

## TRUST BOARD – PUBLIC SESSION AGENDA

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

**Date:** Wednesday, 9<sup>th</sup> June 2021,  
09:30 – 13:00

### Members:

Sir D Nicholson (DN) 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  
Mr R Beeken (RBe) Interim Chief Executive  
Dr D Carruthers (DC) Medical Director  
Mr L Kennedy (LK) Chief Operating Officer  
Ms M Roberts (MR) Acting Chief Nurse  
Ms D McLannahan (DM) Chief Finance Officer  
Ms F Mahmood (FM) Chief People Officer  
Miss K Dhani (KD) Director of Governance

### In attendance:

Mrs R Wilkin (RW) Director of Communications  
Mr D Baker (DB) Director of Partnerships & Innovation  
Ms H Hurst (HR) Director of Midwifery  
Ms S Rudd (SR) Assoc Director of Corporate Governance

Time	Item	Title	Reference Number	Lead
09:30	1	<b>Welcome, Apologies and Declarations of Interest</b> <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.</i> <b>Apologies:</b>	Verbal	Chair
09:35	2	<b>Patient Story</b>	Verbal	MR
10:00	4	<b>Chair's Opening Comments</b>	Verbal	Chair
10:10	5	<b>Draft Annual Report and Accounts 2020/21</b>	TB (06/21) 001	Chair
10:20	6	<b>Questions from Members of the Public</b>	Verbal	Chair
<b>UPDATES FROM BOARD COMMITTEES</b>				
10:25	7a	Receive the update from the <b>Audit &amp; Risk Management Committee</b> held on 6 <sup>th</sup> May 2021	TB (06/21) 002	LW
10:30	7b	Receive the update from the <b>Finance &amp; Investment Committee</b> held on 28 <sup>th</sup> May 2021.	TB (06/21) 003	MH
10:35	7c	Receive the update from the <b>Quality &amp; Safety Committee</b> held on 28 <sup>th</sup> May 2021.	TB (06/21) 004	HK
10:40	7d	Receive the update from the <b>Estates Major Projects Authority</b> held on 28 <sup>th</sup> May 2021.	TB (06/21) 005	DN
<b>MATTERS FOR APPROVAL / DISCUSSION</b>				
10:45	8.	<b>COVID-19: Overview, including vaccination update</b>	TB (06/21) 006	RBe

Time	Item	Title	Reference Number	Lead
10:55	9.	Planned care and recovery report	TB (06/21) 007	LK
11:05	10.	Maternity Services Report	TB (06/21) 008	MR
11:15	<b>BREAK</b>			
11:25	11.	Finance <ul style="list-style-type: none"> <li>• Finance Report Month 1</li> </ul>	TB (06/21) 009	DM
11:35	12.	Chief Executive's Summary on Organisation Wide Issues	TB (06/21) 010	RBe
12:00	12.1	Integrated Quality and Performance Report	TB (06/21) 011	DB
12:15	13.	Strategic Board Assurance Framework	TB (06/21) 012	KD
12:25	14.	CQC inspection preparedness report	TB (06/21) 013	KD
<b>UPDATES ON ACTIONS ARISING FROM PREVIOUS MEETINGS</b>				
12:40	15.	Minutes of the previous meeting, action log and attendance register To approve the minutes of the meeting held on 6th May 2021 as a true/accurate record of discussions, and update on actions from previous meetings	TB (06/21) 014 TB (06/21) 015 TB (06/21) 016	Chair Chair Chair
<b>MATTERS FOR INFORMATION</b>				
12:50	16.	Receive the minutes from the <b>Audit &amp; Risk Management Committee</b> held on 4th February 2021.	TB (06/21) 017	
	17.	Receive the minutes from the <b>Finance &amp; Investment Committee</b> held on 26th March 2021.	TB (06/21) 018	Chair
	18.	Receive the minutes from the <b>Quality &amp; Safety Committee</b> held on 30th April 2021.	TB (06/21) 019	Chair
	19.	<b>Application of the Trust Seal</b>	TB (06/21) 020	KD
	20.	<b>Any other business</b>	Verbal	
	21.	<b>Details of next meeting of the Public Trust Board:</b> Thursday, 1st July 2021 via WebEx Meetings		
13:00	Meeting close			

<b>Report Title</b>	<b>Draft 2020-21 Annual Report, including Quality and Financial Accounts</b>		
<b>Sponsoring Executive</b>	Ruth Wilkin, Director of Communications		
<b>Report Author</b>	Various		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9th June 2021

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

The draft annual report, accounts and quality account are enclosed for approval. The Board is asked to delegate final approval to the Audit and Risk Management Committee on the 24<sup>th</sup> June, subject to there being minor amendments only. Submission to NHSEI is due by the 29<sup>th</sup> June, and it is expected that the Audit will be complete by the ARMC meeting on the 24<sup>th</sup>. The Trust will publish the final documents at the Annual General Meeting, following the external audit review.

The theme of the annual report is the Trust's response to the pandemic, our support of, and from, our local communities, and a focus on the mental health and wellbeing of our staff.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input checked="" type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input checked="" type="checkbox"/>	Estates Plan	<input checked="" type="checkbox"/>
Financial Plan	<input checked="" type="checkbox"/>	Digital Plan	<input checked="" type="checkbox"/>	Other <i>[specify in the paper]</i>	

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

NA

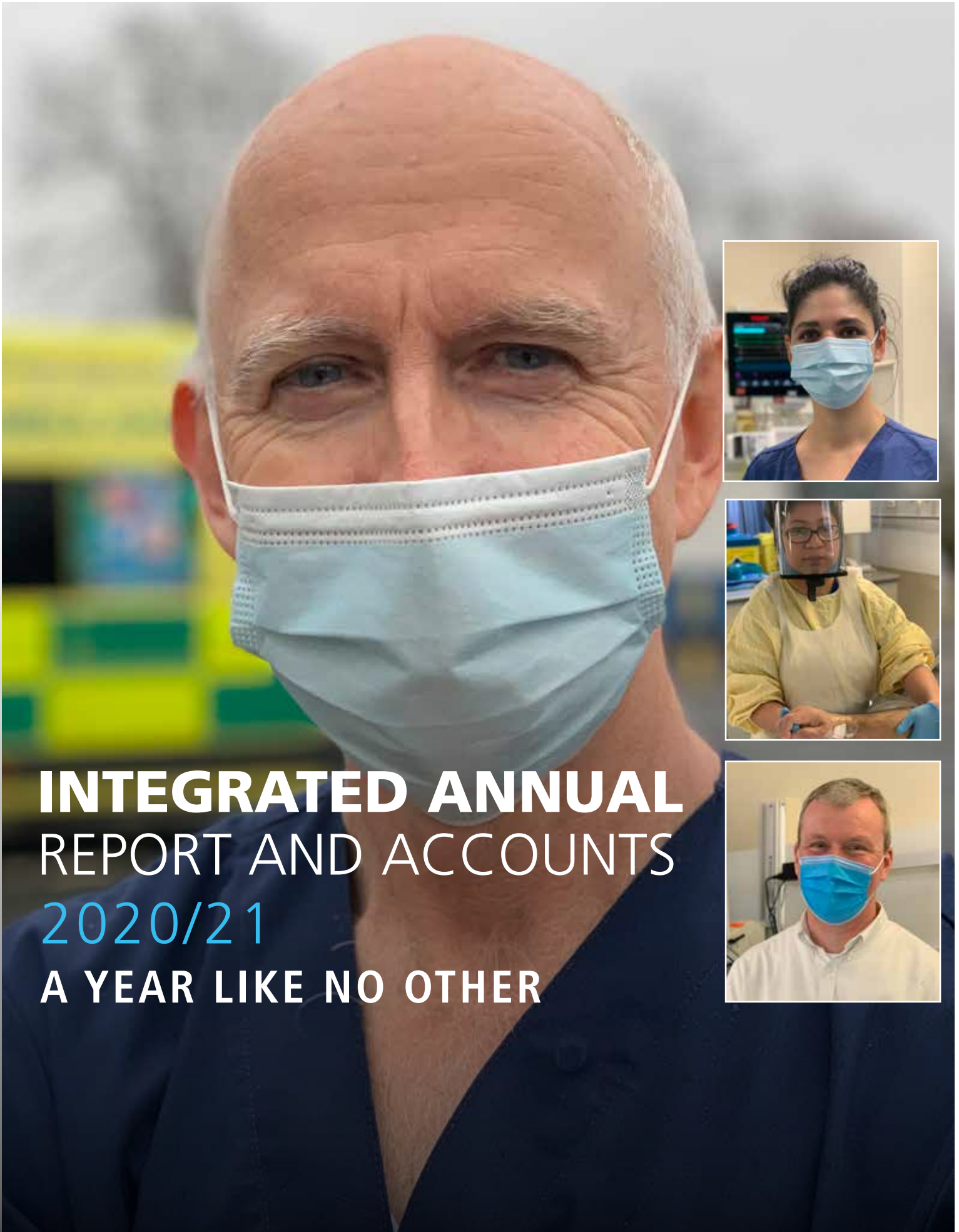
### 4. Recommendation(s)

The Trust Board is asked to:

- a. **APPROVE** the draft 2021 Annual Report and Financial Accounts
- b. **DELEGATE** final approval to the Audit and Risk Management Committee on 24<sup>th</sup> June 2021

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

Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/> If 'Y' date completed



**INTEGRATED ANNUAL  
REPORT AND ACCOUNTS  
2020/21  
A YEAR LIKE NO OTHER**





Patient Dominic Cox with his critical care nursing team

### Front Cover captions

Main Photo - Dermot Reilly Emergency Department

Top photo - Critical care sister Laura Harman

Middle photo - Critical care sister Angelica Batac

Bottom photo - Lawrence Barker Head of Medical Engineering

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Performance Report	?
Future Priorities	?
<b>3. Accountability Report</b>	<b>?</b>
Corporate Governance Report	?
Annual Governance Statement	?
Remuneration and Staff Report	?
Sustainability Report	?
<b>4. Financial Statements</b>	<b>?</b>
<b>5. Further information about the Trust</b>	<b>?</b>



## Foreword

**The 2020/21 year has been an extraordinary one for the National Health Service, and our Trust is no exception. This annual report covers many of the Trust's achievements in responding to the impact of the global pandemic. What stands out in this report is the kindness and compassion that our dedicated teams have exhibited whilst supporting patients and families in these most troubling times.**

Our workforce is made up of outstanding, committed individuals who day in, day out, put others before themselves. This core value has shone through during the year and we have seen first-hand the remarkable things that can happen when people are working together on a common and immediate goal.

The NHS remains grateful for the outpourings of support from our local communities. Everyone has played their part – from generous donations to support staff wellbeing, to patient entertainment outside community wards, and of course by abiding by lockdown restrictions and guidance. All of this has been sincerely appreciated.

We have experienced some of our toughest times during the year and have had to rapidly respond to a changing environment to keep patients and staff safe. And yet, we know that there are good things that have come out of these difficult circumstances. We have found reserves we never knew we had in us; we have forged new partnerships with organisations who have supported us; we have rapidly changed processes that we had been talking about improving for years, often in days.



Richard Beeken, Interim Chief Executive



Sir David Nicholson KCB CBE, Chairman

But we also know the toll that this year has had on the populations we serve and on our patients. There are people who have waited for procedures that we, regrettably, had to postpone. Patients who were admitted to hospital have had to stay largely alone, without visitors; and many have been lonely and isolated, in their own homes shielding, or looking after vulnerable family members.

This year, more than ever, our thoughts are with those who have lost loved ones. The tragedy is not less felt, nor easier to cope with because others have experienced the same, but we know people have found great comfort and support from one another through sharing their experiences. Our Trust has lost valued colleagues and many more colleagues have lost friends and relatives.

Throughout all of this our staff and communities have been united. Our partnerships are stronger now than ever before and we have much to look forward to as we reflect and recover together.

The year ahead will see us set new strategic objectives and organisational values and see us listen to staff and patients as we take forward our plans for the future. The emergence of the new, long-awaited Midland Metropolitan University Hospital will provide an acute healthcare facility that our diverse and deprived local communities both deserve and can be proud of. The "Midland Met" has always been determined to offer #morethanahospital and the regeneration opportunities it brings mean that it can be a symbol of hope for the future.



Emergency Department Staff Nurse Salma Nasser.

## Our story

### Performance Report

Kindness has been our watchword this year as we continued responding to the global coronavirus pandemic. At the start of the year we were just about to reach our peak when the number of patients in hospital beds exceeded 200. Little did we know then that we would see even greater numbers needing hospital admission in the following months, reaching over 400 in January 2021.

Our clinical teams and support staff have worked tremendously hard in all settings whether that was supporting patients who were critically ill, ensuring staff in care homes had access to rapid testing or working in an unfamiliar area, where there was greatest need.

Throughout this report you will find stories of immense professionalism, courage and kindness and we are proud of our teams, our communities, patients and families for the mutual support that has seen us through.

But this year, we did much more than deal with the impact of COVID-19.

We have strengthened partnerships with primary care which has included the incorporation of Your Health Partnership Primary Care Network, with a registered population of over 56,000, adding to the Trust's provision of primary care services. Partnerships with the care sector, voluntary sector and faith groups have also flourished. Integrated care arrangements in our two "places" – Sandwell and West Birmingham (Ladywood & Perry Barr) have continued to develop.



SWB colleague deposits sample for COVID-19 testing

We have also progressed important infrastructure projects including two new multi-storey car parks on our main hospital sites and a new primary care centre at Sandwell Hospital.

The biggest infrastructure project probably in the whole NHS at present, the Midland Metropolitan University Hospital, has progressed well during the year, despite the impact of COVID-19. Our construction partner, Balfour Beatty, has had to adapt to new safe working arrangements but work on the site has not stood still. MMUH was also able to play a part as a COVID-19 testing centre during the first part of the year, providing rapid access to COVID-19 swabbing for people across the region.

We had always intended to progress our partnerships so that we could deliver better care. The pandemic has underlined the value of these partnerships in our two places – 'Sandwell' and 'Ladywood & Perry Barr'. Links with care homes, voluntary groups and public health professionals have been strengthened, along with integrated pathways with primary care, community services and mental health. We have had valuable support from the independent sector that has helped to keep staff and patients safe whilst enabling important treatment to continue.

In the next few pages you will read about the progress our Clinical Groups and corporate teams have made throughout the year.

## IMAGING

### Microbiology team lead the way in COVID testing

Testing – or swabbing as it is also known - patients for COVID-19 as they came into our care became one of the priorities for our frontline staff. It meant that a patient would be diagnosed, treated and discharged - where possible – so that healthcare professionals could continue caring for the high volume of patients that presented with COVID-19 symptoms.

The microbiology team introduced different ways in which to do this including rapid swabbing, which would deliver results in two hours. Wards were supplied with swabbing kits, whilst videos on how to package and submit a sample were created so that staff would be able to carry out the procedure with ease.

Point of Care testing also became available – which had a faster turnaround time – and was used in our Emergency Departments. Since introducing rapid testing, the Trust has produced the largest quantity of rapid tests within the Black Country Pathology Service which covers all the NHS Trusts in our system. Swabbing has now become the norm and the way healthcare professionals do this continues to evolve so that it is in line with infection prevention and control procedures.

### Bringing AI to the SWB mix

We saw the Trust partner with the University of Oxford spin-out company called Brainomix to support our acute stroke service using artificial intelligence (AI).

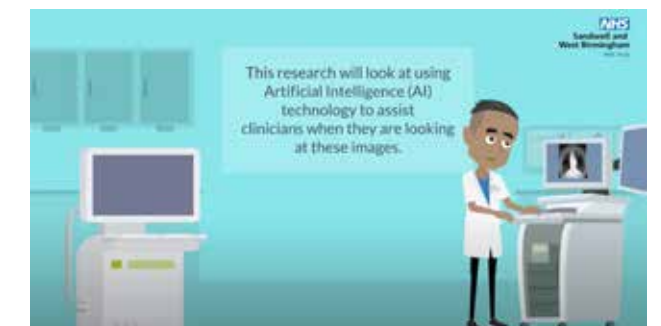
Artificial Intelligence technology is a set of algorithms and is used to make sense of a variety and large volume of clinical information more quickly than a human. The technology is being used to analyse CT scans carried out on patients who present at our Emergency Departments. The images are sent to AI, which are processed within minutes and the findings sent to the stroke doctors to review. This approach provides prompt findings to aid the stroke doctors with the clinical management of the patient.

### Breast Screening: Decisive action to mitigate disruption

With the onset of COVID-19, the Breast Screening team took decisive action to minimise the impact on appointment uptake through a number of actions. These included:

- Developing a breast screening COVID-19 safety pictorial flyer sent with every invitation to an appointment.
- Employing a social media strategy of informative posts and a video from the Deputy Clinical Director reinforcing the importance of looking after your health and attending screenings – subsequently distributed to all three CCGs to share with their GPs.
- Developing a GP pre-screen start date information pack with a flow chart informing them of all the national changes and the health promotion initiatives available.

These changes have had the desired impact with a key indicator being that screening clinics are fully booked and well attended. With Wave 1 (April to September 2020) uptake at 62.5 per cent. The service has seen increased collaborative working with the CCGs who are keen to support our initiatives and encourage GPs to participate where required.



As the Trust began using Artificial Intelligence to analyse data, patients were told about the process through an easy-to-understand animation.



## MEDICINE AND EMERGENCY CARE

### First-hand accounts show challenges faced by healthcare workers

During the first and second wave it was apparent that healthcare workers were under pressure and facing challenges like no other. Critical care consultant Dr Nick Sherwood shared what he had been witnessing in a frank interview given to the Birmingham Mail.

He told the newspaper: "Every day you finish work, you see nurses in their cars in the car park crying before they go home and see them coming into work wiping the tears from their eyes before they turn up to do another 12 and a half hour shift. It is incredibly hard. Even the toughest of us - and I thought I was pretty resilient - but I have had some pretty dark moments this year."

Whilst Dr Sarb Clare, acute medicine consultant spoke about the difficulties her colleagues faced: "Some of my colleagues are struggling to sleep, we are not trained to deal with the sheer volume of deaths of young people, the utter pain we see every day," she said. "We know the odds are against some of our patients but we are passionate we want to get them through, we pray for them, we work through the treatments and the proning, and we are destroyed when they don't make it."

"The pressure at the moment is immense and we are feeling that sense of gritting our teeth. It is definitely much harder, this is our third surge here, and what is getting us down is the volume of young patients we are now seeing. These are young people, with young families - they are gasping for breath and they are scared."



Dr Sarb Clare, acute medical consultant.



Dr Nick Sherwood, critical care consultant.

### Reacting to protect SCAT patients whilst maintaining this specialist service.

When the pandemic was declared in March 2020, our colleagues in the SCaT centre (Sickle Cell and Thalassaemia Centre) sprang into action. Lead Nurse Liz Green explained: "We moved straight into virtual telephone clinics, spending time each week to phone our patients due to come in the next week to tell them not to attend as instead they would get a phone call."

"Patients both understood and appreciated this response to COVID. They were a shielding population so did not want to present to the hospital unless necessary. All day case pain management and blood transfusions ran throughout the pandemic." During this time there was a decline in our inpatient activity, as the centre averaged two patients, instead of their normal six each day. Pain management is a primary concern for this patient group, so pharmacy arranged home delivery of essential medications to keep patients well. The team run telephone clinics to identify any tests needed by patients, who then are able to book to come in at convenient times. This ensured a safer patient flow. The team also relocated to a bigger department where they are able to socially distance more effectively.

Sixteen year old Ibrahim is a sickle cell patient who needed treatment on the unit every four weeks. He appreciated the measures Liz and her nursing team put in place to protect him and said: "I am worried about the COVID pandemic, but I know it is safe to come into the hospital, because they are keeping me safe."



Sixteen year old Ibrahim had been coming in for treatment throughout the pandemic.

### You're in the NHS now: From combat fatigues to scrubs

Soldiers from the British Army swooped in to our hospitals in early February to join the frontline in the fight against COVID-19. Swapping their combat fatigues for pristine white scrubs, the troop of 18 soldiers drawn from the 1st, 4th and 5th medical regiment alongside the 1st and 21st Signals Regiment and 1st Yorkshire Regiment reported for duty keen to support colleagues in caring for patients. Taking command of the troops whilst deployed at Sandwell and West Birmingham was Associate Chief Nurse, Helen Bromage. Welcoming the new recruits at the time, Helen said, "As we see cases of COVID-19 continue to be consistently high, we are

pleased to welcome the military personnel who will be supporting colleagues. The soldiers will be on hand to carry out non-clinical tasks such as stacking medicine trolleys, cleaning and doing laundry." This support made a very real and positive difference to the work turning the tide against COVID-19, in practical terms freeing up our clinical colleagues to continue delivering patient-facing care. Speaking at the time, Brigadier AJ Smith, Commander Joint Military Command, West Midlands said: "We remain in support of NHS Midlands as we have been for the last ten months. A force package of 370 military personnel is currently embedded in 23 hospitals across the Midlands providing medical and broader support to the amazing NHS Team as they continue to face this unprecedented challenge."



## PRIMARY CARE, COMMUNITY AND THERAPIES

### Sheer sense of comradeship brings Rowley together

This past 12 months has been unprecedented times for NHS due to COVID-19 as a whole and this is no different for Rowley Regis Hospital. Gearing up to deal with a once-in-a-lifetime pandemic, Justine Irish, Matron for Primary Care, Communities and Therapy gives us an insight into how her team at Rowley responded to the rapidly evolving need to change working practices to maintain services while keeping patients safe.

She told us: "The first task was preparing the team for what was to come. When you prepare colleagues for working in a low-risk area, they cannot guarantee it will remain that way so it has been difficult. The Rowley team is really special; they are a resilient group who work as a family. The overall mood at Rowley has always been one of we are in it together so let's get on with it." When the pandemic hit, the model of beds on Rowley wards changed, to create a mixed model of medically fit and intermediate care beds all together. Colleagues stepped up to cover other areas, away from where they were most familiar with.



Therapy staff at Rowley Hospital.

### Swabbing services made available for staff and their families

Swabbing for symptomatic colleagues and their household members were introduced early on in the pandemic, with two sites available – one at City Hospital and the other at Little Lane car park at Sandwell Hospital. Both were drive through facilities. Each had a capacity to carry out 75 swabs per day. Staff members were encouraged to book an appointment for themselves or family members if they had been experiencing symptoms and the message was sent out through regular COVID-19 bulletins which reached 7,000 staff. Results were available within 48 hours and were delivered via a phone call.

### Support to Care Homes

With the Coronavirus being of particular danger to the more elderly of the populace, care homes have come into focus throughout COVID-19. For our organisation, the relationship between our hospital sites and the care homes within our system is an important one as we fight the disease. As part of that the Trust has been offering support not just of vital Personal Protective Equipment (PPE), which it has been supplying in various 'runs' throughout the pandemic but a number of other supplies too at the same time. These supplies included educational exercise resources, electronic devices to support virtual visiting, pulse oximeters along with information about the Monitoring You At Home (MYAH) service and telephone and face-to-face support. Homes that were COVID positive were offered clinical support, which also included testing some residents for the virus. Our exceptional Care Homes team offered emotional support and ensured that the staff at the residential homes knew that we were on this journey together. Meanwhile, thanks to the generosity of the public and companies in the local area, part of the food and drink donated to the Trust was also redistributed as a 'pick me up' for both care home staff and residents who may be struggling with the difficulties that social distancing brings.

### Vaccination roll out across SWB

In late December of 2020 our Trust answered the call and became a vaccination hub in order to protect those most at risk in our communities. Please replace highlighted text with the following: We have vaccinated more than 8,500 patients and staff with their first dose, whilst over 7,000 have received their second dose. The main hub for our staff and patients was based at the Education Centre, at Sandwell Hospital. Whilst we were delighted to support the People's Health Partnership, Urban Health and i3 Primary Care Networks with the opening of a vaccine centre based at the City Hospital site. The Cardiac rehab gym in Sheldon Block, was transformed into a centre and patients who are most at risk continue to be vaccinated. It's a hugely successful example of how we have been working together with our GP colleagues during the pandemic. In addition to these hubs, Your Health Partnership, a GP practice which is run jointly with our Trust also started vaccinating their patients against COVID-19. The Trust has worked with the community to encourage and promote the vaccination by producing informational videos which tackles the myths around the job. Some of these have been created in foreign languages so as to target those hard-to-reach areas where

uptake has been low, whilst discussions have also taken place with religious leaders who are able to push out the message of the importance of the vaccination to their community. Our organisation has also promoted celebrity endorsement of the vaccine.

So far, millions of people have been given a vaccine across the globe and reports of serious side effects, such as allergic reactions or clotting problems, have been extremely rare.



Cathleen Price, Midwife vaccinates Lucille Hamilton, Senior Imaging Support Worker.

### Incorporation of Your Health Partnership

1 April 2020 marked a special date in our Trust as it is when we officially welcomed Your Health Partnership (YHP) to our organisation. Working as an additional directorate, it represented a new phase for both our organisation and Your Health Partnership. YHP partners and managers continue to oversee the running of the practices within the directorate, whilst our Trust has responsibility for delivering the contracts that the service currently holds. The organisation is a single GP Practice covering six sites across Sandwell; Carters Green Medical Centre, Mace Street Clinic, Oakham Surgery, Regis Medical Centre, Rowley Village Surgery and Whiteheath Medical Centre. It serves 46,000 people across Sandwell. Our partnership with

YHP has seen a new £6 million development at Sandwell Hospital to replace the Carters Green Medical Centre as well as close collaboration when it has come to the administering of COVID-19 jabs within our community. Dr Simon Mitchell, Co-Executive Partner at YHP, said: "This is an exciting time for us. We have an incredible team and culture. We're excited about working with, and as part of, the wider organisation. "We have created a successful business and we thrive on innovation. Working together, we will be able to help the most vulnerable in our society, the housebound, outpatients, and so many more people. Jointly we will be able to build resilience and bring greater improvements in healthcare to our local communities



**WOMEN'S AND CHILD HEALTH**

**Kicking off maternity care the right way**

One of the more well publicised service adaptations saw the Trust receive praise not just from the NHS – but also the world of football.

Maternity services worked with local rivals West Bromwich Albion and Aston Villa as the Trust worked to secure additional alternate safe spaces for women to receive treatment. Deputy Director of Midwifery, Louise Wilde, said: "I decided to approach our local football teams because they are in a perfect position to help us deliver these clinics. There were no matches being played and geographically they are both in the right place for our patients. It provides an alternative to a hospital setting which some of our women felt anxious about coming to."

The appointment-only facilities supported by our midwives are still, as of the time of writing this report, proving both antenatal and postnatal support. The Trust would once again like to express its gratitude to both clubs and the staff of each that helped these venues happen. As well as the messages and support we've received from fans, players and coaching staff alike in the months since.

**Women being induced have bigger and brighter suite**

The opening of a new induction suite within the Maternity Department, offered a brighter and larger area for women being induced.

The facility opened in November and has been very well received by patients. It replaces a smaller three-bedded induction facility which was based on Labour ward.

The five-bedded facility has a separate examination/treatment room where the women are able to undergo an induction. This room can also be used for staff performing reflexology and aromatherapy sessions on women. It also boasts a comfortable kitchen area for women who will be able to heat their own food and relax in a different environment.

Louise Wilde, Deputy Director of Midwifery, said: "We pushed forward the development of the new room due to the pandemic. Feedback from women about the previous facility told us that they wanted somewhere which was a larger area and so we acted upon this by creating the new suite."



Cathleen Price, Midwife Deputy Ward Manager in the new induction suite

**SURGICAL SERVICES**

**Outpatient facility becomes COVID-free in big clean up**

After the first wave, the Trust embarked on restoring services for outpatients in May 2020. The Birmingham Treatment Centre (BTC) opened up to patients with thanks to the big clean-up operation undertaken by

our ward services team. There were a raft of changes to the area, including markings on the floor to support social distancing, perspex screens to protect staff, new handwashing zones and new flooring. It was all part of our six week programme of setting up recovery and restoration. The separate entrance and lay-out helped to provide reassurance that services were separated from acute COVID-19 care.



Ward service officers take part in the big clean up in the BTC, l-r are Sharna Pickering Audrey Edwards and Liz Desjarlais.

**Film shows the way into surgery**

During the restoration of services after the first wave, a film was developed that showed the patient journey when attending our Trust for surgery.

The virtual walkthrough followed the pathway a patient would take when coming to the Birmingham Treatment Centre at City site, for day case surgery. It took into account the new infection control procedures that all those coming on-site had to follow and the new checking in procedures which were put in place during the pandemic.

Amber Markham, Clinical Lead for Theatres, said: "We want the public to feel reassured that when they come into our hospitals for a procedure they will be in a safe environment and this video shows step-by-step how we do this."

You can view the video on YouTube at <https://www.youtube.com/watch?v=2LvsLBmAiQA>



The video shows patients what to expect when coming to our hospitals for day surgery.



**CORPORATE SERVICES**

**COVID-safe measures means builders are back in action on Midland Metropolitan University Hospital**

When COVID-19 hit, the construction industry experienced a pause in work. This also briefly affected the development of our new super hospital, the Midland Met, whilst those in the industry developed ways in which work could be carried out in a COVID-safe environment.

After Government regulations eased on the construction industry, Balfour Beatty, builders of the hospital, set to

work on making sure those working on site were kept safe.

This included regular rapid testing, using lateral flow kits, and a new welfare facility where construction workers were able to meet up and take breaks in an environment which allowed them to safely socially distance from others. But it didn't stop there. Special snoods were supplied by the Trust for those on site which could be used in place of face masks and visitors included John Spellar MP for Warley and former MP Liam Byrne.



John Spellar MP with Rachel Barlow, Director of System Transformation in the welfare room at the Midland Metropolitan University Hospital.

**MMUH makes good progress**

Some rooms in the Emergency Department and ward areas are getting their first coat of paint and, the clinical wash hand basins are being fitted. The electrical, mechanical and plumbing works above the ceilings and within walls are in full flow. And the high voltage power is due to be switched on in the summer. There are more than 800 people are working on site daily, which indicates the scope and importance of this project.

**Funding award for skills centre will improve healthcare**

In March this year Sandwell Borough Council secured £67.5 million of investment from the Government's Towns Fund – and the Trust is proud that a portion of that money will be ploughed into a project that will invest in healthcare.

A major new skills centre next to the Midland Metropolitan University Hospital will provide training in healthcare and healthcare-related professions from entry level to level 7 skills. The development will create healthcare workers of the future who we hope will want to use their skills to help improve the health of our population and will really make a massive difference to the care we deliver in our towns.

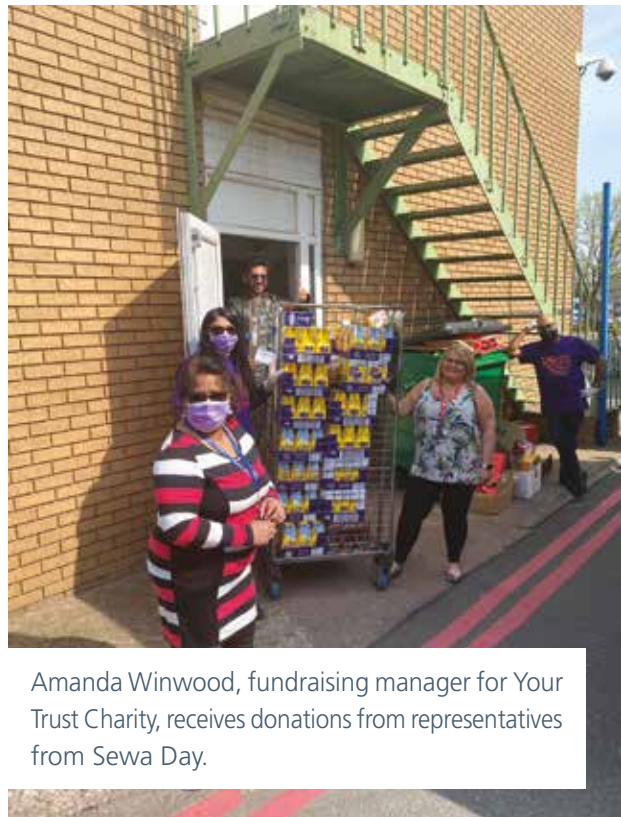




### Generosity from community leaves staff grateful

As we all know 2020/21 has been unprecedented and our staff have been challenged like never before. But the community has been a strong support for the NHS and throughout these difficult times we have witnessed phenomenal acts of kindness. Throughout the pandemic we have been flooded with donations that have given our staff encouragement and the drive to continue their hard work in fighting this virus.

Gifts include items to help people with their health and wellbeing, including hand cream and face creams – a welcome relief for those who were constantly using hand sanitiser or wearing face masks. Other generous donations included food, simple things like bread, milk, and snacks. These were all received by fundraising manager Amanda Winwood, from Your Trust Charity and then shared equally across the Trust to all staff.



Amanda Winwood, fundraising manager for Your Trust Charity, receives donations from representatives from Sewa Day.

### Partnering up leads to joint campaigns

Sandwell Borough Council, Public Health West Midlands and the Trust have worked extremely closely to deliver consistent and relevant messaging throughout the pandemic. In fact, two of our nursing professionals are featured in a Sandwell-wide campaign urging the population to take up their offer of the COVID-19 vaccination, which has been developed by the council.

The Trust has also shared important messaging to staff directly by featuring important information in the COVID-19 bulletin that is sent out to all staff on a regular basis.

### Procurement delivers on PPE challenge

When COVID-19 struck and hospitals across the country got anxious about supply guarantees for gloves, gowns and masks, the procurement team at our Trust were hard at work phoning suppliers and building their own supply chain to ensure we could continue protecting our patients and staff.

Whilst our Trust often holds local stocks of common Personal Protective Equipment (PPE), the unprecedented scale and impact of COVID-19 brought with it unimagined challenges. Alongside the issue of ensuring an uninterrupted supply of PPE, the team also worked to develop a dashboard which allowed us to not only map the current usage rates of critical PPE but also to forecast usage against our deliveries. The ever-changing supply chain meant ongoing problems to solve.

Chief Finance Officer Dinah McLannahan: "The procurement teams have done an amazing job to keep this critical piece of our COVID-19 infrastructure going and never running out. Through their hard work, we've managed to keep everything going. Thank you to not only the guys in the procurement offices but also all of our colleagues who have been out on the ground managing the stock and supporting the distribution across our organisation."

### Suppliers ensure fit testing clinics are active

The correct wearing of Personal Protective Equipment (PPE) when working at the Trust has been one of the most important factors in preventing the spread of COVID-19. So when the pandemic struck it was only fitting that specialist clinics were set up to ensure this was the case.

Fit testing clinics saw thousands of staff being fitted for the correct face mask in line with the area that they were working in. There were a range of masks, from FFP3 to N95, which needed to be worn correctly – an ill-fitting one would lead to the virus seeping through and infecting the person. However, the Trust's relationship with the suppliers Bradley's meant that we were well stocked with face masks throughout 2020/21 so were able to keep our patients and staff safe.

### Visionable – The future of outpatient consultations

Visionable is our solution to the longstanding problem of having patients come in to outpatient clinics for a simple consultation, something that often only consists of a review of test results and conversation. We ask patients to take time out of their busy lives, book time off work, leave school and journey in to our hospitals where they then pay for the privilege to park, when the simple straightforward solution would be to hold a virtual consult.

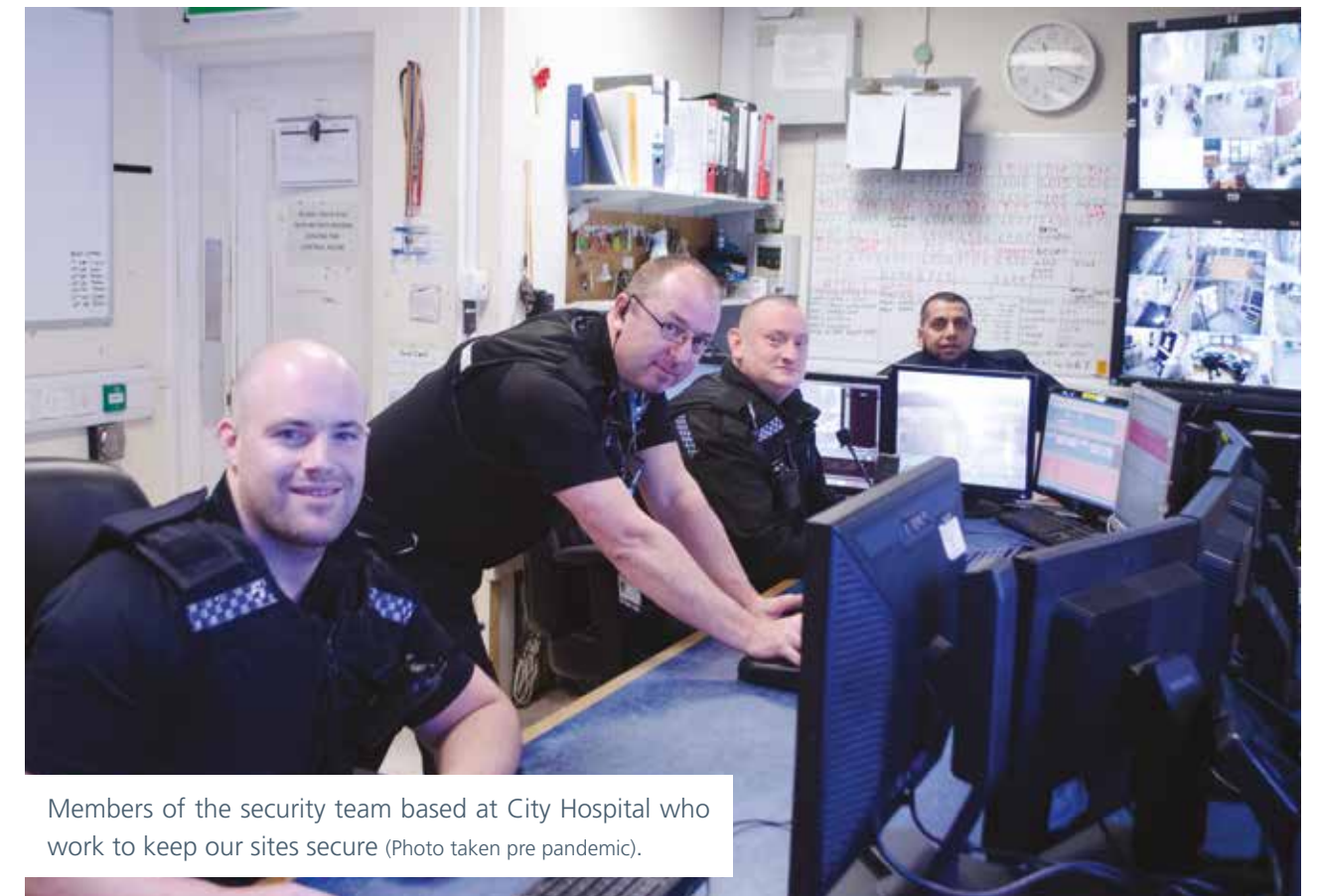
Visionable allows our clinical colleagues to develop virtual clinics, where patients are able to join them by video and discuss their care using just their mobile phone. One of the first clinicians to take up the challenge of offering virtual clinics was Consultant Paediatrician Dr Nick Makwana: "We have been looking for a solution to this problem for a long time and although COVID-19 hasn't been the best of situations, it has helped us look at the ways we provide care in a much more innovative way.

"Whilst the threat of COVID-19 remains, patients are understandably hesitant to come to hospital, this system lets us deliver their care to them, where they are, where they feel comfortable and relaxed and most importantly

it's allowed us to continue providing care to patients who are self-isolating. The system is mutually beneficial to our clinical colleagues and patients as critically it allows us to practice social distancing where this would be difficult in a small consulting room."

### Keeping SWB safe and secure

On 23 March 2020, Prime Minister, Boris Johnson announced that the UK was going into lockdown. With COVID-19 accelerating rapidly across the UK this move was made to protect the NHS and to help save lives. This meant we had to act decisively to place all of our sites into full lockdown to ensure patient and colleague security was not compromised including restricting access to all visitors coming on to our sites and challenging everyone, including staff, about why they needed to enter our sites. Building risk assessments across each of our hospital sites were completed and all our doors were repaired and modified to ensure the best security measures were in place for lockdown. Staffing rotas were also increased over an interim period and regular bank staff were put in place to make sure we were fully prepared as an organisation.



Members of the security team based at City Hospital who work to keep our sites secure (Photo taken pre pandemic).



### Estates team swing into action to create COVID-secure Trust

When COVID-19 struck, the Estates team swung into action by creating a safe and secure environment for patients and staff. They did this by sourcing and fitting Perspex screens across the Trust sites, installed special welcome stations at each entrance which were manned by staff giving out face masks and hand sanitiser, and ensured that floor stickers with social distancing messages were positioned in all buildings. However, this was just the tip of the iceberg. When the vaccination programme kicked off for staff, the Estates team ensured that the main hub, based in the Education Centre at Sandwell Hospital was set up in a COVID-safe way, following all required infection prevention and control regulations. They were able to transform the Conference Room, by installing new flooring and sinks for handwashing, into a clinical area that has seen thousands of staff and patients vaccinated and protected against the virus. They also delivered significant physical reconfiguration of our emergency departments in the space of hours, to allow us to safely segregate those areas according to COVID guidance.

### Communications team provide vital resource

Throughout the pandemic staff have been kept updated with vital guidance around the treatment of patients, infection control procedures and wellbeing support through a COVID-19 bulletin produced by the Communications Team. As the world grappled with an unknown virus and new information was shared – sometimes on a daily basis - it was of the utmost importance that this was disseminated to our frontline and support services. Stepping up to provide a seven day a week service with 24 hour on call support, the communications team maintained an enhanced service to ensure all messages were distributed to exacting timeframes.

During the first wave a daily COVID bulletin was produced and distributed seven days a week, with the frequency dropping as the number of patients with the virus also fell. The team were supported by the Medical Illustration department who were responsible for the production of posters delivering important messages to patients and staff and other materials that were shared through the Trust's external channels, like social media. And, as the world's attention focussed on health, the Trust press office came under increasing pressure to supply the good news stories of survivors to give the public

hope in a time of crisis. One story that went viral, was that of 106 year old Connie Titchen, who was clapped off the ward on her discharge.

### Volunteers – providing comfort in difficult times

Our hospital sites may have had to go into lockdown, but that hasn't stopped us in wanting to be caring and kind and more importantly, ensure our patients are still our number one priority. Our volunteer service in particular seized this opportunity to offer a helping hand. With visiting restricted due to the outbreak of COVID-19, our volunteer service decided they wanted to turn this negative into a positive by launching a new role for the service - a 2020 response volunteer. "The role of a 2020 response volunteer is to assist the organisation during the coronavirus pandemic," said Patricia Hunt, Volunteer Service Manager. "All our response volunteers will be flexible and able to take on a variety of duties from distributing information leaflets, posters to helping us with the many donations from the community and wayfinding. The role was designed to help support our frontline colleague whilst they care for our patients."

The Trust would like to take this opportunity to thank the service and all of the volunteers for the fantastic assistance they have provided over the last year.

### Bereavement volunteers

It's been a difficult and challenging year for many, but for the bereavement care team, it has truly been like no other. The service was introduced in April directly in response to COVID-19 including two redeployed nurses from outpatients. But the service has also been helped tremendously by four volunteers who have befriended relatives mourning their loved ones and experiencing loneliness and isolation, by offering them guidance and a kind ear when they have needed it most.

"I can't praise the volunteers enough," explained Sue Edwards, recently appointed bereavement nurse. "They have given these relatives much-needed support in their time of need. They have talked to people who have lost up to five members of the same family to this virus. Supporting grieving loved ones is the main focus of the team. We aren't counsellors, but when we call people, we acknowledge their loss, ask how they are and how the family is coping. The team, during their initial contact, offer a follow-up call and share details of the service.

"Sometimes, however, the next of kin isn't always a relative. They can be the window cleaner or hairdresser. It is just as vital to offer them the same level of support as they had a relationship with this person."

### The Extra Gear: Redeployment, flexibility and a rainbow of brigades

It became obvious to the Trust very early on that there would be a need for some form of redeployment to meet the changing circumstances and priorities of care. Services shifted focus, reduced or expanded their scope and many colleagues found themselves working in very different areas to help care for those in need.

Nicki Heys, normally an Advanced Physiotherapist told us more: "What has been remarkable about this whole situation is our people. I have witnessed the most inspirational support, professionalism and teamwork. Dedication and hard work is an expectation, and is ordinarily seen daily, but somehow everyone has rallied together and gone up an extra gear."

That rallying around also resulted in a rainbow of volunteers brigades to be created back in April. Those whose roles were not needed full time and were not shielding were

asked to consider taking up temporary redeployment into key support functions. Volunteers were then split into the following brigades: clinical administration (red), PPE wardens (yellow), cleaning (green), portering and transport (blue) and specialist projects (purple), the latter covering areas such as wellbeing, isolation and the recovery programme.

### 5 July – light up sites to say thank you to our communities

To celebrate 72nd birthday of the NHS, on 5 July we lit up our main hospital sites blue to say a massive thank you to our local communities and businesses who have provided invaluable support to our Trust over the last 12 months, especially during the COVID-19 pandemic.

To mark the special occasion last year, we introduced Smokefree in 2019 however in 2020, it was all about thanking the community. Between the hours of 8pm – 11pm, City Leasowes, Rowley and Sandwell all shone blue and glistened under the lights. In addition to this, we also planted an array of flowers outside our Sandwell Hospital site to show appreciation for the patients we serve.



On the evening of Sunday 5 July we celebrated the NHS's 72nd birthday by lighting up some of our buildings.

## Your Trust Charity



Your Trust Charity - the registered charity of Sandwell & West Birmingham Hospitals NHS Trust - has the following mission:

“To enhance the experience of all people using our services including staff, patients and their families. We will do this by providing additional facilities and supporting innovative projects that create a comfortable and secure environment.”

**We exist to achieve the following four priorities:**

### 1. Infrastructure

- Improving the organisation's environment and making the capital improvements to facilities
- Supporting integrated care across the estate of SWBH and allied providers

### 2. Education

- Supporting the educational development of clinical and non-clinical staff
- Aims to secure the long term future of health and social care in Sandwell and West Birmingham
- To support education within the local community

### 3. Innovation

- Help the Trust to be a leader of innovation, pump priming activities, running pilots and testing out new ideas and technologies for care that enhances outcomes for local people

### 4. Community resilience

- Support communities to improve their health outcomes, enabling them to provide outstanding, compassionate care independent of statutory providers

### What we have achieved

We have been overwhelmed by the enormous generosity of our donors, supporters and colleagues during the coronavirus pandemic, and have had the most successful year in Your Trust Charity's recent history. We raised a total of £1,672,311\* in 2020-21, and would like to extend a heartfelt thanks for donated items, kind messages of thanks, and financial contributions from so many in our community.

Thanks to this unprecedented support, we have been able to report charitable expenditure for the year of £1,244,934\*, which includes spend of £911,821\* against our four priority areas of infrastructure, education, innovation and community resilience.

\* provisional financial figures (unaudited)

This would simply not have been possible without the tireless efforts of our fundraisers, who have continued to raise money for us in such a challenging situation where we have not been able to run any face-to-face events. This ranges from some of our more 'eccentric' supporters, to those that have tugged at our heartstrings.

We'd also like to extend particular thanks to the supporters on NHS Charities Together, who have helped us with emergency grant aid during the pandemic, as well as supporting us to lead a successful major partnership project with five of our NHS charity partners across the Black Country and West Birmingham. Here is a selection of our many successful fundraisers this past year:

#### Security officer has 24 ins of hair chopped off for charity

In July, Security officer Kay Bali showed off her newly snipped locks – after having 24ins chopped off for a Your Trust Charity. The 37-year-old decided to have her luscious locks lopped off after volunteering at Sandwell and West Birmingham NHS Trust.

After spending time assisting at the pop up shop, run by the organisation's Your Trust Charity, she decided to have the haircut in aid of the good cause and has raised £1,500. The task was carried out at Sandwell Hospital by Liza Gill, Volunteer Service Manager, who's also a part-time beautician.

Afterwards, Kay, from Wednesbury, said: “I love my new hair – although I must admit I was a little bit nervous when she started to snip away, as I've had long hair since I was a child.

“But I'm so glad to have had it chopped off for a really good cause and I'm proud to support Your Trust Charity. I have seen first-hand the good work that they do.

“There are so many people who have donated, including the domestics, ward staff, my colleagues in security, and those working within catering to name but a few. I've seen how tirelessly colleagues work here, from frontline healthcare workers to domestics. I think that this is the perfect cause, especially whilst the NHS is really under pressure, trying to deliver the best care possible during this awful outbreak.

#### Toy Tesla set to spark joy at Birmingham eye hospital

From September 2020, young patients at the Birmingham Midland Eye Centre (BMEC) have been able to travel down the corridors in style thanks to the donation of a ride-on Tesla Model S for kids.

Tesla Owners UK were happy to deliver one of the sought after battery-powered pint-sized versions of Tesla's all-electric luxury cars. It is hoped that the prospect of the special ride will help alleviate some of the anxiety children may feel before heading in for an operation.

Deryn Harvey, Tesla Owners UK mini Tesla programme coordinator, said: “Tesla Owners UK are delighted that Birmingham Midland Eye Centre has accepted a donation of a mini-Tesla electric vehicle. The car is sure to bring joy and alleviate anxiety in young children in hospital. They really can drive themselves to theatre! BMEC, based at Birmingham City Hospital, is especially deserving, as it was nominated by one of our local members in gratitude for the great service provided to their children.”

Amanda Winwood, Fundraising Manager for Your Trust Charity added: “We know that hospital can be a scary place for patients of all ages, even more so when there is surgery due. With this, along with other updates we are making to our patient areas we hope to provide additional distractions to our younger patients and help them through their required eye care. We will ensure that the car goes through our infection control process before and after it is used, in line with COVID-safety measures that are in place at the Trust.”

### Grants and Commissions

Thank you to NHS Charities Together's Covid-19 appeal\*, which granted us £259,825 during 2020-21. This has meant we could support:

#### Our staff

- Provided staff wellbeing packs to all of our 7,000 staff during wave 1 - including lip balm, hand cream, face masks, toiletries, and snacks
- Delivered fruit & cereal bars to all our wards during wave 2
- Gave NHS rainbow badges and a gift to all of our staff during wave 2
- Enabled additional holistic therapies and further psychologist and talking support during the pandemic
- Purchased one Metronap energy pod so our staff can rest and recover

#### Our patients & communities

- Provided new ward based volunteer roles, helping families with technology & bereavement support
- Lit up our hospital sites in blue and planting 4 rainbow flower beds to say thank you to our community during the NHS's 72nd birthday
- Created a cultural education programme for children and young people, to be based from our Midland Metropolitan University Hospital site
- Helped 20 schools in North West Birmingham to run their food and essentials collection and distribution project during wave 2
- Facilitated emotional wellbeing outreach support to our diverse communities during wave 2
- Established a community bakery pilot for newly arrived locals during wave 2
- Provided a Covid-19 response programme for elderly people

We are very grateful to ongoing grant aid of £29,500 from Sandwell Safer Partnership (SSP), which partly funds our domestic violence support service in our A & E department, a vital service that experienced a growth in demand during the pandemic. Your Trust Charity also ran the hugely successful 'World of Work' programme from our City Hospital site alongside our volunteer service, seeing a fabulous 102 participants go through in this skills & employability programme.





## We Are Metropolitan

We are very grateful for the ongoing support of our 'We Are Metropolitan' campaign for the Midland Metropolitan University Hospital, due to open in 2022. This includes our business committee members, co-chaired by Paul Faulkner, chief executive of the Chambers, and Steve Allen, president of the Chambers and partner and head of Birmingham office at Mills and Reeve, and our community committee members, co-chaired by Dr Sarb Clare and Dr Nick Makwana from our Trust. We'd like to give special thanks to Peter Salt, Managing Director of Salts Healthcare, who continues to chair our Campaign Council.

As at 31st March 2021, we have secured an impressive £978,000 towards our target of £2 million by 2022. Along with further pledges of support, we are well over half way there - but would like to continue to ask for the help of our local community and businesses to help make Midland Met more than a hospital. This can only be achieved if we raise these vital funds.

## Our Future Plans

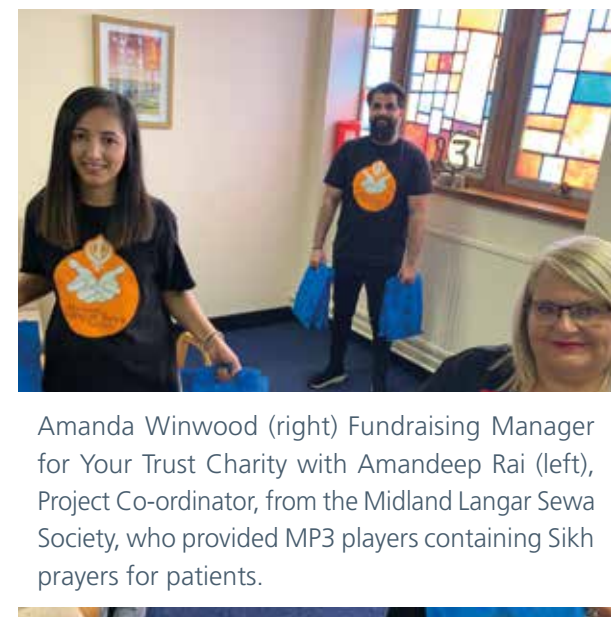
Your Trust Charity has completed four years of its current five year fundraising strategy, which aims to position Your Trust Charity as a key service deliverer and facilitator of partnerships within the region. We continue to be acutely aware of ongoing challenges as our staff and community looks to recovery post COVID-19. We simply cannot succeed without our donors, supporters, fund ambassadors and colleagues, and would like to thank you all for your continued support.

## How you can get involved

- Donate to We Are Metropolitan online: <https://donorbox.org/your-trust-charity>
- Donate by cheque
- You can always fundraise for us - we would love to hear your ideas. Contact us for an event registration form online and we will be in touch to support you
- Direct debit - print out the direct debit form on our website, or complete and send a donation form back to us via Freepost
- Bank transfer - you can donate to us directly by bank transfer. Please contact us for our bank details
- Leaving a gift in your will to Your Trust Charity - a wonderful way to ensure you will still help make a difference beyond your lifetime
- Follow us on social media:

### Contact us:

Telephone: 0121 507 5196  
 Email: [trustcharity@nhs.net](mailto:trustcharity@nhs.net)  
 Website: <https://www.swbh.nhs.uk/charity>



Amanda Winwood (right) Fundraising Manager for Your Trust Charity with Amandeep Rai (left), Project Co-ordinator, from the Midland Langar Sewa Society, who provided MP3 players containing Sikh prayers for patients.



Young patient Leo Warman received a donated book as part of the World Book Day celebrations, whilst he was in our care.



Local knitting groups have kept supplying our elderly dementia patients with twiddle muffs throughout the pandemic. NB picture taken before pandemic.

## Our appeals

Your Trust Charity currently operates eight appeals (including a general appeal), complemented by a number of themes detailed below:

### Your Trust Charity General Appeal

### Women's & Child Health Appeal

- Neonatal Care
- Maternity
- Paediatrics
- Bereavement Services

### Medicine & Emergency Appeal

- Cardiology
- Diabetes
- Respiratory Medicine
- Emergency Department
- Gastroenterology & Hepatology
- Sickle Cell & Thalassaemia

### Surgical Appeal

- Cancer
- Breast Care
- Critical Care Services

### Research & Development Appeal

- Neurology
- Rheumatology
- Cardiology
- Endocrine & Metabolic R&D

### Community Appeal

- iCares
- Palliative Care
- Dementia Support

### Birmingham Midland Eye Centre (BMEC) Appeal

### Midland Metropolitan University Hospital Appeal



## COVID-19 and beyond

Although the year was dominated by COVID-19, the Trust continued to make progress in many important areas of development in line with our vision and priorities.

The Trust is part of the Integrated Care System (ICS) in the Black Country and West Birmingham that brings together partners across health, social care and the voluntary and community sectors. The ICS is known as the Healthier Futures Partnership.

### HEALTHIER FUTURES PARTNERSHIP - Statement from the Independent Chair

Serving a population of around 1.5m million people, our partnership is the collaboration across local authorities, NHS bodies and the voluntary and community sector to:

- a) improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services
- b) attract more people to work in health and care in our region through new ways of working, better career opportunities, support and the ability to balance work and home lives
- c) work together to build a sustainable health system that delivers safe, accessible care and support in the right locations, in order to get the greatest value from the money we spend.

After an unprecedented year, my biggest reflection is of pride in our health and care workforce, together with gratitude for all those who have gone above and beyond to care for people at their most vulnerable and protect many more from the impact of COVID-19. Through the challenges of the last 12 months the strength, the compassion, commitment and determination of our people has been outstanding. On behalf of our partnership, thank you for all that you have done and continue to do.

As COVID-19 pressures start to ease, NHS organisations will face the new challenge of restoring services. Whilst we need to ensure people are seen for the care they need in as timely a way as possible, we also have to guarantee that our NHS workforce are supported to rest, decompress and recover from a year of unprecedented demands placed upon them physically and emotionally. Our People Board is focusing on the wellbeing support required to ensure help and assistance are provided for those who were there for so many people when they were needed most.

For local government partners the challenge of enabling communities and people to safely go about their daily lives is key. Testing capacity and support for local businesses will play a vital part in this, as will support for people and families who need extra help to manage their new circumstances.

This year, more than ever, the voluntary and community sector has played a really important role, helping people to stay connected to communities and building resilience in the darkest of times. The kind spirit of a few has shone through our communities and been a lifeline for many.

Perhaps the greatest example of our partnership working has been our vaccination programme which continues at pace. Operating from over 30 vaccination locations we rapidly moved through the cohorts of eligibility, starting with those most vulnerable. Whilst uptake has been generally high, we have seen some areas of concern. We know the lower uptake in some areas will be due to a number of factors, including confidence in the vaccine, convenience of access and also complacency with regard to whether people feel the need to be vaccinated. We also know that COVID-19 has disproportionately impacted on our Black, Asian and Minority Ethnic communities and that worryingly, the uptake of the vaccine is also much lower amongst these groups.

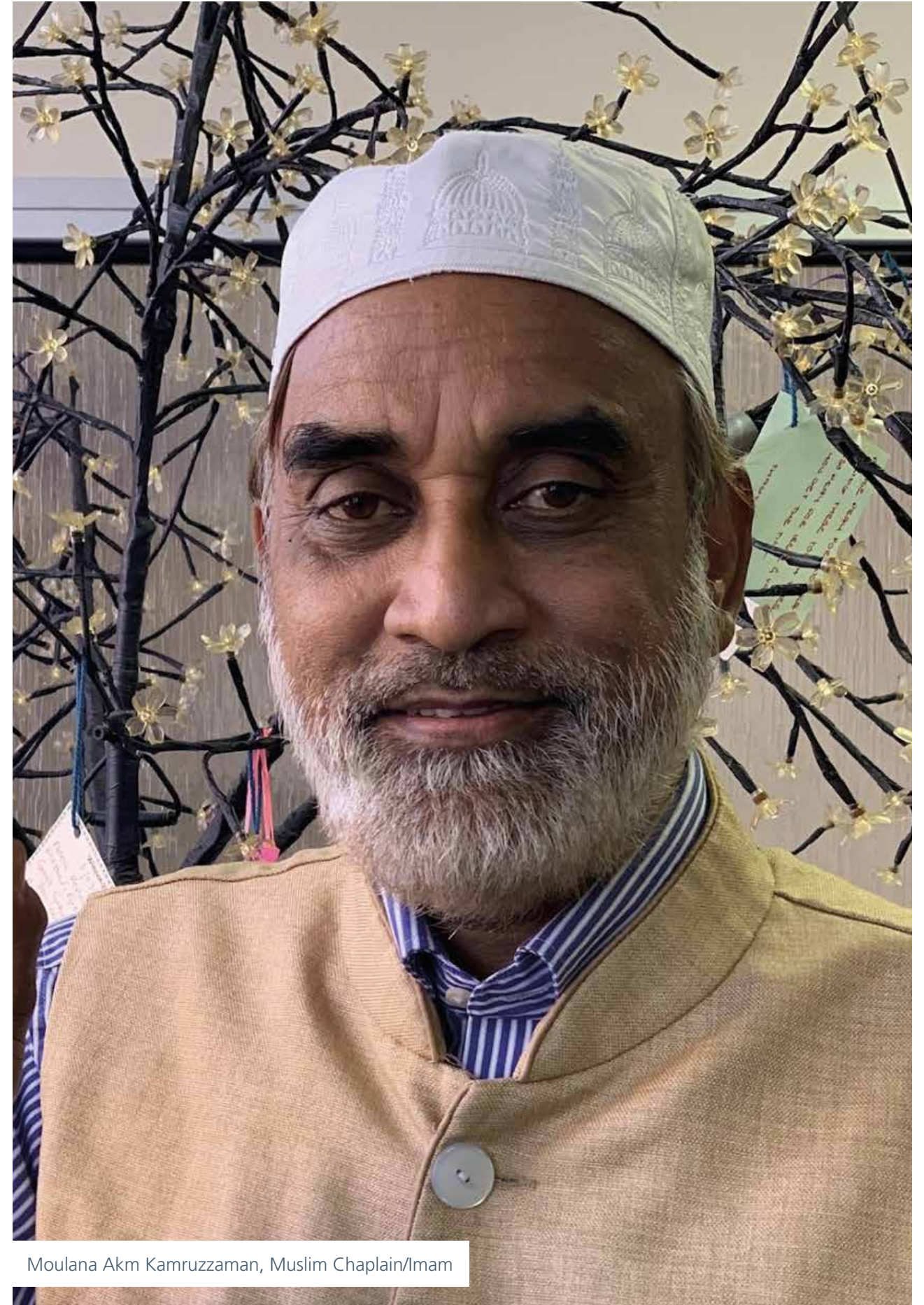
To respond to these challenges, we are increasing our efforts to get the right information to people and have where necessary changed the mode of vaccine delivery to improve accessibility. Working with Public Health in each place, we have also created a network of community champions, as well as working with community and faith leaders and also trusted community voices, to help deliver the right messages.

Our partnership exists to benefit local people, and through our continued collaboration and working together, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country and West Birmingham can be justifiably proud. I would like to thank all health and care colleagues throughout our system for their commitment, dedication and hard work during the past year and for their help in bringing this ambition closer to being realised.

#### Jonathan Fellows

Independent Chair

Black Country and West Birmingham Healthier Futures Partnership



Moulana Akm Kamruzzaman, Muslim Chaplain/Imam



### Integrated Care Partnerships: Sandwell and Ladywood & Perry Barr

The Trust takes a leading role in two integrated care partnerships (ICPs) that cover the population served by the Trust. There is one ICP for Sandwell and one for Ladywood & Perry Barr covering West Birmingham. Both ICPs have an independent chair and representation from health care providers, local authorities and the voluntary sector. Service users are also represented. Both ICPs have strengthened relationships during the year and developed plans to focus on improving outcomes in key areas. Sandwell ICP priorities are to improve experience at end of life, improve school readiness and reduce social isolation. Ladywood & Perry Barr priorities are to reduce childhood obesity and improve experience at end of life. The ICPs also recognise the importance of the development of the Midland Metropolitan University Hospital and the role that partners have in ensuring that MMUH meets the acute and emergency care needs of the population. The new hospital relies on community services, social care and primary care working effectively with acute services so that MMUH can care for those patients who need to stay in hospital with acute medical conditions, a longer than 24 hour stay following surgery or emergency care.

### Midland Metropolitan University Hospital master plan

Building a world-class healthcare facility takes strategic vision, innovation, collaboration, meticulous planning and expert execution. Hospitals need to meet the healthcare needs of the communities they serve, and stand up to all of the challenges of modern life and offer patients, colleagues and visitors the facilities they deserve as standard and so much more.

MMUH will bring both change and opportunities. It will boost regeneration in the area - it will provide clinical teams with modern purpose-built facilities and be our single-site acute hospital. It will see the consolidation of acute emergency and inpatient services and bring together our two emergency departments to operate as one. Our flagship hospital will offer clinical colleagues the opportunity to provide enhanced patient care.

It will also be home to several new facilities, including two trauma theatres, two emergency theatres, two maternity theatres and 15 delivery suites. MMUH will offer a new level of care in many respects. For example, our design includes 50 per cent single rooms in generic inpatient wards – this brings benefits in terms of infection prevention and control.

Patients will receive excellence in clinical care at all points throughout their care pathways. It is a new way of offering clinical care to our local communities, but it will be so much more than that. MMUH will bring together specialties, help to regenerate the immediate local area and create jobs. It will also see the launch of our new learning campus, which we have recently secured over £12 million to invest in it. Our organisation has its sights set firmly on building a better future for the local communities we serve.

One of the most highly anticipated areas within our new hospital is our Winter Garden. It will provide a light, airy focal point for visitors and space for staff to meet and relax away from their clinical areas.

MMUH will help to breathe life into the heart of what once was the industrial West Midlands.

Birmingham City Council and Sandwell Council are working with West Midlands Combined Authority, Homes England, the Canal & River Trust and our organisation to regenerate the Smethwick to Birmingham corridor. MMUH will play an important part in these regeneration plans. Our flagship hospital will see the Grove Lane area redeveloped and will undoubtedly provide a catalyst for growth in the immediate and surrounding areas.

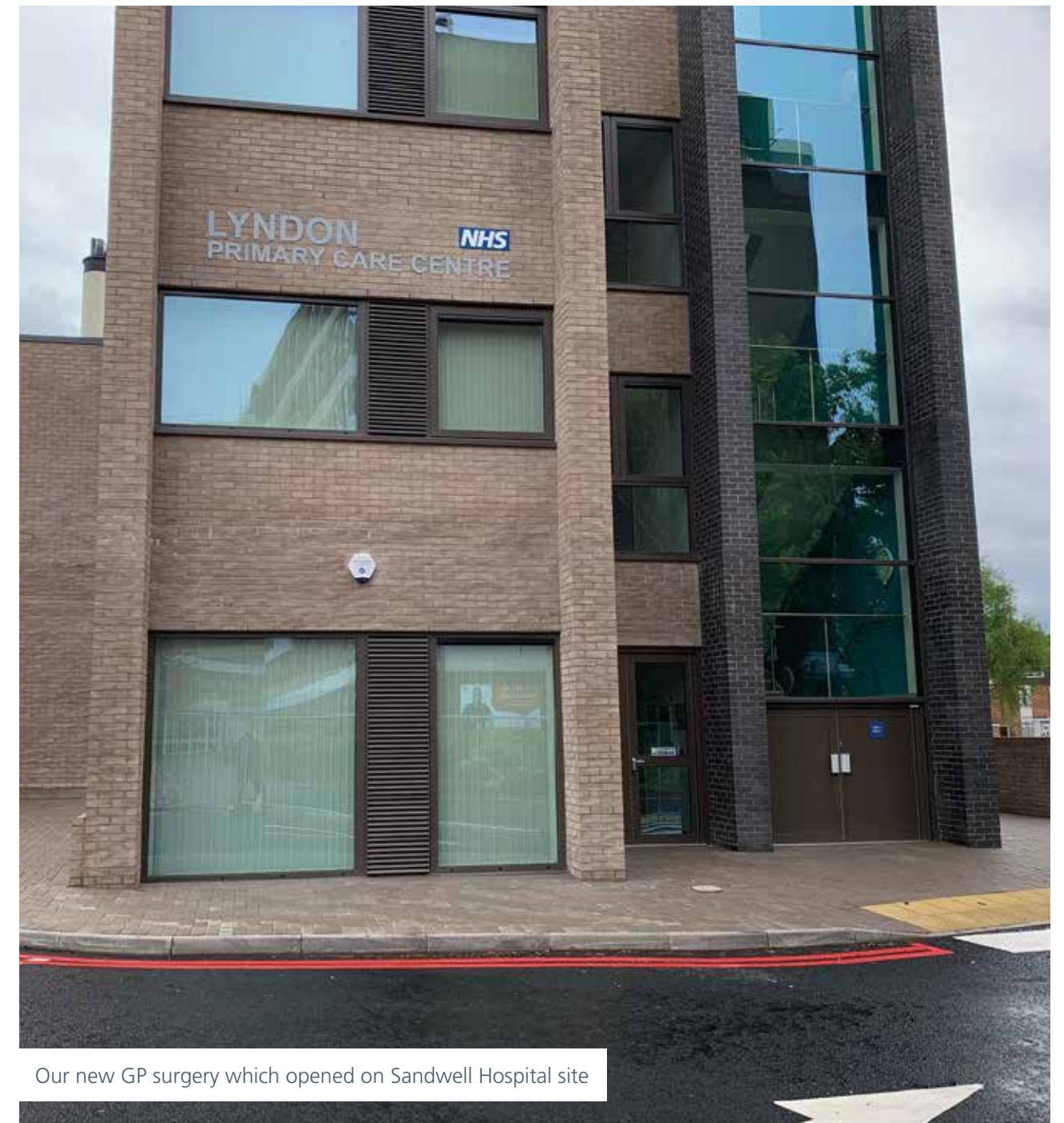
### Car park development

Both our Sandwell and City sites will soon see the opening of multi-storey car parks, providing more convenient parking for patients, visitors and staff. Operated by Q-Park, it will also reduce congestion at both hospitals and offer charging points for electric vehicles. Sandwell will be a 400-space facility, meeting the growing demand following the imminent opening of a new health centre, whilst City will house 550 parking places. Both sites are due to be completed in early Autumn 2021.

### New GP surgery opens on Sandwell Hospital site

If you have recently visited our Sandwell Hospital site you may have noticed our new, state of the art £6 million GP surgery. The new building will house Your Health Partnership GP practices Carters Green Medical Centre and Lyndon Primary Care Centre. Your Health Partnership joined the Trust in April 2021. Though the COVID-19 pandemic has delayed construction of the three-story development, the build is expected to be completed in spring of 2021 after work began on the new surgery in October 2019. It is all part of a plan to streamline and

improve medical care across borough and will house Carters Green Medical Centre and Lyndon Primary Care Centre who will both be relocating to the new facility. Dr James Gwilt, a GP based at Carters Green, said: "We are looking forward to continuing this tradition of high quality care in a brand new, modern environment." He added: "Being on the Sandwell Hospital site will allow us to deliver care in new ways, better integrated with other organisations working in our area." The surgery will be run by our Trust and aims to service more than 15,000 patients in the local area. In addition, there are also plans in place to build an onsite pharmacy.



Our new GP surgery which opened on Sandwell Hospital site

**Patient Experience – Friends & Family Test**

There is a national requirement for Trusts to get patient feedback. This national ask is supported by the Trusts 2020 vision as the ‘single measure of success will be the opinion of those we care for; Our patients’.

NHS England/Improvement published new FFT guidelines for the Trust to implement the new questions by 1st April 2020. Due to Covid-19, it has been unfortunate that SWB has had to delay a full relaunch, but the new revised question is still sent out to patients that used our services via SMS & IVM so we can continue to collect feedback.

NHSE changed the dynamic of the question to be asked and placed more importance on qualitative response rather than quantitative response. The question has been changed to accommodate the diverse population and also to be more intuitive for those who may struggle to digest what is being asked. The responses offered for the question have also been reviewed and have been reworded to be seen as more ‘reader’ friendly. There continues to be the opportunity for free text and more quantitative feedback. As previously the patient demographics are also obtained.

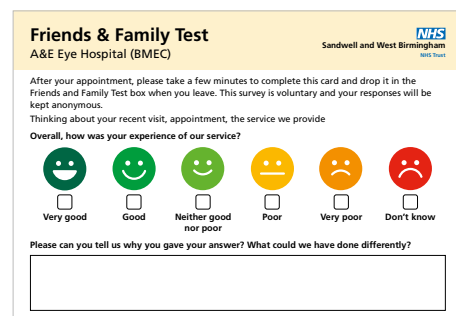
**Revised question and answers/options are;**

We would like you to think about your recent experience of our [insert service] service at Sandwell & West Birmingham NHS Trust. Overall, how was your experience of our service?

1. **Very Good**
2. **Good**
3. **Neither good nor poor**
4. **Poor**
5. **Very Poor**
6. **Don't know**

Please can you tell us why you gave your answer? What could we have done differently?

**Example of FFT Postcard**



Healthcare Communications (HCC) are the current suppliers and they contact 100% of all patients we send on the daily data extracts unless the telephone numbers fail or the patient has had an appointment within 30 days. They also collate and analyse all the responses and feedback received back from our patients using the Envoy portal on Connect which is available on the 9th working day after month end.

Key Themes from Patients feedback from (1st April 2020 – 31st March 2021)



**Positive comments:**

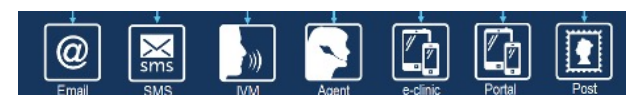
- **Staffing** – staff are professional, caring, friendly and supportive
- **Staff Attitude** – Staff are outstanding, hardworking, efficient and friendly
- **Implementation of Care** – Good all round care, friendly and felt at ease
- **Treatment** – Questions were answered clearly, procedure fully explained and leaflets provided

**Areas of Improvement:**

- Improve waiting times in A&E departments, being informed on waiting times
- Increase staffing levels on wards
- Staff Attitude – rude, unprofessional, lack of communication, doctors don't listen.

**Currently the key initiatives to achieve this are:**

1. The implementation of 5 different languages on paper postcards, languages include Punjabi, Bengali, Urdu, Polish and Romanian.
2. The implementation of QR codes on posters around the trust sites.
3. The use of digital response's in hospital using tablets.
4. An online survey available on the external website
5. Setting up a patient engagement group.
6. Discussing further work with external organisations to thinking of different ways to obtain the responses which includes kiosks, call agents, email and post which will come at a cost.



**Care Quality Commission**

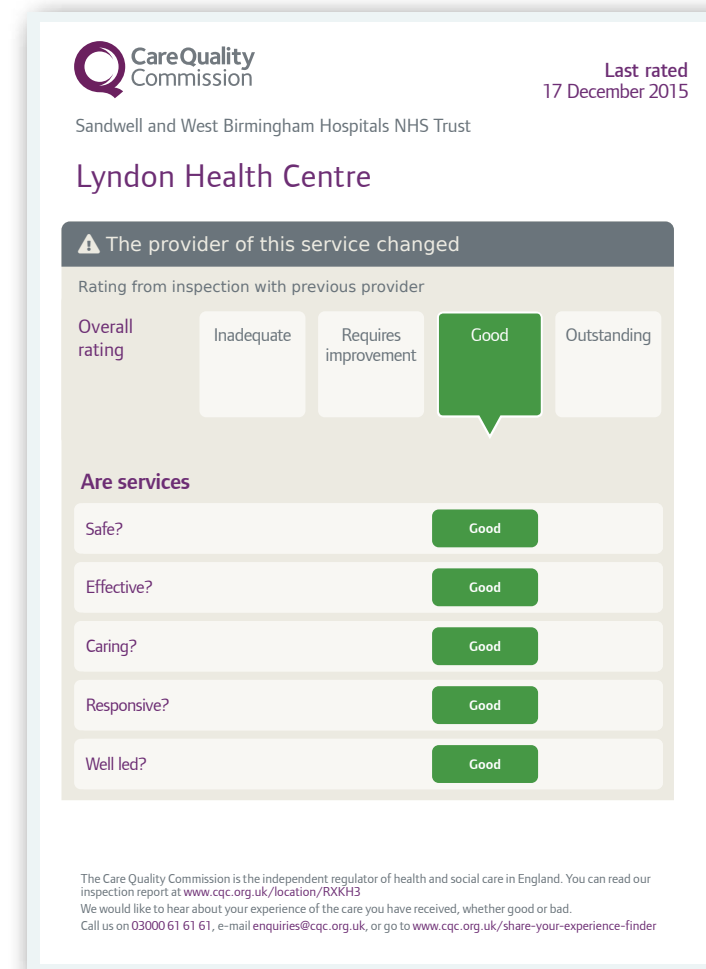
The Trust now includes a number of GP Practices, which under the current CQC inspection processes are assessed separately to the hospitals within the Trust. Due to the COVID 19 pandemic no inspections have been carried out, therefore the overall rating for the Trust remains the same at ‘requires improvement’ following the 2018 inspection. Your Health Partnership was assessed just prior to joining the Trust and received a rating of ‘requires improvement’. The Trust remains committed to continuing to make improvements and will do so through an unrelenting focus on the fundamentals of care and evidencing improvements and learning across the organisation.

Great Bridge, Lyndon and Heath Street GP Practices joined the Trust in 2019. Great Bridge and Lyndon maintained their ‘Good’ rating following a remote review and Heath Street has yet to be inspected as it was formally aligned with an Urgent care walk-in centre, both of which had

a rating of ‘Good’. Due to the significant change in leadership the practices will be re-inspected when CQC inspections resume.

The Trust continues to make a number of improvements, with the goal to attain an overall provider ‘Good’ rating as our first step. Prior to the pandemic the Trust worked with the CQC through monthly engagement meetings, providing information on specific services, from the services themselves, together with guided tours of departments of interest. Engagement meetings for both Hospital and GP practices are recommencing in 2021.

Sandwell and West Birmingham NHS Trust is registered with the Care Quality Commission and has no conditions attached to that registration. The Care Quality Commission has not taken enforcement action against Sandwell & West Birmingham NHS Trust during 2020/21 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.





**CareQuality Commission** Last rated  
18 April 2017

Sandwell and West Birmingham Hospitals NHS Trust

### Great Bridge Health Centre

**⚠ The provider of this service changed**

Rating from inspection with previous provider

Overall rating: Inadequate, Requires improvement, **Good**, Outstanding

**Are services**

Safe?	<b>Good</b>
Effective?	<b>Good</b>
Caring?	<b>Good</b>
Responsive?	<b>Good</b>
Well led?	<b>Good</b>

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/location/RXKH2](http://www.cqc.org.uk/location/RXKH2). We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder).

**CareQuality Commission** Last rated  
31 January 2020

Your Health Partnership

### Your Health Partnership

Overall rating: Inadequate, **Requires improvement**, Good, Outstanding

**Are services**

Safe?	<b>Good</b>
Effective?	<b>Requires improvement</b>
Caring?	<b>Good</b>
Responsive?	<b>Requires improvement</b>
Well led?	<b>Good</b>

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/location/1-565382741](http://www.cqc.org.uk/location/1-565382741). We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder).

Find out what we have changed since we received this rating from CQC:

**CareQuality Commission** Last rated  
5 April 2019

## Sandwell and West Birmingham Hospitals NHS Trust

Overall rating: Inadequate, **Requires improvement**, Good, Outstanding

**Are services**

Safe?	<b>Requires improvement</b>
Effective?	<b>Requires improvement</b>
Caring?	<b>Outstanding</b> ★
Responsive?	<b>Requires improvement</b>
Well led?	<b>Requires improvement</b>
Use of resources	<b>Requires improvement</b>

Combined rating for quality and use of resources: Inadequate, **Requires improvement**, Good, Outstanding

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/provider/RXK](http://www.cqc.org.uk/provider/RXK). We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder).

Find out what we have changed since we received this rating from CQC:



# Performance Report

## Overview 2020/21

As well as our response to COVID-19, the Trust has continued to progress against our key priorities. This section outlines what we have achieved throughout the year as well as our future plans.

### 1. Our organisational response to COVID-19

Throughout the year we continued to respond to the pandemic putting safety and kindness at the forefront. We changed swiftly our outpatient processes so that virtual (video / telephone) appointments could take place safely. During the summer we prioritised restoration of imaging and then routine surgery in our non-COVID-19 ('green') facility, the Birmingham Treatment Centre. We repatriated services back onto our sites including haematology that moved to a refurbished unit at City Hospital that is more fit for purpose, providing patients with more privacy and dignity.

As cases of COVID-19 increased in October and throughout the winter months our surge plan was enacted and we expanded our critical care facilities once again, redeploying staff to manage the dramatic increase of patients who were at the most unwell. Our capacity in January hit 270% at its peak, excluding over 80 patients who were well enough to be transferred to other hospitals. Our infection control pathways adapted in light of changing national guidance and local prevalence. This included frequent swabbing of all patients and different levels of PPE depending on the individual risk and the level of risk in clinical areas.

All staff members have had a COVID-19 risk assessment completed which has identified adjustments to ensure safe working. Supporting staff wellbeing has remained a priority. Our Wellbeing Sanctuary has provided valuable support for hundreds of staff and in many cases enabled them to remain at work. Many more resources have been made available to colleagues to meet their wellbeing needs.

Towards the end of 2020 we established a local vaccination centres at Sandwell and City Hospitals, followed by the centre at the Tipton Sports Academy. Tens of thousands of staff, key workers, patients and members of the public have successfully received their first (and in some cases second) doses of a COVID-19 vaccination.

### 2. Delivering our 2020 vision promises in line with the NHS Long-Term Plan

Our place-based work in Sandwell and Ladywood & Perry Barr has continued to progress although at a slower pace than planned, due to the impact of COVID-19. The organisations within the partnership have committed to prioritise collaborative work on agree outcomes which are:

- **Sandwell:** improve experience at end of life; improve school readiness; reduce social isolation
- **Ladywood & Perry Barr:** reduce childhood obesity; improve experience at end of life

The Trust has collaborated during the year with partners in the Black Country and West Birmingham Sustainability and Transformation Partnerships (STP), which was formalised as an Integrated Care System (ICS) on 1 April 2021. Collaborative working has been particularly beneficial during the pandemic. We have developed our response to acute care collaboration and committed to joint working with other provider Trusts where we can identify gains in clinical outcomes for patients. The Trust continues to actively contribute across the ICS and provider collaboration work streams.

### 3. Developing our 2025 ambitions in partnership with the wider health and social care system

Midland Metropolitan University Hospital is at the heart of our transformation plans over the next five years. During the year we have progressed and developed our transformation programme, engaging clinical teams in the work needed to change clinical pathways so that MMUH works for patients and referrers, and delivers the benefits we have planned. Clinical teams have been developing their service and speciality plans and will, where feasible, embed changes ahead of the opening of the new hospital. Some of these changes have been completed during the year including a single site for inpatient haematology patients, who moved into a newly refurbished unit at City Hospital.

Midland Met has always been "more than a hospital" as we recognised the significant regeneration opportunities that this new acute healthcare facility could bring to the local area. During the year we have completed masterplans for the City Hospital area and the area around MMUH

as well as the linkages between the two sites. This master planning has been carried out in collaboration with stakeholders including both local authorities. One facet of the regeneration masterplan is the development of a learning campus around the MMUH site and it is great news that this scheme has been awarded funds from the Towns Fund for feasibility.

We have begun work to set our future strategic objectives and ensure they fit within the NHS Long Term Plan, the Integrated Care System purposes and our Integrated Care Provider outcomes. We expect to engage with colleagues and stakeholders this year to finalise these priorities.

### 4. Achieving consistency in the quality and standards of care that we provide

We have continued to strive towards improved standards of care recognising that we already have 70% of services rated as good or outstanding. This year we have established a number of ways to monitor the standards of the care that we provide. Our weAssure programme reviews data on quality and safety with actions reported for any areas that have triggered as falling or have not yet improved. In-house unannounced inspections began during the first half of the year where wards and services were inspected against quality and safety standards. Feedback on these inspections has gone back to the teams providing useful information to highlight where they are doing well and where there is room for improvement. Although the inspections were halted during the second wave of the pandemic, they are now restarting. Wards and services have completed self-assessments and been identified actions that will help to ensure a "good" or "outstanding" rating in future Care Quality Commission inspections. An evidence repository for assuring ourselves, the public and the CQC of our delivery against the core assessment domains is in development.

The Trust has established a programme to improve the culture and leadership in maternity services. The programme has progressed throughout the year and been added to following the publication of the Ockenden Report into maternity service safety and culture nationally. The Trust's progress against the maternity plan and response to the Ockenden recommendations is shared regularly with the Trust Board in public.

During the year, our clinicians have had to adapt quickly to changing guidance in relation to the treatment of patients with COVID-19 and a range of infection prevention and control updates to keep staff and patients safe.

Medical examiners have reviewed all deaths in our care to identify any learnings. Throughout the pandemic we have monitored COVID-19 related deaths to understand at risk factors. This has enabled us to provide the right advice to patients to minimise risks including shielding advice, home oxygen monitoring and virtual ward rounds for patients who are able to stay at home. Better evidence on treatments including dexamethasone, Non-invasive intervention and proning has reduced mortality due to COVID-19 throughout the year.

More information on the quality and safety of our services during the year can be found in the Trust's Quality Account 2020/2021.

### 5. Improving the wellbeing and engagement of colleagues at all levels

This year, colleague wellbeing has been a priority for the Trust. A range of interventions have been continued or established over the year including conversion of the Trust's Learning Works into our Wellbeing Sanctuary, which has provided a safe, confidential space to talk, think or relax with a range of therapeutic treatments on offer. We have embedded a range of mental health support including mental health first aid training, and REACT training so that colleagues can identify people who are struggling and provide support.

We have strengthened our mental wellbeing partnerships throughout the year and have been able to provide 24/7 access to confidential counselling, bespoke mental health support for high stress areas including critical care, a mental health app so that colleagues can monitor their wellbeing, a resilience support and coaching.

We know that allowing our colleagues time and space to reflect and recover after the second wave of COVID-19 is crucial to ensure we are able to continue restoring NHS services at the pace required.

We have more to do to help staff feel engaged and motivated as the results of the NHS national staff survey demonstrate. Actions are in place to help staff feel happier in their jobs and with the Trust as their employer. This includes actions on equality, diversity and inclusion; team communication; health and wellbeing; and line manager development. The NHS should no longer give the impression that we take our greatest resource for granted. Our COVID-19 experience has brought that into sharp relief.

## Future Priorities

### Strategic Context

The NHS Long Term Plan sets out how “Integration” will improve health and social care for all. The NHS England and Improvement’s System Oversight Framework (Consultation Document) states that the best way to manage NHS resources to deliver high quality, sustainable care is to focus on organising health at both system and organisational level.

With this in mind the strategic direction is the formation of Integrated Care Systems tasked with serving four fundamental purposes:

1. Improving population health and healthcare;
2. Tackling unequal outcomes and access;
3. Enhancing Productivity and Value for Money;
4. Helping the NHS to support broader social and economic development.

The strategic changes being implemented are significant in terms of how we are being asked to operate but they are consistent with our purpose.

During the first part of 2021/22 we will be engaging with colleagues and partners to define our purpose and strategic objectives.

### Developing our Purpose

Our Trust has always aspired to be more than just a hospital. In fact, we have always aspired to be more than just a healthcare provider.

Our vision has been to become renowned as the most integrated care organisation in the NHS. This is because we have always believed that by working seamlessly with our population, our people, and our partners we could “Improve the Health Outcomes and Life Chances of our Population”.

### Developing our Strategic Objectives

We expect that our strategic objectives will need to focus on three core areas:

1. **Our People** – to cultivate and sustain happy, productive and engaged staff

2. **Our Patients** – to achieve excellence in everything we do
3. **Our Population** – to work seamlessly with our partners to improve lives

### Our People

The success of our strategy is a combination of the talent in the organisation and the quality of the leadership team. It is our people, and those of our partners, that can; help our population start life well; help our patients when they are ill; form and maintain great teams. The adaptability and improvement of our organisation and of our system is totally dependent on how we grow and care for our people.

### Our Patients

At all times we must deliver excellence in the fundamentals of care. To do this we must provide responsive services that are consistently safe, effective and caring. Alongside this we must:

- 1) ensure that our patients and their carers feel part of our family when they need us and have an excellent experience;
- 2) ensure we develop excellent processes so that patient flow is complimented with effective use of resources.

Our future objectives will need to address the five Care Quality Commission domains along with the additional domain around use of resources;

1. Are we safe?
2. Are we effective?
3. Are we caring?
4. Are we responsive?
5. Are we well-led?
6. Do we use our resources well?

In defining our purpose and developing our strategic objectives we will refresh our values. In doing so we will consolidate the thoughts of our people, our patients, our population and our partners so that they represent the voice of the people that we work with and serve.

### Our Population

To improve population health we must first better understand the people that we serve. Analysis of population health data along with increased levels of engagement, listening and co-production of improvement initiatives will help us to achieve this. The formation of our Integrated Care Partnerships/Place based teams will help us to connect in both understanding and delivery in prioritised areas.

Our strategic objectives will need to consider the four National ICS purposes:

1. Improving Population Health and Healthcare
2. Tackling Unequal Outcomes and Access
3. Enhancing Productivity and Value for Money
4. Supporting Social and Economic Development

We know that the population of Sandwell and West Birmingham have lower healthy life and overall life expectancy. We also know that deprivation levels and child poverty are high. As we work with partners to improve life chances and health outcomes in the short, medium and long term we will consider improvement rates as well as outturn position. How we go about our work and the success it has will determine whether we are seen by our population as being a trusted anchor institution.



### Midland Metropolitan University Hospital

The opening of the Midland Metropolitan University Hospital is a key priority for the Trust for the next two years.

For our people it creates a new environment to learn and to work on a single site and as a single team for acute care. Consolidation of staffing and the ability to attract new staff will help to create and sustain our workforce and to develop our teams.

For our patients infection control will be improved with 50% of the rooms being single and en-suite. Critical areas such as theatres and intensive care will benefit from the latest design thinking and technology. There will be more seven day services, same day emergency care and ambulatory care, all of which will meet national best practice.

For our population there will be much more pro-active and personalised care, more healthy eating, and space for outdoor physical activity including cycle routes, a canal and transport links. Electric vehicles will support clean air. Care will be in the right place and ambitions will be raised through the development of a learning campus.



**Alignment to the NHS System Oversight Framework**

As we develop our purpose and strategic objectives over the coming year we will ensure that they are consistent with the NHS System Oversight Framework which sets out 5 National Themes:

1. Quality of care access and outcome;
2. Preventing ill health and reducing inequalities;
3. Finance and Use of Resources;

4. People;
5. Leadership and capability;

This framework also allows for a sixth theme around local strategic priorities which recognises the unique set of circumstances that specific systems may have around the most critical health and care challenges and the need to support broader social and economic development.



Critical care at City Hospital the height of the pandemic



**Management of risks relating to strategic objectives**

The Trust has in place a Board Assurance Framework (BAF) that identifies risks to the Trust's achievement of its strategic objectives and mitigating actions. The BAF will be refreshed to align with the Trust's future priorities.

Delivery of the Midland Met programme requires significant investment of time from staff within the organisation as well as commitment from external partners. The Trust has in place an established governance structure for the programme and assurance oversight from the Estates Major Projects Authority and the Trust Board. The COVID-19 pandemic has impacted on the programme as well as the construction plans. On site progress is closely monitored.

COVID-19 restoration and recovery is a priority for the NHS and we recognise the impact that the pandemic has had on our workforce. We will need to ensure system-level collaboration in order to provide restored NHS services for patients, reducing waiting times for people whose treatment has been rescheduled as well as for people

who are yet to be seen. We also need to continue to invest in the health and wellbeing of our staff so that they are able to reflect on the impact on the pandemic on themselves and get the right support to continue delivering high standards of healthcare.

Provider collaboration aims to support improved clinical outcomes and should enable greater sustainability for vulnerable services that can be delivered in partnership with other Trusts or by one Trust on behalf of others. We continue to collaborate across the Integrated Care System on this endeavour.

The establishment of the new proposals for legislation on Integrated Care Proposals means that the West Birmingham area could, in the future, be required to be co-terminus with local authorities. The Trust and other partners within the Integrated Care Partnership (ICP) continue to review the impact of this on commissioning and partnership arrangements so that any risks are clearly identified and mitigated.

# Accountability Report

## Corporate Governance Report

### Director's Report

The Trust Board meets on a monthly basis. The Chair of the Board for the year 2020/21 was Richard Samuda. Board and Committee attendance is detailed below with changes in membership during the year highlighted.

#### Non-Executive Directors: Board and Committee attendance

	Trust Board	Remuneration & Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investment	Charitable Funds	People & Organisational Development	Estates Major Projects Authority	Public Health, Equality & Community Development	Digital Major Projects Authority
Richard Samuda, Chair	12/12	4/4	1/1	12/12	6/6	4/4	4/4	8/8	4/4	9/9
Harjinder Kang, Vice-Chair	11/12	4/4	4/5	12/12	5/6	-	-	7/8	-	-
Mick Laverty, Non-Executive Director	11/12	3/4	4/5	-	-	0/4	3/4	6/8	-	-
Prof Kate Thomas, Non-Executive Director	12/12	1/1	5/5	9/12	-	-	2/4	-	4/4	-
Mike Hoare, Non-Executive Director	11/12	4/4	5/5	-	6/6	-	-	7/8	-	9/9
Waseem Zaffar, Non-Executive Director	11/12	4/4	3/5	-	-	4/4	-	8/8	3/4	-
Lesley Writtle, Non-Executive Director <sup>1</sup>	9/12	4/4	5/5	9/12	-	-	-	-	3/4	-
Marie Perry, Non-Executive Director <sup>2</sup>	3/3	-	3/3	3/3	1/1	-	-	-	-	1/2

#### Executive Directors: Board and Committee Attendance

	Trust Board	Remuneration & Terms of Service	Audit & risk Management	Quality and Safety	Finance and Investment	Charitable Funds	People & Organisational Development	Estates Major Projects Authority	Public Health, Equality & Community Development	Digital Major Projects Authority
Toby Lewis, Chief Executive <sup>3</sup>	3/12	-	1/1	2/12	-	1/4	1/4	1/8	1/4	0/9
Richard Beeken, Interim Chief Executive <sup>4</sup>	1/1	-	-	-	-	-	1/1	1/2	-	1/1
Liam Kennedy, Chief Operating Officer <sup>5</sup>	10/12	-	-	9/12	5/6	-	3/4	-	-	6/9
Paula Gardner, Chief Nurse <sup>6</sup>	3/3	-	-	2/2	-	1/1	1/1	-	1/1	-
Kathy French, Interim Chief Nurse <sup>7</sup>	5/5	-	-	5/12	-	1/1	1/1	-	2/2	-
Mel Roberts, Interim COO/ Interim Chief Nurse <sup>8</sup>	5/5	-	-	7/8	-	1/1	1/1	-	1/1	-
Dr David Carruthers, Medical Director <sup>9</sup>	11/12	-	1/1	11/12	-	4/4	4/4	4/4	3/3	6/6
Dinah McLannahan, Chief Finance Officer	11/12	-	5/5	-	6/6	3/4	-	6/8	-	-
Kam Dhami, Director of Governance	8/12	-	4/5	7/12	-	-	-	-	-	3/9
Raffaella Goodby, Director of People and OD <sup>10</sup>	7/7	-	-	-	-	-	2/2	-	-	5/5
Frieza Mahmood, Chief People Officer <sup>11</sup>	5/5	-	-	-	-	-	2/2	-	-	1/2

KEY		
	Chair	Chair
1	Appointed Non-Executive Director from Associate Non-Executive Director	7
2	Employment ceased June 2020	8
3	Absence due to ill health from June 2020	9
4	Appointed Interim CEO 8th February	10
5	Paternity Leave October 2020 – January 2021	11
6	Employment ceased June 2020	
		Interim Chief Nurse July 2020 to December 2020
		Appointed Acting COO October 2020 to January 2021, appointed Acting Chief Nurse January 2021
		Appointed Acting CEO June 2020 to February 2021
		Employment ceased October 2020
		Appointed January 2021

#### The Trust Executive Group (at 31st March 2021) is:

- Toby Lewis, Chief Executive Officer (Board Member)
- Richard Beeken, Interim Chief Executive (Board Member)
- Liam Kennedy, Chief Operating Officer (Board Member)
- Dr David Carruthers, Medical Director (Board Member)
- Mel Roberts, Acting Chief Nurse (Board Member)
- Dinah McLannahan, Chief Finance Officer (Board Member)
- Frieza Mahmood, Chief People Officer (Board Member)
- Kam Dhami, Director of Governance (Board Member)
- Ruth Wilkin, Director of Communications
- Rachel Barlow, Director of System Transformation
- Martin Sadler, Chief Informatics Officer
- Dave Baker, Director of Partnerships and Innovation

Committee	Purpose
Trust Board	The Committee provides oversight and assurance in respect of all aspects of quality and safety relating to the provision of care and services to patients, staff and visitors. During the year the Committee has contributed to the development of the Trust's Quality and Safety Plans which form core pillars of the Trust's strategic direction. The Committee meets monthly.
Remuneration and Terms of Service Committee	The Committee advises on the terms and conditions of employment and remuneration packages for the Chief Executive and Executive Directors. The Committee meets three times a year.
Audit & Risk Management Committee	The Committee provides oversight and assurance in respect of all aspects of governance, risk management, information governance and internal controls across Trust activities. The committee meets five times a year.
Quality and Safety Committee	The Committee provides oversight and assurance in respect of all aspects of quality and safety relating to the provision of care and services to patients, staff and visitors. During the year the Committee has contributed to the development of the Trust's Quality and Safety Plans which form core pillars of the Trust's strategic direction. The Committee meets monthly.
Finance and Investment Committee	The Committee provides oversight and assurance in respect of the Trust's financial plans, investment policy and the robustness of major investment decisions. The Committee has retained a sharp focus on the Trust's delivery against its Long Term Financial Model. The Committee meets bi-monthly.
Charitable Funds	The Committee provides oversight and assurance in respect of how the Trust's Charitable Funds are invested to the benefit of patients in accordance with the wishes of donors. The Committee meets quarterly.
People and OD	The Committee provides oversight and assurance of delivery against the Trust's workforce and OD strategies, including the programme of workforce transformation, recruitment and retention and sickness absence management. The Committee meets bi-monthly.
Digital Major Projects	The Committee provides the Board with assurance concerning the strategic direction of the Trust. Specifically implementation of the Electronic Patient Record system Unity. The Committee moved from meeting monthly during the year to bi-monthly.
Estate Major Projects Authority	The Committee provides the Board with assurance concerning the strategic direction of the Trust. Specifically, to support the project to establish the Midland Metropolitan University Hospital. EMPA ensures that programmes of work/ reconfigurations are consistent with the long term direction towards the new hospital. The committee moved from meeting bi-monthly to monthly during the year.
Public Health, Community Development and Equality Committee	The Committee provides oversight and assurance regarding plans to drive holistic public development and equality health interventions and the Trust's equality ambitions. The Committee meets bi-monthly.



## Trust Board Register of declared interests 2020/21.

Name/Title	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Sir David Nicholson, KCB CBE <i>Appointed Trust Chairman 1 May 2021</i>	<ul style="list-style-type: none"> <li>Sole Director – David Nicholson Healthcare Solutions</li> <li>Non-Executive Director - Lifecycle Group</li> <li>Chair - Worcestershire Acute Hospitals NHS Trust</li> <li>Visiting Professor – Global Health Innovation, Imperial College Group</li> <li>Herefordshire and Worcestershire ICS Chair</li> <li>Governor, Nottingham Trent University</li> <li>Trustee Invictus Academy</li> <li>Member IPPR Health Advisory Committee Senior Operating Partner, Healfund (investor in healthcare in Africa).</li> <li>Advisor to KPMG Global</li> <li>Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust</li> </ul>	Will withdraw from any from any business discussions that could have any potential conflict of interest
Richard Samuda Trust Chair	<ul style="list-style-type: none"> <li>Trustee: 'Kissing It Better' healthcare charity</li> <li>Wife is CEO of 'Kissing it Better' healthcare charity</li> </ul>	<p>This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust</p> <p>Will withdraw from any business discussions that could have any potential conflict of interest</p>
Harjinder Kang Non-Executive Director	<ul style="list-style-type: none"> <li>Trustee - Birmingham Botanical Gardens</li> <li>Member of Council - University of Birmingham</li> <li>Director of Healthcare, Life Sciences and Bio-Economy - Department for International Trade, HM Government</li> </ul>	These roles do not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Mike Hoare Non-Executive Director	<ul style="list-style-type: none"> <li>Director: Metech Consulting</li> <li>CTO: Fujitsu</li> </ul>	These roles do not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Waseem Zaffar	<ul style="list-style-type: none"> <li>Elected Councillor: Lozells &amp; East Handsworth Ward (Birmingham City Council)</li> <li>School Governor: Heathfield Primary School.</li> <li>Member: Unite the Union and the Labour Party.</li> <li>Director: Simmer Down CIC</li> <li>Director: Midlands Community Solutions CIC</li> <li>Director: West Side BID</li> <li>Member of GMB Union</li> <li>Director at West Midlands Rail</li> <li>Regional Board Member of Canals and River Trust,</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest

	<ul style="list-style-type: none"> <li>Member of the West Midlands Combined Authority Environment Board</li> <li>Member of the Trent Floods Committee</li> <li>General Secretary at Labour Friends of Kashmir</li> <li>Member at Labour Cycles</li> <li>School Governor: Heathfield Primary School</li> </ul>	
Kate Thomas Non-Executive Director	<ul style="list-style-type: none"> <li>Sessional Post – GMC (Education Associate)</li> <li>Sessional Post – Health Education England (Member: Foundation Programme Workforce Delivery Group)</li> <li>Trustee – Medical Schools Council Assessment</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Mick Laverty Non-Executive Director	<ul style="list-style-type: none"> <li>CEO: ExtraCare Charitable Trust</li> <li>Council Member &amp; Audit Committee Chair: University of Birmingham</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Lesley Writtle Non-Executive Director	Nil declared	n/a
Toby Lewis Chief Executive	<ul style="list-style-type: none"> <li>Council member, Aston University [to July 2021]</li> </ul>	Will withdraw from any business discussions that could have any potential conflict of interest
Richard Beeken Interim Chief Executive	<ul style="list-style-type: none"> <li>Director and Company Secretary of Watery Bank Barns Ltd</li> <li>Wife, Fiona Beeken, is a senior lecturer in midwifery at Wolverhampton University</li> </ul>	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Dinah McLannahan Chief Finance Officer	<ul style="list-style-type: none"> <li>Independent Member of the Audit Committee and Black Country Museum.</li> </ul>	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Mel Roberts Acting Chief Nurse	<ul style="list-style-type: none"> <li>Company Secretary – Star leather (husband's company)</li> </ul>	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Frieza Mahmood Chief People Officer	Nil declared	n/a
David Carruthers Medical Director	Nil declared	n/a
Liam Kennedy Chief Operating Officer	Nil declared	n/a
Kam Dhani Director of Governance	Nil declared	n/a



## Annual Governance Statement 2020/21

### Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sandwell & West Birmingham Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sandwell & West Birmingham Hospitals NHS Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

The Chief Executive (CEO) has overall responsibility for there being an effective governance system, including risk management, in place in the Trust and for meeting all statutory requirements and adhering to national guidance. Much of the responsibility is delivered through the Director of Governance. The Trust Board ultimately is accountable for risk management and must be satisfied that appropriate policies and strategies are in place, that systems are functioning effectively and that risk management and internal controls are effective and maintained across all of the organisation's activity ensuring the strategic objectives of the organisation are achieved.

The Board has established an Audit and Risk Management Committee which assists the Board in this process by reviewing the effectiveness of risk management and governance activities supported by the Internal Auditor's annual work, report and opinion on the effectiveness of the system of internal control. During 2020/21 the full Board has undertaken risk management refresher training and considered how risk is best stratified through the organisation.

The Board considers risk on a regular basis through the review of our risk register at the Public Board and on a strategic level through consideration of the Strategic Board Assurance Framework (SBAF) at both Board committees and Board. The Trust Board is supported by a range of committees that scrutinise and review risk assurances such as the Quality and Safety Committee, Finance and Investment Committee and People and Organisational Development Committee.

Risk management training is provided to all managers to ensure they are aware of their roles and responsibilities and is a core part of the Trust's Accredited Manager's Programme. This includes support in how to raise, document and mitigate risks.

### The risk and control framework

The Trust has a Risk Management Policy which provides a framework for the identification and management of risks, the role of the Board and its standing committees, together with individual responsibilities.

Our approach to risk is to bring to life the processes we have long applied with the added in-year challenge of COVID-19. The Board acknowledges there is more work to be done on risk appetite at a Clinical Group and directorate level, but the process of considering controls within the SBAF has allowed the Board to consider what it will tolerate by way of results and limitation of control over major system risks. This will be adapted in 2021/22 as we reconsider our long term strategic objectives and align our approach with partners across the ICS.

The Risk Management Policy provides a structured, systematic approach to risks to ensure that risk assessment

is an integral part of clinical, managerial and financial processes across the organisation. Oversight of operational risks is undertaken by the Executive Risk Management Committee to ensure that there is appropriate leadership and accountability for the management of risk. The Board and Board committees are regularly updated on high-rated risks, enabling them to challenge and assess the level of assurance available. The Audit and Risk Management Committee considered the Risk Management Framework during the year.

Executive Directors have responsibility for risk management within their own services and an overall responsibility for risks highlighted by Clinical Groups and directorates, which come under their area of accountability. There is an expectation that thematic risks, for example across safety or workforce, are considered by the Executive team as necessary.

The risks and mitigation faced by the Trust is based on analysis undertaken at team, Directorate and Group level. The risks are scrutinised in those tiers, whilst always being

visible corporately. They are collectively considered at the Risk Management Committee, chaired by an Executive director. The Clinical Leadership Executive, chaired by the Chief Executive, and attended by the full Executive team, then scrutinises these risks monthly.

All staff have both the opportunity and expectation of reporting risks within their area of operation, which are then subject to a process of review, validation and (if appropriate) scoring and management. Management of risk is undertaken at a level appropriate to the potential impact of the risk.

At an operational level, risks are monitored at ward/department, directorate or Clinical Group level. Where a risk cannot be managed locally, has a major impact on service capability or Trust reputation or may result in major litigation, this is presented to the Risk Management Committee where any escalation decisions are made.

The following structure supports the Trust Board in discharging this responsibility:

Committee	Key Risk Management Responsibilities
<b>Audit &amp; Risk Management</b> Chair: Non-executive Director	<ul style="list-style-type: none"> <li>Review the establishment and maintenance of an effective system of internal control and risk management.</li> </ul>
<b>Quality and Safety</b> Chair: Non-executive Director	<ul style="list-style-type: none"> <li>Provide strategic oversight to ensure that all risk management activity is co-ordinated across the Trust in a systematic and focused way.</li> <li>Through regular and co-ordinated reports to Trust Board, provide an overview of all areas of risk.</li> <li>Monitor the Trust Risk Register</li> </ul>
<b>Finance and Investment</b> Chair: Non-Executive Director	<ul style="list-style-type: none"> <li>Consider business risk management processes in the Trust.</li> <li>Review arrangements for risk pooling and insurance</li> <li>Consider the financial implications of pending litigation against the Trust.</li> </ul>
<b>Estate MPA/Digital MPA:</b> Non-executive director	<ul style="list-style-type: none"> <li>Consider operating risks arising from major change programmes and investments</li> <li>Examines transformation load as against management capacity</li> </ul>
<b>Clinical Leadership Executive</b> Chair: Chief Executive	<ul style="list-style-type: none"> <li>Provide operational scrutiny of Clinical Group/corporate directorate risk management activity (i.e. receipt of regular reports)</li> <li>Ensure that risk management processes are integrated with other key governance activities.</li> <li>Provide support to line managers and advise the Risk Management Committee of the on-going risk profile of the Trust, the changing trends in risks and priorities for action.</li> <li>Agree the Risks to be overseen by the Trust Board</li> </ul>

Committee	Key Risk Management Responsibilities
<b>Risk Management Committee</b> Chair: Director of Governance	<ul style="list-style-type: none"> <li>Provide detailed scrutiny and moderation of risk scores for risks proposed by groups/ corporate directorates for inclusion on the Risk Register before presentation to CLE</li> </ul>
<b>Health and Safety Committee</b> Chair: Director of Governance	<ul style="list-style-type: none"> <li>Monitor significant health &amp; safety risks facing the Trust</li> <li>Provide an open forum for discussion of risk management issues with staff side representatives</li> </ul>

During the year our Internal Auditors reviewed our SBAF including the underlying processes and controls. The Audit concluded that processes provide partial assurance for 2020/21, as against a more positive view in prior years. In particular, there is a need to ensure that routine updates on gaps and actions are completed. In addition to the standing item at all Board committees, the whole Board's consideration of the SBAF will be made more frequent, along with all highly rated risks. An internal audit of risk management processes was also carried out during the year, providing reasonable assurance of the control framework in place and identified some management actions around engagement and feedback to staff demonstrating changes that have been made due to staff reporting.

I summarise below a brief description of the organisation's key risks, drawn from the most significant risks as set out in our Strategic Board Assurance Framework (SBAF). In contrast to prior years the salience of IT weaknesses has reduced.

- There is a risk that management bandwidth does not match organisational and system wide ambition because of either recruitment or capability difficulties, leading to project delays that compromise our improvement trajectory to meet our undertakings and ambitions.
- There is a risk that our necessary level of cash backed cost reduction and income and expenditure plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects. The Trust continues to meet our financial obligations at this time.
- There is a risk that labour supply does not match our demand for high quality staff, because of low training numbers or overseas options for students, and therefore we are unable to sustain key services at satisfactory staffing levels resulting in poorer outcomes, delayed delivery or service closures. This will be addressed on an ICS wide basis.

- There is a risk that we do not deliver improved mental health and wellbeing across our workforce because our interventions are not targeted at those at prospective risk, resulting in absence and teams not being able to deliver to their full potential. Kindness has been the focus of our COVID-19 response work.
- 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. Our relative mortality indicators have deteriorated since Q2 2020/21 and active work to understand and address that has been prioritised.

During 2020/21 the Board undertook additional monitoring of risks specifically relating to the impact of the COVID-19 pandemic, receiving regular reports to demonstrate the controls and assurances in place. Emergency planning command and control meetings were put in place under temporary COVID-19 governance arrangements in line with the national level 3/4 Critical Incident Guidance. We considered in detail risks such as:

- The impact of COVID-19 care on other Trust services and wait times, not only inside our organisation but across the community.
- Implementation of guidance on PPE and other Health and Safety protections to support our employees
- The impact of restrictions on visiting on care and on experience
- How shielding could be supported by the Trust's clinicians in partnership with primary care colleagues across SWB
- The opportunities and risks raised by the rapid deployment of technology in how care was being provided
- The equity with which both patients and our workforce were treated, with particular attention to the needs of Black and Minority Ethnic residents
- Infection Control risks and mitigations especially relating to nosocomial transmission

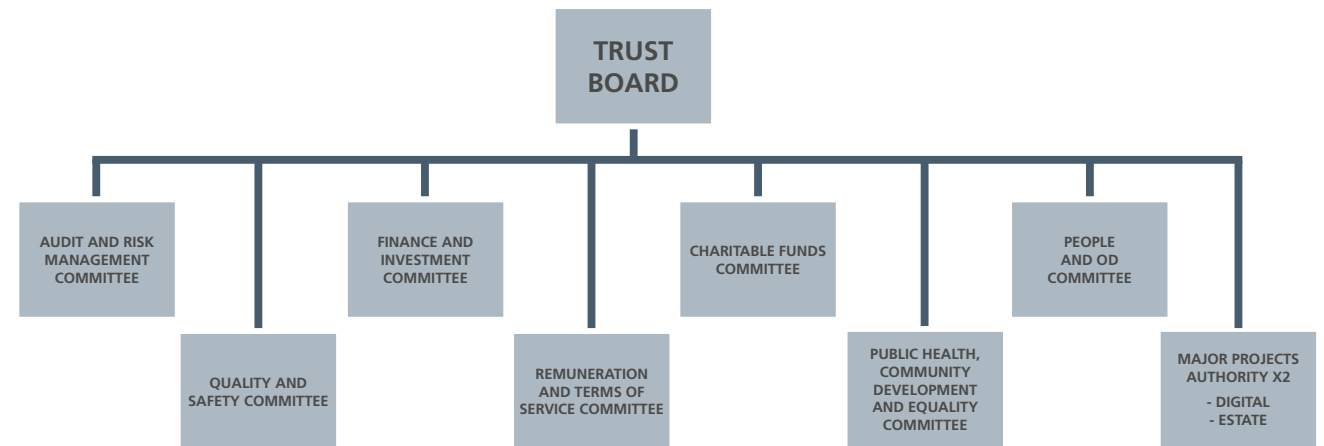
Notwithstanding these exceptional items, the Governance framework by which the Trust is managed has been stable over some time, with incremental alterations made based on internal learning and external advice. It remains the case that our systems and approaches include:

- quality governance at the heart of the work of each Clinical Group management board. Revised arrangements are in place now in each Group to ensure that data on safety and quality is a standing local discussion item leading to action. Our QIHD programme then provides an improvement emphasis to that work that helps teams to identify and act on areas for betterment.
- Monthly review within the Executive Performance Management Committee considers data quality across all aspects of the organisation's work including HR, finance and service information. Both internal data quality assessment and the use of Internal Audit is deployed through that locus.

- Care Quality Commission standards compliance is managed through CLE, the Executive Quality Committee and through regular meetings with the CQC attended by the Director of Governance, Chief Nurse and the Chief Executive, overseen by Quality and Safety Committee and Audit and Risk Management Committee.
- Under Information Governance we explain how data security is managed, with it being a standing item on the CLE Digital Committee.

The Board committees discussions (see figure 1 below) are very much the first third of most of our Board meetings and drive decision making. All Board and committee meetings demonstrate strong evidence of peer challenges across all disciplines. A monthly meeting is held with the Chief Executive before each Board meeting, attended by all Non-executive directors.

Figure 1



During 2020/21 there have been Executive Director changes with the appointment of Frieza Mahmood as Chief People Officer and Mel Roberts as Acting Chief Nurse. There were also interim arrangements in place for the Chief Executive from June. For 2021/22 we welcome Sir David Nicholson as our new Chair following the retirement of Richard Samuda.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. This includes new registrations associated with our primary care work, and our contribution to Red sites for COVID-19.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for

decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. A broader declarations of interest process is being implemented in 2020/21, albeit our historic gifts and hospitality policies remain extant and operational.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the



timescales detailed in the Regulations. The Trust has continued to make particular arrangements for medical staff associated with the pension taper, which were agreed by the Remuneration Committee during 2019/20.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. In particular the Board has a dedicated Committee with a focus on diversity, and our People Plans reflect commitments to change BAME representation in senior management roles above band 8a. These commitments are being achieved. There is continuing work to do in this field with a focus on strategy development.

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

### Review of economy, efficiency and effectiveness of the use of resources

During 2021 traditional means of assessing use of resources as defined through the regulatory framework were suspended due to the pandemic. The Trust shifted its focus to ensuring the economic, effective and efficient use of resources through expenditure incurred in response to the pandemic being authorised through its tactical and strategic command structure. Alongside this the Finance and Investment Committee continued to monitor performance against Trust budgets, the capital programme, long term cash and capital plans, and monitoring our financial performance against the Trust's Long Term Financial Model with a forward look towards 2022. In addition throughout the year the Trust monitored the two strategic board assurance risks through the Finance and Investment Committee.

Despite the pandemic the Trust reported delivery of £9.8m of cost efficiencies during 2021, and began planning for the 2021/22 programme. Our immediate focus entering 2021/22 is to safely reduce Covid related costs where possible and clearly identify those that are recurrent in nature, and the impact on operational productivity metrics. In addition to this, our attention must turn to reducing temporary staffing, use of which has grown during 2021 in response to the pandemic.

Finally, we have established an "affordability work stream" as part of the governance structure supporting the Midland Metropolitan University Hospital (MMUH). The scope of the work stream is to review and reset where applicable activity plans as we recover from the pandemic and ensure that we have location and service plans that ensure MMUH will operate optimally and effectively when it opens. In addition, the work stream aims to ensure the detail of workforce plans are affordable against the budgets of the Trust and the long term financial plans of our Integrated Care System in the Black Country and West Birmingham.

### Information governance

The Trust has no level 2 incidents during the past year.

Our overall compliance with the Data Security and Protection Toolkit (DSPT) has not met the required standard and a comprehensive improvement plan is in place. An internal audit against prescribed standards identified evidence deficits which have been now addressed. The continuing work against all the assertions of the DSPT is anticipated to support the Trust being in a compliant position by June 2021.

### Data quality and governance

The data quality items contained in the Quality Account are all ones routinely considered within the Board and its committees, other than the consolidated report back on the clinical audit programme. In particular, data on amenable mortality, on VTE, on sepsis, and on infection are discussed as standing items.

The Board oversight of data quality is maintained through the Audit and Risk Management Committee with regular reports being received.

Waiting list accuracy is considered by a distinct team operated outside the control of the Chief Operating Officer. The Trust remains in a position of having too many people waiting too long. The recovery work of the Trust, system and NHS as a whole will be a priority in 2021/22, in a post COVID-19 environment.

Throughout COVID-19 the Board has focused time and attention on the accuracy of data around mortality, nosocomial infection, and compliance with external guidance. This is delivered operationally through a weekly

Chief Executive led Gold command meeting. Audit work, presented to the Board and elsewhere, provides a high level of confidence in the accuracy of our data. This includes a local focus on ethnic origin data and relative rates of infection and mortality.

### Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In evaluating our effectiveness I have benefitted from contributions from across the Board's membership, considered the matters within the Audit and Risk Management Committee, and examined internal and external audit opinions. I have considered in turn clinical audit reports both internal and those examining peer comparisons. I note that there remains improvement work for us around some aspects of Risk Management, but a Board commissioned review issued a positive opinion. Deployment of our policy tracking electronic solution has been slow, not least with COVID-19, and will occur in coming months.

We have reviewed the structures and systems to provide oversight of our major development of the Midland Metropolitan University Hospital. This is currently anticipated to open in 2022. A dedicated Board committee remains in place to ensure cohesion in our approach to the clinical model, workforce change and the construction itself.

With significant changes in leadership personnel over the last six months, and the work of managing the pandemic, it is in the early quarters of 2021/22 that we will be best placed to consider any further changes needed to our committee arrangements to make sure that they are

purposive and proportionate. These decisions will be informed by the Governance Review commissioned by the new Chair. Where we can, we will seek to reduce the scale and frequency of meetings and to improve work to provide evidence of compliance held in repositories to permit ongoing audit.

The Trust has engaged very actively with our ICS and ICP colleagues, and has agreed arrangements in principle associated with the provider collaborative.

### Conclusion

2020/21 was a year of significant challenge for the whole NHS. Having discussed the governance of the Trust with executive colleagues, and those holding responsibility for much of the year, and with the prior and incoming chair, I consider that the governance profile raised no new risks beyond those identified in 2019/20.

In 2019/20 Information Governance and Workforce Assurance were identified as significant risks. The pandemic has inevitably slowed focus on some improvements. These risks remains pertinent, but some significant work on IG has taken place in year and new management arrangements are in hand. Workforce assurance remains a material concern on which there is further work to do and we are not presently compliant with all assurances. This will change over coming months.

The incoming chair has commissioned an external evaluation of our governance arrangements to provide a baseline from which the Trust can implement improvements.

Signed

Chief Executive

Date: xx xx 2021

insert the 'except for' clause only if applicable.

## Remuneration and Staff Report

### Overview of terms of service governance

The Remuneration and Terms of Service Committee, met on [tba] occasions during 2020/21. It is chaired by Harjinder Kang, Non-Executive Director, and attended by all non-executive directors. The outcome of meetings is reported to the Board. The main matters considered in year were:

- Reviewing executive director salaries by reference to large Trust median peer group excluding London
- Considering succession planning proposals from Acting Chief Executive and agreeing salary ranges for hires under that plan
- Ensuring implementation of national salary instructions in respect of non-executive directors
- Reviewing proposed Executive Group appointments including interim appointments.

Membership of the Committee is the Trust Chair and all Non-Executive Directors. At 31 March 2021 these were:

- Richard Samuda (Chair)
- Harjinder Kang (Vice-Chair)
- Michael Hoare
- Mick Laverty
- Waseem Zaffar
- Kate Thomas
- Lesley Writtle

It is not the Trust's policy to employ Executive Directors on 'rolling' or 'fixed term' contracts; all Executive Directors' contracts conform to NHS Standards for Directors, with arrangements for termination in normal circumstances by either party with written notice of 6 months. The salaries and allowances of senior managers cover both pensionable and non-pensionable amounts.

Items contained within the table Salaries and Allowances of Senior Managers and Pension Benefits and the section on pay multiples are auditable and are referred to in the audit opinion.



The new Children's Emergency Care Unit at City Hospital

## Remuneration and Staff Report

The information included in the table below has been subject to external audit.

Name and Title	SALARIES AND ALLOWANCES OF SENIOR MANAGERS							
	2020-21				2019-20			
	(a) Salary (bands of £5,000)	(b) Expenses payments (taxable) to nearest £100	(c) All pension related benefits (bands of £2,500)	(d) Total all payments and benefits (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expenses payments (taxable) to nearest £100	(c) All pension related benefits (bands of £2,500)	(d) Total all payments and benefits (bands of £5,000)
£000	£	£000	£000	£000	£	£000	£000	
Richard Samuda, Chair	20-25	200	0	20-25	20-25	0	0	20-25
Olwen Dutton, Non-Executive Director (Vice Chair) (to 30/6/19)	0	0	0	0	0-5	0	0	0-5
Cathryn Thomas, Non-Executive Director	10-15	0	0	10-15	5-10	0	0	5-10
Marie Perry, Non-Executive Director	0-5	0	0	0-5	5-10	100	0	5-10
Mick Laverty, Non-Executive Director	10-15	0	0	10-15	5-10	0	0	5-10
Waseem Zaffar, Associate Non-Executive Director	10-15	0	0	10-15	5-10	0	0	5-10
Harjinder Kang, Non-Executive Director	10-15	0	0	0-5	5-10	0	0	5-10
Lesley Writtle, Non-Executive Director (from 1/3/20)	10-15	0	0	10-15	0-5	0	0	0-5
Michael Hoare, Non-Executive Director Designate	10-15	0	0	10-15	5-10	0	0	5-10
Toby Lewis, Chief Executive	205-210	0	47.5-50.0	255-260	190-195	0	47.5-50.0	240-245
Richard Bekeen, Interim Chief Executive (from 8/2/2021)*	40-45	0	0	40-45	0	0	0	0
Antony Waite, Director of Finance & Performance Management (to 02/08/19)	0	0	0	0	50-55	0	0	50-55
Dinah McLannahan, Chief Finance Officer (from 11/03/2020)	140-145	0	85.0-87.5	225-230	115-120	0	50.0-52.5	170-175
Paula Gardner, Chief Nurse (to 18/06/20)	25-30	0	0	25-30	120-125	0	0	120-125
Kathleen French, Interim Chief Nurse (from 19/06/20 to 20/12/20)	50-55	0	0	50-55	0	0	0	0
Mel Roberts, Acting Chief Operating Officer (from 10/10/20 until 03/01/21), Acting Chief Nurse (from 04/01/21 - 31/03/21)	60-65	0	127.50-130.0	190-195	0	0	0	0
David Carruthers, Medical Director - Acting Chief Executive from // until 07/02/2021	190-195	0	0	190-195	180-185	0	0	180-185
Liam Kennedy, Chief Operating Officer (from 10/03/2020)	125-130	0	0	125-130	5-10	0	0	5-10
Rachel Barlow, Chief Operating Officer (until 09/03/2020)	-	-	-	-	125-130	0	25.0-27.5	150-155
Kam Dhami, Director of Governance	100-105	0	15.0-17.5	115-120	100-105	0	22.5-25.0	125-130
Raffaella Goodby Director of Organisation Development (until 30/09/20)	65-70	0	37.5-40.0	105-110	110-115	0	27.5-30.0	140-145
Bethan Downing, Acting Director of Workforce & Organisational Development (from 01/10/20 until 31/12/20)	30-35	0	0	65-70	0	0	0	0
Frieza Mahmood, Director of Workforce & Organisational Development (from 01/01/21), Acting Director of Workforce & Organisational Development (from 01/10/20 until 31/12/20)	50-55	0	62.5-65.0	110-115	0	0	0	0

### Notes to Salaries and Allowances of Senior Managers

1. Non-Executive Directors - do not receive pensionable remuneration and therefore do not accrue any pension related benefits.
2. Pension Related Benefits are a nationally determined calculation designed to show the in year increase in notional pension benefits, excluding employee contributions, which have accrued to the individual. Changes in benefits will be dependent on the particular circumstances of each individual.

3. Performance pay and bonuses and Long term performance pay and bonuses are not applicable to the Trust and are therefore excluded from the table above

\* costs for the Interim Chief Executive reflect the recharged cost from Walsall Healthcare NHS Trust and are not specifically the direct pay costs paid to Mr R Beeken, employers costs will be included as part of the recharge.



**Pensions**

The pension information in the table below contains entries for Executive Directors only as Non-Executive Directors do not receive pensionable remuneration.

**Cash Equivalent Transfer Values**

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pensions payable from the scheme. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

**Real Increase in CETV**

This reflects the increase in CETV effectively funded by the employer. It excludes the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

During the year, the Government announced that public sector pension schemes will be required to provide the same indexation in payment on part of a public service scheme pensions known as the Guaranteed Minimum

Pension (GMP) as applied to the remainder of the pension i.e. the non GMP. Previously the GMP did not receive full indexation. This means that with effect from August 2019 the method used by NHS Pensions to calculate CETV values was updated. Therefore the method in force at 31 March 2020 is different to the method used to calculate the value at 1 April 2019. The real increase in CETV will therefore be impacted and will in effect, include any increase in CETV due to the change in GMP methodology.

**Pay Multiples**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The midpoint banded remuneration of the highest paid director/Member in the Trust in the financial year 2020-21 was £207,500 (2019-20, £192,500). This was 8 times (2019-20,7) the median remuneration of the workforce, which was £27,416 (2019-20, £30,615).

In 2020-21, 2 (2019-20, 7) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £210,000 to £255,000 (2019-20 £200,000-£270,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The information included in the table below has been subject to external audit.

Name and Title	PENSION BENEFITS							
	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2021	Lump sum at pension age related to accrued pension at 31st March 2021	Cash Equivalent Transfer Value at 31st March 2021	Cash Equivalent Transfer Value at 1st April 2020	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £'000	(bands of £2500) £'000	(bands of £5000) £'000	(bands of £5000) £'000	£'000	£'000	£'000	£'000
Toby Lewis, Chief Executive	2.5-5.0	0-2.5	65-70	130-135	1126	1039	42	0
Dinah McLannahan, Acting Director of Finance & Performance Management (Chief Finance Officer from 11/03/2020)	5-7.5	5-7.5	30-35	60-65	551	457	66	0
Rachel Barlow, Chief Operating Officer (until 9/03/2020)	0-2.5		50-55	105-110	896	843	20	0
Kam Dhami, Director of Governance	0-2.5		45-50	95-100	833	786	20	0
Mel Roberts, Acting Chief Nurse	2.5-5.0	5-7.5	35-40	85-90	700	565	44	0
Bethan Downing, Acting Director of Workforce & Organisational Development (from 01/10/20 until 31/12/20)	0-2.5	0-2.5	15-20	30-35	267	230	0	0
Frieza Mahmood, Director of Workforce & Organisational Development (from 01/01/21), Acting Director of Workforce & Organisational Development (from 01/10/20 until 31/12/20)	0-2.5	2.5-5.0	15-20	30-35	236	187	11	0
Raffaella Goodby Director of Organisation Development (until 30/09/20)	0-2.5		10-15		117	86	19	0

**Fair Pay Disclosure**

The Trust complied with its gender pay gap reporting requirements during 2019/20 and will upload our next report by 5 October 2021. The reports are published online at <https://gender-pay-gap.service.gov.uk/Employer/4zlwraun> – search Sandwell & West Birmingham Hospitals NHS Trust.



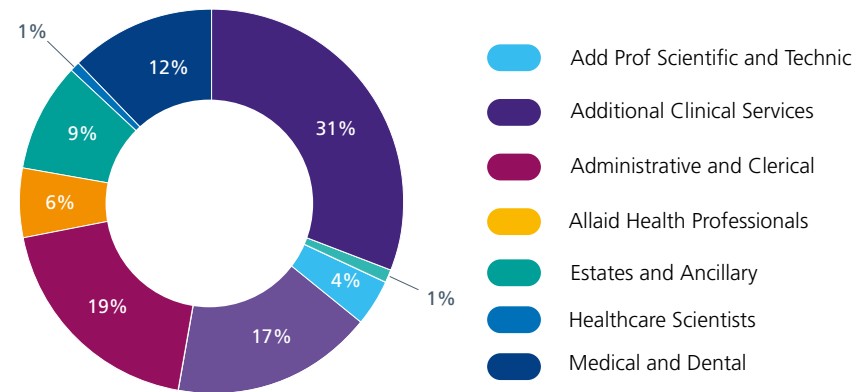
Dr Vaishnavi Kumar, Trust Chief Registrar

**Our Workforce**

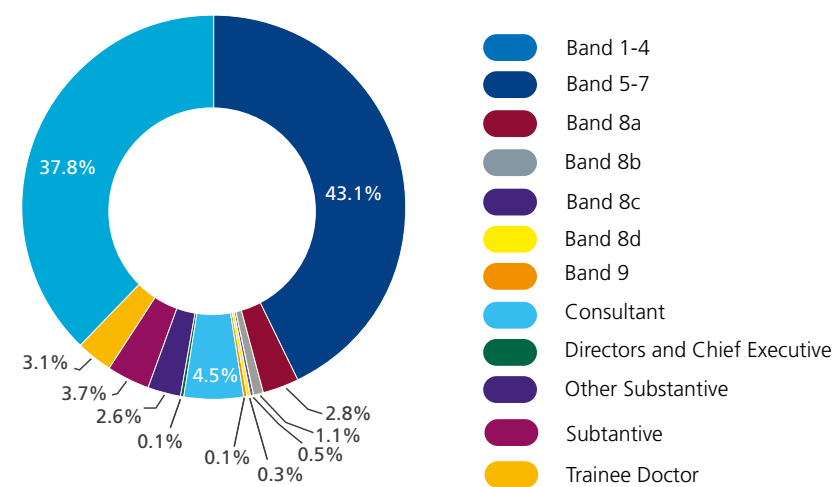
Our workforce is our biggest asset and we invest heavily in education, development and health and wellbeing services for all colleagues.

**Staff report**

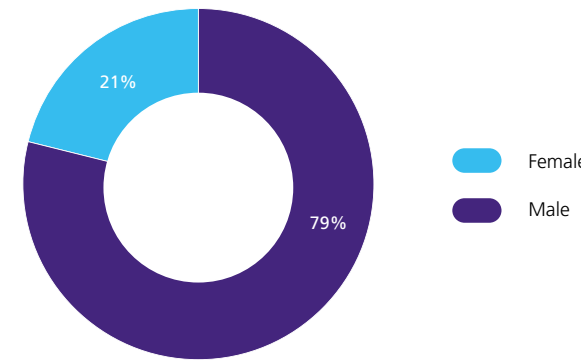
Managers and Senior Managers		
	Band 7	43
	Band 8 - Range A	40
	Band 8 - Range B	42
	Band 8 - Range C	22
	Band 8 - Range D	13
	Band 9	9
	Directors & Chief Executive	11



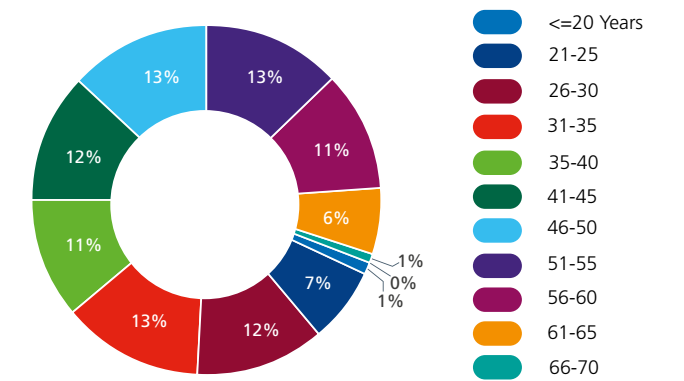
**Workforce Profile 2021**



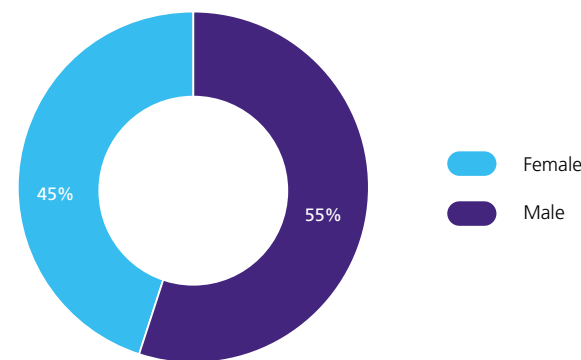
**All Employees Gender Profile 2021**



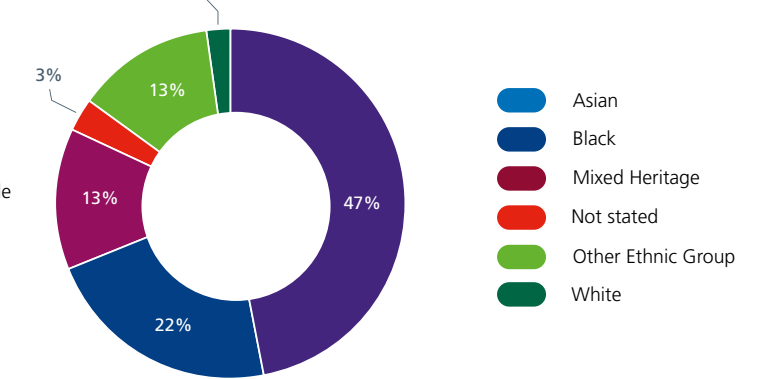
**Age Profile 2021**



**Directors Gender Profile 2021**



**Ethnicity Profile 2021**



**Staff costs**

	Permanent	Other	2020/21	2019/30
	£000	£000	£000	£000
Salaries and wages	300,298	-	300,331	262,331
Social security costs	30,134	-	30,134	26,509
Apprenticeship levy	1,480	-	1,265	1,265
Employer's contributions to NHS pension scheme	45,608	-	41,021	41,021
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	17,267	18,911	18,911
<b>Total gross staff costs</b>	<b>377,520</b>	<b>17,267</b>	<b>394,787</b>	<b>350,037</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>377,520</b>	<b>17,267</b>	<b>394,787</b>	<b>350,037</b>
<b>Of which</b>				
Costs capitalised as part of assets	2,311	-	2,311	2,737



### Average number of employees

			2020/21	2019/20
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	903	149	1,051	958
Administration and estates	1,285	200	1,485	1,282
Healthcare assistants and other support staff	1,608	285	1,893	1,753
Nursing, midwifery and health visiting staff	2,055	391	2,446	2,309
Scientific, therapeutic and technical staff	612	62	674	605
Healthcare science staff	22	-	22	22
<b>Total average numbers</b>	<b>6,485</b>	<b>1,086</b>	<b>7,571</b>	<b>6,929</b>
<b>Of which</b>				
Number of employees (WTE) engaged on capital projects	36	-	36	132

Groups	Group FTE	Target (%)	Baseline (19/20) (%)	12m Rolling Sickness Percentage (%)											
				Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Corporate	1487.75	3.00	4.59	4.94	4.99	4.91	4.88	4.86	4.84	4.82	4.88	4.90	5.05	5.08	4.91
Imaging	254.58	3.00	4.05	4.20	4.26	4.21	4.38	4.33	4.24	4.26	4.39	4.39	4.66	4.72	4.62
Medicine & Emergency Care	1409.61	3.00	5.33	5.96	6.21	6.28	6.32	6.41	6.55	6.66	6.85	6.98	7.16	7.21	6.95
Primary Care, Community and Therapies	1132.82	3.00	4.26	4.60	4.80	4.84	4.81	4.84	4.89	4.94	5.08	5.06	5.15	5.13	5.01
Surgical Services	1371.31	3.00	5.39	5.85	6.16	6.22	6.30	6.35	6.39	6.27	6.15	6.11	6.39	6.61	6.47
Women & Child Health	879.96	3.00	5.54	5.77	5.76	5.72	5.66	5.60	5.59	5.61	5.63	5.63	5.80	5.94	5.75
<b>Trust</b>	<b>6536.02</b>	<b>3.00</b>	<b>4.98</b>	<b>5.38</b>	<b>5.54</b>	<b>5.55</b>	<b>5.56</b>	<b>5.57</b>	<b>5.62</b>	<b>5.62</b>	<b>5.68</b>	<b>5.70</b>	<b>5.89</b>	<b>5.97</b>	<b>5.79</b>

### Reporting of compensation schemes

There were no compensation scheme payments in 2020/21.

### Then Exit packages

There were no exit packages in 2020/21.

### Off pay-roll engagements

(info to come...)

### Consultancy services

During 202/21 the Trust complied with the controls introduced by the NHS Trust Development Authority in 2015/16 which included the requirement for NHS bodies to seek approval for consultancy projects over £50,000. No expenditure was incurred.

### Staff policies applied during the financial year

Due the COVID-19 pandemic, only a small number of policies were reviewed during the year and structures are being put in place to ensure our policies are up-to-date and subject to regular review to ensure they are fit for purpose and in line with best practice. Our revised policy for managing staff absence was implemented in August 2020, and a training programme is being developed to further support managers as it was difficult to fully embed while managers and staff were challenged in dealing with the pandemic.

All policies affecting staff are consulted on with our Staff Side representatives to represent the views of our staff. In addition, we actively canvass input from our managers and key stakeholders including our staff networks for ethnic minority, LGBT and staff with a disability and long-condition.

### Diversity issues and equal treatment in employment and occupation

The Trust remains committed to achieving equality and inclusivity both as an employer and as a provider of health services. We are determined to ensure that our policies and practices meet the needs of all service users as well as those of our c7000 staff. We will publish our equality assurance and objectives on our websites, and in print format on request. The Trust Board is committed to developing ever more consistent links into our local communities, working with the voluntary sector, faith and grassroots organisations. The development of our governing body and the expansion plans we have for our charitable foundation will also reinforce this work. Over the last year we have introduced a number of diversity and inclusion initiatives and measures to improve the experiences and outcomes for our patients and staff, including the appointment of a Head of Equality, Diversity and Inclusion (EDI) and an EDI Manager; the appointment to these two key roles demonstrate our ongoing commitment to equality and inclusivity and the delivery our action plan which has been aligned to four key priorities:

- Efficacy of recruitment and employee relations practices
- Equitability of access to career progression and employee development opportunities
- Fairness in relation to the application of pay and related benefits

- Relevance and timeliness of support for those with additional needs/requirements

In 2020/21 we made the following progress against these priorities:

- Efficacy of recruitment and employee relations practices
  - a) A review of the Trust's Recruitment Procedure.
  - b) The establishment of a system for analysing recruitment data from the 'Trac' recruitment system.
  - c) Review of the system for commissioning investigations within the Trust and utilising data generated by the Case Investigation Unit to determine trends which may identify where processes may have been applied inequitably.
- Equitability of access to career progression and employee development opportunities
  - a) Gaining commitment and funding for facilitated Board Development sessions to tackle unconscious bias.
  - b) The commitment via the STP Black Lives Matter Group for the Trust to run a Reverse Mentoring Scheme which all aid career progression and development for ethnic minority staff; also known as "upward mentoring".
  - c) Commencement of discussions to establish, and potentially expand, the existing Female Clinicians Group which supports the career progression of female clinicians as one of its aims as a staff network.
  - d) Commitment to support future 'Stepping Up' development programmes from ethnic minority staff, to include development opportunities to enable participating staff to put their learning into practice.
- Fairness in relation to the application of pay and related benefits
  - a) Further analysis of the Trust's gender pay gap data and the identification of target areas for action by Band and Staff Group. Analysis is ongoing to identify key areas for action.
- Relevance and timeliness of support for those with additional needs/requirements
  - a) The development of a Policy to support reasonable adjustment passports for disabled staff.

As part of our commitment to the EDI agenda we have commissioned cohort one of the RCN Cultural Ambassador programme which will commence in June 2021. The Cultural Ambassadors within our organisation will support the employee relations processes with a view to enhancing fairness and removing the potential of cultural bias occurring.

### Equal opportunities

The Trust remains an Equal Opportunities Employer, and is proudly a National Living Wage Employer. We are also a Disability Confident Employer and we are working towards making the Stonewall Top 100 Employers list.

### Health and safety at work

Our organisation accepts its humane, economic and legal responsibilities in respect of the management of health and safety risks arising from its activities that may affect staff, patients and others. We are committed to:

- provision of adequate control of the health and safety risks arising from its work activities.
- consultation with its employees on matters affecting their health and safety.
- provision and maintenance of safe plant and equipment.
- safe handling and use of substances.
- provision of information, instruction, training and supervision for employees.
- developing and maintaining the competence of all employees to do their work safely.
- prevention of accidents and workplace ill-health.
- maintenance of safe and healthy working conditions.
- review and revision of this policy at three-yearly intervals and whenever necessary.

### Trade union relationships

We employ a full time staff side convener, who attends Trust Board meetings, and other key forums. In addition, and in recognition of our challenging workforce agenda while plan for restoration and recovery, and the opening of our new hospital, we have appointed a full time deputy staff side convener. Our staff side representatives are granted facility time to cover duties carried out for the trade union or as a union learning representative, for example, accompanying an employee to disciplinary or

grievance hearing. It also covers training received and duties carried out under the Health and Safety at Work Act 1974. Partnership working throughout the pandemic has been vitally important, and representative have carried out health and safety inspections and supported giving key messages to staff relating to PPE and vaccinations.

### Human capital management such as career management and employability

The Trust continued to provide a dedicated training budget in excess of £1m to ensure staff are able to undertake further development for their role and future careers. In 2020/21 this was also supplemented by Health Education England (HEE) Continuing Professional Development (CPD) funding for nurses, midwives and Allied Health Professionals (AHPs). As with other areas in the Trust, staff development has been impacted by the COVID-19 pandemic, however, and where possible, learning has continued to be provided in different ways, including via video, online and virtual training. All new starters to the Trust receive an induction and are supported to ensure they have everything they need to be ready to start working in their new role.

The Aspiring to Excellence Performance and Development Review (PDR) process continued during the year to support colleagues and plans are underway to change the focus slightly for 2021/22 to ensure colleagues have a personal conversation and plan that includes recognising the impact of COVID-19, their contributions during that time and checking on wellbeing.

Training in our electronic patient record system, Unity, has continued with additional courses created 'in house'. Since April 2020, over 2,000 staff have completed core Unity modules. This included specific 'fast track' courses that were created for over 300 staff who were to be moved to COVID-19 inpatient areas from non-inpatient areas. Together with medical leads, there were also other courses set up to cover clinical information and processes relating to the pandemic with over 400 completions. Plans are underway to implement the Cerner Theatres and Anaesthesia solution, Surginet in 2021, with staff training being planned.

The Trust is one of only a few NHS Apprenticeship Providers and we are really proud to be able to educate, develop and grow our workforce with our own training offer as well as close working with local universities for higher level apprenticeships. Currently there are over 250 colleagues undertaking an apprenticeship training

programme with around 100 of those staff being trained by our own provision. In addition we offer Functional Skills Maths and English lessons at levels 1 and 2. The last 12 months have been challenging with the COVID-19 Pandemic and although some colleagues took a break in learning many continued with their education and training with many achieving a "Distinction".

We continued to promote nurse associate pathways – with cohorts of learners continuing with local universities. Support for nursing and midwifery students included induction and virtual training, and ensuring safety with COVID-19 restrictions and guidelines. The coming year will also be busy with post COVID-19 recovery, exploring future pathways for top up degrees, international recruitment and new apprenticeships being developed.

### Widening Participation Strategic Projects and Programmes

Within our Trust, widening participation is a core strategy which has benefits both to the organisation and to our local community. From facilitating people from the local refugee and migrant population to return to a career in healthcare, to engaging with young people and ex-offenders, the trust and the community have reaped huge rewards. Key benefits and outcomes include:

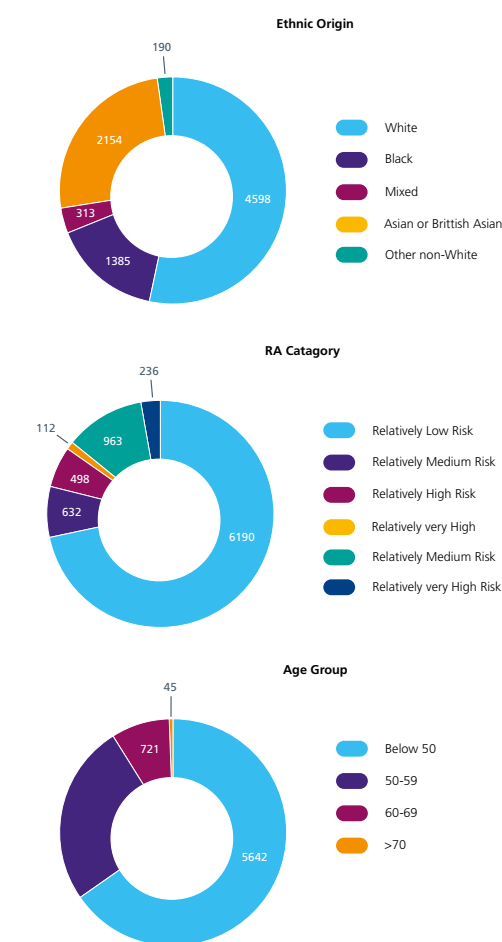
- Enabled over 300 people to take steps to get back into a medical workforce role - with 40 per cent now employed in the local NHS.
- Placed four interns at the end of their learning disability internships into paid permanent work in catering, hospitality and finance in the trust or other local trusts.
- Used diverse methods of recruitment and talent spotting which has made the trust a more inclusive organisation.
- Developed a workforce representative of the local area and patients.

### Staff risk assessments

Our risk assessment tool was developed locally by Occupational Health in May 2020 and introduced on a Trust-wide basis from the beginning of June 2020. It is evidence-based on available largescale studies at the time on relative risk of severe COVID-19, particularly studies such as OpenSafely, ISARIC WHO CCP-UK and taking into consideration other known medical and demographic

factors for high risk. It is a stratified tool generating scores which then help in categorising staff into four separate risk categories for health conditions and two categories for pregnant staff. Staff members complete the health and demographic questionnaire which is processed by Occupational Health to maintain confidentiality and a letter is sent to the staff member and their manager advising them of their individual vulnerability category and measures recommended for them in relation to PPE and other control measures. Along with this letter they also receive a 'manager's checklist' which is jointly completed with their manager for workplace part of the risk assessment and control measures.

Any member of staff who may have health issues not captured by the risk assessment tool or there are other health considerations consideration is offered a further individual risk assessment. With a database approach to risk assessment we have access to data in real time to be able to react very quickly to any changes to risk among individuals and the organisation. This has helped plan deployments and prioritising vaccines and other measures as well as monitoring. The breakdown of risk assessment categories and demographic distribution in the organisation is depicted in the charts below.





## Wellbeing

In the first wave of COVID-19, the Trust made the decision to purchase specialist external training to support staff in having wellbeing conversations with their colleagues - between May 2020 and March 2021, 215 staff completed a half day training session in how to have a REACT mental wellbeing conversation as part of this initiative. Staff who have completed this training are spread across the whole organisation with approximately 80% of departments having one or more staff members trained, although areas such as Acute and Emergency Medicine, Critical Care and surgery have between 4 to 8 people trained. Other wellbeing support was offered in the form of team debriefs after traumatic incidents, one to one resilience coaching and counselling and also the establishment of the wellbeing hub which offered a range of therapeutic interventions for staff. In addition to this video materials were made available for staff on how to have general wellbeing conversations with their colleagues to also help provide as much peer to peer support as possible during the year.

Throughout the pandemic, the Trust has also responded to feedback from colleagues, and some the supportive measures put in place include:

- Support through Occupational Health; Counsellors; React practitioners
- Resource Pack for managers and staff, regularly updated and shared on the intranet
- Weekly COVID-19 bulletin
- Encouraging staff to take annual leave, and latterly offered the opportunity to sell untaken leave
- 'press pause' as part of the recovery plan
- The Sanctuary – offering a haven for staff to rest and recharge
- Local 'wellbeing' rooms
- Food, water, refreshments and food vouchers
- Managers supporting redeployed staff
- Wellbeing calls to shielding staff – also making attempts to find work from home tasks where possible

## Support to shielding staff

Keeping colleagues safe throughout the pandemic has been a key Trust priority throughout the COVID-19 pandemic. We continually reviewed guidance for colleagues who were shielding and regularly updated our guidance.

All shielding colleagues were supported with phone calls from the Sanctuary during the first and second wave to ensure that they had support from friends and family to get their essentials such as grocery and medication. In addition, roles were modified to try and allow as many staff to continue working from home, and risk assessments were carried out to assess their ability to return (managers were provided with supporting documentation to facilitate supportive and meaningful conversations).

We have adapted our guidance, and provided ongoing support, as the situation has changed and will continue to work with our colleagues to ensure a safe return to working or facilitate alternative options where possible. PPE, infection control and social distancing requirements have remained in place, together with local arrangements for track and trace, lateral flow/lamp and PCR testing.

## Change to home working

Like most employers, the Trust had to adapt very quickly in response to the COVID-19 pandemic. Many of colleagues have been able to work very effectively from home, where new systems were introduced, eg, Webex Teams video conferencing to facilitate meetings, and equipment was provided, including laptops and mobile phones. While some coronavirus restrictions remain in place, we are encouraging our colleagues to continue to work from if they can. However, we are currently looking at options to integrate staff back in the workplace in a safe and co-ordinated way as we recognise the importance of team interaction, and many staff may be looking forward to returning to an office environment and catching up with friends and colleagues. Managers are being encouraged and supported to have open discussions so that any working arrangements are coordinated effectively and managed safely. Our home working guidance has been in place throughout the pandemic, and regularly updated to adapt to local and national changes.

In addition, we are doing a thorough review of our current and future needs in terms of administrative office space, to ensure they meet our requirements for now and in 2022 when the new Midland Metropolitan University

Hospital opens; this review takes account of COVID-19 guidelines so that we are prepared for the present risk and any future waves.

## Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance

As a Category one responder under the Civil Contingencies Act 2004, we completed the annual self-assessment for the NHS England Core Emergency Preparedness Response and Recovery (EPRR) Standards, and have met the national (revised) core standards in place for response to COVID-19.

We have been responding to COVID-19 since 31 January 2020, through two waves of high levels of infection and admissions to the Trust. Previous training and practices for establishing and running a command and control ensure the Trust response and recovery plans were coordinated and responsive to rapid national guidance and information. We actively engaged and lead on partnership initiatives with health and social care providers to support the management of response to and wellbeing of others through COVID-19. Identified learning from wave 1 was captured, actioned and integrated into the underpinning principles of strategies used in wave 2. As we restore normal EPRR working, we are firmly focused on training, exercise and preparedness for our move into our new hospital, the Midland Metropolitan University Hospital (MMUH).



Vaccination Hub in Sandwell Education centre

## Modern Slavery statement

We fully support the Government's objectives to eradicate modern slavery and human trafficking and recognise the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage.

Our Dignity at Work, Grievance and Disputes and Whistleblowing policies additionally give a platform for our employees to raise concerns about poor working practices. We provide training on safeguarding in respect of adults and children which includes reference to modern slavery as a form of abuse. Our policy on safeguarding adults provides advice and guidance to front line practitioners to ensure they are aware of and able to respond to incidents of modern slavery within care settings.

Our procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015. When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation. Procurement staff receive training on ethical and labour issues in procurement.

## Sustainability report






Over the last year we were very pleased with recognition of our efforts when we won two awards for our sustainability work. On winning the Environmental Sustainability Award at the annual HSI Awards the feedback included: "The judges were impressed with the public engagement of this entry and the ambition of the Public Health Plan and its incorporation of sustainability. They felt it went beyond the Trust's own metrics, but more importantly talked to the health outcomes of the local population and not just the current patients. Similarly, the social value focus was evident in how they involved and engaged not only their own staff but wider community stakeholders too."

Whilst we also were awarded the 'Contribution to Sustainable Travel – Organisation Award' at the Modeshift National Sustainable Travel Awards. This Award recognises and rewards Modeshift members for projects, events or activities that support and encourage sustainable travel, by highlighting best practice, showing innovation and being inspirational.

We recognise that our healthcare services have the potential to cause a significant impact on the environment. It is therefore our ambition and responsibility to provide high-quality health care that not only enhances patient experience, but delivers healthcare in an environmentally, socially and financially sustainable way.

The Trust is developing a Green Plan (our sustainability strategy) to help drive us towards ambitious net carbon zero targets. This will focus on energy, waste, water, travel, anaesthetic gases, medicines, and much more.

### 2019/20 Key Green Statistics

	We produce <b>20,024 tCO2e</b> per annum from direct operations.		We currently have solar panels installed at both City Hospital (Birmingham Midland Eye Centre) and Rowley Regis Hospital.
	We produce circa <b>2,500 tonnes</b> of waste per annum		We have a <b>recycling rate of 59%</b> (1,489 tonnes) of all waste produced by the Trust.
	We are promoting sustainable travel through our <b>Cycle2Work</b> scheme.		We are reducing our use of plastics having signed up to the <b>Plastics Pledge</b> .

### Our vision

We recognise that sustainable development is a critical factor in our organisation being able to deliver world class healthcare, both now and in the future. We are therefore dedicated to enabling the creation and embedding of sustainable models of care throughout our operations and to making sure that our operations, and our estates, are as efficient, sustainable and resilient as they possibly can be.

The Trust's plan is challenging, aiming to address our legal obligations and contribute beneficial outcomes to deliver the sustainability vision for the wider Black Country Sustainable Transformation Partnership (STP). For the Plan to be successful it requires everyone within the Trust to work collaboratively with other partners whose services impact all facets of healthcare provision including clinicians looking at care pathways, procurement for goods and services, and finance to where investment is needed in order to meet standards and generate efficiencies.

Our ambition is:

1. To deliver high quality care without exhausting resources or causing environmental damage and to preserve resources for future generations. Reducing energy consumption and reliance on fossil fuels is essential. We are also working to reduce our reliance on single-use plastics.
2. To embed sustainability into the heart of our organisation and lead on driving working practice towards using resources, like energy and water,

more efficiently to reduce wastage. We believe that investing in infrastructure to improve energy and water efficiency will bring about positive environmental impacts and cost savings.

3. To engage and inspire our colleagues and patients to take actions that will collectively make a big impact. We have rolled out our 'Green Impact' staff engagement programme, we actively maintaining and enhancing biodiversity, and support sustainable and active modes of travel to our sites.

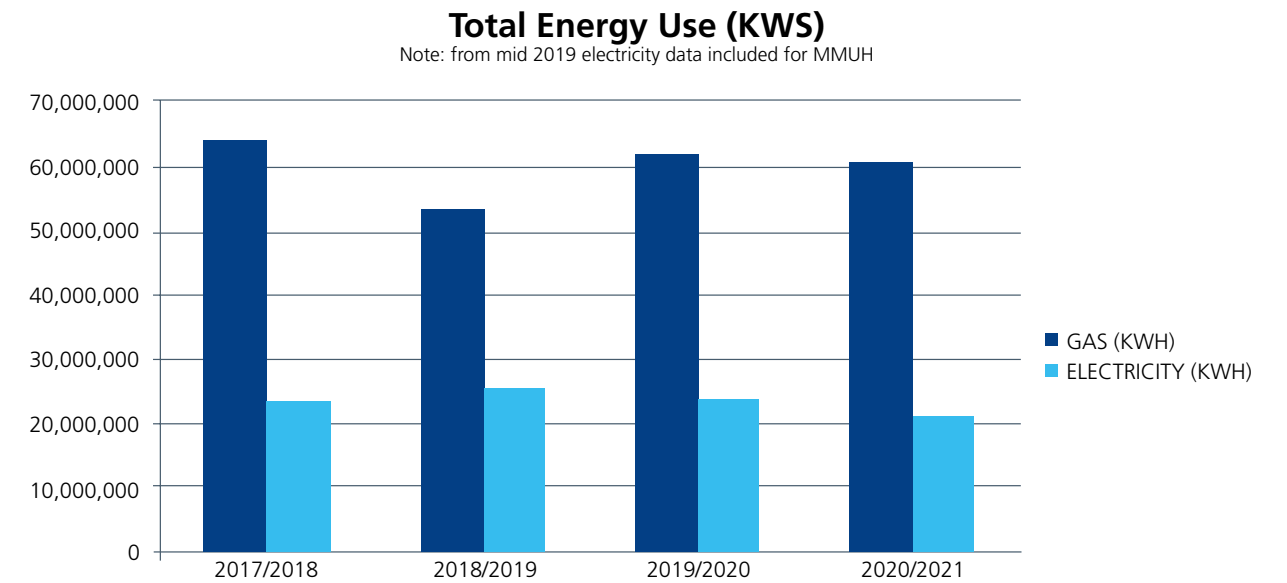
### Energy and water use in our buildings

The Trust is focussed on the continual reduction of operational resource use, and running costs of essential utilities such as water, electricity, gas and fuel oil, which

can also provide opportunities for cost reductions. The Trust continues to monitor and report utility consumption data. Despite challenges, total energy consumption has reduced from the previous financial year. Figure 1 illustrates the total energy use for the Trust.

We have implemented a number of initiatives to reduce energy consumption. Key projects include continued work on LED energy efficiency lighting upgrades, boiler replacements, reviewing our building management system, better control around occupancy, upgrading older and less energy efficient plant and equipment. We continue to drive our accredited environmental engagement programme, 'Green Impact'. 'Green Impact' involves colleagues working together in teams to complete simple actions that collectively have a big impact. The programme makes strides towards more efficient ways of working, reducing costs and has a positive impact on wellbeing.

Figure 1: Total energy use 2017-18 to 2020-21.



\*Note: March 2021 data has been estimated using winter averages as this data was not available from suppliers at the time of compiling this report.

The Trust has two owned solar PV systems to increase the amount of renewable energy we generate on our sites. These are located at City Hospital (Birmingham Midland Eye Centre) and Rowley Regis Hospital. During 2020-21, our solar PV systems generated 81,786 KWH of renewable energy.

The Trust is working with suppliers to gather data on water consumption. We are committed to making ongoing improvements to ensure that water is used wisely and efficiently so that we can work towards our aim of stabilising consumption. This has been a challenge in recent times, with more intensive services and stringent regulations on water safety and hygiene.



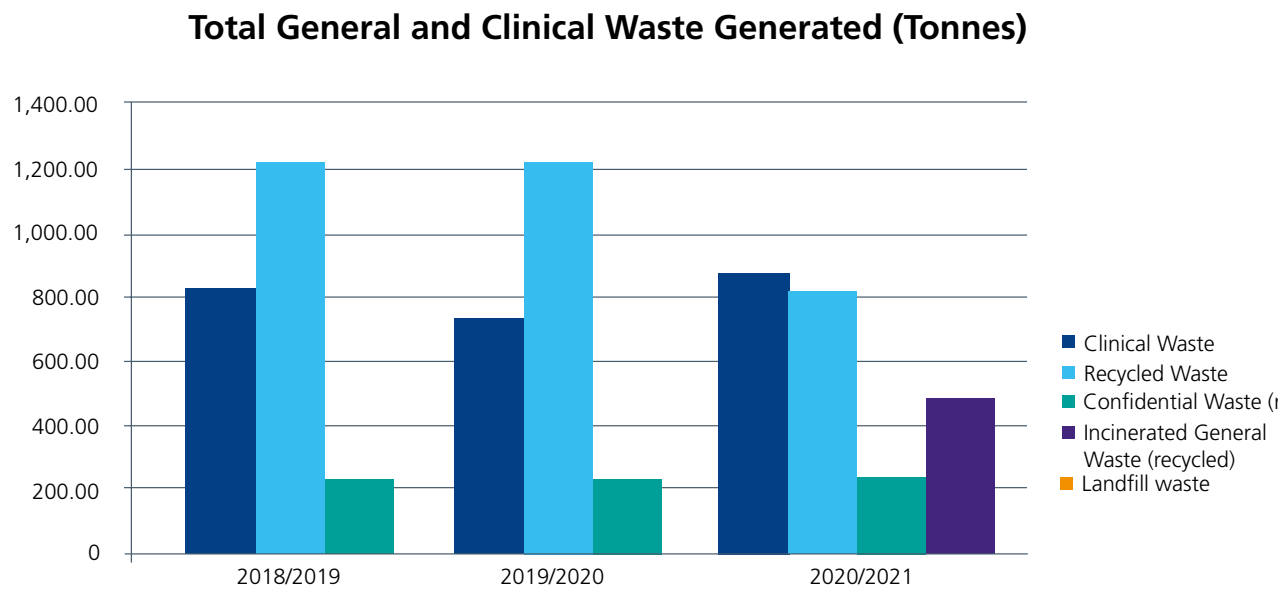
**Waste**

We understand the importance of using resources in a sustainable manner and have taken steps to reduce the amount of waste we send to landfill. The Trust advocates





the waste hierarchy of ‘reduce – reuse - recycle – recover’ and we are working to reduce our reliance on single-use plastics. We aspire to improve correct waste segregation and engage our staff in paper light ways of working.

Figure 2 shows the Trust’s general and clinical waste trends by treatment type. Clinical waste disposal has increased during 2020-21 due to Covid-19.

Figure 2: General and clinical waste trends.



The Sustainability team celebrate their in house Green Impact Awards pre pandemic

- 
  - ✓ Environmental sustainability is considered an important aspect of care delivery now and in the future. Sustainability is supported at a high level, with a senior responsible officer and a Board-level lead responsible for leading on net carbon zero and the broader greener NHS agenda
  - ✓ Winner of the HSI Environmental Sustainability Award 2020
  - ✓ Reduced energy consumption since the last financial year, despite increased services
  - ✓ Plans in development to achieve net carbon zero by 2030 for energy related carbon emissions for some sites
  - ✓ Regeneration Programme Board in place to optimise the impact of over £500 million investment in a new hospital with wider health and wealth focussed regeneration ensuring a legacy for the local population in terms of social, economic and green regeneration
  - ✓ The Trust is an anchor institute and we are expanding our partnerships so that we can positively impact on health outcomes locally and nationally (e.g. future district heating schemes and developing cycle routes that link our sites and the city centre)
- 
  - ✓ 6 electric vehicle charging points at present across 3 sites. We will be introducing two new multi-storey car parks at City and Sandwell Hospitals. As part of this project, circa 100 additional EV charging sockets will be installed
  - ✓ Transitioning to a new lease for general transport services (GTS) vehicles. In accordance with the NHS Terms and Conditions of Service, the Trust is prioritising the leasing of low and ultra-low carbon vehicles which are consistent with the UK’s carbon reduction strategies and safeguarding of the environment
  - ✓ Cycle2Work scheme in place to incentivise staff to cycle into work
  - ✓ Annual staff travel surveys conducted to track modal changes and support colleagues opting for more active and sustainable options
  - ✓ Formal car sharing app to enable staff to easily pair up for car sharing to and from work
  - ✓ Awarded a ‘Top Cycle Location Gold Standard’, ‘Top Walking Location Gold Standard’ and ‘Platinum Top Active Travel Location’ by the West Midlands Combined Authority for work the Trust has done to encourage and support the move towards more sustainable and active modes of travel
- 
  - ✓ Signed up to the single-use plastics pledge [1] and are actively reducing single-use plastic products used on-site. Currently, 18,200 plastic single-use sharps containers have been saved each year by moving to re-usable sharps containers, 3,000 plastic patient wash bowls and 43,000 plastic kidney bowls have been saved each year by moving to pulp bowls
- 
  - ✓ Our staff environmental engagement programme, ‘Green Impact’, has been rolled out. 30 teams signed up and taking action. More than 250 people engaged and over 400 actions achieved in the first two years, including turning lights and equipment off when not required, engaging the wider team on sustainability, embedding energy efficiency into standard working practices, reducing single-use plastics, and many more

<sup>1</sup> NHS Supply Chain, (2020), Single-Use Plastics Pledge, Suitable product alternatives – catering consumables

## Engaging with colleagues

### Staff survey

Colleagues feel they are making a difference according to latest NHS Staff Survey. In a year that tested NHS organisations across the country SWB colleagues have highlighted improvements in the quality of care and feeling they are making a difference to patients in their responses to the national NHS Staff Survey.

In October 2020, every colleague in our organisation was given the opportunity to take part in the national NHS Staff Survey; over 38 per cent of colleagues completed their survey with 2,786 anonymous responses received.

The survey which is conducted once a year allows us to see how colleagues feel about their jobs and working for our Trust and examines the sentiments of colleagues across a range of key areas. Data is then compared against our performance in previous years and comparisons made against other similar organisations to determine our relative performance.

The national survey is mandatory for all NHS organisations with the results being used to inform national initiatives that can help support improvements in staff experience and wellbeing. The results of the national NHS Staff Survey are also used by NHS England/Improvement to support national assessments of quality and safety.

There are a few key insights that we can take away from this year's results:

- I am satisfied with the quality of care I give to patients - 83.5%
- I feel that my role makes a difference to patients - 90.4%
- SWB has made adequate adjustments to enable me to carry out my work - 71.4%
- Care of patients is SWB's top priority - 75.0%

Whilst we look at the good things highlighted in the survey, it's important we review the areas we could do better, and we will be holding a range of listening events throughout June to gain a better insight in to what we can do to improve:

- The wellbeing support offered to all staff
- Equality, diversity and inclusion
- Team communication
- Line manager development weconnect and pioneer teams

### weConnect to ensure our teams are engaged

In August 2020 we took part in the last weConnect survey which saw a quarter of the organisation polled and give their views about working for the Trust.

The weConnect survey was wound down due to the provider (Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust) suspending the programme to external organisations.

The final survey saw an increase in engagement levels in the Trust. Twenty-nine per cent of colleagues responded to the survey which highlighted an improvement in trust and working relationships. There was also a notable rise in advocacy with:

- 64.62% saying they would recommend the Trust as a place to work and
- 75.66% saying they would recommend the Trust as a place to receive care.

Teams involved in the weConnect survey produced action plans on how to make improvements. This could include further targeted surveys or listening events where teams can come together and agree what can be done to ensure colleagues feel they can contribute and have a say in the workplace.

### A team deep dive to aid engagement

Part of the weConnect engagement initiative is a pioneer teams programme which sees a small number of teams take part in a six month programme during which they receive dedicated support to drive up engagement in their local areas. Each team is supported by an executive sponsor and a specially trained connector.

The pioneer team programme concluded in December 2020 with seven teams taking part. Despite pressures of the pandemic and teams being redeployed to other areas, colleagues managed to put in place measures to improve the working environment for colleagues.

### Future plans for engagement

The Trust is currently considering options for a replacement engagement programme. The development of new organisational values and behaviours framework will assist us in this endeavour also. However, for now, the focus is ensuring we respond to the feedback raised in

the NHS Staff Survey results.

We are also looking forward to taking part in the new national quarterly pulse surveys to be introduced in coming months.

Managers have received a copy of their directorate report which they will be required to share with their teams and jointly develop action plans to make improvements. Teams have also been asked to discuss and put forward suggestions to improve the four main organisational themes (as above). Teams have been given the opportunity to discuss the results during their team time and specially organised WebEx events.

### Speaking up

Freedom to Speak up Guardians have been part of the Trust since 2016. During 2020-21 we have undertaken work to make sure that as an organisation we are doing what we should to ensure that our staff feel safe to raise concerns. We have worked with external stakeholders to make sure that we are doing everything that the National Guardian's Office expects of us.

During 2020, a Speak up Guardian attended Trust Board for the first time to present some of the work that is being done to improve our Speak up culture. The guardian also spoke about what it is like to support speak up in the Trust and some of the common themes and trends that had emerged over the past year.

We also participated in the National Guardian's Office Speak up month for the first time, involving staff from across the Trust in what speaking up means to them by using the alphabet to identify key words, such as what accountability and bravery mean to the individuals. Staff from different levels and workforce groups all joined in with this celebration to make it as inclusive as possible. We also provided protected Quality Improvement time to a session on 'speaking truth to power' to emphasise the importance of speaking up.

Speak up concerns can be raised through a number of routes which include;

- Emailing an individual speak up guardian directly
- Emailing the speak up guardian email address which only the Guardians can access
- Through the Staff Networks
- Through a Trade Union or staff side
- Contacting Safecall, a confidential external 'hotline'

- By contacting a member of the Executive team
- Or by contacting the non-executive lead for Speak up

The key priority for the year ahead is appointing our first, fully funded full time Guardian who will lead the Speak up work including building our engagement and communication strategies, and how we ensure that all the workforce know about Speak up. That role will have unfettered access to the Chief Executive and executive team to relay concerns and resolve them quickly.

Our aim is to build a culture where all staff feel that they can safely speak up and raise concerns to their line manager without suffering detriment.

### Online first for Star Awards as ceremony goes digital

2020 was a year we will all remember. The year saw a lot of changes and, it was vital for us to recognise the hard work and dedication of colleagues right across our Trust.

On Friday 27 November people gathered together in their work areas and homes to watch Star Awards 2020. The ceremony may have been a digital event, but that didn't stop us from celebrating the hard work, innovation and dedication of our colleagues. It was a celebration of all that is good about our workplace as we recognised the teams and individuals that have made a positive impact for patients and colleagues.

We must say a special thank you to our sponsors, Engie and Tusker. Their support helped us to put together this event and, for that, we share our sincere thanks. Also, a special thank you goes to Des Coleman, a former EastEnders star and now ITV weatherman who once again hosted our event.

In 2020 we received the largest number of nominations in the history of the Star Awards - over 700. Nominations included acts of kindness and stories of overcoming hurdles to provide outstanding leadership. Each nomination had a common thread – our organisation has some remarkable people.

Four awards were chosen by staff. We opened the vote to colleagues, allowing everyone to help decide the most deserving winners. These awards were Non-Clinical Team of the Year, Clinical Team of the Year (Children), Clinical Team of the Year (Adults) and Employee of the Year.

Congratulations to everybody that was shortlisted and to all of our winners.



## Our finances and investments

### Directors' Report

I don't think any of us have known or could have expected a year like the financial year 2021. Looking back at last year's report, Covid-19 featured, but did not dominate; only really impacting in the final weeks of 2020. Of course, all of 2021 was dominated by Covid-19, and in many ways it has changed the NHS financial landscape forever. Operationally too we were focused as a finance directorate on supporting the response, ensuring sufficient supply of appropriate personal protective equipment (PPE), training as fit testers for FFP3 masks, manning PPE distribution hubs 7 days a week, supporting the accurate payment of redeployed staff at different rates of pay, and continuing to pay suppliers in a timely way, ensuring cash was flowing as it normally would. All this was achieved having moved en masse to working from home, which they did (without exception) quickly, quietly and effectively with no disruption to the service we provide to the Trust. In the case of our Better Payments Practice Code, the team have improved performance since working remotely, achieving nearly 95% in the month of November 2020. I am exceptionally proud of the response from all of the finance team, but particularly of procurement colleagues, who seemingly instantly dropped the concept of their day jobs and contracted hours to support our colleagues with PPE. It was a very uncertain environment to navigate in the early days of the pandemic and I am proud that we have been able to offer our staff full protection at

all times, as well as being able to offer mutual aid to other Trusts, Hospices, Housing Associations and Care Homes when they needed it.

For many years now the Trust's financial plans have been based in the long term financial model (LTFM) of the Midland Metropolitan University Hospital business case, refreshed at various intervals for changes along the way where appropriate. The Trust did not deliver the activity (and therefore income) plans reflected in the LTFM for 2020, but managed to achieve the financial performance target of c£17m deficit by offsetting headline performance with expenditure reserves not committed, and underspends on expenditure budgets. When Covid-19 hit, the Trust had reworked the activity and income plans within rollover expenditure budgets which reinstated the LTFM plan, and had a live conversation with system commissioners on activity affordability when events overtook and the regime changed.

The financial regime for the first half of the financial year was simple, but very clever at the same time. Block income values were determined based on what Trusts had received in Months 1-9 of the previous year; this was compared to expenditure run rates at their traditionally highest rate (the months of November, December and January when winter pressures are at their peak) and if there was a gap of expenditure over income, an extra top up was added, the rationale being that covers the



The Trust introduced Energy Pods for staff to use which helped to relax and rejuvenate them at the end of a shift or during their break.

base expenditure run rate at the busiest time of the year. Then on a monthly basis, if Trusts spent more than their block of income, we made a claim for retrospective top up. The expectation was that this would be the premium cost of responding to the pandemic, net of savings realised from lower levels of elective activity than would normally be seen. These claims were validated and refunded in arrears. This regime was in place for the first six months of the financial year, and worked well. There was also a process for approval and reclaim of costs in relation to capital equipment, which were significant particularly for medical equipment and IT to facilitate virtual clinical and non-clinical ways of working. The Trust was relatively fortunate in that it had sufficient expansion space (from old wards vacant in preparation for MMUH) to not require major estates and building works. It was able to expand during the second wave from two ITUs, to four, for example. Costs were also driven by the Trust having quite a lot in comparison to others of "Nightingale" style wards (mostly at City, and again reflecting the need for MMUH), which meant side rooms to aid infection control were limited.

In the second half of the financial year, the focus was expected to be on restoration and recovery. For the first time, but expected to remain, system wide allocations were made based on individual organisational blocks, plus system wide pots for expected Covid-19 costs and a smaller pot for cost growth, either development or inflation driven. The Black Country and West Birmingham (BCWB) Sustainability and Transformation Partnership (STP, now Integrated Care System, ICS) agreed a process to allocate the system wide pots of resource, and acknowledging that it wasn't possible to adopt a scientific approach to this, and in advance of a likely wave 2, we entered in to a financial risk share arrangement for the second half of the financial year. This agreed principles such as no one organisation being in surplus if another was in deficit, ensuring any performance ahead of plan was returned in to the risk share for redistribution, at the same time ensuring risks not covered by the financial plan could be mitigated. The ICS set a financial plan for the second half of the year of £27m deficit. The SWBH share of this was £4.3m, made up specifically of £2m income required in relation to MMUH decommissioning and double running costs (also known as "Taper Relief") and £2m in relation to mainly catering and car parking income that had reduced with the reduced footfall to our sites during the pandemic.

Wave 2 began to hit in late December and was, of course, much worse than Wave 1, not only in acuity and volumes of patients (many more inpatients with Covid-19 but also we did not see the same drop in non-Covid-19 activity that we had seen in Wave 1), but also for our staff. Sickness rates were higher than in Wave 1 and although we had the experience of the first wave, the workforce was tired. We responded to this with investment in wellbeing, with any reasonable requests to enhance and support wellbeing being considered. This included free food vouchers for all staff, and deliveries of frozen meals, sandwiches and wraps, snacks, and lots of juice and water to all inpatient areas. The focus on inpatients reflected the inability to leave clinical areas easily due to PPE and infection control requirements, but we also made deliveries of snacks and drinks and food vouchers to our community services when requested. We also reviewed our bank rates of pay to ensure we could safely staff our clinical areas with the demand and sickness rates.

During Q4, the Trust was compensated for the £4.3m of non-NHS income behind its deficit plan, and also received cash backed funding for most of the increase in the provision for Annual Leave not taken by 31st March, which increased significantly due to operational demand, although the Trust was as clear as it could be that wherever possible, annual leave should be taken to ensure colleagues rested sufficiently. Despite exceptionally high costs in January and February, this enabled the Trust overall to put surplus funds in to the BCWB ICS risk share, along with one or two others, and achieved a small surplus position of £383k for the 2021 financial year. The block regime has continued for the first half of 2022, which is welcomed, whilst we focus on the safe removal of Covid-19 related costs as much as possible, and restoration and recovery of our staff and elective activity to address clinically prioritised waiting lists, within a journey back to recurrent budgets.

In figure XX is what the Trust reported as Covid-19 expenditure during 2021. There was not a prescribed way to account or report expenditure as Covid. At SWBH we created a code that could be used to purchase goods and services in the response, capturing the expenditure in one place. This enabled us to ensure full visibility of spend which was typically authorised through the tactical and strategic command meetings. As there was no specific guidance, Trust estate is different and there were varying levels of Covid activity, this does make direct comparison of figures from one Trust to another difficult.

Figure 1

Covid-19 Revenue Expenditure 2020/21	£'000s
Purchase of healthcare from non-NHS and non-DHSC group bodies	22
Staff costs	21,794
Supplies and services – clinical (excluding drugs costs)	2,384
Supplies and services - general	5,878
Drugs costs (drug inventory consumed and purchase of non-inventory drugs)	1,317
Consultancy	0
Establishment	815
Premises - other	6,548
Transport	9
Education and training - non-staff	31
Other	289
<b>Total</b>	<b>39,087</b>
<b>Of which:</b>	
Increase ITU capacity (including increase in hospital assisted respiratory support capacity, particularly mechanical ventilation)	7,364
PPE	3,282

Premises costs include office equipment and IT, and minor modifications to the estate and infrastructure in response to the pandemic. From a capital point of view, the Trust was funded via Covid-19 processes for £397k of IT infrastructure and equipment to support Stay at Home, £567k to support remote clinical working, and £256k on expanding Critical Care services and creation of a non-invasive ventilation (NIV) unit. During the pandemic the Trust more than doubled its Critical Care capacity.

The Trust's financial performance continues to be measured against four primary duties;

- The delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target);
- Not exceeding its Capital Resource Limit (CRL);
- Not exceeding its External Financing Limit (EFL);
- Delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

### Breakeven Duty

Al though the Trust was reliant on retrospective top up for Covid-19 expenditure to achieve break even in the first 6 months of the financial year, and although set a small deficit plan for the second half, was able to achieve break even as described above. This performance therefore meets the breakeven duty required of the Trust.

Figure xx shows how the Trust's reported performance is calculated. The surplus in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust's performance against the

duties summarised above (i.e. I&E breakeven, CRL, EFL, capital cost absorption)

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOCi). Impairments and reversals transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). DH holds allocations centrally for the impact of impairments and reversals.

Figure 2 Income and Expenditure Performance

	2020/21 £000s	2019/20 £000s
Income for Patient Activities	530,487	475,836
Income for Education, Training, Research & Other Income	85,172	68,197
<b>Total Income</b>	<b>615,659</b>	<b>544,033</b>
Pay Expenditure	(403,325)	(347,300)
Non Pay Expenditure including Interest Payable and Receivable	(214,148)	(196,392)
Public Dividend Capital (PDC) - Payment	(4,096)	(8,595)
<b>Total Expenditure (Including Impairments and Reversals)</b>	<b>(621,569)</b>	<b>(552,287)</b>
Surplus/(Deficit) per Statutory Accounts	(5,910)	(8,254)
Exclude Provider Sustainability Fund (includes Prior Year incentives)	0	(18,440)
Exclude Impairments and Reversals	6,524	8,695
Adjustment for elimination of Donated and Government Grant Reserves	(231)	135
<b>Total I&amp;E Performance</b>	<b>383</b>	<b>(17,864)</b>

### CRL

Further detailed information on capital spend is shown below at Figure 2. The CRL sets a maximum amount of capital expenditure a trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the CRL although the Trust may undershoot. Against its CRL of £189.862m for 2020/21, the Trust's relevant expenditure was £185.744m, thereby undershooting by £4.118m and achieving this financial duty.

### EFL

The EFL is a control on the amount a trust may source externally and also determines by default the amount of cash which must be held at the end of the financial year. Trusts are not allowed to overshoot the EFL although the trust is permitted to undershoot. Against its EFL of £168.237m, the Trust's cash flow financing requirement was £136.015m, thereby achieving this financial duty.

### Capital Cost Absorption Rate

The capital cost absorption rate is a rate of return on the capital employed by the Trust which is set nationally at 3.5%. The value of this rate of return is reflected in the SOCI as PDC dividend (as shown in Figure 2), an amount which trusts pay back to DH to reflect a 3.5% return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5% and accordingly the Trust has achieved this financial duty.

It should be noted that the Trust has not charged a 3.5% dividend charge on MMUH construction costs during 20/21 as this is an exceptional item to be excluded from the calculation (DH GAM 20/21). This policy and PDC dividend charge exclusion applies to all assets of over £50m in construction value.



**Income from Commissioners and other sources**

The main components of the Trust's income of £615.659m in 2020/21 are shown below in Figure xx which shows an overall increase of £71.626m. A large proportion of

this is driven by the income received by commissioners that was paid to the Trust for Months 1 – 6 to bring the trust to a break even position.

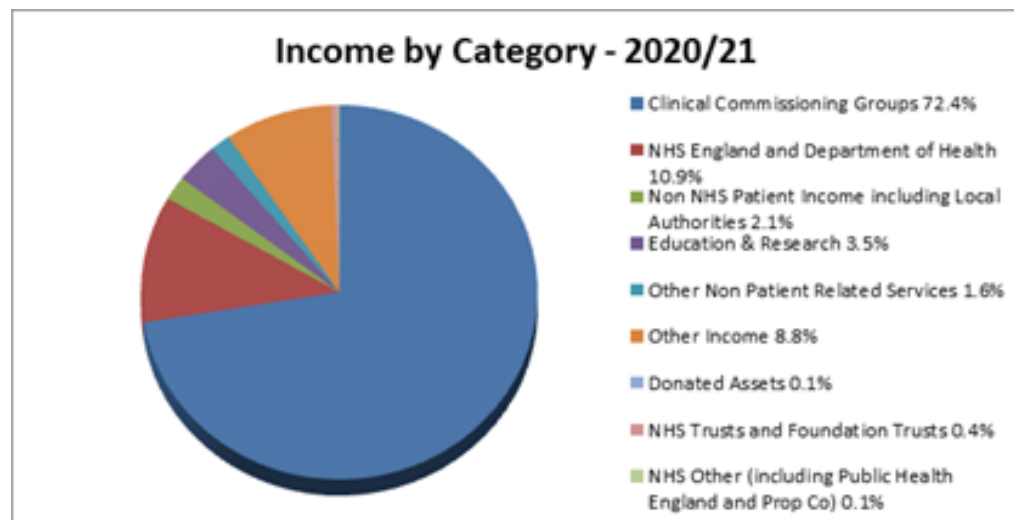
Figure 3 Sources of Income

Sources of Income £000s	2020/21	2019/20
Clinical Commissioning Groups	448,068	393,084
NHS England and Department of Health	67,283	64,402
Non NHS Patient Income including Local Authorities	12,696	16,010
Education & Research	21,449	18,675
Other Non-Patient Related Services	9,087	9,348
Other Income	54,203	40,093
Donated Assets	433	81
NHS Trusts and Foundation Trusts	1,565	1,433
NHS Other (including Public Health England and Prop Co)	875	907
<b>Total Income</b>	<b>615,659</b>	<b>544,033</b>

Within Figure 4, the pie chart below, the largest element of the Trust's resources flowed directly from CCGs, 11% from NHSE, and education training and research funds at 3%. The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate

doctors and other clinical trainees. It also has an active and successful research community, which continued during the pandemic, and took on new work specifically in relation to Covid-19.

Figure 4 – Income by Category

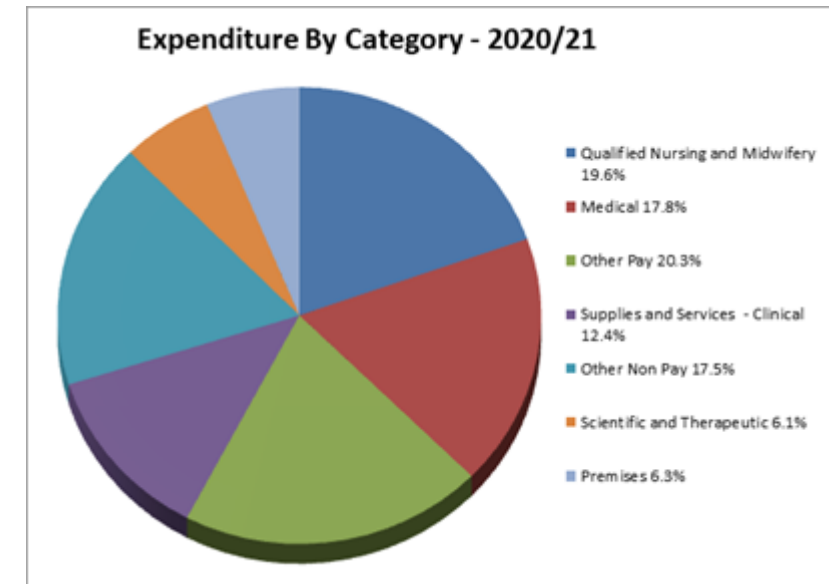


**Expenditure**

Figure 5, shows that 64% of the Trust's cost was pay and, within this, were nursing and midwifery 20%, medical staff 18%, other pay 21% and scientific and therapeutic 6%. The categories contain total agency spend of £17.267m for the Trust for the year. This included the impact of

additional working capacity required for the Covid-19 demand during the year. The remaining 35% of operational expenditure was non pay, the largest element of which was clinical supplies and services at 12%. This figure includes drug costs and the costs incurred for centrally procured PPE, supplied throughout the pandemic.

Figure 5 Expenditure by category



**Use of Capital Resources**

Capital expenditure differs to day to day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. In total, the Trust's gross spend during 2020/21 on capital items was £186.177m, including self funded schemes and those funded by PDC, and for the Covid-19 response. This figure is adjusted by any donated items and the book value of assets disposed when measured against the CRL (see above). A breakdown of this gross expenditure is shown in the pie chart below.

The Trust spent a significant proportion - 85% of its capital budget on the Midland Metropolitan University Hospital (MMUH); the spend of £158.545m was funded by PDC contributions. The Trust also spent £10.977m on upgrading the Trust's residual Estate, including ensuring compliance with statutory standards.

Key schemes within the Estates capital programme included;

- The Lyndon Primary Care Centre, a new facility for the Carter's Green GP Practice
- Creation of a Children's Emergency Care centre at City Hospital

- Statutory standards, backlog maintenance and Critical Infrastructure projects
- MMUH project support costs and capitalised salaries

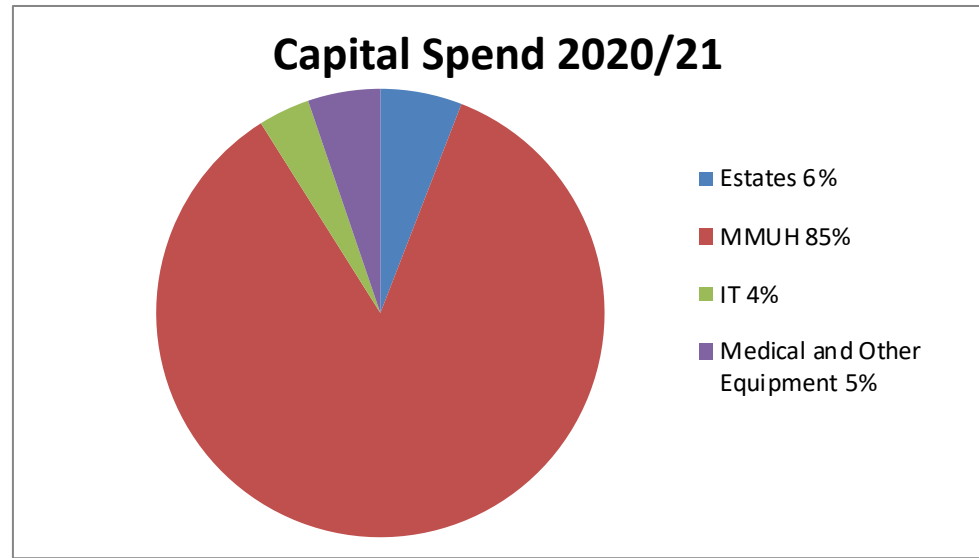
Medical and Other Equipment accounted for £9.732m (including Covid-19 and Critical Care), all of which has a direct impact on clinical quality improvement. Key schemes include;

- Routine replacement rolling programme
- Critical Care expansion including anaesthetic machines and ventilators
- Emergency Department expansion of cubicle capacity
- Endoscopy and Imaging Equipment

IT spend included planned investment on the IT Infrastructure, including networks and end user devices. This totalled £6.923m. Key schemes include;

- Development of the Trust's new EPR system
- Network infrastructure investment
- Firewall
- Shared Care Record

Figure 6 Capital Spend, 2020/21



**Audit**

The Trust's External Auditors are Grant Thornton UK LLP. They were appointed for the 2017/18 audit by the Trust, following a competitive tendering process undertaken during 2016/17 ready for when the previous contract with KPMG LLP expired.

The cost of the work undertaken by the Auditor in 2020/21 was £104k including VAT. The fee in respect of auditing charitable fund accounts at £6k is excluded from this sum, but the audit of the Quality Accounts is included.

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are not aware. In addition the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information.

The members of the Audit and Risk Management Committee at 31 March 2021 were Lesley Writtle, (Chair), Harjinder Kang, Waseem Zaffar, Kate Thomas, Mike Hoare, and Mick Lavery.



Liz Green, Trainee Advanced Clinical Practitioner in Sickle Cell and Thalassemia Centre.



### Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed

Acting Chief Executive

Date TBA

### Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Signed:

Acting Chief Executive

Date TBA

## Statement of Comprehensive Income

		2020/21	2019/20
	Note	£000	£000
Operating income from patient care activities	3	530,487	475,836
Other operating income	4	85,172	68,197
Operating expenses	6, 7	(615,352)	(541,408)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>307</b>	<b>2,625</b>
Finance income	10	8	223
Finance expenses	11	(2,129)	(2,320)
PDC dividends payable		(4,096)	(8,595)
<b>Net finance costs</b>		<b>(6,217)</b>	<b>(10,692)</b>
Other gains / (losses)	12	-	(187)
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(5,910)</b>	<b>(8,254)</b>
<b>Surplus / (deficit) for the year</b>		<b>(5,910)</b>	<b>(8,254)</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(1,630)	(15,437)
Revaluations	16	-	17,296
<b>Total comprehensive income / (expense) for the period</b>		<b>(7,535)</b>	<b>(6,395)</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		(5,910)	(8,254)
Remove net impairments not scoring to the Departmental expenditure limit		6,524	8,695
Remove I&E impact of capital grants and donations		(231)	135
Remove 2018/19 post audit PSF reallocation (2019/20 only)			(530)
Remove net impact of inventories received from DHSC group bodies for COVID response		-	
<b>Adjusted financial performance surplus / (deficit)</b>		<b>383</b>	<b>46</b>

## Statement of Financial Position

		31 March 2021	31 March 2020
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	13	232	145
Property, plant and equipment	14	681,405	522,007
Receivables	18	100	181
<b>Total non-current assets</b>		<b>681,737</b>	<b>522,333</b>
<b>Current assets</b>			
Inventories	17	3,437	5,129
Receivables	18	30,920	45,497
Cash and cash equivalents	19	71,441	23,381
<b>Total current assets</b>		<b>105,798</b>	<b>74,007</b>
<b>Current liabilities</b>			
Trade and other payables	20	(89,696)	(78,432)
Borrowings	22	(1,553)	(1,876)
Provisions	24	(966)	(715)
Other liabilities	21	(8,589)	(5,475)
<b>Total current liabilities</b>		<b>(100,804)</b>	<b>(86,498)</b>
<b>Total assets less current liabilities</b>		<b>686,731</b>	<b>509,842</b>
<b>Non-current liabilities</b>			
Borrowings	22	(25,911)	(27,527)
Provisions	24	(3,630)	(3,604)
<b>Total non-current liabilities</b>		<b>(29,541)</b>	<b>(31,131)</b>
<b>Total assets employed</b>		<b>657,190</b>	<b>478,711</b>
<b>Financed by</b>			
Public dividend capital		486,117	300,103
Revaluation reserve		8,932	10,704
Other reserves		9,058	9,058
Income and expenditure reserve		153,083	158,846
<b>Total taxpayers' equity</b>		<b>657,190</b>	<b>478,711</b>

The notes on pages X to X form part of these accounts.

Name  
Position  
Date  
0 January 1900



## Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	300,103	10,704	9,058	158,846	478,711
Surplus/(deficit) for the year	-	-	-	(5,910)	(5,910)
Other transfers between reserves	-	(147)	-	147	-
Impairments	-	(1,630)	-	-	(1,630)
Revaluations	-	-	-	-	-
Public dividend capital received	186,014	-	-	-	186,014
Other reserve movements	-	5	-	-	5
<b>Taxpayers' and others' equity at 31 March 2021</b>	<b>486,117</b>	<b>8,932</b>	<b>9,058</b>	<b>153,083</b>	<b>657,190</b>

## Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	247,717	9,051	9,058	166,894	432,720
Surplus/(deficit) for the year	-	-	-	(8,254)	(8,254)
Other transfers between reserves	-	(206)	-	206	-
Impairments	-	(15,437)	-	-	(15,437)
Revaluations	-	17,296	-	-	17,296
Public dividend capital received	52,386	-	-	-	52,386
<b>Taxpayers' and others' equity at 31 March 2020</b>	<b>300,103</b>	<b>10,704</b>	<b>9,058</b>	<b>158,846</b>	<b>478,711</b>

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**Information on reserves****Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Financial assets reserve**

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

**Other reserves**

The other Reserve of £9.058m (as per the Statement of Financial Position) represents the difference between the carrying value of Assets at the Trust inception date and the value of PDC attributed to the Trust. This reserve was created under the guidance of the Department of Health as a result of imbalances between the transfer of assets to Sandwell Primary Care Trusts and the issue of Public Dividend Capital (PDC) to Sandwell & West Birmingham Hospitals when the remainder of the Trust merged with City Hospital NHS Trust to become Sandwell and West Birmingham Hospitals NHS Trust on 1st April 2002.

**Merger reserve**

This reserve reflects balances formed on merger of NHS bodies.

**Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the trust.

**Statement of Cash Flows**

	2020/21	2019/20
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	307	2,625
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	6.1 18,538	17,276
Net impairments	7 6,524	8,695
Income recognised in respect of capital donations	4 (433)	(81)
(Increase) / decrease in receivables and other assets	16,382	2,440
(Increase) / decrease in inventories	1,692	(421)
Increase / (decrease) in payables and other liabilities	2,900	5,363
Increase / (decrease) in provisions	296	(280)
<b>Net cash flows from / (used in) operating activities</b>	<b>46,206</b>	<b>35,617</b>
<b>Cash flows from investing activities</b>		
Interest received	8	223
Purchase of intangible assets	(118)	-
Purchase of PPE and investment property	(174,148)	(78,869)
<b>Net cash flows from / (used in) investing activities</b>	<b>(174,258)</b>	<b>(78,646)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	186,014	52,386
Capital element of PFI, LIFT and other service concession payments	(1,939)	(2,390)
Other interest	-	(1)
Interest paid on PFI, LIFT and other service concession obligations	(2,143)	(2,315)
PDC dividend (paid) / refunded	(5,820)	(9,240)
<b>Net cash flows from / (used in) financing activities</b>	<b>176,112</b>	<b>38,440</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>48,060</b>	<b>(4,589)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>23,381</b>	<b>27,970</b>
Prior period adjustments	-	-
<b>Cash and cash equivalents at 1 April - restated</b>	<b>23,381</b>	<b>27,970</b>
<b>Cash and cash equivalents at 31 March</b>	<b>19.1 71,441</b>	<b>23,381</b>



## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

#### Note 1.3 Interests in other entities

The Trust does not have any interests in Associates, Joint Ventures or Joint Operations

### Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

#### 2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

#### Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

**For 2020/21 and 2019/20****Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

**NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

**Note 1.5 Other forms of income****Grants and donations**

Government grants are grants from government bodies other than income from Commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

**Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

**Note 1.6 Expenditure on employee benefits****Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

**Pension costs****NHS Pension Scheme**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

**Note 1.7 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

**Note 1.8 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

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## Note 1.9 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### Measurement

#### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

### Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

### Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

### Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

#### Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'

#### PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

#### PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

#### Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

#### Assets contributed by the NHS Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Trust's Statement of Financial Position.

#### Other assets contributed by the NHS Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

### Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	16	70
Dwellings	-	-
Plant & machinery	-	29
Transport equipment	1	8
Information technology	1	10
Furniture & fittings	2	29

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

### Note 1.10 Intangible assets

#### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

#### Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

#### Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

#### Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

### Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	-	5
Licences & trademarks	-	1



**Note 1.11 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

**Note 1.12 Investment properties**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

**Note 1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

**Note 1.14 Carbon Reduction Commitment scheme (CRC)**

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

**Note 1.15 Financial assets and financial liabilities Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

**Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

**Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

**Financial assets measured at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

**Financial assets and financial liabilities at fair value through income and expenditure**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

**Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by review of individual debt over 90 days old, in addition a full provision is made for Overseas visitor income and invoices raised for Delayed Treatment of Care with Local Authorities.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

**Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

**Note 1.16 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

**The Trust as a lessee***Finance leases*

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

*Operating leases*

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

*Leases of land and buildings*

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

**The Trust as a lessor***Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

*Operating leases*

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

**Note 1.17 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

**Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 33.1 but is not recognised in the Trust's accounts.

**Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

**Note 1.18 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

**Note 1.19 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-Trusts-and-foundation-Trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

**Note 1.20 Value added tax**

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.



**Note 1.21 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

**Note 1.22 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

**Note 1.23 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

**Note 1.24 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.25 Transfers of functions to / from other NHS bodies / local government bodies**

For functions that have been transferred to the Trust from another NHS / local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets/ liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

**Note 1.26 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

**Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted****IFRS 16 Leases**

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

**Note 1.28 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

**Charitable Funds**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1st April 2013, the Trust has established that as it is the corporate Trustee of the Sandwell and West Birmingham Hospitals NHS Trust Charities, charity number 1056127, it effectively has the power to exercise control so as to obtain economic benefits.

Total donations recorded in the unaudited Charity Accounts show receipts during 2020/21 of £x.xxxm and total resources expended of £x.xxxm which represent x.xx% of the Trust's Exchequer turnover.

IAS 1, Presentation of Financial Statements, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material and this guidance is reiterated in the GAM for 2020/21.

Thus, In line with IAS 1, charitable funds are not consolidated into Sandwell and West Birmingham Hospitals NHS Trust's accounts on grounds of materiality.

**PFI Asset Valuation**

From 1st April 2015, the Trust has accounted for the Valuation of its PFI Hospital (BTC) on the basis of Depreciated Replacement Cost excluding VAT, prior to this judgement the Trust included VAT at 20% in the Valuation. The Trust considers that by excluding VAT accurately reflects the depreciated replacement cost, as a replacement asset would also be funded by PFI and, by the nature of the contract, have VAT recovered.

**Property Valuation**

Assets relating to land and buildings were subject to a formal valuation at 1st April 2015, completed on an 'alternate MEA' basis. An Existing Use Value alternative MEA approach was used which assumes the asset would be replaced with a modern equivalent, i.e. not a building of identical design - but with the same service potential as the existing assets. The alternative modern equivalent asset may well be smaller (reduced Gross Internal Area) than the existing asset which reflects the challenges Healthcare Providers face when utilising historical NHS Estate. A subsequent annual valuation is performed at 31st March each year to ensure a true and fair view was reflected.

The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust. Further information is disclosed in Note 18

**Note 1.29 Sources of estimation uncertainty**

The Trust has no assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

**Note 2 Operating Segments**

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

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**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2020/21</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>
Block contract / system envelope income*	229,375	282,772
High cost drugs income from commissioners (excluding pass-through costs)	33,803	22,916
Other NHS clinical income	233,878	94,903
<b>Community services</b>		
Block contract / system envelope income*	-	33,812
Income from other sources (e.g. local authorities)	-	8,573
<b>All services</b>		
Private patient income	77	239
Additional pension contribution central funding**	13,905	12,505
Other clinical income	19,449	20,116
<b>Total income from activities</b>	<b>530,487</b>	<b>475,836</b>

\*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**Note 3.2 Income from patient care activities (by source)**

<b>Income from patient care activities received from:</b>	<b>2020/21</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>
NHS England	67,218	64,402
Clinical commissioning groups	448,068	393,084
Department of Health and Social Care	65	-
Other NHS providers	1,565	1,433
NHS other	875	907
Local authorities	10,115	11,355
Non-NHS: private patients	7	239
Non-NHS: overseas patients (chargeable to patient)	1,628	2,795
Injury cost recovery scheme	937	1,235
Non NHS: other	9	386
<b>Total income from activities</b>	<b>530,487</b>	<b>475,836</b>
<b>Of which:</b>		
Related to continuing operations	530,487	475,836
Related to discontinued operations	-	-

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

	<b>2020/21</b>	<b>2019/20</b>		<b>2020/21</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>	<b>Contract income</b>	<b>Non-contract income</b>	<b>Total</b>
Income recognised this year	1,628	2,795	£000	£000	£000
Cash payments received in-year	223	463	2,001	-	1,652
Amounts added to provision for impairment of receivables	2,178	1,905	19,448	226	18,273
Amounts written off in-year	2,261	3,217	9,087	-	9,348
<b>Note 4 Other operating income</b>					
Research and development	33,935	-	-	-	9,025
Education and training	-	-	-	-	8,689
Non-patient care services to other bodies	-	-	-	-	726
Provider sustainability fund (2019/20 only)	-	-	-	-	-
Financial recovery fund (2019/20 only)	-	-	-	-	-
Marginal rate emergency tariff funding (2019/20 only)	-	-	-	-	-
Reimbursement and top up funding	-	-	-	-	-
Income in respect of employee benefits accounted on a gross basis	-	-	-	-	-
Receipt of capital grants and donations	-	433	-	433	81
Charitable and other contributions to expenditure	-	8,342	-	8,342	-
Other income	11,700	-	11,700	-	20,009
<b>Total other operating income</b>	<b>76,171</b>	<b>9,001</b>	<b>67,722</b>	<b>475</b>	<b>68,197</b>
<b>Of which:</b>					
Related to continuing operations	85,172	-	85,172	-	68,197
Related to discontinued operations	-	-	-	-	-

**Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period**

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	4,227	1,136

**Note 5.2 Transaction price allocated to remaining performance obligations**

	31 March	31 March
	2021	2020
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	885	767
after one year, not later than five years		
after five years		
<b>Total revenue allocated to remaining performance obligations</b>	<b>885</b>	<b>767</b>

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

**Note 6.1 Operating expenses**

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	30,851	15,632
Purchase of healthcare from non-NHS and non-DHSC bodies	8,408	7,052
Staff and executive directors costs	388,084	344,376
Remuneration of non-executive directors	104	79
Supplies and services - clinical (excluding drugs costs)	40,211	46,289
Supplies and services - general	14,920	9,087
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	33,803	34,958
Consultancy costs	-	-
Establishment	4,845	4,752
Premises	38,514	23,888
Transport (including patient travel)	1,431	2,387
Depreciation on property, plant and equipment	18,507	17,240
Amortisation on intangible assets	31	36
Net impairments	6,524	8,695
Movement in credit loss allowance: contract receivables / contract assets	1,642	3,177
Change in provisions discount rate(s)	169	285
Audit fees payable to the external auditor		
audit services- statutory audit	108	67
other auditor remuneration (external auditor only)	-	-
Internal audit costs	178	240
Clinical negligence	15,241	13,218
Legal fees	463	367
Insurance	94	129
Research and development	1,991	1,943
Education and training	4,606	2,878
Rentals under operating leases	169	169
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,897	2,802
Other	1,561	1,662
<b>Total</b>	<b>615,352</b>	<b>541,408</b>
<b>Of which:</b>		
Related to continuing operations	615,352	541,408
Related to discontinued operations	-	-



**Note 7 Employee benefits**

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	300,298	262,331
Social security costs	30,134	26,509
Apprenticeship levy	1,480	1,265
Employer's contributions to NHS pensions	45,608	41,021
Temporary staff (including agency)	17,267	18,911
<b>Total gross staff costs</b>	<b>394,787</b>	<b>350,037</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>394,787</b>	<b>350,037</b>
<b>Of which</b>		
Costs capitalised as part of assets	2,311	2,737

**Note 7.1 Retirements due to ill-health**

During 2020/21 there were 2 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £110k (£87k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

**Note 8 Pension costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

**a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

**b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

**Note 9 Operating leases****Note 9.1 Sandwell And West Birmingham Hospitals NHS Trust as a lessee**

This note discloses costs and commitments incurred in operating lease arrangements where Sandwell And West Birmingham Hospitals NHS Trust is the lessee.

	2020/21 £000	2019/ £000
<b>Operating lease expense</b>		
Minimum lease payments	169	16
Contingent rents	-	
Less sublease payments received	-	
<b>Total</b>	<b>169</b>	<b>16</b>
	<b>31 March 2021 £000</b>	<b>31 Mar 20: £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	169	16
- later than one year and not later than five years;	118	11
- later than five years.	91	9
<b>Total</b>	<b>378</b>	<b>37</b>
Future minimum sublease payments to be received	-	

**Note 10 Finance income**

Finance income represents interest received on assets and investments in the period.

	2020/21 £000	2019/20 £000
Interest on bank accounts	8	223
Other finance income	-	
<b>Total finance income</b>	<b>8</b>	<b>223</b>

**Note 11.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21 £000	2019/20 £000
<b>Interest expense:</b>		
Interest on late payment of commercial debt	-	1
Main finance costs on PFI and LIFT schemes obligations	1,147	1,163
Contingent finance costs on PFI and LIFT scheme obligations	1,001	1,152
<b>Total interest expense</b>	<b>2,148</b>	<b>2,316</b>
Unwinding of discount on provisions	(19)	4
Other finance costs	-	
<b>Total finance costs</b>	<b>2,129</b>	<b>2,320</b>

**Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015**

	2020/21 £000	2019/20 £000
Amounts included within interest payable arising from claims made under this legislation	-	1

**Note 12 Other gains / (losses)**

	2020/21 £000	2019/20 £000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	(187)
<b>Total gains / (losses) on disposal of assets</b>	<b>-</b>	<b>(187)</b>



## Note 13.1 Intangible assets - 2020/21

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	3,083	43	3,126
Additions	118	-	118
<b>Valuation / gross cost at 31 March 2021</b>	<b>3,201</b>	<b>43</b>	<b>3,244</b>
Amortisation at 1 April 2020 - brought forward	2,981	-	2,981
Provided during the year	31	-	31
<b>Amortisation at 31 March 2021</b>	<b>3,012</b>	<b>-</b>	<b>3,012</b>
Net book value at 31 March 2021	189	43	232
Net book value at 1 April 2020	102	43	145

## Note 13.2 Intangible assets - 2019/20

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	3,083	43	3,126
Prior period adjustments	-	-	-
<b>Valuation / gross cost at 1 April 2019 - restated</b>	<b>3,083</b>	<b>43</b>	<b>3,126</b>
<b>Valuation / gross cost at 31 March 2020</b>	<b>3,083</b>	<b>43</b>	<b>3,126</b>
Amortisation at 1 April 2019 - as previously stated	2,945	-	2,945
Prior period adjustments	-	-	-
<b>Amortisation at 1 April 2019 - restated</b>	<b>2,945</b>	<b>-</b>	<b>2,945</b>
Provided during the year	36	-	36
<b>Amortisation at 31 March 2020</b>	<b>2,981</b>	<b>-</b>	<b>2,981</b>
Net book value at 31 March 2020	102	43	145
Net book value at 1 April 2019	138	43	181

## Note 14.1 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2020 - brought forward</b>	18,858	149,463	302,082	120,195	3,599	67,437	2,270	663,904
Additions	-	2,683	168,563	7,206	-	7,534	73	186,059
Impairments	(2)	(1,628)	-	-	-	-	-	(1,630)
Revaluations	(6)	(13,514)	-	-	-	-	-	(13,520)
Reclassifications	-	3,018	(3,018)	-	-	-	-	-
Disposals / derecognition	-	-	-	(180)	-	-	-	(180)
<b>Valuation/gross cost at 31 March 2021</b>	<b>18,850</b>	<b>140,022</b>	<b>467,627</b>	<b>127,221</b>	<b>3,599</b>	<b>74,971</b>	<b>2,343</b>	<b>834,633</b>
<b>Accumulated depreciation at 1 April 2020 - brought forward</b>	-	-	-	97,065	3,558	39,418	1,856	141,897
Provided during the year	-	6,996	-	4,713	25	6,694	79	18,507
Impairments	6	7,106	-	-	-	-	-	7,112
Reversals of impairments	-	(588)	-	-	-	-	-	(588)
Revaluations	(6)	(13,514)	-	-	-	-	-	(13,520)
Disposals / derecognition	-	-	-	(180)	-	-	-	(180)
<b>Accumulated depreciation at 31 March 2021</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>101,598</b>	<b>3,583</b>	<b>46,112</b>	<b>1,935</b>	<b>153,228</b>
<b>Net book value at 31 March 2021</b>	<b>18,850</b>	<b>140,022</b>	<b>467,627</b>	<b>25,623</b>	<b>16</b>	<b>28,859</b>	<b>408</b>	<b>681,405</b>
<b>Net book value at 1 April 2020</b>	<b>18,858</b>	<b>149,463</b>	<b>302,082</b>	<b>23,130</b>	<b>41</b>	<b>28,019</b>	<b>414</b>	<b>522,007</b>

## Note 14.2 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2019 - as previously stated</b>	16,935	151,416	260,561	112,906	3,599	47,333	2,088	594,838
Additions	-	11,068	54,106	7,289	-	10,411	182	83,056
Impairments	-	(21,998)	(265)	-	-	-	-	(22,263)
Reversals of impairments	476	6,350	-	-	-	-	-	6,826
Revaluations	1,447	-	-	-	-	-	-	1,447
Reclassifications	-	2,627	(12,320)	-	-	9,693	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
<b>Valuation/gross cost at 31 March 2020</b>	<b>18,858</b>	<b>149,463</b>	<b>302,082</b>	<b>120,195</b>	<b>3,599</b>	<b>67,437</b>	<b>2,270</b>	<b>663,904</b>
<b>Accumulated depreciation at 1 April 2019 - as previously stated</b>	-	-	121	92,577	3,498	33,836	1,779	131,811
Provided during the year	-	7,154	-	4,488	60	5,461	77	17,240
Impairments	-	22,107	265	-	-	-	-	22,372
Reversals of impairments	(1,353)	(12,324)	-	-	-	-	-	(13,677)
Revaluations	1,353	(16,937)	(265)	-	-	-	-	(15,849)
Reclassifications	-	-	(121)	-	-	121	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2020</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>97,065</b>	<b>3,558</b>	<b>39,418</b>	<b>1,856</b>	<b>141,897</b>
<b>Net book value at 31 March 2020</b>	<b>18,858</b>	<b>149,463</b>	<b>302,082</b>	<b>23,130</b>	<b>41</b>	<b>28,019</b>	<b>414</b>	<b>522,007</b>
<b>Net book value at 1 April 2019</b>	<b>16,935</b>	<b>151,416</b>	<b>260,440</b>	<b>20,329</b>	<b>101</b>	<b>13,497</b>	<b>309</b>	<b>463,027</b>



## Note 14.3 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2021</b>								
Owned - purchased	18,850	113,148	318,860	20,673	16	28,788	408	500,743
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	25,841	-	4,095	-	69	-	30,005
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - donated/granted	-	1,033	148,767	855	-	2	-	150,657
<b>NBV total at 31 March 2021</b>	<b>18,850</b>	<b>140,022</b>	<b>467,627</b>	<b>25,623</b>	<b>16</b>	<b>28,859</b>	<b>408</b>	<b>681,405</b>

## Note 14.4 Property, plant and equipment financing - 2019/20

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2020</b>								
Owned - purchased	18,858	121,476	153,315	17,190	41	27,916	413	339,209
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	26,843	-	5,375	-	103	1	32,322
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - donated/granted	-	1,144	148,767	565	-	-	-	150,476
<b>NBV total at 31 March 2020</b>	<b>18,858</b>	<b>149,463</b>	<b>302,082</b>	<b>23,130</b>	<b>41</b>	<b>28,019</b>	<b>414</b>	<b>522,007</b>

## Note 15 Donations of property, plant and equipment

During 2020-21 the Trust received Donated assets as detailed below, for each item - there were no specific restrictions imposed by the donors

	Cost £000
Draeger Mechanical Ventilator - ICU Evita V800 x1	31
Draeger Mechanical Ventilator - ICU Evita V800 x1	31
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Verathon Video Laryngoscopes (reusable) GlideScope Core x1	9
Siemens Mobilet Elara Max-Digital Mobile X-Ray System	90
Siemens Mobilet Elara Max-Digital Mobile X-Ray System	90
SLS Airstream Class II, Biological Safety Cabinet (E-Series)	6
Anterior Eye Segment OCT Imaging Machine-Casia 2 Cornea	70
Metro Naps Energy Pod w/Electric Recline -Energy Pod for CHT Maternity #8396)	11
Team3 Twins Capable Antepartum Foetal Monitor x2 @ £7,177.93 each	15
Sonosite SII Ultrasound System DTC with Transducer	16
	<u>432</u>

## Note 16 Revaluations of property, plant and equipment

The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The Trust owns Non Operational Land assets of £871,750 which are currently held as surplus assets and are included within the Land Valuation in Note 14.1

These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

**Note 17 Inventories**

	31 March 2021 £000	31 March 2020 £000
Drugs	1,620	1,935
Work In progress	-	-
Consumables	1,651	2,973
Energy	221	221
Other	(55)	-
<b>Total inventories</b>	<b>3,437</b>	<b>5,129</b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £43,108k (2019/20: £35,206k). Write-down of inventories recognised as expenses for the year were £0k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £7,928k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

**Note 18.1 Receivables**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Contract receivables	25,017	42,525
Allowance for impaired contract receivables / assets	(6,011)	(6,723)
Prepayments (non-PFI)	951	845
PFI lifecycle prepayments	5,424	5,284
PDC dividend receivable	3,749	2,025
VAT receivable	1,790	1,541
<b>Total current receivables</b>	<b>30,920</b>	<b>45,497</b>
<b>Non-current</b>		
Contract receivables	-	105
Allowance for impaired contract receivables / assets	-	(24)
Other receivables	100	100
<b>Total non-current receivables</b>	<b>100</b>	<b>181</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	9,350	31,381
Non-current	100	100



**Note 18.2 Allowances for credit losses**

	2020/21		2019/20	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 April - brought forward</b>	<b>6,747</b>	-	<b>9,086</b>	-
Prior period adjustments	-	-	-	-
<b>Allowances as at 1 April - restated</b>	<b>6,747</b>	-	<b>9,086</b>	-
Transfers by absorption	-	-	-	-
New allowances arising *	1,642	-	3,177	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	(2,378)	-	(5,516)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
<b>Allowances as at 31 Mar 2021</b>	<b>6,011</b>	-	<b>6,747</b>	-

\* Increases in the allowances for credit losses is predominantly represented by a proportionate increase in the Trust's indebtedness with Overseas Patients, for which the Trust provides in full. Write offs in 2020/21 represent the impact of the Trust writing off debts due from prior years and not solely debts that relate to 2020/21 - see Note 39 of these Accounts

During 2020/21 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is 'ledger only' as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery is now reported to the Chief Executive and during 2021-2022 enhanced scrutiny of performance will be used to seek to improve debt recovery performance

**Note 18.3 Exposure to credit risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the Trade receivables and other receivables note

**Note 19.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2020/21 £000	2019/20 £000
<b>At 1 April</b>	<b>23,381</b>	<b>27,970</b>
Net change in year	48,060	(4,589)
<b>At 31 March</b>	<b>71,441</b>	<b>23,381</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	36	33
Cash with the Government Banking Service	71,405	23,348
<b>Total cash and cash equivalents as in SoCF</b>	<b>71,441</b>	<b>23,381</b>

**Note 19.2 Third party assets held by the trust**

Sandwell And West Birmingham Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2021 £000	31 March 2020 £000
Bank balances	8	8
<b>Total third party assets</b>	<b>8</b>	<b>8</b>

**Note 20.1 Trade and other payables**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Trade payables	32,038	24,659
Capital payables	26,280	14,802
Accruals	22,407	26,473
Receipts in advance and payments on account	457	5,962
Social security costs	4,580	3,487
Other taxes payable	3,934	3,049
<b>Total current trade and other payables</b>	<b>89,696</b>	<b>78,432</b>
<b>Non-current</b>		
Other payables	-	-
<b>Total non-current trade and other payables</b>	<b>-</b>	<b>-</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	1,573	10,053
Non-current	-	-

**Note 20.2 Early retirements in NHS payables above**

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2021 £000	31 March 2021 Number	31 March 2020 £000	31 March 2020 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

**Note 21 Other liabilities**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Deferred income: contract liabilities	8,589	5,475
<b>Total other current liabilities</b>	<b>8,589</b>	<b>5,475</b>
<b>Non-current</b>		
<b>Total other non-current liabilities</b>	<b>-</b>	<b>-</b>

**Note 22.1 Borrowings**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Obligations under PFI, LIFT or other service concession contracts	1,553	1,876
<b>Total current borrowings</b>	<b>1,553</b>	<b>1,876</b>
<b>Non-current</b>		
Obligations under PFI, LIFT or other service concession contracts	25,911	27,527
<b>Total non-current borrowings</b>	<b>25,911</b>	<b>27,527</b>



**Note 22.2 Reconciliation of liabilities arising from financing activities - 2020/21**

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2020	29,403	29,403
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(1,939)	(1,939)
Financing cash flows - payments of interest	(1,147)	(1,147)
<b>Non-cash movements:</b>		
Application of effective interest rate	1,147	1,147
<b>Carrying value at 31 March 2021</b>	<b>27,464</b>	<b>27,464</b>

**Note 22.3 Reconciliation of liabilities arising from financing activities - 2019/20**

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2019	31,793	31,793
Prior period adjustment	-	-
<b>Carrying value at 1 April 2018 - restated</b>	<b>31,793</b>	<b>31,793</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(2,390)	(2,390)
Financing cash flows - payments of interest	(1,163)	(1,163)
<b>Non-cash movements:</b>		
Application of effective interest rate	1,163	1,163
<b>Carrying value at 31 March 2020</b>	<b>29,403</b>	<b>29,403</b>

**Note 23 Other financial liabilities**

	31 March 2021 £000	31 March 2020 £000
<b>Current</b>		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
<b>Total current other financial liabilities</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
<b>Total non-current other financial liabilities</b>	<b>-</b>	<b>-</b>

**Note 24 Provisions for liabilities and charges analysis**

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re- structuring £000	Redundancy £000	Other £000	Total £000
<b>At 1 April 2020</b>	<b>883</b>	<b>2,865</b>	<b>273</b>	<b>7</b>	<b>54</b>	<b>237</b>	<b>4,319</b>
Change in the discount rate	20	149	-	-	-	-	169
Arising during the year	96	90	134	40	170	51	581
Utilised during the year	(88)	(152)	(128)	-	-	-	(368)
Reversed unused	(75)	-	(11)	-	-	-	(86)
Unwinding of discount	(5)	(14)	-	-	-	-	(19)
<b>At 31 March 2021</b>	<b>831</b>	<b>2,938</b>	<b>268</b>	<b>47</b>	<b>224</b>	<b>288</b>	<b>4,596</b>
<b>Expected timing of cash flows:</b>							
- not later than one year;	85	154	268	47	224	188	966
- later than one year and not later than five years;	339	617	-	-	-	100	1,056
- later than five years.	407	2,167	-	-	-	-	2,574
<b>Total</b>	<b>831</b>	<b>2,938</b>	<b>268</b>	<b>47</b>	<b>224</b>	<b>288</b>	<b>4,596</b>

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex-employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Clinician Pension Tax Provision £100,000, National Poisons potential expenditure of £74,563 and Carbon Reduction Provision of £63,138

Pensions: Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme

The timing and amount of the cash flows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

**Note 24.1 Clinical negligence liabilities**

At 31 March 2021, £208,061k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2020: £199,246k).

**Note 25 Contingent assets and liabilities**

	31 March 2021 £000	31 March 2020 £000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(147)	(137)
Other	(343)	(184)
<b>Gross value of contingent liabilities</b>	<b>(490)</b>	<b>(321)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(490)</b>	<b>(321)</b>
<b>Net value of contingent assets</b>	-	-

NHS Resolution Legal claims are informed by NHS Resolution. Other includes claims for Pension and Injury Benefit which are informed by the NHS Pensions Agency

**Note 26 Contractual capital commitments**

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	165,765	340,273
Intangible assets	-	-
<b>Total</b>	<b>165,765</b>	<b>340,273</b>

**Note 26 On-SoFP PFI, LIFT or other service concession arrangements****Birmingham Treatment Centre (BTC)**

Length of Contract is 30 Years

The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005. The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust.

**Managed Equipment Scheme (MES)**

Length of Contract is 10 Years

The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2026 at which point the Trust has the right to exercise an option to take ownership of the equipment.

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2021 £000	31 March 2020 £000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>37,092</b>	<b>40,066</b>
<b>Of which liabilities are due</b>		
- not later than one year;	2,652	2,974
- later than one year and not later than five years;	12,566	12,024
- later than five years.	21,874	25,068
Finance charges allocated to future periods	(9,628)	(10,663)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>27,464</b>	<b>29,403</b>
- not later than one year;	1,553	1,876
- later than one year and not later than five years;	8,644	7,980
- later than five years.	17,267	19,547

**Note 26.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2021 £000	31 March 2020 £000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>104,279</b>	<b>112,521</b>
<b>Of which payments are due:</b>		
- not later than one year;	8,448	8,242
- later than one year and not later than five years;	35,957	35,080
- later than five years.	59,874	69,199



**Note 26.3 Analysis of amounts payable to service concession operator**

This note provides an analysis of the unitary payments made to the service concession operator:

	2020/21	2019/20
	£000	£000
<b>Unitary payment payable to service concession operator</b>	<b>8,709</b>	<b>8,291</b>
<b>Consisting of:</b>		
- Interest charge	1,147	1,163
- Repayment of balance sheet obligation	2,033	2,390
- Service element and other charges to operating expenditure	2,897	2,802
- Capital lifecycle maintenance	1,398	784
- Revenue lifecycle maintenance	-	-
- Contingent rent	1,001	1,152
- Addition to lifecycle prepayment	233	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-
<b>Total amount paid to service concession operator</b>	<b>8,709</b>	<b>8,291</b>

**Note 27 Financial instruments****Note 27.1 Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCGs and the way those CCGs are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

DRAFT

DRAFT

**Note 27.2 Carrying values of financial assets**

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2021</b>				
Trade and other receivables excluding non financial assets	19,006	-	-	19,006
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	71,441	-	-	71,441
<b>Total at 31 March 2021</b>	<b>90,447</b>	<b>-</b>	<b>-</b>	<b>90,447</b>

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2020</b>				
Trade and other receivables excluding non financial assets	35,883	-	-	35,883
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	23,381	-	-	23,381
<b>Total at 31 March 2020</b>	<b>59,264</b>	<b>-</b>	<b>-</b>	<b>59,264</b>

**Note 27.3 Carrying values of financial liabilities**

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2021</b>			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	27,464	-	27,464
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	80,438	-	80,438
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2021</b>	<b>107,902</b>	<b>-</b>	<b>107,902</b>

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2020</b>			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	29,403	-	29,403
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	65,934	-	65,934
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2020</b>	<b>95,337</b>	<b>-</b>	<b>95,337</b>

**Note 27.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	83,090	68,908
In more than one year but not more than five years	12,566	12,024
In more than five years	21,874	25,068
<b>Total</b>	<b>117,530</b>	<b>106,000</b>

\* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

**Note 27.5 Fair values of financial assets and liabilities**

Book value (carrying value) is a reasonable approximation of fair value of financial assets and liabilities.

**Note 28 Losses and special payments**

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Bad debts and claims abandoned	745	2,294	727	5,400
Stores losses and damage to property	1	98	5	57
<b>Total losses</b>	<b>746</b>	<b>2,392</b>	<b>732</b>	<b>5,457</b>
<b>Special payments</b>				
Ex-gratia payments	58	91	66	173
<b>Total special payments</b>	<b>58</b>	<b>91</b>	<b>66</b>	<b>173</b>
<b>Total losses and special payments</b>	<b>804</b>	<b>2,483</b>	<b>798</b>	<b>5,630</b>
Compensation payments received	-	-	-	-

**Note 29 Gifts**

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Gifts made	-	-	-	-

**Note 30 Related parties**

During the year 4 of the Trust Board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Sandwell & West Birmingham Hospitals NHS Trust. They have declared that they will withdraw from any business discussions that could have any potential conflict of interest.

Mick Lavery (Non Executive Director of the Trust) and Council Member and Audit Committee Chair - University of Birmingham and CEO of Extra Care Charitable Trust

Waseem Zaffar (Non Executive Director of the Trust) and council member of Birmingham City Council.

Kate Thomas (non-executive director of the trust) also holds sessional posts with Health Education England, the GMC and Medical Schools Council assessment.

Toby Lewis (CEO of the trust and council member of Aston University (To July 2021))

The Department of Health is regarded as a related party. During the year 2020/21 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These are listed below:-

	Revenue	Expenditure	Receivables	Payables
NHS Sandwell & West Birmingham CCG	342,122		670	
NHS Birmingham and Solihull CCG	83,627	20,000		
Health Education England	18,929		178	
NHS Walsall CCG	5,273		147	
NHS Resolution		15,615		
University Hospitals Birmingham NHS Foundation Trust	2,996	3,412	6	
The Royal Wolverhampton NHS Trust	1,440	16,792	151	1,973
The Dudley Group NHS Foundation Trust	940	17	12	
Walsall Healthcare NHS Trust	1,239	1,990	431	
University of Birmingham	50	20	23	26
Birmingham City Council	187	25	513	25
Aston University	261	39	258	39

In respect of the amounts stated above, there are no provisions for doubtful debts related to the amount of outstanding balances. There are no expenses recognised during the period in respect of bad or doubtful debts due from related parties.

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Department for Education and Skills in respect of University Hospitals Birmingham NHS Foundation Trust, Sandwell MBC and Birmingham City Council.

The Trust has also received capital payments from the Sandwell & West Birmingham Hospitals NHS Trust Charity, certain of the trustees for which are also members of the Trust board, the transactions in 2019-20 were not material to either party.

**Note 31 Events after the reporting date**

There were no events after the reporting date



**Note 35 Better Payment Practice code**

	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	102,083	346,932	96,800	237,087
Total non-NHS trade invoices paid within target	75,385	273,446	30,965	102,014
Percentage of non-NHS trade invoices paid within target	73.8%	78.8%	32.0%	43.0%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	2,931	42,113	3,022	37,043
Total NHS trade invoices paid within target	1,360	25,758	841	19,246
Percentage of NHS trade invoices paid within target	46.4%	61.2%	27.8%	52.0%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 36 External financing limit**

The trust is given an external financing limit against which it is permitted to underspend

	2020/21 £000	2019/20 £000
Cash flow financing	136,015	54,585
<b>External financing requirement</b>	<b>136,015</b>	<b>54,585</b>
External financing limit (EFL)	168,237	54,585
<b>Under / (over) spend against EFL</b>	<b>32,222</b>	<b>-</b>

**Note 37 Capital Resource Limit**

	2020/21 £000	2019/20 £000
Gross capital expenditure	186,177	83,056
Less: Donated and granted capital additions	(433)	(81)
<b>Charge against Capital Resource Limit</b>	<b>185,744</b>	<b>82,975</b>
Capital Resource Limit	189,862	98,916
<b>Under / (over) spend against CRL</b>	<b>4,118</b>	<b>15,941</b>

**Note 38 Breakeven duty financial performance**

	2020/21 £000
Adjusted financial performance surplus / (deficit) (control total basis)	383
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>383</b>

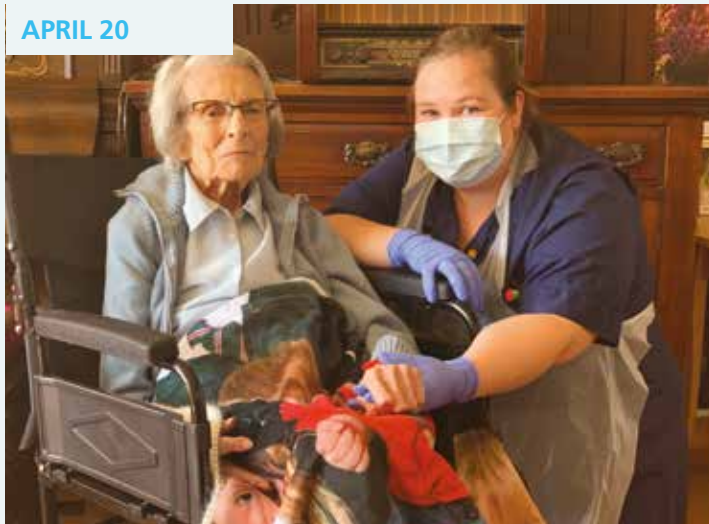
**Note 39 Breakeven duty rolling assessment**

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Breakeven duty in-year financial performance	4,669	7,260	2,193	1,863	6,523	6,751	4,653	3,857	(11,933)	24,165	17,835	576	383
Breakeven duty cumulative position		11,929	14,122	15,985	22,508	29,259	33,912	37,769	25,836	50,001	67,836	68,412	68,795
Operating income		384,774	387,870	424,144	433,007	439,022	446,590	443,698	460,197	494,158	655,374	544,033	615,659
<b>Cumulative breakeven position as a percentage of operating income</b>		3.1%	3.6%	3.8%	5.2%	6.7%	7.6%	8.5%	5.6%	10.1%	10.4%	12.6%	11.2%
Breakeven duty in-year financial performance													
Breakeven duty cumulative position													
Operating income													
<b>Cumulative breakeven position as a percentage of operating income</b>													



Our year in pictures

APRIL 20



Connie Titchen's battle against COVID-19 enthralled the world this month as the 106 year old was able to go home.

MAY 20



Dr Derek Connolly consults a patient using virtual meeting software Visionable, which was brought in to replace face-to-face meetings under COVID-19.

JUNE 20



Becoming a Queen's Nurse is one of the most prestigious accolades anyone can receive in nursing - and this coveted title was bestowed upon Susan Knight, Practice Education Lead.

JULY 20



On the NHS's 72nd birthday we lit up our main sites in blue to say thank you to our local communities and businesses who have provided invaluable support to our Trust.

AUGUST 20



COVID-19 was also about supporting the community, with Sandwell School Nurses recording a series of story time videos for young children. (Faisal Khan pictured)

SEPTEMBER 20



Mental and physical health has been a big concern for the Trust, with Dr Nick Makwana's monthly #Dance4Wellbeing routines helping raise spirits.

OCTOBER 20



Some very small, very green fingers helping to plant Sandwell Day Nursery's new mini-allotment outside Hallam Restaurant.

NOVEMBER 20



The Trust's environmental focus was recognised in the Modeshift National Sustainable Travel Awards. (Pictured: Fran Silcocks, Sustainability Officer.)

DECEMBER 20



Making the difference has many forms: City ED colleagues helped transform Christmas for five families in need with donations.

JANUARY 21



2021 began with a note of hope as our vaccination hubs began to distribute jabs to the first age brackets.

FEBRUARY 21



Members of the British Army swooped in to our hospitals to join the frontline in the fight against COVID-19 and providing invaluable assistance.

MARCH 21



The Alcohol Care Team celebrating their 'highly commended' commendation while watching the HSJ Awards virtually.



## Further Information

For more information, please visit the Trust's website at [www.swbh.nhs.uk](http://www.swbh.nhs.uk). If you are unable to find the information you need on the website, then please contact the Communications Team by telephone on 0121 507 5303, by email at [swbh.comms@nhs.net](mailto:swbh.comms@nhs.net), or by post at: Communications Department, Trinity House, Sandwell General Hospital, Lyndon, West Bromwich, West Midlands, B74 4HJ.

The Freedom of Information Act (2000) entitles you to request information on a variety of subjects, including our services, infection rates, performance, and staffing. For more details on how to make a Freedom of Information request you can visit our website – and click onto 'Our Trust', then on the left hand side panel, select 'Statutory Information'. Within this section you will find the Freedom of Information section.

### How to find us

For more details on how to get to our hospital sites, you can go on our website and select the 'Contact Us' tab (<https://www.swbh.nhs.uk/contact-locations/find-us/>). To contact us by telephone, please call 0121 554 3801. Additional contact numbers can also be found on our 'Frequently Asked Questions (FAQ)' page (<https://www.swbh.nhs.uk/contact-locations/faq/>).

### Car parking

Car parks are situated near the main entrance of each hospital. Vehicles are parked at owners' risk. Spaces for disabled badge holders are at various points around our sites. The car parks operate a pay on foot facility except for two pay and display car parks at City Hospital. One is directly in front of the Main Entrance for blue badge holders only, and the other is by Hearing Services. Patients and visitors attending Sandwell Hospital are also able to access the All Saints car park, situated on Little Lane, opposite the Emergency Department.

### Visitor Charges

#### Standard tariff for all SWB sites (except Rowley Regis)

Up to 15 minutes	FREE
Up to 1 hour	£2.80
Up to 2 hours	£3.90
Up to 3 hours	£4.40
Up to 5 hours	£4.80
Up to 24 hours	£5.30

#### Rowley Regis Hospital

Up to 15 minutes	FREE
Up to 6 hours	£2.80
Up to 24 hours	£5.30

#### Season tickets

3 days	£9.20 (+ £5 refundable deposit)
7 days	£18.50 (+ £5 refundable deposit)
3 months	£43 (+ £5 refundable deposit)

### Blue Badge Holders

Parking for Blue Badge Scheme users is free and is located as close to main hospital buildings as possible.

### Patients on benefits

Anyone on a low income who is entitled benefits or receives income support can claim for reimbursement of bus fare and receive a token to allow free exit from hospital car parks. Bring proof of your benefits to one of the following places:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

### Appointment delays

If your appointment is delayed, through no fault of your own, you can receive a discount in parking charges. You can request a form from the outpatients department, which should be filled in by yourself and handed into the main reception. You will be charged for one hour's worth of parking.

### Parking Charge Notices

Parking Charge Notices (PCNs) may be issued if a vehicle causes an obstruction or if a permit or pay and display ticket isn't displayed. Please note:

- Only vehicles displaying a valid blue disabled badge can be parked in a disabled bay.
- Vehicles must be parked in designated parking bays. Vehicles must not be parked on double red/double yellow lines or yellow hatched areas.
- Vehicles must not cause an obstruction, e.g. blocking building entrances, fire access/exit routes, cycle-ways, car park entrances, coned off areas and pavements/footpaths

If a vehicle breaches the Trust parking regulations a notice may be placed on it advising that an additional parking charge will be payable. The date, time, location, violation, vehicle make, model and registration will be recorded, and a photograph will be taken showing the position of the vehicle. The PCN will be attached to the windscreen. Payment of PCNs should be made to a third party contractor by telephone or online. The appeals process and method of payment is detailed on the reverse of the PCN. If you are not satisfied with the outcome, you can make a further appeal to the Independent Appeals Service (ISA). The Independent Appeals Service provides an Alternative Dispute Resolution (ADR) scheme for disputes. Open Parking may engage with the IAS ADR service at their discretion should further dispute arise over this charge in the future. The PCN is set at £60. If payment is received within 14 days from the date of issue, this will be reduced to £30. After 14 days, the full £60 charge is payable unless an appeal has been lodged within the 14-day period.

### Security

Security officers are on duty at City and Sandwell Hospitals 24 hours per day, 365 days per year. Intercoms are linked directly to Security from entry/exit barriers and the pay on foot machines. All car parks at City and Sandwell Hospitals are illuminated at night, monitored by CCTV and patrolled regularly by security officers.

### Local Resolution (formerly known as PALS)

By contacting Local Resolution you can talk to someone who is not involved in your care. You can ask questions,

get advice or give your opinions. Providing on-the-spot help and support with the power to negotiate solutions or speedy resolutions of problems, Local Resolution can also act as a gateway to independent advice and aims to:

- Be identifiable and accessible;
- Provide help and support with the power to negotiate solutions to problems;
- Act as a gateway to independent advice;
- Provide accurate information to patients, carer(s) and families;
- Provide advice and support to you, your family and carer(s).
- Listen to and act on your concerns, suggestions or comments.
- Help to resolve your concerns by liaising with the ward or department involved on your behalf.
- Pass on positive feedback to the relevant members of staff working in that area.

At Purple Points across our sites you can ensure inpatients and their loved ones can speak to someone who can help them resolve a concern whilst they are still in our care. Patients and/or their relatives can use phones at our Purple Points, located outside inpatient wards, to call our advisors between 9am and 9pm every day. They will contact staff on the ward in question, who will aim to resolve the concern so that we can make a difference at the time, rather than when they have gone home. The patient and/or relative will be kept up-to-date, ensuring they are happy with the outcome. Alternatively, they can call the team to compliment individual staff, teams or services. If English isn't the first language, we use a telephone interpreting service to make sure this is resolved at the time.

The phone line is also available in foreign languages. Patients or their loved ones can also call 0121 507 4999 direct from their own phone.

To make an official complaint, you can send it in writing to: The Complaints Department, Sandwell and West Birmingham NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH.

You can also email [swbh.complaints@nhs.net](mailto:swbh.complaints@nhs.net), or contact us by phone on 0121 507 5836 (10am-4pm, Monday - Friday). Please leave a message if the line is engaged or if you are calling outside office hours.



**Sandwell and West Birmingham NHS Trust**

Sandwell General Hospital  
Lyndon  
West Bromwich  
West Midlands  
B71 4HJ  
Tel: 0121 553 1831

Birmingham City Hospital  
Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 0121 554 3801

Birmingham Treatment Centre  
Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 0121 507 6180

Leasowes Intermediate Care Centre  
Oldbury Rd  
Smethwick  
B66 1JE  
Tel: 0121 612 3444

Rowley Regis Hospital  
Moor Lane  
Rowley Regis  
West Midlands  
B65 8DA  
Tel: 0121 507 6300

[www.swbh.nhs.uk](http://www.swbh.nhs.uk)

<b>Audit and Risk Committee</b>	
Date of meeting:	6 <sup>th</sup> May 2021
Attendees:	Lesley Writtle, Harjinder Kang, Mick Laverty, Mike Hoare, Kate Thomas, Kam Dhami, Dinah McLannahan, Mark Stocks, Asam Hussain, Mike Gennard, Simon Sheppard, Craig Higgins, Susan Rudd, Dave Baker, Bradley Vaughan, Zak Francis
Apologies:	Waseem Zaffar
Key points of discussion relevant to the Board:	<ul style="list-style-type: none"> <li>• A number of actions remained open following an Internal Audit review of the Strategic Board Assurance Framework due to the on-going work to align the BAF and risk register modules in the Safeguard system. The actions will be closed by the end of June. The 2018/20 SBAF risks continue to be updated on progress against management actions, the risk scores and assurance levels and presented to the relevant Board Committees. Board discussions are in progress to agree new corporate objectives from which the 2021/23 board assurance framework will be created.</li> <li>• The formal draft Head of Internal Audit opinion was that the Trust had an adequate and effective framework for risk management, governance and internal control, however, there were a number of further enhancements required to ensure the situation remained so. The Trust was at the lower end of a positive opinion so the outstanding Internal Audit review actions needed to be closed and DSPT compliance achieved.</li> <li>• The draft annual unaudited Accounts were reviewed. It was noted that the financial performance against the Control Total was £0.38m. The Trust had met all of its key financial duties. The Accounts included the financial impact of the centrally procured equipment for the COVID-19 response and also PPE with a cost-neutral impact. The Accounts will be audited until final submission, due on 29<sup>th</sup> June 2021. No changes to the main financial statements are expected, but narrative changes may be made. A schedule of updates will be provided to the Committee in June, ahead of the submission date.</li> </ul>
Positive highlights of note:	<ul style="list-style-type: none"> <li>• It was acknowledged that it had been a considerable achievement to get the annual Accounts ready in difficult circumstances. The finance team were congratulated.</li> </ul>

<b>Audit and Risk Committee</b>	
Matters of concern or key risks to escalate to the Board:	<ul style="list-style-type: none"> <li>• Achieving full compliance with the outstanding information governance standards in the DSPT remain a challenge by the end of June submission date. The relevant Executive Directors were closely involved in overseeing this work .</li> <li>• Closure of the 71 overdue actions relating to completed Internal Audit reviews would be monitored by the CEO chaired Performance Management Committee. Executive Directors may be called to the A&amp;RMC to discuss any that remain open.</li> </ul>
Matters presented for information or noting:	<p>The following final Internal Audit review reports were received:</p> <ul style="list-style-type: none"> <li>• Human Tissue Authority (partial assurance)</li> <li>• General ledger and financial reporting (reasonable assurance)</li> <li>• Payroll and expenses (partial assurance)</li> </ul>
Decisions made:	None
Actions agreed:	See action tracker

**Lesley Writtle, Non Executive Director**  
**Chair of the Audit & Risk Management Committee**

**For the meeting of the Trust Board scheduled for 9th June 2021**



<b>Finance and Investment Committee</b>	
Date of meeting:	28 <sup>th</sup> May 2021
Attendees:	Mike Hoare, Harjinder Kang, Dinah McLannahan, Dave Baker, Liam Kennedy, Simon Sheppard, Paul Stanaway
Apologies:	None
Key points of discussion relevant to the Board:	<ul style="list-style-type: none"> <li>• Procurement Annual Report 2021 – in terms of way forward, agreed pursue all collaborative opportunities under current structure</li> <li>• BVQC Efficiency Programme update – good progress but schemes require validation, 6 weeks to work up full year target plan</li> <li>• Month 1 finance report – on plan</li> <li>• BCWB ICS H1 and H2 Planning update – Block for H1 noted</li> <li>• FIC Annual workplan - agreed</li> </ul>
Positive highlights of note:	<ul style="list-style-type: none"> <li>• Progress on procurement team performance, support during the pandemic on PPE</li> </ul>
Matters of concern or key risks to escalate to the Board:	<ul style="list-style-type: none"> <li>• System finances – clarity is required on totality of system spend, development and investment funds available in 2122, ICS wide process for prioritisation for investment, methodology for determining underlying position of the system</li> </ul>
Decisions made:	<ul style="list-style-type: none"> <li>• Annual work plan approved</li> </ul>
Actions agreed:	<ul style="list-style-type: none"> <li>• Work up trust infrastructure required to support the financial efficiency by-products of the Trust's innovation and efficiency work</li> <li>• Forecast on agency spend that links mitigating actions to spend reduction</li> <li>• MH to confirm lead NED for procurement</li> <li>• Report underlying position to next FIC</li> <li>• Compare pay bill to pre-Covid run rate and LTFM</li> </ul>

**Mike Hoare, Non-Executive Director**  
**Chair of the Finance and Investment Committee**  
**For the meeting of the Trust Board scheduled for 9th June 2021**

**QUALITY AND SAFETY COMMITTEE**

Date of meeting:	28 <sup>th</sup> May 2021
Attendees:	Harjinder Kang (Chair), Kate Thomas, Lesley Writtle, Liam Kennedy, Melanie Roberts, David Carruthers, Parmjit Marok, and Kam Dhami <i>In attendance:</i> Dave Baker, Helen Hurst and Susan Rudd  <b>NB:</b> KT chaired the second half of the meeting as HK had to leave to attend a meeting
Apologies:	Chizo Agwu
Key points of discussion relevant to the Board:	<ul style="list-style-type: none"> <li>• <b>COVID-19 mortality:</b> The findings of an internal review by the Learning from Deaths team in to the higher number of deaths than normal due to COVID-19 deaths were presented. It was noted that the crude in-patient mortality rate for the 2<sup>nd</sup> wave was lower than the 1<sup>st</sup> wave and well within control limits when compared to peer Trusts. It was found that mortality rates were equivalent to national data. Diagnosis of COVID after the 2<sup>nd</sup> FCE has contributed to the Trust's raised HSMR and will continue to do so over the coming months. The factors contributing to a raised HSMR / SHMi are currently under review with further proposals for addressing this being produced.</li> <li>• <b>Safe nursing staffing:</b> The committee discussed the proposed approach to current and on-going recruitment and vacancy management to ensure the Trust has a safe and resilient nursing workforce. Actions implemented to manage staffing across the inpatient wards during the peak of COVID have been stepped down as the nurse to patient ratios have returned to national recommended levels. It is anticipated that over the next 6 months the Trust will have filled the majority of current substantive nursing posts, excluding maternity and hotspot areas. Delays may be experienced with international recruitment candidates from countries where travel has been stopped due to new COVID variants. Future reports will triangulate hotspot areas with quality and safety data to understand the impact of vacancies on services.</li> <li>• <b>Adult and Children Safeguarding:</b> Q4 progress and key challenges facing both services were discussed. The number of <i>Looked after Children</i> remains high (888) with Sandwell having the highest number compared to neighbouring authorities. It is anticipated this number will continue to rise given the impact of COVID and hidden harm emerging. This risk is being actively mitigated most recently by securing funding to appoint 2 wte Band 6 posts with an anticipated start date of June 2021.</li> </ul>

## QUALITY AND SAFETY COMMITTEE

	<p>Funding for additional posts requested within the business case is being pursued. This issue continues to be raised with the Designated Nurse for <i>Looked after Children</i>.</p> <p>Poor practice and application of the MCA in adults has been highlighted in recent SARs, complaints and audits. Improvement measures were presented and discussed and include a focus on Mental Capacity in Safeguarding Level 3 Training. A trajectory for delivery the delayed coercive control training for all maternity staff (300) has been set to happen by the end of December 2021</p>
Positive highlights of note:	<ul style="list-style-type: none"> <li>• None</li> </ul>
Matters of concern or key risks to escalate to the Board:	<ul style="list-style-type: none"> <li>• None</li> </ul>
Matters presented for information or noting:	<ul style="list-style-type: none"> <li>• <b>Ordering tests/results endorsement:</b> Results endorsement (RA) is an important safety process for assurance that tests are seen and acted upon. There remains a lack of clarity amongst clinicians of the expectation of RA despite much communication. The plan to phase out paper reports was presented and the safety net checks needed to gain assurance around ordering and endorsement during movement through the various gateways</li> <li>• <b>Maternity dashboard and neonatal data report:</b> April's data exceptions were presented and discussed. Reference was also made to the 2-day focussed CQC inspection that happened in April. No immediate safety concerns were raised but midwifery staffing was called out as potential risk to patient safety. A report to the June Board will provide the Trust's immediate response to the initial concerns raised. The full report is awaited.</li> <li>• <b>IQPR:</b> The April data highlights were considered. 2 Never Events were reported – (a) Patient unintentionally attached to air instead of Oxygen in ED and (b) Incorrect surgical procedure performed in Ophthalmology. Both incidents are under investigation the final reports will be presented to the Committee.</li> </ul>
Decisions made:	None
Actions agreed:	See the action tracker

**Harjinder Kang, Non-Executive Director**  
**Chair of the Quality and Safety Committee**

**For the meeting of the Trust Board scheduled for 9<sup>th</sup> June 2021**



### ESTATES MAJOR PROJECTS AUTHORITY – PUBLIC SUMMARY

Date of meeting:	28 <sup>th</sup> May 2021
Attendees:	<ul style="list-style-type: none"> <li>Sir David Nicholson, Mick Laverty, Mike Hoare, Harjinder Kang, Rachel Barlow, Richard Beeken, Dinah McLannahan, Austin Bell, Susan Rudd.</li> </ul>
Apologies:	<ul style="list-style-type: none"> <li>Toby Lewis, Waseem Zaffar</li> </ul>
Key points of discussion relevant to the Board:	<ul style="list-style-type: none"> <li>Construction of MMUH progresses along with the clinical model and workforce design.</li> <li>Communications focus has been recently in the main internal facing. Focus over next few months is on activating a comprehensive community engagement plan which will realise the potential for the impact of the building and space as a community facility not just as a health facility.</li> <li>The inspiring Arts programme has ambitions for MMUH to become a National Portfolio Organisation bringing exhibitions /employment related to art into the local area.</li> <li>Work with the Common Wealth Games planning team should progress now to plan celebrations and events on the MMUH site.</li> <li>Revised City site master plan completed to inform potential future use and regeneration of that site and the wider community.</li> <li>Net Zero carbon programme now developing portfolio of work for indirect non energy carbon production. Good clinical and non-clinical engagement.</li> </ul>
Positive highlights of note:	<ul style="list-style-type: none"> <li>The scope of work in the regeneration, sustainability and arts programmes.</li> </ul>
Matters of concern or key risks to escalate to the Board:	<ul style="list-style-type: none"> <li>NA</li> </ul>
Matters presented for information or noting:	<ul style="list-style-type: none"> <li>NA</li> </ul>
Decisions made:	<ul style="list-style-type: none"> <li>NA</li> </ul>
Actions agreed:	<ul style="list-style-type: none"> <li>Connect with partner on COP26 work and Common Wealth Games opportunities.</li> </ul>

**The full minutes of this meeting will be considered at private session due to the commercial sensitivity of matters discussed.**

**Sir David Nicholson Chairman  
Chair of the Estates Major Projects Authority  
For the meeting of the Trust Board scheduled for 9th June 2021**

<b>Report Title</b>	Gold update on COVID-19 position		
<b>Sponsoring Executive</b>	Liam Kennedy – Chief Operating Officer		
<b>Report Author</b>	Liam Kennedy – Chief Operating Officer, Melanie Roberts – Acting Chief Nurse,		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9 <sup>th</sup> June 2021

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

The Board should focus on:

- The continued low prevalence of community rates, despite the easing of national regulations.
- The internal changes to the site including the removal of our last full Covid ward
- The Completion of our Covid-19 Surge plan in preparation for any future increases in Covid admissions

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

Safety Plan	<b>X</b>	Public Health Plan	<b>X</b>	People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

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

CLE

### 4. Recommendation(s)

Board is asked to:

- a. **Note** the contents of the report
- b. **Note** and Discuss the changes that we have implemented as part of our de-escalation plan
- c. **Note** the completion of our Covid 19 Surge plan

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

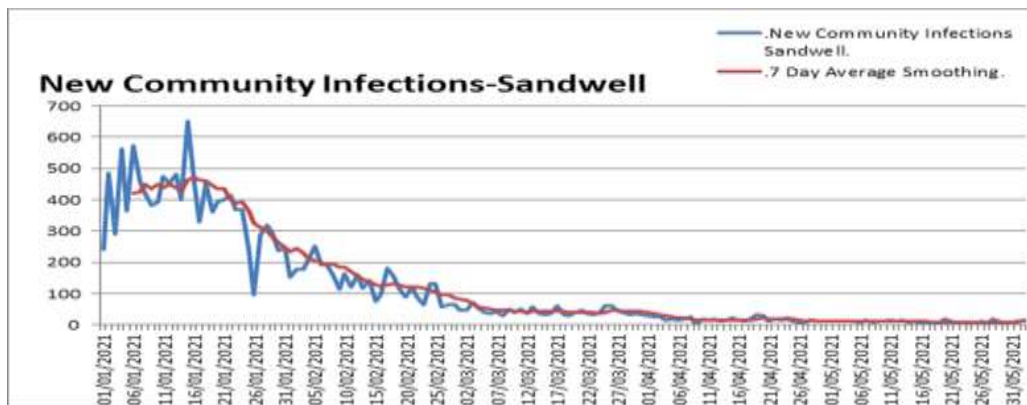
Trust Risk Register						
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	x	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 9<sup>th</sup> June 2021 Gold update on COVID-19 position

### 1. Community infection Rate

- 1.1 The Community infection rate remains very stable over the last several weeks despite the relaxation of government guidelines on Covid. The Community infection rate is our proxy and first trigger point for implementation of any internal re-surge plans.



### 2. In-patient Beds

- 2.1 The number of Covid Positive in-patients has remained very stable at less than 20 over the last few weeks. However, we still have the 4<sup>th</sup> highest number of Covid inpatients in the midlands, comparable to our position throughout the pandemic.
- 2.2 Our last remaining Covid Ward, the respiratory ward, is being converted to a Non-Covid ward with segregated areas and Side rooms to accommodate Covid Patients. The organisation will manage Covid patients on speciality wards in side rooms as per other infectious diseases. If the limited Side rooms are full there is escalation plans to create another bay to support isolation of Covid positive patients

### 3. Surge Plan

- 3.1 Following several de-brief sessions a re-surge plan has been compiled, which evaluates the learning from both previous Covid surges and provides the organisation with a pick up and go document for responding to future surges.
- 3.2 The Plan covers detailed plans for each group in how they respond to the escalating trigger points. It also covers amongst other details; the switches to geographical locations, redeployment of staff groups, set up and step down of relevant meetings and the trigger points for escalation at each stage



#### **4. Indian Variant**

- 4.1 Public Health England has stated that a variant of COVID-19 first detected in India has become “a global variant of concern”. In preliminary studies it has been found to spread more easily. In light of this we need to continue to be vigilant in our approach to managing COVID-19, particularly for those patients who come to our hospital sites via the emergency department needing admission.
- 4.2 The Trust has developed new guidance for staff in the emergency department to ensure patients are screened for symptoms and asked about recent travel to India but also recent travel to any current hot spot areas in the UK such as areas in the North West, Bedford etc. so that we can ensure that there is not further transmission of the virus within the Trust

#### **5. Staff Lamp testing**

- 5.1 Lamp testing has now been rolled out across the organisation. The current uptake is at 33%, with just under 40% of staff registered to undertake the test. There are plans in place to increase the uptake via a communications campaign and pop up registration clinics. Letters have been sent to all staff to encourage the use of Lamp testing across the organisation

#### **6. Vaccination**

- 6.1 Trust vaccination data is currently at 70%. We are continuing our communications campaign to encourage staff to have the vaccine. Staff can continue to access the vaccine at either Tipton Sports Centre or Saddlers in Walsall
- 6.2 There have been changes from the JCVI in relation to the Astra Zeneca vaccine. All pregnant women and the under 40s are to be offered an alternative vaccine. Vaccinations are now open for the 30 years and over across the country.
- 6.3 Tipton has been approved to be able to offer both the Astra Zeneca vaccine and the Pfizer vaccine. Pfizer vaccinations went live at Tipton on the 1st June 2021
- 6.4 Tipton commenced 2nd vaccines on the 10<sup>th</sup> May. The timescale between 1<sup>st</sup> and 2nd doses has also changed recently from 12 weeks to 8 weeks. All patients who have appointments after the 25<sup>th</sup> May will have their second vaccine brought forward. The target date for completion for second vaccines in the over 50s is mid-June

#### **7. Recommendations**

- 7.1 The board is asked to:
  - a) Note the contents of the report
  - b) Note and Discuss the changes that we have implemented as part of our de-escalation plan
  - c) Note the completion of our Covid 19 Surge plan

Liam Kennedy  
Chief Operating Officer

Melanie Roberts  
Acting chief Nurse

June 2021

<b>Report Title</b>	Planned Care update				
<b>Sponsoring Executive</b>	Liam Kennedy – Chief Operating Officer				
<b>Report Author</b>	Liam Kennedy - Chief Operating Officer				
<b>Meeting</b>	Trust Board	<b>Date</b>	9 <sup>th</sup> June 2021		
<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Committee should focus on]</i>					
<p>The Board is asked to focus on:</p> <p>The trajectories set by the organisation, focusing on the current position of high priority patients (P2) against the agreed clearance trajectory.</p> <p>The issues and Proposed mitigations around the trajectories, with the focus on Ophthalmology</p> <p>The Board should also note the Trust position in relation to the nationally set, activity recovery expectations and the relative position of the organisation in relation to the system position.</p>					
<b>2. Alignment to 2020 Vision</b> <i>[indicate with an 'X' which Plan this paper supports]</i>					
Safety Plan	x	Public Health Plan	x	People Plan & Education Plan	x
Quality Plan	x	Research & Development		Estates Plan	x
Financial Plan	x	Digital Plan	x	Other <i>[specify in the paper]</i>	
<b>3. Previous consideration</b> <i>[where has this paper been previously discussed?]</i>					
PMC & CLE					
<b>4. Recommendation(s)</b>					
Trust Board is asked to:					
a.	<b>NOTE</b> and focus on the current performance against trajectories				
b.	Offer <b>CHALLENGE</b> and further assurance required against the mitigations being put in place				
c.	<b>DISCUSS</b> the Trust position in relation to the national Activity levels and system position				
<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>					
Trust Risk Register		214 / 4332 / 4333 / 4159			
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y		N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	If 'Y' date completed



# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to Trust Board: 9<sup>th</sup> June 2021

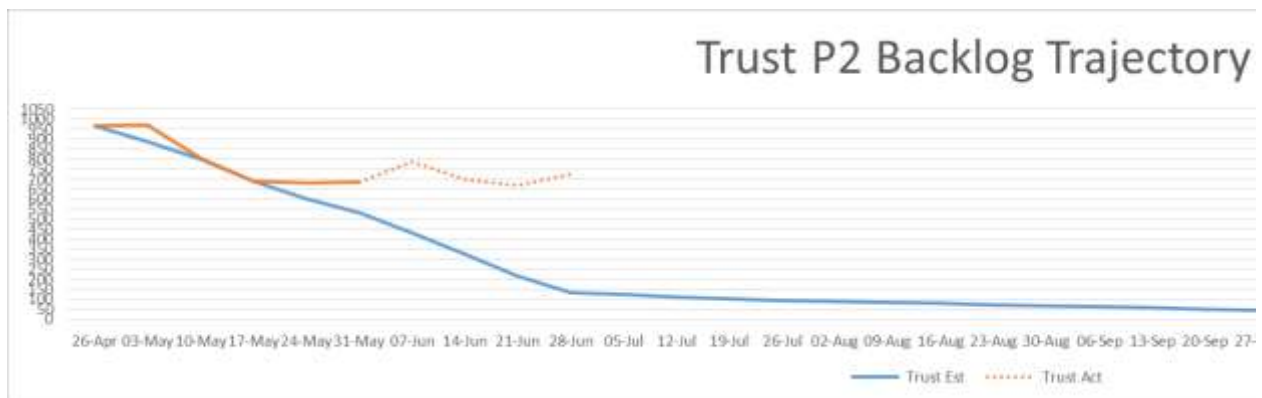
### Planned Care Update

#### 1. Introduction or background

- 1.1 This report outlines the trust expected clearance trajectories against several key targets, including; tracking of actual delivery versus target, rationale for variance and key mitigations.
- 1.2 The report covers the P2 backlog trajectory, the diagnostic trajectory, the Cancer trajectory and the activity and finance trajectory against national standards.

#### 2. P2 backlog trajectory

- 2.1 P2, is the category assigned to those patients who are due treatment within 28 days from listing. The backlog position is all patients who are over the agreed 28 day window. This is regarded as our highest priority subset of patients.
- 2.2 The Graph below demonstrates our current delivery against our agreed trajectory clearance:



- 2.3 The trust P2 backlog started at just under 1000 patients at the end of April and is currently just over 650. The trajectory assumes that we reduce all patients over 28 days for P2 patients by the end of June for most specialities, with Ophthalmology currently re-forecast to deliver by the end of August.
- 2.4 The currently deliver shows the trust was tracking against trajectory but has started to deviate. The dotted line demonstrates future booking and shows further deviation. This is linked to Ophthalmology which makes up 70% of the P2 backlog. Further work on booking internal capacity and utilisation of ISP is underway to ensure Ophthalmology returns to plan. There is still ample internal capacity to book for June.

### 3. Diagnostic Performance

- 3.1 The May Diagnostic Performance was 90.72% an increase in 3% since April, however 5% off the agreed end of May position of 96%.
- 3.2 The Deviation was 2 fold; Cystoscopy continues to be a significant challenge, as has been seen nationally. The previous mitigation of single use cystoscopies has not delivered the desired outcome. Further support from ISP is now being sought.
- 3.3 Gastroscopy is the other diagnostic procedure off target, but further sessions have been set up to mitigate the backlog along with a renewed demand and capacity modelling.

### 4. Cancer Performance

- 4.1 The Trust trajectory for Cancer performance is to deliver against the 62 day standard at 85% again by December 2021. Internally each tumour site has a trajectory that supports the trust level delivery. We have seen a month by month improvement and although some months will drop in performance in line with backlog clearance we are tracking against this.
- 4.2 As a System we also submitted a trajectory that mapped each Trusts reduction against 62 day and 104 day standards. This Trust had the largest volume of Cancer pathways over 62 days at the end of March, but have reduced our backlogs in line with regional asks and are performing well in relation to other providers in the system.
- 4.3 We are aiming to ensure we have no 104 day cancer waits by December and less than 125 62 day+. We are currently tracking against this, but will see regular movement as diagnostic results come back.

### 5. Activity recovery

- 5.1 The trust has managed to return to over 80% of its 2019/20 activity levels, for April, with May forecast to deliver over 85%. The trust has re-established 100% of its pre-covid theatres in the first week in June. This should provide the board assurance over delivery of the trajectories and the ability to mitigate risk of those long waiters.
- 5.2 The national ask is to deliver 70% of activity in April and improve in 5% increments monthly. The trust is delivering c.10% higher than this, which will attract additional funding to support the restoration and recovery process
- 5.3 Trust Board is asked to:
  - a) **NOTE** and focus on the current performance against trajectories
  - b) Offer **CHALLENGE** and further assurance required against the mitigations being put in place
  - c) **DISCUSS** the Trust position in relation to the national Activity levels and system position

Liam Kennedy  
Chief Operating Officer

June 2021

<b>Report Title</b>	<b>Maternity Services Update</b>		
<b>Sponsoring Executive</b>	Melanie Roberts, Acting Chief Nurse		
<b>Report Author</b>	Helen Hurst, Director of Midwifery		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9 <sup>th</sup> June 2021

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

**Midwifery Staffing** remains a challenging environment, a robust recruitment and retention plan has been developed in conjunction with Human Resources and Education. Review of workforce and roster management is a key drive to maintaining quality, safe services, whilst maintaining the wellbeing of our staff. Assuring fluidity in staffing to meet the demands of acuity and capacity.

**Care Quality Commission** undertook an unannounced visit in May, the initial findings are within the report and cover the themes already identified and found within the maternity improvement plan. Good practice was also identified, particularly around governance, evidence based care, and audit and multi-professional team work to achieve good outcomes.

**Equality Diversity and Inclusion Lead Role** pilot launched to improve outcomes within our diverse local communities in line with National drivers for reducing health inequalities, supported by the Local Maternity and Neonatal System.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input checked="" type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

--

### 4. Recommendation(s)

The Trust Board is asked to:

- NOTE** the content of the report
- DISCUSS** the report and highlight any areas for further information required
- APPROVE** as required

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

Trust Risk Register	X	Risk 4407,4356 workforce risks			
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	If 'Y' date completed



# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Maternity Services Update Report to the Public Trust Board:

### 1. Introduction

1.1 Safety in maternity and neonatal services has been of national focus since 2015 and this has been strengthened with the publication of the interim report of the Independent Maternity Review (Ockenden Report) which provides clear direction for the improvement of maternity services nationally.

1.2 This reports updates Board on three main areas:

- Midwifery staffing
- CQC Verbal update
- Equality Diversity and Inclusion Lead Role

### 2. Midwifery staffing

2.1 The current climate is challenging in many ways. Increasing acuity of births and the lack of availability of maternity staff reported by the Royal Colleges are significant issues for many units. It is imperative that we recognise that modernising maternity services will require new ways of working to support midwives and obstetricians, anaesthetists and neonatologists, as well as ensuring that staffing numbers are adequate and appropriate. We should aim for creative workforce design backed by excellent multidisciplinary training and education to enable teams to work together to provide safe services.

2.2 In maternity, workforce planning poses a unique set of problems: each care 'episode' spans about 40 weeks, crosses hospital and community settings, and involves scheduled appointments. Many pregnancies need extra unscheduled care, often involving more scans or other procedures as well as an unexpected inpatient admission in addition to the birth itself. The birth can be at home, in a midwifery-led unit or obstetric unit in an acute hospital. It is also necessary to consider risk escalation and transfer of women in labour between low and high risk settings when planning the workforce. The pregnancy, birth and postnatal pathways are mainly provided by midwives whose role and responsibilities are defined in statute.

2.3 Many influences on safe staffing in maternity services affect the number of specialists required to keep staffing safe and sustainable. Examples are population mix, social care needs, health inequalities, specific health needs, health complexities, safeguarding children and vulnerable adult's services, and a fluctuating birth rate. Meeting the requirements of national screening programmes is another influence: several are associated with maternity services including the Fetal Anomaly Screening Programme (FASP) and newborn and infant physical examination (NIPE). Increasing complexities in health have led to an increase in obstetric, anaesthetic and neonatal interventions

driven by concerns for patient safety. The document *“Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing (2018)*, provides a set of expectations for nursing and midwifery staffing. The resource identifies three updated NQB expectations that form a ‘triangulated’ approach to staffing decisions as set out Annex 1.

- 2.4 Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units for a significant number of years. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings, and have been endorsed by the RCM and RCOG.
- 2.5 An individual service will produce a casemix based on clinical indicators of the wellbeing of the mother and infant throughout labour and delivery. Each of the indicators has a weighted score designed to reflect the different processes of labour and delivery and the degree to which these deviate from obstetric normality. Five different categories are created - the lower the score the more normal are the processes of labour and delivery. Other categories classify women admitted to the delivery suite for other reasons than for labour and delivery.
- 2.6 Together with the casemix, the number of midwife hours per patient/client category based upon the well-established standard of one midwife to one woman throughout labour, plus extra midwife time needed for complicated Categories III, IV & V, calculates the clinical staffing for the annual number of women delivered. In addition, BR+ determines the staffing required for antenatal inpatient and outpatient services, postnatal care of women and babies in hospital and community care of the local population birthing in either the local hospital or neighbouring ones. The Trusts last BR+ full review was undertaken in 2018, since then we have seen a reduction in births, the deficit based on birth numbers is 11 WTE midwives, the monies to support this increase has been requested as part of the Ockenden bid (brought to Board last month).
- 2.7 Analysing the data from the Birthrate Plus Acuity Tool – Midwifery Red flags, the highest notification of red flags was for delayed continuation of induction of labour, this delay occurs in the majority for the transfer of women to labour for artificial rupture of membranes. It is encouraging to see that the reporting of incidents is gradually increasing with the compliance of using the acuity tool. It is also reassuring to see the use of management actions in response to these red flags, which provides insight into how the shift coordinators maintain safety within the unit, and escalate concerns. All cases are reviewed to assess impact of such delays.

2.8 Upon review of the management actions, it is evident to see that there were 38 occasions where redeployment from another clinical area was necessary to maintain safety. There were 2 occasions where the matron/ward manager was redeployed from duties to assist with clinical workload, and 6 occasions where there was escalation to the senior management team of midwifery red flags occurring on site. This escalation gave opportunity of oversight and advice to be given, in relation to care planning and operational issues to support the coordinators in their role and maintain safety of the maternity unit. Where redeployment occurs it is of paramount importance that a full review of that areas acuity and capacity has been undertaken to maintain safety.

### 3. Inpatients

3.1 The Unit undertakes daily staffing meetings led by the Inpatient matron, on delivery suite to ensure flexibility and fluidity to meet acuity and capacity demands. These are supported by all areas, including community midwifery and neonates, including a staffing proforma to clearly identify required vs actual. Table 1 below shows the fill rates for the last 12 week period. Bank shifts are predominantly covered by substantive staff solely, no agency is utilised in maternity services. It is important to ensure staffs health and wellbeing whilst ensure safe staffing levels.

Safe Staffing			Early	Late	Night
	Delivery Suite	Qualified	10	10	10
		MSW band 3	2	2	2
	Induction Bay	Qualified	2	2	2
		MSW band 3	1	1	1
	M1	Qualified	2	2	2
		MSW band 3	2	2	1
	M2	Qualified	3	3	2
		MSW band 3	2	2	2
	Serenity	Qualified	4	4	3
		MSW band 3	2	2	1

% fill rate			March	April	May
	Delivery Suite	Qualified	90%	95%	95%
		MSW	95%	95%	95%
	Induction Bay	Qualified	95%	100%	100%
		MSW	100%	95%	95%
	M1	Qualified	95%	95%	95%
		MSW	95%	95%	100%
	M2	Qualified	95%	95%	95%
		MSW	100.0%	100.0%	90%
	Serenity	Qualified	80%	90%	95%
		MSW	75%	80%	90%



3.2 Concerns around the reliability of the rosters within inpatients, has been raised in several platforms as a concern. The concerns centre mainly on the use of paper and electronic rosters, and skill mix within the Delivery Suite. In response to these concerns, the inpatient matron was able to complete a review of rosters, and respond to safety concerns raised by staff in the safety boxes within the clinical areas. The matron has assumed full oversight of the rosters and skill mix within shifts and a notable difference is evident within the more recent rosters in comparison to Dec- March. It was noted that during March, many inpatient areas had high levels of annual leave (up to 25% in some areas) which had an impact on safe staffing levels.

3.3 Measures put in place have included;

- Ensuring all ward managers have access to barnacles, to assist them in roster management and planning (previously not using).
- Monthly 1:1's with ward managers and matron to include roster review as standing item on 1:1 template.
- All managers to have oversight of annual leave percentages for the entire year, including review of hours left for all staff and regular communication to staff regarding the process and expectations around booking AL via standardised effective handover throughout all inpatient areas.
- Delivery Suite roster to cease using paper w/c 5th July.
- Full roster access requested and given, for all Delivery Suite shift coordinators. This will enable the shift coordinator to manage the roster in real time – add sickness, book/cancel bank which will mitigate any risk of discrepancies with this roster. Due to its large size, it is essential that this roster is kept up to date live to ensure accuracy.
- Roster training planned for shift coordinators, live roster management from w/c 5th July.
- Agreed skill mix levels, to mitigate the risk of being band 7 heavy on weekend shifts (as reported as a concern by staff within Delivery Suite). Agreed level of 3 band 7s per shift (1 x in charge, 1 x IOL bay, 1 x HDU/triage). This is reviewed by the inpatient matron prior to roster sign off.
- General oversight of bank usage- the majority of staff picking up bank shifts within the unit are band 7's, but it has not been raised as a concern that this is at the detriment of more junior staff not being able to pick up an enhanced shift – however this remains an area of interest to monitor.

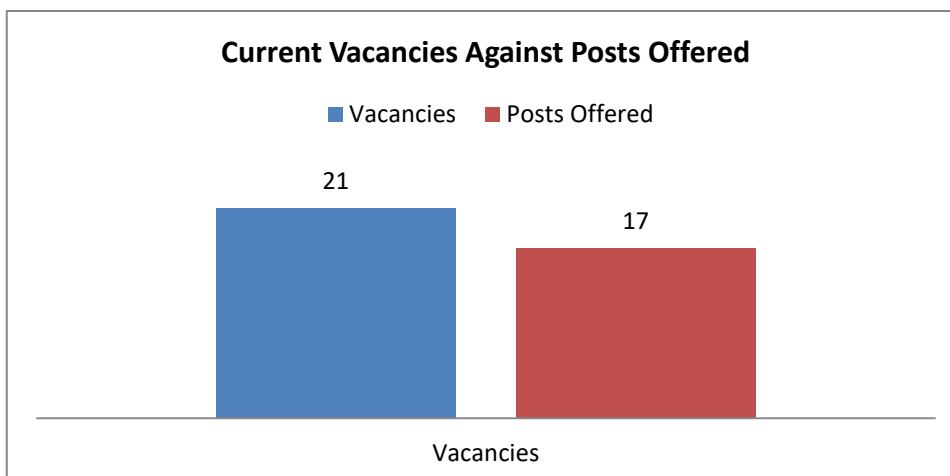
#### **4. Community Midwifery Staffing**

4.1 Across the years Community Midwifery has seen many changes, coupled with the complex and diverse population we serve, this has impacted on both retention and recruitment to this area of the workforce. Reviewing the data for this area highlighted historic vacancies that are 'hard to fill'. Work was undertaken in 2019 led by the

community midwifery team to redesign the model in line with Better Birth's with the creation of 'families'. In conjunction some of the historic vacancies were used to create an 80:20 split between midwives and maternity support workers (band 3), as seen in other areas with hard to fill vacancies (Portsmouth, Oxford, Stoke on Trent) thereby releasing midwifery time. Over the past 12-24 months there has been significant leadership changes in the Community Midwifery team, this impacted the ability to deliver a service to National and local standards. Caseloads are being reviewed as one of the 16 key actions from the community transformation plan, which forms part of the overall improvement plan.

- 4.2 The Community Midwifery team each day undertakes daily staffing huddle led by the Team managers and the oversight from the two Outpatient Community Matrons, to ensure flexibility to meet the service requirements on across Sandwell and West Birmingham. Each day the teams report a Sit rep (Situation report) covering actual acuity Vs demand alongside the workforce details.
- 4.3 Bookings are reviewed via a tracker, to ensure timely booking appointments are in place to meet the requirements for screening. Assurance is provided to the Directorate leadership team twice weekly and to the Director of Midwifery, Group leadership team and Chief Nurse in the form of the tracker each week. Vast improvements have been made in timeliness of appointments with the introduction of the early bird pathway; this can be seen in the reducing amount of urgent bookings that are on the tracker.
- 4.4 For Community Midwifery and all the departures this has impacted the team which then invoked the BCP which is amber at present and under continual review. There is no agency that is utilised for Maternity, however continual use of bank across inpatients/outpatients to support the service. Annex 2 shows the current staffing incidents in the last 3 months.

## 5. Workforce



5.1 A robust recruitment and retention plan has been developed in conjunction with Human Resources and Education, including an incentives paper that has been given approval by Executive Team and is to be heard for noting at the Integrated Care Systems People's Board. This includes a number of incentives for both new starters and existing staff in hard to fill areas.

## **6. Care Quality Commission (CQC)**

6.1 During May an unannounced CQC visit happened within maternity services over a two day period which covered all aspects of the service both in acute and community midwifery care. No immediate concerns were raised and the Trust has received a letter providing initial feedback. The initial feedback was as follows:-

- Effective risk management, governance and evidence-based practice. Women's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.
- Medical staff and midwives had respect for each other and worked as a team for the common goal of patient safety and satisfaction.
- There was a systematic programme of clinical audits to monitor quality and operational processes. Leaders identified where action should be taken.
- It was evident that the divisional triumvirate worked well together.
- Staffing – lack of midwives to meet the needs of women and babies in the service. This negatively affected well-being and presented a potential risk to patient safety. This was particularly evident amongst community midwives where morale was very low.
- The senior leadership team understood the challenges to quality and sustainability and had action plans to address areas of risk. However, midwifery staff did not all feel supported, respected or valued by the senior management team. There was a clear discrepancy between the views of leaders and the far less positive perceptions of midwives, who were anxious about their working culture and were not confident that concerns were taken seriously.

6.2 In summary the CQC confirmed our current challenges and acknowledged that we had plans in place and were aware of the work that was needed to be undertaken within maternity services. A full report is to be expected within 20 working days.

6.3 The maternity services improvement plan (see appendix 1) is already in place to address the issues noted by the CQC, with particular emphasis on culture and bridging the perceptions and feelings of staff to improve working culture, communications and ensure a service that is inclusive not exclusive. The plan is monitored via bi-weekly meeting by the Group leadership team, thereafter reporting progress and seeking support where required to the Chief Nurse.



- 6.4 Part of the improvement plan was to commission an external review on culture to ensure that the voices of staff and our hard to reach communities could be heard. Part 1(staff voices) of this piece of work has been completed by Debbie Graham, the draft document has been shared with the Executive team and scrutinised by the CEO, Chief Nurse and Medical Director, prior to sharing with the Group leadership teams. The report highlight no new theme previously identified, but provides greater detail and context. Debbie will commence Part 2 (communities) of her review shortly. This will link and support the work of the maternity voices partnership (MVP). The service has been undertaking listening events in multiple formats, supported by Executive colleagues and the outputs of these have been utilised to create a shared vision for the service and also a communication strategy for staff.
- 6.5 As part of our commitment to improve and ensure we are a great place to work and receive care we have worked with Tim Keogh from Kinder Life to design a development programme. 'Co-creating our Maternity Culture' is a two-part workshop for us to design the culture we want for ourselves and our patients. We expect and will support everyone who works in the service, in all roles and at all levels, to take part. (See appendix 2).

## **7. Equality Diversity and Inclusion Lead Midwife Role**

- 7.1 A number of barriers can be identified that undermine timely access to high quality care for many Black, Asian and minority ethnic groups, with still birth rates twice those of their white counterparts and a 45% higher neonatal death rate. Given the health inequalities and therefore poorer outcomes, the maternity service proposed the requirement for an Equality Diversity and Inclusion Lead to the Local Maternity and Neonatal System (LMNS) for funding of this pilot role within the organisation. The outputs of this pilot role will report progress to the LMNS quarterly, with the aspiration that the pilot proves the requirement for the lead role and as such can be replicated across the LMNS.
- 7.2 In order to ensure improved provision the diversity, Equality and Inclusion lead will also assess the training needs of staff so that conversations around race and culture are sensitive and meet the needs of the communities we serve.
- 7.3 The lead will work alongside culturally diverse and vulnerable groups to dispel perceptions and provide assurance that safe, quality care will be provided in maternity services and ensure any barriers that prohibit women and their families accessing such care are removed.

## **8. Summary**

- 8.1 In summary the paper outlines the current position in maternity services and the work that is being undertaken to ensure the service is improving and providing high quality care to our women, babies and families, whilst ensuring all voices are heard.

**9. The Trust Board is asked to:**

**a)** Note the content of the report

**b)** Discuss the report and highlight any areas for further information required

Helen Hurst

Director or midwifery

<b>Safe, effective, caring, responsive and well-led care</b>
<b>Measure and improve</b> – patient outcomes, people productivity and financial sustainability – – report investigate and act on incidents (including red flags) – – patient, carer and staff feedback –
<b>Implementing <i>Better births</i> maternity vision</b> – implement Birthrate Plus (BR+), <i>Safer childbirth</i> – – develop local quality dashboard for safe sustainable staffing as part of the maternity dashboard –

<b>Expectation 1 Right Staff</b>	<b>Expectation 2 Right Skills</b>	<b>Expectation 3 Right Place and Time</b>
1.0 Evidence-based workforce planning 1.1 Appropriate skill mix 1.2 Review staffing using the Birthrate plus workforce planning tool annually and with a midpoint review	2.1 Multiprofessional mandatory training, development & education 2.2 Working as a multi-professional team 2.3 Recruitment & retention	3.1 Productive working & eliminating waste 3.2 Efficient deployment & flexibility including robust escalation 3.3 Changes in working around Better births, including increased continuity and caseloading and improvements in postnatal and mental health issues



Annex 2

Staffing Related Incidents Submitted 1/3-31/5/2021	
Incident	Number
St - Drs Hrs Breach - Excess Hours Worked	1
St - Failure To Assess Staffing Requirements	3
St - Failure To Book Additional Staff	1
St - Failure To Provide Staff	8
St - Lapse In Professional Registration	1
St - Medical Staff Off Area	3
St - Staffing - Lack Of Suitably Trained / Skilled	6
St - Staffing - No Breaks	5
<b>Grand Total</b>	<b>28</b>









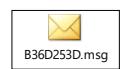


# Maternity Transformational Plan 2021

Legacy Action Plans	Link to Action Plan
Maternity Values Action Plan	<a href="#">Transformational Action Plans\Maternity Staff Values Action Plan 26 July 2020 (2).doc</a>
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LMNS Patient Survey Monkey	<a href="#">Transformational Action Plans\BP Ockdeon.docx</a>
Safety Culture Action Plan	<a href="#">Transformational Action Plans\BP Ockdeon.docx</a>

Current Date:  
03/Jun/21

RAG	RAG Count
Completed	18
On track	3
Delayed, but will complete	5
Significant delays	3
Not yet commenced	0
<b>Total</b>	<b>29</b>

Unique ref	What theme does this action relate to?	Describe the action	Which Team has raised the action?	Who has to complete the action?	Which action plan was this originally captured in?	When did we raise this action?	When will be completing this action?	Current status of action	Progress of action to date	Progress last updated?	Completion Date Lapsed (days overdue)	Evidence
R 3	Responsive	Recruitment and retention	CMW	Ranjit Rayat	Community Midwifery Transformation	25-Jan-21	01-May-21	Significant delays	Waiting on Trust decision on funding. However in addition to work alongside HRB to understand a flexible approach to working arrangements with CMW.	27-May-21	-33	 
R 4	Responsive	Enhanced Safety	CMW	Helen Hurst Louise Wilde Ranjit Rayat	Community Midwifery Transformation	25-Jan-21	31-Aug-21	Delayed, but will complete	LMNS has commissioned the service which will be completed in August 2021	27-May-21		
R 5	Responsive	Enhanced Safety	CMW	Fiona Macaron Shelley Colley	Community Midwifery Transformation	25-Jan-21	05-May-21	Delayed, but will complete	Transformational Midwife has scopped out Cas-load SOP with matrons and building in an audit and SOP	27-May-21	-29	
R 6	Responsive	Enhanced Safety	CMW	Randeep Kaur Shelley Colley Fiona Macaron	Community Midwifery Transformation	25-Jan-21	31-Mar-21	Completed	Staff and team managers are returning every month details reflecting case-load details	27-May-21		
R 8	Responsive	Enhanced Safety	CMW	Randeep Kaur Fiona Macaron Shelley Colley	Community Midwifery Transformation	25-Jan-21	31-May-21	Completed	Includes new process being devised for tracker/Allocation of work workbook/Duty Role	05-May-21		
R 9	Responsive	Enhanced Safety	CMW	Randeep Kaur	Community Midwifery Transformation	25-Jan-21	05-May-21	Completed	Reliant upon digital working Use of electronic calendars and Duty Midwife role - Plans to be live from 3.5.21. Pilot well under way as of 19.4.21	05-May-21		
R 10	Responsive	Enhanced Safety	CMW	Fiona Macaron Shelley Colley	Community Midwifery Transformation	25-Jan-21	31-Mar-21	Completed	Currently been reviewed in line with Duty midwife SOP and E-Calenders are in operation	27-May-21		
R 11	Responsive	Enhanced Safety	CMW	Louise Wilde Shelley Colley Randeep Kaur	Community Midwifery Transformation	25-Jan-21	01-Jul-21	On track	Devising communication strategy and survey monkey has been sent out to staff 02.06.21.	27-May-21		
R 12	Responsive	Enhanced Safety	CMW	Louise Wilde Ranjit Rayat	Community Midwifery Transformation	25-Jan-21	01-Jul-21	Significant delays	Escalated to Trust due to BI support required	27-May-21		
R 13	Responsive	Enhanced Safety	CMW	Ranjit Rayat Randeep Kaur	Community Midwifery Transformation	25-Jan-21	01-Aug-21	On track	Escalated to Group to support with it's implementation and sign off	27-May-21		
R 14	Responsive	Enhanced Safety	CMW	Randeep Kaur Shelley Colley Fiona Macaron	Community Midwifery Transformation	25-Jan-21	31-Jul-21	Completed	Education Task and finish group. As new SOPs/Policies required - Directory of resources to be agreed/ compiled and saved within the shared folders for each Team	05-May-21		
R 15	Responsive	Enhanced Safety	CMW	Randeep Kaur Fiona Macaron Shelley Colley	Community Midwifery Transformation	25-Jan-21	31-Mar-21	Significant delays	Escalated to Group and Execs as DPIA requires sign off which has caused significant delays in it's launch	27-May-21	-64	
R 18	Responsive	Enhanced Safety	CMW	Randeep Kaur Shelley Colley Fiona Macaron	Community Midwifery Transformation	25-Jan-21	31-Mar-21	On track	Matrons supporting cultural change by moving staff around and increasing visibility	27-May-21	-64	



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Ockenden Action Plan	<a href="#">S:\W&amp;C Clinical Group Board Papers\Group Action Plan Monitoring Database\Maternity and Perinatal Medicine Transformational Action Plans\BP Ockden.docx</a>
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Safety Culture Action Plan	<a href="#">S:\W&amp;C Clinical Group Board Papers\Group Action Plan Monitoring Database\Maternity and Perinatal Medicine Transformational Action Plans\BP Ockden.docx</a>

Current Date:  
03/Jun/21

RAG	RAG Count
Completed	52
On track	2
Delayed, but will complete	7
Significant delays	0
Not yet commenced	2
<b>Total</b>	<b>63</b>

Unique ref	What theme does this action relate to?	Describe the action	Which Team has raised the action?	Who has to complete the action?	Which action plan was this originally captured in?	When did we raise this action?	When will be completing this action?	Current status of action	Progress of action to date	Progress last updated	Completion Date Lapsed (days overdue)	Evidence
WL 5	Well-Led	Visibility	Triumvirate	Louise Wilde	Triumvirate Action Plan	03-Feb-21	25-Mar-21	Completed	Commenced on each area.	25-Mar-21		
WL 6	Well-Led	Visibility	All Areas	Louise Wilde Neil Shah Ranjit Rayat	Triumvirate Action Plan	03-Feb-21	25-Mar-21	Completed	Invitation sent to each member of staff to attend the LIA event. Staff feedback so far to be shared	05-May-21		
WL 7	Well-Led	Visibility	All Areas	Louise Wilde	Triumvirate Action Plan	03-Feb-21	08-Feb-21	Completed	Matron of the day Roster implemented to ensure senior presence onsite until 5pm to work in conjunction with the B7 manager of the day. Robust handover to the manager on call at 5pm.	08-Feb-21		
WL 8	Well-Led	Visibility	All Areas	Consultant Midwife	Triumvirate Action Plan	03-Feb-21	03-Feb-21	Completed	Completing daily walk-about on MLU and DS	03-Feb-21		
WL 9	Well-Led	Visibility	All Areas	Louise Wilde	Triumvirate Action Plan	03-Feb-21	12-Feb-21	Completed	Twice a month work from community venues	12-Feb-21		
WL 10	Well-Led	Focus on Leadership and Development	Triumvirate	Consultant Midwife Triumvirate Leads	Triumvirate Action Plan	03-Feb-21	03-Feb-21	Completed	Working from community venues. Increase visibility around the areas.	05-May-21		
WL 13	Well-Led	Focus on Leadership and Development	Triumvirate	Group Trust	Staff Values Action Plan	01-Jan-21	31-Mar-21	Completed	Contacted RCM for bespoke Leadership workshops commences in 11th June	31-Mar-21		
WL 14	Well-Led	Focus on Leadership and Development	CMW	Louise Wilde Shelley Colley Fiona Macaron	Community Transformation Plan	25-Jan-21	25-Jan-21	Completed	Matrons having monthly 1:1's with team managers	27-May-21		
WL 15	Well-Led	Focus on Leadership and Development	CMW	Louise Wilde	Community Transformation Plan	25-Jan-21	25-Jan-21	Delayed, but will complete	Maternity vision to be shared across all the Directorate	27-May-21	-129	
		Focus on Leadership and Development	All Areas	Fiona Macaron Jade Hellier Shelley Colley	Community Transformation Plan	25-Jan-21	01-Jul-21	On track	SPW to be invited to the next community Forum to detail their role and responsibility	27-May-21		
WL 16	Well-Led	Focus on Leadership and Development	CMW	Louise Wilde Shelley Colley Fiona Macaron	Community Transformation Plan	25-Jan-21	25-Jan-21	Completed	Need to increase Matrons visibility in CMW teams	05-May-21		
WL 17	Well-Led	Focus on Leadership and Development	CMW	Louise Wilde	Community Transformation Plan	25-Jan-21	25-Jan-21	Completed	Need to increase Matrons visibility in CMW teams	05-May-21		
WL 18	Well-Led	Focus on Leadership and Development	CMW	Louise Wilde Triumvirate Leads	Community Transformation Plan	25-Jan-21	25-Apr-21	Delayed, but will complete	Commenced Tim Keogh' Maternity Culture work and the work undertaken by Debbie Graham.	27-May-21	-39	
WL 19	Well-Led	Review of the Trust's maternity governance processes	All Areas	Helen Hurst Claire Hubbard	Triumvirate Action Plan	03-Feb-21	01-Mar-21	Delayed, but will complete	Working with Claire Hubbard Ability to use speak up guardian.	27-May-21	-94	
WL 20	Well-Led	Focus on Leadership and Development	All Areas	Triumvirate Leads	Triumvirate Action Plan	03-Feb-21	03-Feb-21	Completed	Monthly Staffing meetings with all staff with HOM and Directorate Lia completed 25th March	23-Mar-21		
WL 33	Well-Led	Staff Training and working together	All Areas	Helen Hurst	Staff Values Action Plan	01-Mar-21	01-Apr-21	Completed		01-Apr-21		
WL 34	Well-Led	Staff Training and working together	All Areas	Helen Hurst Group	Staff Values Action Plan	01-Mar-21	01-Apr-21	Not yet commenced		01-Apr-21	-63	
WL 35	Well-Led	Staff Training and working together	NNU	Phil Velepini Louise Wilde	Staff Values Action Plan	01-Mar-21	01-Apr-21	Not yet commenced	Delayed due to COVID and waiting for the programme to recommence	05-May-21	-63	
WL 41	Well-Led	Staff Training and working together	All Areas	Triumvirate Leads	Staff Values Action Plan	01-Mar-21	01-Apr-21	Completed	Handovers have commenced back on Delivery suite and NNU at 12.00 daily with the LMNS	01-Apr-21		
WL 42	Well-Led	Staff Training and working together	CMW	Triumvirate Leads	Staff Values Action Plan	01-Mar-21	01-Apr-21	Completed	Group leads with Exec sponsor are doing coffee and chats over the next 12 months	01-Apr-21		





## Maternity Transformational Plan 2021

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Community Transformational Action Plan	<a href="#">Transformational Action Plans\BP Ockendon.docx</a>
Triumvirate Action Plan	<a href="#">Transformational Action Plans\BP Ockendon.docx</a>
LMNS Patient Survey Monkey	<a href="#">Transformational Action Plans\BP Ockendon.docx</a>
Safety Culture Action Plan	<a href="#">Transformational Action Plans\BP Ockendon.docx</a>

Current Date:  
03/Jun/21

RAG	RAG Count
Completed	17
On track	1
Delayed, but will complete	2
Significant delays	0
Not yet commenced	0
<b>Total</b>	<b>20</b>

Unique ref	What theme does this action relate to?	Describe the action	Which Team has raised the action?	Who has to complete the action?	Which action plan was this originally captured in?	When did we raise this action?	When will be completing this action?	Current status of action	Progress of action to date	When was the progress last updated?	Flag to indicate instances where an	Evidence	
Item No.	CQC Domains	Themes	Action	Team	Action Owner	Action Plan	Date Raised	Completion Date	R/A/G Status	Progress	Progress last updated	Completion Date Lapsed (days overdue)	
S 1	Safe	Mandatory Training	Ensure everyone within Directorate is compliant with the clinical MT training	All Areas	Triumvirate Leads	Ockendon	25-Jan-21	25-Jan-21	Delayed, but will complete	Ongoing monthly monitoring within Directorate and appropriate escalation from Team managers and ward managers to commence counselling procedures	27-May-21	-129	 S:\Maternity & Perinatal Directorate
S 2	Safe	K2	Increase compliance in K2 professional training for Midwives	All Areas	Louise Wilde Risk & Governance Team	Triumvirate Action Plan	25-Jan-21	25-Jan-21	Completed	Midwives are currently at 80% compliance. Targeted work by Education Team to increase compliance. Ensure that all computers have access to K2.	05-May-21		 S:\Maternity & Perinatal Directorate
S 5	Safe	Staff Training and working together	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Delivery Suite	Neil Shah	Ockendon	07-Jan-21	07-Jan-21	Completed	Twice daily consultant rounds already in place at 09.00/17.00 Mon-Fri and 09.00/15.00 weekends. Medical cons cover rota 98hrs/week resident on Unit. -Consultant is present on labour ward for 12 hours (08.30-20.30) Mon-Fri. Cons presence 20.30-08.30 Mon/Tues. Out of hours on call is covered and weekend working is 08.30-15.30 resident; thereafter on call. Dedicated cons ward rounds minimum of twice a day with LW team (junior doctors/MW Coordinator); all management plans recorded on BDGNet	07-Jan-21		
S 6	Safe	Staff Training and working together	Confirmation that funding allocated for maternity staff training is ring fenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety	All Areas	Trust Group	Ockendon	07-Jan-21	07-Jan-21	Completed	Ring-fenced HEE funds for Midwives and nurses over a 3 year period released this year. Training needs analysis undertaken yearly and funded by the Trust. Understanding is that the monies went into Trust account	07-Jan-21		
S 7	Safe	Managing complex pregnancy	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	All Areas	Neil Shah	Ockendon	07-Jan-21	01-Apr-21	Delayed, but will complete	Running dedicated Speciality clinics which are undertaken as a team/dual consultant approach. Named lead specific to each clinic. Options to work towards process for recording this named clinic/service lead consultant for each complex preg case is in hand - IT/BDGNet solution. Need to look at the audit element which remains incomplete.	27-May-21	-63	
S 8	Safe	Managing complex pregnancy	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	All Areas	Neil Shah	Ockendon	07-Jan-21	01-Apr-21	Completed	Currently we provide joint specialist clinics - renal clinic, diabetes in preg, Obs neurology, Obs Haematology and Perinatal mental health clinic. Additional dedicated specialist clinics/services run in preterm labour, multiple pregnancy, Infectious disease, substance abuse, VBAC, maternal medicine, fetal growth, FGM, Hypertension in preg, Obs Anaesthetic. Joint Obs/Rheumatology pending resolution of the pandemic. Fully functional, staffed Foetal medicine Unit. Following regional request (19-20) to scope a Maternal Medicine offer across the region waiting on assigned levels. Engaged at a network level for the development of the maternal medicine networks working towards a tiered specialists centre system - supplied data and attended regional MM development meeting hosted by Spec Comm. Next meeting March 21	01-Apr-21		
S 9	Safe	Monitoring Foetal Wellbeing	Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	All Areas	Risk & Governance Team	Ockendon	07-Jan-21	07-Jan-21	Completed	Named Saving babies lead commenced substantively September 2020. Lead obstetrician is identified and in place for Labour ward. Regular review of the morning audit and CTG interpretation. Also recruiting Lead Obstetrician for the Maternity and Perinatal Directorate.	05-May-21		
S 10	Safe	Risk Assessment throughout pregnancy	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance	All Areas	Risk & Governance Team	Ockendon	07-Jan-21	07-Jan-21	Completed	BadgerNet template which shows what is completed for each lady. Antenatal care guideline in place. Saving babies lives audit in place. Risk assessment is updated on every contact and documented on BadgerNet	07-Jan-21		
S 11	Safe	Informed Consent	Trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	All Areas	Risk & Governance Team Louise Wilde	Ockendon	07-Jan-21	07-Jan-21	Completed	All pathways of care in written and posted on Trust website in different languages. In addition audio transcript is available. BadgerNet portal offers information in multiple languages	07-Jan-21		
S 12	Safe	Safeguarding	Completion of Safeguarding business case requesting support of 2.00 WTE Band 6's	CMW	Louise Wilde Shelley Colley Ranjit Rayat	Triumvirate Action Plan	03-Feb-21	04-Feb-21	Completed	Business case now with Trust for final approval	04-Feb-21		

S 13	Safe	Safeguarding	Twice monthly meetings with safeguarding lead	Risk and Governance Team	Louise Wilde Shelley Colley	Triumvirate Action Plan	03-Feb-21	29-Jan-21	Completed	Ensure matron oversight. Twice monthly meetings with SG lead midwife. SG supervision training commissioned for 17th and 25th May. Post has now moved to the corporate team	05-May-21		
S 14	Safe	Safeguarding	Ascertain current issues with safeguarding issues pertinent to Community Midwifery and agree actions	CMW	Shelley Colley	Community Transformation Plan	25-Jan-21	03-Mar-21	Completed	Action plan in place along with Business case to support safeguarding Team. SC to obtain further clarity via corporate team. Vacancy advertised as current lead leaving. Discussions taking place to relocate resource and team to corporate team	05-May-21		
S 15	Safe	Safeguarding	Ascertain immediate and longer term actions for Community Midwifery alongside corporate team	CMW	Shelley Colley	Community Transformation Plan	25-Jan-21	01-Oct-21	Completed	Action plan in place along with Business case to support safeguarding Team. SC to obtain further clarity via corporate team. Review 3.4.21. Vacancy advertised as current lead leaving. Discussions taking place to relocate resource and team to corporate team	05-May-21		
S 16	Safe	Safeguarding	Lack of clarity regarding safeguarding function within Community midwifery	CMW	Shelley Colley Louise Wilde	Community Transformation Plan	25-Jan-21	01-Apr-21	Completed	Action plan in place along with Business case to support safeguarding Team. SC to obtain further clarity via corporate team. Review 3.4.21. Vacancy advertised as current lead leaving. Discussions taking place to relocate resource and team to corporate team	05-May-21		
S 17	Safe	Health and Well Being	Open door drop in sessions for staff every week Wednesday	CMW	Randeep Kaur	Community Transformation Plan	25-Jan-21	01-Oct-21	Completed	Action plan in place along with Business case to support safeguarding Team. SC to obtain further clarity via corporate team. Review 3.4.21. Vacancy advertised as current lead leaving. Discussions taking place to relocate resource and team to corporate team	05-May-21		
S 18	Safe	Safeguarding	Review current provision of Restorative Supervision, Safeguarding Supervision plus any others	CMW	Louise Wilde	Community Transformation Plan	25-Jan-21	31-Mar-21	Completed	Action plan in place along with Business case to support safeguarding Team. SC to obtain further clarity via corporate team. Review 3.4.21. Vacancy advertised as current lead leaving. Discussions taking place to relocate resource and team to corporate team	05-May-21		
S 19	Safe	Health and Well Being	Review current team stress risk assessment	CMW	Fiona Macaron Shelley Colley	Community Transformation Plan	25-Jan-21	31-Mar-21	Completed		31-Mar-21		
S 20	Safe	Health and Well Being	Survey Monkey – Way forwards Build a safe and secure infrastructure within Community Midwifery'	CMW	Randeep Kaur Shelley Colley Louise Wilde Fiona Macaron	Community Transformation Plan	25-Jan-21	01-Mar-21	Completed	Completed survey	01-Mar-21		



<b>Report Title</b>	Finance Report Month 1		
<b>Sponsoring Executive</b>	Dinah McLannahan, Chief Finance Officer		
<b>Report Author</b>	Simon Sheppard, Director of Operational Finance		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9 <sup>th</sup> June 2021

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

The Trust has set a plan for H1 2122 based on the plan brought to Board for approval in May. Out of the 3 increases to Q3 x 2 funding requested, 2 have been reflected in the block. The third, net inflation at £787k, will be accessed through the ICS risk share process. Risk attached to this is assessed as low.

Month 1 system performance indicated that ERF will be due to the BCWB ICS. There are gateways we must pass through to drawdown the funds, which will be tracked through the system wide elective recovery board. A meeting between system DoFs and COOs is being arranged to understand the potential ERF earned and relationship to block income, which will provide an indication of headroom to manage risk (possibly in H2) or, invest in additional capacity to increase clinically prioritised activity.

FIC discussed the importance of linking actions underway and planned in relation to agency staffing to a financial forecast which will be reviewed at the next meeting.

FIC also reviewed in detail the ICS financial plan for H1 and work underway on the underlying position for H2, assuming allocations snapped back to pre-Covid levels. It will be important to align Trust financial reporting and internal budgets against the system wide position and the Board is asked to note this intended change in approach and direction of travel.

### 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	X	Digital Plan		Other <i>[specify in the paper]</i>	

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

Finance & Investment Committee (28 May 2021)  
Performance Management Committee (25 May 2021)  
Clinical Leadership Executive (25 May 2021)

### 4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the financial position for the Trust at the end of April 2021
- b. **NOTE** the financial risks and mitigation actions
- c. **DISCUSS** the approach the planning for H2 (Oct 21 – March 22) and 2022/23 Financial Year

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

Trust Risk Register	X	3688, 3689				
Board Assurance Framework	X	SBAF 9 & 10				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Trust Board: 9<sup>th</sup> June 2021

### Finance Report Month 1

#### 1. Introduction or background

1.1 This report is to present the financial performance of the Trust for the period ending 30 April 2021 (Month 1), and to update the Board on the financial planning process for October 2021 to March 2022 (H2).

1.2 The paper will highlight performance against the key financial metrics as described below:

- Income & Expenditure
- Capital
- Cash

1.3 The detailed discussion has been undertaken at the Finance & Investment Committee on 28 May 2021, with this paper identifying the key matters for consideration by the Trust Board.

#### 2. Financial Performance

##### Income & Expenditure

2.1 Trust Board colleagues will note the paper at the April Board confirming the financial envelope for the Trust in the context of the overall Black Country West Birmingham Integrated Care System (ICS) Plan.

2.2 The finalised plan for April to September 2021 (H1) is an income budget of £303,078k. This excludes a further £787k for inflation that will be held in a system risk reserve. The expenditure budgets for H1 have been set at £303,078k, therefore giving a balanced plan for the first half of the 2021/22 financial year.

2.3 At the end of April the Trust is reporting a very small surplus of £5k against the plan. This position was discussed in detail at the Finance & Investment Committee with the key areas for the Trust Board to note being:

- Continued focus on safely reducing Covid costs during H1 through the Groups and Directorates;
- A month on month increased trajectory to deliver the elective recovery and restoration work – the financial consequences will be fed into the integrated care system to ensure the Elective Recovery Funding is maximised and the relationship with cost incurred clearly understood;
- Increased focus on agency spend – this will include a forward forecast aligning with sickness trajectories, e-rostering controls, demand etc.

## Capital

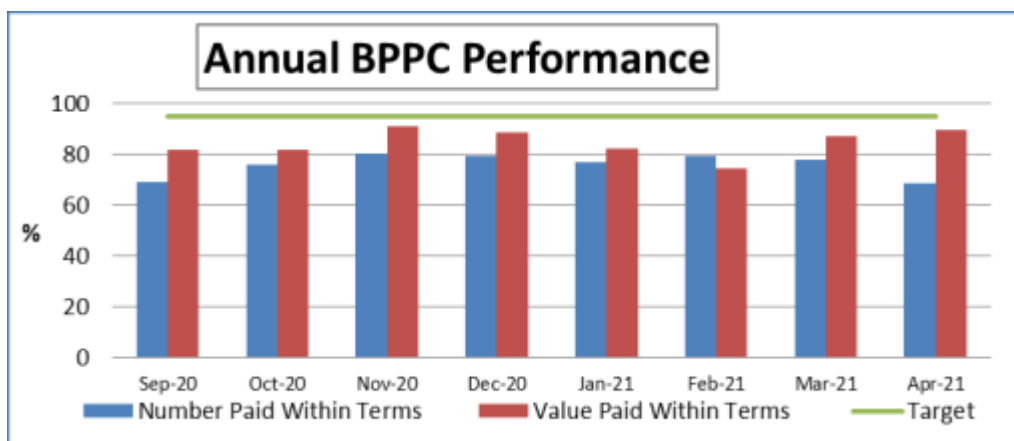
- 2.4 The Trust has an annual capital programme of £189.453m with the most significant element being the MMUH at £170.406m in 2021/22.
- 2.5 This value reflects a £2.578m reduction as all ICS partners have taken a share of a Capital Resource Limit spend reduction whilst the budget cover for a modular development at Dudley is resolved. It was agreed that all would reduce planned spend but retain forecasts in line with the original plan.
- 2.6 At the end of month 1 (Annex 2), the Trust is forecasting is line with the plan plus the £2.578m. Forecasts will be reviewed and updated as we understand more about programme timing specifics.

## Cash

- 2.7 The cash balance at the end of 2020/21 financial year was £71.405m, of this £26.230m was funding drawn in advance for payments due on the MMUH scheme. The Trust is forecasting that cash will reduce to c£26,000k by the end of the financial year, based on a breakeven I&E performance.

## BPPC – Better Payment Practice Code

- 2.8 Since the introduction in September 2011 of the BPPC we aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target is to pay 95% of invoices, by value and volume. Current and historical performance is shown in the Graph below. Whilst current performance benchmarks positively within the NHS delivering 95% is a priority in 2021/22.



## Local Suppliers

- 2.9 The Trust's ambitions as a key "Anchor institution" means the Trust can and should positively influence the social, economic and environmental conditions in the local area to support health and supporting people and communities to prosper. The Trust is therefore aiming to influence the economic conditions, aiming to spend 2% of the

expenditure it can influence with Local suppliers. The metrics to demonstrate achievement against this target are being embedded within systems to ensure this can be reported from July 2021 onwards. We may want to expand this to a focus on employing local people too.

### **3. Financial Planning**

3.1 Financial planning is now done across the ICS and the Trust must ensure its organisation plans align within that. The Trust has been fully involved in financial planning for 2021/22 with particular focus on H1. Our attention now turns to planning for the second half of the financial year and then longer term. The key areas of work are:

- Share phased plans for H1 to understand and monitor monthly run rates
- Progress H2 agreement, including opportunities to reduce the current potential deficit
- Review and assess underlying financial positions
- Finalise detailed multi-year run-rate analysis to fully understand cost movement
- Develop intra-system benchmarking information covering key activity, WTE, financial information – to assist understanding of efficiency opportunities
- Use underlying positions to develop high level system financial plans for next 2-3 years
- Triangulate finance, activity and workforce to ensure alignment and promote the identification of opportunities within the system through benchmarking
- Agree system wide governance in regards to system efficiency, investments, and the risk share.

### **4. Risks**

4.1 As part of the planning for H1 and ongoing reporting the Trust has assessed the current risks to delivery of the financial plan. These are shown in Annex 3 and have been presented to the Performance Management Committee (PMC) and Finance & Investment Committee (FIC).

4.2 The Board is asked to note the risks identified and the mitigating actions to ensure the financial plan is delivered. Ongoing monitoring will be via the PMC with assurance through FIC.

### **5. Recommendations**

5.1 The Trust Board is asked to:

- a. Note the financial position for the Trust at the end of April 2021
- b. Note the financial risks and mitigation actions
- c. Discuss the approach the planning for H2 (Oct 21 – March 22) and the longer term
















Simon Sheppard  
Director of Operational Finance  
28 May 2021



**Annex 1: Key Financial Headlines**

**Annex 2: 2021/22 Capital Programme**

**Annex 3: Risks & Mitigation to the Income & Expenditure Financial Plan**

		In Month	In Month	In Month			YTD	YTD	YTD
		Plan	Actual	Variance			Plan	Actual	Variance
		£ms	£ms	£ms			£ms	£ms	£ms
	I&E Performance	0.00	0.00	 0.00		0.00	0.00	 0.00	
	NHSI Agency Ceiling	0.87	1.58	 (0.71)		0.87	1.58	 (0.71)	
	Capital Expenditure (Excl MMUH)	2.4	0.3	 2.0		2.4	0.3	 2.0	
	Capital Expenditure (MMUH)	22.3	19.0	 3.3		22.3	19.0	 3.3	
	Cash Balance	54.8	54.8	 0.0		54.8	54.8	 0.0	

Annex 2 – 2021/22 Capital Programme

	Annual		Year to Date - April 21			Forecast		
	Original Plan £000s		Plan £000s	Actual £000s	Variance £000s	NHSI Plan £000s	Forecast £000s	Variance £000s
<b>Internal - Self Financing</b>								
Estates	5,766		489	205	284	5,766	7,566	-1,800
IT	6,546		1,223	51	1,172	6,546	7,046	-500
Medical equipment	3,349		301	0	301	3,349	3,616	-267
Charity	85		0	0	0	85	85	0
<b>Sub total</b>	<b>15,746</b>		<b>2,013</b>	<b>256</b>	<b>1,757</b>	<b>15,746</b>	<b>18,313</b>	<b>-2,567</b>
<b>External - PDC</b>								
STP Reconfiguration	500		125	0	125	500	500	0
PDC BMEC Diagnostic Hub Equipment	659		56	0	56	659	670	-11
<b>Sub total</b>	<b>1,159</b>		<b>181</b>	<b>0</b>	<b>181</b>	<b>1,159</b>	<b>1,170</b>	<b>-11</b>
<b>MMUH - PDC</b>								
Midland Met Construction Cost to Complete	170,406		22,307	18,985	3,322	170,406	170,406	0
<b>TOTAL</b>	<b>187,311</b>		<b>24,501</b>	<b>19,241</b>	<b>5,260</b>	<b>187,311</b>	<b>189,889</b>	<b>-2,578</b>
<b>Technical-IFRIC12</b>								
BTC & MES	2,142		178	77	101	2,142	2,142	0
<b>Trust Wide Programme</b>	<b>189,453</b>		<b>24,679</b>	<b>19,318</b>	<b>5,361</b>	<b>189,453</b>	<b>192,031</b>	<b>-2,578</b>

### Annex 3 – Risks & Mitigation to the Income & Expenditure Financial Plan

Ref	Identified Risk	Likelihood	Severity	Risk Rating M1	Impact	Mitigating Actions	Exec Lead
1	Covid costs in H1 (April - Sept) are above the funded level	3	5	15	Financial Quality Workforce Operational	Funding secured for H1 based on Quarter 3 in 20/21 Group priority of focusing on safely reducing Covid spend Reporting at a Group level to ensure informed decisions are made	COO
2	Taper funding from NHSEI is not secured in line with the Plan	3	5	15	Financial	Ongoing dialogue with NHSEI Submission of the monthly returns to NHSEI	CFO
3	Delivery of the 2021/22 Cost Improvement Programme	3	5	15	Financial	Fortnightly efficiency board chaired by CFO Additional resource in post to lead the programme	CFO
4	Energy prices increase above the funded level	4	5	20	Financial	Forward purchase on energy	DST
5	Increased sickness levels resulting in greater use of agency and bank staff	3	5	15	Financial Quality Workforce Operational	Trust wellbeing offering to staff as exit covid Post covid People and OD restoration of sickness management in full.	CPO
6	Staffing levels are not within the funded establishment	5	5	25	Financial Quality Workforce Operational	Trust to agree implementation of negative wtes for vacancy factor and CIP Re-introduction of vacancy controls before adverts	CPO
7	Elective Recovery trajectory requires costs above income received	2	5	10	Financial Quality Workforce Operational	Agreed monthly trajectories	COO
8	Inflation and CNST funding is not received from the ICS allocation	2	5	10	Financial	CFO engagement in weekly System meetings to ensure funding is secured	CFO
9	Decisions are made at System or Trust level without appropriate approval	3	4	12	Financial Quality Workforce Operational	Proposed new Business Case process ready for consideration and adoption External governance review commissioned and findings to be adopted Vacancy Approvals process to be reintroduced	Dir of Governance



<b>Report Title</b>	Chief Executive's Summary on Organisation Wide Issues		
<b>Sponsoring Executive</b>	Richard Beeken, Interim Chief Executive		
<b>Report Author</b>	Richard Beeken, Interim Chief Executive		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9 <sup>th</sup> June 2021

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

I wish to bring to the Board's attention:

- A successful yet instructive visit to the Trust from the Chief Inspector of Hospitals at the CQC
- Continued strong progress in forming the Sandwell Integrated Care Partnership (ICP)
- Consensus on how to handle the potential transition of the Ladywood & Perry Barr ICP to the Birmingham & Solihull Integrated Care System (ICS)
- Key outputs from the Black Country & West Birmingham ICS Board

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

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

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

n/a

### 4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the Interim Chief Executive's initial reflections and recommendations on pertinent issues and future organisational intent, making suggestions about a change in focus or direction

### 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	X	Where possible, all our agendas should be aligned to the BAF and mitigations to the delivery of our strategic objectives				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board: 9<sup>th</sup> June 2021

### Chief Executive's Report

#### 1. Introduction or background

1.1 This month's report is deliberately briefer. Instead of articulating the accountable officer's take on our whole agenda, I instead focus on some specific and particular developments or challenges, which I wish to bring to the Board's attention for noting and discussion. As ever, I welcome comments and suggestions from Board members on how we may change our approach to these issues, over time.

#### 2. Our patients

2.1 On 27th May, we had a planned visit by Ted Baker, Chief Inspector of Hospitals at the Care Quality Commission. He was joined by his regional Deputy Chief Inspector, Fiona Allinson and our West Midlands CQC lead, Bernadette Hanney. The CQC team met the Chief Operating Officer, Medical Director, Director of Governance and Chief Nurse, before having a tour of Sandwell General Hospital and concluding with a meeting with myself at the Trust Chair.

2.2 The CQC team were particularly keen to hear how the relatively new leadership team of the Trust had coped with COVID-19, what the defining factors were of our local populations and critically, what our diagnostic was of the strengths and weaknesses of the Trust from a quality of care and leadership perspective and our emerging plans for tackling any issues we shared with them.

2.3 Their initial view is that we clearly have significant population health challenges locally, have been through a very difficult time in managing the pandemic and seem to have handled that well. However, they wish to see two things from us in the near future and on an ongoing basis: Firstly, more openness from us about emerging quality issues and the challenges we have in improving them and secondly, more clarity and more structure about our overall improvement journey. To that end, we must as a Board, now assure ourselves that:

- Our repository of evidence to demonstrate progress against all the CQC domains in every core service or speciality, is developed robustly and we are subsequent to that, honest with ourselves where we have blind spots in that evidence or indeed, concerns about a lack of progress on any CQC domains in any core service
- Linked to the refresh of our organisational strategy, we can articulate, both within the Board environment but also across the organisation and wider stakeholders, what our methodical framework for quality improvement is and how we are

measuring progress on the key indicators of success. I have previously said that one of our new Trust objectives should be an unapologetic and unrelenting focus on delivering the fundamentals of safe and effective care for patients and carers. We need to better articulate how we do that, sharing our approach and progress with the CQC frequently.

### **3. Our population**

- 3.1 I am pleased to report that we are continuing to make significant progress in the development of the Sandwell Integrated Care Partnership (ICP). By the end of June, we should have developed a business case with clear inputs and outputs/outcomes, a recommended governance structure, recommendations on leadership team make up and capacity and, critically, a detailed implementation plan, from which our community services teams, local GPs, mental health teams, public health colleagues, social care colleagues and voluntary sector partners can base their interventions.
- 3.2 I have started discussions with executive colleagues and the wider ICP partners about potentially repurposing our Public Health Board Committee to become the ICP Board, with a continued focus on public health improvement and widening participation/social inclusion. However, my intention is that, by hosting the partnership and the ICP Board, we can get quicker and more practical buy in to our intentions in this field as well as providing a clear home for the governance and accountability of the ICP in Sandwell. I will now discuss that repurposing potential with non-executive colleagues and of course, we can shortly feed our intentions in this regard into the governance review, which will begin in June.
- 3.3 The potential changes for our Ladywood & Perry Barr “place”, moving from the Black Country & West Birmingham (BCWB) Integrated Care System (ICS), to the Birmingham & Solihull ICS, are to be reflected in a first cut implementation plan, as required of us by NHS England. A meeting is being convened for 8th June in which the Ladywood & Perry Barr ICP members intend to sign off the plan for how we would handle any such switch of systems. We have already agreed as a Board, the “key tests” which we would seek assurance on for such a change and I am pleased to confirm that the expectations of our Board on the following issues, will be a key component of that plan:
- Subsidiarity and local determination for Ladywood & Perry Barr partnership
  - Transparency about historical and prospective funding flows in both Sandwell and Ladywood & Perry Barr, with assurances about these not being denuded over time
  - Assurances about patient flows and consequent funding flows, to ensure the MMUH business case assumptions are underwritten

#### 4. Wider issues

4.1 I represented our organisation and Sandwell ICP at the BCWB ICS Board meeting on 27th May. The following are key points of note from that session:

- The ICS Health Inequalities plan was agreed and signed off. The Directors of Public Health are happy with it and the 5 respective ICPs were reaffirmed as the key delivery vehicles for it.
- I articulated how our Trust was starting to align its new strategy and plans to the national ICS “purposes” and encouraged the other ICS partners to do the same
- There remains an incomplete picture on transparency with the whole ICS financial plan. Secondary care providers are taking an open book approach but the same principles are yet to be fully applied in the space of primary care provision, prescribing budgets and continuing healthcare, all the preserve historically of CCGs. To work truly in a mutual accountability world, transparency on needs and performance financially, is essential
- On ICS Board development, we will shortly be inviting non-executive directors from each provider Trust to develop with the ICS leadership team, how they can get behind the ICS common purposes and oversee the delivery of that through their own duties in their host organisations
- Concern was expressed about how CCG staff could end up going through three management of change processes within a calendar year (CCGs to one CCG; CCG to ICS; ICS to provider collaboratives and ICPs). It was agreed that we should define as quickly as possible, what CCG resources would transfer to ICPs and provider collaboratives, to minimise this impact on those dedicated staff

#### 5. Recommendations

5.1 The Trust Board is asked to:

- a. **NOTE** the Interim Chief Executive’s initial reflections and recommendations on pertinent issues and future organisational intent, making suggestions about a change in focus or direction

**Richard Beeken**  
**Interim Chief Executive**  
**May 28<sup>th</sup> 2021**



<b>Report Title</b>	Integrated Quality & Performance Report – April 2021					
<b>Sponsoring Executive</b>	Dave Baker, Director of Partnerships and Innovation					
<b>Report Author</b>	Matthew Maguire, Associate Director of Performance & Strategic Insight					
<b>Meeting</b>	Public Board	<b>Date</b>	9 <sup>th</sup> June 2021			
<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Board should focus on]</i>						
<p>Reporting March, Cancer remains our biggest access challenge. Latest IQPR data shows that our 62 day cancer performance including rare cancers improved from 61.7% to 71.3%. Latest public view data ranks 62 day cancer performance as 84/124 compared to 99/124 in February. For 2 week waits our performance dropped from 73.6% to 71.8% with public view data ranking us 120/124 compared to 115/124 last month.</p> <p>HSMR/SHMI remain high (SHMI 116<sup>th</sup>/124 reporting December). Both have increased since the introduction of Unity and then the pandemic (HSMR most impacted). Work continues around improved documentation with our external auditors helping to facilitate a discussion this month based on award winning work at another Trust. To improve our reporting we need an increased focus on implementation. A paper to Q&amp;S considered the impact of hospital acquired Covid infection on the HSMR. The 4-6 month National reporting lag around these mortality metrics means that we have not yet seen the impact of January peak on the HSMR.</p> <p>Key Outliers in month were: 2 falls with severe harm (D47 and Newton 5) and 1 never event in AMU (use of air instead of Oxygen – this is the fourth event in the last 12 months). In Imaging Urgent (GP) Reporting within 5 days reduced to 46.2%, this is ~30% reduction of where this metric was historically reporting. We have had 3 x 28 day patient breaches (2 x T&amp;O, 1 x Urology). For note: A further never event will be reported in May in Ophthalmology in relation to wrong site surgery on an eye muscle. A new form IQPR/Board level metrics aligned to the three 2025 strategic objectives is a topic of discussion for Private Board this afternoon.</p>						
<b>2. Alignment to 2020 Vision</b> <i>[indicate with an 'X' which Plan this paper supports]</i>						
Safety Plan	X	Public Health Plan		People Plan & Education Plan	X	
Quality Plan	X	Research and Development		Estates Plan		
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>		
<b>3. Previous consideration</b> <i>[where has this paper been previously discussed?]</i>						
WD5 Flash, OMC, PMC, CLE, Q&S						
<b>4. Recommendation(s)</b>						
The Committee is asked to:						
<b>a.</b>	Note the April performance.					
<b>b.</b>	Gain assurance that plans around Cancer and HSMR/SHMI are robust					
<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register	X	Numerous				
Board Assurance Framework	X	SBAF 11: Labour Supply and SBAF 14: Amenable Mortality				
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



## Integrated Quality & Performance Report

Month Reported: April 2021

Reported as at: 26/05/2021

TRUST BOARD

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## Performance At A Glance - April 2021

### Highlights

- Overall April shows some improvement in the Trust for MSSA Bacterium, VTE and RTT Incomplete waiting list in the April figures
- A&E performance delivered 85.2% for April (2.2% increase from last month) 83.3% in March; 2,808 patients breached the 4 hr target. There were 18305 Emergency Care Attendances and 6 Emergency Cate Trolley Waits in April.
- RTT incomplete performance in April is 70.5%, March was 73.2% against the national target of 92% (with the current climate of using a prioritisation system for patients it may take several months to get back to achieving this national target). A normal incomplete PTL for SWBH would be ~34k, we have risen by 13K since pandemic began. The pandemic has also meant an increase in long waiters from March 13,460 to 14,077 in April. DM01 diagnostic test performance have continued to improve, we see a drop in performance in March 11.4% and April 12.7% reaching 87% vs 99% target. The numbers of patients waiting for a diagnosis has risen by 33% from last month which was as 14% increase from the month before.
- Cancer performance remains below standards in March (latest reported position) showing a decline against targets across most cancer indicators which is clearly unprecedented for the Trust. March delivery is lower than February except for the 62 Day Cancer Treatment and Screening standards.
- Other items to highlight for April are:  
Data from SHMI mortality indicators are above tolerance levels, ward sickness has reduced to 6.3% in with a rate of 1.76 per 1000 occupied bed days.  
We have had 2 serious falls which resulted in death. Newton 5 and D47.  
We had 1 never event which was on AMU and was a fourth Oxygen / Air issue.  
Imaging GP Reporting (5 day) has reduced to 46.2% down by ~30%.  
Cancer 2 week waits at 71.8% is still falling month on month.  
3 x 28 day patient breach cancellations.  
We did not meet the HIP Fracture target of 85% of patients are operated on with 36 hours only reaching 81.3%

### RESPONSIVENESS

#### A&E Performance

- A&E performance delivered 85.2% for April (2.2% increase from last month) 83.3% in March; 2,808 patients breached the 4 hr target. There were 18305 Emergency Care Attendances and 6 Emergency Cate Trolley Waits in April.

#### Referral to Treatment in 18 weeks (RTT Incomplete)

The April RTT Incomplete performance was 70.5%. The April RTT Backlog of patients waiting at 52 weeks on the Incomplete Pathway was 2428 patients (and a slight improvement on March of 2584. RTT Admitted care in April was 74.7% and 86.9% for Non-Admitted Care.

#### Diagnostics Waits (% of patients waiting >6 weeks)

- There were 1797 Diagnostic (DM01) tests waiting for April 2021. This was an increase of 446 diagnostics tests since March 2021. Which was a 33% increase on the previous month.
- The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in April were at 27,437 and whilst getting closer to pre-COVID levels, which were at an average of c30,000-32,000 per month, we are still not seeing those patient numbers. Board KPIs show static performance for 1 hour around 79% and static performance for 4 weeks reporting at 83%. The main cause for concern is GP reporting (5 day) down to 46.2%, this is down by ~30%.
- Against these April volumes, and the top three Board KPIs performance achievement was: Inpatient total turnaround (TAT) time within 24hrs at 79.0% against the 90% trust target; Urgent GP tests within 5 days achieved were at 46.2% 90% target, impacted to a large degree the non-responder/non-attenders category. The KPI measuring 'Overall Imaging Turn around Time for all tests' shows 83.5% of achievement, and measures all of the 'Imaging work' delivery under the 4 weeks.



	<b>Cancer Performance</b>	<ul style="list-style-type: none"> <li>Reporting the March 21 position, the Trust has not delivered any of the key cancer standards, besides the 62 day referral to treat from screening standard at 94.7. However, we can see slight improvement to last month for 31 day treatment to surgery (2nd screening) and Rare Cancers. 2 week wait performance is a cause for concern at 71.8% and falling month on month.</li> </ul>
	<b>Cancellations</b>	<ul style="list-style-type: none"> <li>April on the day cancellations are low, this may be due to low elective activity. There were 15 hospital late cancellation which is better than the twelve month average of 20. However we have had 3 x 28 day Patient Breaches.</li> </ul>
<b>SAFE</b>	<b>Infection Control</b>	<ul style="list-style-type: none"> <li><b>Infection Control</b> metrics continue to report reasonably good performance;</li> <li>MRSA screening rates for non-elective patients delivering 91.9% against target 95%.</li> <li>Elective patients MRSA screening rates are below the 95% at 81.9%</li> <li>Sepsis treated in 1 hour was 82.7% out of 100%</li> </ul>
	<b>Harm Free Care</b>	<ul style="list-style-type: none"> <li>The Trust falls rate per 1,000 bed days in April reports an incident rate of 4.47 achieving the Trust target of below 5; we reported 33 falls and 2 serious harms (both resulting in death).</li> </ul>
		<ul style="list-style-type: none"> <li>Pressure Ulcers (Hospital or DN Caseload Acquired PUs) in April have decreased to prior months; overall the Trust reports 33 PUs (102 this month present before admission) in absolute numbers.</li> </ul>
		<ul style="list-style-type: none"> <li>1 never event was report in April in AMU - another oxygen / air event.</li> </ul>
<b>Obstetrics</b>	<ul style="list-style-type: none"> <li>VTE assessments in April delivering 95.7% at Trust level against the 95% target, Surgical and WCH are below the target however.</li> <li>Sepsis - Screening was 93.4% against a target of 100%, it was the fourth month of declining performance.</li> <li>Neutropenic Sepsis reporting delivery 88% of patients were treated within the 1hr from door to needle standard (3/22 breached). The average door to needle time was excellent at 47 minutes in April well below the 60 minutes standard (1hr). The 2 breaches show delays above the hour between 40-51 minutes were not classed as neutropenic sepsis and no harm was caused to any of the two breached patients</li> </ul>	
<b>CARING</b>	<b>Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination</b>	<ul style="list-style-type: none"> <li>The overall Caesarean Section rate for April is 27% in month, below 30% on a year to date basis. This overall C Section rate can be split between : <ul style="list-style-type: none"> <li>Elective C-Section rate at 12%.</li> <li>Non-elective C-Section rate at 16%.</li> </ul> </li> <li>The monthly 'Ockenden' reporting process is in place and informs Q&amp;S Committee and Trust Board on a more detailed performance basis.</li> </ul>
		<ul style="list-style-type: none"> <li>MSA has not been reported since the start of the pandemic due to COVID. It is due to start reporting from June 2021.</li> <li>We observe low score and response rates against <b>Friends &amp; Family tests</b> especially in FFT response rate in Type 1 &amp; 2 Emergency Dept, besides the Maternity Postnatal Ward compliant at 100%;</li> </ul>

<b>EFFECTIVE</b>	<b>Mortality, Readmissions</b>	<ul style="list-style-type: none"> <li>• Readmissions rates (30 days after discharge) have reduced slightly in March to 9.9% in month (9.7% cumulatively) and remain high over the last year generally.</li> <li>• HSMR (measures expected vs actual deaths in-hospital) reporting at 144 above the tolerance levels as at the end of December 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 154 and weekday at 141. This position makes the Trust HSMR position a significant outlier compared against the national picture. Deaths in which COVID19 was recorded in episode 3 or later have increased, showing hospital acquired COVID19, also the number of deaths where the Charlson Index is below 5 has increased (these are patients with few complications and comorbidities and therefore less likely to die), also we have seen an increase in the number of elective admission deaths. Our average elective deaths have increased from 3 per month to 4 per month with a spike of 9 in September 2020 within a time period we had fewer elective admissions due to COVID, Dr Awgu is looking into this.</li> <li>• SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 115 for November 2020 (latest available position) The SHMI will also be impacted by the coding improvements, which are planned for HSMR. • Medical Examiners' mortality reviews fell below the performance target of 90% to 83.1%.</li> </ul>
	<b>Stroke &amp; Cardiology</b>	<ul style="list-style-type: none"> <li>• Stroke performance good against most indicators, but struggling to recover admissions to the stroke ward within 4 hours (at 50% in March) and 66.7% in April.</li> <li>• Thrombolysis performance is at 75% for March and no procedure performed in April</li> <li>• Patients staying on a stroke ward for more than 90% has risen to 91.2%,</li> <li>• Cardiology performance within target levels for April.</li> </ul>
	<b>Patient Flow (Responsive)</b>	<ul style="list-style-type: none"> <li>• 21+ LOS patients (long stay patients) count at the end of April at 67 patients (this measures patients 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). Femur performance at 81.3% in April against the 85% target</li> <li>• Neck of</li> </ul>
<b>WELL LED</b>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Sickness absence monthly rate recorded was 4.4% the sickness absence open cases in the month reduced to the target of 140 for the first time since Nov 19.</li> <li>• Ward sickness rate reduced to 6.3% for April showing the lowest percentage since Nov 19.</li> <li>• Nursing vacancy rate is at 12.4%; Nursing turnover at 11.1%</li> <li>• Mandatory Training (where staff are at 100% of their MT) has risen to 74.9% against the 95% aim clearly impacted by COVID pressures</li> </ul>
<b>USE OF RESOURCES</b>	<b>Use of Resources</b>	<ul style="list-style-type: none"> <li>• The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality and the wider Single Oversight Framework. 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. • Using a crude method to predict the CQC rating based on an inspection right now, which is taking factors other than what is highlighted in use of resources e.g. RTT, A&amp;E etc, the Trust would mostly likely score 'requires improvement' again.</li> </ul>
		<ul style="list-style-type: none"> <li>• We have populated 7/16 of the Use of Resources metrics. Currently, no work is under way to increase this proportion and start deep-diving in presented opportunities, however, this is significantly slowed down due to CV19 and will be picked up as part of the newly established Efficiency Group.</li> </ul>

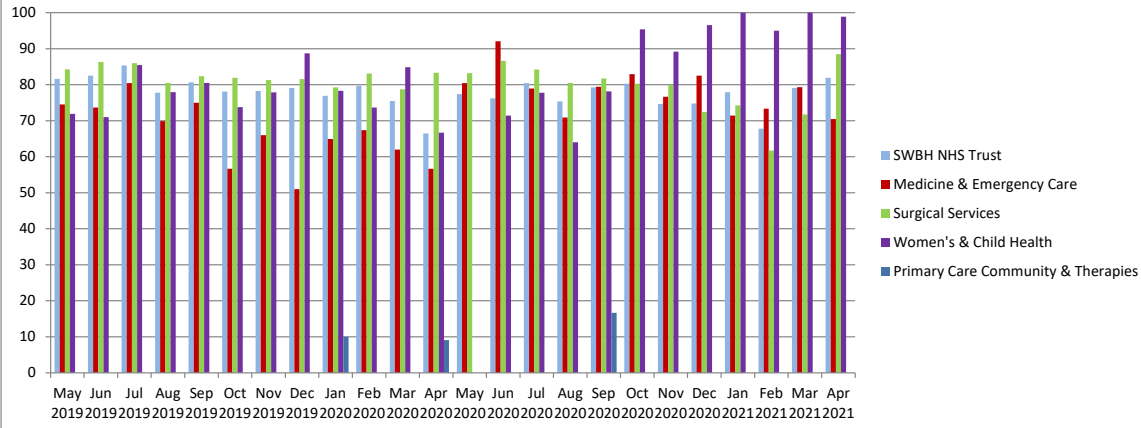
# CQC Domain - Safe

	Kitemark	Reviewed Date	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Group							
					Year	Month	M	SS	W	I	PCCT	CO																					
Infection Control	●●●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	4	3	3	2	3	0	3	1	2	3	1	1	1	4	2	3	2	2	2	2	0	0	-	0	-		
	●●●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	1	0	0	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	0.00	4.76	4.88	21.01	0.00	7.02	12.15	7.23	13.49	0.00	12.61	10.86	5.54	11.28	9.63	5.92	12.11	6.01	6.01	-	-	-	-	-	-		
	●●●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	5.19	14.27	24.39	26.26	16.43	21.05	18.23	28.93	6.75	13.15	18.92	10.86	5.54	16.93	0.00	35.49	30.28	6.01	6.01	-	-	-	-	-	-		
	●●●●●●●●		MRSA Screening - Elective	=> %	95	95	78.2	79.1	76.9	79.7	75.5	66.4	77.4	76.2	80.4	75.4	79.3	80.3	74.6	74.8	77.9	67.8	79.1	81.9	81.9	-	70.5	88.5	98.9	33.3	0.0	-	
	●●●●●●●●		MRSA Screening - Non Elective	=> %	95	95	79.5	76.3	80.0	83.9	78.1	83.9	91.5	92.6	93.6	93.9	92.5	92.5	92.2	92.5	82.9	87.8	90.7	91.9	92.0	92.0	-	91.5	92.9	100.0	-	100.0	-
Harm Free Care	●●●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	95.4	99.3	98.9	98.7	98.4	-	-	-	-	-	-	-	-	-	-	-	-	-	97.3	-	-	-	-	-	-		
	●●●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.0	0.4	0.0	0.3	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	-	-	-	-	-	
	●●●●●●●●		Number of DOLS raised	No	-	-	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	52	46	46	-	32	6	0	-	8	-	
	●●●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	52	46	46	-	32	6	0	-	8	-	
	●●●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	3	7	6	7	0	3	3	4	8	6	6	7	3	7	2	3	6	1	1	-	1	0	0	-	0	-	
	●●●●●●●●		Number DOLS rolled over from previous month	No	-	-	1	2	0	5	7	9	8	9	6	3	2	6	8	10	9	11	4	8	8	-	6	1	0	-	1	-	
	●●●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	13	22	18	18	24	30	37	43	35	18	29	25	29	42	23	30	38	35	35	-	26	4	0	-	5	-	
	●●●●●●●●		Number of DOLS applications the LA disagreed with	No	-	-	1	0	0	2	1	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	-	0	0	0	-	0	-
	●●●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	1	0	0	0	0	0	0	0	4	0	6	0	0	0	0	1	1	-	0	1	0	-	0	-	
	●●●●●●●●	Apr 19		Falls	No	-	-	71	88	97	84	110	66	67	70	74	81	82	74	99	75	70	71	92	81	81	-	50	11	1	-	19	-
	●●●●●●●●	Apr 19		Falls - Death or Severe Harm	<= No	0	0	2	0	1	1	0	0	1	1	2	1	0	0	0	0	0	1	1	2	2	-	1	0	0	0	1	0
	●●●●●●●●			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.62	4.58	4.84	4.66	3.76	5.18	3.95	3.38	3.88	5.07	4.47	4.47	-	-	-	-	-	-	
	●●●●●●●●	Apr 19		Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	14	32	36	39	32	38	32	19	23	20	25	32	38	45	51	38	30	33	33	-	16	10	1	-	6	-
	●●●●●●●●	Apr 19		Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	0.61	1.32	1.50	1.77	1.59	2.44	2.10	1.22	1.38	1.16	1.38	1.58	1.93	2.31	2.41	2.04	1.61	1.76	1.76	-	-	-	-	-	-	
	●●●●●●●●	Apr 19		Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	18	25	25	26	22	20	24	25	41	29	24	22	38	33	36	42	42	33	33	-	2	-	-	-	31	-
	●●●●●●●●			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	95	88	104	117	102	108	100	96	114	112	93	124	112	110	106	110	108	102	102	-	-	-	-	-	-	
	●●●●●●●●			Venous Thromboembolism (VTE) Assessments	=> %	95	95	-	95.9	96.0	96.0	95.3	94.9	95.0	96.2	96.2	95.3	95.5	95.3	96.0	96.4	96.3	95.3	94.2	95.7	95.7	-	97.1	94.6	94.2	92.9	94.3	-
	●●●●●●●●	Apr 19		WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	99.9	99.9	100.0	100.0	98.8	99.9	99.9	100.0	99.9	99.9	-	100.0	100.0	99.4	-	100.0	-
	●●●●●●●●	Apr 19		WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.7	100.0	99.5	100.0	100.0	100.0	99.7	99.7	-	99.7	100.0	100.0	-	-	-
	●●●●●●●●	Apr 19		WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	99.3	99.3	99.3	100.0	100.0	100.0	98.7	99.3	100.0	99.2	99.7	99.0	100.0	99.7	100.0	99.1	99.1	99.1	-	98.9	100.0	100.0	-	-	-
	●●●●●●●●			Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	1	1	-	1	0	0	0	0	-
	●●●●●●●●			Medication Errors causing serious harm	<= No	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	●●●●●●●●			Serious Incidents	<= No	0	0	11	7	6	8	0	7	8	12	6	7	9	7	6	4	4	6	7	-	83	-	6	1	0	0	0	0
	●●●●●●●●			Open Central Alert System (CAS) Alerts	No	-	-	10	12	10	9	8	2	5	3	3	5	6	4	4	4	3	3	3	3	3	3	-	-	-	-	-	-
●●●●●●●●			Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	2	1	1	0	0	0	0	0	0	0	0	0	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	96.1	97.4	97.4	97.5	97.8	97.4	95.0	93.4	93.4	-	92.9	97.7	89.5	-	77.8	-	
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.8	22.8	22.9	23.5	22.9	26.3	25.8	23.6	27.3	31.8	31.1	31.1	-	32.7	23.7	17.7	-	25.0	-	
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	72.8	82.9	87.9	89.7	88.3	89.7	87.8	93.0	88.4	86.8	85.4	85.4	-	84.8	87.0	100.0	-	85.7	-	
			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	81.0	80.4	79.8	82.8	83.6	83.1	82.3	82.7	82.7	-	83.1	90.0	66.7	-	16.7	-	
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

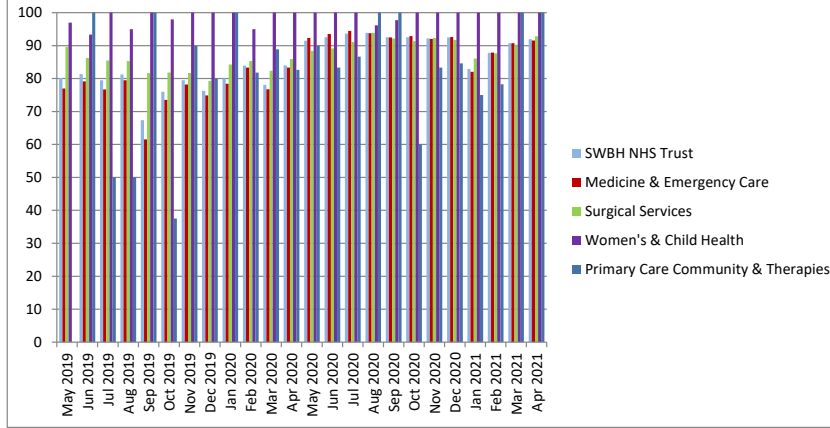
Data Quality - Kitemark						
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●	●	●	●	●	●	●
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director

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

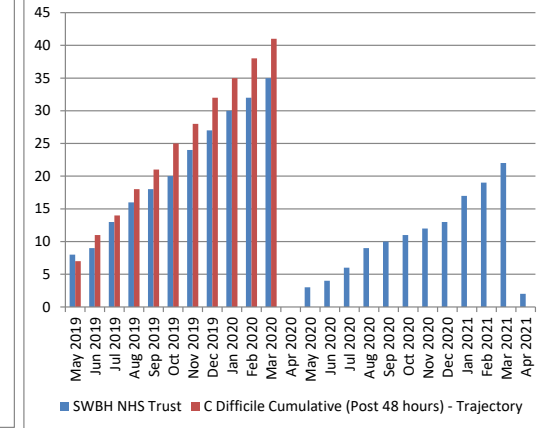
### MRSA Screening - Elective



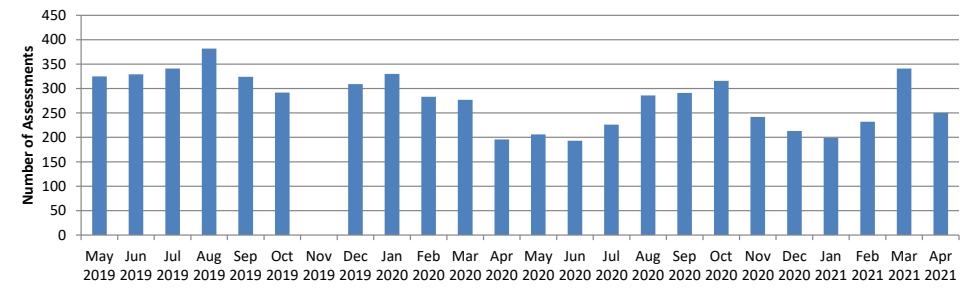
### MRSA Screening - Non Elective



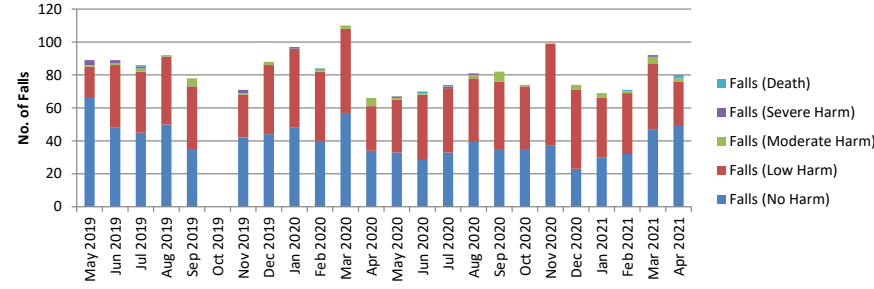
### C Diff Infection



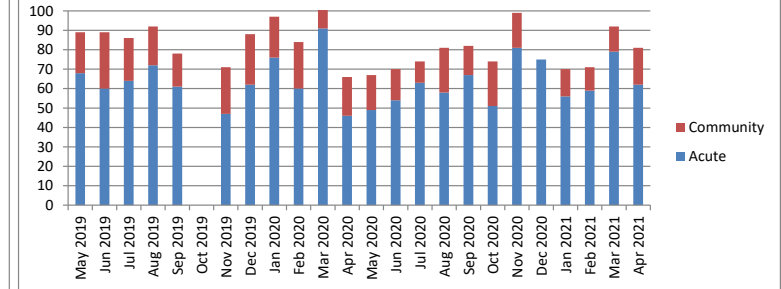
### VTE Assessments Missed



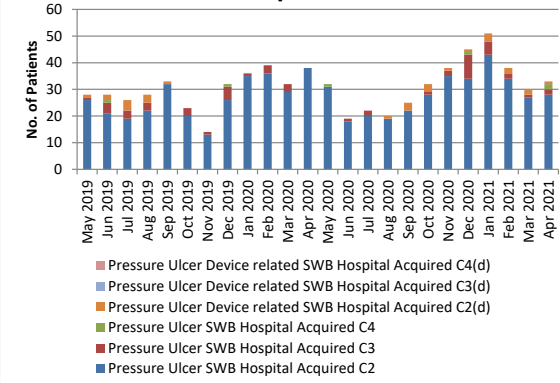
### Falls



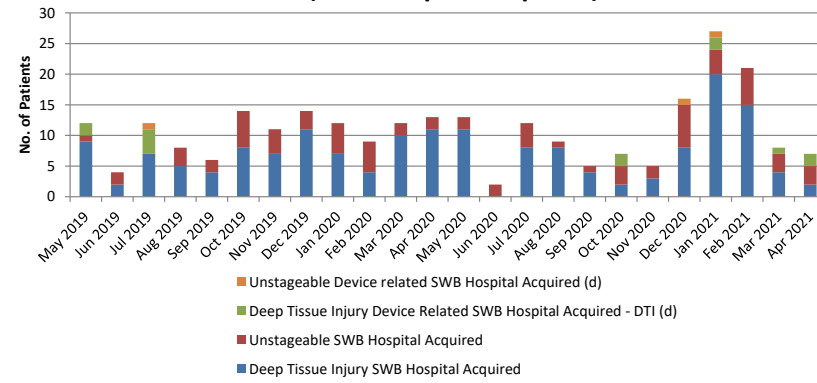
### Falls - Acute & Community



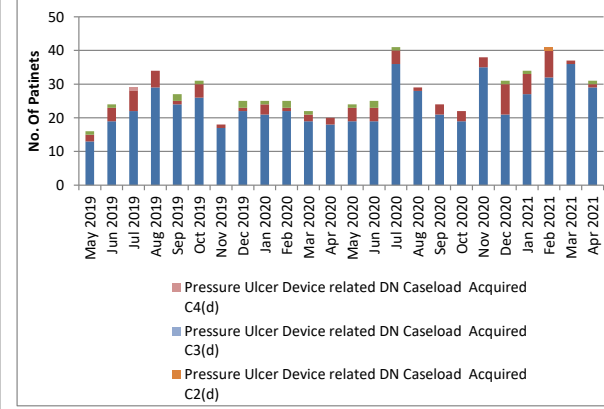
### Pressure Ulcers - SWB Hospital Acquired



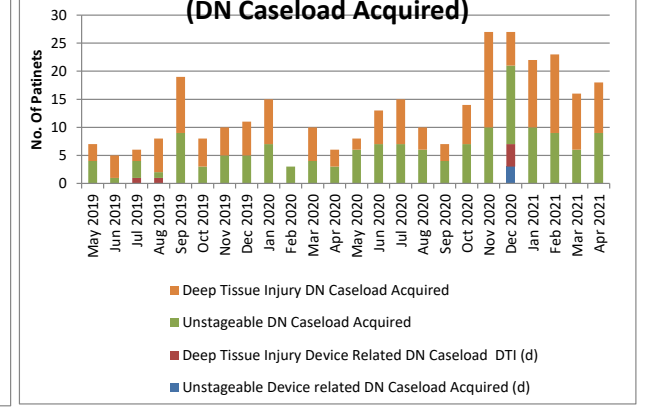
### Unstageable / Deep Tissue (SWB Hospital Acquired)



### Pressure Ulcers - DN Caseload Acquired



### Unstageable/Deep Tissue (DN Caseload Acquired)



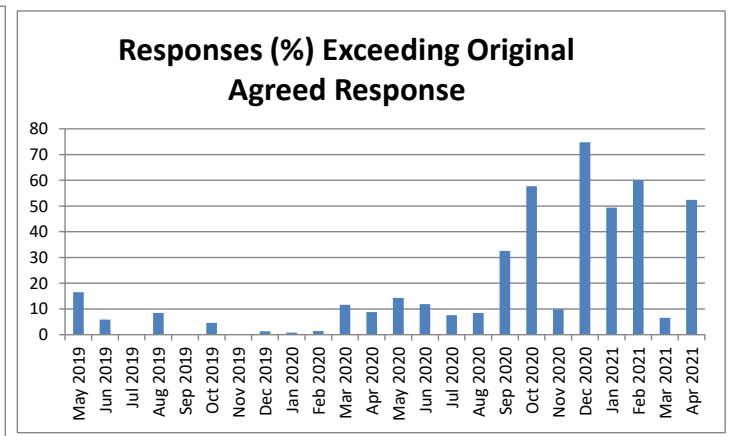
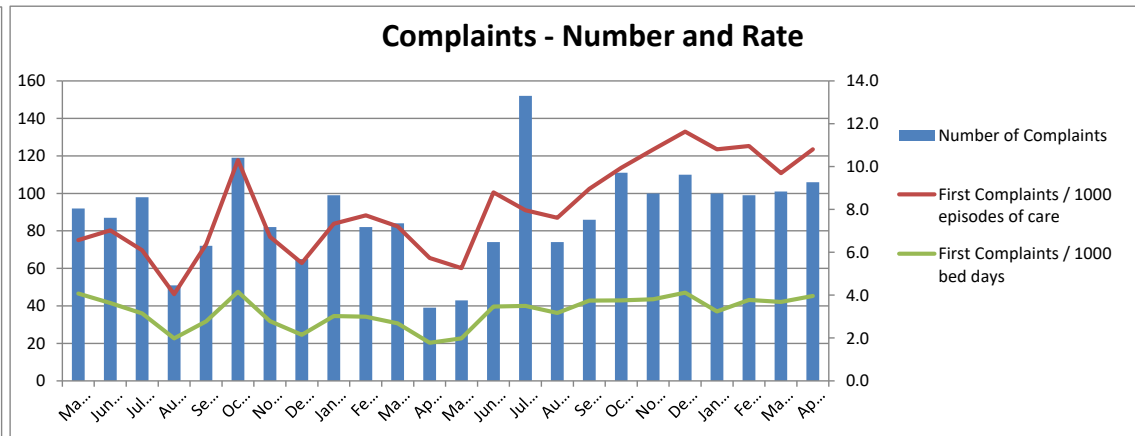
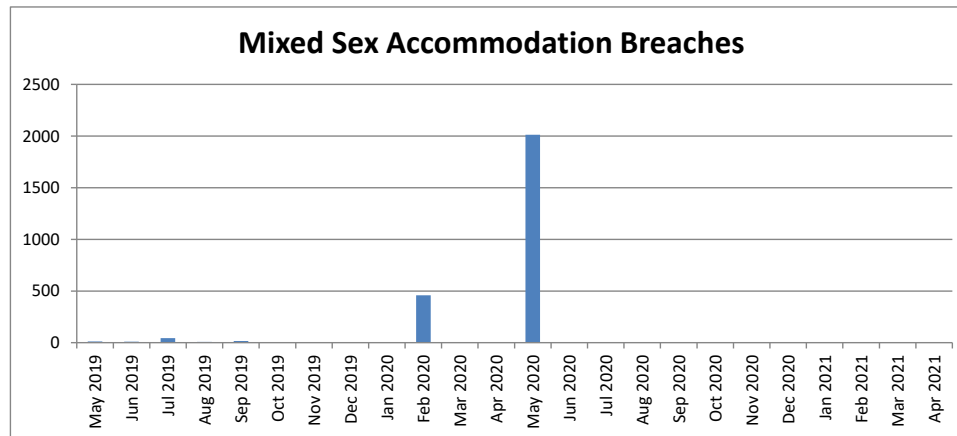


# CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		20/21 Year to																Group									
					Year	Month	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	Date	M	SS	W	I	PCCT	CO	
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	21.5	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	14.7	18.7	17.8	15.4	14.2	13.9	13.8	13.3	13.4	13.4	-	-	-	-	-	-	
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	89	86	89	-	90	86	86	88	89	82	85	84	83	82	41	89	74	82	-	-	-	-	-	-	-	
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	9.6	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	12.9	12.8	12.3	13.2	11.5	12.9	12.0	13.3	12.9	12.9	12.9	12.9	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	68	73	75	72	79	89	85	84	81	78	77	78	78	82	81	80	74	73	-	73	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	89	89	89	89	89	87	89	89	89	88	88	89	90	89	90	91	90	90	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	97	100	75	83	80	86	84	84	84	78	79	78	80	78	83	88	74	74	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	93	0	97	94	100	0	67	0	100	0	100	8	80	0	5	0	0	100	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	97	94	95	97	97	89	100	82	94	70	94	93	87	85	87	85	82	95	-	-	-	-	-	-	-	
●●●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	35.3	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	7.3	17.5	11.2	6.0	100.0	2.9	7.3	5.0	6.8	6.8	-	-	-	-	-	-		
MSA	●●●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	-	-	-	458	-	-	2013	-	-	-	-	-	-	-	-	-	-	2013	-	-	-	-	-	-		
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	82	65	99	82	84	39	43	74	152	74	86	111	100	110	100	99	101	106	106	43	34	9	2	11	7	
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	114	92	106	142	126	102	109	123	152	139	189	288	374	67	359	378	342	337	337	179	66	31	6	35	20	
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.78	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	3.17	3.75	3.76	3.81	4.12	3.24	3.78	3.68	3.97	3.97	2.76	7.86	2.67	-	9.14	-	
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.72	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.61	8.97	9.94	10.80	11.63	10.80	10.97	9.69	10.81	10.81	9.28	17.17	4.93	-	20.52	-	
	●●●●●●●●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100.0	100.0	100.0	100.0	100.0	100.0	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	84.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	●●●●●●●●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	0.0	1.3	0.8	1.4	11.6	8.8	14.3	11.9	7.6	8.5	32.6	57.7	9.9	74.8	49.4	60.0	6.5	52.4	52.4	66.7	52.0	28.6	0.0	58.8	0.0	
	●●●●●●●●		No. of responses sent out	No	-	-	105	76	76	70	87	68	35	58	66	86	43	27	33	107	85	80	47	63	63	12	25	7	1	17	1	
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	62.4	78.1	82.0	83.1	-	-	-	-	-	-	-	46.0	75.0	80.0	-	-	-	67.0	-	-	-	-	-	-		

Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
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If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place



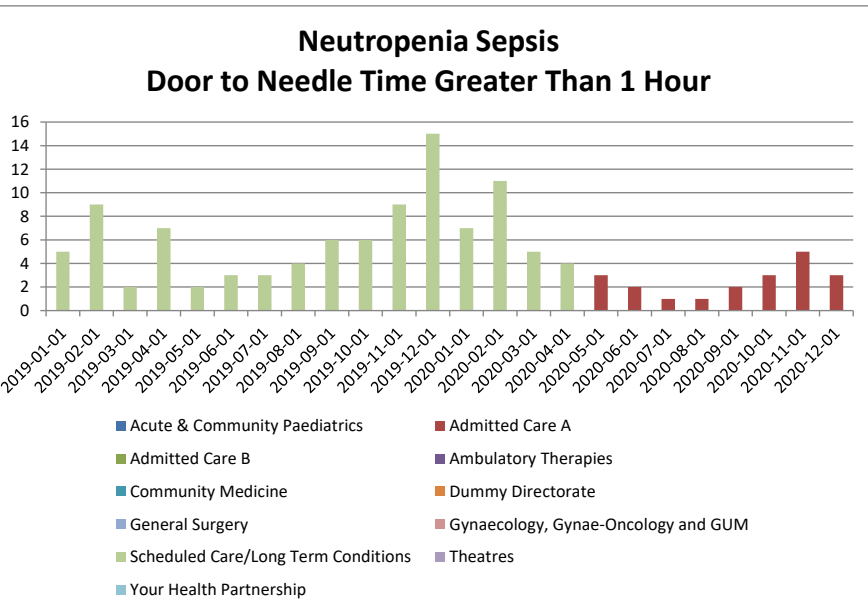
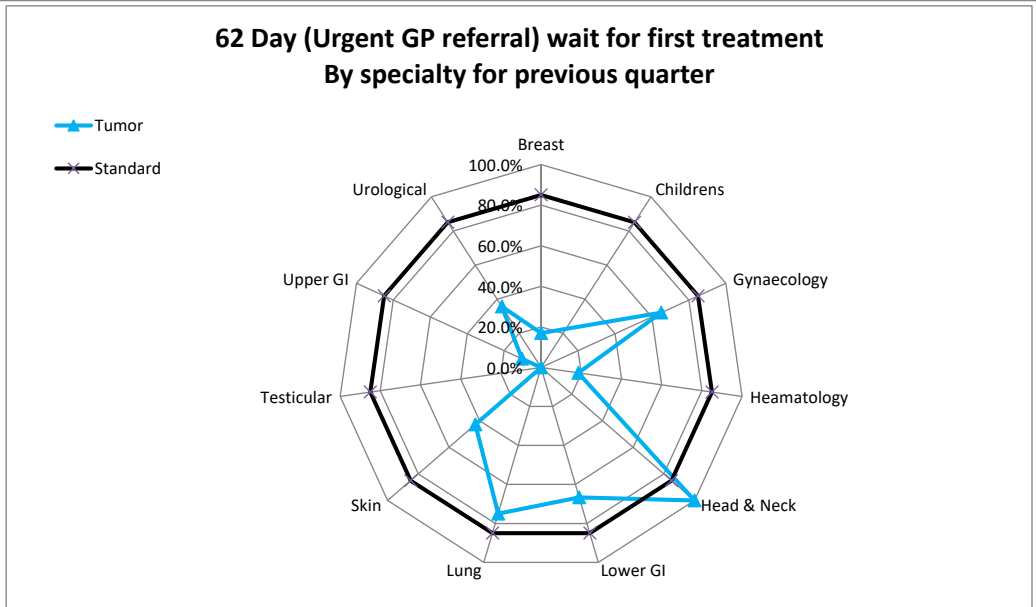
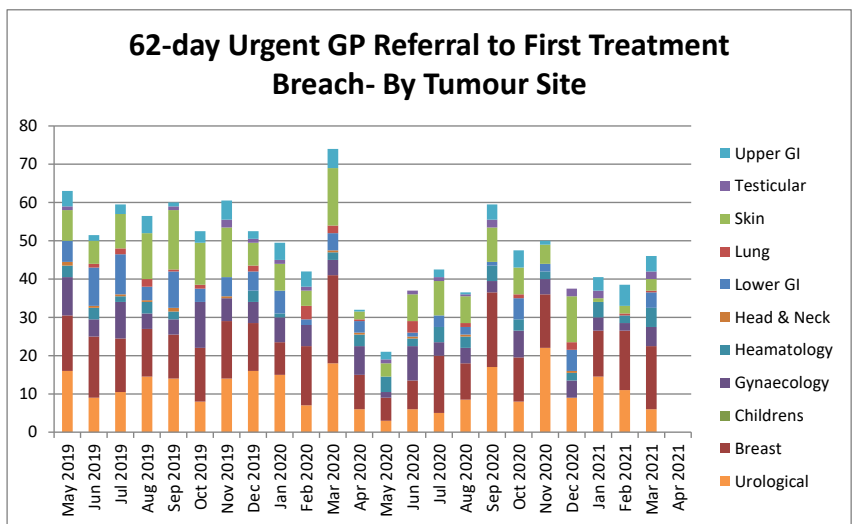
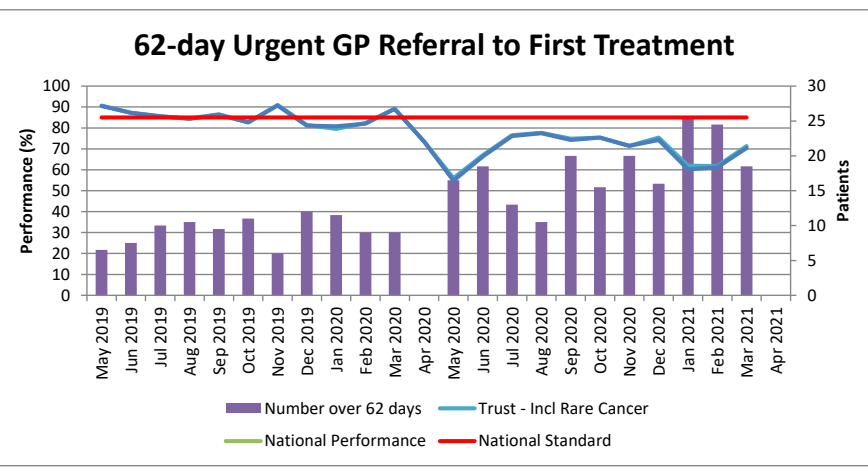
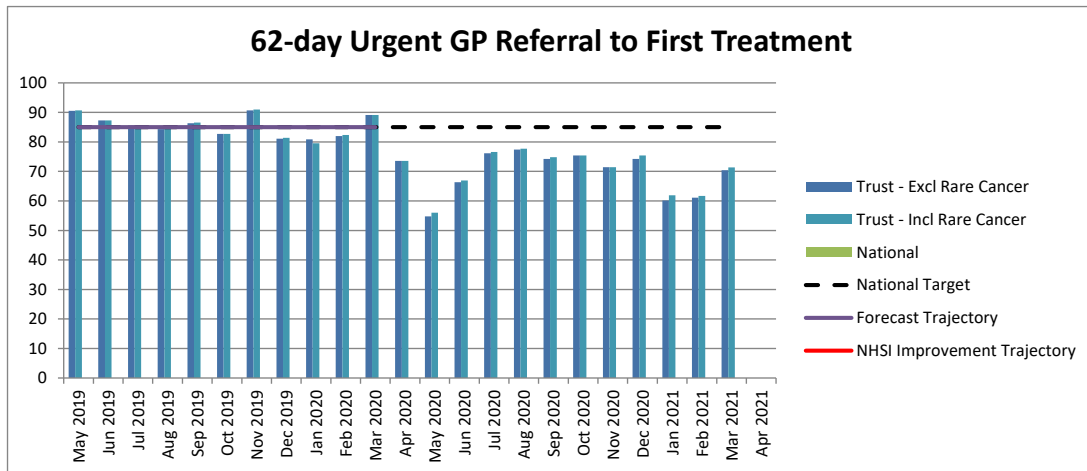
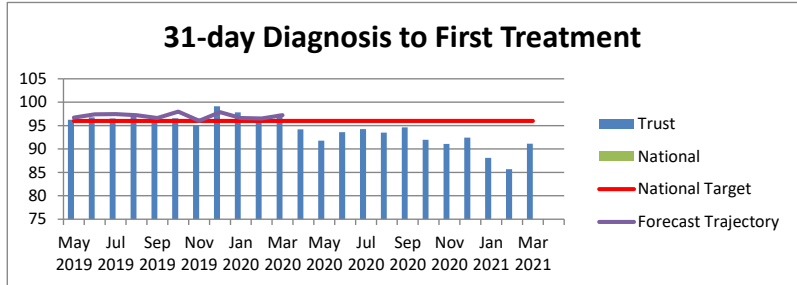
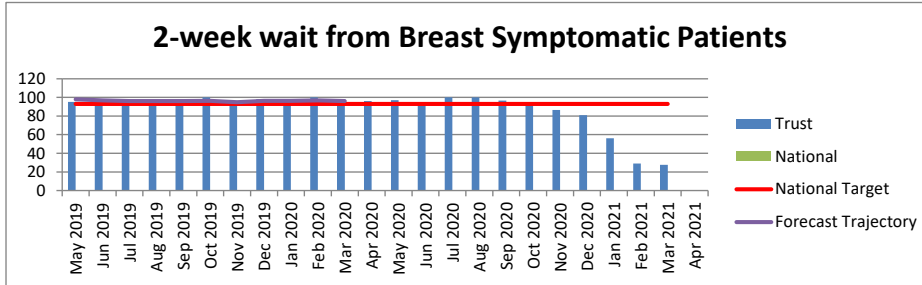
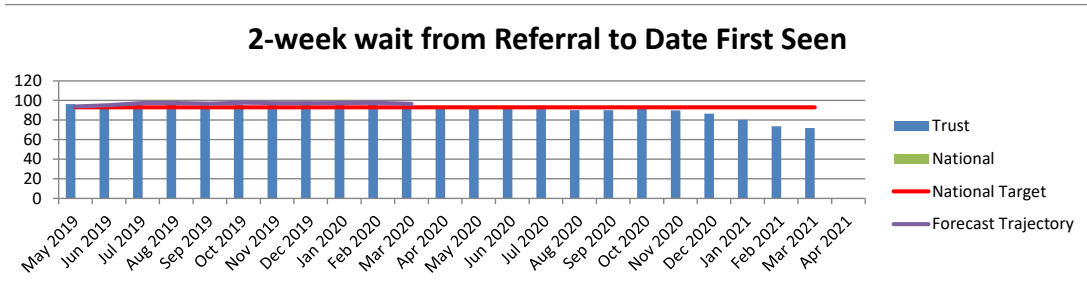
# CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Group								
					Year	Month																				M	SS	W	I	PCCT	CO			
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	13235	12762	11887	11307	15251	18305	18305	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	70.9	72.2	73.0	74.6	79.3	87.8	91.6	90.0	86.2	84.9	80.3	79.1	79.2	78.1	68.6	77.0	83.3	85.2	85.2	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	5199	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	2754	2791	3731	2596	2552	2808	2808	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	1	1	0	0	0	1	0	0	0	0	0	0	3	2	3	23	5	0	6	6	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	154	116	121	62	85	74	44	62	194	69	163	149	183	132	238	138	163	160	-	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	263	263	254	232	151	82	82	100	136	153	168	147	165	166	160	174	198	166	-	-	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	7.9	7.9	8.1	7.5	8.8	8.6	8.9	7.5	8.4	8.2	7.1	7.7	7.0	7.1	7.4	7.7	7.9	7.4	7.5	-	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	10.2	9.5	8.0	7.8	5.5	2.8	2.6	3.2	4.5	4.8	4.9	4.0	3.6	3.5	3.8	3.3	3.6	3.6	3.6	3.6	-	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	-	-	2617	-	-	-	-	-	-	-	
	●●●●●●●●		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	-	-	697	-	-	-	-	-	-	-	
●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.2	0.2	0.2	0.7	0.9	0.3	0.0	#####	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	2.0	-	-	1.6	-	-	-	-	-	-	-		
●●●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	-	-	47108	-	-	-	-	-	-	-	-	
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	2.9	2.4	2.8	3.0	4.2	1.6	-	-	0.3	0.6	0.1	0.1	0.2	-	-	-	-	-	0.4	-	-	-	-	-	-	-		
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	20	16	19	20	28	11	-	-	2	4	1	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	163	180	195	340	388	210	32	10	8	0	12	27	43	-	-	-	-	-	-	342	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	852	944	989	860	730	501	554	543	604	746	750	935	901	943	1060	805	788	718	718	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	310	383	354	358	347	343	295	277	293	377	312	426	443	386	443	365	402	380	380	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	80	66	71	64	95	80	47	39	25	40	52	79	118	75	122	89	74	98	98	-	-	-	-	-	-	-	-	
Cancellations		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	87.0	88.9	92.9	87.0	81.3	81.3	-	-	81.3	-	-	-	-	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	59	65	56	60	35	1	9	18	21	17	36	40	28	27	10	12	23	15	15	15	0	9	4	-	2	-	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	30	41	29	17	16	1	1	5	9	11	17	21	13	12	9	7	15	4	4	4	0	2	0	-	2	-	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	29	24	27	43	19	0	8	13	12	6	19	19	14	15	1	5	8	11	11	11	0	7	4	-	0	-	-	
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.5	1.8	1.3	1.7	1.3	0.1	0.7	1.2	0.8	0.7	1.2	1.5	1.2	1.3	0.7	1.0	1.0	0.7	0.7	0.7	0.3	0.9	1.5	-	0.4	-	-	
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	4	0	0	0	4	5	4	6	3	0	3	3	3	0	3	0	-	0	-	-	
	●●●●●●●●		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	0	-	-	-	-	-
	●●●●●●●●		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	-	0	-	-	-
	●●●●●●●●		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	1	1	2	4	0	0	0	1	0	1	1	1	1	0	1	0	2	2	2	0	1	0	-	1	-	-	
	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	92	65	73	124	344	19	20	42	46	49	74	107	128	42	50	18	29	25	25	25	4	18	3	-	-	-	-	
●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	376	358	347	584	890	63	58	133	138	202	220	320	409	174	253	113	129	147	147	147	26	95	26	-	-	-	-		
	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	96.7	99.0	98.0	98.9	98.3	93.7	93.6	94.1	94.8	90.1	90.1	94.1	89.8	86.5	80.2	73.6	71.8	-	86.9	86.9	90.4	71.4	99.2	-	19.5	-	-	
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	80.9	56.1	29.0	27.5	-	62.9	62.9	-	27.5	-	-	-	-	-	
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	95.1	99.2	97.8	96.5	97.5	94.2	91.8	93.6	94.3	93.5	94.6	92.0	91.1	92.5	88.1	85.7	91.1	-	91.8	91.8	100.0	98.4	61.9	-	81.8	-	-	
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	100.0	93.1	100.0	100.0	95.7	92.3	69.6	100.0	100.0	100.0	88.2	69.2	78.9	94.7	100.0	90.0	83.3	-	87.0	87.0	-	-	-	-	-	-	-	
	●●●●●●●●	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	-	100.0	-	100.0	100.0	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	90.7	81.1	80.8	82.0	89.2	73.6	54.8	66.4	76.1	77.4	74.2	75.4	71.4	74.2	60.2	61.1	70.4	-	69.9	69.9	79.2	76.8	45.5	-	60.0	-	-	
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	91.0	81.4	79.5	82.4	89.2	73.6	56.0	67.0	76.6	77.7	74.8	75.4	71.4	75.4	61.9	61.7	71.3	-	70.5	70.5	79.2	78.1	45.5	-	60.0	-	-	
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	94.6	89.7	91.5	100.0	94.8	83.9	33.3	100.0	80.0	83.3	90.0	90.0	87.5	94.4	87.5	92.6	94.7	-	87.9	87.9	0.0	100.0	-	-	-	-	-	

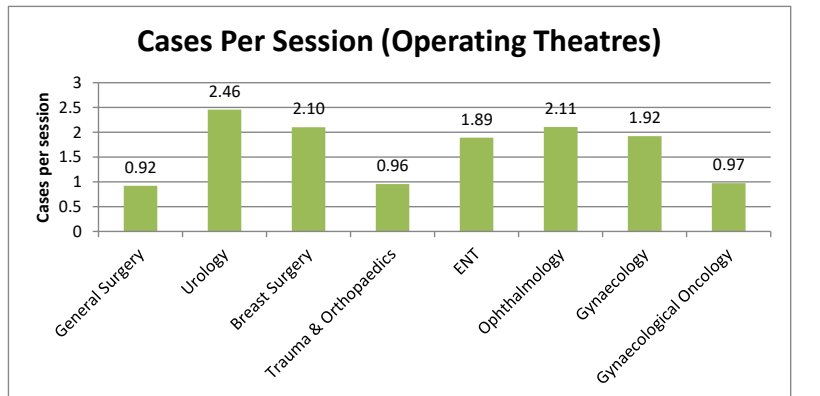
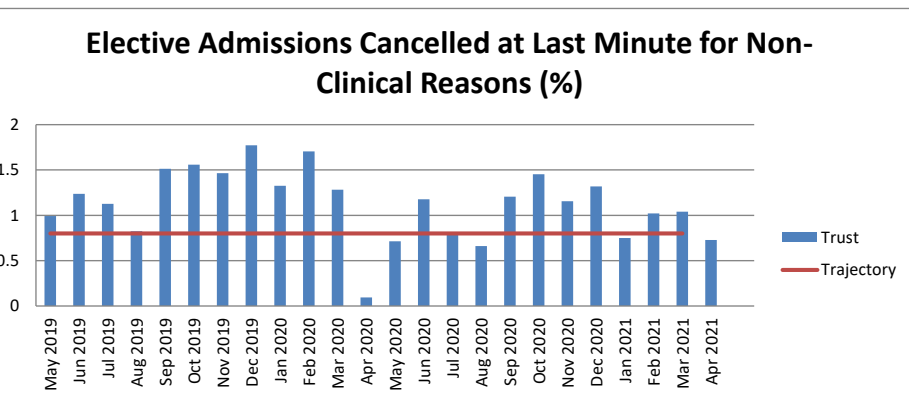
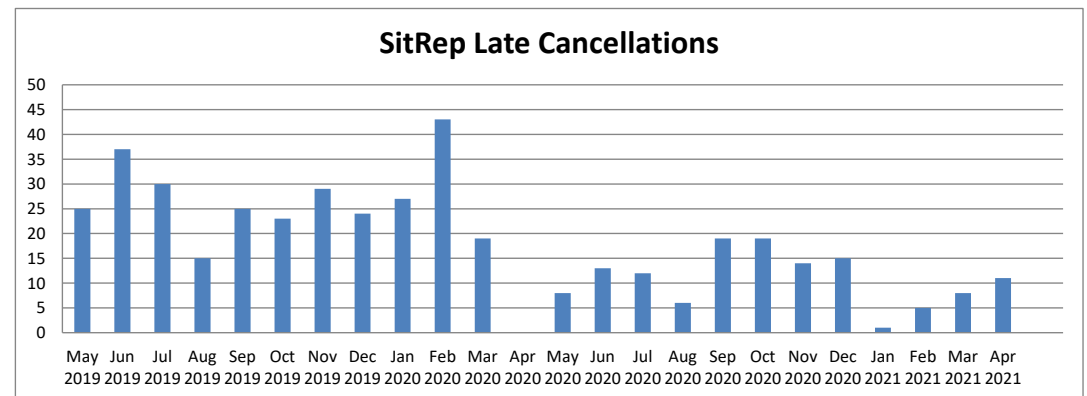
	Kitemark	Date	Metric	Target	Actual	Performance Data																		Total	Summary						
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		19	20	21	22	23	24	25
Cancer	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	81.8	82.3	87.5	76.1	84.6	95.5	82.1	80.3	85.3	92.9	90.7	74.2	85.1	62.0	87.2	82.2	70.2	-	81.3	56.7	95.2	50.0	-	-	-
	●●●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	6	12	12	9	9	-	17	19	13	11	20	16	20	16	26	25	19	-	199	3	8	6	-	2	-
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	5	6	7	4	2	-	4	10	8	3	8	4	10	6	5	9	6	-	70	1	3	2	-	0	-
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	149	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	170	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	1	1	1	0	0	-	0	-
	●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	69.6	35.7	69.6	68.8	84.2	73.3	66.7	35.7	57.1	61.1	56.3	68.4	50.0	47.4	63.6	45.0	66.7	-	57.8	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	85.2	97.8	96.7	84.6	96.5	94.7	99.8	76.2	70.3	76.4	77.6	77.9	89.2	92.8	68.9	-	82.8	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	99.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	100.0	97.7	97.7	75.9	95.1	46.7	-	91.0	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	77.8	-	92.9	-	-	100.0	-	-	-	50.0	-	-	-	-	100.0	-	80.0	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	-	47.2	62.8	59.6	22.3	65.9	-	27.0	28.8	52.4	56.7	51.0	40.5	33.2	32.2	3.6	-	39.4	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	105.3	62.7	72.1	16.2	34.0	22.8	18.9	18.1	68.9	107.0	265.6	146.6	153.7	148.1	5.9	-	65.5	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RTT	●●●●●●●●	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	81.4	82.4	81.2	78.9	80.8	85.7	83.5	74.5	61.2	56.1	65.7	66.3	71.3	73.1	80.7	84.0	82.1	74.7	74.7	80.0	64.3	63.8	-	85.2	-
	●●●●●●●●	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	87.3	87.2	87.0	86.3	88.8	85.4	88.4	83.4	78.6	80.1	80.0	82.9	83.8	84.6	84.0	84.5	84.4	86.9	86.9	73.1	84.6	75.1	-	55.2	-
	●●●●●●●●	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	90.9	91.1	90.7	90.4	88.0	80.5	70.7	58.2	53.5	61.0	67.7	72.5	74.8	74.9	76.8	74.5	73.2	70.5	70.5	83.2	63.7	80.3	-	56.6	-
	●●●●●●●●	Apr 19	RTT Waiting List - Incomplete	No	-	-	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	48933	50178	47746	47746	5473	25888	2264	-	3554	0
	●●●●●●●●	Apr 19	RTT - Backlog	No	-	-	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	12460	13460	14077	14077	919	9396	446	-	1544	0
	●●●●●●●●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	1	0	1	0	1	7	35	99	196	281	464	620	775	1008	1437	0	2858	2741	2741	49	2083	22	0	251	0
	●●●●●●●●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	1301	2130	2584	2428	2428	25	1941	11	0	166	0
	●●●●●●●●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	32	29	28	28	32	30	32	41	41	42	40	42	43	39	37	35	35	44	-	8	20	3	-	4	0
	●●●●●●●●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	7	7	5	6	10	14	15	16	16	16	14	15	14	14	15	14	13	16	-	3	7	1	-	1	0
			RTT Clearance Time (Wks)	Ratio	-	-	8.9	10.8	9.5	9.8	12.4	18.1	15.5	12.3	12.6	13.8	11.3	11.7	12.0	13.5	18.2	17.6	15.3	18.6	18.6	16.3	18.7	16.2	-	26.7	-
DM01	●●●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	0.2	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	40.2	32.2	24.0	16.7	15.5	19.4	13.9	11.4	12.7	12.7	14.7	38.9	-	6.4	-	
	●●●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	1176	1351	1797	1797	62	103	-	1631	-	

Data Quality - Kitemark						
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Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

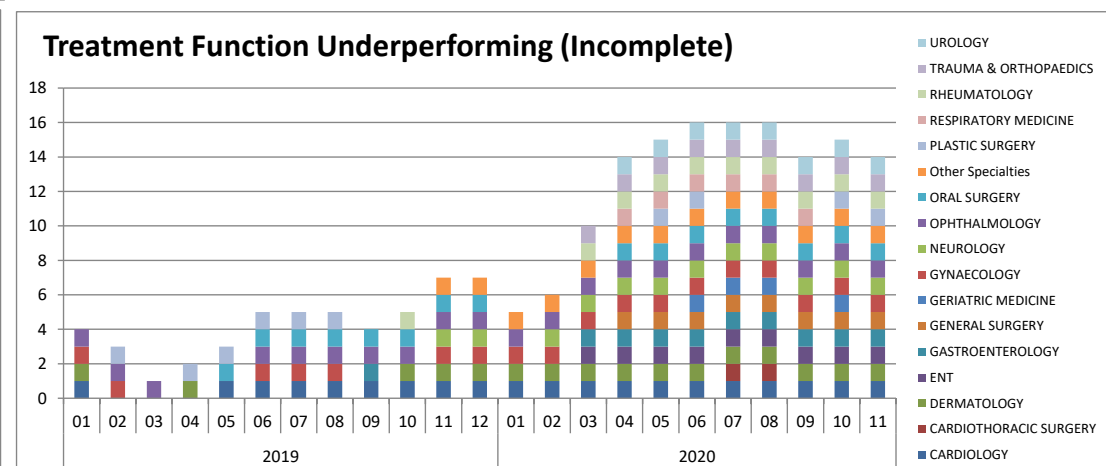
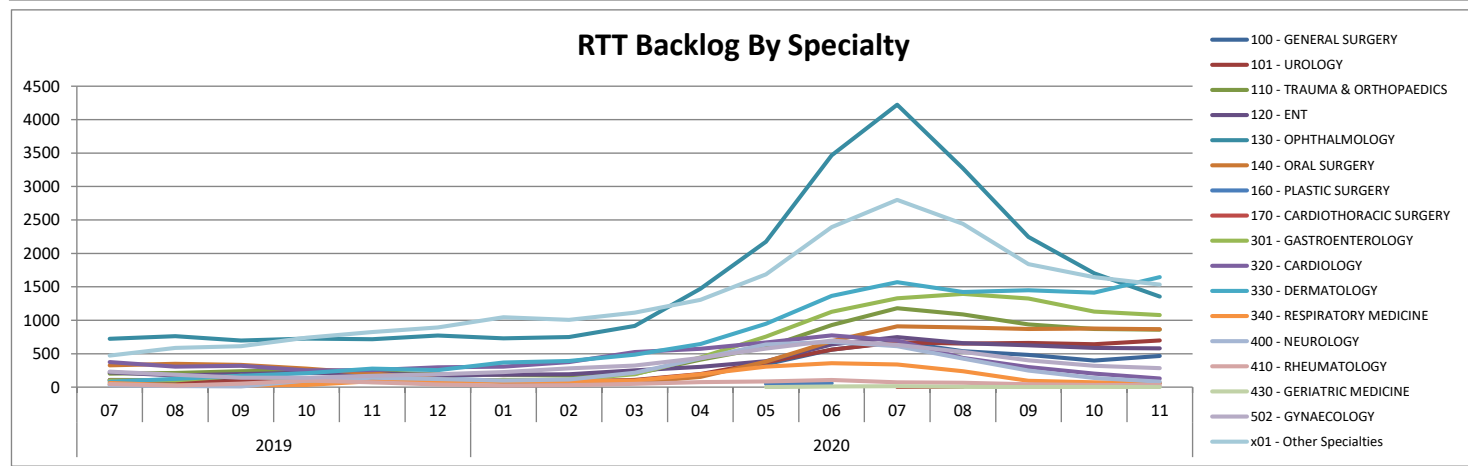
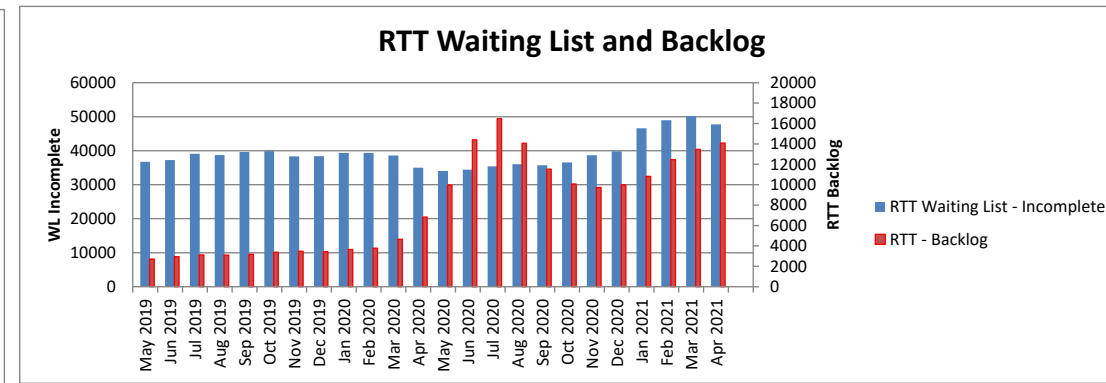
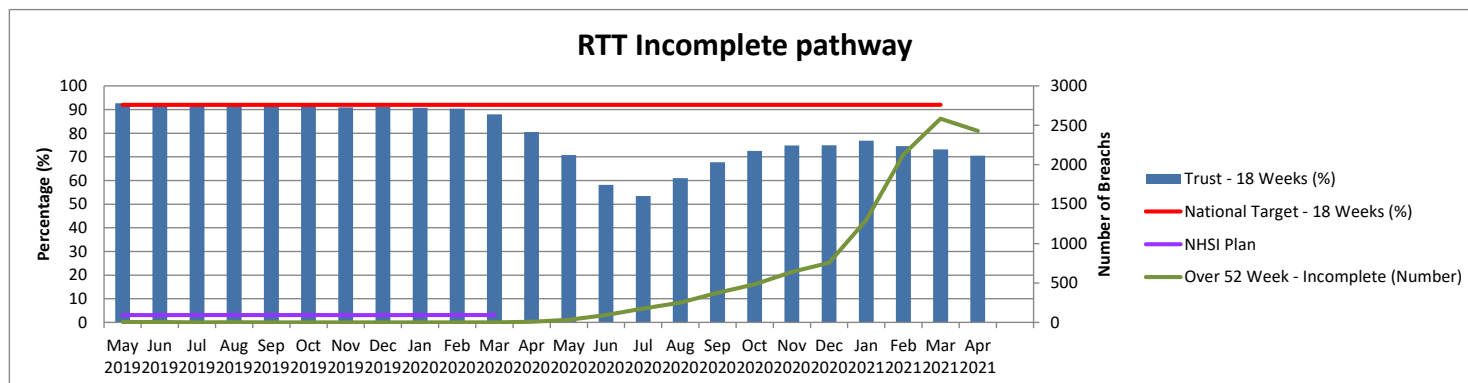
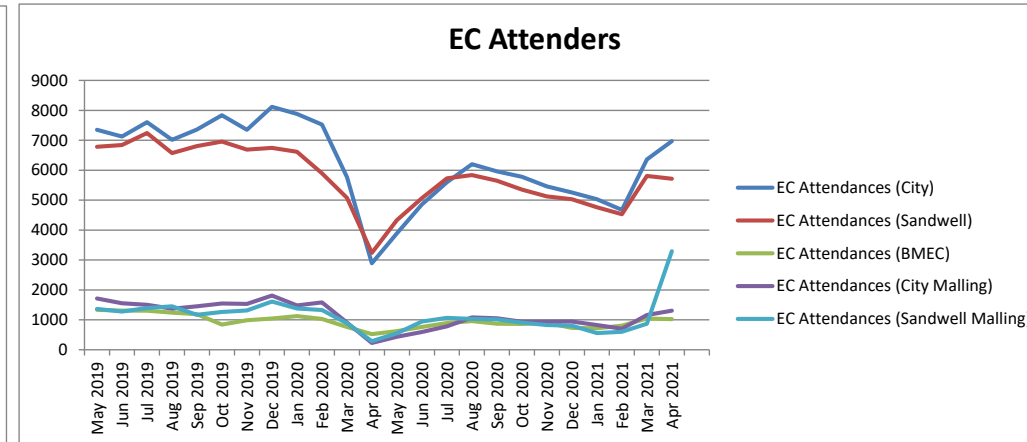
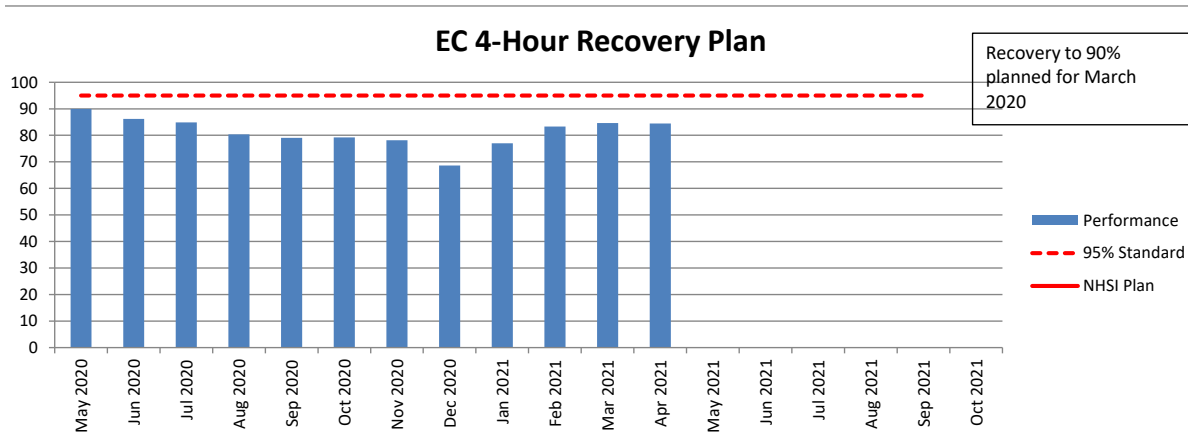
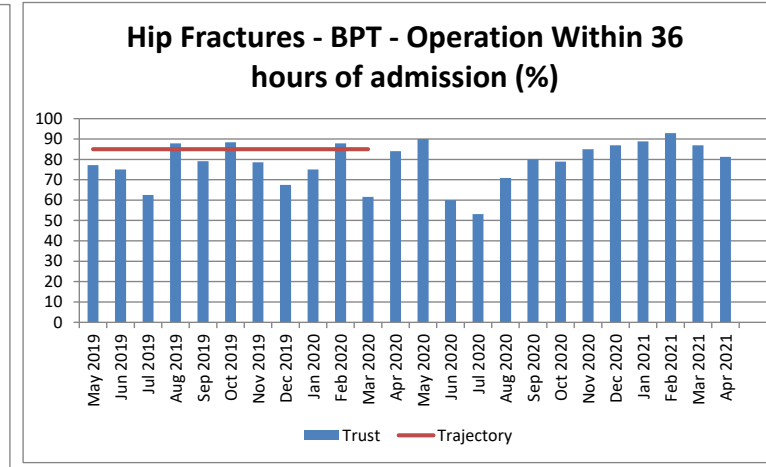
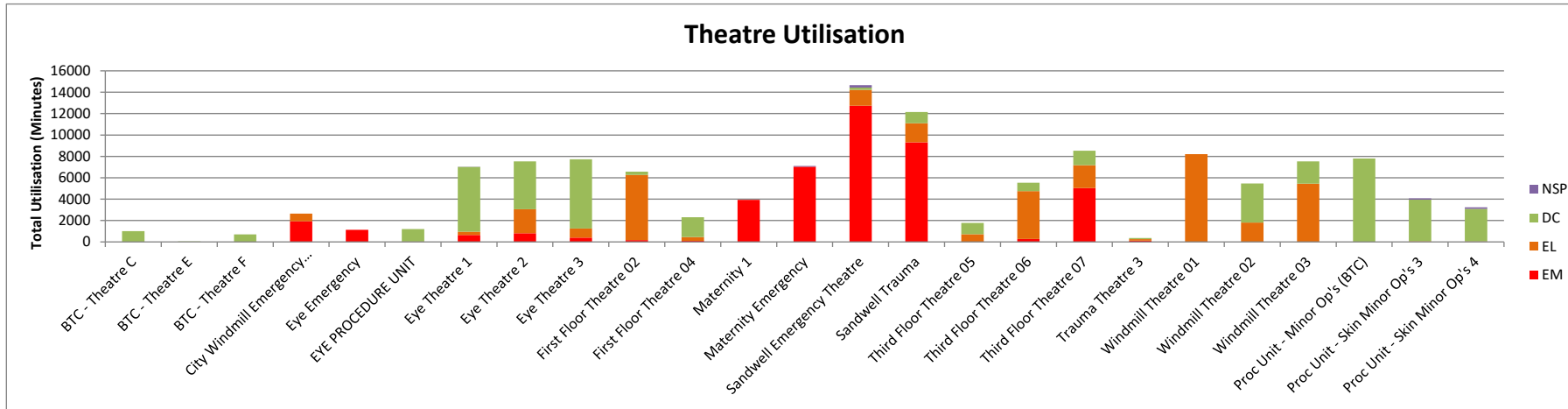
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place



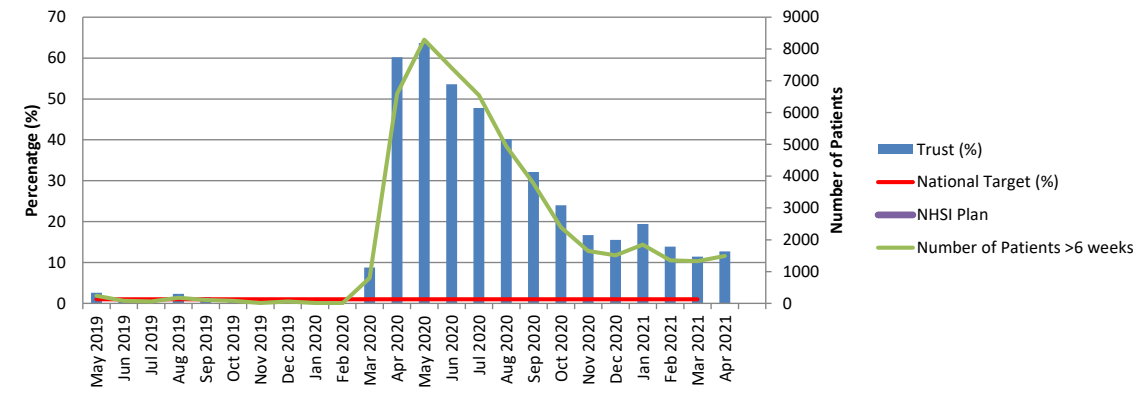
Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Mar 2021	Cancer - 28 Day FDS TWW Referral	Breast	4	254	23.53	1.575
Mar 2021	Cancer - 28 Day FDS TWW Referral	Colorectal	6	307	66.67	1.954
Mar 2021	Cancer - 28 Day FDS TWW Referral	Gynaecology	11	183	100	6.011
Mar 2021	Cancer - 28 Day FDS TWW Referral	Haematology	0	45	0	0
Mar 2021	Cancer - 28 Day FDS TWW Referral	Head & Neck	1	102	100	0.98
Mar 2021	Cancer - 28 Day FDS TWW Referral	Lung	0	33	0	0
Mar 2021	Cancer - 28 Day FDS TWW Referral	Skin	15	145	68.18	10.34
Mar 2021	Cancer - 28 Day FDS TWW Referral	Upper GI	11	186	100	5.914
Mar 2021	Cancer - 28 Day FDS TWW Referral	Urology	3	175	100	1.714
Mar 2021	28 day FDS TWW Breast Symptomatic	Breast	7	118	46.67	5.932
Mar 2021	Cancer - 28 day FDS screening referral	Breast	1	0	100	0
Mar 2021	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Mar 2021	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0



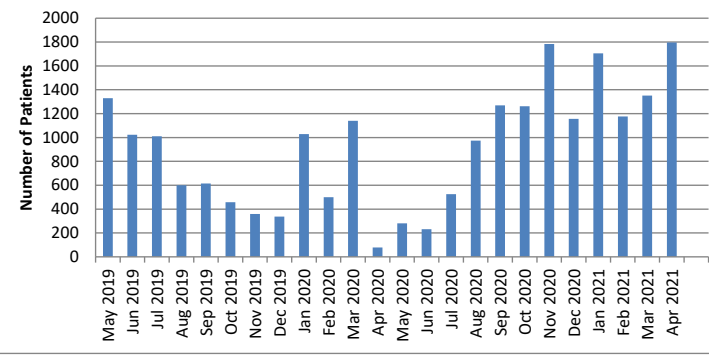




**Diagnostic Waits (% and No.) Greater Than 6 Weeks**



**Diagnostic Waits (In Month) Greater Than 6 Weeks**





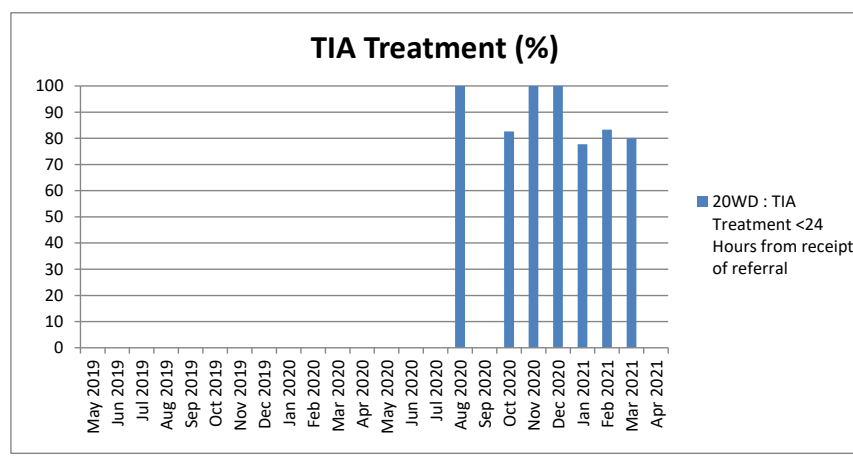
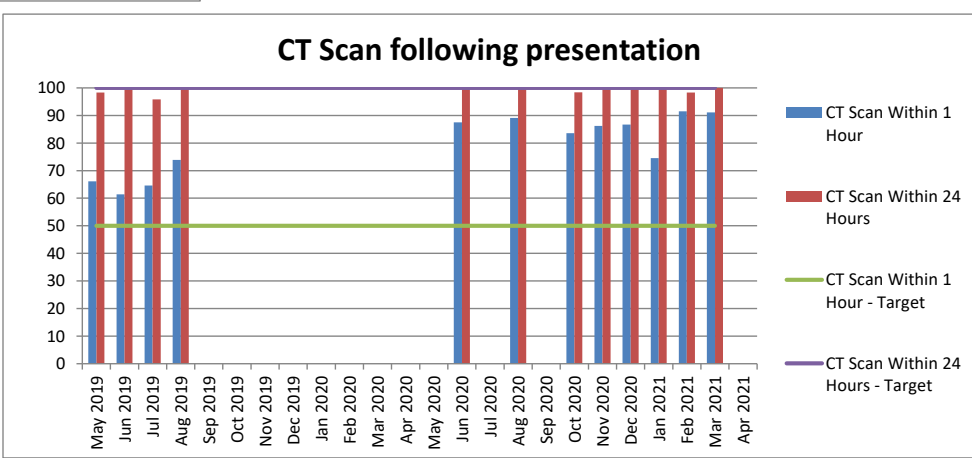
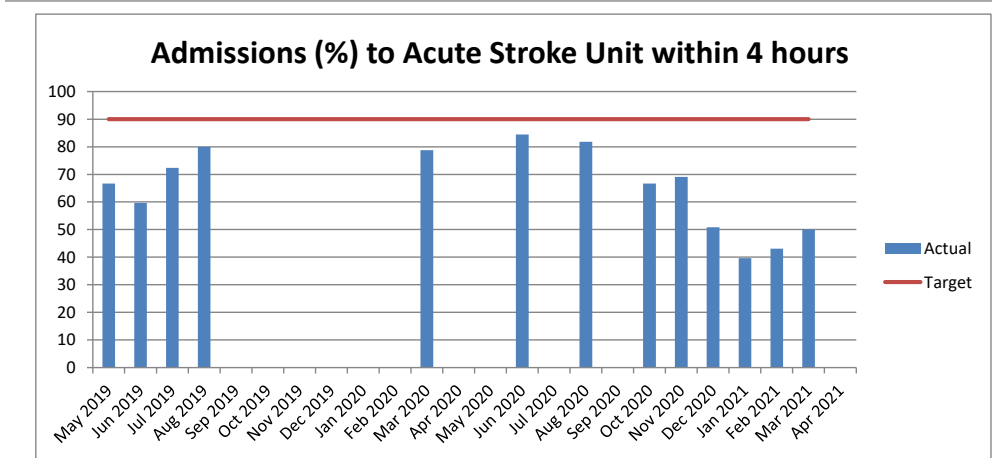
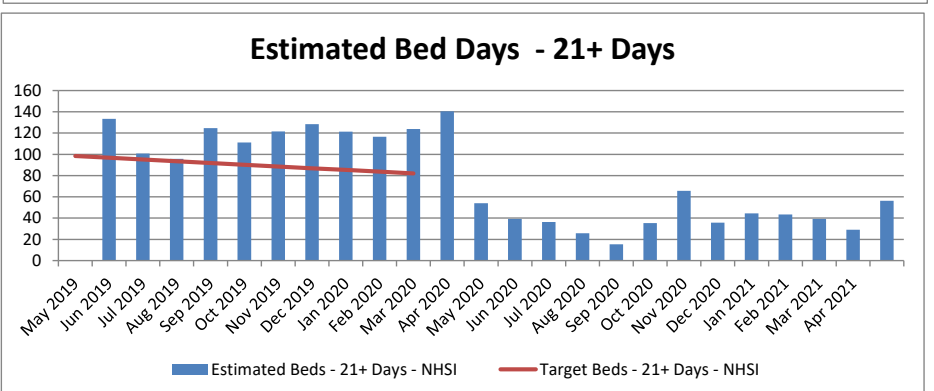
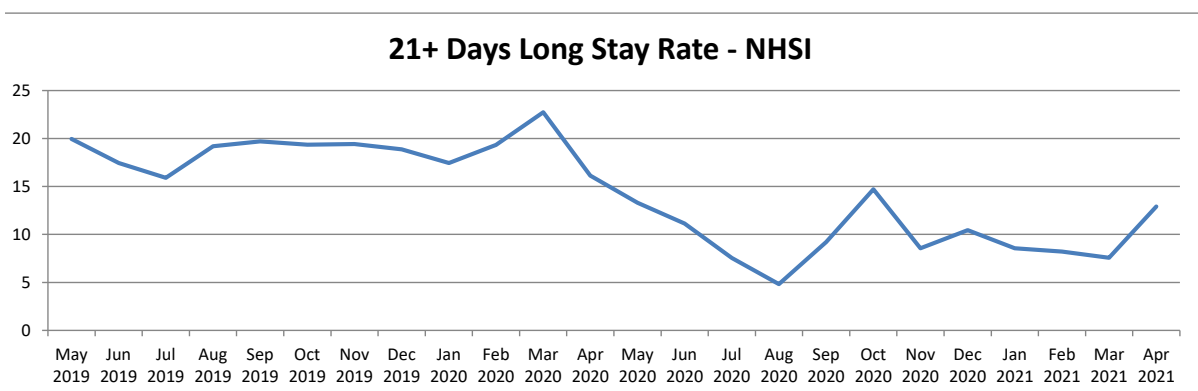
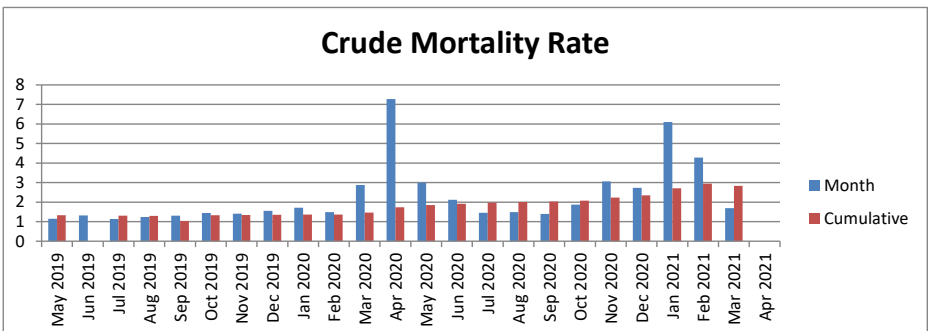
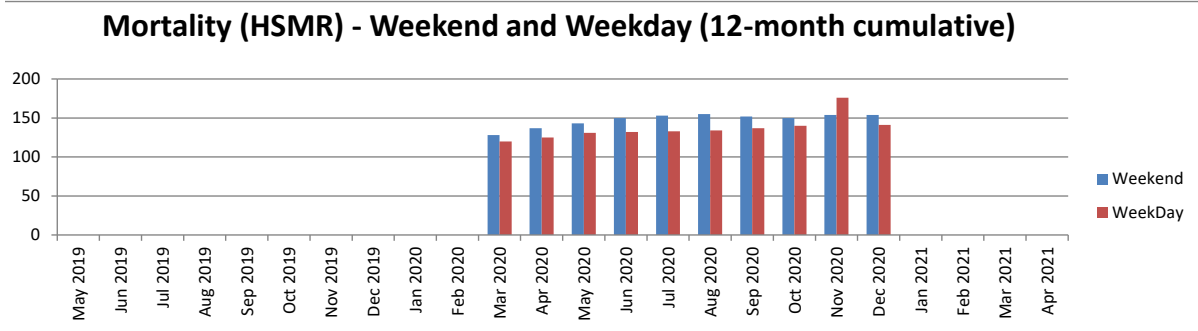
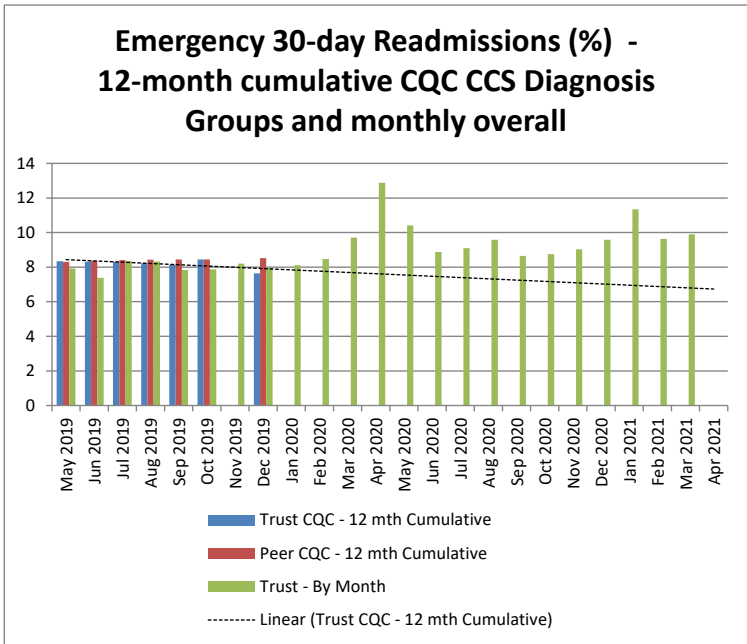
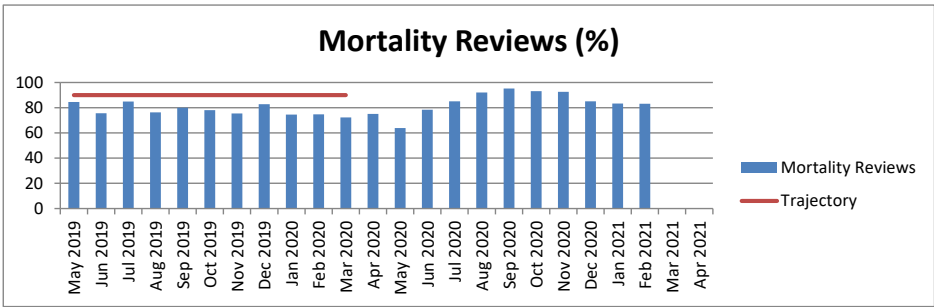
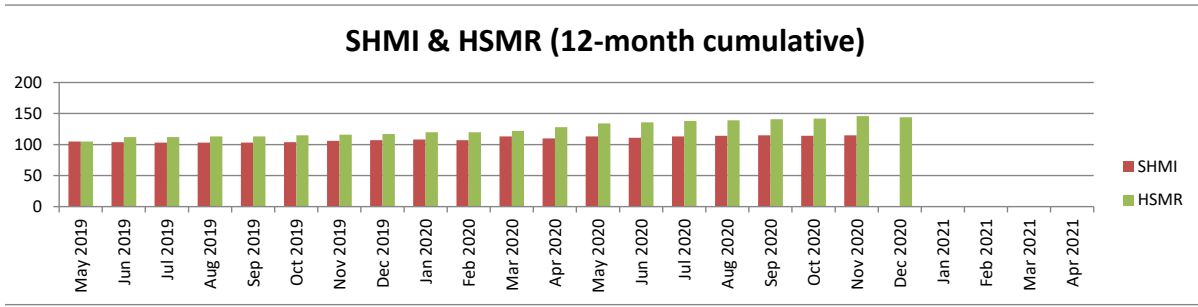
**Strok**

● ● ● ● ● ● ● ●	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	39.6	43.1	50.0	-	65.5	50.0	-	-	-	-	-
● ● ● ● ● ● ● ●	20WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	91.5	91.1	-	85.7	91.1	-	-	-	-	-
● ● ● ● ● ● ● ●	20WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	100.0	98.3	100.0	-	99.4	100.0	-	-	-	-	-
● ● ● ● ● ● ● ●	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	100.0	50.0	75.0	-	75.0	75.0	-	-	-	-	-
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	88.2	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	-	-	-	-	86.1	100.0	-	-	-	-	-
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	61.1	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	-	-	-	-	91.3	100.0	-	-	-	-	-
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	77.8	83.3	80.0	-	87.4	80.0	-	-	-	-	-
● ● ● ● ● ● ● ●	Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	90.9	100.0	90.9	94.4	94.4	94.4	-	-	-	-	-
● ● ● ● ● ● ● ●	Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	81.8	94.4	90.9	88.2	88.2	88.2	-	-	-	-	-
● ● ● ● ● ● ● ●	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						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

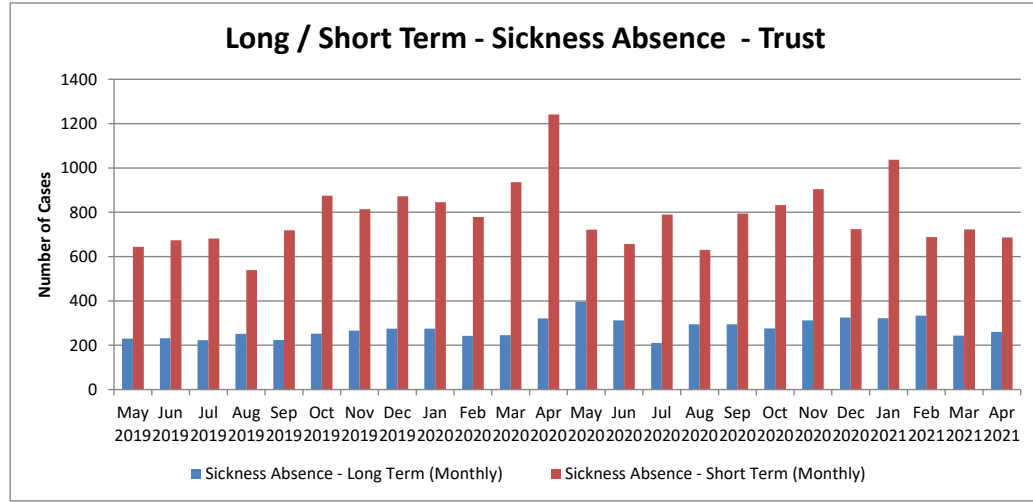
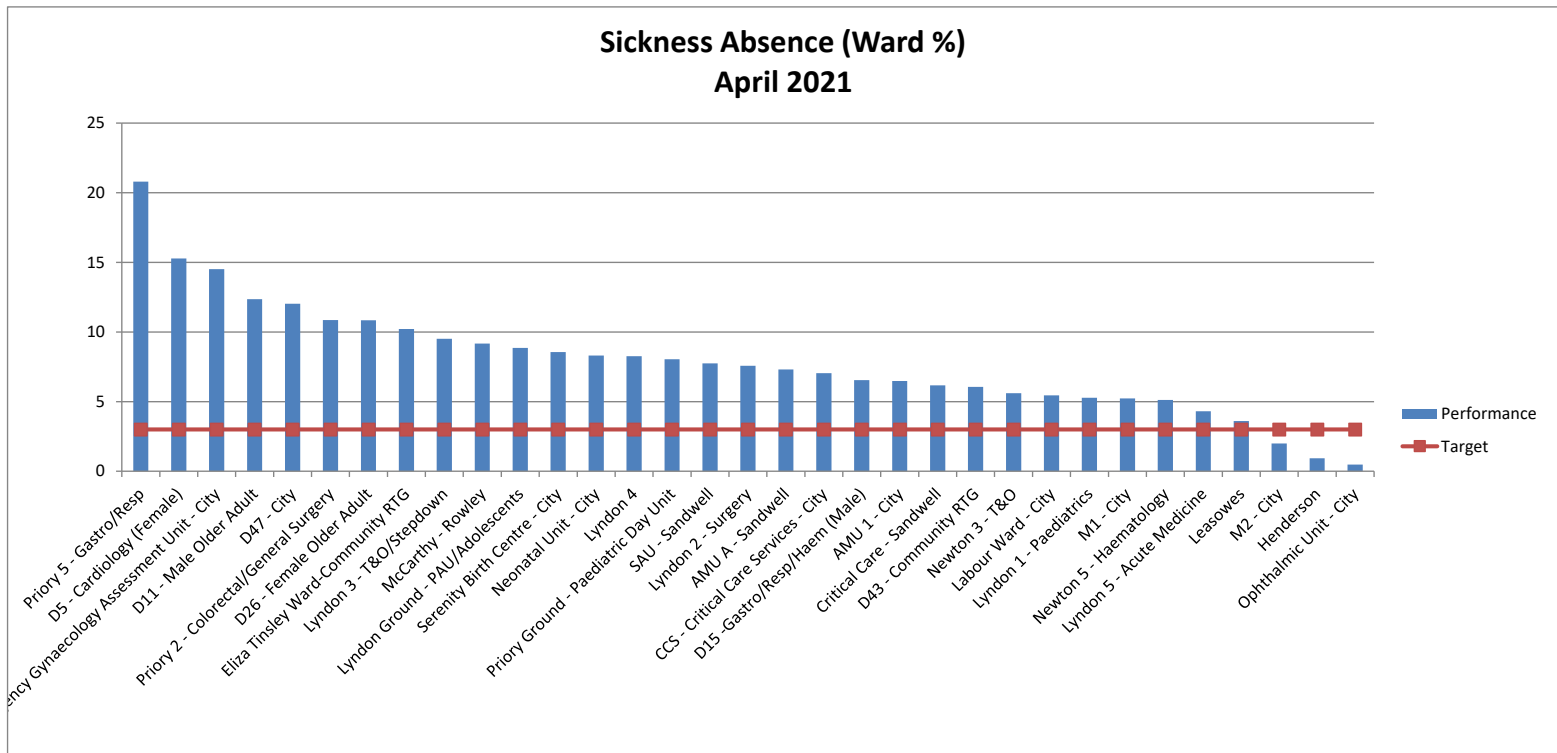
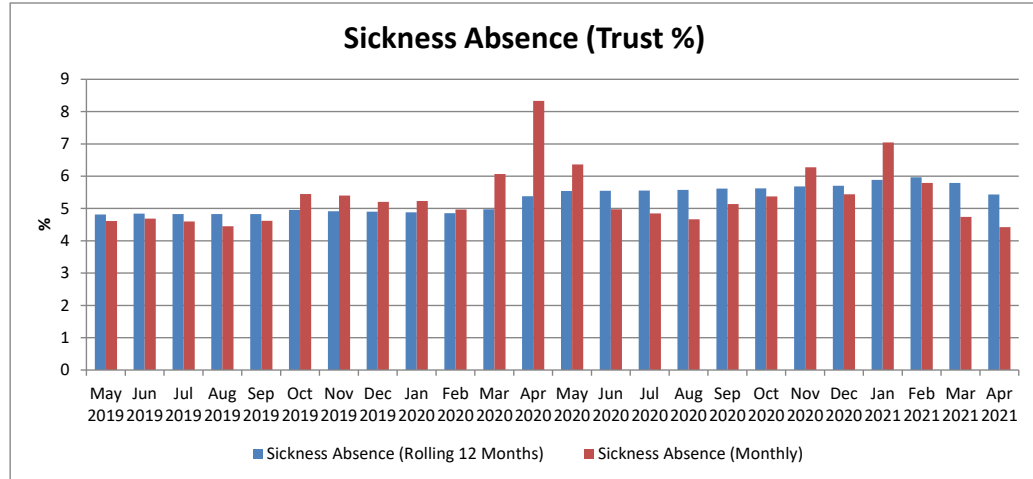
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The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which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





# CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Period	Benchmark					Trust		Month												20/21 Year to Date	Group												
						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	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020		Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	M	SS	W	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15	0.18	0.03	0.08	0.11	0.21	0.2	-	-	-	-	-	-	-	-	-	-	0.18	0.45	0.24	0.18	-	0.26	0.41	0.16	0.06	0.00	0.50	-				
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66	-	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.52	-	-	-	-	-	0.75	0.73	0.65	0.54	-	0.61	0.61	0.43	0.22	-	0.74	-
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	8.3	8.8	7.7	7.7	11.7	9.1	7.5	8.0	8.6	9.1	9.4	9.6	9.2	10.0	10.3	9.1	8.7	9.3	9.3	7.0	13.2	15.0	0.0	8.4	-
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	10.3	11.0	9.6	9.5	14.1	10.0	8.6	8.8	10.3	11.4	11.7	11.9	11.2	12.3	12.2	11.2	10.6	11.3	11.3	7.0	13.2	15.0	0.0	8.4	-
			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	-	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	9.6	11.3	9.6	9.9	-	9.7	13.4	6.8	7.1	9.5	1.7	-
Clinical Support Services			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital												-												
People			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	86.4	90.7	86.7	86.8	86.7	87.3	87.3	84.5	84.5	84.6	87.8	86.9	91.1	86.9	78.2	
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	4.7	4.4	4.4	5.4	5.3	3.8	4.6	4.3	3.1
			<b>Total Cost per WAU</b>	£	<b>2018/19</b>	<b>£3,614</b>	-	-	-	<b>£3,500</b>	-	<b>£3,359</b>	-	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the National Cost Collection window (formerly known as Reference Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis												-												
			<b>Total Pay Cost per WAU</b>	£	<b>2018/19</b>	<b>£1,940</b>	-	-	-	<b>£1,923</b>	-	<b>£1,901</b>	-																									
			Clinical Staff Pay Cost WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-																									
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£774	£786	£793	£763	-	£770	-																									
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£892	-	£901	-																									
		Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	-	-	-	£268	-	£230	-																										
		<b>Total Non-Pay Cost Per WAU</b>	£	<b>2018/19</b>	<b>£1,674</b>	-	-	-	<b>£1,577</b>	-	<b>£1,458</b>	-																										
Corporate services, Procurement, Estates & Facilities			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-	-	-	-	-	-	-	-	####	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7		
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	####	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7	
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74	
Finance			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	2	2	2	2	2	2	2	2	2	2	2	2	-	2	3	-	-	-	-	-	-	22		
			Liquidity (Days) - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-15	-11	-15	-164	-91	-59	-52	-34	-37	-28	-31	-	-23	19	-	-	-	-	-	-	-	-499		
			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	76.0	75.0	78.0	70.0	50.0	31.0	37.0	22.0	23.0	27.0	73.2	-	40.0	67.0	-	-	-	-	-	-	-	70.5		
			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	0.0	0.0	0.0	-	0.0	0.0	-	-	-	-	-	-	0.0		
			Distance From 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	0.0	0.0	0.0	0.0	-	0.0	0.0	-	-	-	-	-	-	-	0.5	

**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



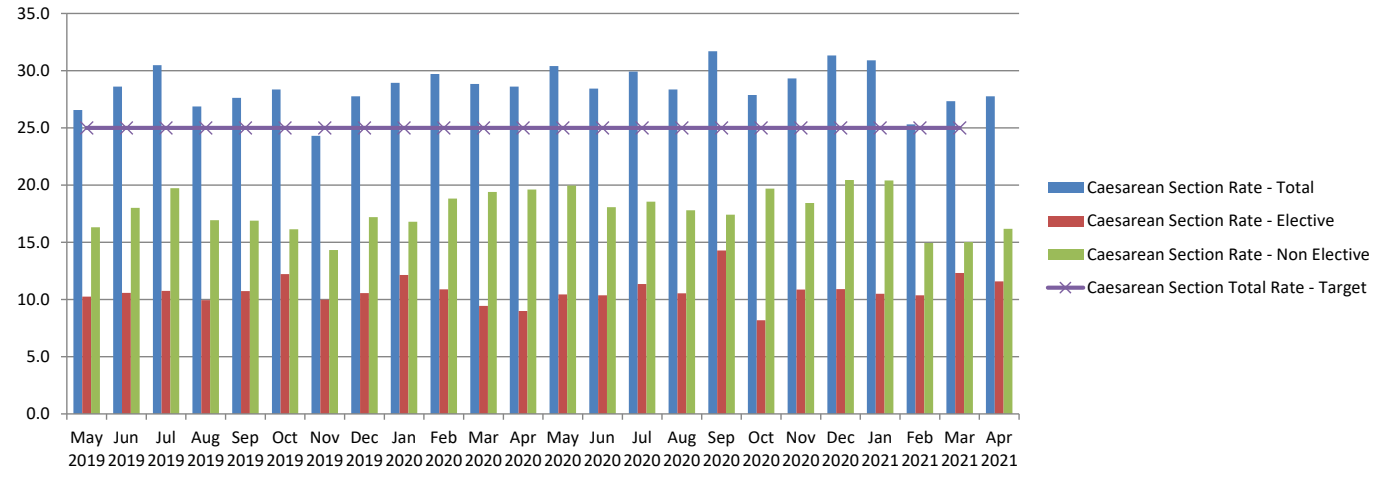
# Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory	
					2016-2017	Year   Month
			Caesarean Section Rate - Total	<= %	30.0	30.0
		●	Caesarean Section Rate - Elective	<= %		
		●	Caesarean Section Rate - Non Elective	<= %		
		●d	Maternal Deaths	<= No	0	0
			Post Partum Haemorrhage (>2000ml)	<= No	48	4
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1		
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1		
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

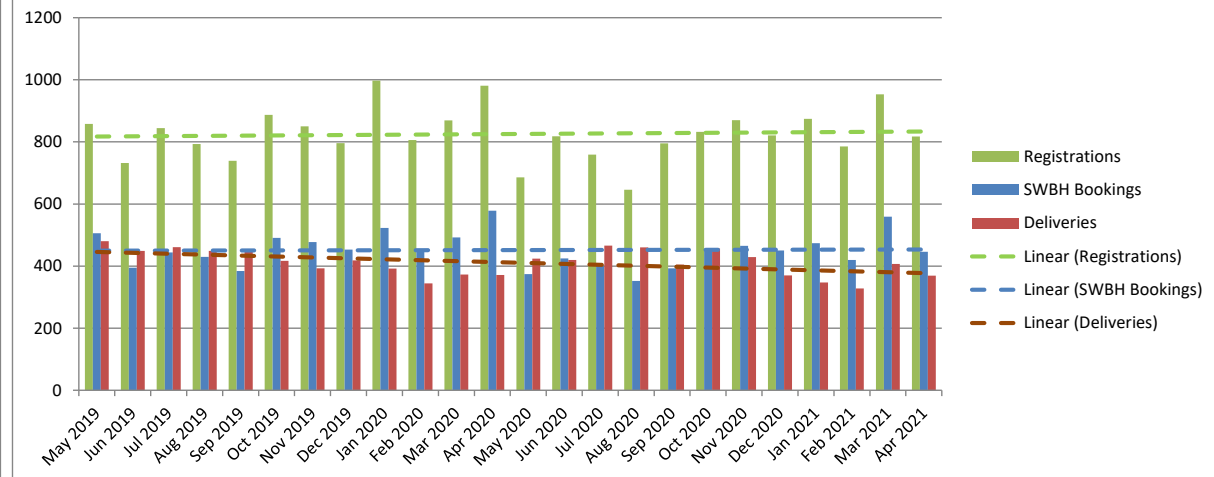
Previous Months Trend (since Nov 2019)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10	11	12	11	9	9	10	10	11	11	14	8	11	11	10	10	12	12
14	17	17	19	19	20	20	18	19	18	17	20	18	20	20	15	15	16
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.08	9.83	5.42
5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	3.06	4.91	5.39
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.6
1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.9
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	0.0	0.0	0.5

Data Period	Month	Year To Date	Trend
Apr 2021	27.8	27.8	
Apr 2021	11.6	11.6	
Apr 2021	16.2	16.2	
Apr 2021	0	0	
Apr 2021	4	4	
Apr 2021	0.54	0.54	
Mar 2021	13.73	9.77	
Apr 2021	5.42	5.42	
Apr 2021	5.39	5.39	
Apr 2021	94.3	94.3	
Apr 2021	163.7	163.7	
Apr 2021	82.42	82.42	
Apr 2021	0.58	0.57	
Apr 2021	0.94	0.94	
Apr 2021	0.47	0.47	

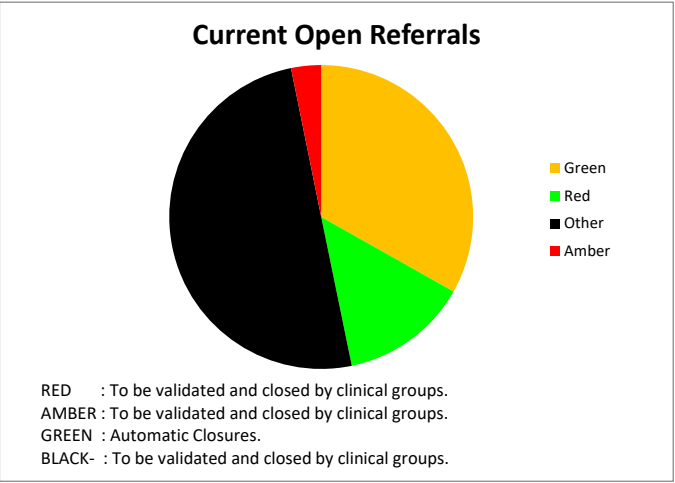
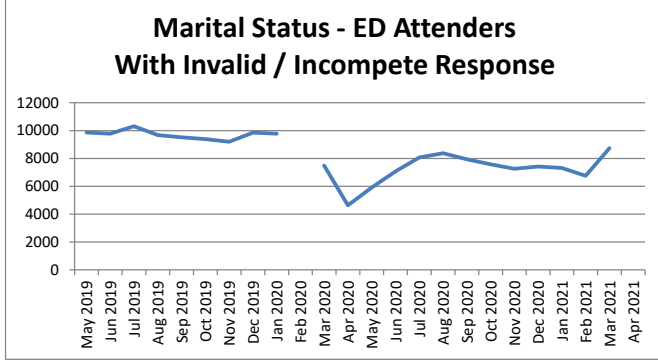
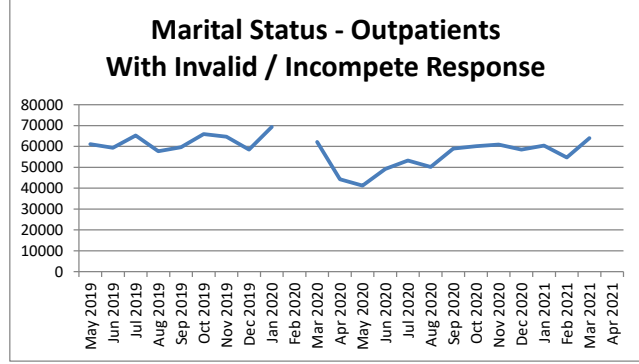
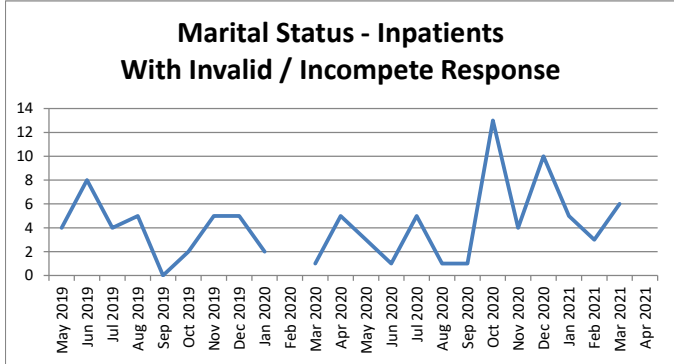
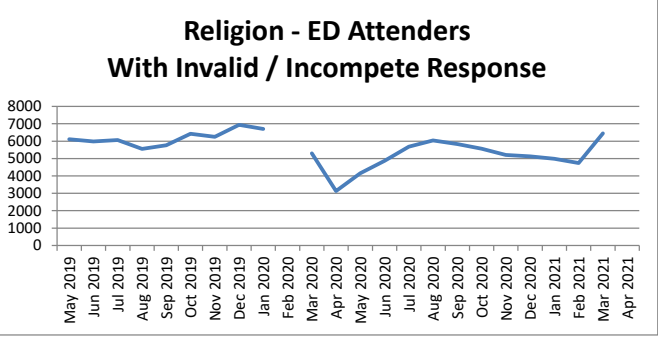
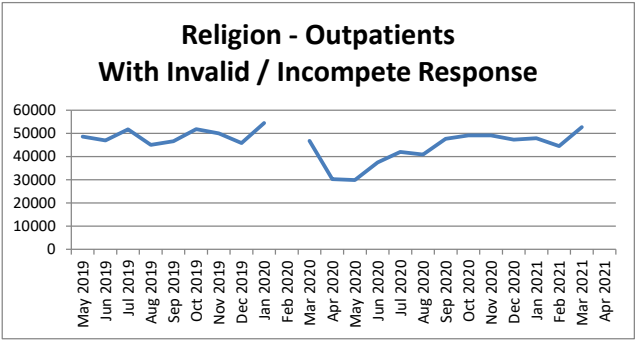
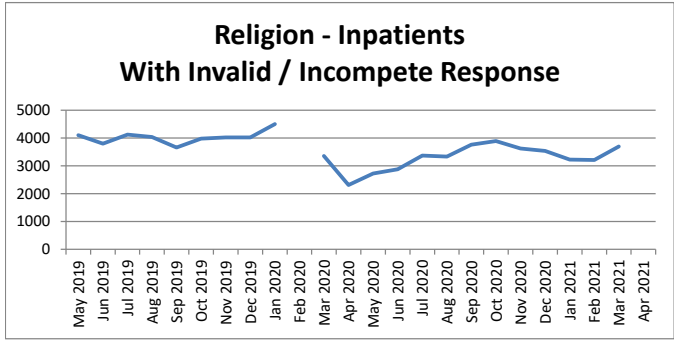
**Caesarean Section Rate (%)**



**Registrations & Deliveries**











# Legend

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

Indicators which comprise the External Performance Assessment Frameworks	
	CQC Regulatory Framework and NHS Oversight Framework
a	Caring
b	Well-led
c	Effective
d	Safe
e	Responsive
f	Finance

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

Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	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
●	Sufficient	As assessed by Executive Director
●	Not Yet Assessed	Awaiting assessment by Executive Director

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Safe	C. Difficile (Post 48 hours)	No	30	3	2	2	1	2	3	0	3	1	2	3	1	1	0	1	4	2	3	2	2	2	0	0	
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	-	0	0	0	
	MRSA Screening - Elective	%	95	95	66.0	51.0	64.9	67.3	62.0	56.7	80.4	92.1	78.9	70.9	79.4	82.9	76.7	82.5	71.4	73.3	79.3	70.5	-	79.0	92.9	27.3	
	MRSA Screening - Non Elective	%	95	95	78.2	74.9	78.4	83.4	76.7	83.3	92.3	93.5	94.4	93.8	92.5	92.9	92.0	92.6	82.0	87.9	90.7	91.5	91.5	91.8	92.3	81.7	
	Number of DOLS raised	No	-	-	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	32	32	12	20	0	
	Number of DOLS which are 7 day urgent	No	-	-	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	32	32	12	20	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	3	6	3	4	0	2	1	3	3	3	2	4	2	2	2	2	5	1	1	0	1	0	
	Number DOLS rolled over from previous month	No	-	-	0	0	0	2	1	5	4	2	3	1	1	2	4	6	4	6	3	6	6	2	4	0	
	Number patients discharged prior to LA assessment targets	No	-	-	7	16	7	10	11	12	22	19	15	11	17	8	11	21	10	8	26	26	26	8	18	0	
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	1	0	0	0	0	0	0	0	2	0	3	0	0	0	0	0	0	0	0	0	
	Falls	No	-	-	34	47	46	42	65	21	35	44	51	44	54	44	60	36	42	43	63	50	50	9	-	-	
	Falls - Death or Severe Harm	No	0	0	1	0	1	1	0	0	1	1	2	0	0	0	0	0	0	1	1	1	1	1	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	3	14	14	17	18	15	17	6	7	11	10	23	26	20	27	16	21	16	16	16	-	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	-	97.7	96.4	96.4	95.3	97.1	97.7	97.8	97.2	97.2	96.8	97.5	97.3	98.4	98.6	98.0	95.8	97.1	-	97.9	95.5	93.6	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	96.8	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	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	99.3	100.0	100.0	100.0	99.6	-	100.0	100.0	99.3	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	100.0	100.0	100.0	99.7	99.6	100.0	100.0	100.0	98.1	99.7	100.0	100.0	100.0	98.6	100.0	99.6	100.0	98.9	-	100.0	98.4	99.3	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	No	0	0	5	4	4	2	0	3	1	4	2	3	4	3	3	2	2	4	6	-	37	1	5	0		
Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	93.2	92.9	95.2	96.9	96.8	96.7	97.8	97.8	94.7	92.9	92.9	-	-	-		
Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	24.8	29.9	33.8	32.7	32.7	-	-	-		
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	93.4	88.1	86.0	84.8	84.8	-	-	-		
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	85.2	84.4	82.6	83.1	83.1	-	-	-		
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
ing	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	No. of Complaints Received (formal and link)	No	-	-	31	29	40	36	32	14	19	32	52	34	37	37	44	43	41	42	41	43	43	24	18	1	
	No. of Active Complaints in the System (formal and link)	No	-	-	50	50	58	68	59	49	51	54	52	61	89	121	157	67	162	182	169	179	-	89	88	2	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.78	1.62	2.17	2.17	1.81	1.02	1.56	2.58	1.98	2.75	2.87	2.21	2.77	2.62	1.91	2.78	2.23	2.76	2.76	-	-	-	

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Care	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.18	6.08	7.50	7.68	6.37	3.49	4.38	7.42	5.52	8.27	8.99	8.19	10.55	9.60	7.70	9.55	7.11	9.28	9.28	-	-	-	
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2.8	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	4.2	0.0	0.0	16.2	13.8	6.3	3.6	6.3	0.0	11.8	50.0	2.5	94.7	66.7	60.0	2.4	66.7	66.7	-	-	-	
	No. of responses sent out	No	-	-	34	24	31	28	37	29	16	28	32	25	17	8	7	38	33	25	14	12	12	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	10502	14206	17279	17279	9007	8272	-	
	Emergency Care 4-hour waits	%	95	95	69.6	70.8	71.5	73.1	78.3	86.9	91.0	89.4	85.5	84.2	79.4	78.2	78.1	77.2	67.0	76.1	83.3	84.7	84.7	83.7	85.7	-	
	Emergency Care 4-hour breach (numbers)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency Care Trolley Waits >12 hours	No	0	0	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	5	0	6	6	4	2	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	24	29	24	27	26	20	19	18	20	22	28	31	29	32	92	46	40	35	35	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	84	86	82	76	44	16	17	24	34	39	45	36	37	36	40	37	38	42	42	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	8.0	7.8	8.1	7.7	8.8	8.9	9.2	7.5	8.6	8.4	7.3	7.9	7.1	7.1	7.6	8.0	8.0	7.5	7.5	7.4	7.6	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	10.5	10.1	8.4	8.1	5.8	3.0	2.7	3.2	4.7	5.0	5.1	4.1	3.7	3.6	4.0	3.3	3.6	3.6	3.6	3.6	3.3	3.9	-
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	-	2617	236	32	-	
	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	-	697	80	5	-	
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.2	0.2	0.2	0.7	0.9	0.3	0.0	-	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	2.0	-	1.6	3.5	0.3	-	
	WMAS - Emergency Conveyances (total)	No	-	-	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	-	47108	2300	1909	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	12	5	14	5	3	0	2	9	7	0	7	10	6	5	0	2	1	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	0	0	0	0	0	-	2	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	12	5	14	5	3	0	2	9	7	-	5	10	5	5	0	2	1	0	0	0	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.5	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	1.3	0.1	0.3	-	3.8	-	-	
	Number of 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	0	0	0
	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	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	1	1	1	3	0	0	0	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	9	6	11	8	20	5	7	5	5	3	2	6	6	2	11	3	3	4	4	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	69	98	93	41	66	25	27	42	23	26	23	29	27	11	35	17	29	26	26	-	-	-	
	2 weeks	%	93	93	93.5	98.5	98.3	98.5	98.1	88.3	57.5	79.6	86.9	74.5	69.5	97.2	96.3	98.6	92.8	88.5	90.4	-	-	-	100.0	89.1	
	31 Day (diagnosis to treatment)	%	96	96	96.9	100.0	95.1	97.1	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	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	72.7	71.4	84.2	79.2	-	-	-	83.3	75.0	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	76.9	73.9	85.7	79.2	-	-	-	83.3	75.0	



# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates				
			Year	Month	EC	AC_A	AC_B																					
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	-	0.0	-	-	-		
	62 Day (referral to treat from hosp specialist)	%	90	90	76.7	80.0	82.0	65.2	78.9	92.3	60.0	75.0	80.0	84.6	81.5	57.6	68.4	42.9	75.0	71.4	56.7	-	69.4	-	-	-		
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	1	4	4	2	1	-	4	3	3	0	4	4	4	2	3	2	3	-	29	-	1	2		
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	3	3	1	0	-	0	1	2	0	3	1	2	1	2	1	1	-	12	-	0	1		
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	1	1	-	1	-	1	0
	RTT - Admitted Care (18-weeks)	%	90	90	84.4	87.2	81.1	83.9	88.9	83.3	100.0	81.3	58.6	77.0	86.2	84.5	86.1	89.5	92.5	94.0	91.6	80.0	-	-	-	75.7	100.0	
	RTT - Non Admitted Care (18-weeks)	%	95	95	72.4	68.2	67.8	73.7	77.7	67.2	64.8	57.8	52.1	55.6	57.1	60.6	63.8	71.2	61.7	72.7	78.7	73.1	-	-	-	73.8	72.7	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	92.0	91.9	91.8	90.5	85.8	76.1	64.4	54.7	52.5	59.1	63.9	71.7	74.9	76.8	80.9	80.2	80.6	83.2	-	-	-	93.0	77.4	
	RTT Waiting List - Incomplete	No	-	-	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	5162	5247	5473	5473	0	2038	3435		
	RTT - Backlog	No	-	-	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	1022	1016	919	-	0	143	776		
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	1	1	34	46	28	34	78	0	70	49	-	0	3	46		
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17	9	23	35	33	25	-	0	1	24		
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	9	7	7	7	10	10	8	11	12	12	11	10	10	10	9	8	7	8	-	0	4	4		
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	2	1	2	3	4	4	5	6	6	4	4	3	3	4	3	3	3	-	0	1	2		
	RTT Clearance Time (Wks)	Ratio	-	-	17.5	22.7	17.4	17.1	25.3	35.0	35.2	20.6	20.4	23.6	13.4	15.6	16.4	16.5	17.3	19.4	15.9	16.3	16.3	-	15.3	16.9		
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.3	2.4	0.4	0.0	8.3	53.9	63.8	40.9	45.7	43.0	32.3	23.5	18.6	14.8	13.4	12.8	9.8	14.7	-	-	-	-		
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	25	42	29	54	33	-	253	51	112	133	246	246	140	73	55	12	34	62	62	-	-	-		
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	149	145	133	156	79	-	91	173	134	62	210	130	165	104	141	361	116	-	-	-	72	116		
ative	Mortality Reviews within 42 working days	%	90	90	74.1	81.1	73.5	74.3	71.4	75.3	61.9	80.5	85.9	93.3	95.7	92.4	93.5	86.0	83.5	82.7	-	-	-	77.8	83.3	90.1		
	Deaths In the Group	No	-	-	114	125	147	109	-	319	141	110	86	89	93	132	199	158	312	200	88	-	1927	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	14.1	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	14.5	13.3	13.2	12.5	13.4	14.3	12.5	13.4	-	-	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	13.5	13.6	13.6	13.4	13.4	13.5	13.4	13.3	-	13.4	-	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	4.5	3.8	3.9	3.8	4.5	5.5	4.7	4.3	5.3	6.0	6.5	6.4	6.4	6.8	7.4	6.3	6.5	-	6.1	-	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.1	4.0	3.9	3.9	3.8	4.0	4.1	4.2	4.3	4.4	4.7	4.9	5.1	5.3	5.7	5.9	6.1	-	4.9	-	-	-		
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	128	130	128	144	129	45	38	40	39	32	46	53	69	64	73	66	69	51	51	31	8	12		
	21+ Days Long Stay Rate - NHSI	%	-	-	21.9	22.1	20.1	22.4	25.3	11.8	15.6	10.3	9.1	4.5	10.8	7.4	8.8	12.0	12.1	11.7	22.8	11.3	11.3	8.1	23.7	7.8		
	Estimated Beds - 21+ Days - NHSI	No	-	-	112	115	109	115	129	31	37	25	23	10	30	22	28	43	76	52	105	36	36	11	16	9		
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	40.2	49.0	38.0	38.1	39.5	61.6	68.8	68.1	68.0	73.5	66.5	68.3	67.3	79.1	92.2	85.4	70.0	49.9	49.9	93.8	27.7	38.8		
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	3063	1642	1347	1347	625	166	556		
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	79.3	76.8	53.7	57.8	44.9	37.1	96.8	84.8	95.7	92.9	85.2	61.9	64.0	51.9	54.5	96.2	91.7	44.7	44.7	100.0	45.0	25.0		

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Effe	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	376	268	187	338	262	112	91	140	202	196	202	130	119	97	78	101	133	51	51	1	49	1	
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	-	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	88.5	66.7	61.1	78.6	-	82.9	-	-	78.6	
	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	39.6	43.1	50.0	-	65.5	-	-	50.0	
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	91.5	91.1	-	85.7	-	-	91.1	
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	100.0	98.3	100.0	-	99.4	-	-	100.0	
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	100.0	50.0	75.0	-	75.0	-	-	75.0	
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	88.2	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	-	-	-	-	-	86.1	-	-	100.0
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	%	-	-	61.1	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	91.3	-	-	100.0
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	77.8	83.3	80.0	-	87.4	-	80.0	-
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	90.9	100.0	90.9	94.4	94.4	-	94.4	-	
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	81.8	94.4	90.9	88.2	88.2	-	88.2	-	
	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	-	100.0	-
	Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	87.8	-	-	-	-	-	-	-	-	-	85.9	90.2
Medical Appraisal		%	90	90	94.0	93.7	94.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6	93.9	91.4	87.7	88.1	89.3	-	95.7	86.7	93.9	91.1	
Sickness Absence (Rolling 12 Months)		%	3	3	5.4	5.2	5.1	5.1	5.3	6.0	6.2	6.3	6.3	6.4	6.5	6.7	6.9	7.0	7.2	7.2	6.9	6.4	6.4	6.4	5.8	6.7	6.9
Sickness Absence (Monthly)		%	3	3	6.1	5.4	5.5	5.5	8.3	11.7	7.8	5.9	5.6	5.8	6.7	7.1	8.4	6.8	7.9	6.0	5.8	5.4	5.4	5.4	5.4	4.7	5.8
Sickness Absence - Long Term - (Open Cases in the month)		No	-	-	43	43	37	22	37	46	55	42	38	45	41	48	56	51	39	49	48	37	37	17	9	11	
Sickness Absence - Short Term (Monthly)		No	-	-	176	183	195	188	299	338	175	162	191	166	201	221	201	171	256	164	202	170	170	86	27	57	
Ward Sickness Absence (Monthly)		%	3	3	8.1	6.4	7.6	7.9	11.6	14.2	9.4	7.3	7.3	7.9	9.1	8.7	12.1	9.3	11.7	8.2	8.2	6.9	6.9	6.7	5.9	7.6	
Mandatory Training - Health & Safety (% staff)		%	95	95	81.6	84.0	85.0	88.1	91.7	91.8	96.2	95.5	97.0	95.1	94.7	96.0	96.3	96.0	95.7	95.2	95.2	96.1	96.1	-	-	-	
Staff at 100% compliance with mandatory training		%	-	-	63.6	64.6	38.4	57.3	61.7	61.2	72.3	86.5	82.9	81.6	75.9	72.0	70.9	66.5	59.2	53.3	57.0	59.5	59.5	-	-	-	
Staff requiring to complete 1 module to be at 100% compliance with mandatory training		%	-	-	14.7	13.9	25.4	18.7	20.8	22.1	17.4	8.3	10.3	11.4	14.4	16.8	17.9	18.8	22.2	24.4	21.6	20.6	20.6	-	-	-	
Staff requiring to complete 2 modules to be at 100% compliance with mandatory training		%	-	-	5.7	6.3	13.9	8.2	7.1	6.5	4.4	1.9	3.0	3.3	4.2	5.1	5.8	7.6	9.4	10.5	9.7	9.4	9.4	-	-	-	
Staff requiring to complete 3 modules to be at 100% compliance with mandatory training		%	-	-	-	-	22.4	15.8	10.4	10.2	6.0	3.4	3.8	3.7	5.4	6.1	5.4	7.0	9.2	11.8	11.7	10.5	10.5	-	-	-	
Nursing Vacancy Rate (Qualified)		%	11	11	14.1	15.3	12.8	11.9	11.9	11.7	14.5	14.1	11.6	9.7	10.8	12.7	12.5	13.1	12.8	12.8	13.7	12.7	12.7	12.7	-	-	-
New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	94.7	100.0	100.0	100.0	100.0	100.0	100.0	77.4	100.0	100.0	-	100.0	94.4	73.3	94.1	94.1	-	-	-	
Patient Admin	Open Referrals	No	-	-	52552	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	61956	61376	57297	-	15068	22926	19303	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	15603	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	15066	15346	15093	-	7915	4487	2691	



# Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																						GS	SS	TH	APCC
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	4.0	7.4	4.3	50.0	26.7	11.8	35.7	100.0	0.0	25.0	39.1	12.0	75.0	2.7	52.0	52.0	-	-	-	-	-	
	No. of responses sent out	No	-	-	34	28	22	24	28	23	6	15	17	20	6	4	10	23	25	16	8	25	25	-	-	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	719	805	1045	1026	-	-	-	-	-		
	Emergency Care 4-hour breach (numbers)	No	-	-	72	41	48	21	23	3	2	15	32	47	45	55	44	36	39	55	166	110	110	0	0	0	0	110	
	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	-	-	-	-	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	7.2	9.9	8.3	4.1	7.3	5.6	5.6	7.0	5.0	6.2	4.6	5.0	5.6	6.6	5.6	4.1	6.4	6.5	-	-	-	-	-	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	5.9	0.7	2.1	2.7	1.4	0.6	0.8	2.4	2.3	2.2	1.5	2.4	2.6	2.2	1.7	3.3	4.3	2.7	-	-	-	-	-		
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	%	85	85	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	87.0	88.9	92.9	87.0	81.3	81.3	-	81.3	-	-	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	32	54	35	40	21	0	1	4	10	15	22	23	13	14	4	5	11	9	9	2	2	0	0	5	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	29	40	25	15	10	0	1	2	8	10	11	16	9	10	4	5	7	2	2	2	0	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	3	14	10	25	11	0	0	2	2	5	11	7	4	4	0	0	4	7	7	0	2	0	0	5	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.3	2.4	1.4	2.0	1.5	0.0	0.3	0.8	0.8	1.1	1.3	1.4	0.9	1.3	0.7	0.9	1.5	0.9	-	-	0.6	1.7	-	-	1.2
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	4	5	3	1	3	0	3	3	3	1	2	0	0	0
	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	-	-	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	1
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	76	54	56	97	295	10	7	28	34	41	61	96	120	34	36	11	26	18	18	-	-	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	280	230	221	484	769	25	20	71	93	155	173	263	355	138	192	74	89	95	95	-	-	-	-	-	
	2 weeks	%	93	93	98.3	99.0	97.8	99.0	98.4	94.6	98.3	97.7	95.7	94.4	97.1	93.5	86.4	84.2	80.7	70.6	71.4	-	-	-	71.4	-	-	-	-
	2 weeks (Breast Symptomatic)	%	93	93	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	80.9	56.1	29.0	27.5	-	62.9	27.5	-	-	-	-	
	31 Day (diagnosis to treatment)	%	96	96	95.8	98.5	98.8	96.6	98.0	95.7	88.2	100.0	93.0	93.0	96.1	89.8	95.9	95.0	93.4	89.2	98.4	-	-	-	98.4	-	-	-	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	90.8	84.8	83.1	92.3	92.0	71.2	56.3	73.2	74.2	78.8	72.8	76.9	79.2	78.5	63.1	65.4	76.8	-	-	-	76.8	-	-	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	91.3	85.2	82.2	92.6	92.0	71.2	58.8	74.4	75.0	79.2	73.8	76.9	79.2	79.7	64.8	65.4	78.1	-	-	-	78.1	-	-	-	-
	62 Day (referral to treat from screening)	%	90	90	94.6	89.7	91.1	100.0	94.5	83.9	33.3	100.0	75.0	83.3	87.5	88.9	87.5	94.1	89.7	92.0	100.0	-	88.2	-	-	-	-	-	
62 Day (referral to treat from hosp specialist)	%	90	90	86.4	88.2	96.3	95.7	94.7	100.0	94.1	100.0	100.0	100.0	100.0	96.2	95.5	95.0	100.0	95.2	95.2	-	97.3	-	-	-	-	-		
Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	6	6	2	4	-	7	6	8	6	14	8	10	7	16	14	8	-	102	8	-	0	-	-		
Cancer - Patients Waiting Over 104 days for treatment	No	-	-	4	3	4	0	1	-	3	4	5	1	5	3	5	4	1	7	3	-	39	3	-	0	-	-		
Neutropenia Sepsis - Door to Needle Time > 1hr	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	0	0	
RTT - Admitted Care (18-weeks)	%	90	90	79.2	80.0	80.3	78.7	81.5	94.2	85.5	72.2	58.1	49.2	57.9	56.1	62.3	67.1	76.8	79.1	75.2	64.3	-	-	75.9	58.1	-	-	56.1	
RTT - Non Admitted Care (18-weeks)	%	95	95	92.3	93.1	92.7	93.4	94.2	92.7	95.4	89.7	85.2	85.5	85.4	86.5	87.9	87.5	90.0	89.4	86.3	84.5	-	-	78.1	80.4	-	-	90.7	



# Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate				
			Year	Month	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021		GS	SS	TH	APCC	O
CQC Domain	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.6	90.9	91.8	92.0	90.1	82.1	71.7	57.0	51.2	60.3	67.9	72.4	74.8	74.1	70.0	66.6	64.8	63.7	-	62.8	55.7	-	-	68.9
	RTT Waiting List - Incomplete	No	-	-	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	22185	24092	25888	25888	12248	4485	0	0	9155
	RTT - Backlog	No	-	-	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	7404	8485	9396	-	4557	1987	0	0	2852
	Patients Waiting >52 weeks (All Pathways)	No	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	984	0	2087	2083	-	1035	411	0	0	637
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	1586	1977	1941	-	983	391	0	0	567
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	13	12	11	11	11	11	13	18	18	18	18	21	21	18	17	17	18	20	-	11	6	0	0	3
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	2	1	1	3	6	7	7	6	6	6	7	7	7	7	7	7	7	-	4	2	0	0	1
	RTT Clearance Time (Wks)	Ratio	-	-	7.0	8.1	7.6	8.2	10.3	15.2	14.2	12.3	12.9	13.5	11.3	11.4	11.4	13.2	15.5	16.1	15.5	18.7	18.7	25.4	19.4	-	-	13.6
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.3	0.1	0.1	0.1	5.8	65.9	64.8	70.1	68.7	58.8	57.6	47.5	31.1	27.0	34.9	34.9	35.3	38.9	-	38.9	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	62	57	112	67	96	11	12	99	165	155	118	201	156	69	104	25	63	103	103	62	-	41	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	202	239	204	102	166	-	228	141	177	234	248	258	332	294	339	185	138	-	-	-	138	-	0	-
Effective	Mortality Reviews within 42 working days	%	90	90	82.4	100.0	81.8	100.0	82.4	66.7	100.0	50.0	90.9	83.3	100.0	100.0	72.7	81.8	76.0	77.8	-	-	-	100.0	50.0	-	-	-
	Deaths In the Group	No	-	-	17	11	11	11	-	9	7	10	11	12	7	9	9	11	24	10	4	-	123	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	4.1	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	5.1	5.0	4.8	5.4	5.6	7.2	6.5	6.8	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.1	4.9	4.7	4.6	4.5	4.6	4.5	4.5	4.4	4.5	4.5	4.6	4.7	4.9	5.3	5.5	5.6	-	4.7	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	2.2	1.9	2.2	2.2	2.7	5.6	3.0	2.4	2.1	3.3	2.6	3.4	3.5	3.2	4.0	4.0	4.6	-	3.3	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	2.9	2.7	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5	2.7	2.8	3.0	3.1	3.3	-	2.6	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	17	25	24	28	29	15	18	12	12	16	21	17	15	21	24	19	6	8	8	5	3	0	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	9.1	5.1	6.6	5.7	12.2	38.8	4.3	16.2	3.5	6.3	3.7	28.8	7.6	9.1	24.7	16.7	36.2	0.8	0.8	1.2	0.0	-	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	12	6	7	6	12	23	2	11	3	5	3	38	7	9	53	19	79	1	1	1	0	-	0	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	41.8	40.2	44.5	57.0	37.5	41.3	58.5	75.1	72.3	63.2	57.2	58.7	60.0	63.1	49.6	54.4	67.0	54.6	54.6	52.9	47.0	-	95.6	54.7
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	1766	2732	2753	2753	1038	554	0	282	879
Short Notice Inpatient Admission Offers (<3wks)	%	-	-	50.1	52.0	55.7	55.7	53.9	44.4	96.6	82.1	78.6	77.2	71.5	72.0	72.2	82.4	75.7	84.9	82.6	80.2	80.2	73.5	89.9	-	89.3	79.5	
Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	556	624	767	767	205	80	0	134	348	
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	-	-	-	-	74.4	83.0	96.9	86.4	97.9
	Medical Appraisal	%	90	90	93.1	94.7	94.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.2	96.8	93.0	84.7	87.1	88.9	-	95.9	87.0	97.4	-	83.1	91.1
	Sickness Absence (Rolling 12 Months)	%	3	3	5.1	5.2	5.2	5.3	5.4	5.8	6.2	6.2	6.3	6.3	6.4	6.3	6.2	6.1	6.4	6.6	6.5	6.1	6.1	6.1	5.8	9.6	4.8	3.1
	Sickness Absence (Monthly)	%	3	3	6.3	5.9	5.9	5.5	6.8	9.0	7.9	6.1	5.8	4.7	5.2	4.8	5.8	5.9	8.1	8.1	6.2	5.3	5.3	6.1	5.3	8.5	3.7	1.8
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	49	43	42	33	29	35	56	40	40	29	28	26	25	32	44	57	41	36	36	11	4	13	6	2
	Sickness Absence - Short Term (Monthly)	No	-	-	174	171	118	148	214	238	167	149	187	144	176	176	217	185	251	182	180	152	152	53	23	31	26	19
	Ward Sickness Absence (Monthly)	%	3	3	7.4	7.4	6.4	6.4	7.9	10.0	11.2	8.5	8.4	7.6	8.1	7.1	8.8	7.0	9.3	9.8	7.7	6.8	6.8	8.5	7.6	-	4.8	5.5
	Mandatory Training - Health & Safety (% staff)	%	95	95	90.5	91.2	92.5	92.6	93.2	93.5	97.3	96.6	98.0	96.3	97.8	97.6	97.7	98.1	97.7	97.1	96.6	96.9	96.9	-	-	-	-	-

# Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																						GS	SS	TH	APCC
	Staff at 100% compliance with mandatory training	%	-	-	75.9	77.2	50.8	67.8	71.0	65.3	73.7	86.8	85.0	85.1	83.5	83.2	81.4	78.2	74.3	63.4	69.0	72.9	72.9	-	-	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	11.7	11.8	22.7	16.0	15.9	19.3	15.2	7.0	10.1	9.1	9.6	11.4	10.9	12.9	14.7	21.1	17.6	15.2	15.2	-	-	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	5.5	4.7	12.3	7.4	6.4	7.5	5.5	2.9	2.5	2.9	3.6	2.2	4.0	4.5	6.4	7.4	6.0	4.7	4.7	-	-	-	-	-	
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	14.2	8.7	6.8	7.9	5.6	3.3	2.4	3.0	3.4	3.2	3.7	4.5	4.6	8.2	7.3	7.2	7.2	-	-	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	19.7	20.2	19.2	17.8	17.8	17.2	17.7	17.8	17.8	17.8	17.8	14.6	14.1	13.5	18.3	13.6	13.3	14.0	12.1	12.1	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	100.0	92.3	100.0	96.2	100.0	87.5	100.0	82.4	100.0	-	100.0	100.0	43.8	100.0	100.0	100.0	100.0	-	-	-	-
Patient Admin	Open Referrals	No	-	-	105645	106065	104786	104619	104392	99486	98167	98850	100115	101729	102705	103707	104864	105969	106058	107967	110635	111410	-	38513	14209	0	4951		
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	12318	12848	13069	12672	13789	11899	12476	12641	12933	13059	13252	14040	14187	14244	14813	14338	13891	13332	-	4784	2709	0	1910		

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate		
			Year	Month																						G
Safe	C. Difficile (Post 48 hours)	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
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	77.9	88.7	78.3	73.7	84.8	66.7	0.0	71.4	77.8	64.0	78.1	95.3	89.2	96.6	100.0	95.0	100.0	98.9	-	98.9	-	-
	MRSA Screening - Non Elective	%	95	95	100.0	100.0	100.0	95.0	100.0	100.0	100.0	100.0	100.0	96.2	97.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-
	Falls	No	-	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	2	1	5	1	1	-	-	1
	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	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	-	1	-	1	-	1	2	1	-	-	-	-	-	2	1	1	-	1	1	1	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	-	90.8	85.9	92.6	92.1	89.0	87.1	91.6	90.2	91.0	92.4	91.3	88.1	88.4	91.5	91.9	92.5	94.2	-	97.2	93.0	20.0
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	99.7	100.0	99.7	100.0	100.0	99.3	100.0	100.0	100.0	99.6	97.7	99.7	100.0	99.6	100.0	100.0	100.0	99.4	-	99.5	99.3	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	100.0	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	100.0	-
	Never Events	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
	Medication Errors causing serious harm	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
	Serious Incidents	No	0	0	0	1	0	0	0	1	0	0	1	1	1	3	1	1	0	1	0	-	10	0	0	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	90.5	100.0	100.0	96.4	100.0	100.0	92.9	100.0	100.0	89.5	89.5	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	0.0	7.7	6.7	17.6	17.7	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	-	0.0	100.0	100.0	100.0	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	-	-	100.0	66.7	66.7	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Safe (Obstetric)	Caesarean Section Rate - Total	%	25	25	24.3	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	30.9	25.3	27.3	27.8	27.8	-	27.8
Caesarean Section Rate - Elective		%	-	-	10.0	10.6	12.1	10.9	9.4	9.0	10.5	10.4	11.4	10.5	14.3	8.2	10.9	10.9	10.5	10.4	12.3	11.6	11.6	-	11.6	-
Caesarean Section Rate - Non Elective		%	-	-	14.3	17.2	16.8	18.8	19.4	19.6	20.0	18.1	18.6	17.8	17.4	19.7	18.4	20.4	20.4	14.9	15.0	16.2	16.2	-	16.2	-
Maternal Deaths		No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	-	0	-
Post Partum Haemorrhage (>2000ml)		No	48	4	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	3	3	4	4	-	4	-
Admissions to Neonatal Intensive Care		%	10	10	1.0	0.2	1.0	2.3	6.2	5.7	5.0	4.3	4.5	3.7	7.2	6.8	6.8	5.4	7.2	7.9	0.5	0.5	0.5	-	0.5	-
Corrected Perinatal Mortality Rate (per 1000 babies)		Rate1	8	8	7.63	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	11.53	9.12	13.73	-	-	-	13.73	-
Stillbirths (Corrected)		Rate1	-	-	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.08	9.83	5.42	5.42	-	5.42	-
Corrected Neonatal Mortality Rate (0 - 28 days)		Rate1	-	-	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	3.06	4.91	5.39	5.39	-	5.39	-
Early Booking Assessment (<12 + 6 weeks) - SWBH Specific		%	85	85	93.2	94.4	91.6	91.4	93.2	91.5	93.4	92.5	92.0	93.0	92.0	93.1	91.3	93.0	94.3	94.2	92.9	94.3	-	-	94.3	-

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate			
			Year	Month																						G	M
	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	158.9	147.7	188.7	164.5	172.2	181.7	120.2	139.3	125.2	106.9	150.9	136.8	153.1	165.3	191.6	179.0	173.2	163.7	-	-	163.7	-	
	Breast Feeding Initiation	%	74	74	83.3	83.8	85.0	79.9	84.8	85.5	82.7	84.3	78.6	85.6	83.5	83.1	80.6	85.8	83.7	83.7	83.7	82.4	-	-	82.4	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.6	-	-	0.6	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.9	-	-	0.9	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	0.0	0.0	0.5	-	-	0.5	-	
Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	77.8	100.0	66.7	100.0	66.7	100.0	78.6	66.7	-	-	-	-	-	-	-	-	-	-	80.0	-	66.7	-	
	Eligible mothers who received antenatal magnesium sulphate (NNAP)	%	85	85	-	-	-	-	-	100.0	100.0	100.0	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	
	Promoting normal temperature on admission for very preterm babies (NNAP)	%	90	90	-	-	-	-	-	100.0	50.0	40.0	-	-	-	-	-	-	-	-	-	-	61.5	-	40.0	-	
	Parental consultation within 24 hours of admission (NNAP)	%	100	100	-	-	-	-	-	93.9	92.7	98.0	-	-	-	-	-	-	-	-	-	-	94.8	-	98.0	-	
	On-time screening for retinopathy of prematurity (NNAP)	%	-	-	-	-	-	-	-	25.0	60.0	57.1	-	-	-	-	-	-	-	-	-	-	50.0	-	57.1	-	
	Central line associated bloodstream infection (QISD) (NNAP)	Rate1	100	100	-	-	-	-	-	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-	0.00	-	0.00	-	
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	No. of Complaints Received (formal and link)	No	-	-	10	6	11	5	9	3	6	10	23	8	12	15	11	15	10	7	13	9	9	1	4	4	
	No. of Active Complaints in the System (formal and link)	No	-	-	12	13	13	14	15	9	12	15	23	14	22	33	40	0	38	35	31	31	-	9	13	9	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.37	1.43	2.82	1.43	2.40	0.98	1.89	3.16	3.95	2.29	3.95	4.11	3.15	4.89	3.32	2.59	3.63	2.67	2.67	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.24	2.27	4.73	2.48	4.38	2.44	3.84	5.96	7.40	4.36	6.33	7.13	5.90	8.73	6.55	5.09	6.82	4.93	4.93	-	-	-	
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	7.1	0.0	20.0	0.0	0.0	16.7	14.3	14.3	33.3	57.1	10.0	85.7	64.3	50.0	16.1	28.6	28.6	-	-	-	
No. of responses sent out	No	-	-	21	8	12	5	10	9	4	6	7	17	3	7	4	11	14	14	9	7	7	-	-	-		
	Emergency Care 4-hour breach (numbers)	No	-	-	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 - Total	No	0	0	8	6	7	13	4	0	1	3	3	1	7	5	8	3	1	3	4	4	4	4	4	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	1	4	0	2	0	0	1	0	-	4	3	3	0	0	0	1	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	8	5	3	13	2	0	1	2	3	1	3	2	5	3	1	3	3	4	4	4	4	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	3.6	3.0	3.0	6.0	2.5	-	1.0	1.7	1.5	0.6	3.2	2.6	4.0	1.6	0.7	2.0	1.4	1.5	-	2.0	-	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
	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	
	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	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	7	5	6	19	29	4	6	9	7	5	11	5	2	6	3	4	0	3	3	-	-	-	



# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate			
			Year	Month																						G	M
Responsive	All Hospital Cancellations, with 7 or less days notice	No	0	0	27	30	33	59	55	13	11	20	22	21	24	28	27	25	26	22	11	26	26	-	-	-	
	2 weeks	%	93	93	98.1	100.0	98.5	99.4	98.4	95.2	97.1	99.3	98.0	95.1	92.9	94.0	97.8	96.6	97.5	98.1	99.2	-	-	99.2	-	-	
	31 Day (diagnosis to treatment)	%	96	96	88.2	100.0	100.0	94.7	89.5	78.6	87.5	75.0	88.9	84.6	75.0	89.5	56.3	75.0	55.6	64.7	61.9	-	-	61.9	-	-	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	80.0	68.8	76.5	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	35.0	22.2	45.5	-	-	45.5	-	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	80.0	68.8	70.6	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	35.0	22.2	45.5	-	-	45.5	-	-	
	62 Day (referral to treat from screening)	%	90	90	-	-	100.0	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	100.0	66.7	100.0	-	-	94.1	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	100.0	-	100.0	100.0	0.0	100.0	100.0	40.0	75.0	100.0	100.0	0.0	100.0	0.0	100.0	66.7	50.0	-	77.1	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	2	3	2	6	4	-	6	10	3	4	3	3	7	7	7	7	6	-	60	6	-	0	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	1	1	3	1	-	1	5	1	1	1	1	3	1	2	1	2	-	17	2	-	0	
	Neutropenia Sepsis - Door to Needle Time > 1hr	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
	RTT - Admitted Care (18-weeks)	%	90	90	72.6	75.9	70.1	69.2	78.2	100.0	93.3	76.6	55.5	65.8	63.3	65.7	65.8	64.5	80.5	78.2	76.0	63.8	-	63.8	-	-	
	RTT - Non Admitted Care (18-weeks)	%	95	95	89.5	86.8	89.0	83.8	83.0	80.6	79.5	71.7	67.5	80.6	80.6	78.7	77.0	78.6	81.6	81.9	79.8	75.0	-	75.1	-	-	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	91.2	90.8	89.6	87.5	85.5	78.8	72.2	64.4	66.4	74.5	81.4	85.3	87.0	85.7	82.9	79.6	78.6	80.3	-	80.3	-	-	
	RTT Waiting List - Incomplete	No	-	-	1922	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	2194	2279	2229	2264	2264	2264	-	-	
	RTT - Backlog	No	-	-	169	191	225	282	324	437	577	696	632	529	401	318	284	318	376	465	477	446	-	446	-	-	
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	4	11	18	36	20	17	15	15	0	33	22	-	22	0	0	
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	4	9	18	17	9	9	4	14	28	27	11	-	11	0	0	
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3	3	-	3	-	-	
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1	-	-	
	RTT Clearance Time (Wks)	Ratio	-	-	10.6	16.5	13.4	14.6	16.8	24.5	29.6	13.3	14.1	17.4	14.7	14.7	14.9	17.7	16.5	18.1	13.3	16.2	16.2	16.2	-	-	
Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Cancer - Longest wait for treatment (days) - GROUP	No	-	-	104	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	170	-	-	170	-	0		
ve	Mortality Reviews within 42 working days	%	90	90	-	100.0	-	-	100.0	-	-	-	-	-	-	-	0.0	100.0	-	-	-	-	-	-	-		
	Deaths In the Group	No	-	-	4	2	1	1	-	2	1	3	2	1	3	0	0	5	2	0	5	-	24	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	7.1	7.5	7.5	8.4	9.2	8.7	9.4	7.6	11.3	5.1	3.8	9.4	10.6	7.3	7.0	7.0	7.1	-	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.1	5.0	5.1	5.3	5.7	6.1	6.9	8.1	8.2	7.8	7.7	7.8	8.1	8.1	8.1	8.0	7.7	-	7.6	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	5.9	5.7	6.1	7.1	7.9	7.5	5.6	6.2	9.7	4.0	2.6	7.5	7.4	6.2	5.5	5.6	6.0	-	6.1	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.6	3.6	3.7	3.9	4.3	4.7	5.4	6.6	6.7	6.4	6.1	6.2	6.4	6.4	6.4	6.3	6.1	-	6.0	-	-		

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate			
			Year	Month																				G	M	P	
Effectif	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	1	1	1	1	4	0	2	0	3	4	0	7	10	15	14	4	1	1	1	0	0	
	21+ Days Long Stay Rate - NHSI	%	-	-	23.0	7.4	0.0	15.5	0.0	0.0	0.0	0.0	0.4	4.5	4.4	0.0	3.7	13.2	32.7	27.2	46.6	20.8	20.8	21.0	0.0	0.0	
	Estimated Beds - 21+ Days - NHSI	No	-	-	5	1	0	2	0	0	0	0	0	0	0	0	0	5	44	16	78	3	3	3	0	0	
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	33.6	29.9	31.0	33.1	30.5	26.2	34.7	43.5	41.0	42.5	33.1	38.7	35.9	35.6	34.7	44.9	35.1	36.7	36.7	14.6	76.5	23.5	
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	408	293	362	358	376	252	320	692	567	493	356	467	465	484	504	563	487	485	485	59	303	123	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	60.7	54.3	53.1	57.4	58.4	58.7	86.4	80.6	72.2	50.9	71.6	53.7	62.1	69.3	87.2	79.0	94.2	77.5	77.5	72.4	100.0	92.1	
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	170	144	152	170	171	88	95	166	182	116	189	151	167	160	171	158	194	231	231	160	1	70	
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	97.2	-	-	-	-	-	-	-	-	-	100.0	94.2	99.7
	Medical Appraisal	%	90	90	98.4	95.2	92.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	98.4	96.8	85.0	88.5	86.4	-	96.4	86.2	90.9	84.2	
	Sickness Absence (Rolling 12 Months)	%	3	3	5.7	5.8	5.7	5.6	5.5	5.8	5.8	5.7	5.7	5.6	5.6	5.6	5.6	5.8	5.9	5.7	5.5	5.5	5.5	4.3	6.4	4.7	
	Sickness Absence (Monthly)	%	3	3	6.6	6.1	5.3	3.9	5.1	7.1	5.4	5.1	4.2	4.4	5.4	5.8	6.4	5.5	7.1	5.8	4.4	3.8	3.8	2.0	4.1	4.0	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	30	36	20	9	25	16	22	15	16	21	22	25	29	26	26	26	19	19	19	0	8	11	
	Sickness Absence - Short Term (Monthly)	No	-	-	106	103	101	94	96	137	79	77	86	66	92	97	96	59	102	80	77	67	67	7	38	22	
	Ward Sickness Absence (Monthly)	%	3	3	8.1	6.9	4.9	4.4	4.7	8.5	7.7	7.3	5.1	5.5	6.4	5.4	7.5	6.8	9.6	8.0	6.1	4.6	4.6	0.0	4.7	4.9	
	Mandatory Training - Health & Safety (% staff)	%	95	95	88.2	90.5	91.7	90.6	93.1	93.6	98.3	99.0	99.6	98.9	98.4	99.3	99.0	99.6	98.7	98.9	97.5	98.2	98.2	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	70.4	74.0	49.2	66.5	68.7	72.5	82.2	91.5	90.8	89.0	89.0	86.4	85.5	83.6	81.0	77.1	77.7	76.3	76.3	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	14.0	11.2	24.1	17.0	17.9	14.6	10.9	5.4	5.6	6.4	6.6	8.1	9.4	9.3	10.9	13.6	12.2	14.5	14.5	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	4.8	6.1	11.4	5.8	5.7	5.7	3.0	2.1	1.7	2.2	2.3	3.7	3.6	4.4	4.3	5.6	5.9	5.9	5.9	-	-	-	
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	15.3	10.8	7.7	7.3	3.8	1.0	1.9	2.4	2.1	1.8	1.4	2.7	3.8	3.7	4.1	3.3	3.3	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	11.3	11.5	10.8	11.2	12.0	12.7	12.4	16.4	17.9	15.3	15.7	15.6	16.2	15.4	14.2	16.2	16.1	14.9	14.9	-	-	-	
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	92.9	90.9	100.0	100.0	100.0	100.0	100.0	100.0	90.0	-	100.0	100.0	62.5	76.9	76.9	-	-	-	
	Patient Admin	Open Referrals	No	-	-	22895	23733	24099	24479	23888	23681	24706	24448	24352	24511	24854	25085	25436	25190	25371	26119	26741	29217	-	8830	11820	8567
Open Referrals without Future Activity/ Waiting List: Requiring Validation		No	-	-	4788	5150	5048	5068	4875	4425	5000	4890	5100	5164	5234	5302	5367	5176	5515	5876	6056	6435	-	1833	3649	953	
	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No	-	-	-	-	908	-	-	1004	-	-	1008	-	-	866	-	-	-	-	-	-	2878	-	-	866	
	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	%	95	95	-	-	91.3	-	-	94.1	-	-	90.3	-	-	90.2	-	-	87.5	-	-	-	90.5	-	-	87.5	
	HV (C3) - % of births that receive a face to face new birth visit by a HV >14 days	%	-	-	-	-	8.2	-	-	5.9	-	-	6.0	-	-	5.6	-	-	6.7	-	-	-	6.1	-	-	6.7	
	HV (C4) - % of children who received a 12 months review by 12 months	%	95	95	-	-	96.6	-	-	96.8	-	-	95.8	-	-	96.2	-	-	94.6	-	-	-	95.8	-	-	94.6	
	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%	-	-	-	-	96.5	-	-	96.0	-	-	96.0	-	-	97.1	-	-	96.1	-	-	-	96.3	-	-	96.1	



# Imaging Group

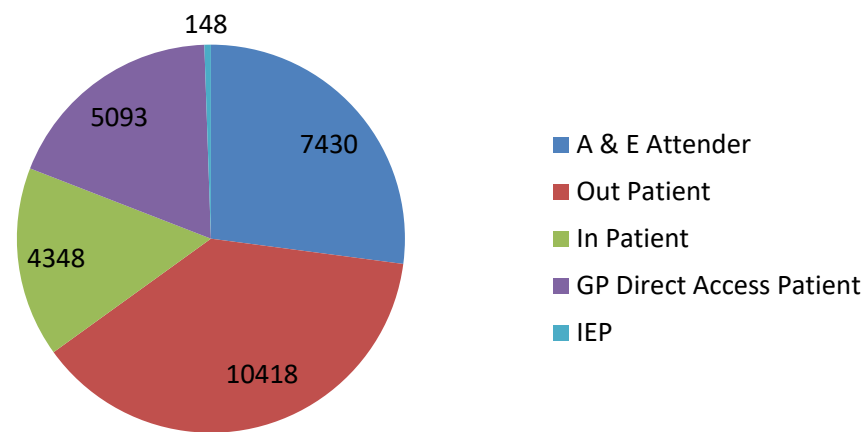
CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																						DR	IR	NM	BS
Safe	MRSA Screening - Elective	%	95	95	20.0	25.0	55.6	44.4	0.0	22.2	50.0	60.0	42.9	75.0	37.5	37.5	0.0	36.4	25.0	-	0.0	33.3	-	-	33.3	-	-	-	
	Never Events	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	0	
	Medication Errors causing serious harm	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	0	
	Serious Incidents	No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	-	3	0	0	0	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caring	No. of Complaints Received (formal and link)	No	-	-	3	3	5	1	0	1	1	1	4	2	1	2	2	3	2	5	2	2	2	2	2	0	0	0	
	No. of Active Complaints in the System (formal and link)	No	-	-	3	2	5	2	1	2	2	3	4	4	2	5	3	0	2	5	7	6	-	5	1	0	0		
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	100.0	100.0	20.0	40.0	0.0	-	0.0	0.0	0.0	0.0	0.0	-	-	-	
Responsive	No. of responses sent out	No	-	-	3	5	1	3	0	1	1	0	0	2	2	1	2	5	1	0	3	1	1	-	-	-	-		
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.1	0.2	0.0	0.0	9.9	62.5	63.3	53.6	43.5	35.0	26.1	19.0	12.4	12.8	18.1	9.4	6.8	6.4	-	6.4	-	-			
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	268	233	878	378	1011	67	16	82	247	686	905	816	1486	1015	1546	1139	1253	1631	1631	1631	-	-			
Effective	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	13.8	6.7	5.9	13.3	-	11.1	14.3	-	15.4	-	7.7	7.1	8.3	16.7	25.0	-	9.5	-	-	-	-	-			
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	6.0	6.0	6.2	7.4	6.7	6.8	6.4	5.5	6.7	6.4	6.8	7.2	6.2	6.9	7.9	6.6	7.6	-	6.7	-	-				
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	-	-	-	-	-	-	0.3	-	-	-			
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	90.9	93.1	80.0	96.8	96.0	92.9	85.7	100.0	93.3	100.0	100.0	80.8	95.5	90.0	92.3	100.0	97.7	66.7	66.7	66.7	66.7	-	-		
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	30	27	20	30	24	13	6	15	14	1	10	21	21	9	12	17	42	24	24	24	24	0	0		
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	-	-	-	-	-	89.8	63.6	85.7	97.8	
Medical Appraisal	%	90	90	100.0	100.0	96.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	93.2	93.3	93.2	-	98.3	92.9	-	100.0	-	92.9		
Sickness Absence (Rolling 12 Months)	%	3	3	4.2	4.1	4.0	4.0	4.1	4.2	4.3	4.2	4.4	4.3	4.2	4.3	4.4	4.4	4.7	4.7	4.6	4.4	4.4	4.4	4.4	5.1	3.2	1.8	4.1	0.2
Sickness Absence (Monthly)	%	3	3	4.1	3.6	3.6	3.6	5.2	5.9	4.6	3.3	4.3	3.3	3.8	5.3	4.5	3.7	6.3	3.7	4.5	4.6	4.6	4.6	4.6	4.7	0.0	4.1	5.6	0.0



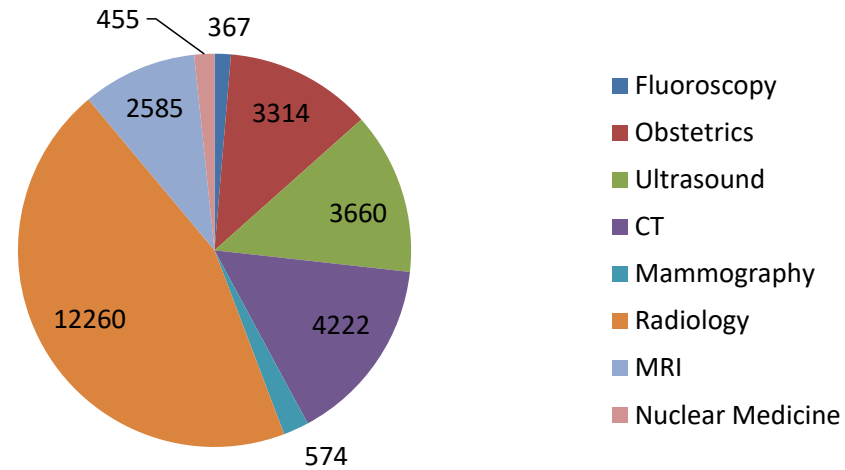
# Imaging Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																				DR	IR	NM	BS	BCP	
Well Led	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	6	4	2	3	4	2	6	4	5	6	4	5	4	5	4	4	7	5	5	4	0	0	1	0	
	Sickness Absence - Short Term (Monthly)	No	-	-	25	33	44	34	39	40	24	26	30	23	32	38	30	22	47	34	35	40	40	23	0	4	13	0	
	Mandatory Training - Health & Safety (% staff)	%	95	95	96.0	98.2	97.4	95.2	94.1	93.8	99.3	99.3	98.9	99.6	99.6	99.3	98.9	99.6	99.6	99.6	98.2	99.3	99.3	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82.6	88.0	88.0	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.6	8.6	8.7	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	1.9	1.9	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	1.5	1.5	-	-	-	-	-
New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Patient Admin	Open Referrals	No	-	-	449.0	486.0	516.0	526.0	527.0	737.0	715.0	701.0	701.0	731.0	736.0	738.0	751.0	747.0	761.0	763.0	801.0	829.0	-	659.0	21.0	0.0	0.0	149.0	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	304.0	321.0	357.0	366.0	373.0	382.0	388.0	395.0	396.0	423.0	434.0	432.0	442.0	443.0	463.0	463.0	491.0	497.0	-	472.0	2.0	0.0	0.0	25.0	
Imaging	Imaging - Total Scans	No	-	-	29477.0	28573.0	32398.0	29181.0	23026.0	12474.0	15657.0	20296.0	23773.0	24445.0	26957.0	27499.0	25757.0	25267.0	23701.0	23092.0	27041.0	27437.0	27437.0	-	-	-	-	-	
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	77.1	77.4	79.1	82.1	86.6	91.0	87.3	86.5	84.8	84.0	82.5	79.9	82.5	83.1	80.1	79.3	78.2	79.0	79.0	-	-	-	-	-	
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	75.1	71.5	71.8	73.8	67.8	81.7	86.8	79.3	68.6	53.3	56.2	58.3	53.3	58.4	62.9	62.7	54.1	46.2	46.2	-	-	-	-	-	
	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	%	95	95	90.1	90.0	88.4	91.8	89.7	92.9	93.5	89.8	85.5	82.9	83.2	85.0	83.4	84.8	83.0	82.9	83.2	83.5	83.5	-	-	-	-	-	

Imaging By Patient Type (April 2021)



Imaging By Modality Type (April 2021)





# Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate						
			Year	Month	AT	IB	IC	CM	YHP																					
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	19.00	12.95	22.94	8.75	20.00	24.82	13.56	16.39	21.78	34.48	25.84	39.06	41.36	27.13	64.10	31.43	31.75	20.52	20.52	-	-	-	-	-		
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	7.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	22.2	100.0	9.3	81.8	66.7	59.1	22.4	58.8	58.8	-	-	-	-	-		
Responsive	No. of responses sent out	No	-	-	10	10	7	5	7	4	5	5	8	14	9	6	5	21	9	22	12	17	17	-	-	-	-	-		
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	6	0	0	2	7	1	5	2	1	1	0	2	1	5	5	2	7	2	2	2	0	-	0	2	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	2	4	1	0	2	1	1	0	2	1	2	5	2	7	2	2	2	0	-	0	2	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	6	0	0	0	3	0	5	0	0	-	0	0	0	3	0	0	0	0	0	0	0	-	-	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.5	0.0	0.0	0.5	2.3	0.5	2.2	0.9	0.2	0.3	0.0	0.6	0.5	2.0	2.2	0.5	1.4	0.4	-	-	-	-	0.4	-		
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	5	0	0	0	0	0	0	0	-	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	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	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	-	0	1	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2 weeks	%	93	93	-	-	-	-	-	95.6	100.0	97.7	97.2	83.8	90.9	92.6	90.9	64.1	33.3	31.3	19.5	-	-	-	-	-	-	19.5	-	
	31 Day (diagnosis to treatment)	%	96	96	-	-	-	-	-	100.0	100.0	100.0	100.0	100.0	100.0	91.7	100.0	93.3	100.0	60.0	81.8	-	-	-	-	-	-	81.8	-	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	-	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	66.7	50.0	60.0	-	-	-	-	-	-	60.0	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	-	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	66.7	50.0	60.0	-	-	-	-	-	-	60.0	-	
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	-	-	-	-	-	-	-	0.0	-	-	100.0	100.0	100.0	-	100.0	-	-	-	-	90.0	-	-	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	0	0	0	0	0	-	0	0	0	0	2	0	1	0	1	1	2	2	-	8	0	-	-	2	-	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	0	-	0	0	0	0	2	0	0	0	1	0	0	0	-	3	0	-	-	0	-	
	Neutropenia Sepsis - Door to Needle Time > 1hr	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	0	
	RTT - Admitted Care (18-weeks)	%	90	90	90.0	91.6	74.6	74.4	66.9	94.4	83.3	83.2	89.4	75.0	88.5	90.4	88.0	69.7	58.3	78.3	81.2	85.2	-	-	-	-	85.2	-		
	RTT - Non Admitted Care (18-weeks)	%	95	95	67.0	62.2	77.7	64.6	77.6	62.4	74.5	74.1	63.2	63.1	76.3	77.1	81.2	64.0	53.6	43.7	63.1	55.2	-	-	-	-	55.2	-		
	RTT - Incomplete Pathway (18-weeks)	%	92	92	89.7	91.7	88.1	86.8	82.0	73.5	60.9	46.4	43.0	50.6	50.6	52.2	52.1	50.0	48.6	51.6	54.2	56.6	-	-	-	-	56.6	-		
RTT Waiting List - Incomplete	No	-	-	3399	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	3527	3425	3477	3554	3554	0	0	-	0	3554	0		
RTT - Backlog	No	-	-	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	1656	1592	1544	-	-	0	0	-	0	1544	0	
Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	0	296	251	-	-	0	-	0	251	0		
Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	216	236	166	-	-	0	-	0	166	0		
Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	4	4	4	4	5	4	6	6	5	6	5	5	5	5	5	5	4	4	-	-	0	-	0	4	0		

# Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																				AT	IB	IC	CM	YHP	
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1	1	-	0	-	0	1	0	
	RTT Clearance Time (Wks)	Ratio	-	-	13.9	19.2	13.4	14.6	17.6	27.8	29.0	24.5	27.4	28.7	21.6	24.0	29.4	24.7	31.5	21.3	22.6	26.7	26.7	-	-	-	26.7	-	
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Effective	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	0	0	0	0	0	-	42	62	57	154	62	93	62	113	75	95	72	-	-	0	-	-	72	-	
	Mortality Reviews within 42 working days	%	90	90	100.0	100.0	100.0	25.0	60.0	75.0	100.0	100.0	60.0	100.0	80.0	100.0	100.0	100.0	100.0	86.1	-	-	-	81.5	-	-	100.0	-	
	Deaths In the Group	No	-	-	1	1	3	4	-	4	1	2	4	0	5	7	4	4	4	37	19	-	91	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	1.5	1.6	1.9	0.3	1.9	3.9	3.6	2.3	2.9	2.8	2.8	3.3	1.8	2.2	4.1	2.5	1.7	-	-	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	1.6	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.9	2.1	2.2	2.4	2.4	2.5	2.6	2.8	2.7	-	2.3	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	-	0.2	-	-	0.1	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-	-	-	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.1	-	0.1	-	-	-	-	-	
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	2	0	1	0	0	0	0	1	1	1	1	0	7	7	17	20	13	9	6	6	3	0	0	3	0
	21+ Days Long Stay Rate - NHSI	%	-	-	0.0	0.0	0.0	0.0	5.2	1.9	0.0	0.0	5.0	0.0	4.0	9.0	13.9	15.4	33.9	28.2	48.6	52.5	52.5	11.4	-	-	71.1	-	
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	0	0	0	0	0	0	1	0	0	1	1	5	45	16	78	17	17	1	-	-	16	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	25.0	31.3	22.2	43.0	25.4	18.2	35.7	38.9	45.5	49.6	36.5	36.8	32.2	43.4	47.1	61.5	54.8	33.7	33.7	46.9	-	-	32.5	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	322	375	313	490	294	132	343	388	444	352	295	358	346	390	584	698	707	407	407	46	0	0	361	0	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	45.8	54.6	56.0	54.5	86.4	97.0	93.5	78.9	69.5	79.2	78.4	61.6	55.8	78.8	48.2	58.6	86.1	75.6	75.6	-	-	-	75.6	-	
Short Notice Inpatient Admission Offers (<3wks)	No	-	-	198	155	145	151	228	98	100	105	139	206	218	183	111	219	95	112	217	170	170	0	0	0	170	0		
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1	
	Medical Appraisal	%	90	90	93.8	96.8	96.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	97.3	100.0	94.6	94.1	94.3	-	98.2	100.0	50.0	90.0	100.0	-	
	Sickness Absence (Rolling 12 Months)	%	3	3	4.2	4.2	4.2	4.2	4.3	4.6	4.8	4.8	4.8	4.8	4.9	4.9	5.1	5.1	5.1	5.1	5.0	4.8	4.8	3.5	5.7	5.1	4.7	4.6	
	Sickness Absence (Monthly)	%	3	3	4.1	4.8	4.8	4.8	4.9	6.9	6.0	4.5	4.2	4.4	4.4	4.7	5.8	4.7	5.7	4.5	4.0	4.3	4.3	2.5	5.5	6.5	1.8	3.8	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	16	26	15	17	16	22	40	22	14	22	16	15	17	15	14	22	23	21	21	1	6	11	0	3	
	Sickness Absence - Short Term (Monthly)	No	-	-	121	121	140	114	92	181	104	81	99	85	116	110	141	117	155	100	116	106	106	34	35	24	13	0	
	Ward Sickness Absence (Monthly)	%	3	3	5.4	8.4	7.9	7.3	6.2	10.0	9.3	5.8	5.0	6.3	6.4	6.4	8.8	7.5	9.1	7.8	6.7	7.0	7.0	-	7.0	-	-	-	
	Mandatory Training - Health & Safety (% staff)	%	95	95	95.2	95.4	95.9	94.6	95.8	95.7	98.3	98.9	99.4	98.8	98.8	99.3	98.9	99.1	98.9	98.9	98.2	98.6	98.6	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	88.4	88.2	59.6	76.6	80.8	78.6	78.8	89.2	89.3	87.4	89.8	88.5	85.6	83.5	79.5	79.9	83.3	83.8	83.8	-	-	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	6.4	6.8	25.0	15.4	13.1	14.1	13.7	7.9	7.9	9.3	7.3	8.6	10.8	12.1	15.0	15.1	11.3	11.2	11.2	-	-	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	2.5	2.5	9.0	4.0	3.2	4.0	3.4	1.2	1.5	1.9	1.2	1.8	2.3	3.1	4.0	3.6	3.4	3.2	3.2	-	-	-	-	-	
Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	6.3	4.1	2.8	3.3	4.1	1.7	1.3	1.3	1.7	1.1	1.3	1.3	1.5	1.3	1.9	1.8	1.8	-	-	-	-	-		
Nursing Vacancy Rate (Qualified)	%	11	11	10.6	11.4	8.5	8.4	8.0	8.6	8.6	8.7	11.6	8.9	7.8	8.9	9.8	8.4	11.5	9.7	9.6	9.6	9.6	9.6	-	-	-	-		







<b>Report Title</b>	Strategic Board Assurance Framework: 2018-20		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Susan Rudd, Associate Director of Corporate Governance		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9th June 2021

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

The Trust Board reviews the SBAF on a regular basis as part of the assurance required regarding the system of internal control.

The Board is asked to review the SBAF and note updates.

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

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	Estates Plan	x
Financial Plan	X	Digital Plan	X	Other <i>[specify in the paper]</i>	X

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

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### 3. Recommendation(s)

The Trust Board is asked to:

<b>a.</b>	<b>CONSIDER</b> and confirm the updated SBAF.
<b>b.</b>	
<b>c.</b>	

### 4. 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	x	Risk Number(s): SBAF 1 - 19				
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 Trust Board: 9<sup>th</sup> June 2021

## 2018/21 Strategic Board Assurance Framework:

### 1. INTRODUCTION

- 1.1** The current Trust Strategic Board Assurance Framework is aligned to the 2020 Vision and has been updated with Executive leads.
- 1.2** SBAF risks are assigned to Board committees, led by a Non-Executive Chair and reported in the summary overview given by that chair to the full Board. The Board has previously undertaken a review of the controls for each risks and assessment of the assurance level for each risk.
- 1.3** As a reminder the definitions for each level of assurance are set out below; the highest level of assurance is “substantial” meaning the Board are substantially assured that “they really know what they think they know”<sup>1</sup>.


Assurance level	Definition
Zero	Indicates poor effectiveness – there is no assurance that the controls are working either way
Limited	Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve
Adequate	Some issues identified that if not addressed, could increase the likelihood of the risk materialising.
Substantial	Controls are suitably designed, being consistently applied and are effective in practice.

- 1.4** The table below provides the assurance level and risk rating against each of the SBAF risks.


### 2. SBAF DOCUMENT: EXECUTIVE SUMMARY


- 2.1** Risk scoring is undertaken on a 5x5 matrix (Likelihood x Impact). Risks rated 15 or over are rated high (Red), 10 -12 are medium (Amber), 4 – 8 are moderate (Yellow) and 1-3 are low (Green). The “Initial Risk” score sets out the scoring for each risk before the application of any controls. The “Current Risk” score sets out the scoring for the current month after all controls for that risk has been applied. Each risk is mapped to any underlying high level risk.
- 2.2** A summary of the up to date position for each risk is provided below and the Board should refer to **Appendix 1** for more detail.




<b>SBAF 1 – Management bandwidth</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
12 (3 X 4)	12	8		<b>ADEQUATE</b>
Group reviews are embedded with additional capacity and support being provided by the Improvement Team. The PDR process is complete for all senior leaders. A 'release time' analysis was also completed by the CEO and Chief Nurse. The impact of the covid pandemic on management resilience is supported by the range of wellbeing offers the Trust has in place however the number of current vacancies and new appointments in place within the Trusts senior and middle management teams is acknowledged.				

<b>SBAF 2 – Collapse of local care home market</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
15	9	6		
Risk Closed				

<b>SBAF 3 – GP retention/recruitment</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
9 (3 X 3)	9	6		<b>LIMITED</b>
Proposal to Close Risk to be submitted to next meeting of Quality & Safety Committee as this is now less of an organisation risk than a system risk.				

<b>SBAF 4 – Failure of vulnerable services</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
12 (3 x 4)	12	8		<b>LIMITED</b>
Updates are provided through the Quality & Safety Committee and the risk score and assurance level is unchanged				

<b>SBAF 5 – welearn implementation</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
12 (4 x 3)	9	12		<b>LIMITED</b>
Updated to reflect QI training, clinical audit reporting and governance scorecard developed with Group engagement				

<b>SBAF 6 – Midland Met Final Contractor</b>				
<b>Risk Closed</b>				
A Contractor in place and managed under an NEC4 contract.				

<b>SBAF 7 – Partners signing to ICP vision</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
12(3x4)	12	8		<b>LIMITED</b>
Proposal to close risk. The ICP/Place Based Boards are formed with all partners attending				


<b>SBAF 8 – Digital Plan gap</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
16(4 x 4)	12	9		<b>ADEQUATE</b>
Risk Closed				


<b>SBAF 9 – Cost reduction/income plans</b>				
Initial risk score (L X I)	Current risk score (L X I)	Target score	Overall movement	Current assurance level
20 (5x4)	12	8		<b>LIMITED</b>
<p>The risk score has reduced (May 2021) as the Trust is likely to achieve a cash backed break even position for H1 of 2122. Maintaining limited assurance relates to the fact that this risk looks beyond the current known outlook and there is much uncertainty about the future financial framework of the NHS after the end of September 21. It is possible that the block income may continue, equally it is possible that allocations will reduce back to pre-Covid levels, which would likely expose an underlying deficit. The extent to which this can be mitigated in year (as it was in 1920) will have to be determined. The BVQC cost reduction programme in the Trust is making good progress, but there is still significant work to do to close the gap which sits at around 50% of the full year target of £13m.</p>				


<b>SBAF 10 – NHS payment methods preventing ICS working</b>				
Initial risk score (L X I)	Current risk score (L X I)	Target score	Overall movement	Current assurance level
20 (5 x 4)	12	8		<b>LIMITED</b>
<p>Work on establishing ICP shadow budgets continues and progress is reported to the ICP Boards. An ICS risk share is in place and worked effectively in 2021, albeit an effective governance process in relation to recurrent investments in the ICS needs to be developed and implemented. The block arrangements plus risk share are effectively mitigating this risk at the moment, reflecting the risk level. Risk is proposed to remain at limited assurance, due to the uncertainty and work still to do.</p>				


<b>SBAF 11 – Labour supply</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
20 (5 x 3)	12	9		<b>ADEQUATE</b>
<p>The pandemic has had an impact on planned actions however the HR team carried out a series of focus groups with our own staff and reviewed the analytical data available</p>				


through ESR, Model Hospital and NHS jobs to ascertain our retention risks, conversion rates from interest to offer, to new joiners and obtaining feedback through the recruitment process, Trust induction and local orientation surveys. The result was a new Retention strategy and Hard to Fill plans presented at Trust Board and Group Reviews. Changed resourcing approach to focus on localised recruitment which helped to reduce the number of Trust vacancies by half. 90% of those appointed being from this process came from outside of the Trust compared with 55% previously indicating a significant positive shift in market positioning and our external recruiter reputation.

<b>SBAF 12 – Staff development time</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
6 (2 x 3)	6	4		<b>LIMITED</b>

<b>SBAF 13 – Workforce Wellbeing inc. Mental Health</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
16 (4 x 4)	12	6		<b>ADEQUATE</b>
Actions relating to identifying mental health related absences from ESR data points continue and are discussed at the Public Health Committee alongside other staff wellbeing initiatives. POD continues to review the psychological well-being scorecard and actions being taken.				

<b>SBAF 14 – Mortality reduction</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
16 (4 x 4)	16	12		<b>ADEQUATE</b>
Updates continue through Quality & Safety Committee and Board, risk score and assurance level unchanged				

<b>SBAF 15 – Improve research goals</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
9 (3 x 3)	9	6		<b>ADEQUATE</b>
Updates continue through Quality & Safety Committee, risk score and assurance level unchanged				

<b>SBAF 16 – Unreliable Informatics structure</b>				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
12 (4 x 3)	12	6		<b>LIMITED</b>

Risk Closed

SBAF 17 – Unity				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
16 (4 x 4)	6	8	↓	<b>ADEQUATE</b>
Risk score downgraded to 6 (2x3) following successful implementation of Unity				

SBAF 18 – Commissioning changes				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
20 (5 x 4)	9	6	↓	<b>LIMITED</b>

SBAF 19 – Sustainability of services on 2 sites				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
12 (3 x 4)	12	8	↔	<b>ADEQUATE</b>
This is a risk that has been present on the SBAF since April 2017 and was adequately assured with availability of 7 day service data to monitor service sustainability last year.				

### 3. SUMMARY

- 3.1 The current SBAF risks will inform the proposed new risks for 2021/22, aligned to revised strategic objectives.

### 4. RECOMMENDATIONS




The Trust Board is asked to:

- a) **CONSIDER** and confirm SBAF.




Susan Rudd  
Associate Director of Corporate Governance  
3rd June 2021




SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST




2020/21 STRATEGIC BOARD ASSURANCE FRAMEWORK




Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and actions	Completion date for action																											
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2020 Vision	1	Toby Lewis CEO (updated by F Mahmood, Chief People Officer)	<p><b>There is a risk that management bandwidth does not match organisational and system wide ambition because of either recruitment or capability difficulties, leading to project delays that compromise our improvement trajectory to meet our undertakings and ambitions.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>12</td> <td>8</td> <td>Jan 2020</td> </tr> <tr> <td>(3 x 4)</td> <td>(3 x 4)</td> <td>(2 x 4)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">ADEQUATE</td> </tr> </tbody> </table>	Initial Risk	Current Risk	Target score	Target date	May 2019	January 2021			12	12	8	Jan 2020	(3 x 4)	(3 x 4)	(2 x 4)		Overall Movement								Assurance level		ADEQUATE		People and Organisation Development	<p>Vacancy analysis for all 8a and above roles to ensure that the correct management resource is allocated to our work priorities so that we hit our delivery timetable.</p> <p>Group reviews are embedded with additional capacity and support being provided by the Improvement Team.</p> <p>Progress reporting to POD</p> <p>Reports to Remuneration Committee on appointment of key Deputy Director vacancies.</p>	<p>Requires piece of comparison work to focus on value and sustainability of Band 8 function in clinical and corporate areas</p>	Complete
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<p>A2E PDR process for all senior leaders, independently validated to ensure skills and capability are matched to service requirements is now complete.</p> <p>Alignment of staff/organisation objectives has taken place as part of the moderation process.</p> <p>Coaching and mentoring programme</p> <p>Monitoring of attendance levels through Learning &amp; Development Committee to ensure staff complete course and analyse reasons for non-completion e.g. sickness, rostering issues.</p> <p>Appointment of a BRM who can interpret data into a set of requirements that will ensure the right staff start and complete the programme.</p>	<p>Monitored by Workforce Delivery Committee and CLE.</p> <p>Monitored by People and OD Committee and Board.</p> <p>Monitored by WDC, CLE, POD and Board.</p>	<p>Need alignment between people's objectives and organisation's objectives</p>	Complete																																
<p>IQPR &amp; 2020 Vision reporting to the Board on the performance of key programmes running to time.</p>	<p>Monitored by PMC, CLE, Board committees and Board.</p>		Complete																																



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2020 Vision	2	Liam Kennedy, COO	Collapse in local care home provision arising from commercial pressures and immigration policy increases SWBH admissions and reduces patterns of discharge creating pressures on acute hospital beds.	Quality and Safety	Risk Closed																															
2020 Vision	3	Liam Kennedy, COO	<p>There is a risk that difficulties in recruiting and retaining local GPs leads to fragmentation within practice and PCNs and unpredicted patterns of referral behaviour and LTC emergency care, resulting in unmet demand or need because our system is not operating to its 5 year plan.</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td>6</td> <td>Dec 2020</td> </tr> <tr> <td>(3x3)</td> <td>(3x3)</td> <td>(2x3)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>	Initial Risk	Current Risk	Target score	Target date	April 2017	January 2021			9	9	6	Dec 2020	(3x3)	(3x3)	(2x3)		Overall Movement								Assurance level		LIMITED		Board	Proposal to Close Risk to be submitted to next meeting of Quality & Safety Committee as this is now less of an organisation risk than a system risk.			
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2020 Vision	4	David Carruthers, MD	<p><b>There is a risk that vulnerable service improvement plans are delayed by a lack of cross organisational cohesion or pace, leading to service failures necessitating either emergency changes to service models or patients not being able to access services within the STP footprint.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>12</td> <td>8</td> <td>May 2021</td> </tr> <tr> <td>(3x4)</td> <td>(3x4)</td> <td>(2 x 4)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>	Initial Risk	Current Risk	Target score	Target date	May 2019	January 2021			12	12	8	May 2021	(3x4)	(3x4)	(2 x 4)		Overall Movement								Assurance level		LIMITED		Quality and Safety	<p>Identification of vulnerable services locally via triangulation of metrics.</p> <p>Place based and provider collaboration discussion across STP/ICS to identify how services can work together optimally</p> <p>Across Black Country, STP meetings focus on local identification of potentially vulnerable services. Meeting attendance is covered by Deputy MD as part of their role.</p> <p>Also monthly meetings of regional medical directors incorporating ability for one provider to assist another with vulnerable services.</p>	<p>Team/group staffing reports to Group Boards</p> <p>Incident reports to Risk Management Committee.</p> <p>Complaints to Executive Quality Committee</p> <p>Mortality reviews Risk Management Committee</p> <p>Above reports are escalated to Operation Management Committee and CLE.</p> <p>SBAF risk report goes to Quality and Safety Committee.</p> <p>STP considers performance data, group reviews, staffing vacancies, complaints and incidents data.</p> <p>Discussion via CRG of STP and development of shared governance committee with STP partners</p> <p>Meeting outcomes reported to CLE and Trust Board.</p>	<p>No clear definition of vulnerable services - Definition of vulnerable service developed, services identified and groups looking at options.</p> <p>Active engagement with ICS development plans and provider collaboration</p> <p>Assess changes needed post Covid as services re start</p> <p>Inability to influence neighbouring trusts – work across STP system now as part of Covid restoration and bigger focus on areas for combined working both for diagnostics in short term and longer term service provision</p> <p>Enhanced working through provider collaboration</p>	
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<p>Service development plans are in place</p> <ul style="list-style-type: none"> <li>-local service plans focusing on efficiency, staff development, recruitment and service integration.</li> <li>-STP discussions via STP meetings and MD meetings (see above) which look at innovative ways of running potentially vulnerable services across the footprint.</li> </ul>	<p>Efficiency and service integration plans via OMC</p> <p>Staff development and recruitment plans</p>	<p>Complexity of service interactions/inter-relationships.</p> <p>Geography for staff and patients.</p> <p>Define components of a service where integration could start from</p> <ul style="list-style-type: none"> <li>-Remote v onsite</li> <li>-Technology opportunities e.g. MDT/Video conf for patients.</li> </ul>																																		
<p>Impact of vulnerable service materialising by active operational risk management system which ensures no patient is left without access to service.</p>	<p>Escalation reports to group boards, Operational Management Committee, Executive Quality Committee and CLE.</p>																																			




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2020 Vision	5	Kam Dhami, Dir of Gov.	<p><b>There is a risk that organisational learning does not improve with “Welearn” sufficiently to address our quality improvement ambitions, resulting in the Trust not sustaining a Good rating after 2020.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>February 2021</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>9</td> <td>6</td> <td>May 2020</td> </tr> <tr> <td>(4x3)</td> <td>(3x3)</td> <td>(2x3)</td> <td>(4x3)</td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>	Initial Risk	Current Risk	Target score	Target date	May 2019	February 2021			12	9	6	May 2020	(4x3)	(3x3)	(2x3)	(4x3)	Overall Movement								Assurance level		LIMITED		Quality & Safety	<p>Framework for reporting risk, incidents and patient feedback is established and embedded.</p> <ul style="list-style-type: none"> <li>- Incident reporting system</li> <li>- Complaints</li> <li>- Staff survey</li> <li>- Friends &amp; Family Test</li> <li>- Clinical Audit programme</li> <li>- Speak Up Guardian</li> </ul> <p>Local clinical audit reported through EQC for oversight quarterly and included in the newly updated governance scorecard to enable greater visibility to Groups</p>	<p>Substantial assurance process is in place to monitor risk/incidents/patient feedback framework.</p> <p>Quality &amp; Safety Committee + CLE provides assurance to Board on Quality and Safety Plan</p>	<p>Complete</p>
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<p>Quality Improvement Half Days (QIHD) established and embedded.</p> <p>Accreditation process established for QIHD</p> <p>Quality Improvement Plan</p> <p>QI training (QSIR) piloted in August 2020. Total of 30 staff have completed QSIR fundamentals and/or QSIR Virtual</p> <p>“Welearn” launched as a pilot scheme in 2018.</p> <p>Welearn from excellence launched as a qualitative approach to reflect everyday brilliance. Where lessons and outcomes can be shared for wider learning, these have been.</p> <p>The learning pack has been replaced by a more robust governance scorecard, which was developed with Group engagement and provides data that spans a 12-18 month period using recognised tools such as SPC charts rather than RAG rating so that Groups can be more responsive to emerging themes and trends</p>	<p>QIHD Accreditation standards adjusted to reflect QI methodology along with having an individual with QI knowledge/expertise on accreditation panels to ensure consistency of approach</p>	<p>Single QI methodology (QSIR) is an essential requirement and remains a gap.</p>																																	
<p>“Welearn” launched as a pilot scheme in 2018.</p> <p>Welearn from excellence launched as a qualitative approach to reflect everyday brilliance. Where lessons and outcomes can be shared for wider learning, these have been.</p> <p>The learning pack has been replaced by a more robust governance scorecard, which was developed with Group engagement and provides data that spans a 12-18 month period using recognised tools such as SPC charts rather than RAG rating so that Groups can be more responsive to emerging themes and trends</p>	<p>CQC Inspection Report.</p> <p>National audits.</p>																																		

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2020 Vision		Director of System	There is a risk that we will not secure or sustain a Midland Met Final Contractor owing to approval delays, resulting in further confusion about the future model and leading to employee flight and service sustainability difficulties in acute care.	EMPA	Risk Closed																															
2020 Vision	7	David Baker, Director Strategy & Partnerships	<p>There is a risk that not all partners will sign up to the practicalities of the ICP vision and resist change including personnel change, resulting in a hiatus and loss of trust which could imperil our ability to make changes of importance to the long term care model our communities need.</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>12</td> <td>8</td> <td>March 2020</td> </tr> <tr> <td>(3 x 4)</td> <td>(3 x 4)</td> <td>(2 x 4)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>	Initial Risk	Current Risk	Target score	Target date	May 2019	January 2021			12	12	8	March 2020	(3 x 4)	(3 x 4)	(2 x 4)		Overall Movement								Assurance level		LIMITED		Board	Proposal to close risk as the ICP/Place Based Boards are formed with all partners attending			
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2020 Vision	8	Martin Sadler, CIO	There is a risk that the immediate pressures that drove the development of our Digital Plan was and is not sufficiently agile and responsive to end-user needs, resulting in a gap between intention and practice over the next three years.	Digital MPA	Risk Closed																															

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement				Responsible Board Committee	Controls	Assurances	Gaps and actions	Completion date for action																												
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Finance	9	Dinah McLannahan, Chief Finance Officer	<p><b>There is a risk that our necessary level of cash backed cost reduction and income and expenditure plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>March 2021</td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>12</td> <td>8</td> <td>March 2021</td> </tr> <tr> <td>(4x5)</td> <td>(3x4)</td> <td>(2x4)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;"> </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	April 2017	March 2021			20	12	8	March 2021	(4x5)	(3x4)	(2x4)		Overall Movement								Assurance level		LIMITED		Finance and Investment	<p>Joined up cashflow forecasting linked to I&amp;E delivery</p> <p>Block income understood for H1 2122, cost forecast understood, route to near breakeven understood</p> <p>Forecast 2122 CIP delivery understood, work underway to close gap over next 6 weeks with plans</p> <p>Rollover budgets, CIP and affordable wte parameters identified</p>	<p>Monthly cashflow and I&amp;E reporting in place</p> <p>STP risk share agreement in place that will assist with adverse variance from plan if others are ahead of plan</p> <p>FIC Work plan agreed for 2122</p> <p>LTFM reconciled to 1920 outturn and required journey understood</p> <p>MMUH affordability workstream underway</p>	<p>Need to get 21/22 CIP plan as per LTFM in place</p> <p>Secure 2122 Taper Relief</p> <p>Understand H2 position for 21/22 with ICS</p> <p>Establish reserves for 21/22 route to additional funds if covering costs only</p> <p>Establish reserves for 21/22 route to additional funds if covering costs only</p> <p>Complete baseline for planning aligned to LTFM and including all costs to inform income discussions with the ICS</p> <p>Confirm affordability position for 2223 onwards</p>	<p>31/7/21</p> <p>30/6/21</p> <p>30/6/21</p> <p>30/6/21</p> <p>Ongoing</p> <p>Complete for 2122</p> <p>30/9/21</p>
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Finance	10		<p><b>There is a risk that the mechanism for contracting and payment in the NHS caused by a failure of national bodies to require adoption of capitation based contracting will result in the Trust not achieving its aim to be the best integrated care provider in the NHS by not allowing money to flow freely around our local system.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>October 2019</td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>12</td> <td>8</td> <td>March 2020</td> </tr> <tr> <td>(5x4)</td> <td>(4x4)</td> <td>(2x4)</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;"> </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	May 2019	October 2019			20	12	8	March 2020	(5x4)	(4x4)	(2x4)						Assurance level		LIMITED		Finance and Investment	<p>ICP Boards held monthly, Trust attendance</p> <p>Finance sub groups established for Sandwell and West Bham</p> <p>ICS DoFs group – ICP financial framework development</p> <p>Trust Membership of National HFMA Payment Systems and Specialised Commissioning Committee</p> <p>CFO attends STP reset programme board</p>	<p>Reporting to ICP Boards</p> <p>Reporting to ICP Partnership Board</p> <p>System financial H1 plan and H2 forward look reviewed at FIC May 2021</p>	<p>Acute Care collaboration programme board to be established</p> <p>Draft shadow budgets for ICPs expected July 21</p> <p>Reporting of system finance position to be introduced alongside organisational reporting</p> <p>Determine Sandwell and WB allocation split in relation to SW and WB costs in the Trust and place via finance sub groups</p> <p>Determine ICS wide savings versus ICP wide efficiency opportunities</p> <p>ICS wide financial management framework to be developed</p>	<p>Complete</p> <p>26/7/21</p> <p>30/6/21</p> <p>30/9/21</p> <p>30/9/21</p> <p>In progress</p>				
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People	11	Frieza Mahmood, Chief People Officer	<p><b>There is a risk that labour supply does not match our demand for high quality staff, because of low training numbers or overseas options for students, and therefore we are unable to sustain key services at satisfactory staffing levels resulting in poorer outcomes, delayed delivery or service closures.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>12</td> <td>9</td> <td>May 2021</td> </tr> <tr> <td>(5x4)</td> <td>(4x3)</td> <td>(3x3)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;"></td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">Adequate</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	April 2017	January 2021			20	12	9	May 2021	(5x4)	(4x3)	(3x3)		Overall Movement								Assurance level		Adequate		People and Organisational Development	<p>Recruitment trajectories monitored through People Plan PMO – via professional group and via clinical group</p> <p>Student numbers, fill rates of key training posts</p> <p>Number of visas allocated to Trust KPI</p> <p>New roles created – and a plan for more creative new ways of delivering the activity</p> <p>Recruitment fill rates per professional and clinical group</p> <p>Retirement trajectory for key areas</p> <p>Apprentice rate to 2.3%</p> <p>Reduction in agency spend with pay spend directed at substantive pay</p> <p>Retention whole organisation strategy</p>	<p>People and OD Delivery Committee with committee minutes</p> <p>People Plan PMO – comparative data and statistics - training records and statistics</p> <p>Clinical Group Reviews – reports on progress on recruitment trajectories, Dashboards</p> <p>Trust Board – Public and Private – public and private reports, IQPR, risk register, minutes, self-assessment returns, turnover data, Regular audits of safe staffing – daily and monthly</p> <p>Regional and national staffing benchmarking</p> <p>Staff survey feedback and results.</p> <p>WeConnect survey feedback and results</p> <p>Clinical leadership executive analysis</p> <p>Midland Met final business case – modelling –modelled up to 2023 linked to the LTFM</p> <p>Production plan / waiting lists /</p> <p>Retention Strategy and Hard to Fill plans presented to Board and Group Reviews</p>	<p>Sufficient knowledge of internal and external offers, and impact on organisation – Covid-19 pandemic impacted this work however internal analysis and focus groups informed new Retention Strategy and Hard to Fill plans</p> <p>Market analysis of attractiveness of SWB as place to work for different professional groups – changed approach to resourcing to focus on localised recruitment resulted in a 50% reduction in vacancies.</p> <p>Analysis of attractiveness to work at senior operational level (risk of retirement profile)</p> <p>Forward look of what the workforce will look like in 5 years' time / 10 years' time – timetable for forward look impacted by Covid-19 pandemic</p>	Ongoing
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Education, Learning and Development	12		<p><b>There is a risk that we do not create the time for our employees to develop over the next two years, and that we are less able to deliver our community based, public health focused model of care at the same time as opening Midland Met.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td>4</td> <td>May 2020</td> </tr> <tr> <td>(2 x 3)</td> <td>(2 x 3)</td> <td>(2 x 2)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">LIMITED</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	May 2019	January 2021			6	6	4	May 2020	(2 x 3)	(2 x 3)	(2 x 2)		Overall Movement								Assurance level		LIMITED		People & Organisational Development	<p>Mandatory training statistics from Employee Staff Record (ESR)</p> <p>Completion of annual Performance and Development Review KPI</p> <p>Analysis of training spend via professional group and clinical group KPI' Work on the job / coaching on the job Financial investment in training budget Simulations increasing Number of apprentices in the workforce totally 2.3%</p> <p>Effective rostering of training and development in to rosters to release staff Monitoring study leave and release time to attend development</p>	<p>Education Learning and Development CLE Committee, minutes, notes and reports</p> <p>Training needs analysis informs release time and knowledge for planning release and training time in an informed way</p> <p>Funded development time within rostered establishments.</p> <p>Staff survey results / line manager relationships</p> <p>Rostering improvement being monitored at People and OD Committee</p> <p>Attendee lists and knowledge of DNA's DNA's reducing Yearly plan for training activities</p> <p>Corporate People and OD Group Reviews</p> <p>Completion of PDR's and moderation</p> <p>IQPR data mandatory training</p> <p>CQC inspection data</p> <p>People and OD Delivery CLE Committee</p> <p>People and OD Board Committee</p> <p>Feedback from Freedom to Speak Up Guardians</p>	<p>Return on investment data in training spend and how it contributes to organisational effectiveness Rostering improvements – analysis undertaken and reported to Learning &amp; Development Committee.</p> <p>Equality assessment to ensure equality of access to learning and development. Complete, part of the widening participation</p> <p>PDR analysis of highly talented individuals. Moderation of pdr at senior level, identifying high scores and then ability to access further developmental opportunities. Pandemic has affected progress.</p>	<p>Complete</p> <p>Complete</p> <p>Ongoing</p>
			Initial Risk	Current Risk	Target score	Target date																																	
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Public Health	13		<p><b>There is a risk that we do not deliver improved mental health and wellbeing across our workforce because our interventions are not targeted at those at prospective risk, resulting in absence and teams not being able to deliver to their full potential.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>12</td> <td>6</td> <td>May 2020</td> </tr> <tr> <td>(4 x 4)</td> <td>(3 x 4)</td> <td>(3 x 2)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;"></td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">ADEQUATE</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	April 2017	January 2021			16	12	6	May 2020	(4 x 4)	(3 x 4)	(3 x 2)		Overall Movement								Assurance level		ADEQUATE		Public Health	<p>Sickness statistics are monitored through E-Roster and through Employee Staff Record (ESR)</p> <p>Return to work interviews are undertaken</p> <p>Sickness absence policy</p> <p>Trade Union support and engagement</p> <p>Monthly sickness dashboard on Connect</p> <p>Reporting in People Plan PMO on sickness hot spot areas.</p> <p>People Plan theme outlining reducing sickness absence and improving health and wellbeing of the workforce</p>	<p>People Plan PMO monitors bank fill rates on hot spot area wards, high incident reporting, triangulates data including temporary staff filling</p> <p>Group and executive review of sickness absence every two months at clinical group reviews.</p> <p>Monthly reporting to Trust Board – reports, minutes, IQPR which is group specific,</p> <p>Specific board reports on different aspects of People Plan, including sickness absence and training plans.</p> <p>People and OD Delivery Committee – bi monthly scrutiny. Notes, minutes, action logs</p> <p>National and regional benchmarking</p> <p>Staff survey results and we connect survey results</p>	<p>Hidden mental health related absence within other key ESR data points, e.g. MSK. Complete, implementation of a fast track physiotherapy referral process and tracked outcomes.</p> <p>Fully implemented stress risk assessments that will enable us to be proactive and predictive in high risk areas. Complete</p>	<p>Complete</p> <p>Complete</p>
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Quality	14	David Carruthers, MD	<p><b>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.</b></p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 17</td> <td>January 2021</td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>16</td> <td>12</td> <td>August 21</td> </tr> <tr> <td>(4x4)</td> <td>(4 x 4)</td> <td>(3 x 4)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;"></td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">ADEQUATE</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	April 17	January 2021			16	16	12	August 21	(4x4)	(4 x 4)	(3 x 4)		Overall Movement								Assurance level		ADEQUATE		Quality and Safety	<p>Management structure substantially in place to support LfD programme.</p> <p>Learning from deaths programme in place with sub-streams set out below.</p> <p>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.</p>	<p>Structure reports to Medical Director and oversees running of LfD programme.</p> <p>Progress monitored by LfD committee and overseen by Quality and Safety Committee. Escalation to Board.</p> <p>Monitored by LfD committee via tracking reports. Escalation reports to Q&amp;S if problems identified.</p>	<p>Natural time lag between interventions and monitoring data being produced.</p> <p>Feedback process to groups being developed.</p> <p>Process for learning needs to be developed and embedded. - “Welearn” programme developed.</p>	<p>Complete</p> <p>Complete</p>
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			Risk scores/quarterly movement					
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					<p>2.Data analysis programme focussing on alerts arising from clinical areas and/or conditions. Coding processes improved.</p> <p>3.External mortality alerts from CQC or CCGs.</p> <p>4. All Medical examiners are now in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality.</p> <p>Review of coding process needed</p>	<p>Monitored by Quality and Safety Committee.</p> <p>Received by LfD committee and overseen by Q&amp;S.</p> <p>Monitored by LfD and overseen by Q&amp;S. Sepsis CQUIN VTE National Target MINAP data SSNAP data NHFD EmLap data</p> <p>Review of coding practices to improve accuracy of data for HSMR – in progress with Coding attendance at LfD Committee</p>	<p>Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. Coding using auto-coding algorithm as well as learning material has led to an increase in depth of coding for acute and planned care admissions. Co-working between clinicians and coding department continues</p> <p>National picture for Learning for Deaths is constantly changing as more evidence becomes available. Responsive to changes in national position particularly re database for recording ME reviews, requirements for MMCD and discussion with families.</p> <p>SJR training in now well attended and reviews being undertaken as request for first tier reviews by clinical colleagues reduces as ME activity increases to fill this work. This feeds into the LfD committee with learning points identified and cases where death could have been potentially avoided discussed.</p> <p>Coding process identified as an issue in episodes of care with change too frequently so definitive diagnosis not identified.</p> <p>Terminology used in clerking document in Unity not compatible with current coding practice.</p>	
Research and Development	15		<p><b>There is a risk that we are unable to achieve our qualitative and quantitative goals for research because we do not broaden the specialties that are research active, principally because we are unable to recruit personnel and provide time and infrastructure to deliver commercial, CRN, and personal research, thus limiting research translation from science to practice.</b></p>	Quality & Safety	<p>Research &amp; Development Plan. Growth of R&amp;D activity managed through group PMO R&amp;D plans. Data showing take up of research projects is fed back to groups driving better participation.</p> <p>R&amp;D Director in place</p>	<p>Monitored by Research &amp; Development Committee. All groups are represented with rota of presentations. Escalation reports to Q&amp;S.</p> <p>Reports to Med Director with escalation reports to CLE.</p>	<p>We need to increase our numbers of commercial studies in order to generate income – <i>Plan in place to do this.</i></p> <p>Post currently out to recruitment due to post holder leaving – this will affect assurance process as it will take a period of time to get new post holder up to speed.</p>	

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			Initial Risk April 2017	Current Risk October 2019	Target score (2x3)	Target date August 21	<p>Active medical recruitment strategy focusing on new consultants with a research interest. University representative sits on recruitment panel. Recruitment to vacant senior posts actively pursued.</p> <p>Focus on balance of Covid and non-Covid trials leading to a change in recruitment focus.</p>	<p>Monitored by Workforce Development Committee.</p> <p>Change in recruitment focus as most non-Covid trial work suspended</p>	<p>Oncology study recruitment restricted due to change in service. – Risks reviewed frequently.</p> <p>Understanding timelines of opening of non-Covid trials.</p>		
9	9	6									
(3 x 3)	(3x3)	(2x3)									
Overall Movement											
											
Assurance level		ADEQUATE									
Digital	16	Martin Sadler CIO	There is a risk that strategic initiatives and the Trust's digital ambitions will not be achieved as a result of the unreliable Informatics infrastructure, the lack of digital/technical skills, the lack of business owner involvement or customer insight, and inappropriate third party support arrangements which may lead to a lack of faith in Informatics and a lack of timely engagement with them and the inability to achieve the improvement we are seeking.				DMPA	<b>Risk Closed</b>			



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Digital	17	Liam Kennedy, COO	<p>There is a risk that we do not automate our processes, standardise them safely and reduce errors and duplication because not all our staff develop and retain the necessary skills and confidence to optimise our new electronic patient record (Unity).</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>May 2019</td> <td>June 2021</td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>6</td> <td>8</td> <td>Dec 2020</td> </tr> <tr> <td>(4 x 4)</td> <td>(2 x 3)</td> <td>(2 x 4)</td> <td></td> </tr> <tr> <td colspan="4">19/20 Quarterly Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">ADEQUATE</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	May 2019	June 2021			16	6	8	Dec 2020	(4 x 4)	(2 x 3)	(2 x 4)		19/20 Quarterly Movement								Assurance level		ADEQUATE		Digital	<p>Unity implementation plan comprising of Technical Readiness, People (development) and Go Live and Optimisation.</p> <p>IT Hardware implementation plan tracked against a 14 point infrastructure plan.</p> <p>Weekly tracking of end user training.</p> <p>Digital champion and super user training designed</p> <p>Workforce development plan setting out competencies/KPIs for individual staff to meet. Reporting to start in June.</p> <p>Departmental readiness criteria agreed. Includes future work flow processes. Reporting to start in June.</p> <p>Optimisation KPIs agreed.</p>	<p>Monitored by Unity Executives (CEO, COO, Director of OD, CIO). Overseen by Digital Committee and Digital MPA</p> <p>Committee reports on completeness vs planned delivery / milestones.</p> <p>Team competencies have been identified and are ready to be measured at go live.</p> <p>There is a comprehensive optimisation plan for Unity which ensures that the 6 months post go live covers the essential elements of Trust use of the system</p> <p>Tracking of use data will start at go live and will be fed back to team leaders.</p> <p>Optimised teas will be given priority in requests for enhancements and changes to unity post go live.</p>	Need to identify rewards regime for staff	Complete
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Estates	19	Director of System Transformation	<p>There is a risk that we are unable to sustain services on 2 sites until 2022 without service reconfiguration or investment in non-retained estate. This would compromise our ability to deliver seven day multi professional services because locational alignment is not achieved concurrently.</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>October 2019</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>12</td> <td>8</td> <td>Dec 2019</td> </tr> <tr> <td>(3x4)</td> <td>(3x4)</td> <td>(2x4)</td> <td></td> </tr> <tr> <td colspan="4">Overall Movement</td> </tr> <tr> <td colspan="4" style="text-align: center;"> </td> </tr> <tr> <td colspan="2">Assurance level</td> <td colspan="2">ADEQUATE</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	April 2017	October 2019			8	12	8	Dec 2019	(3x4)	(3x4)	(2x4)		Overall Movement								Assurance level		ADEQUATE		Estates Major Projects Authority	<p>Workforce triggers risk assessment completed. KPIs tracked monthly.</p> <p>Medical workforce development and recruitment plan over seen by Urgent Care Board.</p> <p>Estates Plans for retained and non-retained estate.</p> <p>7 day standard governance/compliance oversight report.</p> <p>Reconfiguration of respiratory and paediatrics at City complete. Covid reconfigurations aligned to MMUH model to remain in place.</p> <p>Reconfiguration evaluations via EDC at month 6 post reconfiguration.</p>	<p>Overseen via Urgent Care Board</p> <p>Estates Development Committee</p> <p>Quality &amp; Safety Committee</p> <p>Project board</p> <p>Clinical Leadership Executive</p>	<p>7 day dashboard action has been completed. The information will be use at the Urgent Care Board, 7 day clinical standards assurance and baselining data prior to the Midland Met clinical service move.</p>	Complete
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<b>Report Title</b>	weAssure Programme Update (CQC Preparedness)		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Ruth Spencer, Associate Director of Quality Assurance		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	9 <sup>th</sup> June 2021

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

The Trust Board is asked to note the work in relation to our weAssure programme. This programme focusses on quality improvement, including readiness for CQC visitations. It aims to further strengthen and refine evidence to provide greater assurance of progress on our journey to excellence.

The attached paper provides an update on progress with the programme of work that is currently underway in order to prepare ourselves for inspection, and also outlines our specific priorities for the next three months.

### 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	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

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

None

### 4. Recommendation(s)

The Trust Board is asked to:

- a. **CONFIRM** support for the approach presented to prepare for inspection
- b. **NOTE** the revised priorities for strengthening and refining our assurance
- c. **SUPPORT** the weAssure programme work streams

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

Trust Risk Register	x	Various				
Board Assurance Framework		n/a				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Trust Board: 9<sup>th</sup> June 2021

### CQC Inspection Preparedness Update

#### 1. Introduction

- 1.1 This paper sets out the activities currently taking place across the Trust in order to ensure continued quality improvement and in readiness for CQC inspection.
- 1.2 The paper also outlines our priorities for the next three months and the additional work streams we are now in the process of developing to ensure that we are able to provide assurance of our continued improvement.

#### 2. Current Activities

##### 2.1 In-House Unannounced Inspection Visits

- 2.1.1 Our rolling programme of in-house unannounced inspection visits re-commenced on 10<sup>th</sup> May 2021 after a short pause due to the COVID-19 pandemic.
- 2.1.2 Since starting this month, we have inspected five areas across the Trust with further visits planned to take place each week.
- 2.1.3 Early findings from these visits are as follows:
  - Staff have a good understanding of how to report incidents and feel supported by managers to do so, but robust processes for sharing feedback and learning from incidents, risks and complaints is lacking.
  - Staff on wards where regular daily Safety Huddles are taking place are able to demonstrate a good understanding of the top risks for their areas, and are able to articulate what changes to practice have been made as a result of learning from incidents and complaints.
  - Wards we have visited appear generally clean and tidy, but some wards do have cluttered areas.
  - The majority of staff spoken to stated that they are happy working on their ward, said that they felt supported by their managers and that their well-being is being taken seriously.
  - Patients have said that their care is very good and that staff are friendly and helpful.

2.1.4 Findings from the visits will be combined with actions from the self-assessments and merged into one action plan for each area. Ward teams will be invited to a monthly Oversight Group to present progress with their action plans.

## 2.2 Self-Assessment Programme

2.2.1 49 wards and clinical teams across each of the Groups have now completed and returned the first draft of their self-assessment for Quarter 1.

2.2.2 Initial findings from the self-assessments show that wards and clinical teams have already identified a number of areas for improvement and work is currently underway to deliver the required changes. Action plans are being monitored at Group level and will be brought to the Oversight Group as mentioned above.

## 3. **Our Priorities for the Next Three Months**

3.1 It has been noted that there are a number of areas in relation to our **weAssure** programme that we can further strengthen and refine to provide greater assurance of progress on our journey to becoming outstanding. Details of the work streams taking place over the forthcoming months as a priority are outlined below.

### 3.2 Evidence Vault

3.2.1 It has been recognised that the Trust has a significant gap in terms of the evidence we collect from our wards and clinical teams in order to demonstrate how well we are performing against the CQC's Key Lines of Enquiry (KLOE).

3.2.2 It has therefore been agreed that we will develop an evidence vault which will contain relevant documentary evidence, together with examples of good practice that clinical teams would like to share.

3.2.3 A template is currently being worked up and will provide clinical teams with guidance on the specific evidence that they will need to provide in line with each of the KLOE questions. The template will then be circulated for consultation with colleagues across the Trust to ensure that we have effectively captured what is required for each type of service.

3.2.4 The aim is to have an agreed and finalised template before the end of June which can then be circulated to all wards and clinical teams across the Trust for immediate completion.

3.2.5 Once the evidence has been returned, this will be entered into the evidence vault which all staff will be able to access. Executive Directors will also be able to add in any evidence as required for their specific areas of responsibility.



### 3.3 weAssure Dashboard

3.3.1 A R-A-G rated **weAssure** dashboard is being developed and will show how wards and clinical teams are performing in each of the five CQC domains by triangulating the information collected as part of the self-assessments, in-house inspection visits, and the evidence vault. The dashboard will be available before the end of June.

3.3.2 Wards and clinical teams will be given a rating based on the information collected above and will give the Trust a strong overview of how we are performing, any hot spot areas, and will identify any gaps in evidence. This will allow Groups to focus on areas where further improvements are required and help to give a clear outline of what to focus on.

### 3.4 Oversight Group

3.4.1 The Oversight Group is where all of the information gathered as part of the **weAssure** programme regarding quality and safety will be reviewed together to form a picture across the whole Trust. At this meeting, wards and clinical teams will be invited to present their action plans. This will enable the group to oversee and monitor progress with the delivery of the quality and safety improvement work and to offer support, advice and help to drive the improvements.

3.4.2 The Oversight Group will ensure that Wards and Clinical Teams are:

- Formulating appropriate action plans based on the recommendations from in-house inspection visits and identified areas requiring improvement from self-assessment, that contain specific, measurable, achievable, and realistic actions with a specified timescale for completion;
- Delivering their identified actions and ensuring the improvements are embedded and sustained;
- Able to identify, mitigate and escalate any risks or issues that they have not been able to resolve at a local level, or where further support is required in order to progress.

3.4.3 The Executive Group will devote time at its monthly strategic meeting to monitor progress against the programme deliverables and receive reports from the Oversight Group.

### 3.5 Staff Engagement

3.5.1 We are continuing the work to ensure that staff are fully briefed on what an inspection by an external organisation involves, and to build the confidence of staff so that they are comfortable with the process.

3.5.2 We have developed a handbook for staff which explains what an inspection involves, contains useful and supporting information, and details of who to contact if they require

more information or support. This first draft is currently in consultation and will be finalised and distributed to staff in July.

3.5.3 Following the success of our WebEx drop in coaching sessions for staff over the summer and autumn of last year, additional dates have been scheduled and will be communicated to staff via the daily communications email, and at Team Talk.

3.5.4 As part of our in-house unannounced inspection visits, we are identifying staff who are keen advocates for quality improvement and we will be asking them to become Quality Champions for the Trust. Quality Champions will help to support and build staff confidence, help staff to understand how quality improvement work they are involved in is something to be celebrated, and how to make sure that they share what they are really proud of when inspectors do visit.

### 3.6 Programme support

Being mindful of the current pressures facing wards, clinical services and support functions in pandemic recovery and restoration, resources will be identified to help teams develop their local **weAssure** plans and prepare for inspection visits.

Additionally, each local area will nominate a named **weAssure** contact who will have specific responsibilities; including populating the evidence vault and ensuring staff engagement messages are effectively disseminated and reach all staff members in a timely manner.

## 4. Recommendations

4.1 The Trust Board is asked to:

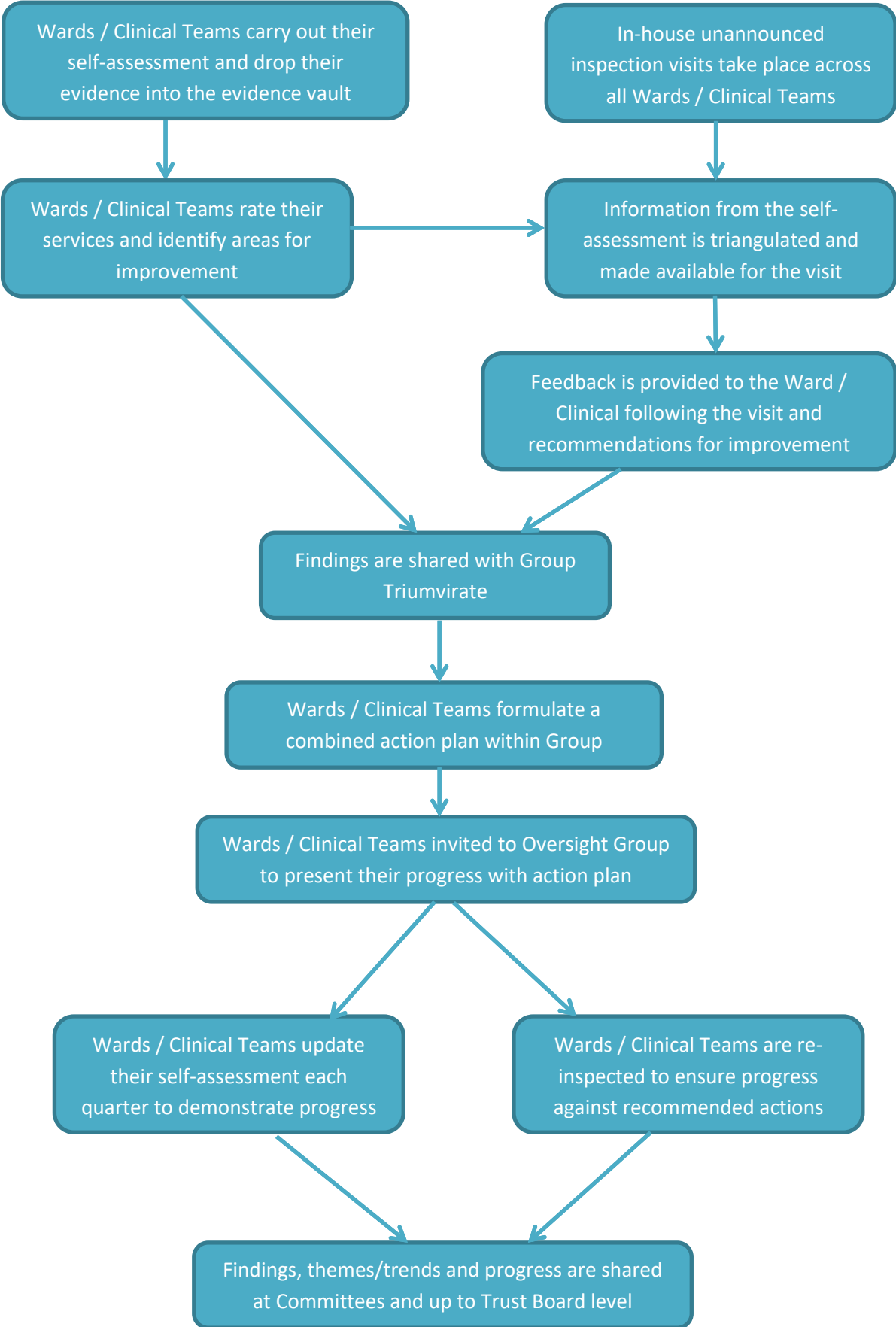
- a. **CONFIRM** support for the approach presented to prepare for inspection
- b. **NOTE** the revised priorities for strengthening and refining our assurance
- c. **SUPPORT** the **weAssure** programme work streams

Ruth Spencer  
Associate Director of Quality Assurance

26<sup>th</sup> May 2021

### **Annex 1: weAssure Oversight Group – Process**

**Annex 1: weAssure Oversight Group – Process**



## TRUST BOARD – PUBLIC SESSION MINUTES

**Venue:** Meeting by WebEx.

**Date:** Thursday 6<sup>th</sup> May 2021, 09:30-13:00

**Members:**

Sir David Nicholson (Chair) (DN)  
 Mr M Laverty, Non-Executive Director (ML)  
 Mr M Hoare, Non-Executive Director (MH)  
 Prof K Thomas, Non-Executive Director (KT)  
 Mrs L Writtle, Non-Executive Director (LW)  
 Mr R Beeken, Interim Chief Executive (RB)  
 Mr L Kennedy, Chief Operating Officer (LK)  
 Ms M Roberts, Acting Chief Nurse (MR)  
 Ms D McLannahan, Chief Fin. Officer (DMc)  
 Ms F Mahmood, Chief People Officer (FM)  
 Ms K Dhami, Director of Governance (KD)  
 Dr D Carruthers, Medical Director (DC)

Mr H Kang, Non-Executive Director (HK)  
 Cllr W Zaffar Non-Executive Director (WZ)

**In Attendance:**

Mrs R Wilkin, Director of Communications (RW)  
 Ms H Hurst, Director of Midwifery (HH)  
 Ms S Rudd, Assoc. Director of Corp Governance (SR)  
 Mr D Baker, Director of Partnerships & Innovation (DB)  
**Apologies:**  
 Mr T Lewis, Chief Executive (TL)

Minutes	Reference
<p><b>1. Welcome, Apologies and Declarations of Interest</b></p>	<p><b>Verbal</b></p>
<p>The Chair, Sir David Nicholson (DN), welcomed Board members to the meeting. A declaration of interest was received from DN.</p> <p><b>Apologies:</b> Toby Lewis.</p>	
<p><b>2. Patient Story</b></p>	<p><b>Verbal</b></p>
<p>DN described the importance of hearing directly from the experiences of patients and staff what it was like to be cared for and treated, to ground everyone and to set the tone at the beginning of the Board meeting.</p> <p>MR introduced the story of a male patient whose care had been managed primarily in the community by the pulse oximeter service. He developed COVID and was originally managed at home with a pulse oximeter from a support team. He had become further unwell when his oxygen saturation levels fell, and he was admitted to Sandwell.</p> <p>MR introduced Tim Hebbert, to explain the pulse oximetry service. Tim Hebbert his role as Head of Intermediate Care and Community within Your Health Partnership, a large Primary Care Network for a range of GP Surgeries, supporting 56,000 patients. They had formally integrated with Sandwell and West Birmingham NHS Trust in April 2020. They were the interface between Primary Care, Community Services, and Midland Metropolitan University Hospital.</p> <p>His team supported the oximetry at home service. This was a national scheme to support COVID-19 patients at risk of silent hypoxia: when the body had low levels of oxygen but lacked outward symptoms of respiratory distress. It was discovered last year that this was a risk for COVID patients.</p> <p>To be referred to his team, patients had to be COVID-19 positive, over 65 or shielding, or considered at risk. The pulse oximeter was fitted on the finger, with instructions to take readings three times a day, to call the team if the reading fell between 93 to 94%, or if below that, to attend the nearest A&amp;E or dial 999.</p>	

The patient described his symptoms the night before he had been tested, on 1<sup>st</sup> February. He had received COVID positive results the following day. He was called by the Surgery, who offered him the oximeter service and he began monitoring his oxygen levels. When his oxygen readings dropped below a certain level, his wife phoned the ambulance, as advised. They put him on oxygen and took him to the hospital. His vision began to blur and he collapsed. They gave him steroids and antibiotics.

After three days, they took him off oxygen but kept him on antibiotics. He was able to go home again and he returned to work on 21<sup>st</sup> February.

If it hadn't been for the Surgery asking him to try the oximeter, he wouldn't be there today. He described it as a brilliant service. They had phoned to check up on him afterwards. He was continuing to monitor his oxygen levels. He was experiencing some long-term effects such as struggling with his breathing. He couldn't thank the Surgery and the NHS enough for what they had done to save his life.

RB commented that this story had been a good example of why their part of the country had been hit slightly harder, as many people were unable to work from home. He queried what impact the long COVID effects such as those experienced by this patient had had on the Partnership Services and whether the wider NHS were adequately recognising resourcing needs. Tim Hebbert explained that they were still trying to define what long COVID was and what the symptoms were. This patient was still struggling with his breathing and receiving out-patient treatment for effects following COVID. NICE guidance advised that further research was needed to define the long-term effects. Nobody knew the answer to this yet.

It was asked if there was a degree of clinical judgement around people like this gentleman being offered the oximeter or if it was strictly protocolised. Tim Hebbert reported that they had built into their model that there should be an element of clinical judgement to stop people from being missed. The national protocol was that Tim Hebbert's team was informed about patients with positive tests for COVID-19. They were put on a waiting list to be contacted by an ACP. This gentleman had met the national criteria.

HK commented on the media attention about people getting their own oximeter devices. He asked whether people were self-diagnosing and using this as an early warning signal and whether the protocol should be relaxed, or national campaign should encourage use. Tim Hebbert explained that this national scheme had begun in January 2021, but they had begun to offer it last November, not just for COVID but for COPD and asthma. He hadn't seen people buying their own, but they were available for £5. He recommended that everyone had a pulse oximeter, a thermometer, and a blood pressure machine to would give clinicians who were assessing patients remotely more information to determine whether people were safe to stay at home, should be seen at a GP Surgery, or sent to A&E. The CCG had provided them with a stock of oximeters in case of another wave.

MR commented that for reasons like COPD, her district nursing team had been using these for two years.

LK noted that part of their strategic objectives was to use mechanisms like pulse oximeters and testing Hba1c for diabetics to improve population health. By using population health data in combination with remote technology, they could see what indicators were changing to allow early intervention. This positive example could be used as a platform to go forward.

MR added that supporting patients to take more ownership of their conditions and become more independent was a key objective of the long-term plan.

DC commented on three types of potential long COVID patients who they needed to be ready to support by working across the ICS: patients who had been through Intensive Therapy Units, those who had been under the respiratory team in hospital and were receiving longer-term follow up care, and patients who had not been in hospital, who were accessing community-based services that had been set up.



DN expressed his thanks to everyone. He made the following three points illustrated by the patient story:

1. It was always important to see the individual, with their own particular needs and requirements, amongst the tens of thousands.
2. It showed the importance of moving towards integration and population health, where primary care, the patient themselves, the ambulance, and hospital services were all working together.
3. This gentleman had spoken of the power he was given. He felt that he played a key role himself.

### 3. Chair's Opening Comments

Verbal

DN expressed his excitement about getting involved with the organisation, at the forefront of change, and doing work of national importance. He remarked on the warm welcome he had received. He expressed his thanks and paid tribute to Richard Samuda, who had been a remarkable chairman over many years. He had steered the organisation through difficulties, engaged fully with both staff and patients, and provided great chairmanship. Richard Samuda would be missed by everyone.

DN described three things that were particularly significant in making the organisation unique to cherish, support, and develop even further:

1. **Involvement in the wider health community**, whether in primary care, community care, social care within the sector, and with regeneration. This organisation had played a leading role nationally in terms of what a hospital-based service could do to regenerate and develop integration across the system, something important to hold onto as go through the next period.
2. **The new university hospital** had to be completed and opened as a service for the population that we serve. That population needed and deserved public investment over the next few years and the hospital was a key part of that.
3. **Culture and advocating the hospital as a great place to work**, thinking carefully about how it was led and managed, how people were engaged, giving them power over their working lives and their services would be increasingly important going forward, whether it was the Freedom to Speak Up Guardians or giving front line leaders, clinicians, and managers the power and responsibility to get on and do the things that they knew they needed to do.

DN will be focusing initially on:

1. **Refreshing the strategy** of the organisation – the building blocks are in place and radical changes in direction are not needed. The most important thing about strategy was how patients, the public, and the staff were engaged in creating that strategy. Conversations with staff about the direction would make sure to build a strong basis to create a vibrant strategy for the organisation and the services they were responsible for.
2. Review the organisation's governance – as in many organisations, processes have grown over time and worked well. The governance arrangements will help to build on success.

DN aspires to live up to what RS had accomplished during his tenure by focusing on the population, regeneration, engagement, MMUH, and looking carefully at how to change to a more outward-looking, engaged culture while refreshing on strategy and reviewing governance.

### 4. Questions from Members of the Public

Verbal

The following three questions were asked by members of the public:

*Q1. How is the hospital preparing for life after COVID?*

A1. RB explained three things to note about their approach to living with COVID over the coming months:

- i. Restoration of time-critical services, in particular, but not exclusively, cancer services and both initial access under the under two week waiting arrangements and also cancer and cancer surgery – plans were being made to develop, adopt, and maintain new ways of working, either home working or encouraging and legislating internally to rotate people’s presence inside and outside of work, rather than expecting to be in at all times. There would be appropriate risk assessing of staff, the new health and wellbeing offering for colleagues, and different service offerings for patients that were more personalised, needs-led, and home-based than before.
- ii. Being clear with ourselves as a Board and the public about the recovery trajectory – how long it would take for recovery of routine diagnostic and surgical waiting times to their pre-pandemic levels, not forgetting that pre-pandemic times, those waiting list times were starting to deteriorate.
- iii. Preparing for more COVID, based on periodic peaks and troughs that could be seen across the globe with respect to different variants and the effects of changing lockdown arrangements on incidence rates in the population. The unique employment profile and sociodemographic in the Black Country and West Birmingham system meant it being harder hit than other areas. Contingency planning for a late summer or early autumn spike and rolling that forward into winter planning to provide a safe acute hospital service, whether or not there was a peak of COVID to manage this coming winter.

*Q2. In response to a Freedom of Information request about cancelled cancer operations, they had cancelled fewer operations during the pandemic than during the previous year and how did they account for that?*

A2. LK explained the following rationales as to why cancer operations had been cancelled:

- i. The number of patients who were booked for surgery over the last year had been reduced due to the COVID pandemic; and therefore, fewer cancellations would be expected.
- ii. The oncology service moved out some of their cancer waiting list to the Priory as part of an Independent Sector Partnership that had worked well. There had been a high number of cancellations last winter because of pressures on ICU beds, so there was a benefit received through partnership working.
- iii. There had been flooding at the BTC operating theatre in January and February, causing a number of patients to be rescheduled.

*Q3. How is the Trust dealing with the backlog of patients who were cancelled during the pandemic? What does their recovery plan look like?*

A3. LK asserted that patient care and timely care was absolutely critical. Everything was being done to restore services as quickly as possible, whilst bearing in mind the wellbeing of hospital staff who had been on a significant journey over the past year and under a lot of pressure. His recovery paper on how backlogs were being progressed and dealt with would be described further in his report in item 7.

### UPDATES FROM BOARD COMMITTEES

5a. a) Receive the update from the **People and OD Committee** held on 30<sup>th</sup> April 2021.

**TB (05/21) 002**

b) Receive the minutes from the **People and OD Committee** held on 26<sup>th</sup> February 2021.

**TB (05/21) 003**

ML reported that at last week's People and OD Committee meeting, they had discussed staff survey results, recruitment performance, mental health for the workforce, and the sickness improvement plan.

- The results of the staff survey had been disappointing over the past four or five years, at best moving sideways or in some instances drifting down. Interventions were discussed to move into a more positive trajectory. They also discussed the impact of this on the CQC results.
- On a more positive note, the time to recruit had improved significantly, down from 81 to 74 days, as had sickness absence performance. It was hoped that these trends would be sustainable.
- Sickness absence had been reviewed in detail. The sickness absence targets were agreed to move from 3% to 4%, which would still be a stretching target beyond what had been recently achieved.
- The Committee wanted to triangulate the various information they received to better identify where the hot spots were in order to be able to make more interventions.

DN queried the kinds of interventions that were being considered around the staff survey. FM described that there were a number of indicators showing a need for improvement. Despite all their best efforts on health and wellbeing, Equity, Diversity and Inclusion (EDI) had continued to stagnate along with scores on morale, motivation, and the extent to which individuals felt supported by line managers and by the organisation in being empowered to perform their roles. Interventions were focused around developing a robust EDI strategy. They had created a more detailed action plan in collaboration with the staff networks. This included shared accountability and responsibility to connect more closely with people's needs, rather than actions being owned within HR. The impact would be tracked and reported on regularly.

From a health and wellbeing perspective, they were moving towards a health surveillance model responsive to current specific needs within COVID and beyond.

Another planned improvement was to tell the staff what they were doing differently as a result of the survey. They would begin to check in more regularly with staff.

The chair emphasised the need to deeply understand the results to be able to target interventions by the executives responsible to collectively make improvements.

**5b.** a) Receive the update from the **Quality & Safety Committee** held on 30<sup>th</sup> April 2021.

**TB (05/21) 004**

b) Receive the minutes from the **Quality & Safety Committee** held on 26<sup>th</sup> March 2021.

**TB (05/21) 005**

HK reported three key points from the Quality & Safety Committee:

1. The highlights of the **Gold update on COVID-19** were that the rate of infection around the community had significantly reduced and stabilised in line with what was happening nationally. The number of COVID in-patients had fallen to 14. Around 70% of staff had been vaccinated and this should increase as records were reconciled.
2. **HSMR** was on the Board's agenda because the Trust's mortality rates were higher than would have been predicted. Two strategies were being deployed to (1) focus on clinical care, and (2) to improve coding and documentation. An improvement programme was in development with dedicated

resource. Close monitoring was in place.

3. **CQC inspection preparedness** was also on the Board's agenda. The programme of assurance was discussed, including ward self-assessments, in-house inspections, staff engagement, and data interrogation. The KPIs that consistently good organisations achieved were being investigated to focus the Trust's efforts on the relevant KPIs needed to move their trajectory.

The following positive result was highlighted:

- The maternity units had been opened to partners to be able to accompany women at their appointments and to be present at birth from 12<sup>th</sup> April.

The maternity report was discussed and would be presented under agenda item 8.

DN commented that the important quality issues that had been identified were on the Trust Board agenda.

5c. a) Receive the update from the <b>Estates Major Projects Authority</b> held on 30 <sup>th</sup> April 2021.	<b>TB (05/21) 006</b>
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MH outlined discussions on the Midland Metropolitan University Hospital (MMUH) construction programme, how the integrated care programme would evolve in MMUH, the regeneration programme, and the logistics strategy. He highlighted the following key points:

- Implications for the construction programme were being looked at in terms of COVID conditions and continuation of those conditions and mitigations. A revised programme plan would be presented to the Committees for review in May. Further work and activities would subsequently be presented to the Private Board.
- Good engagement was reported on the integrated care programme with clinical model workshops, where the teams worked through the design and the care models for MMUH. The Private Board was considering the development of those clinical models that afternoon.
- Communication of the departmental changes had commenced last week, clarifying future work locations for those associated teams. The administration space would have further clarifications.
- Recruitment was in progress for a role to support engagement and investment in the community around leadership and resources. The next EMPA update on this would be in July.
- Regarding regeneration, the Learning Campus governance model with associated partners was presented to the EMPA. A co-creation workshop in early May would be supported by Igloo, who would inform the design of the Learning Campus, which was about widening the participation and the learning within the local community, where a more sustainable employment model and careers would be introduced. Igloo were a regeneration development specialist. The key partners included Sandwell Council, Wolverhampton and Aston Universities, Sandwell College, and Learning Works.
- The work by DHL to create a logistics strategy was considered to be robust, based on stakeholder interviews with staff and data analysis. The EMPA had accepted the proposal strategy.

5d. a) Receive the update from the <b>Digital Major Projects Authority</b> held on 30 <sup>th</sup> April 2021.	<b>TB (05/21) 007</b>
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b) Receive the minutes from the <b>Digital Major Projects Authority</b> held on 26 <sup>th</sup> February 2020.	<b>TB (05/21) 008</b>
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MH reported on the DMPA meeting on 30<sup>th</sup> April. He highlighted the following summary of discussions:

- The impact of the adoption of Microsoft 365's on the Trust going forward was considered to be not only a technical but a cultural adoption programme by staff, with engagement work being planned.
- The DMPA looked at a more detailed plan of Informatic activities planned for the next 12 months and how these would link to enabling the Trust's vision and strategy to provide integrated care.
- Cyber Security risks were being well managed. Plans for the year were discussed to improve monitoring of the Trust's position, using NHS Digital and the support services they provided.
- Delegated authority was requested for RB to sign the renewal of the CRIS radiology contract to cost £776,000 over five years.

DN requested further description of the Trust's Digital Strategy. MH outlined the following activities that would be performed over the next 12 months, which were being discussed with clinical leaders and some of the executives. These included the following elements which needed to have a level of maturity in place to support the clinical pathways in the move towards MMUH:

- Forward-thinking maintenance activities
- Software and application updates
- Features and functionalities that were coming online within Unity in preparation for MMUH.

The focus had moved from sustaining the core IT infrastructure and capabilities to advancing the position of IT within the Trust to enable the development of further clinical improvements and operational efficiencies going forward.

DMc queried whether the CRIS system worked operationally, which had had problems in the past. MH undertook to ensure that the knowledge spread was not just reliant on one key person.

The Board **APPROVED** the delegated authority to RB for the CRIS radiology contract renewal.

#### MATTERS FOR APPROVAL OR DISCUSSION

##### 6. COVID-19: Overview including vaccination update

TB (05/21) 009

LK referred Board members to his report and highlighted the following points to note regarding the organisation's current position on COVID:

- The community COVID-19 infection incidence rates had fallen significantly. Prevalence in the community was one of the markers used with IPC regulations.
- Fewer COVID patients were in the respiratory hub, and down to less than 50% in Intensive Care.
- New IPC guidance had removed the requirement for a contact ward.
- Point-of-care testing was in place at both EDs for all admissions, helping to determine where to place patients and to know their COVID status within 30 minutes.
- The Red bed COVID-positive capacity had been reduced at the Sandwell site. Most of it had been moved to the City site where the respiratory hub was based and one of the AMUs dedicated to COVID-positive patients. Community prevalence and admissions into the acute hospital were being monitored for the consideration of further changes.
- Debrief meetings and lessons learnt in research from last time were being documented and



finalised to know what needed to be done, including to step up services if any increases were seen.

- Modelling was being done based on effectiveness of the vaccine and the proportions of people who had been vaccinated, to help with future planning.

MR provided the **vaccination and PPE updates**.

- The vaccination hospital hub opened in January had closed last week. MR expressed her thanks to everyone involved. It would reopen at the end of June for a second set of vaccines for 500 staff and patients.
- Over 70% of staff had been vaccinated. Of these, 39% were BAME colleagues, 48% were white British, and the rest were of unknown ethnicity. HR were helping them with data analysis. About 200 staff were yet to be contacted to find out their vaccination status by early next week.
- The Tipton vaccine centre had vaccinated over 25,000 patients and staff. Huge variations of appointments occurred per day, ranging between 200 and 1500, depending on when cohorts were released. They were working with the system to offer the Pfizer vaccine to under 30s at Tipton, as AstraZeneca was only for age 30 and above. The system was currently looking to keep Pfizer at only the Saddler's site, but this would depend on demand.
- Extra PPE was now considered safe by risk management to be provided within national guidelines. High risk staff continued to wear FFP3 masks throughout the organisation.

DN remarked on the huge amount of work being done. He expressed his thanks to the executive team for their role in addition to the staff on the ground for making everything happen.

HK added his thanks to everyone for their performance. He commented on the percentage of BAME staff that were unvaccinated and evidence that the younger community were hesitant due to misinformation, such as the ability to have children. He queried whether work was being done to analyse age and professions, to understand and address concerns about vaccinations, and to counter misinformation.

MR described the system's dashboard showing what was being done, what the position was at each centre, including amongst the BAME community and across age groups. Over the last months, Tipton and West Birmingham particularly had been doing pop-up clinics targeting specific groups of patients, such as women only. They were doing multi-family visits to vaccinate all ages, which were going well in West Birmingham. Sandwell had started a week ago. Tipton were supporting them around resources. They had done Q&A sessions to talk about issues, especially around fertility and pregnancy, resulting in 561 patients and staff coming forward for the vaccine following one of the March sessions. Meetings were planned next week to decide what to do to address those who were still unvaccinated.

WZ added his thanks to everyone for their efforts. He agreed with RB's answer to the public questions regarding the need to prepare for a potential surge. He queried what was being done to restore confidence to come back to hospital services that were re-opening, and to deal with 'no shows' by patients. He queried whether visitors and family to accompany patients would be allowed back to hospital soon within non-COVID areas of the hospital, and what was being done to reassure people and to allay fears, especially from communities with communication challenges.

RB explained that this was being handled through the strategic command meetings. There would be an incremental increase in hospital visit times, starting with half hour slots. This would begin in line with the national relaxation level of lockdown on 17<sup>th</sup> May. The Trust had committed themselves with all the other acute and mental health providers in the Black Country and West Birmingham system to have a joint stance on visiting rules. DN cautioned that this shouldn't mean going at the slowest level.

LK described the process of classifying patients who chose not to attend because of apprehension and anxiety under COVID. When this process started in March and April, they represented 100 patients, who were now down to 45. Individual plans were being made for them. They were seeing a significant reduction in the numbers of patients unwilling to come in for elective procedures and diagnostics. Virtual out-patient appointments were another option. 90% of activity had been restored.

LW added her thanks and commented that often staff began to feel vulnerable as things settled down after being through difficult times. She questioned what was being observed with staff.

RB reported that from what he had witnessed in his conversations with Sandwell supervisory staff, the majority of people who were prepared and keen pre-pandemic to offer additional discretionary efforts to improve or maintain waiting times had stopped coming forward due to these reasons:

- General exhaustion, such as theatre staff being redeployed
- Finding that spending more time with family and friends was good for their mental health.

The NHS, as a whole, had not yet calculated the impact of this in its ability to recover routine elective services at pace. This needed to be reflected in the restoration and recovery trajectories.

## 7. Planned Care and Recovery Report

TB (05/21) 010

LK welcomed challenges, suggestions and exploration about the approach. He noted the following key points about their current position from the Planned Care and Recovery report:

### **Production Plan, RTT, and DM01:**

- Production Plan – 68% of the delivery of the financial production activity plan for 2020/21 has been achieved, reassuringly close to the 70% requested by the national planning guidance for April. Early predictions for April showed the Trust performing closer to 80% of the value.
- RTT – This was at 71% and recovering since elective work had resumed. Areas of particular concern included Dermatology and Oral, and a pre-pandemic issue continuing for Ophthalmology.
- DM01 – 89% of diagnostics had been achieved by the end of the year. This was now up to 94% to 95%, hoping to fully recover diagnostic standards by the end of June. Urgent diagnostics such as cancer had continued during COVID in order to clinically diagnose patients. The Trust would be looking to support other areas of the system to help them improve diagnostic standards.

### **Long waits and Clinical prioritisation:**

- Clinical prioritisation had been completed throughout to understand when patients should be treated, in order to prioritise waiting lists and theatre allocations. New patients being added onto the waiting list were prioritised weekly using a robust process.
- P2 patients required treatment within 28 days. P3 patients required care within a three-month window. Trajectories for P2 and P3 clearance showed that the Trust hoped to clear P2 backlogs by the end of June and P3 by the end of August.
- For P4 routine-type work, the Trust did not expect to achieve clearance this calendar year without significant ISP colleagues' support or mutual aid across the system.

### **BCWB System update:**

- Restoration and recovery work was being done as a system according to planning guidance. The cultural shift in the system supported collaboration. The delivery models were being changed

across various Boards set up to address long-term issues and ways of working within specialties.

- The 467 Ophthalmology P2 patients were 90% situated in Sandwell, as they had the Birmingham and Midland Eye Centre (BMEC). Work was ongoing to address this through a regional response.

#### **Independent Sector Providers (ISP) update:**

- By the end of March, the ISP contracts had been handed from a national contract to local organisation discussions. Significant issues arose because the national contract had mandated support for NHS organisations, whereas under local agreement it was much more negotiable. Patient-type and practicing privileges in a lot of the ISPs had caused difficulties.
- Planning and discussions were underway with ISPs to consider moving cohorts of patients where they were willing, in an effort to help the Trust with their recovery.
- There was a risk in the Trust's position with over 50% of patients being outside of the timeframe in which they should have been treated. Harm reviews were being done for all of these patients, with each one on the surgical in-patient waiting list being contacted for a documented discussion to try to manage expectations.

RB queried the causes of the Trust's two-week wait access times being relatively worse than others in the system, particularly for suspected skin or breast cancer, and by what time he could reassure the Board of a clear plan of recovery of those waits to pre-pandemic acceptable levels.

LK reported that pre-COVID, they had succeeded in getting waiting times for first appointments down to 10 days. He described three specialties that had not been achieving the 14-day goals: Dermatology, Breast, and Haematology. Backlogs had been caused by a post-COVID increase in referrals from the Birmingham Solihull catchment area and a decrease in their full capacity within Dermatology. Whilst he was unable to provide the Board with a date on full certainty to resolve this, there was work underway with system partners and with outsourced providers to increase their activity. This, coupled with their core capacity, should mean getting back to a manageable position within the next two to three months.

KT queried whether the Trust could make use of their whole team to reduce the Ophthalmology waiting list. LK reported that this was being done for all possible diagnostic, out-patient, and non-consultant led in-patient work, but because of the complex nature of in-patient surgery requirements, they were unable to tap into their own specialists or even some ISPs because they didn't deal with the complexity of cases the Trust managed. Most of the backlog required specific consultant input.

HK requested clarification on the modelling of the impact of a third COVID wave on the restoration and recovery plans. LK outlined the position of the system, which was to produce the elective recovery model withstanding future waves. Internally they had also modelled what they thought could happen and its impact on critical care and a comparative reduction in elective theatre activity. This was where discussions with ISPs and strategic reliance on them would come into play. The Trust would need to estimate now what that reduction needed to be to maintain a minimum recovery trajectory to contract with the independent sector to safeguard themselves from reducing elective activity.

ML queried what needed to be done now to engage with ISPs to work out what they could deliver for the Trust and where they could get started. LK explained that without a mandate on ISPs to support NHS organisations, as commercial entities, ISPs preferred private sector work. Many of them didn't offer the type of services the Trust required, or they didn't do complex or elective overnight work. Practicing privileges were another issue. Anaesthetists or consultants had to be registered in that ISP to be able to operate there, which hadn't been required under the national contracting framework. This limited the Trust's professionals from being able to practice there to tackle patient backlogs.

MH asked if guidance had been received from the authorities on how to handle the efficiencies of certain clinical procedures and safety guidelines based on the impacts of COVID, such as cleaning or changing rooms, which impacted on the production plan, causing financial implications. He queried what assumptions were being put in place to achieve production plan goals.

LK reported that there was no national guidance on this. Activity had to be returned to previous levels, knowing the impact of Infection Prevention and Control (IPC) requirements. The change to goals had been to try to get to 105% of previous efficiency in some areas. There were ways that the Trust could change how they delivered certain services, but their cost element had not been considered longer term.

MH queried how the Trust was assured to have enough staff to achieve their plans, given the impact on the staff's health and wellbeing from the added pressure to achieve these goals. LK felt that the impact of coming out of a pandemic together with the Ophthalmology restoration and recovery plans was further compounded by work on the move to MMUH next year, stretching staff resilience and their ability to deliver. They were trying to control the pace of their recovery plan with a guiding principle of sustainability in mind to avoid longer-term effects on the staff and the culture. They were trying not to push staff too hard or too quickly. For example, with the redeployment of the ICU staff in mid-April, they hadn't planned to return to 100% of theatre activity until this week or next week.

The Chair commented on the conflict between trying to do the most they could for both the staff and the patients. He felt reassured that the P2s would be treated by the end of June. He suggested that skin and breast cancer trajectories were addressed and that whilst 80% sounded good, it still meant a backlog was building up. It would be tricky for the executives to manage the balance of looking after staff and treating the maximum number of patients. He suggested using more benchmarking data to compare the Trust to other organisations to create a framework for knowing how hard to push. The Trust needed to explore ways to enhance their ability to use the independent sector better.

### BREAK

## 8. Maternity Services Report

TB (05/21) 011

MR introduced the main points for the Board's consideration, which were Community Midwifery, the Ockenden bid, and the Maternity Quality Improvement Plan.

HH highlighted the following key areas:

### Community Midwifery:

- The efforts that had been made to create a more proactive model to deliver the necessary care in a holistic, personalised way, with greater continuity of care around post-natal care to also improve job satisfaction for midwives serving a diverse, complex population, had had an impact over many years on both retention and recruitment.
- In 2019, the community midwives came up with their own new model, in line with Better Births, to formulate themselves into 'families.' This had been launched in 2020, just as COVID hit.
- Leadership changes had been made, two matrons were employed, and 16 areas were identified to support the transformational agenda across the community of midwifery. These areas were embedded into their overall improvement plan, with key milestones.
- They were currently at Phase 1, where the team was introducing new ways of working through a totally digital platform, managing diaries electronically. A duty midwife had been introduced. The

team felt more engaged, receiving good feedback at the beginning of their long-term plan.

#### **Ockenden Report:**

- This report came out on 10<sup>th</sup> December 2020. The NHSEI invested £95.9 million for 2021/22 to support the whole system to address seven essential criteria. The bid was specific around the (1) midwifery and (2) obstetric workforces, and (3) multidisciplinary midwifery training.
- When they took their bid to LMNS on 4<sup>th</sup> May, there was consensus that they needed to increase their uplift from 23% to 24% to ensure mandatory training. This increased the investment from £700,000 to £728,672, which was approved by the LMNS. They were praised for the amount of detail put into their bid on maintaining continuity of the carer.

#### **Maternity Quality Improvement Plan:**

- Last summer an improvement plan was implemented that was recently reviewed in line with Ockenden, bringing this plan together with five action plans into one overall improvement plan.
- On 25 March a learning in-action event shared the findings of local staff surveys, to discuss the improved safety culture and to co-design strategies for change. Over 60 members of staff attended.
- Debbie Graham was conducting an independent review on culture, to be taken forward in June and July.

LW queried whether there were plans to work in co-production with service users. HH reported that they would begin by understanding how their staff felt, including independent midwives, and working with their hard-to-reach community. Last year they had improved their MVP work with the CCG thanks to a new MVP Chair. An EDI lead midwife had been appointed last week with money from the LMNS as a pilot to communicate better with the local population and staff to improve knowledge and outcomes.

KT queried how learnings about practices, such as daily reviews following emergency Caesarean sections, were disseminated amongst the whole team and how fertile a field it was for multidisciplinary learning. HH reported that every morning there was a handover that included a full review process between the incoming and outgoing teams. They often did 'trolley dashes' with teaching boards taken to all staff where they found any issues or there were things that could be improved. RB had witnessed a trolley dash yesterday when he came to celebrate international day for midwives. All shared learnings could also be found using share point on Connect, on boards in the learning room or by word of mouth.

RB queried last month's safe staffing situation and how the Board could gain assurance that safe staffing standards were in place. HH reported that the Maternity team had daily staffing huddles to look at hot spots and staffing return assurance checks throughout the day. Their fill rate was between 80 to 100% with an average of 90%. They had rotation and fluidity in staffing that made it easier to move staff around.

HK questioned how confident they were, with an 8% vacancy rate, in being able to get the right levels of recruitment. HH reported that they had submitted an incentives paper to compete against other employers. They attracted staff by the quality of their development program, offering a range of courses including a critical care course that only four other organisations offered nationally. They'd offered 21 places to third year students, with 17 accepted. Certain work did not always require midwives.

DN suggested consideration about how Non-Executive Directors could liaise more closely with Maternity. He remarked on the need to not underestimate the transformational change to how midwives worked that resulted from the adoption of Better Births. This required proper management and sufficient resource.

#### **9. HSMR review: Approach to improving Trust mortality rates**



DC introduced the paper and explained that it contained Trust mortality data and the processes in place to monitor and effect change where it was needed. He made the following key points:

- Adverse data was shown with HSMR at 149 and SHMI at 114.
- Processes were in place to monitor the clinical care provided, including the Learning from Death Committee, mortality leads, medical examiners conducting a first-tier review of over 90% of deaths. 15% to 20% had a more detailed Systematic Judgement Review by specialists to identify if there were systematic areas in the levels of care to address.
- An ongoing review process acted on data alerts within specialty or diagnostic areas.
- Clinical assurance work had been undertaken to regulate process issues that could have contributed to issues with the mortality data. Efforts were being made to improve coding and documentation, the recording of palliative care, and to use diagnoses instead of symptoms.
- Clinical teams and acute admission units needed to work more closely with coding to achieve real time correction within the Unity system.
- The impact of COVID and COVID documentation on mortality rates required investigation.

The Chair asked HK for the view of the Committee on the mortality rates. HK stated that the Trust needed to keep a close eye on this. They had approved extra resource required to execute change. He commented that better understanding could be had by removing the COVID effects to see the underlying causes of any issues. DN noted that the COVID impact was also in the national data.

DC stated that the NHSE had confirmed the Trust's COVID data was not an outlier. Recording of finished consultant episodes and when COVID was suspected within the records linked to hospital acquired COVID mortality accounted for up to 70% of excess deaths. COVID data would be presented to Q&S next month.

ML queried the magnitude of the coding errors on the scale of the problem. DC noted the importance of understanding the impact of COVID, while still focusing on the clinical care aspects. He was unable to quantify the contribution of coding and documentation errors but stated that it was fairly significant.

It was noted that the difference in HSMR and SHMI showed the impact of COVID. The impact of documentation issues that drove some of the coding that affected figures could be seen by the auto-coding work done two years ago that had reduced HSMR by 6 points.

DN stated his expectations that the strategies in place to address clinical and coding changes would improve the mortality rates over the next months. DC noted that the HSMR data was from October, November, so changes would not manifest themselves for another eight months on that basis. DN expressed the need to therefore actively focus on the clinical care so that the effects could be seen more immediately with patients, rather than through HSMR. An external look should be considered longer term.

HK queried whether evidence, case studies and expertise from the NHS as to the cause and effect of these areas were being applied. DC reiterated that the focus was on being proactive around the clinical component through focus on areas like sepsis and pneumonia being monitored at ward-based safety huddles and new practices for audit and data collection on the wards. Work had been done to understand the way things were documented and recorded in Unity. Some external data analysis was done through HED, who provided the HSMR and SHMI data.

DN requested that DC considered two things:

1. Help from external sources
2. Outlining an appropriate timetable for an improved trajectory.

He noted the report and thanked DC for the work being done.

**Action:** DC to consider help from external sources and to outline an appropriate timetable for an improved trajectory.

## 10. Finance

a) **H1 2021/22 Financial Plan**

TB (05/21) 013

b) **2020/21 Capital Plan**

TB (05/21) 014

c) **Finance Report Month 12**

TB (05/21) 015

DMc presented three reports and highlighted the following key points:

### a) H1 2021/22 Financial Plan:

- Budget setting for 2021/2022 was based on supporting 2020/21 activity levels. A stage 2 planning process would look at required developments against available funding for CLE approval in June.
- Activity plans would be based on 2019/20 actuals, which was in line with national expectations.
- The system plan submission reflected the need for £303.8 million for H1.
- Efforts would be made to safely reduce COVID costs and to maximise Elective Recovery Fund (ERF) earnings, by hitting targets of 70% in April, rising in 5% intervals to 85% in July.

LK queried the Trust's risk appetite towards achieving greater ERF, which was conditional upon the system's delivery, not individual organisations, in order to underpin some of the sustainable work in areas such as MMUH and the restoration and recovery plans.

MK asked what the Trust's assumptions were around being fully staffed versus the use of agency. DMc reported spending of just over £17 million on agency for 2020/21. They needed to reduce their temporary staffing spend considerably. This was their biggest risk in terms of an MMUH affordable workforce model.

HK queried whether the Trust was in a position to put in top-down spending pressure, given their recovery plans, and what level of comfort they had around the use of rostering. DMc explained that a business case was being prepared to spend capital funding to replace their e-rostering system around the end of Q1.

MH queried the confidence in achieving a sustainable run rate and whether the planned savings and efficiencies would come in early enough in the financial period to make an impact. DMc reported that these efficiencies did not need to come in during H1. The efficiency requirements planned for H1 were manageable enough to not require a run rate reduction. The working assumption was that the Trust would reduce its exit run rate by just over £1 million per month to achieve the £13 million in the LTFM.

DN asked how much the Trust had towards the £13 million. DMc reported that £9.8 million was the indicative full year effect identified against the £13 million. A lot of this was reliant upon temporary staff reduction and bank rates. DN asked for assurance that the work was underway, which DMc confirmed was the case. She explained that the Trust had good resource around improvement and innovation.

DN thanked DMc. The Board unanimously **APPROVED** the SWBH Financial Plan submission for H1. The next steps to be taken were noted.

### b) 2020/21 Capital Plan

DMc took the report as read. She outlined that the following key points:

- The 2021/22 capital programme had been set on a refreshed five-year plan in the 2019 FBC.
- This was a self-funded plan.
- Through their Capital Management Group, the Trust had a very good link pre-COVID with statutory standards backlog maintenance plans to their risk register and red risks from the estate's point of view, which was being updated for ENGIE and the life cycle plan. They needed to confirm that this investment into staff standards was reducing their backlog maintenance liability as a result.
- FIC had approved the Trust's share of £22.8 million of the Black Country WB capital control total.
- The Trust was asked to reduce their programme by £2.6 million due to a changed expectation.
- This provided internal funding of £20.2 million with assumed slippage of £1.6 million, £1.3 million for the BMEC's Vanguard, and 670,000 for BMEC diagnostics.
- The total programme was £189.4 million, of which £167 million would be for MMUH.

ML queried the proportion of the non-MMUH programme used to save and make efficiencies and what proportion was for necessary replacements. DMc undertook to report on the invest to save ratio.

MH queried whether there was sufficient capital to proactively invest in IT to support taking MMUH to the next level, and if a high enough percentage of revenue was invested in IT. DMc reported the close involvement of IT, Estates, and MMUH in planning. She was not aware of any gaps or risks. LK concurred.

The Board unanimously **APPROVED** the Capital Programme. DN expressed two caveats:

1. The spend to save element should be considered, to be thought about in future capital planning.
2. The way that Digital could transform the services should be considered if capital became available.

#### c) **Finance Report Month 12:**

DMc reported that 2021 had been a momentous year for finance, transforming how money was earned and managed across the system instead of within organisations. The following key points were noted:

- The Trust had a retrospective top up in the first half of the year, with a deficit plan of £4.3 million.
- A **surplus of £383,000** was achieved by the end of the year, subject to audit.
- Less than planned was spent on MMUH. The cash balance was high due to wages paid in April.

DN congratulated DMc and her team for the work they had done in managing resources over the years.

### REGULAR MATTERS

#### 11. Chief Executive's Summary on Organisation Wide Issues

TB (05/21) 016

RB referred Board members to the report which was taken as read. The following was highlighted:

1. The Trust's leadership capacity was under strain post-COVID, illustrated by being key partners and hosts of two Integrated Care Partnership arrangements, a key partner in the ICS delivery agenda, which included the Acute Hospital Collaboration Programme and a huge amount of clinical integration and patient service improvements. They were managing developments of the Midland Metropolitan University Hospital and radical changes to clinical care models, as well as the internal restoration and recovery plan to improve the fundamentals of care. A prioritisation framework would be required to support front line colleagues and leaders.

2. The Sandwell integrated Care Partnership (ICP) business case was under development. Significant funding was received thanks to the efforts of the local authority and CCG to fund a leadership team for the ICP. The question was posed whether the Trust repurposed the public health sub-committee of their Board, to make that the ICP Board that they hosted as an organisation.
3. They needed to set out the key implications and high-level responses in regards to the new national planning guidance. The Trust needed to invest in primary and community services, in the wider sense of the word, to have an impact on population health and to make the Midland Met business case fly by finding creative routes for investing new and recurrent levels of revenue money in those services and requesting that their partner organisations did the same.

DN expressed his support of prioritisation in order to become geared and organised for success.

### 11.1 Integrated Quality & Performance Report

TB (05/21) 017

DB referred Board members to the paper and highlighted the following key points:

- He described a fall with severe harm. A palliative care patient using a Zimmer frame fell, fracturing their hip. They had a hip operation on 14<sup>th</sup> March and were discharged on 27<sup>th</sup> March with care.
- Progress was being made on improvements to dashboard data, which would be important for using to describe population health for tackling inequalities, to help with Midland Met.
- The cancer target was the biggest access challenge.

RB queried which committees received assurance about meeting the four-hour emergency access standards. LK reported that these went through the Urgent Care Board, which reported into the Operational Management Committee. Escalations went to the CLE and could come to the Public Trust Board. Good inroads were being made to performance over the last few months. DN asked who oversaw operational performance. HK added that performance measure outliers were also discussed at Q&S.

The Board noted the report.

### 11.2 Trust Risk Register Report

TB (05/21) 018

KD referred members to the Trust Risk Register Report and highlighted the following items of focus:

#### **Risk 3110** – The IT technical infrastructure risk

- KD reported that a lot of work had been done to mitigate this risk. It was monitored by the Digital Committee and Digital MPA. She recommended its removal from Board oversight.

Twelve of 40 red-rated risks were listed in Appendix B, for which she recommended Board oversight.

The Risk Management Committee (RMC) had reviewed high severity, low impact yellow and green risks. When the risk statements were robust enough, these were proposed to be reported on monthly to the Board along with further red risks that were being finalised.

DN queried the management at RMC and whether the 12 risks had been referred to the Board by CLE. KD reported that she was the RMC Chair and that CLE had referred the red risks.

DN queried Non-Executive Directorship involvement with the risks. HK reported that risks were reviewed in the committees they were involved with, for example those being highlighted to Finance or Q&S.

LW commented that she had set up a meeting with KD to discuss the risk review process.

RB commented that the number of risks being escalated was significant. He agreed that they were compelled to accept the recommendations, but he wanted assurance that some of those risks could be mitigated at a level that did not involve the Trust Board. He undertook to discuss this with LW and KD.

LK reported that they were linking data sets to risks, to show proof of mitigation. For example, with Risk 3110, they changed its rating because 99% availability was shown on all the systems within their infrastructure. He recommended that supporting evidence was used to manage risk ratings.

The Board **APPROVED** removal of risk 3110 from Board's oversight and the addition of 12 new risks.

## 12. CQC Inspection preparedness report

TB (05/21) 019

KD reported that from discussions with the new CQC Inspection Manager, an announcement was imminent about commencing their programme of work. He was doing visits and focused work with staff. He had offered to meet with the Board and to do focus groups with staff about their new inspection approach.

KD referred to the processes listed in the paper that were being used to prepare for inspections. Q&S had requested more evidence of high-quality care to back up these processes.

ML queried whether there would be time to put the processes in place prior to inspections and what would be prioritised. KD reported plans to oversee self-assessment work. Targeted work was beginning next week, prioritising areas they were expecting to be a focus from the Insight Report, such as medical wards and assessment units. ML queried whether enough resources were in place. KD reported that 70 people had volunteered to help. Executives, Deputies, Group Triumvirates and directorates were focused on the work. ML expressed concerns that the necessary resource to move areas of 'requires improvement' to 'good' were lacking. LW reinforced the need for assurance.

RB noted that the Q&S Committee had a clear ask of the executive, which was to 'develop and show the evidence repository set against each domain and each key line of enquiry that would be used by the CQC to back up their assertions' for different ratings. This task remained to be completed, which was where resource needed to be focused as a priority.

DN requested a plan from the executive about how this repository was going to be resourced and what the overall approach was going to be, as opposed to a list of activities. This would also help to inform the staff themselves about what had improved. He asked RB to present to the next Board meeting a resourced plan based on if an inspection were to happen within one or six months. Resource from the region and others could help. He suggested that KD invite the Inspector to a Board meeting to understand his approach.

**Action:** RB to present a resourced plan and overall approach for the Q&S action to create the CQC evidence repository, based on an inspection within one or six months.

**Action:** KD to invite the inspector to a future Board meeting.

## 13. Staff sickness improvement plan

TB (05/21) 020

FM noted that the Trust's sickness absence levels had put them above targeted expectations in the IQPR over the past 18 months and amongst the bottom three Trusts within the region for the past three years. She took the Staff sickness improvement plan as read. The People and OD Committee had approved the change to a more realistic sickness absence target.

DM agreed with the need to set a realistic target but suggested aspiring to the national target of 3%. She reported that ward budgets were modelled on 3% being reached. FM noted that 4% was a stretch target



for the Trust, having had a two-year rolling average of 5.7%. The new target would require an intensive focus from managers to achieve in the circumstances, by the end of the financial year.

DN commented that he saw 4% as a staging post on the way to greater improvement.

**UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS**

**14. Minutes of the previous meeting, action log, and attendance register**

**TB (05/21) 021**

To approve the minutes of the meeting held on 1<sup>st</sup> April 2021 as a true/accurate record of discussions, and update on actions from previous meetings

**TB (05/21) 022**

**TB (05/21) 023**

The minutes of the previous meeting held on 1<sup>st</sup> April 2021 were reviewed and **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed with the following update made:

- *TB (12/20) 001 - Provide an update to Board on Freedom to Speak Up resource enhancement (administration support and additional Guardians)*
  - RB reported that it had been approved in principle by the Board some time ago but they had been awaiting absolute certainty on the financials. Work was underway to advertise a virtually full-time Lead Guardian role to complement an existing cohort of Guardians.

DN commented that it was important to get the right person into this important post.

**MATTERS FOR INFORMATION**

**15. Any other business**

**Verbal**

None discussed.

**16. Details of next meeting of the Public Trust Board:**

**Verbal**

- The next meeting will be held on Thursday, **3<sup>rd</sup> June 2021** via WebEx meetings.

Signed .....

Print .....

Date .....

**Public Trust Board Action Log: 6<sup>th</sup> May 2021**

Action			Assigned To	Due Date	Status/Response
1.	TB (05/21) 012	DC to consider help from external sources and to outline an appropriate timetable for an improved trajectory.	DC	July 2021	
2.	TB (05/21) 019	Present a resourced plan and overall approach for the Q&S action to create the CQC evidence repository, based on an inspection within one or six months.	RB	June 2021	Agenda item
3.	TB (05/21) 019	Invite the CQC inspector to a future Board meeting.	KD	June 2021	

## Trust Board Attendance Register 2021/22

Trust Board Members		01-Apr-21	06-May-21	09-Jun-21	01-Jul-21	05-Aug-21	02-Sep-21	07-Oct-21	04-Nov-21	02-Dec-21	06-Jan-22	03-Feb-22	03-Mar-22
Sir David Nicholson	Chairman		Y										
Harjinder Kang	Non-Executive Director	Y	N										
Prof Kate Thomas	Non-Executive Director	Y	Y										
Clr Waseem Zaffar	Non-Executive Director	Y	N										
Mike Hoare	Non-Executive Director	Y	Y										
Mike Laverty	Non-Executive Director	Y	Y										
Lesley Writtle	Non-Executive Director	Y	Y										
Richard Beeken	Interim Chief Executive	Y	Y										
Dinah McLannahan	Chief Finance Officer	Y	Y										
Liam Kennedy	Chief Operating Officer	Y	Y										
Prof David Carruthers	Medical Director	Y	Y										
Melanie Roberts	interim Chief Nurse	Y	Y										
Frieza Mahmood	Chief People Officer	Y	Y										
Miss K Dhami	Director of Governance	Y	Y										

Y	Attended meeting
N	Apologies provided

Note: Richard Samuda chaired the April 2021 meeting

**AUDIT & RISK MANAGEMENT COMMITTEE MEETING – MINUTES****Venue:** Meeting via WebEx**Date:** 4<sup>th</sup> February, 2020, 15:30-17:00**Members**

Mrs L Writtle, Non-Executive Director (Chair) (LW)  
 Mr M Laverty, Non-Executive Director (ML)  
 Mr H Kang, Non-Executive Director (HK)  
 Mr M Hoare, Non-Executive Director (MH)  
 Prof K Thomas, Non-Executive Director (KT)

**In Attendance**

Mr D Baker, Dir Partnerships & Innovation (DB)  
 Mrs D McLannahan, Chief Finance Officer (DC)  
 Ms K Dhami, Director of Governance (KD)  
 Mr B Vaughan, RSM (BV)  
 Mr A Hussain, RSM (AH)  
 Mr M Gennard, RSM (MG)  
 Mr M Stocks, Grant Thornton (MS)  
 Mr Z Francis, Grant Thornton (ZF)  
 Mr S Sheppard, Director of Finance (SS)  
 Ms S Rudd, Assoc. Dir. Corp Governance (SR)  
 Mr C Higgins, Assoc Director of Finance (CH)  
 Mr M McGuire, Head of Information (MM)

**Apologies**

Cllr W Zaffar, Non-Executive Director (WZ)

Minutes	Reference
<b>1. Introductions [for the purpose of the audio recording]</b>	<b>Verbal</b>
Committee Members provided an introduction for the purpose of the recording.	
<b>2. Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Cllr. Waseem Zaffar	
<b>3. Minutes of the previous meeting: 5<sup>th</sup> November 2020</b>	<b>AR (02/21) 001</b>
The minutes were accepted as a true and accurate record of the meeting.	
<b>4. Matters and actions arising from previous meetings</b>	<b>AR (02/21) 002</b>
The action log was reviewed and the following updates made:	
<p><i>AR (11/20) 009 - Assign time to discuss the mobilisation of risk management expertise within the Trust to address concerns articulated by the Internal Audit team – LW and KD to discuss further outside the meeting to ensure concerns are being addressed</i></p> <p><i>AR (11/20) 014 - Draft a set of questions to assess Committee effectiveness at A&amp;R Committee meetings. LW and KD to discuss further and bring back to next meeting</i></p>	

**Action:** KD and LW to provide an update on assessing Committee effectiveness at the next meeting.

## DISCUSSION ITEMS

### 5. SWB risk management framework

AR (02/21) 003

KD presented an overview of the Trust's risk management framework. She reminded the Committee of the approach to RM within the Trust, which was refreshed in 2018/19 after the views cited by the CQC in their last inspection. Typically the focus of the Board/CLE has been in three areas: red rated risks both before and after treatment; high impact/low likelihood risks and areas of the Trust who report no or very few risks. The following comments about the framework were made:

- There is work to do to make the language and approaches of risk management commonly understood across 7,000 employees. It is important that employees know how to voice or raise a risk, and have confidence that action is taken based upon it. The plan is to show through real stories how raising a risk has made a difference to practice or has driven investment.
- At a strategic level, risks have been identified by Board members against the Trust's 2020 Vision. The same identification will occur with the development of our 2025 Ambitions and provide information to support the Strategic Board Assurance Framework. In late 2020 there was a process of refocussing on the purpose of the SBAF, this was to focus down on a smaller number of strategic risks into 6 key areas. The Board in January 2021 agreed an interim SBAF this would allow for refresh and focus on the Boards strategic objectives and also build on the work done by GGI in the Board development session February 2021.
- At an operational level, risks are monitored at ward/department, directorate or group level. Where a risk cannot be managed locally (requiring a supporting business case), has a major impact on service capability or Trust reputation or may result in major litigation, this is presented to the Risk Management Committee where any escalation decisions are made.
- The view was expressed that there were 1101 live risks on the Trust's risk register which seemed a large and unmanageable number. KD replied that these risks covered the whole organisation at all grading levels, of which 6% were rated red. Taking into account all of the Groups, clinical directorates and corporate areas it was not considered to be a high number of risks. What did require attention and improvement was the regular and consistent review of actions to mitigate the risks.
- The committee wanted to be assured that there was sufficient expertise and capacity in the Trust in relation to risk to support the approach 'Board to Floor' /

**Action:** KD to provide assurance that sufficient capacity and capability around risk is present in the Trust. Do clinical teams and leaders need development support?

### 5.1. Ulysses incident reporting system

AR (02/21) 004

KD reported that this paper was being presented as a follow-up to a conversation at the last meeting



where issues about the Safeguard system has been raised, in particular that it was not user friendly and the company, Ulysses, would not be supporting system updates moving forward. KD confirmed that Ulysses had been asked the specific question about future updates and received a response that these would absolutely continue to happen.

KD made the following points:

- The Trust uses the Safeguard, system to log, report and manage risk management processes. This included risks, incidents, complaints, claims and Learning from Excellence.
- More can be done to improve the Ulysses system and its functionality for end users and this is already in progress, together with training packages to include 1:1 support and short 'how to' videos.
- The resource implications for changing from Ulysses are significant. Not only is the cost of a purchasing a new system, such as Datix, high the resources to change and access archived data going forward prohibitive. It is estimated that once procured the transition would take 6 to 12 months.
- Maintaining the current system, but with enhancements and provision of knowledge and training for using it optimally seemed the sensible option in the current climate.

In the ensuing discussion the following comments were made:

- DM said that the paper was not an option appraisal but rather a case for keeping Safeguard. KD commented that this was correct because it was felt to be the right approach to maximise the functionality available from Safeguard before embarking on a significant organisation-wide system change.
- In an open question to the Committee about their experiences of Safeguard and/or Datix, SS said that he was familiar with Datix but it would be good to get the best out of the system currently in place. AH said that he had clients who used both systems but Datix seemed to be the preferred one. He was happy to provide the contact details of another Trust who used Safeguard well because it seemed prudent to learn from others.

It was agreed to take forward the actions set out in the paper to optimise Safeguard and to involve staff in this work, as well as learn from other organisations using Safeguard well. DM volunteered to act as a 'tester'. Should staff concerns remain an option appraisal for a system change would be carried out.

**Action: AH to provide KD with the contact details of a Trust who use Safeguard well.**

**Action: KD to provide an update to the Committee in 6 months. This would include feedback from system users by adopting a 'task and finish' working group.**

**6. Strategic board assurance framework: 2018-20 closeout**

**AR (02/21) 005**

KD presented a paper that sought to provide a 'closeout' position for 2020/21 in anticipation of a refresh of the SBAF for 2021/23.

The SBAF risks have continued to be discussed by the appropriate Board committee, reviewing controls and progress against actions identified. Reference was made to a table showing the assurance level and risk rating against each of the 19 SBAF risks. It was acknowledged at the last Committee meeting that COVID-19 and organisational pressures had reduced the frequency of review at Board level. The committee had acknowledged COVID-19 placed pressure on the organisation but it would be expected to receive an SBAF update at least quarterly.

The 'closeout' position will continue to be reviewed to 2020/21 year end with a final position reported to the Board.

The current SBAF risks will inform the proposed new risks for 2021/22, discussed in a separate report for this meeting.

#### **6.1. Strategic board assurance framework: 2021-22 new risks**

**AR (02/21) 006**

KD reminded the Committee that the Board considered at its January meeting the past and future approach to our SBAF. In advance of revising the Trust's strategic objectives beyond the 2020 Vision produced in 2015, six themes to the SBAF were confirmed. The paper presented updated ARM on work to conclude the agreed way forward. The detail will be visible in the March 2021 Board meeting. Provided was the recommended detail behind the six strategic themes.

The SBAF risks will need refreshing once the work is completed on review of the Trusts Strategic Objectives, this will affect what is within this paper.

KD commented that there had been considerable emphasis on assurance regarding controls as distinct from performance and delivery. Learning from that the focus in Q1 for these risks would have to be concluded work with the relevant Executive Director on the controls assurance, with data feeds where relevant being put in place. The impact of individual risks is relatively unlikely to be mitigated, but the focus of effort will be on tracking and reducing likelihood.

All of the risks on the SBAF will feature on the risk register. The plan was for the two distinct processes, one operational and one strategic to be covered in the Board development event on 12th February.

DM asked how the new risks impact on the existing SBAF risks. KD replied that if the existing SBAF risk remained relevant and of 'limited assurance' status then it may be carried forward. It was noted that the six strategic themes are broad so it would work in terms of risk assignment to a theme.

#### **7. Governance pack**

**AR (02/21) 007**

DM presented the finance governance pack, and pulled out the following highlights:

- Overall the debtor and creditor position had improved considerably during 2020/21 due to the simplicity of block arrangements and cash received in advance to ensure timely payment of suppliers.

- More work was required on the NHSP and CHP debtor and creditor balances and this was now being overseen by NHSI/E due to the complexity and national nature of this issue
- Overseas visitor activity had dropped during COVID-19, and the overseas team in the Governance directorate now had full oversight of the whole process with the exception of raising charges by invoice. The invoicing backlog had been completely cleared.
- Salary overpayments were at lower levels than previous years and high volume areas would be targeted for specific work to improve process compliance and reduce overpayments.
- The number of STWs in the Trust had reduced significantly; going forward the actual STWs would be reported to ARMC for confirm and challenge by the committee members.

ML commended the team for clearing the backlog.

**Action: DM to report actual STWs to the Committee for confirm and challenge by members.**

## 8. Key matters of accounting judgement

AR (02/21) 008

DM outlined that compared to previous years, although there were complexities to the 2021 audit, this was relatively less complicated than previous audits by way of technicalities.

The intended focus by GT on accounting estimates was noted following revision of the ISA (UK) 540 accounting standard, and the potential for the annual leave accrual to be material due to the pandemic and the impact on staffs' ability to take annual leave was discussed, which would fall under the scope of this work.

In response to ML on Going Concern review, GT stated that they would be focusing on this with the same rigour as in previous years, with an additional more in depth review of VFM and sustainability and governance as a result of the new NAO Code of Audit Practice. This would culminate in the production of an, "auditor's annual report" which brings together the results of all the auditor's work across the year. This will include a review of sustainability, the Trust's underlying deficit, can the Trust cope with Midland Met, more in depth work around fraud, and income recognition. It would also include a review of the CIP programme, recovery and restoration, governance and bandwidth issues, and service performance.

## 9. Information governance/DSPT progress update

AR (02/21) 009

KD presented to the Committee the DSPT improvement plan which, subject to effective resourcing, allowed sufficient time to complete the actions and provide evidence in advance of Toolkit submission. The plan is designed to achieve compliance against the mandatory standards by 30<sup>th</sup> June 2021.

Concern was expressed at the gaps shown in the improvement plan and the areas marked as 'tbc' or work 'on-going'. KD replied that this was a work in progress and focused on ensuring each area has an identified owner, realistic timescales for provision of evidence and achievement of mandatory standards by the next DSPT submission date in June 2021. In cases where evidence provision dates are not yet confirmed, these would be completed over the next two weeks.

To support this work an external Information Governance Consultant has joined the Trust on a fixed term contract to provide additional capacity in the Information Governance team to drive forward the improvement requirements. The Information Governance Group will oversee this work.

RSM will carry out a follow-up audit which will feed into the Head of Audit Opinion and the Annual Governance Statement where last year the CEO called out information governance as a control risk.

The committee were reminded that this area has been a problem for the Trust for the last 3 years, Internal Audit will provide a progress update in 6 weeks' time to LW. The plan needs to focus on capacity to deliver and barriers to achievement. Whilst the next submission date is June 2021 improvement must be seen by May 2021.

**Action:** KD to present a DSPT Improvement plan which is showing significant improvement at the May 2021 meeting.

#### 10. Data quality update

AR (02/21) 010

DB set out the current DQ issues in the log, and described the process of ownership and resolution of these issues. 32 of the 63 issues on the data quality log require action. There are now no issues unallocated which is positive. Operational pressures recently have stopped much of the progress involving front line staff and the intention is to restart in March, with Informatics continuing to resolve where possible in the background.

The key action is for the lead Executive, through their operational lead, to have a clear and standardised plan for each item they are treating so that the lead Executive and DQ Group can assess progress and understand constraints.

Following a question from DM, DB confirmed that the DQ policy applies to any Trust system, and there is a data quality web address for new issues.

#### 11. Overseas visitors update

AR (02/21) 011

KD reported that the impact of COVID-19 has reduced the number of overseas visitors resulting in reduced activity. The fall in outpatient activity leading to a reduction in referrals has reduced the volume of patients being invoiced compared to the same period in 2019-20.

Although outpatient activity continues for a large number of patients, as these appointments are being held virtually or by telephone, patients are not booking into the kiosks, which is where some overseas charging referrals originate

The new process for the collection of debt has seen a more targeted telephone and letter/email communication with patients for their outstanding debt and is proving successful.

Focus will continue on (a) engagement and training of frontline staff, (b) requesting payment from patients as soon as they are identified as chargeable and (c) further development of the collection process to increase debt collection with referrals to collection agencies/solicitors.

- The Trust is continuing to explore how to capture the information required from patients to assess if they are chargeable, with the plan to continue to utilise virtual and telephone consultations.
- The Trust is in the process of reviewing the existing external debt collection agency and may appoint a new agency to continue the collection process when the Trust has exhausted every avenue internally

## EXTERNAL AUDIT

### 12. External Audit Progress Report and Sector Update

AR (02/21) 012

MS presented his report, much of which had been covered under the previous item (Key matters of accounting judgement). The only additional point for the Committee to note was that the Trust and Auditors were likely to take advantage of the offer of an extended timetable which could take Audit completion to mid-end of June. It was important that we did not fill the time just because it was available and the team would still endeavour to finish as early as possible, but it was recommended that advantage was taken of the opportunity should it be needed.

- Preparation for the 2021 external audit was discussed; although this was a less technical year than previous years, there would be detailed work on accounting estimates, including a large annual leave accrual, also work on CIP programme and MMUH financial assumptions.
- New NAO Code of Audit Practice requires more detailed review of VFM, linked to going concern. This will focus upon the 'Well-led' domains and will be publically reported.
- The Committee noted the intention to apply for an extended audit timetable whether it is eventually used or not.

## INTERNAL AUDIT

### 13. Internal Audit Progress Report

AR (02/21) 013

AH provided an update on progress against the internal audit plan for 2020/21 and summarised the results of RSM's work to date.

Since the last meeting the following seven reports have been issued as finals:

- Data Security Protection Toolkit – follow up;
- Cerner Contract Governance; and
- Creditors;
- Debtors;
- Risk Management;
- Asset Management;
- Cash Management and Treasury

Three further reports have been issued in draft and are awaiting responses from management:



- Human Tissue Authority (HTA) Review;
- General Ledger and Financial Reporting - further testing is being completed; and
- Payroll and Expenses .

Members were directed to the headline findings from the above reports in section 2.

Work had also commenced the following audit assignments:

- Data Quality; and
- Occupational Health and Mental Health and stress-based risk assessments.

Closure of internal audit management actions continued to be tracked and the status of these reported to the PMC. A total of 30 management actions were currently due and outstanding (2 High, 18 Medium, 8 Low and 2 Advisory). LW stressed the need for the Executive to ensure that the actions were closed down by the due dates to ensure timely learning from the control weaknesses identified by the auditors.

#### 14. Counter fraud progress report

AR (02/21) 014

BV presented an update in respect of the counter fraud work undertaken since the last Audit Committee in November 2020. Information was shared on the status of referrals which have been received since 1 April 2020 along with any cases brought forward from the previous year and the resources utilised for reactive work undertaken to date.

BV briefed the committee on Fraud awareness month, Government Functional Standards and the need for the Trust to have a Fraud Champion.

Fraud risks being encountered across RSM's client base were shared for information and learning.

#### 14.1 Single Tender Waiver Benchmark Report

AR (02/21) 015

BV presented the report and highlighted the following:

- The review identified that organisations have very different approaches to the use of waivers.
- The charts provided are designed to allow organisations to compare their use of waivers against different comparators to obtain self-assurance that the level of use is proportionate.
- Although the Trust's budget and headcount are amongst the largest of those who contributed, the number of STWs is the largest. It would be advisable for the Trust to consider the reasons for this volume and be content that the numbers are appropriate and valid.
- SWBH has listed a high proportion of their waiver for sole supplier. Where tenders are not put to an open market it may stifle an open competitive process resulting in the Trust not achieving best value for money.

**Action:** DM to consider the impact of the Single Tender Waiver Benchmark Report.

### OTHER MATTERS

<b>15. Committee Forward Plan</b>	<b>AR (02/21) 015</b>
<p>The forthcoming annual work plan for the Committee was presented. The plan identifies standing agenda items aligned to the 5 Audit and Risk Committee meetings for 2021/22. These items form the standard business of meeting; additional items which arise during the year will be added to the agenda of the next Audit and Risk Committee meeting.</p> <p>The works plan was approved by the Committee</p>	
<b>16. Committee Effectiveness</b>	<b>Verbal</b>
<p>KD and LW would propose an approach to reviewing Committee effectiveness at the next meeting.</p>	
<b>17. Matters to raise to the Trust Board</b>	<b>Verbal</b>
<p>LW suggested the following matters be raised to the Trust Board:</p> <ul style="list-style-type: none"> <li>• Advising the Board of the further work on Risk Management systems</li> <li>• The continued work on refocus of the SBAF</li> <li>• Data Security and Protection Toolkit focus and improvement plan</li> <li>• Process of External Audit for final accounts June 2021</li> </ul>	
<b>18. Any other business</b>	<b>Verbal</b>
<p>None discussed.</p>	
<b>Details of next meeting</b>	
<p>The next meeting will be held on Thursday 6<sup>th</sup> May 2021, from 15:30 to 17:00.</p>	

Signed .....

Print .....

Date .....

## FINANCE AND INVESTMENT COMMITTEE - MINUTES

**Venue:** Meeting held via WebEx

**Date:** 26<sup>th</sup> March 2021, 9:30-10:45

**Members:**

Mike Hoare	(MH)	Non-Executive Director (Chair)
Richard Samuda	(RS)	Trust Chairman & Non-Executive Director
Harjinder Kang	(HK)	Non-Executive Director (From 10am)
Dinah McLannahan	(DMc)	Chief Finance Officer
Liam Kennedy	(LK)	Chief Operating Officer
Dave Baker	(DB)	Director of Partnerships & Innovation

**In Attendance:**

Susan Rudd	(SR)	Assoc. Director of Corporate Governance
Paul Stanaway	(PS)	Assoc. Director of Financial Management
Simon Sheppard	(SS)	Director of Operational Finance

**Apologies:**

David Carruthers	(DC)	Medical Director
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Minutes	Reference
<b>1. Introductions</b>	<b>Verbal</b>
<p>The Chair welcomed Committee members to the meeting.</p> <p>Committee members provided an introduction for the purpose of the meeting recording.</p>	
<b>2. Apologies for absence</b>	<b>Verbal</b>
<p>Apologies were received from David Carruthers</p>	
<b>3. Minutes of the previous meeting, held on 29<sup>th</sup> January 2021</b>	<b>FIC (03/21) 001</b>
<p>The minutes of the FIC meeting held on 29<sup>th</sup> January 2021 were reviewed. The following observation was made:</p> <ul style="list-style-type: none"> <li>DMc and SR to discuss a range of amendments required with respect to the minutes.</li> <li>Item 6 – The figure £57.4m to be removed because this was not a formally submitted figure.</li> </ul> <p>The minutes were <b>ACCEPTED</b> as a true and accurate record of the meeting (subject to amendments being made).</p>	
<p><b>Action:</b> DMc and SR to discuss a range of amendments required with respect to the FIC minutes of 29th January 2021.</p>	
<b>3.1 Matters arising and update on previous meeting actions</b>	<b>FIC (03/21) 002</b>
<p>The action log was reviewed and updated as follows:</p>	

- *FIC (01/21) 003 - Prepare a clear financial case for the ophthalmology, diagnostics and Vanguard position It was agreed that this action had become outdated and should be removed from the log.*
- LK reported that the Ophthalmology position had been discussed at the CLE meeting. In terms of diagnostics there was a clear plan in place. There was enough capital in the budget to purchase the equipment needed (£220k required) and suitable estate was available. Staffing would be available and LK reported there would not be very much additional burden from a diagnostic capacity.
- Surgical capacity would need to be tackled. Bringing in the Vanguard theatres would equate to a large outlay with a six-month lead-in time. It was suggested this would not address the current priority 2 & 3 backlogs.
- Therefore, the short-term proposal (and the preferred option) for Ophthalmology would be to give it priority of BTC theatres over other specialties, with outsourcing to the independent sector being considered to support other specialties. The limiting factor would be in finding sufficient Ophthalmic-trained staff.
- The future strategy of Ophthalmology over the next five years would need to be decided i.e., what to do with Ophthalmology across the system and whether the Trust had the ambition to become the regional centre of excellence for eyecare – the BMEC option - or whether the vision would be a partnership with other organisations.
- LK reported that the decision on the way forward would need to be made as soon as possible, taking into consideration alignment with the overall Trust strategy.
- DMc suggested putting Ophthalmology forward as a priority for Acute Care collaboration project. LK agreed that it would be a good candidate because of the issues involved. LK suggested that it would fit with the internal strategy about how the Trust could serve as a ‘hub and spoke’ centre to support Ophthalmology in the region.
- DMc reported that a costing was available for the Vanguard project and it had been provisionally included in the 21/22 plan. LK commented that funding for Vanguard was a key issue because its running costs would be in excess of £2m a year on top of the fixed costs.
- RS queried the staffing dynamic. LK clarified that theatres were available, but there was a limited pool nationally of trained Ophthalmic staff. Ways to get around this were being investigated. RS suggested Moorfields Eye Hospital (London) arrangements might be worth looking at. LK offered to investigate.

**Action:** LK to put forward Ophthalmology as an Acute Care collaboration project.

**Action:** LK to investigate the theatre team arrangements/staffing at Moorfields Eye Hospital and report back.

## MATTERS FOR DISCUSSION

### 4. Month 11 Finance Report

**FIC (03/21) 003**

DMc reminded Committee members that an £800k deficit had been forecast at Month 10. This relied on the Trust being on plan for Months 11 and 12. It was reported that, overall, the Trust had been on plan for Month 11.

DMc expressed confidence that the final position would be breakeven or better at the end of the financial year, despite the uncertainties caused by the COVID-19 situation.

The Trust was involved in a risk share scenario with the STP and therefore, the Trust’s year-end position would depend on the performance of the other organisations involved.

Areas of uncertainty remained. These were:

- The impact of the annual leave provision. An annual leave 'buyback' scheme had been recently introduced with a number of applications already received. Confirmation had been received from the Centre about the annual leave which would attract cash and revenue. DMc noted the Trust was on track so far but acknowledged that there may be an impact if the final annual leave provision was more than the funds received from the Centre.
- Non-NHS income. It was reported that the Trust would be informed of this after it had submitted the Month 12 forms, but before submission of the draft accounts. Ongoing work would be required with the STP partners to sort out the implications of this for the risk share arrangement.

In response to a query from MH, DMc confirmed that staff would be permitted to carry over leave into the next year. Ten days would be automatically allowed, but more than ten days would require sign-off from either the Group Director of Operations, Group Director of Nursing or an Executive Director. DMc clarified that providing staff had taken their statutory allowance they would be able to 'sell back' extra days.

SS advised that the Trust had already received cash to support the Annual Leave payments. The Trust's Annual Leave accrual estimate at the end of January 2021 had jumped from £1.7 to £6.2m (an increase of £4.5m). NHS providers had been given around 80% of this change as cash. The Trust had received £3.7m and NHSE/I had acknowledged that the position would change closer to year end. As a principle however, Annual Leave accruals would be cash backed which was important because the Trust would need to use agency staff to fill gaps when staff went on leave.

SS reported that the £4.5m sum would be split between colleagues who wanted to buy back their leave and others who had chosen to take their 2021 leave in the coming year.

PS added that the amount of leave that was cash backed would be capped at five days per person. He reported that the trend of outstanding Annual Leave was declining, as reporting of Annual Leave on systems improved. Some gaps remained. There was a proviso within the Annual Leave policy which allowed for flexibility.

DMc reported that the key risk to Income and Expenditure was the high pay bill. Whilst agency demands had been variable, the main driver had been the extremely favourable pay rates in the [staffing] bank. DMc reported that discussions with LK and Mel Roberts would shortly take place regarding the reintroduction of an effective agency approval process. The agency ceiling for the Trust was £10.649m but it was unlikely this would be achieved.

DMc also noted that there were opportunities with the Trust's providers to review the contractual deals with agency partners. High bank rates, which had been necessary to respond to the latest COVID-19 wave, would be reduced from Monday 12<sup>th</sup> April 2021, to reflect the rate seen in COVID-19 Wave 1. A four-person taskforce had been established to set a reasonable rate, benchmarked against the Trust's peers.

Staff sickness had been sitting at around 8%. A reduction in this rate would reduce the reliance on bank staff.

MH queried the unfilled shifts position. DMc reported that it was possible to go outside of the eRoster system to book bank staff and this needed to be addressed.

Clinical group reviews had recently taken place and DMc reported that groups had been very clear on their COVID-19 pay cost pressures with exit strategies identified for most of them. DMc expressed confidence that the Trust was aware of all of its COVID-19 pay cost pressures, but work was ongoing to remove these.

LK queried the funding position for Q1 and Q2 and the risk of overspend Months 7 to 9. He suggested it would be useful to compare run rates between Months 7 to 9 and Months 10 and 11 to be able to



assess if there was a shift. DMc agreed.

DMc reported that the cash and capital position was positive. The capital position reflected a £2.6m underspend against the internally funded Capital Estates Programme. DMc commented that oversight on this issue was very thorough.

The MMUH expected spend for 20/21 had been agreed. Referring Committee members to the balance sheet, DMc highlighted the opening balance of £478m on 31<sup>st</sup> March 2020 compared to the current £611m, which indicated that it had been a very good year for the organisation in terms of balance sheet strength.

In terms of cash, the Trust had ended February 2021 with c£72m in the bank. DMc reported that at year end, the balance was expected to be around £50m, which included around £20m ringfenced for the Balfour Beatty March 2021 invoice (due for payment in April 2021). In addition to this, capital accruals were high, and cash had been received for the Annual Leave provision. Therefore, the underlying cash balance was c£30m compared to the £23m at the start of the year.

**HK joined the meeting at 10.06am**

**5. a) Planning Update 2021/22**

**FIC (03/21) 004**

**b) Draft 2021/22 Capital**

**FIC (03/21) 005**

DMc reported that official planning guidance had still not been received to date. However, it had been reported in the Health Service Journal (HSJ) that the block arrangement would probably continue for the first half of FY 21/22 rather than the first Quarter.

It was understood that the block of income received would be based on what the Trust had reported in Months 7-9 of 20/21 (probably in terms of cost). This figure had been £148m which was representative of a prudent position because the underlying position was £145m. DMc reported that the headroom would be affected by various factors (detailed in the paper) and inflationary pressures. It was hoped that more headroom could be created.

Providing that the Trust could stay within £145m, then it would have more headroom to spend on non-current pressures and to invest in restoration and recovery.

Against the Q3 costs of £145m there was an equivalent budget of £142m. The overspend was linked mainly to Emergency Care which was unsurprising given the COVID-19 costs during the period.

MH queried the recalibration of costs for those services which had been particularly hit by COVID-19 and guidance that might be available to recalibration productivity in a post-COVID-19 environment. DMc reported that no guidance had been received as to recalibration. LK commented that the expected national guidance should be helpful.

LK further commented that Cancer Services was expected to be one of the key priority areas across the system, along with Diagnostic Services. He suggested that the Trust should take a sensible approach, with a focus on sustainable or recurrent improvements and/or savings of what could be achieved, utilising the headroom available to the Trust's best advantage longer-term.

RS queried the income risk (carpark revenues etc) caused by working from home during lockdowns. DMc advised that the car park risk would be manageable in the first half of the year with the block arrangement. She reported that a letter had been received indicating that staff car parking would remain free for the foreseeable future and there had been some specific longer-term concessions. Members of the strategy team had been reviewing the concessions to ensure income targets could be met.

DMc clarified that Q4 only was £50m per month in expenditure (£150m per quarter). The current run rate would need to reduce if the Trust was to stay within its Q3 block.

Referring Committee members to the 'submission' tables in the paper, DMc clarified that there had been no formal submissions outside of the organisation from a planning perspective. She highlighted the following:

- The opening deficit position was £30.8m (Commissioner income deficit plus consequent FRF gap) – this deficit had been planned for 20/21 and had been included in the expenditure budget.
- There was a £11.8m CIP 20/21 shortfall.
- A tariff uplift would be expected of 1.3% to £6.1m.
- Inflationary costs would be £12.3m.
- Hard FM costs were £2.2m.
- £2m on PDC and depreciation.
- £3.3m extra on the 'Right Care, Right Here' transitional reserve.
- £700k approx. on incidentals.
- £679k on Oncology stranded costs (unlikely to materialise).
- £5.2m assumption of CIP.

Early figures suggested a gap of to control total of £32m, but this figure was uncertain and depended on the income settlement with Commissioners.

DMc commented that not enough information was available currently to be able to set the plan but there was a good view of many of the moving parts. There were around £78m of reserves to utilise to achieve the route to breakeven and achieve the financial improvement trajectory.

Subject to these considerations, DMc commented that it was expected that there would be some money left over for cost pressures, risks and developments.

Inflation would expect to be funded through the Trust's inflationary reserves.

DMc commented that, despite the extraordinary position, she was as confident as possible that the Trust would be able to manage the situation carefully.

Discussions had been taking place regarding an Activity Plan, with the aim of taking groups back to the levels of activity delivered in 19/20 utilising a milestone plan. It was hoped that MMUH's affordability workstream would be reporting from the end of May 2021. This workstream had a methodology and an approach and was part of the MMUH governance infrastructure.

DMc suggested that the finance, activity and potentially, capacity elements be reported to FIC in terms of governance. MH agreed.

In response to a query from RS, in relation to reviewing the ongoing MMUH costs, SS responded that work was already being done to investigate activity into 22/23 and discussion would be taking place with HR and finance managers to bring the final workforce plan to the September Trust Board meeting.

In terms of engaging with GPs, LK reported that there was a strategy in place to keep GPs informed about the progress and service model of MMUH. DMc reported that engagement with ICP boards was also well underway. HK commented that pre-marketing of MMUH was a priority.

HK also queried the CIP write off. PS reported that the Trust had effectively lost a year of CIP delivery because of the impact of COVID-19. DMc reported that the Trust had delivered about 2% of CIP for 20/21 which was better than many other organisations.

DB made the point that, in relation to income from referrals, there was a plan within MMUH to reduce inpatients to ensure fit in the footprint and reduce 'leakage' of cases to other areas. He suggested that this fit to footprint be carefully considered regarding this issue.

LK queried the link between the cash balance and the balance sheet. DMc commented that strategic

choices would have to be made if the Trust wanted to tolerate a deficit position. In November 2020, it had been confirmed through FIC that the Trust would aim for a cash backed, breakeven position; however, DMc acknowledged that this could change. A refresh of the cash to capital investment programme over the next five years would be undertaken going forward.

The 2122 draft capital plan was presented. DMc further commented that the funding internally for capital was not a problem but the Trust's ability to spend it was uncertain. Confirmation had been received of the STP-wide Capital Control Total being £90m, but there would be a £9m cost pressure. Therefore, it was likely the Trust would have to reduce its plan to spend £24.9m by its share of the £9m unless, some CRL could be secured from NHSE/I.

RS queried what might need to be deferred. SS reported that the system had to agree the overall value with each organisation having to formally apply by 12<sup>th</sup> April 2021. Therefore, the Trust would need to decide on its schemes before the deadline.

LK commented that the Trust's capital plans continued to dwindle because of the need to bear its share of cover for the capital spend of other organisations that had been less prudent. This was disappointing. DMc commented that she was considering escalating the issue to the CCG's Deputy AO.

#### 6. CIP 2021/22 Update

FIC (03/21) 006

DMc referred Committee members to the paper. She highlighted the Efficiency Programme update and that governance and capacity would be re-established around the CIP plan.

DMc reported that more time would be spent reviewing the plans at the next FIC meeting.

MH requested that percentages for the efficiencies in each of the areas against the value be added to the information. DMc agreed to add and circulate to Committee members.

**Action:** DMc to add the percentages for the efficiencies in each of the areas against the value to the CIP 2021/22 update and circulate to Committee members.

#### 7. SBAF Update

FIC (03/21) 007

DMc reported that both SBAF 9 and SBAF 10 had been kept as 'limited' status. Both were cost reduction plans.

DMc advised that whilst the risk had reduced in relation to both, there was not enough financial information available because of the unusual circumstances to be able to offer 'adequate' assurance on either.

### MATTERS FOR INFORMATION/NOTING

#### 8. Matters to raise to the Trust Board

Verbal

- Finance position
- Forward planning (potentially including the expected official guidance)

#### 9. Meeting effectiveness feedback

Verbal

None discussed.

#### 10. Any other business

Verbal

None discussed.

**7. Details of Next Meeting**

The next meeting will be held on Friday 28<sup>th</sup> May 2021, 09:00 - 11:00 by WebEx meetings.

Signed .....

Print .....

Date .....

## QUALITY & SAFETY COMMITTEE - MINUTES

**Venue:** Meeting held via WebEx

**Date:** 30<sup>th</sup> April 2021, 11:30-13:00

**Members:**

Harjinder Kang	(HK)	Non-Executive Director (Chair)
Richard Samuda	(RS)	Non-Executive Director/Trust Chair
Lesley Writtle	(LW)	Non-Executive Director
David Carruthers	(DC)	Medical Director
Mel Roberts	(MR)	Acting Chief Nurse
Kam Dhami	(KD)	Director of Governance
Richard Beeken	(RB)	Interim Chief Executive
Chizo Agwu	(CA)	Deputy Medical Director
Kate Thomas	(KT)	Non-Executive Director
Dave Baker	(DB)	Director of Partnerships & Innovation
Liam Kennedy	(LK)	Chief Operating Officer
Parmjit Marok	(PM)	GP Rotton Park Medical Centre
Helen Hurst	(HH)	Director of Midwifery

**In Attendance:**

Susan Rudd (SR) Assoc. Director of Corp Gov.

Minutes	Reference
<b>1. Introductions</b> [for the purpose of the audio recorder]	<b>Verbal</b>
Chair RS (Acting Chair in the initial absence of HK) welcomed Committee members to the meeting.	
<b>2. Apologies for absence</b>	<b>Verbal</b>
There were no apologies.	
<b>3. Minutes from the meeting held on 26<sup>th</sup> March, 2021</b>	<b>QS (04/21) 001</b>
The minutes of the meeting held on 26 <sup>th</sup> March 2021 were reviewed. The minutes were <b>ACCEPTED</b> as a true and accurate record of the meeting.	
<b>4. Matters and actions arising from previous meetings</b>	<b>QS (04/21) 002</b>
<ul style="list-style-type: none"> <li>• <i>QS (03/21) 006 - Request that the Neonatal team triangulate the data to explain the high term admissions figures in relation to the other more positive Maternity/Neonatal metrics.</i></li> </ul> <p>HH acknowledged that the Trust had high term admissions but explained that the Trust delivered</p>	



excellent care to the babies and that NAP data had improved. She referred Committee members to further explanation in the paper. **Completed.**

**4.1 Feedback from the Executive Quality Committee and RMC**

**Verbal**

**Executive Quality Committee (EQC)**

KD reported that there had been a heavy agenda at the EQC including discussion of SIs.

The re-introduction of Schwartz Rounds, supported by the King’s Fund through their Point of Care Foundation had also been discussed. KD explained that they provided a structured forum for staff at all levels of seniority, to discuss emotional, key events and social elements of work and helped staff reconnect with values and motivation at work. A programme of work had been put in place with expressions of interest already received from staff prepared to be trained to lead the Rounds, and an internal advert would also be placed.

The Q3 safeguarding report had been discussed along with the infection prevention control papers and the BAF.

Other points of discussion had been policy development and clarity around the clinical guidelines. Flow charts had helped explain the process and tracking using myDocs had also been explained.

**Risk Management Committee (RMC)**

The Groups’ current ‘red’ rated risks had been discussed and these would be brought to the Trust Board. The low likelihood, high impact risks were also reviewed (those currently rated green or yellow) which, if they were to happen, would have a high impact on the organisation.

**5. Patient story for the Public Trust Board**

**Verbal**

MR reported that the story would concern a male YHP patient (Primary Care). He had become unwell with COVID-19 and had initially been managed at home with the help of an ACP and utilising a pulse oximeter. He had been later admitted to Sandwell for a short period of time and had received excellent care with good communication from staff.

MR commented that the story from Primary Care would coincide and be aligned with National Nurses Week.

**DISCUSSION ITEMS**

**6. Gold update on COVID-19 position, including vaccine update**

**QS (04/21) 003**

MR reported that the Trust’s community infection rate continued to decline and inpatient numbers had fallen to 18. D17 ward was the only ‘red’ area currently operated within the Trust. The health and wellbeing area for the staff on the ward had been a focus because it had been a ‘red’ area from the beginning of the pandemic.

MR commented that a restructure of the ward might be necessary as COVID-19 patient demand continued to drop.

There had been new guidance issued concerning the contact ward. MR reported there was no necessity now for a contact ward and Covid patients would be nursed primarily in bays or side rooms.

Swabbing was still being undertaken on admission via point of care testing in ED and on days three and seven. There had only been one positive case in the last seven days through ED.

The 'red' AMU was being reviewed on the City site. Gastroenterology had consolidated at Sandwell.

LAMP testing for staff had been rolled out on 25<sup>th</sup> March 2021 and the Trust was currently at 36% but there was more work to be done on the roll out. Within the STP Wolverhampton had been running at around 50% but other Trusts were slightly lower than SWBH. A plan was in place and a dashboard in operation for supervisors and ward managers.

The vaccination centre at the hospital hub had closed for second vaccines on 26<sup>th</sup> April 2021, the Tipton vaccination hub was continuing. The vaccination hub had also carried out 500 first jabs for staff to meet a fresh demand for vaccination following a communication and promotion campaign.

The Pfizer jab had been confirmed as the vaccine of choice for the under 30s visiting the Tipton vaccination hub. The Astra Zeneca vaccine would continue to be used for second doses. Tipton would be open until 3<sup>rd</sup> October 2021 to meet the second dose timetable.

MR reported that first doses of vaccine continued to be pushed to staff and inoculation rates were currently around 70%. The vaccination status of around 1,000 staff was currently uncertain and being followed-up.

In terms of PPE, MR reminded the Committee that the initial decision to move away from national guidelines had been reviewed and the Trust was now operating within national guidelines, with the exception of high-risk members of staff who had been advised to follow their personal risk assessment plans.

LW queried the issue of LAMP testing. MR commented that it had been difficult to persuade some staff to take part but take up had been improving by about 3% per week. DC stated there were multiple factors involved in take-up rates. Face-to-face meeting risks were being reviewed in the light of vaccination rates and the easing of contact restrictions.

PM queried whether any cases concerning the Indian variant [of COVID-19] had been observed in the hospital. DC confirmed there had been one patient identified with the strain who had been managed appropriately.

In response to a query from RS, MR reported that staff whose vaccination status was uncertain were being contacted. She expressed the view there was still some work to do to encourage vaccine uptake by hospital staff.

HH referred Committee members to the paper and highlighted the following points:

From April 2021, the Trust would be working to the national average caesarean section rate of 30%. At the end of the year the Trust's figure had been 29.7% (just within target). HH expressed the view it was a fair average.

In terms of perinatal mortality, there had been four stillbirths in March 2021, three of them at term. One had been under the surveillance of the diabetic team and the death had been discovered on her caesarean section date with no complaints of reduced fetal movement. The other two term pregnancies had demonstrated no risk factors. The fourth case concerned a death discovered in labour.

There had been no neonatal deaths in February 2021 and the Trust's Neonatal mortality rate had been positive over the course of the year. Infections were the biggest cause of admissions to the Trust's neonatal services along with meconium staining or aspiration. Work was ongoing to try to reduce the numbers.

Cot days remained low but unfortunately the reduction in the numbers of babies requiring admission to the Neonatal Unit was due to the lower number of births which was a national trend.

Grade 1 caesarean section interval delivery rate had been a positive with only 7.7 not achieving the target of 30 minutes. NAP data showed the Trust was performing extremely well especially in relation to being seen in the first 24 hours.

Post-partum haemorrhages had remained static which was a positive as the Trust had previously been observing an increase. HH acknowledged that antibiotics use was higher, but this triangulated with the greater term admission for infection.

In response to a query from RB, HH reported that a trial of administering IV antibiotics earlier in labour would be undertaken as obstetric opinion was divided on this issue.

CA raised the issue of the high rate of maternal mortality and stillbirths by ethnic minority women in the UK and queried how this impacted the Trust and how it was addressing any disparity. HH reported that a specialist midwife had recently been appointed to improve knowledge in this area and work with communities. The same piece of work was being carried out with Tower Hamlets and Bradford.

DC queried whether there was routine data about the ethnicity of stillborn and neonatal deaths. HH reported that this figure would always be higher for SWBH because of the local population demographic.

KD enquired about progress of the whistleblowing programme with the Maternity Services workforce. HH reported this was on track and had been going very well.

DB suggested the inclusion of a patient satisfaction indicator in the dashboard. HH agreed to add it to the clinical paper going forward, noting that patient experience survey results were included in the Board paper.

**Action:** HH to add patient satisfaction indicators to the Maternity dashboard.

**7.1. Investment in Maternity workforce and Training Proposal**

**QS (04/21) 005**

- **HK arrived at the meeting and took over the Chair role from RS.**

MR explained that the topic related to the Ockenden Report. HH reported that NHSE/I had released £95.9m to support the introduction of the essential actions required. Bids had been requested around three key areas:

- Midwifery workforce
- Obstetric workforce
- Mandatory training

HH reported that a huge piece of work had been undertaken nationally and SWBH was aware it had a large deficit of midwives.

The lead role for fetal monitoring had been appointed to but there was no PA in support.

HH reported that the total cost of the bid was £700K in 2021/22 with a recurrent cost of £1.27m. Next steps would be submission. The LMNS would give its approval by 4<sup>th</sup> May 2021 for a 6<sup>th</sup> May submission. National teams were expected to feedback allocations by 27<sup>th</sup> May 2021. The system would be sent revised plans back by 3<sup>rd</sup> June 2021 should they be required. HH reported that the submission was a work in tandem with LMNS, hence the requirement for approval. The bid had been well supported by the Trust's HR and Finance teams.

LW queried the strategy to entice people into the Trust in terms of recruitment. HH acknowledged the difficulty and stated there was a possibility that money might need to be refunded if the Trust could not successfully recruit but work was already ongoing in that area including internationally.

LK commented that the Ockenden report focused on personalised care for each mother. The Committee **APPROVED** the bid.

## **8. Reintroduction of Partners into Maternity Perinatal Medicine**

**QS (04/21) 006**

MR reported that patient visiting had been re-introduced in certain areas within the Trust from 12<sup>th</sup> April 2021. This move had affected the community sites, neonates, children and Maternity Services.

Partners attending both scans had been oppressed because of the COVID-19 restrictions. Lateral flow testing had been introduced. New guidance was expected.

HK queried whether the Trust was confident that partners were proficient in terms of lateral flow testing. MR reported that partners and families were being supported to carry it out but data was enhanced with a questionnaire.

LK queried whether the requirement to carry out lateral flow testing was causing delays in the appointments process. MR reported that test timings had been incorporated into the schedule but acknowledged that waiting areas were not entirely adequate, however no complaints or issues had been raised.

## **9. HSMR review**

**QS (04/21) 007**

DC referred Committee members to the paper which reiterated the importance of HSMR and how it might have a negative impact on the organisation.

It was reported that the Trust had been reviewing the quality of care in the clinical areas and issues around documentation, which might link to adverse changes within the HSMR, already aggravated because of hospital acquired infection rates.

DC stated that there was a huge amount of work ongoing in relation to the Quality of Care Reviews and through Learning from Deaths.

Discussions around coding; however, would need to be rapidly developed.

DC further reported that it was likely the HSMR would worsen in the next months because of the recent COVID-19 peak which had led to an increase in community and hospital acquired infections.

In response to a query from HK regarding recruiting someone to tackle the issue, DC acknowledged this would need to be an individual who understood coding, clinical aspects and Unity. A meeting would shortly take place to determine how this multi-skilled individual would be found (i.e. externally versus internally sourced).

RS queried the CQC impact. KD reported that the Trust had been in touch with the CQC and had expressed eagerness to engage. CQC would likely be looking at the IQPR, the Trust's Board reports and the insight data.

CA commented that one of the key issues would be whether there had been more COVID-19 deaths recently than in the previous waves. NHS England had reported that SWBH was in the middle of the ranking table, therefore, there were no particular concerns.

## 10. CQC inspection preparedness

QS (04/21) 008

KD reported that any visit by the CQC remained uncertain however, it was known that their future visits would be more targeted towards areas rated as 'requires improvement, so the medical wards, assessment units and paediatrics. The Trust was currently rated 'inadequate 'in terms of well led for paediatrics.

KD reported that most of the wards had taken part in the self-assessment process. Surgery had been an outlier. Improvement work had been identified.

In-house inspections would shortly re-commence. Triangulation with other services would be important in this programme.

KD reported that an Oversight Group would be established – including executives and potentially including a Non-Executive Director - to talk to and support ward managers. Public View would be monitored for indicators of performance. Staff engagement would be key to CQC preparedness. Information packs had been distributed.

LW expressed concern that there was little evidence that the trust fully understood how prepared it was for the CQC inspection. KD commented that it was hoped improvement plans that were being implemented on wards in response to self-assessment, would give an indication of progress.



LK queried whether, in terms of paediatrics, a wider approach across the organisation might be useful. KD acknowledged this point. LW expressed the view that the in-house visits would be really important to get a sense of the Trust's genuine position.

**11. Public View: Trust performance benchmarking position**

**QS (04/21) 009**

DB referred Committee members to the paper and highlighted the 41 metrics contained in Public View and the Trust's percentiles.

DB commented that out of the ten most important indicators, the Trust was in the bottom quarter of five of them, including Friends and Family, Staff Hospital Mortality Indicator (SHMI), the Sickness Absence Rate, and complaints. Performance in A&E had recently improved which was a positive.

The overall hospital benchmarking score based on the ten metrics showed that the Trust had been very close to achieving a 'Good' rating in June 2019, but it had now dropped within the 'Requires Improvement' rating.

In response to a query from HK, DB clarified that Public View had created the list of metrics using Artificial Intelligence (AI) and data from 'good' and 'outstanding' Trusts. DB expressed the view that the metrics, benchmarking and other data could be used by the Trust to plan a route to improvement and evidence that it was being executed effectively.

RS commented that cancer services appeared to be a focus for NHSE/I. LK agreed, commenting that the Trust's track record in this area had been very good and had been in the top quartile nationally. However, the Trust was currently in a worse position because of its reliance on UHB which had suspended its services during COVID-19. The knock-on effect was long waits for dermatology and breast cancer services. Gynae-oncology sessions at the Priory had also been unexpectedly lost – dropping from eight sessions per week to two per month. LK stated that plans were in place to address the problems.

LK further commented that the Trust had continued to operate cancer services throughout all the COVID-19 waves but because other Trusts had suspended them, this had repercussions on SWBH. NHSE/I had been made aware of the issues.

**12. Results endorsement**

**QS (04/21) 010**

DC summarised that the Trust's position was to achieve a paperless system across all results. It was known that around 30% of tests were currently not ordered or corrected properly and this needed to be worked on so that endorsement was possible through Unity.

DC advised that education and training would be promoted as part of the Unity optimisation programme. Reports would be produced by department and ward area.

The biggest risk was around Radiology and a report was due to be finalised for circulation. Groups had been asked to focus on getting the results endorsed in real time.

In response to a query from RS, DC confirmed that in some areas there had been issues concerning the hardware in terms of functionality and people's use of it. A process conducted with the IT team had

involved visits to ward areas to check on malfunctioning hardware.	
<b>13. Integrated Quality and Performance Report: Exceptions</b>	<b>QS (04/21) 011</b>
DB reported that positive progress had been made on the data quality dashboard and the A&E data set had been hitting its target for the first time. MR reported that an update in relation to the falls detailed in the paper would be expected shortly	
<b>MATTERS FOR INFORMATION/NOTING</b>	
<b>14. Learning from deaths dashboard</b>	<b>QS (04/21) 012</b>
Noted.	
<b>15. Planned Care and Recovery report</b>	<b>QS (04/21) 013</b>
Noted.	
<b>16. 2021/22 Clinical Audit forward plan</b>	<b>QS (04/21) 014</b>
Noted.	
<b>17. Q4 complaints report</b>	<b>QS (04/21) 015</b>
Noted.	
<b>18. Matters to raise to the Trust Board</b>	<b>Verbal</b>
It was suggested the following topics be raised at the Trust Board: <ul style="list-style-type: none"> <li>• Gold update</li> <li>• Maternity dashboard and the Ockenden paper</li> <li>• CQC inspection preparedness</li> <li>• Forward planning on HSMR.</li> <li>• Cancer summary.</li> </ul>	
<b>19. Meeting effectiveness</b>	<b>Verbal</b>
None discussed.	
<b>20. Any other business</b>	<b>Verbal</b>
On behalf of the Committee, HK acknowledged that it was the last Q&S meeting for RS and extended thanks for his service.	
<b>Details of next meeting</b>	

The next meeting will be held on 28<sup>th</sup> May 2021, from 11:30 to 13:00, by WebEx meetings.

Signed .....

Print .....

Date .....

<b>Report Title</b>	Application of Trust Seal		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Susan Rudd, Associate Director of Corporate Governance		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	9 <sup>th</sup> June 2021

### 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
364	Lease of the electricity substation site at City Hospital, Dudley Road, Birmingham, B18 7QH. Western Power Distribution (West Midlands) PLC	Acting CEO Richard Beeken and Director of System Transformation Rachel Barlow	12.05.2021

### 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	<b>x</b>
Financial Plan	<b>x</b>	Digital Plan		Other <i>[specify in the paper]</i>	

### 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	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed