for strategic workplan in relation to the above, to include service line reporting performance and mapping of costs to provide services by GP / PCN / CCG (Target date: 30/09/2020) revisit MMUH 22/23 affordability assumptions against current cost base (Target date: 31/07/2020) Continue to develop financial framework through STP DOFs group with sufficient flexibility appropriate to place based plans (Target date: 31/12/2020) | e | Bi-Monthly | Live (With Actions) |
| 537 | D 020 | irector | Medical Director's Office (C) | There is a risk of Trust non-compliance with some peer review standards and impact on effectiveness of tumour site MDTs due to withdrawal of UHB consultant oncologists, which may lead to lack of oncologist attendance at MDTs | | Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings. Oncology recruitment ongoing. MDTs to be advised to discuss relevant patients outside of usual MDT as per MDT Operational Policy | Jennifer Donovan <i>David</i> <i>Carruthe</i> <i>rs</i> | 06/07/2020 | 1x4=4 | | 1x2=2 | Bi-Monthly | Live (Monit or) |
| CNAC | D 0 | irector | Medical Director's Office (C) | There is a risk that results not being seen and acknowledged by individual clinicians due to process and system issues will lead to patients having treatment delayed or omitted. | 3x5=15 | Post Unity some radiology reports need acknowledgement in CSS and will be monitored. New report in Unity for compliance of pathology and radiology endorsement, by location, by patient, by person Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 SOP - Results from Pathology by Telephone (attached) | David Carruthe <i>David</i> <i>Carruthe</i> <i>rs</i> | 06/07/2020 | 3x5=15 | To review and update Management of Clinical Diagnostic Tests (Target date: 31/08/2020) Update existing eRA policy to reflect practice in Unity (Target date: 31/08/2020) | 1x5=5 | Annually | Live (With Actions) |
| 3603 | D ≈ 0 | irector | Medical Director's Office (S) | SBAF 14 - There is a risk that the Trust is unable to reduce amenable mortality to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes. | 5x3=15 | Management structure substantially in place to support LfD programme. -Deputy Medical Director in post WTE Medical Examiners in post Medical Examiner officer in post. Mortality Manager appointed. Admin support agreed. Learning from deaths programme in place with sub-streams set out below. 1. Mortality reduction plan in Quality Plan relating to Sepsis, VTE, Acute MI, Stroke, #NOF, High risk abdominal surgery and Peri-natal mortality. QI projects identified. 2.Data analysis programme focussing on alerts arising from clinica areas and/or conditions. Coding processes improved. 3.External mortality alerts from CQC or CCGs. 4. Medical examiners are substantially in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality. | Carruthe David Carruthe I | 06/07/2020 | | Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. (Target date: 31/12/2020) National picture from Learning from Deaths is constantly changing as more evidence becomes available. Evidence continues to be monitored and inputted into system as and when available. (Target date: 31/12/2020) Morbidity/Mortality reviews by services need more support/uptake from clinicians. Training has been scheduled for June/July 19. (Target date: 31/12/2020) to maintain ME review of cases (tier 1) and identify cases for SJR review including training for additional SJR reviewers. (Target date: 31/12/2020) | • | Annually | Live (With Actions) |
| 671 | 18/05/2020 01 | urgery | BMEC Outpatients - Eye Centre | Clinical and business risk due to lack of capacity within current ophthalmic OPD clinics to see follow up patients in a timeframe that has been requested. 18.05.20: Additional risk to backlog noted as a result of COVID 19 as a significant number of new and follow up appointments have been pushed 3-4 months ahead. Currently13.5K backlog transactions - Clinical risk - potential loss of vision Business risk - potential for litigation, financial risk due to PRW solutions and reputational risk to the organisation. | | daily monitoring of situation occurs through Group PTL structures. Additional PRW clinical sessions undertaken, authorisation process with exec team followed Introduction of daily 'tail gunning' report to EAT to support booking of vacant slots to increase capacity effectively. | Hilary Lemboye <i>Liam</i> Kennedy | 01/06/2020 | 5x3=15 | 1. improve room capacity within BMEC OPD (Target date: 30/09/2020) | 2x3=6 | Quarterly | Live (With Actions) |

Sandwell and West Birmingham Hospitals



Where EVERYONE Mothers

Trust Board Level Risks - August 2020

| 1/4 | | | Matters | | Hust Bould Ecter Mishs Augu | | | | | | NHS Irust | |
|-----------|--------------------------------|-------------------------|---|------------------------------------|--|--|---------------------------------|------------------------------------|---|-----------------------------------|---------------------|---------------------------|
| Ris No | | Department | Risk | Initial Risk Rating (LxS) | | OWNER Execut ive leao | Last Review Date | Current Risk Rating (LxS) | Gaps in control and planned actions | Target Risk Rating (LxS) | Review frequency | Status |
| | 77. Surgery 0707/90110 | BMEC Visual Function | There is a risk of patient care compromise in the event that the standalone hard-drives fails on which high levels of ophthalmic ultrasound patient diagnostic data resides. There is in addition th risk of information governance breach should that data be; lost/destroyed or stolen. specifically; a) the old machine - do not have the ability to be transferred over to modern systems (i.e. they are not dicom compatible with PACS) b) the new machine can speaks to PACS however IT are currently unable to locate the storage location. | | 1. hard drives are maintained in a room that is locked when not in use to reduce risks of; theft, fire etc. | Emma Berrow <i>Martin</i> <i>Sadler</i> | 12/08/2020 | 3x3=9 | to work with the IT Business Partner in the development of a business case for a vendor neutral achieve for ophthalmology in which the images can be stored. Business case to be submitted by the end of Jul2020 Emma Berrow to set up the necessary project group to work this development through. (Target date: 30/09/2020) 1) IT to resolve themes preventing the images being moved onto PACs in order to mitigate the size of the current patient safety risk (i.e. volume) 2) IT to transfer the images to SWBH current PACs (Target date: 30/09/2020) | 1x3=3 | Quarterly | Live (With Actions) |
| | 2 System Transfor Mation | MMH Project | There is a risk that the procurement process for the replacement financier and contractor does not result in a compliant bid in 2019 because of insufficient market availability resulting in Midland Me delivery delay beyond 2022 and creating further unsustainable services | 9 | procurement process complies with statutory regulations and implemented with commercial and legal advice Approval received from Treasury, DH and NHSI/E for funding for continued build of Midland Met Hospital. Contracted Balfour Beatty to carry out remedial work/building whilst awaiting to award full contract CEO keeps BB up to date with all developments in relation to obtaining government approval. | Rachel Barlow <i>Toby</i> <i>Lewis</i> | 14/04/2020 Review overdue | 3x4=12 | Continue to work with Balfour Beatty to ensure design and build can continue to planned target date. (Target date: 31/10/2020) Agree contract terms and both parties sign (Target date: 31/10/2020) Utilities and infrastructure are incorporated into the build project plan in conjunction with BB (Target date: 31/10/2020) | 2x4=8 | Quarterly | Live (With Actions) |
| | System Transfor mation | MMH Project | The Trust may need to divert funding from other projects or work-streams to pay for compensation events (for changes, delay- etc) that arise during construction (in line with the NEC4 contract) phase of Midland Met if the total value of compensation events exceeds the contingency budget that is within the Midland Met project budget/funding. | | Estates Strategy / Capital programme under constant review to maintain effective use of scarce capital Plans for change are reviewed and mitigated to reduce cost Agreed BB project scope | Roderick Knight <i>Toby</i> Lewis | 03/01/2020 | 4x5=20 | Manage early warning and compensation event process in line with NEC 4 contract (Target date: 31/03/2022) Conclude design validation of MEP (Target date: 01/09/2020) Regular update of cashflow and cost forecasting for project (Target date: 31/03/2022) | 2x4=8 | Annually | Live (With Actions) |
| | Women a Child Health | Lyndon Ground | Children-Young people with mental health conditions are being admitted to the paediatric ward due to lack of Tier 4 bed facilities Therefore therapeutic care is compromised and there can be an impact on other children and parents. | 4x4=16 | Mental health agency nursing staff utilised to provide care 1:1 All admissions monitored for internal and external monitoring purposes. Awareness training for Trust staff to support management of patients is in place Children are managed in a peadiatric environment. Close liaison with specialist Mental Health CAMHs staff to support management whilst inpatient on ward. | Taylor <i>Liam</i> Kennedy | 23/06/2020 | 4x4=16 | | 4x4=16 | Quarterly | Live (Monit or) |

Sandwell and West Birmingham Hospitals



Appendix 2

| Risk ID | Group | Risk Statement | Current rating (LxS) | Target rating (LxS) | Update by the Group |
|---------|-------------------------|---|----------------------------|---------------------------|--|
| 4133 | Imaging | There is a risk that patient diagnosis and treatment may be delayed due to an interface issue between CRIS (Computerised Radiology Information System) and Unity. When patient's appointments are cancelled or requests rejected within CRIS no messages are received within Unity. Referrers therefore do not receive information on cancelled/rejected diagnostic tests. In addition if the diagnostic test is rescheduled when completed the report does not link to the message centre within Unity and results are classified as unsolicited and referrers do not know that a report is available. | 4x4=16 | 2x4=8 | This risk has arisen from a corporate SI. |
| 4155 | Surgery | Patients coming to the SEAU clinic in general surgery are not under any named surgical consultant. Hence the blood results and investigation results of these patients are not transferred to any specific surgery consultant but are sent to any random surgical consultant for review and management. This raises a clinical care issue with that the consultant who is not responsible for the patient or has no contact with the patient will be asked to review and act on the results and investigations. | 4x4=16 | 4x4=16 | The risk will be reviewed again at surgery governance meeting to agree the target rating. |
| 4159 | Corporate Operations | Back log of patients on the Cancer PTL who are waiting for a confirmed booked appointment date for either diagnosis test or surgery waiting for diagnosis resulting in breach of 62/31 day operational standards and increase of the number of 104 day patients reported. | <u>5x4=20</u> | 1x4=4 | This risk will be reviewed by the Deputy COO to rephrase the risk statement to include clarity in risk to patient safety, |

Paper ref: TB (10/20) 016

Sandwell and West Birmingham Hospitals

NHS Trust

| Report Title | NHS Regulatory Undertakings – monthly status update | | | | | | |
|----------------------|---|------|------------------|--|--|--|--|
| Sponsoring Executive | David Carruthers, Medical Director (Acting Chief Executive) | | | | | | |
| Report Author | David Carruthers | | | | | | |
| Meeting | Trust Board (Public) | Date | 1st October 2020 | | | | |

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

Agency controls are back with the Chief operating officer.

Having to maintaining 2 ED and medical admission streams contribute to the use of agency but this is under review, though increase COVID admissions mean that for now the 2 streams continue. Overall agency spend is up on last month with an increase in clerical and nursing spend on the previous month.

ED attendances are closely monitored but are still lower than corresponding months last year. More patients are attending to obtain a COVID swab test. There are an increase number of admissions and reduced flow into in-patient beds, particularly on the Sandwell site. This has contributed, with the dual streams of covid/non-covid patents to the fall in 4 hour performance. Changes in place to modify patient flow processes in ED continue to be reviewed.

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | | | |
|---|---|--------------------------|--|------------------------------|---|--|--|--|--|
| Safety Plan | | Public Health Plan | | People Plan & Education Plan | | | | | |
| Quality Plan | | Research and Development | | Estates Plan | | | | | |
| Financial Plan | Χ | Digital Plan | | Other [specify in the paper] | x | | | | |

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

Monthly report to Board

4. Recommendation(s)

The Trust Board is asked to:

DISCUSS any impacts being seen from new agency controls a.

CONSIDER ED improvements and further approach to 'restoration' during Q2 b.

| 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 | | n/a | | | | | | |
| Equality Impact Assessment | ls | this required? | Υ | | Ν | Х | If 'Y' date completed | |
| Quality Impact Assessment | ls | this required? | Υ | | Ν | Х | If 'Y' date completed | |

SANDWELL AND WEST BIRMINGHAM NHS TRUST

NHS Improvement Undertakings Report: a monthly report to the Trust Board for information

| Requirement | Last month's update | This month's update |
|--|---|---|
| Operational Performance issues Breach of A&E 4 hour waiting time since June 2016. Emergency Care The Trust will take all reasonable steps to recover operational performance to meet its projected performance and achieve sustainable compliance with the 4 hour A&E standard in line with the Trust trajectory delivery 90% by September 2018 and 95% by March | 4 hour performance dropped off at Sandwell particularly. High acuity and reduced flow into bed based contributed to the restrictions already in place due to dual admission pathways into red and blue beds. Aggravated by recent staff sickness and new doctors starting Changes in pathways and processes – reassigning some areas within ED to improve flow, clarifying surge plan and triggers for staff and improved handover process. | Still reduction I n4 hour target with increase admission and reduced flow into bed base contributing in addition to previous months factors. Closely monitored and discussed with NHSe/i |
| 2019. Financial Issues In 2016/7 the Trust reported a deficit (exc STF) of -£17.2m against a planned deficit of -£4.7m (the Trusts underlying deficit was -£26m). | Last month's update refers to Board level assessment of the 2021 risk gap. As updated against SBAF 9 (Risk 3688), the Trust is close to the developing financial framework for Months 5-12 of 2021 and the objective to reach break even or better remains in place with a plan to deliver that, considerably better than the draft plan submitted to NHSI/E on 5 th March 2020. For the longer term, (SBAF 10, Risk 3689) the Trust has this month been part of an STP partnership board discussion about the development of an ICP financial framework, and this will be discussed at an upcoming Executive Group. The financial framework is being developed and therefore risks managed through the STP DoFs group, a sub-group of the STP Partnership Board. | See board report |
| Agency Spend The Trust delivered a significant reduction in its agency spend from spend | This is covered the front-sheet. For clarity: | Agency spend is being closely monitored with clear escalation process for requests not already agreed |

| Requirement | Last month's update | This month's update |
|---|---|--|
| of £23.3m in 2016/17 to £15.8m in 2017/18. However, this was still above the agency ceiling of £11m. | Pre-agreed agency use – to cover predicted use that is within budget, unavoidable and a de facto use of contingency. Ad-hoc emergency use – as approved through the CEO | |
| Quality Improvement The Trust will ensure the improvement plan to address the recommendations from the serious incident and Patient Safety review is implemented and delivered by a date to be agreed with NHS improvement. | SRM was not constituted to discuss this but we will seek to address the matter in NHSM quality catch up meeting. Ongoing. SI process reviewed at last months board. New system in place and enacted to review SI reports at a team based meeting and now also to have a harm review meeting for any possible SIs | SI review meeting in place for discussion pre-sign off and weekly harm review meetings underway now for cases where moderate harm recorded |
| Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings. | As left. | No change |
| Other Partner Stakeholders The Trust will co-operate and work with any partner stakeholders who may be appointed by NHS improvement to assist the Trust with delivery of the Quality improvement Plan, Joint A&E improvement plan and the improvement of its finances and the quality of care the Trust provides. | Compliant, notwithstanding alterations being made at CCG and STP level pursuant to Covid-19. Will continue to work with partners as required around quality improvement. Increasing discussion around STP via Clinical Reference Group of areas of concern and where joint working will help. | Ongoing contribution to CRG of STP to look at opportunities for collaboration across the acute Trusts |

David Carruthers

Medical Director (Acting Chief Executive) 25th September 2020

NHSI Undertakings – Monthly reporting October 2020 Board

NHSI cap for 20/21 is £10,649m

During July £995k was spent on agency workers. This is £23k more than the agency cap, but includes £328k spend that will be recoded to Covid

| Professional group | Actual March 2020 | Planned August spend | Actual August spend | Comments |
|-------------------------------|-------------------------|----------------------------|---------------------------|---|
| Overall | -1835 | -882k | -895k | NHSI cap for 20/21 is £10,649m. This is £13k more than predicted agency cap spend |
| Medical Agency | -527 | -288k | -317kk | £59k of this is Covid |
| Nursing & midwifery Agency | -801 | -436k | -277k | £110k coded to Covid |
| Admin and Clerical | -281 | -26k | -277k | £159k recoded to Covid |
| AHP Agency | -222 | -131 | -191k | |

| TABLE 1: NHSI AGENCY CAP | | | | | | | | | | | | | | |
|--|-----------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| 2019/2020 OUTTURN AND 2020/2021 NHSI PLAN | 2019/2020 | | | | | | | | | | | | | 2020/2021 NHSI |
| (AGENCY CAP) | Outturn | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | PLAN |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Medical Staffing | -7,644 | -328 | -318 | -318 | -288 | -288 | -288 | -278 | -278 | -278 | -278 | -278 | -277 | -3,49 |
| Administration and Estates | -1,154 | -36 | -34 | -34 | -26 | -26 | -26 | -24 | -24 | -24 | -24 | -24 | -27 | -329 |
| Healthcare Assistants and Support Staff | -121 | -1 | -1 | -1 | -1 | -1 | -1 | -1 | -1 | -1 | -1 | -1 | -5 | -10 |
| Qualified Nursing and Midwifery | -6,634 | -450 | -446 | -446 | -436 | -436 | -436 | -433 | -433 | -433 | -433 | -433 | -432 | -5,24 |
| Scientific, Therapeutic and Technical | -1,772 | -131 | -131 | -131 | -131 | -131 | -131 | -131 | -131 | -131 | -131 | -131 | -121 | -1,562 |
| TOTAL AGENCY | -17,325 | -946 | -930 | -930 | -882 | -882 | -882 | -867 | -867 | -867 | -867 | -867 | -862 | -10,649 |
| TABLE 2: TOTAL ACTUAL AGENCY EXPENDITURE | | | | | | | | | | | | | | |
| ACTUAL EXPENDITURE | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | OUTTURN |
| ACTUAL EXPENDITURE | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Medical Staffing | | -441 | -362 | -184 | -228 | -317 | | | | | | | | -1,53 |
| Administration and Estates | | -183 | -230 | -299 | -151 | -210 | | | | | | | | -1,07 |
| Healthcare Assistants and Support Staff | | -6 | -9 | 0 | 0 | 0 | | | | | | | | -1 |
| Qualified Nursing and Midwifery | | -707 | -476 | -241 | -90 | -277 | | | | | | | | -1,79 |
| Scientific, Therapeutic and Technical | | -271 | -128 | -130 | -423 | -191 | | | | | | | | -1,144 |
| TOTAL AGENCY | | -1,608 | -1,205 | -855 | -892 | -995 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | -5,555 |
| TABLE 2a: COVID RELATED AGENCY | | | | | | | | | | | | | | |
| EXPENDITURE | | | | | | | | | | | | | | |
| COVID RELATED EXPENDITURE | | Apr-20 £'000 | May-20 £'000 | Jun-20 £'000 | Jul-20 £'000 | Aug-20 £'000 | Sep-20 £'000 | Oct-20 £'000 | Nov-20 £'000 | Dec-20 £'000 | Jan-21 £'000 | Feb-21 £'000 | Mar-21 £'000 | OUTTURN £'000 |
| Medical Staffina | | -10 | -59 | -66 | -38 | -59 | 1000 | 1 000 | 1 000 | 1000 | 1000 | 1000 | 1 000 | -23 |
| Administration and Estates | | -123 | -191 | -260 | -77 | -159 | | | | | | | | -81 |
| Healthcare Assistants and Support Staff | | -3 | -5 | 0 | 0 | 0 | | | | | | | | -1 |
| Qualified Nursing and Midwifery Scientific, Therapeutic and Technical | | -81 -62 | -35 -44 | -86 -36 | -88 -22 | -110 0 | | | | | | | | -400 |
| TOTAL AGENCY | - | -62 | -44 -333 | -30 | -22 | -328 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| IOTAL AGLICT | | -2/3 | -333 | -44/ | -220 | -328 | 0 | | 0 | 0 | 0 | 0 | 0 | -1,013 |
| TABLE 3: VARIANCE FROM CAP | | | | | | | | | | | | | | |
| VARIANCE FROM CAP | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | OUTTURN |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Medical Staffing | | -113 | -44 | | 60 -125 | -29 | | | | | | | | |
| Administration and Estates | 1 | -147 | -196 | | - | -184 | | | | | | | | -91 |
| Healthcare Assistants and Support Staff | 1 | -5 | -8 | 1 | 1 | 1 | | | | | | | | -1 |
| Qualified Nursing and Midwifery Scientific, Therapeutic and Technical | 1 | -257 -140 | -30 | 205 1 | 346 -292 | 159 -60 | | | | | | | | 42 -48 |
| | | | 3 | - | | | - | - | | - | | | - | - |
| TOTAL AGENCY | | -662 | -275 | 75 | -10 | -113 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | -98 |

Emergency Care Performance

ED 4 hour performance is showing sustained performance on all measures. This is mainly related to the volumes coming through the door In relation to the Covid lockdown. The SPC chart indicators show August performance at 84.87% a decline of 1.33% compared to June, but with an increase of 7% in admission compared to the previous month. Whilst volume of activity has decreased compared to last year, ED has to operate through two streams, with 80-85% of total volume coming through the Cold stream. With the configuration of the ED split, there is reduced cubicle capacity to review throughput of activity coming through in the cold stream.

1. Improvement in 30 mins initial assessment

SGH has increased its time to initial assessment in August by 2% with 86.6% on average of patients being seen within 30 mins compared to July. This can be attributed to increase in activity at SGH with some days back at pre-Covid numbers, and influx of cold capacity leading to cubicle capacity being limited. City has maintained its time to initial assessment in August at 96.2% on average of patients being seen within 30 mins. This can be attributed to the senior triage and decision making places in ED placing patients in the correct stream. The work being progressed to separate walk in and ambulance entrances at City will reduce overcrowding at the streaming desk and support the maintenance of time to assessment

2. Improvement in seeing patients within 60 mins from arrival

Both sites have seen a variation in patients being seen within 60 mins from arrival from June to July. City in August averaged 65.1%, a decline of 4% compared to July. SGH however has held in August averaging 61%. This can also be attributed to both departments seeing a shift in total activity but mainly the shift from Hot to Cold streams and the impact on cubicle availability and total occupancy leading to delays. Both departments, having reviewed total capacity cannot increase cold capacity without expanding outside of ED geographical foot print, and needing additional Covid staffing to remain within budget templates. There have also been notable delays due to beds and lack of flow causing overcrowding in ED and reducing cubicle capacity in which to see patients in.

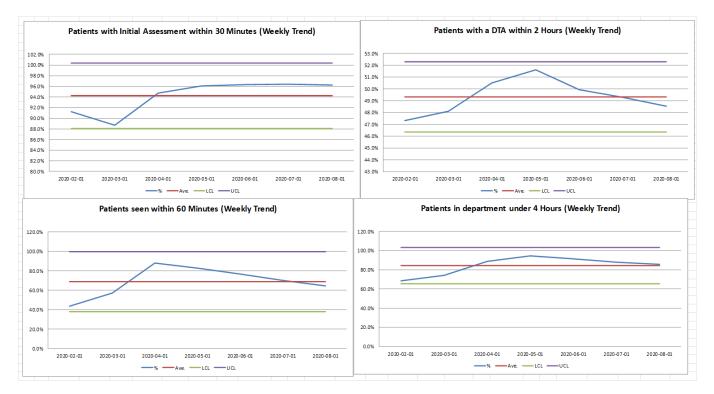
3. Patients with a DTA within 2 hours from arrival

Both sites have had a slight decline it's in performance in ensuring all patients have a DTA within 2 hours from arrival. At City in August the average was 48.5%, a decrease of 0.6% compared to the previous month, and at SGH the average was 47%, a decline of 0.7 % from July. The maintenance of rapid speciality and diagnostic responsiveness will be instrumental in maintaining this metric as the number of patients continues to increase.

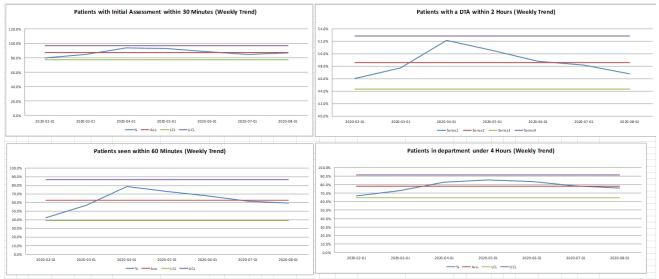
ED's have divided their departments into Hot and Cold areas as a response to Covid-19 through a number of phases. In order to assess the right area a patient is to be treated in, triage points at the front door and in RAM have been set up. There have also been a number of operational changes to Paediatric and Minors streams and bringing this activity back into ED to support the Trusts recovery programme.

Streaming to GP, ambulatory care and scheduled urgent OP will divert out of hours ED activity.

City daily SPC charts



Sandwell daily SPC charts



Liam Kennedy, Chief Operating Officer

Paper ref: TB (10/20) 017

Sandwell and West Birmingham Hospitals

NHS Trust

| Report Title | Application of Trust Seal | | | | | |
|----------------------|--|------|------------------|--|--|--|
| Sponsoring Executive | Kam Dhami, Director of Governance | | | | | |
| Report Author | Susan Rudd, Associate Director of Corporate Governance | | | | | |
| Meeting | Trust Board (Public) | Date | 1st October 2020 | | | |

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

In accordance with Trust practice, the Trust Board is asked to approve the affixation of the Trust seal as follows:

| No | Description | Signed by | Date |
|-----|---|--|------------|
| 337 | Property deed relating to lease of premises at Mace Street clinic, Cradley Heath | David Carruthers - Medical Director / Acting Chief Executive. Dinah McLannahan, Chief Finance Officer | 24/09/2020 |
| 338 | Licence to assign relating to part of a building at Mace Street clinic, Cradley Heath | David Carruthers - Medical Director / Acting Chief Executive. Dinah McLannahan, Chief Finance Officer | 24/09/2020 |
| 339 | HM Land Registry Transfer of whole of registered title Mace Street clinic, Cradley Heath | David Carruthers - Medical Director / Acting Chief Executive. Dinah McLannahan, Chief Finance Officer | 24/09/2020 |
| 340 | Sub contractors collateral warranty re NEC4 contract for design and works related to Midland Metropolitan Hospital – Quietstar Limited | Richard Samuda – Chairman. David Carruthers - Medical Director / Acting Chief Executive. | 24/09/2020 |
| 341 | Sub contractors collateral warranty re NEC4 contract for design and works related to Midland Metropolitan Hospital – Schneider Electric Limited | Richard Samuda – Chairman. David Carruthers - Medical Director / Acting Chief Executive. | 24/09/2020 |
| 342 | Consultants collateral warranty re NEC4 contract for professional services related to Midland Metropolitan Hospital – Hulley and Kirkwood Consulting Engineers Ltd | Richard Samuda – Chairman. David Carruthers - Medical Director / Acting Chief Executive. | 24/09/2020 |
| 343 | Sub contractors collateral warranty re NEC4 contract for design and works related to Midland Metropolitan Hospital – Aerocam (UK) Limited | Richard Samuda – Chairman. David Carruthers - Medical Director / Acting Chief Executive. | 24/09/2020 |
| 344 | Consultants collateral warranty re NEC4 contract for professional services related to Midland Metropolitan Hospital – Hulley and Kirkwood Consulting Engineers Ltd – Curtins Consulting Ltd | Richard Samuda – Chairman. David Carruthers - Medical Director / Acting Chief Executive. | 24/09/2020 |

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | | |
|---|---|--------------------------|--|------------------------------|---|--|--|--|
| Safety Plan | | Public Health Plan | | People Plan & Education Plan | | | | |
| Quality Plan | | Research and Development | | Estates Plan | x | | | |
| Financial Plan | х | Digital Plan | | Other [specify in the paper] | | | | |

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

N/A

4. Recommendation(s)

The Trust Board is asked to:

a. Approve the affixation of the Trust Seal (as set out above).

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | | | |
|--|-----------------------|--|---|--|---|---|-----------------------|--|--|
| Trust Risk Register | - Risk Number(s): N/A | | | | | | | | |
| Board Assurance Framework | - | Risk Number(s): N/A | | | | | | | |
| Equality Impact Assessment | ls | s this required? Y N X If 'Y' date completed | | | | | | | |
| Quality Impact Assessment | ls | this required? | Υ | | Ν | Х | If 'Y' date completed | | |

Sandwell and West Birmingham Hospitals

TRUST BOARD – PUBLIC SESSION MINUTES

| <u>Venue:</u> Meetir | ng by Web | DEx. | Date: Th | ursday 3 | rd September 2020, 09:30-13:30 |
|----------------------|-----------|--|-----------------|----------|--|
| Members: | | | In attendance: | | |
| Mr R Samuda | (RS) | Chair, Trust Chairman | Mrs R Wilkin | (RW) | Director of Communications |
| Mr M Laverty | (ML) | Non-Executive Director | Mrs S Rudd | (SR) | Assoc. Director of Corporate Governance |
| Mr H Kang | (НК) | Non-Executive Director | Ms J Thompson | (JT) | GDON, Medicine & Emergency Care |
| Mr M Hoare | (MH) | Non-Executive Director (joined at 11am) | Mr M Sadler | (MS) | Chief Informatics Officer |
| Cllr W Zaffar | (WZ) | Non-Executive Director | Mr D Baker | (DB) | (Item 18 onwards) |
| Prof K Thomas | (KT) | Non-Executive Director | Ansu Basu | (AB) | Consultant Physician and Endocrinologist (for D Carruthers) |
| Mrs L Writtle | (LW) | Non-Executive Director | | | |
| | | | Apologies: | | |
| Mr L Kennedy | (LK) | Chief Operating Officer | Mr T Lewis | (TL) | Chief Executive |
| Ms D McLannahan | (DMc) | Chief Finance Officer | Ms K Dhami | (KD) | Director of Governance |
| Mrs R Goodby | (RG) | Director of People & OD | Dr D Carruthers | (DC) | Medical Director & Acting Chief Executive |
| Ms K French | (KF) | Interim Chief Nurse | | | |

| Minutes | Reference | | | | | | |
|--|-----------|--|--|--|--|--|--|
| 1. Welcome, Apologies and Declarations of Interest | Verbal | | | | | | |
| RS extended his welcome and invited the meeting participants to introduce themselves. Apologies were noted from: Mr T Lewis, Ms K Dhami, and Dr D Carruthers. | | | | | | | |
| 2. Chair's Opening Comments | Verbal | | | | | | |
| RS reported that the Trust's focus continued to be on the resumption of elective services. Stretch targets were challenging. Waiting lists had lengthened. Practical ward issues were being addressed to ensure the safety of those patients attending Trust facilities for elective procedures. | | | | | | | |
| RS had recently attended the Health Watch AGM. There he had gained insight into additional action that could be taken in relation to patient bookings. He noted his intention that the Trust should continue to engage with Healthwatch to improve insights for their population. A presentation had been given by Lisa McNally, Public Health lead for Sandwell, and she had thanked the Trusts for their support of partners in relation to infection control and outbreaks. | | | | | | | |
| RS advised that financial incentives were now being initiated to encourage Trusts to reaservice targets. The Trust was working collaboratively through the STP Groups to achieve success in this regard. | | | | | | | |
| RS reported that there had been consultation around the merger of the CCGs and the S already operating with one accountable officer, Paul Maubach. The Trust continued to | | | | | | | |

Sandwell and West Birmingham Hospitals

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support to help achieve the gains that could be attained from streamlining processes.

3. Questions from Members of the Public

Verbal

Verbal

No questions had been received from the Public.

4. Patient story

KF introduced JT, who shared a patient story about a COVID-19 journey within the Medicine Division.

JT played a video presentation, which featured a patient who had presented to hospital with COVID-19 and had ultimately had his leg amputated. The patient spoke about the medical professionals who had assisted him through the various stages of treatment and recovery. He acknowledged the hard work of all of the staff he had encountered during his stay - from surgeons to physiotherapists, psychologists to nursing staff. He said that they had helped him, not only physically but mentally too, given he had become very low following the amputation. Nursing staff had gone the extra mile to assist in his recovery, even spoon-feeding him to build his strength. He was very grateful and thanked them all for their support on his journey.

JT introduced Karen, Manager of Ward 11. The Chair thanked Karen for her work noting that the presentation had made the Trust Board feel very proud.

Karen provided further detail about the patient's journey, providing insight into the treatment and rehabilitation journey that had finally enabled him to return to his home. She spoke about the mental health impacts that the patient had suffered as a result of his health challenges and about the work of the physiotherapists, psychologists and nurses to rebuild confidence that he could continue to lead a fulfilling life. She also spoke about how the nursing team had advocated for his return home, despite the fact that the Consultants had strongly advocated to relocate the patient to a care home.

The Chair invited comments and questions from the Trust Board.

HW acknowledged the magnitude of such a journey and stated that stories like this one provided a reason to come work each day. He particularly acknowledged the efforts of staff to turn the patient's mental health around. He asked about the preparatory work that was done by the Care Team in advance of having difficult discussions with patients dealing with difficult circumstances such as this one.

Karen advised that a psychologist had not been readily available to visit this patient initially because the service had been affected by COVID-19. However, once this had been rectified, the patient had been prescribed medications to assist with his low mood and this had greatly helped the recovery process.

KF acknowledged that the story demonstrated the compassion and care of all teams involved in this journey. She asked if being unable to receive visitors had made the patient's journey more difficult.

Karen advised that the patient did not have any children but had a niece who was working for the Trust and was therefore able to visit. Additionally, the patient had been provided with access to WhatsApp to enable him to video call friends. During his initial weeks on the ward, he had not wanted to communicate with friends and family, and the nursing staff had been available to chat about normal things, which had helped.

[RS] noted that this powerful story had conveyed the best of the NHS Trust and particularly of the ward. He noted that constituents had advised him that they were nervous about going to hospital

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for non-COVID-related matters because they were concerned about exposure to COVID-19. He asked how the Trust was building confidence in communities to attend hospital appointments.

RG reported that there had been messaging about the safety of the organisation and the mitigation plans that were in place to protect stakeholders. This messaging was being shared through regional and local media, and social media. The Trust was linking with Health Watch and locally to understand more about the types of concerns people had about attending appointments. This information would enable more targeted messaging.

LK observed that during the story, the Care Team had suggested that a Care Home may be a better option for ongoing care but had ultimately acknowledged and achieved the patient's preference to return home. He asked whether the Trust was listening to patients and their relatives about where they were placed.

Karen suggested that improvements could be made to the discharge process. It had taken some time to achieve agreement from the Physiotherapy Team and the MDT to return the patient home. The discharge team had persevered, suggesting that the patient be allowed to show what he could and could not do at home before a determination was made. LK noted his view that the Trust should be supporting patients to achieve their preferred outcome wherever possible and acknowledged the Ward Team for their persistence.

The Chair commended the staff involved in the care of the patient noting that the outcome for the patient had been very positive.

Action: KF undertook to review discharge processes to ensure that patients are given autonomy in the decisions about whether to return home or to consider alternative care options.

UPDATES FROM BOARD COMMITTEES

| 5a. a) Receive the update from the Charitable Funds Committee held on 6 th August 2020. | TB (09/20) 001 |
|--|-------------------|
| b) Receive the minutes from the Charitable Funds Committee held on 14 th May 2020. | TB (09/20) 002 |

WZ reported that £50k funding had been received from the NHS Charities Together for a BAME community targeted project. YTC would also act as a lead organisation for disbursement of future NHS Charities Together funds across the Birmingham and Black Country STP area.

The next meeting of the Committee would concentrate on the updated cash flow projections, which had been impacted by COVID-19. It was hoped that the MMUH fundraising campaign would be relaunched in the Autumn.

| 5b. a) Receive the update from the Quality and Safety Committee held on 28 th August 2020. | TB (09/20) 003 |
|---|-------------------|
| b) Receive the minutes from the Quality and Safety Committee held on 31 st July 2020. | TB (09/20) 004 |

HK reported that many of the items discussed at the recent Quality and Safety Committee meeting were on the agenda for discussion during this meeting. Key points of discussion at the meeting had been:

- Preparation for a CQC visit. ٠
- The COVID-19 situation and restoration plan which would utilise analysis of community infection rates and consider winter planning, particularly in relation to the flu vaccination program.
- Review of community and neonatal mortality during the COVID-19 pandemic (both COVID and non-COVID related).

| 5c. a) Receive the update from the Digital Major Projects Authority held on 28 th August 2020. | TB (09/20) 005 |
|---|-------------------|
| b) Receive the minutes from the Digital Major Projects Authority held on 31 st July 2020. | TB (09/20) 006 |

RS reported in the absence of MH.

RS reported that key points of discussion at the recent meeting had been:

- The success of the Unity upgrade. LK advised that there were still minor issues to work through, but overall, the upgrade had been smooth.
- Windows 10 upgrade Plan (on track). The deadline for supporting Windows 7 had been extended, but the Trust expected to complete the upgrade by the end of October 2020.
- The intention to progress with implementing Windows 365 at the appropriate time
- Monthly Cyber Reviews.

| 5d. a) Receive the update from the Estate Major Projects Authority held on 28 th August 2020. | TB (09/20) 007 |
|--|-------------------|
| b) Receive the minutes from the Estate Major Projects Authority held on 26 th | TB (09/20) |
| June 2020. | 008 |

June 2020.

RS reported on the main topics of discussion at the recent meeting:

- Regeneration schemes around the new hospital: There were opportunities available to bid for • restitution funding and the team was keen to focus on MMUH site in the first instance and target the funds they could fit into. The Committee had also discussed engaging an adviser who could help identify funding sources and assist with master planning.
- Review of Estate Projects (including the division of the city site, the relationship with Homes England, changes to the Sandwell site and MMUH regeneration): Identifying projects and assessing their cost resilience.

MMUH Plan: This was running 12 days behind the Balfour Beatty contract plan. The Committee had agreed to prepare a paper to the Board to request approval to utilise part of the £5m contingency.

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview

TB (09/20) 009

The Trust Board noted the COVID-19 Overview Paper included in the meeting pack which reflected on

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the current position in the Trust with respect to patient flows and the current infection rate.

LK provided an overview of current COVID case numbers, noting that there were currently 12 COVID-positive patients within the Trust, none of which were in intensive care.

Recommencing visiting could improve patient outcomes and provide reassurance to the public that the hospital was safe. A plan was being developed to slowly recommence opening the hospitals to visitors.

PPE stocks, medicine and equipment were being monitored using the dashboard. Testing capability was also being monitored through the dashboard and high-risk categories were being defined for prioritised testing.

The recovery dashboard had been developed.

The new IPC infection control guidance had been released during the prior week. The guidance was similar to what was already being practiced. This included constructing theatre lists using the infection control guidance.

The Clinical Reference Group had met and discussed standardisation for endoscopy and had noted that the next focus areas would be ophthalmology and imaging.

Discussion points were noted as follows:

- KF asked whether other hospitals had opened to visitors, and whether the Trust been able to learn anything from their experience. LK advised that he was unaware of any Trusts in the Black Country that had opened to visitors. Other hospitals in Norfolk, Coventry and Warwick had opened to visitors. Warwick was using a web-based booking system that would help track visitor numbers/details. There had not been reports of increased infection rates as a result of re-opening so far. The Trust would look at using the same type of software.
- RS asked whether the Trust had been stratifying patients. LK confirmed that the Trust had retained visitation capacity for patient in end of life care, for patients without mental capacity and/or with learning difficulties. There had also been visitors allowed under exceptional circumstances.
- ML asked whether risk assessments had been complete for BAME staff and whether mitigation actions had been implemented. He also asked if the Trust was experiencing cases of 'long-COVID' whereby patients were returning with ongoing health issues resulting from having previously been diagnosed COVID-19.

RG advised that 98% of risk assessments had been conducted by 31st July 2020. A deadline of 2nd September had been set for the outstanding assessments. The outcomes of each risk assessment had determined the mitigations that would be applied on an individual basis.

LK advised that there was, as yet, no data on patients returning with long term health effects from COVID or COVID complications. He advised that they had seen patients who had tested positive up to six weeks after being discharged. This would suggest that the virus was still present but inactive, or that they had caught the virus for a second time. Analysis would be conducted if/when patients were readmitted with COVID symptoms.

HK advised that there had been virus mutation around March 2020 and that there was
research to be conducted on re-presentation (once sufficient time had passed for data to be
collected). He asked whether there were plans in place to determine when new stocks of PPE
would be required. LK confirmed that when stock supply fell below seven days' worth, plans

would be enacted to request additional stocks from neighbouring Trusts or to attain stocks through regional sales. There was general comfort about availability of supply at this time.

- AB noted that there was not much known about the trajectory that COVID-19 would take in coming months, but it was known that the SARS virus of 2003 had mutated from the 2002 virus and the mortality rate had consequently reduced. The current coronavirus had initially been indicated as having a mortality rate of around 9% but was now being quoted at around 2%. Although it was likely that there would continue to be more infections through a second surge, it was unknown what the ongoing mortality rate may be.
- WZ also noted that patients had been reluctant to come to hospital for blood tests, but he had encouraged them to do so because he was confident in the mitigations that were in place. Those patients who had attended had felt assured about the safety of the hospital environment.

| 7. COVID-19: Recovery and Restoration Performance Scorecard | ТВ (09/20) |
|---|------------|
| | 010 |

LK referred board members to paper TB (09/20) 010 and explained that it outlined the Trust's recovery progress from an activity tracking position. He advised that the Trust was tracking well against delivery targets, particularly when compared with other organisations.

The clinical prioritisation process was highlighted in the paper and showed standardisation across all groups (completed on a specialty by specialty basis).

The biggest issue facing the Trust in reaching the activity targets was the reluctance of patients to attend appointments. Work was being done to establish which groups had concerns about attending, and to target messaging about safety of hospital facilities toward those groups in particular. LK suggested that re-opening to visitors may be an effective first step toward encouraging patients to return.

Ophthalmology had been identified as the greatest risk area in Harm Reviews. 139 patients were in breach of 52 weeks. 136 had been safely reviewed and three were still to be reviewed by clinicians. 131 patients had incurred no harm; four patients had potentially suffered psychological harm (to be followed up) and one patient had passed away (not related to wait time for appointment). All clinical specialties had now undergone a Harm Review.

The National Phase 3 Response had required organisations to submit their trajectories by 1 September. This deadline had been met by the Trust. This would be reviewed at the Clinical Reference Group and the STP meeting. Final submissions to be made by 21 September should include activity levels, workforce planning and finance plans. The activity plan was ambitious and there was concern that underachievement would result in reduced funding. The Trust would work across the system and seek assurance that there would be support and they would be financially compensated accordingly.

The Trust Board discussed the report as follows:

• DMc sought clarification that the performance against production plan referred to activity performance against funded expenditure budget. This was confirmed by LK. It was also noted that it was as yet unknown what the income block would be for the remainder of the year and DMc advised it was important to maintain the link between the funded post CIP expenditure budget and activity performance.



- RS sought clarification about the financial incentivisation scheme, noting his understanding that underperformance would result in reduced funding, while overperformance would result in bonus payments. He suggested that this scheme did not encourage collaboration. DMc advised that it was not yet clear whether the block income would be applied at a system or organisational level but she understood that it would be at an organisational level. This would be helpful in that it would avoid a complicated allocation process. If the organisation underperformed against the activity plan, it would be penalised for 25% of the 2021 PBR price. Overperformance would result in a payment of 75% of the PBR price. For the reward scheme to work fairly, each organisation would need to submit an equitable activity recovery trajectory.
- KF noted that the Trust was an outlier in Ophthalmology because there were a lot of patients on the waiting list due to COVID. She asked if this was typical when compared with the national picture. LK understood that this was also the case for other areas such as Wolverhampton. Ophthalmology had been an area of concern even pre-COVID. The Trust was in discussions with Wolverhampton about how they could jointly support the region (in the context of the Vanguard Theatre Project).
- DMc advised that the activity recovery trajectories had been based on what the Trust had done in the prior year, which would reasonably be assumed to be funded from base budgets. At this time, the Trust was not sighted on any specific restoration and recovery revenue that would fund the sort of recovery required from an Ophthalmology perspective. It was possible that the Vanguard Theatre Project might be categorised as "At Risk". She advised that a paper outlining the position of the Vanguard Theatre Project would be provided at the next Board meeting.
- RS asked when the Trust Board would see the comparative performance with regard to bringing back services. LK advised that the Clinical Reference Group was working to attain transparent data sets. Historically the Trust had been strong in delivery in planned care for patients, particularly in relation to Imaging and Cancer. He undertook to provide a report to the next meeting.

Action: LK to provide a comparative performance report in relation to bringing back services at the next meeting.

| 8. Recruitment - how do we achieve full staffing: score card and statistics | TB (09/20) |
|---|------------|
| | 011 |

RG referred Trust Board members to the paper within the meeting pack which was focused on Nursing Recruitment. The report provided information to the Board on staffing levels (starters and leavers) and outlined recruitment initiatives such as Nursing Associate apprenticeships and nursing campaigns (Health Sector Talent and UAE/Australian Nursing Campaigns).

RG provided an overview of workforce turnover advising that when comparing to first six months of 2019 to the first six months of 2020 (April to October) there had been 26% less nursing leavers and 10% more starters.

RG corrected the Australian nursing numbers from the report advising that the Trust had made 190 offers in Australia in March 2019. Sixty-five nurses had confirmed at the time that they would accept offers, but COVID had impacted the final numbers. Fourteen nurses had commenced and had worked

through COVID. Twenty-eight offers were in progress: ten nurses had postponed their start date as a result of border restrictions, 14 had been unresponsive, and 4 had a confirmed start date.

The Trust Board discussed the report as follows:

- ML referred to Annex 1 and noted that as FTE positions were rising, so were vacancies. RG advised that the Position FTE was the funded establishment, and this had risen as a result of the Your Health Partnership in May 2020 (when vacancies had reduced). DMc undertook to reconcile the Position FTE to budget and to identify the drivers for the increase in both Position FTE and vacant posts.
- DMc noted that it would be useful to include a forward-looking trajectory to enable performance tracking against the recruitment plan.
- HK asked what the overall turnover rate was for the Trust and sought information about the direction in which it was travelling. RG advised that this was shown in the IQPR and had remained quite consistent. It had risen during COVID. A number of staff had brought forward leaving or retirement plans at that time. The Trust had a target of reducing turnover by an additional 1% during this year, but this was not on track. There was an action plan relating to retention which was due for review.
- KF advised that there was work to be done to review the workforce and recruitment plan to ensure transparency around staffing gaps. This would feed into the Safe Staffing Report which was being prepared for the Board.
- KF also advised that the University had delayed the commencement date for Nursing Associates by three months due to COVID. It would be important to have clarity on the expectation and progress of Nursing Associates in the workforce plan.
- LW asked about the time-to-hire metrics. RG advised that the Trust was not an outlier but could make significant improvements on time-to-hire. There had been progress in reducing time-to-hire through administrative streamlining. Consideration was also being given to passport people across organisations within the Black Country.
- LW also asked about the reasons why staff were leaving the organisation. She suggested that it would be important for managers to establish reasons for leaving wherever possible. RG advised that leavers were offered exit interviews and were asked to complete leaver forms. Most staff ticked 'voluntary resignation', 'leaving the area' or 'promotion'. Concerns about the working environment were rarely indicated on the form likely because leavers needed references for their next employer. Consideration was being given to issuing an anonymous questionnaire to allow the Trust to capture concerns of this nature.
- LK suggested that it would be useful to see KPIs around recruitment journeys, noting that there was a lot that could be done to smooth the process. He advised that he was aware of prospective staff members who had been lost due to delays. He noted that, based on the recruitment trajectories and vacancies outlined in the report, it would take two years to reach the full complement of staff. This presented risk as they moved into Midland Metropolitan.
- DMc advised that a comparison had been made of the LTFM out-turn performance from the prior year and looking forward to 2023 when they would open Midland Metropolitan. It had been identified that the Trust would require to be at 500 FTE less than the out-turn in 2019-20. It was suggested that a multi-year recruitment trajectory linking to Midland Metropolitan

should be drafted.

Action: DMc to reconcile Position FTE to budget (Annex 1) and identify drivers for increase in Position FTE and vacant posts.

Action: RG to include a forward-looking recruitment trajectory to enable performance tracking against the recruitment plan (aligned with the vacancy factor).

9. CQC Progress Update

TB (09/20) 012

KF referred the Trust Board to the paper in the meeting pack which provided a progress update on the work underway to prepare for the CQC inspection.

A tool was being developed to allow wards and clinical areas to undertake a self-assessment based on the CQC lines of enquiry. The toolkit would be shared.

Consideration was being given to feedback about how best to celebrate success.

A program for in-house unannounced inspection visits had been developed and would commence on 15th September. A multi-disciplinary group of staff would use CQC lines of enquiry and would provide feedback to enable action plans to be developed so that areas could achieve the level of improvement required.

There would be a series of staff engagements and focus groups planned across October, November and December (both face-to-face and WebEx). There were plans underway to develop an informational booklet/action cards to support staff in responding to the inspections.

The Trust Board discussed the update as follows:

- LW asked if a quality improvement approach was being taken in preparing for the CQC • inspection. KF confirmed that this was a quality improvement journey which they would be on regardless of whether there was a CQC inspection or not.
- LW asked how quality improvement intelligence would be pulled together (in addition to the ٠ feedback from CQC). KF advised that linking information received from staff, focus groups, complaints, and RSIs would provide strong intelligence. Regular reporting would identify key risks and quality improvement focus areas.
- ML asked whether enough resources had been dedicated to preparation for the CQC • inspection and asked whether it had been identified as a high enough priority for the Trust, given that a positive inspection could empower the Trust into the future. KF noted her view that the inspection should be considered a high priority and suggested that while it was being led by the appropriate group of people, there should be some level of accountability at a local level to meet the CQC requirements.
- HK suggested that a monthly report be provided to the Trust Board to provide assurance • and/or highlight where focus should be concentrated as the Trust moved forward in preparation for the CQC inspection.
- HW suggested that engagement staff were key and should be visible and encouraged to share • their ideas. Triangulation of information from multiple sources was also important in understanding where improvement was required.



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Action: Monthly report to Trust Board to provide assurance and/or highlight where focus should be concentrated as the Trust moves forward in preparation for the CQC inspection.

| 10. Freedom to Speak Up - UpdateTB (09/20 013 |
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|--|

KF referred the Trust Board to the two papers contained within the meeting pack, one providing a snapshot on where the Trust was sitting in line with the guidance; and the other updating the Trust Board on work that was ongoing.

The Freedom to Speak Up Strategy and Improvement Plan would be reassessed against current standards with the intention of launching a new plan in Autumn 2020. The Trust Policy would be updated upon receipt of further guidance. It would sit inside the Whistleblowing Policy.

It was intended that Freedom to Speak Up reports to Trust Board would include qualitative and quantitative information going forward.

There were currently six Freedom to Speak Up Guardians within the organisation, but there was no job description and no dedicated time for this work. A job description would be developed for the role and Guardians would be supported to access training and attend conferences. Work was also underway to provide assurance that Freedom to Speak Up reporting processes were in place.

Freedom to Speak Up Day was planned for 9 September 2020. KF and the Executive Team would be available for staff to raise concerns. A further Freedom to Speak up Week was planned for October.

Discussion items were noted as follows:

- LW noted the importance of providing time for Freedom to Speak Up Guardians to undertake ٠ their role and to provide feedback to the Trust.
- RG noted that, given the recent focus on Black Lives Matter and the work being done on • equality and diversity, Freedom to Speak Up themes would likely be focused on ethnicity. Some Guardians were already part of the BAME staff network, but there may also be benefit in having a specific theme/focus to enable exploration of these issues. She was aware that there would be concerns about ethnicity in the recruitment process (unconscious bias for example).
- HK asked how the regional network element would be implemented. He asked if there would • be theme-sharing or live events. KF advised that guidance suggested that themes and case studies could be shared to provide assurance and insight. She noted that it was important to ensure Freedom to Speak Up Guardians received adequate support to carry out their roles.

| 11. Digital Ambition | TB (09/20) 014 |
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|----------------------|-------------------|

MS joined the meeting.

LK reported that the Trust had been drafting a Digital Ambition for the future to address BAF Risk 8 focussing on agility and responsiveness to user needs. Clinical Groups and staff had been consulted about what they wanted from digital platforms going forward.

The Digital Ambition that had been compiled provided a platform and overview that would allow innovation and flexibility as they moved forward. The Ambition covered what was in the long-term NHS plan and covered what was in the STP's plan in relation to digital technology. It also took into



account feedback from the consultation process. It outlined the platforms that would be used and the principles that would be followed.

The Digital Ambition was to create a stable platform of IT that could adapt quickly to change and prioritise change requests. It would allow integration across the system. It would incorporate the move into Midland Metropolitan.

The Trust Board discussed the following:

- HK asked about Privacy and the use of anonymised data. LK advised that Artificial Intelligence (AI) would form part of the future and that the Trust would like to use data. The Trust had not reached a position on ownership of intellectual property and the DEPR around sign-off of patients into AI solutions.
- MS advised that the AI Project had commenced a year ago with Information Governance, before the organisation had commenced with technological choices, understanding that patient information would be required. Research and Development had protocols around involvement in trials. Al training was being developed for detection of secondary fractures. Data was identifiable, but not linked to specific patients.
- HK asked if there was national guidance available for this type of activity. It was reported that although there had been a lot of chatter about AI, not many groups were embarking on the journey at this time. Therefore, the Trust was a leader rather than a follower in this space.
- DMc noted that a long-term financial model would need to be developed around the Digital Ambition to ensure that funding currently allocated would be available and sufficient.
- ML noted that there were currently 17 potential initiatives indicated. He suggested that an
 estimate of financial benefit should be provided to assist the Trust in determining how to
 prioritise the initiatives and how projects would be sequenced. He also asked how progress
 against the Ambition would be tracked.
- MS advised that the Governance strategy was in place within Informatics and that each group had a Digital Committee which focused on the items they were seeking to achieve. The overall Digital Committee would review the case for each initiative. Not all innovations would have a cost saving, but they would all have a benefit for patient experience. LK added that there were a few different metrics being used for service improvement in IT which could be put into a dashboard to enable visibility on how projects were prioritised.
- RS asked whether Primary Care was engaged as a newcomer to the process. LK advised that there had been positive feedback from Primary Care about the way that the Trust was working with them on the Digital Ambition.

Action: Develop return on investment metrics to assist with Digital Ambition Project prioritisation.

12. Obesity Campaign

TB (09/20) 015

RW introduced the paper provided in the meeting pack noting that the development of an Obesity Campaign plan had been underway for some time. Initial focus would be on the workforce by offering support with physical health, nutrition and mental wellbeing.

The Why Weight? campaign launched in August had been the result of consultation and engagement

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with Executive Public Health Groups. Staff had been surveyed and focus groups had been held. This was a timely campaign given current Government activity in this space. Data was also indicating that people with a higher BMI were disproportionately affected by COVID-19.

RW provided an overview of the graphs shown within the report.

- Figure 1 indicated that the most common answer to a question about health and wellbeing goals had been 'to lose weight', (followed by improving mental health and fitness levels).
- Figure 2 showed that the preferred support option was to receive access to a health and wellbeing coach. This initiative was being implemented.
- Figure 3 showed that respondents were 'fairly likely' to make changes to physical health and nutrition which suggested it was the right time to be offering support in this area.

The offer launched on 14th August provided a menu of options to recognise that each individual was on their own health and well-being journey. Options included team challenges, dance and exercise classes among other initiatives.

The next stage would be to consider what could be done in Trust communities. This would involve working through the integrated Care Board.

The Trust Board discussed as follows:

- WZ commented that initiating the campaign with staff in advance of the community was a clear demonstration of leading by example. There was also potential to improve productivity within the Trust. He advised that he had been in discussions with the Council about piloting more productive use of green space in coordination with the NHS Trust (with the long-term intention being for the Council to link in with other major employers). There was also work being done on Active Travel (e-scooters trial). He undertook to liaise with RW to discuss these initiatives further.
- LK suggested targeting childhood obesity or expectant mothers as part of the campaign, noting
 that these would be areas where they could see greatest health impact. He also suggested on
 focussing on educational aspects to dispel some of the misconceptions about weight and help
 people understand what they should be eating and how they could be exercising. It was also
 noted that there were likely to be individuals within the organisation (and not necessarily
 within the Health and Wellbeing Team) who would have knowledge about health, exercise and
 nutrition and who could be engaged to assist in the program as a volunteer or buddy.
- HW asked whether there was engagement with local food purveyors on this project as this could help drive healthy eating habits. RW advised that there had been discussion about this within the Task Force. There could also be liaison with Local Authority Public Health support. Changes had been made in Trust premises to ensure that healthier food was subsidised for staff.
- KF noted that special diet-specific and healthy options in the canteen were generally limited and were not varied. She also noted that there could be more promotion of the onsite gyms. RW advised that while the catering team had made efforts to change their offering, more could certainly be done to improve variety. She advised that the catering team was willing to hear feedback.

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| 13. Your Trust Charity Annual Report and Accounts 2019/20 | TB (09 016 |)/20) |
|---|-----------------|---------|
| RW advised that the draft report (pre-audited accounts) had been provided to the Charitable Funds Committee for review at their August meeting. The Trust Board was being asked to adopt and approve the Report and Accounts. | | |
| The Representative and Trustees letter must be signed before the Auditors would sign of | off their | letter. |
| RS confirmed that the Charitable Funds Committee had reviewed and provided feedback and accounts. He commended the Team on putting together the report and acknowled fundraising efforts of the Trust Teams. | | - |
| Resolution: The Trust Board resolved to accept the Annual Report and the Accounts 201 | l 9/20 . | |
| REGULAR MATTERS | | |
| 14. Chief Executive's Summary on Organisation Wide Issues | ТВ 017 | (09/20) |
| DMc referred Board members to the Report and highlighted the following items: | | |
| Successful unit upgrade and ongoing IT improvement journey. | | |
| • Winter preparation: particularly in relation to the Flu Campaign and bed planning | g. | |
| Widening participation: The Live and Work programme in partnership with St Ba proceeding well, including expanding the Healthcare and Seed program. | ısil was | |
| Staff development: QI poster competition had been launched. | | |
| The Trust Board discussed the report as follows: | | |
| RS noted that the two projects in Widening Participation were distinctive in approach compared with other Trusts and demonstrated how active they were in this area. | | |
| 14.1 Integrated Quality and Performance Report - July 2020 | TB 018 | (09/20) |
| DB joined the meeting. | | |
| DB introduced the IQPR. He advised that on Restoration and Recovery, the Trust had turned a corner on cancer, with 31 day and 62-day performance improving. | | |
| ED levels were at 74% of the prior year. Performance had dropped. There had been an update provided about more intelligent selections (taking respiratory patients to City). Sandwell had higher demand levels than Worcester. There was a correlation between discharges and performance and there was focus on better flow at Sandwell. | | |
| Community acquired pressure ulcers had risen steeply and this had been attributed to the miscoding | | scoding |

of moisture lesions and the development of moisture lesions into pressure ulcers. Training was being facilitated to address this.

Mortality rates had been growing. The early view was that pneumonia was an area to watch. There



may have been COVID deaths that had swabbed negative.

Good progress was reported on persistent reds. There was a strong position on Neutropenic Sepsis. FNOF performance from earlier in the year had not maintained, but an action plan was in place (increased capacity at the anaesthetic service).

Discussion items were noted as follows:

- RS asked about data-sharing and ensuring consistency in reporting with other Trusts. DB advised that the HSMR data was not updated monthly, therefore there was no current comparative data. Identifying an alternative way to access data was work in progress.
- RS asked for more information about the findings around pressure ulcers. KF advised that, due to COVID, the same volume of patient numbers had not been attending the hospital and therefore they were now seeing a surge in pressure ulcers. She clarified that a moisture lesion was not a pressure ulcer and noted that if they were being reported as such, additional staff training would need to be implemented. A quarterly report around pressure ulcers and falls would provide more granularity than the current snapshot.
- RS asked if the ED levels (74% of where they had been at the same time in the prior year) was typical across STP. DB took this question on notice.

| 14 | I.2 Finance Report: Month 4 2020/21 | тв | (09/20) |
|----|-------------------------------------|-----|---------|
| | | 019 | |

DMc reported that the COVID block arrangements continued, and that the Trust was reporting a break-even position for Months 1 to 6. This was an improvement on the draft plan submitted in early March.

Specific spend for Month 4 was higher than it had been in Months 1-3 because future costs had been included for IT, Welfare and Metropolitan costs. NHS I&E had asked that Metropolitan costs be spread over future months, and this would be adjusted in Month 5.

A process was being undertaken with NHSI to ensure retrospective top-up claims were validated. It was expected that the block for the back-end of the financial year would be adjusted and closer to the post CIP expenditure budgets going forward.

Cash balances remained significantly ahead of plan and the organisation was on track with the capital program having been formally submitted to NHSI as part of an STP-wide capital plan. The forecast showed £2.7m of COVID specific capital expenditure. This was currently sitting at £2.9m. Claims had been submitted for £2.5m, and £2.1m had been approved. DMc proposed to submit a separate report on COVID expenditure at the internal Strategic Command Meeting and the Finance and Investment Committee meeting at the end of the month.

It was unclear at this time how the block income would relate to the activity and recovery trajectories or how specific funding and restoration recovery costs would flow through. Clarification would be sought on this. There was no specific CIP requirement in the block income, but there would likely be an inherent efficiency requirement built into the block income as they would be doing more for a similar amount of income in the back end of the financial year.

It had been indicated that 6% of overall expenditure would be provided in COVID funding.

It was as yet unclear what the national starting point would be in terms of expectations of NHS Trusts,



future efficiency delivery, ICS and place-based budgets moving into 2021.

The Trust Board discussed as follows:

- There was a discussion about the capital investment for the IT related components. DMc ٠ advised that the Trust would need to balance up available internal capital funding with external COVID capital funding and the balance of capital versus revenue.
- RS noted that cash was tracking behind forecast levels. DMc advised that the graph in the report did not account for block funding and undertook to review this data.
- RS asked about re-engagement with the CIPs. DMc advised that the forecast was £10.7m of CIP delivery in year (50% of what was in the pre-COVID financial plan). It was unknown at this time whether the forecast delivery of £10.6m would be enough. All of the CIPs were on the tracking system and there were Group Review meetings planned with the Clinical Groups on 17th September when they would discuss CIPs.

| 14.3 Monthly Risk Register Report | тв | (09/20) | |
|-----------------------------------|-----|---------|--|
| | 020 | | |

KF presented the report and advised that 3 new red risks had been identified and discussed at the Risk Management Committee meeting. Mitigations were in place.

One new risk had been added to the Trust Risk Register, that being the risk of results not being available to clinicians in Unity. This new risk had arisen from a previously archived risk. Currently there was a total of 13 risks being overseen by the Board (nine with actions and four with monitoring).

The Trust Board discussed the report as follows:

LK asked whether Safety Plan metrics had been added as a risk. KF advised that this had not been reviewed as yet. KF advised that the RMC would review the Risk Register as a wider piece of work.

| 14.4 NHS Regulatory Undertakings: Monthly status update on agency and four-hour | тв | (09/20) | |
|---|-----|---------|--|
| standard | 021 | | |

DMc reported strong Agency performance over the last two months. This was particularly positive in the context of COVID.

| 15. Application of the Trust Seal | тв | (09/20) |
|-----------------------------------|-----|---------|
| | 022 | |

The board **APPROVED** the application of the seal to the recommended documents.

| UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS | |
|---|--|
| 16. Minutes of the previous meeting and action log To approve the minutes of the meeting held on 6 August 2020 as a true/accurate record of discussions, and update on actions from previous meetings | TB (09/20) 023 TB (09/20) 024 |
| The minutes of the previous meeting held on 6 th August 2020 were reviewed. | |



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The minutes were **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed with the following updates:

• TB (11/18) 006 - Future R&D board development session proposed with primary care colleagues (led by Prof Lasserson)

To be kept on the action list for Board discussion when appropriate.

- *TB* (05/19) 010 *Progress clean air planning for the Trust to include electric vehicle option.* The plan was on track and expected to be delivered by November. Noted as ongoing.
- TB (05/19) 015 Create single reporting template for pillar plan supporting 2020 vision.
 DC to review. Noted as ongoing
- TB (10/19) 008 Reflect on the STP/SBAF issue and a draft document produced for wider consideration of the Board.

Noted as closed

• TB (02/20) 010 - The stroke team to be invited to the Board to discuss performance indicators in June or July.

DC had followed up with DB to arrange. Noted as ongoing.

- *TB* (02/20) 016 Schedule time to work on driving SBAF assurance improvements Noted as ongoing.
- TB (07/20) 017 Summarise the SUI position for the Board for its August meeting. Noted as complete.
- TB (08/20) Patient Story LK to investigate the potential to improve patient confidence in hospital safety post COVID-19 with further analysis and a breakdown of patients into subgroups.

Discussed during the meeting. Noted as closed.

• TB (08/20) 009 - LK to update the board on the results of the allocation of COVID-19 rapid test reagent in relation to comparative side room availability with other Black Country Trusts.

LK reported that Trust has more reagents than other Black Country Trusts. Noted as closed.

• TB (08/20) 010 - LK to reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.

LK to seek update from CCG. Noted as ongoing.

• TB (08/20) 012 Longer-term funding for the Wellbeing Sanctuary to be on the agenda for discussion by the next Finance Committee.

RG reported that there was no long-term funding in terms of psychological support interventions, or for the Sanctuary. Funding source needs to be identified. Agenda item for Finance Committee in September. Noted as ongoing.

• TB (08/20) 013 - DC to arrange a board development morning in September to discuss the CQC process and good practice.

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Timing to be determined offline and in consultation with KF. Noted as complete.

| MATTERS FOR INFORMATION | | | | |
|--|--|--|--|--|
| 17. Any other business Verbal | | | | |
| • A false-positive Legionella test had been reported in the ICU. The patient was being monitored and was not presenting with typical Legionella symptoms. Water testing has been negative so far, but monitoring would continue for 14 days. | | | | |
| 18. Date of next meeting of the Public Trust Board: Verbal | | | | |
| • The next meeting will be held on Thursday 1 st October 2020 via WebEx. | | | | |
| | | | | |

| Signed | |
|--------|--|
| Print | |
| Date | |



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Public Trust Board Action Log: 3 September 2020

| | | Action | Assigned To | Due Date | Status/Response |
|----|----------------|---|----------------|---|--|
| 1. | TB (11/18) 006 | Future R&D board development session proposed with primary care colleagues (led by Prof Lasserson) | DC | Oct 2020 | Given other considerations for board development and change in focus of R+D with COVID this may not be possible within near future. Will bring back proposal via R+D committee as restoration of research agenda develops. |
| 2. | TB (05/19) 010 | Progress clean air planning for the Trust to include electric vehicle option. | TL | Nov 2020 | All general transport being considered. Plan on track for delivery in November 2020. |
| 3. | TB (05/19) 015 | Create single reporting template for pillar plan supporting 2020 vision. | TL | Jan 2020 November 2020 | Action for forward look was from May 2019 and was to form part of discussions through 2020. It would now be appropriate to provide an update on the pillar plans and start forward look for next 5 years. Scheduled for November Board. |
| 4. | ТВ (02/20) 010 | The stroke team to be invited to the Board to discuss performance indicators in June or July. | RB | July 2020 | A future date will be planned for stroke team to present to the board (Date TBC) |

| | | NHS Trust | | | | |
|-----|----------------|--|--------|-----------------|---|--|
| 5. | TB (02/20) 016 | Schedule time to work on driving SBAF assurance improvements. | TL/RBa | Ongoing | Ongoing | |
| 6. | TB (08/20) 010 | Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work. | LK | | LK to seek update from CCG. Verbal update at meeting | |
| 7. | TB (08/20) 012 | Longer-term funding for the Wellbeing Sanctuary to be on the agenda for discussion by the next Finance Committee. | RG | Sept 20 | Funding source needs to be identified. Agenda item for Finance Committee in September. Complete | |
| 8. | TB (09/20) XXX | Review discharge processes to ensure that patients are given autonomy in the decisions about whether to return home or to consider alternative care options | KF | October 2020 | Referred to GDON's meeting for discussion and taking forward Complete | |
| 9. | ТВ (09/20) 010 | Provide a comparative performance report in relation to bringing back services. | LK | Oct 2020 | | |
| 10. | TB (09/20) 011 | Reconcile Position FTE to budget and identify drivers for increase in Position FTE and vacant posts. | DMc | Oct 2020 | Verbal update at meeting | |
| 11. | TB (09/20) 011 | Include a forward-looking recruitment trajectory to enable performance tracking against the recruitment plan (aligned with the vacancy factor). | RG | Oct 2020 | The recruitment trajectory has been discussed at CLE and operations, finance and HR are working together on reconciling the money with the vacancies. Every clinical group has been challenged by execs in their group reviews held on 17th September. | |

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| 12. | TB (09/20) 012 | Monthly report to Trust Board to provide assurance and/or highlight where focus should be concentrated as the Trust moves forward in preparation for the CQC inspection | KF | Oct 2020 | Agenda Item |
|-----|----------------|--|----|----------|-------------|
| 13. | TB (09/20) 014 | Develop return on investment metrics to assist with Digital Ambition Project prioritisation | LK | Dec 2020 | Not yet due |