

## TRUST BOARD – PUBLIC SESSION AGENDA

**Venue:** Anne Gibson Boardroom, City Hospital

**Date:** 4<sup>th</sup> October 2018, 0930h – 1315h

**Members:**

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

**In attendance:**

Mrs C Rickards (CR) Trust Convenor  
 Mrs R Wilkin (RW) Director of Communications  
 Mr D Baker (DB) Director of Partnerships & Innovation  
 Miss C Dooley (CD) Head of Corporate Governance  
 Mr L Kennedy (LK) Deputy Chief Operating Officer

**Board support**

Mrs S Cattermole (SC) Executive Assistant

Time	Item	Title	Reference Number	Lead
0930h	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> Rachel Barlow	Verbal	Chair
0935h	2.	<b>Patient Story</b>	Presentation	PG
0950h	3.	<b>Questions from Members of the Public</b>	Verbal	Chair
0955h	4.	<b>Chair's Opening Comments</b>	Verbal	Chair
<b>UPDATES FROM THE BOARD COMMITTEES</b>				
1000h	5a	(a) receive the update from the <b>Charitable Funds Committee</b> meeting held on 13 <sup>th</sup> September 2018	TB (10/18) 001	WZ
		(b) receive the minutes from the <b>Charitable Funds Committee</b> meeting held on 13 <sup>th</sup> May 2018	TB (10/18) 002	WZ
1005h	5b	(a) receive the update from the <b>Public Health, Community Development and Equality Committee</b> meeting held on 13 <sup>th</sup> September 2018	TB (10/18) 003	KT
		(b) receive the minutes from the <b>Public Health, Community Development and Equality Committee</b> meeting held on 1 <sup>st</sup> June 2018	TB (10/18) 004	KT
1010h	5c	(c) receive the update from the <b>Estate Major Projects Authority</b> meeting held on 21 <sup>st</sup> September 2018	TB (10/18) 005	RS
		(d) receive the minutes from the <b>Major Projects Authority</b> meeting held on 24 <sup>th</sup> August 2018	TB (10/18) 006	RS

Time	Item	Title	Reference Number	Lead
1015h	5d	(a) receive the update from the <b>Quality and Safety Committee</b> held on 28 <sup>th</sup> September 2018	TB (10/18) 007	OD
		(b) receive the minutes from the <b>Quality and Safety Committee</b> held on 31 <sup>st</sup> August 2018	TB (10/18) 008	OD
1020h	5e	(a) receive the update from the <b>Finance and Investment Committee</b> held on 28 <sup>th</sup> September 2018	TB (10/18) 009	MH
		(b) receive the minutes from the <b>Finance and Investment Committee</b> held on 31 <sup>st</sup> August 2018	TB (10/18) 010	MH
	5f	(a) received the update from the <b>People and OD Committee</b> held on 2 <sup>nd</sup> October 2018	TB (10/18) 023	HK
		(b) receive the minutes from the <b>People and OD Committee</b> held on 25 <sup>th</sup> June 2018	TB (10/18) 024	HK
<b>MATTERS FOR APPROVAL OR DISCUSSION</b>				
1030h	6.	<b>Chief Executive's Summary on Organisation Wide Issues</b>	TB (10/18) 011	TL
1045h	7.	<b>Integrated Quality and Performance Report</b>	TB (10/18) 012	TL
	7.1	<b>Financial Performance: Month 5 Report</b>	TB (10/18) 013	DM
1100h	8.	<b>Monthly Risk Register Report</b>	TB (10/18) 014	KD
1110h		<b>BREAK</b>		
1120h	9.	<b>CQC Well-Led Self Review</b>	TB (10/18) 015	KD
1135h	10.	<b>IT Infrastructure Delivery Update</b>	TB (10/18) 016	TL
1145h	11.	<b>weconnect – Steps to Organising a Programme of Work</b>	TB (10/18) 017	TL
1205h	12.	<b>Winter Readiness and Plan</b>	TB (10/18) 018	LK
1215h	13.	<b>Acute Care Sustainability 2019</b>	TB (10/18) 019	TL
1230h	14	<b>2019/20 Investment Decisions</b>	TB (10/18) 020 <i>to follow</i>	DMc
<b>UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS</b>				
1255h	15.	<b>Minutes of the previous meeting and action log</b> To approve the minutes of the meeting held on 6 <sup>th</sup> September 2018 as a true/accurate record of discussions, and update on actions from previous meetings	TB (10/18) 021 TB (10/18) 022	Chair Chair
	15.1	<b>Living Wage Accreditation: Suppliers Assurance</b>	Verbal	RG
	15.2	<b>Patient Handover / Staff Exit SOP &amp; Implementation</b>	Verbal	LK
<b>MATTERS FOR INFORMATION</b>				
1315h	16.	<b>Any other business</b>	Verbal	Chair
	17.	<b>Details of next meeting: Public Trust Board meeting will be held on Thursday 1<sup>st</sup> November in the Main Room, Aston Business School Building, Aston University, Aston Triangle, Birmingham B4 7ET</b>		

<b>CHARITABLE FUNDS COMMITTEE UPDATE</b>	
Date of meeting	13 <sup>th</sup> September 2018
Attendees	<b>Cllr Waseem Zaffar, Mr Richard Samuda, Mrs Ruth Wilkin, Mr Johnny Shah, Mr Craig Higgins, Mrs Archana Gella , Ms Sue Bullock</b>
Apologies	Mr Toby Lewis, Mrs Paula Gardner and Ms Dinah McLannahan
Key points of discussion relevant to the Board	<ul style="list-style-type: none"> <li>• Performance against KPIs</li> <li>• New Commissioned Funding Proposals</li> <li>• Midland Met Fundraising Campaign</li> </ul>
Positive highlights of note	<ul style="list-style-type: none"> <li>• Charity income is at 37% of annual target up to Period 4 with some large donations still coming in and expecting to exceed overall target for income by year end.</li> <li>• Midland Met fundraising campaign now has a strong leadership committee from local / regional business leaders and well networked individuals. Leadership gift part of the campaign is progressing with welcome news of positive way forward for the construction.</li> <li>• Positive outcomes from charity funded large grants including the alcohol service, IDVA programme and Sapphire.</li> </ul>
Matters of concern or key risks to escalate to the Board	<ul style="list-style-type: none"> <li>• <b>Independent Domestic Violence Advisers Project</b> - with support from the charity team the project secured more funding from Sandwell Safer Partnership plus match funding which means project will run to March 31<sup>st</sup> 2019. By that time the service will have run for four years and, future grants to sustain the project are unlikely.</li> </ul>
Matters presented for information or noting	<ul style="list-style-type: none"> <li>• Progress of grant funded projects including closure of completed projects and pipeline of projects coming to end of charity funding.</li> <li>• External grant funding developments and bids</li> </ul>
Decisions made	<ul style="list-style-type: none"> <li>• Closure of six completed projects and projects at end of charity funding</li> <li>• Approval for five new projects funded from restricted funds: £75k cataract training system in BMEC, £50k match funding for two cardiology research fellows, £50k advanced training for acute oncology nurses, £19,953 for radiotherapy equipment (partnership with QEHB Charity), £41,750 for scan trainer transabdominal simulator</li> <li>• Approve the Midland Met fundraising campaign option to continue up to 1<sup>st</sup> January 2022.</li> <li>• £2,500 sponsorship of Star Awards 2018</li> <li>• Closure of 11 dormant funds</li> </ul>

**Cllr W Zaffar**

**Chair of the Charitable Funds Committee**

***For the meeting of the Trust Board scheduled for 4<sup>th</sup> October 2018***

## CHARITABLE FUNDS COMMITTEE - MINUTES

**Venue:** Anne Gibson Committee  
Room, City Hospital

**Date:** 17<sup>th</sup> May 2018; 1130 - 1300

**Members present:**

CLlr W Zaffar – Chair **(WZ)**  
Mr T Waite – Finance Director **(TW)**  
Mr R Samuda – Trust Chair **(RS)**  
Mrs R Wilkin, Director of Communications **(RW)**

**In attendance:**

Mr J Shah, Head of the Trust Charity **(JS)**  
Mr Bill Devitt – Grant Thornton **(BD)**

**Committee support:**

Miss Y Charles – Executive Assistant **(YC)**

Minutes	Paper Reference
<b>1. Welcome, apologies and declarations of interest</b>	Verbal
Apologies was received from Paula Gardner; Toby Lewis and David Carruthers	
<b>2. Minutes of the previous meeting held on 15<sup>th</sup> February 2018</b>	<b>SWBCF (02/18) 008</b>
The minutes were approved as a true record albeit miss spelling of Jonathan Gardner should be Jonathan Jardine.	
<b>3. Matters arising from the previous meeting (action log)</b>	Verbal
<p>The following actions were discussed and updated;</p> <ul style="list-style-type: none"> <li>• <b>Head of Trust Charity Report:</b> The team are providing an ongoing calendar of fundraising events at each committee so this action can be <b>closed</b></li> <li>• <b>Major Grants Report:</b> The team is providing an ongoing report detailing an exit plan for any grant funded projects with a six month end date. The report includes timescale for funding and whether or not the project will be sustained or closed. This action can be <b>closed</b></li> <li>• <b>Annual Report:</b> The team have provided a re-formatted publication of the Annual Report so this action can be <b>closed</b></li> </ul>	



<p><b>4. Draft Trust Charity Annual report &amp; Accounts 2017/18</b></p>	<p><b>SWBCF (05/18) 002</b></p>
<p>Mr Devitt outlined that initial reviews showed charity accounts were grounded in ledger. Classifications of unrestricted and restricted funds were clear. The audit plan and timescales for year-end audit were detailed. Audit for the charity accounts will begin on 29<sup>th</sup> May. Charity annual report and accounts to be included as document alongside the Trust annual report and presented to the Trust AGM on 21<sup>st</sup> June. Audit findings report to be issued 7<sup>th</sup> June, and audit opinion to be issued on 18<sup>th</sup> July. Mr Waite confirmed he was content with these timescales.</p> <p>Mrs Wilkin raised the question of reviewing investment managers. Mr Waite explained that Barclays Wealth had maintained a moderate approach to risk, supported the charity in creating liquid investments in readiness for the Midland Met campaign, and their performance was in line with market expectations. Consequently, no change was proposed in this financial year for investment managers.</p> <p>The Chair commended the charity team for the completion of the Trust Charity annual report.</p>	
<p><b>Action: Audit findings report to be submitted by 7<sup>th</sup> June and charity annual report presented to Trust AGM on 21<sup>st</sup> June</b></p>	
<p><b>5. Head of Charity report</b></p>	<p><b>SWBCF (05/18) 003</b></p>
<p>Mr Shah noted that the charity had exceeded the annual financial target for the charity by £82,000. Mr Shah also provided samples of the 'Planning For Your Peace of Mind' guide, which had recently been launched with the Palliative Care service, to provide patients with a number of services to help plan for their later life. This included the charity's legacy proposition.</p> <p>Mr Shah raised awareness of the upcoming Michael Willis fundraising event on 23<sup>rd</sup> June, and requested Executive and Non-Executive members of the Trust to attend if they were available, or promote the event to their networks.</p>	

<b>5.1 Major Grants Progress report</b>	<b>SWBCF (05/18) 004</b>
<p>Mr Shah outlined that there are two schemes which if further co-funding are not found run the risk of closing. The schemes are; Domestic Abuse project and the Sapphire Project.</p> <p>The team are currently awaiting confirmation as to whether recent bids have been successful. These include the Sandwell Safer Partnership (SSP) application for the Domestic Abuse project and BCF application for the Sapphire project. If both are unsuccessful then the projects will close 30.06.18 and 01.06.18 respectively.</p> <p>Mr Waite commented positively on the production of a ‘pipeline’ for future grant opportunities.</p>	
<p><b>Action: The team to advise on the outcome of the SSP application for the IDVA project and the BCF application for the Sapphire project</b></p>	
<b>6. New fund proposals</b>	<b>SWBCF (05/18) 005</b>
<ul style="list-style-type: none"> <li>• <b>Leukaemia research proposal</b> – collaboration has begun with the University of Birmingham around Leukaemia research. This will be a match funded research proposal with the university securing £128K.</li> <li>• <b>BMEC young volunteer hub</b> – this project plans to establish a hub for young volunteers within BMEC. 65k of charity monies have been identified to match-fund a grant proposal to the Pears Foundation. This would enable the hub to run for 2 years.</li> </ul> <p>The committee provisionally agreed to approve the above proposed commissions, subject to match-funding being secured.</p>	
<p><b>Action: The team to advise on the outcome of the match funded approach to University of Birmingham for leukaemia research, and the approach to the Pears Foundation for the BMEC young volunteers hub</b></p>	

<b>7. Oncology Funds</b>	<b>SWBCF (05/18) 006</b>
<p>Mr Shah detailed that, after prolonged conversations, a resolution had been made to merge the existing eight oncology charitable funds within the charity to one historical fund.</p> <p>The Committee was asked to discuss and approve the following:</p> <ul style="list-style-type: none"> <li>• Creating an ‘amalgamated historical oncology fund’, consolidating all 8 identified funds into one single fund.</li> <li>• Implementing special dispensation rules and procedures, as outlined in the paper, for the newly amalgamated fund</li> <li>• Approving the following expenditure requests over £1,000: <ul style="list-style-type: none"> <li>○ Provision of In-reach and Out-reach Counselling, Psychotherapy and Dietician Services for SWBH Oncology &amp; Cancer Patients - £116,295 (over 3 years)</li> <li>○ Cancer Wellbeing Fair – £40,500 (over 3 years)</li> </ul> </li> </ul> <p>Mr Waite commended the team that a difficult situation had received a positive resolution.</p>	
<b>8. Midland Metropolitan Hospital Fundraising Appeal</b>	<b>SWBCF (05/18) 007</b>
<p>Mrs Wilkin detailed that there was no change to the current risk assessment submitted to committee in February 2018.</p> <p>Mrs Wilkin explained that, despite the ongoing challenges relating to the construction position, very good progress had been made in developing a leadership committee focused on securing the top 12 gifts of a minimum £50,000 each, and work had proceeded on branding for the campaign.</p>	
<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>To trial contactless payments.</b></li> <li>• <b>To delegate creative approval for branding to a small group of committee members (including campaign representatives), and agree to the continued development of the campaign concept(s).</b></li> </ul>	
<b>9. Management accounts</b>	<b>SWBCF (05/18) 008</b>
<p>The Committee was asked to discuss and approve the following:</p> <ul style="list-style-type: none"> <li>• Finance to create automated report in new system to avoid manual entry.</li> <li>• The charity to revise target lines within income KPIs for 2018/19 and subsequent years.</li> <li>• Finance to produce a quarterly investment update and the charity to budget for investment income in Q4 only.</li> </ul>	

<ul style="list-style-type: none"> <li>• The charity to draw up an internal fundraising toolkit.</li> <li>• For expenditure requests only to be processed with an approved spending plan in place.</li> <li>• For the Nominated Representative of DoF for Non Pay charitable spend items up to £5,000 to be one of the following authorised individuals: <ul style="list-style-type: none"> <li>○ Director of Communications</li> <li>○ Deputy Director of Finance</li> <li>○ Head of Compliance</li> <li>○ Head of Trust Charity</li> </ul> </li> </ul> <p>Mr Waite commended the work contained within the charity finance report. It was still a work in progress, and he requested meeting with the charity finance team to develop further.</p>	
<p><b>Action: The charity finance team to meet with Mr Waite to develop the charity finance report</b></p>	
<p><b>10. Matters to raise to the Board and Audit &amp; Risk Management Committee</b></p>	<p><b>Verbal</b></p>
<p>The committee agreed to share the following themes:</p> <ul style="list-style-type: none"> <li>• Celebrating successful charity projects.</li> <li>• A proposed stakeholder event sharing the impact of these projects, so that external contacts and internal colleagues such as clinicians are aware of what the charity can do for them.</li> </ul>	
<p><b>11. Meeting effectiveness</b></p>	<p><b>Verbal</b></p>
<p>The committee agreed that the meeting content was robust.</p>	
<p><b>12. Any other business</b></p>	<p><b>Verbal</b></p>
<p>It was proposed for another Non-Executive or Executive Director to join the committee.</p>	
<p><b>Action: Another Non-Executive or Executive Director to join the committee</b></p>	
<p>Date and time of next meeting: 13<sup>th</sup> September 2018 at 11:30 in Education Centre, Sandwell Hospital.</p>	

Signed .....

Print .....

Date .....

<b>PUBLIC HEALTH, COMMUNITY DEVELOPMENT &amp; EQUALITY COMMITTEE UPDATE</b>	
Date of meeting	13 <sup>th</sup> September 2018
Attendees	Cllr Waseem Zaffar , Mr Richard Samuda, Mrs Raffaella Goodby, Professor David Carruthers, Mrs Ruth Wilkin, Mr Paula Hooton, Mrs Chris Rickards and Ms Sue Bullock
Apologies	Professor Kate Thomas, Mr Tony Lewis, and Mrs Paula Gardner
Key points of discussion relevant to the Board	<ul style="list-style-type: none"> <li>• Smoke free sites by 5<sup>th</sup> July 2019</li> <li>• Mental Health Tender and implementation</li> <li>• WRES data 2018</li> </ul>
Positive highlights of note	<ul style="list-style-type: none"> <li>• Pet Therapy working very well. Trust hoping to raise money through charity events to support this further and also to provide a Paro Seal Robot to help patients suffering from dementia.</li> <li>• WeMind was introduced on 1<sup>st</sup> September which is our new mental health support programme for staff.</li> <li>• Employer with Heart Charter has now been signed which means new parents with premature babies will be paid until Maternity Leave would normally have begun if the babies were born around their due date.</li> </ul>
Matters of concern or key risks to escalate to the Board	<ul style="list-style-type: none"> <li>• WRES statistics from staff annual survey showing disturbing levels of harassment/bullying. Although our statistics fell around average of other Trusts it is recognised that this did not mean we weren't acting on the findings.</li> </ul>
Matters presented for information or noting	<ul style="list-style-type: none"> <li>• Fruit and veg stall now available at Sandwell and City site, operating 7 days a week across the sites providing cheap fruit and vegetables for staff and patients.</li> <li>• Smoke-free taskforce to be set up to look at the planning, implementation and sustainability of the smoke-free sites from July 2019.</li> </ul>
Decisions made	<ul style="list-style-type: none"> <li>• None.</li> </ul>

**Mr R Samuda on behalf of Prof K Thomas**

**Chair of the Public Health Committee**

***For the meeting of the Trust Board scheduled for 4<sup>th</sup> October 2018***

## PUBLIC HEALTH, COMMUNITY DEVELOPMENT & EQUALITY COMMITTEE

**Venue** Anne Gibson Boardroom,  
City Hospital

**Date** 1<sup>st</sup> June 2018, 10.00 – 11.30

### Members Present

Prof Kate Thomas (Chair)  
Mr Richard Samuda  
Mr Waseem Zaffar  
Mrs Paula Gardner  
Mr Toby Lewis

### In Attendance

KT	Mrs Chris Rickards	CR
RS	Mrs Bethan Downing	BD
WZ	Mr Alan Kenny	AK
PG	Dr Sally Bradbury	SB
TL	Ms Arlene Copeland	AC
	Ms Clare Dooley	CD

Minutes	Paper Reference
<b>1 Welcome and Apologies</b>	<b>Verbal</b>
Apologies were received from Mrs Raffaella Goodby, Dr David Carruthers and Mrs Ruth Wilkin.	
<b>2 Minutes from the meeting held on</b>	<b>PH (06/18) 001</b>
The minutes of the meeting held on the 15 <sup>th</sup> February 2017 were accepted as an accurate record of the meeting.	
<b>3 Actions arising from previous meetings and matters arising</b>	<b>PH (06/18) 002</b>
<p>The actions on the log were noted as completed or are covered on the agenda apart from the following:</p> <ul style="list-style-type: none"> <li>• Action plan for Eastern European Community to be provided to the next meeting (Sep 2018) PG</li> <li>• Pet therapy – progress report on how this is moving forward (Sep 2018) PG</li> <li>• WRES data reporting (Sep 2018) RG</li> </ul>	
<b>3.1 Locally Sourced Food</b>	<b>Verbal</b>
Cllr Zaffar noted this item had been completed/closed.	
<b>3.2 Body release data set</b>	<b>Presentation</b>
<p>Mr Lewis provided body release data for the last 12 months. Discussion took place on the religious communities that require early body release and awareness of all clinical staff (be aware of the Early Release Policy and procedures).</p> <p>It was agreed further staff communication will be provided on the Early Release Policy and this information will also be included in future patient welcome/comfort packs.</p>	

**Action: Further staff communication to be provided on awareness of the Early Release Policy and inclusion in future patient welcome/comfort packs – PG**

<b>3.3 Disability in Midland Met</b>	<b>Presentation</b>
<p>Mr Kenny provided a presentation on the extensive work underway to ensure disability provision is a prime focus across the entire construction and grounds of Midland Metropolitan Hospital, in-line with statutory regulations and best practice. Examples of this include:</p> <ul style="list-style-type: none"> <li>• Arrival on-site and car parking</li> <li>• External street furniture, and pedestrian areas (ramps/dropped curbs)</li> <li>• Main entrance doors, entrance lobby and other reception points</li> <li>• Inclusive signage and way finding with adapted finishes (colour/texture) to surfaces (floors/walls) and lighting and digital (“you are here”) technology</li> <li>• Mobilisation across the hospital - lifts, staircases, handrails/balustrades</li> <li>• Telecoms and IT</li> </ul> <p>Mr Lewis asked if en-suite bathroom facilities will be fully wheelchair accessible and Mr Kenny confirm this is correct, to a nationally approved standard (template).</p> <p>Mr Lewis asked about hearing impairment (loop) solutions and Mr Kenny agreed to provide information on this to Mr Lewis outside of the meeting.</p> <p>Professor Thomas commented that she recommended Autism West Midlands as excellent leaders in guidance on facilities/fixtures/fittings for patients with autism, which Mr Kenny would progress further information on.</p> <p>Mr Samuda asked about options for people who do not like lifts and Mr Kenny reported that floor walkers will provide support to these people, also noting faster speed elevators which are quieter and display distraction information are being pursued.</p>	
<b>4. Alcohol Services</b>	<b>Presentation</b>
<p>A detailed presentation was provided by Dr Sally Bradberry on the successful implementation of Trust’s in-house Alcohol Team. Dr Bradberry provided successful performance results on the positive impact of the service since implementation with a number of specific examples/patient story experiences. Dr Bradberry also provided an overview of further expansion/next steps proposed and being progressed for the service on:</p> <ul style="list-style-type: none"> <li>• 7 day working</li> <li>• Twilight working</li> <li>• Enhancing links to community services</li> <li>• Progressing residential services</li> <li>• Fast-tracking</li> <li>• Volunteers</li> <li>• Drop-in options</li> <li>• Ambulatory detox</li> <li>• Increasing telephone consulting</li> <li>• AA meetings on Trust sites</li> </ul>	

Cllr Zaffar asked about relationships between the team and CGL and Dr Bradberry replied these are good but can be improved further.

Discussion took place on diversity/socio economic data for different population groups which Dr Bradberry has a special interest / has undertaken extensive research on.

Mr Lewis asked if patient experience is the same on the City/SGH sites and Dr Bradberry confirmed that it had differed previously, but issues have resolved and it is now the same experience/service.

Mr Samuda asked about any potential blockages to accessing mental health support services for patients with alcohol related symptoms and Dr Bradberry confirmed this has been a long standing issue as mental health specialists are often unlikely to accept a patient until their condition is controlled.

Professor Thomas thanked Dr Bradberry for a detailed presentation and congratulated her and the team on the excellent work/services they are providing.

<b>5. Smoking Shelters</b>	<b>Presentation</b>
<p>A board decision is required on the placement, usage and timeline of smoking shelters across Trust current sites prior to the opening of Midland Metropolitan Hospital. Mr Lewis reported that he plans to make a proposal on smoke-free sites to a future Trust Board meeting for consideration/approval and if agreed, this will be progressed (options/monitoring) through this committee.</p>	
<p><b>ACTION: Smoke-free sites proposal to be provided to Trust Board</b></p>	
<b>6. 2018 Work Programme</b>	<b>Presentation</b>
<p>The committee workplan (in three sections – Public Health, Community Development and Equality) to be circulated following the meeting and discussed/agreed/signed off virtually in advance of the next committee.</p>	
<p><b>ACTION: Circulate the 2018/19 committee workplan prior to September committee.</b></p>	
<b>7. Matters to raise to the Board</b>	<b>Verbal</b>
<ul style="list-style-type: none"> <li>• Midland Met disability summary</li> <li>• Smoke-free sites proposal</li> <li>• Congratulations to Dr Bradberry and Team for the excellent alcohol services work</li> </ul>	
<b>8. Any Other business</b>	<b>Verbal</b>
<p>No other items of business were discussed.</p>	



<b>9. Date of Next meeting</b>	<b>Verbal</b>
The next meeting will be held on 13 <sup>th</sup> September 2018, 14.00 – 15.30 in Room 13, Education Centre, Sandwell General Hospital	

Signed .....

Print .....

Date .....

ESTATE MAJOR PROJECTS COMMITTEE UPDATE	
Date of meeting	21 <sup>st</sup> September 2018
Attendees	<b>Mr Richard Samuda, Mr Harjinder Kang, Mr Toby Lewis, Ms Dinah McLannahan, Mr Alan Kenny and Ms Clare Dooley</b>
Apologies	-
Key points of discussion relevant to the Board	<p><b>Project Team Capacity and Capability:</b> An analysis had been undertaken on capacity and capability of the Trust team to lead delivery of the Midland Met construction. Five key external (previously Carillion) leadership staff have been secured and other skills gaps have been identified. Following discussion the paper will be progressed and updated and presented to the Private Trust Board in October 2018 for consideration and approval.</p> <p><b>Hard FM Programme to Decision:</b> Options have been identified and are being considered, once the Midland Met Project Team are satisfied with all elements (scope), including bandwidth and life-cycle costs this will be provided to the committee for consideration. The detailed information to enable a decision will require a full assessment of suppliers/companies and assurance on affordability costs (by the various suppliers) will be undertaken by the Chief Executive, Interim Director of Finance and Director of Estates and New Hospital.</p> <p><b>Replacement Construction Contractor</b> – the replacement construction contractor paper was reviewed/discussed (process and timescales). With minor amendments agreed, the paper will be provided to the October Private Trust Board.</p>
Positive highlights of note	<b>Strategic BAF:</b> EMPA mitigation actions are on track to meet deadlines set out and will be reported to the next EMPA meeting.
Matters of concern or key risks to escalate to the Board	<b>OBC Preparation and Approval:</b> The process (provided by DH) was agreed and a delegation model will be required/provided to the October Private Trust Board meeting for consideration and approval.
Matters presented for information or noting	<b>City Site Phasing:</b> programmes of work required prior to Midland Met opening were provided, a detailed summary (including methodology used to make assessment on statutory and essential works), will be set out clearly, with timescales for approval at the next EMPA meeting.
Decisions made	None

**Richard Samuda**

**Chair of the Estate Major Projects Authority**

*For the meeting of the Trust Board scheduled for 4<sup>th</sup> October 2018*

## MAJOR PROJECTS AUTHORITY COMMITTEE MINUTES

Venue Room 13, Education Centre,  
Sandwell General Hospital

Date 24<sup>th</sup> August 2018 at 8.30 am

### Members Present:

Mr R Samuda Chairman  
Mr M Hoare Non-Executive Director  
Mr T Lewis Chief Executive  
Ms Rachel Barlow Chief Operating Officer  
Mrs R Goodby Director of People and OD

### In attendance:

Mr M Reynolds Chief Informatics Officer  
Ms C Dooley Head of Corporate Governance

<b>1. Welcome, apologies and declarations of interest</b>	<b>Verbal</b>
Apologies were received from Ms McLannahan and Mr Kenny.	
<b>2. Minutes of the previous meeting</b>	<b>MPA (08/18) 001</b>
The minutes of the MPA meeting held on 20 <sup>th</sup> July 2018 were accepted as an accurate record.	
<b>3. Matters arising (action log)</b>	<b>MPA (08/18) 002</b>
<p>It was agreed all items are covered on the agenda apart from an update on Midland Met, which Mr Lewis provided verbally as follows:</p> <p>The Government will provide £300M under option C (as previously described) and have made an announcement to confirm this, with a confirmation letter awaited from Minister. The current position/timescale was noted that the OBC will be provided by end of October for the early and enabling works contractor to commence in November 2018. Other associated matters are:</p> <ul style="list-style-type: none"> <li>the concurrent establishment of a process to resolve how to operate the building, and Mr Lewis will take a paper to the Trust Board in October 2018.</li> <li>Ensuring a consistent alignment approach across Birmingham and the Black Country – this is being progressed by Mr Lewis and Mr Mansfield (NHSI) through the STP structure.</li> </ul> <p>The early and enabling works contractor competition process will be concluded by 7<sup>th</sup> September 2018 and Mr Lewis will make arrangements via the Trust Board paper (October 2018) for delegation to approve final contractor by the Chair and Chief Executive. The evaluation process will ensure the selected contractor can commence in November 2018. The Final stage contractor procurement process will be commence in November 2018, with a view to complete construction by mid 2022.</p> <p>Warranty issues are not finally concluded and it is likely The Hospital Company will place themselves in insolvency over next 2 weeks. Mr Lewis has a preferred route for warranties solutions, and if successful, will conclude/close all warranties to our satisfaction and will be reported to the Trust Board.</p>	

Finally, capacity and capability of our teams to deliver (all of the above) will be provided for discussion at the next MPA meetings.

**ACTION: Midland Met Paper to October Trust Board**

**4. IT Resilience Progress Report and Infrastructure Plan**

**MPA (08/18) 003/004**

Mr Reynolds advised Logicalis will have completed their assessment on all sites by end of August and provide a report on the state on network. Informally, Mr Reynolds had been advised the same issues are occurring at Sandwell and City and therefore solutions will suit all sites.

Mr Lewis felt progress/schedule is 3 weeks behind/off-track and Mr Reynolds confirmed caballing can be completed by end of August but the Logicalis team struggle on providing the report elements. It was agreed to have Chief Executive to Chief Executive escalation, as their offer was to move at pace and their bandwidth does not currently match this promise.

Mr Hoare asked if it was a purely capacity bandwidth issue or technical resource issues as the reason for the report completion delay. Mr Reynolds responded that the lead technician understanding of the issues is accurate but the practical implementation for all the changes across the whole sites is the major timescale point. The report collation has taken longer and we need to understand if this is size and scale or capability/expertise, which Mr Reynolds is allocating to a lead manager full-time as Logicalis liaison to ensure client interface on a day to day basis (hold them to account). Mr Lewis felt holding external suppliers to account is an issue for our managers across the Trust (bandwidth and capability to get third party suppliers to perform is not strong). It was agreed the committee needs assurance that we are managing third party suppliers successfully (on time and accurately).

Mr Samuda asked about the planned 15 minute outages that are required and how confident the supplier is this will be accurate. Mr Reynolds replied that he felt confident from the reports that the supplier has walked through all individual elements and it dovetails with our own knowledge. He concurred with the 15 minute outage plan mapped out, all connections are known and documented (which has been written up by Logicalis), and our managers will make sure it is accurate with our knowledge and the system is not continually relying on business continuity measures.

Mr Reynolds is waiting for the final report and then the statement of works from Logicalis with lead times. The team commences on Monday 27<sup>th</sup> August with the first planned outages the following weekend and then continued weekend blocks thereon (for the agreed number of weeks). Mr Lewis asked for assurance this will be September and not roll into October (further delays) and agreed again with the Chief Executive to Chief Executive assurance discussion required.

It was agreed that MPA needs to see the end to end process written down and assurance that all senior managers have had sight of this.

Mr Samuda asked about the commercial arrangement (re: delays) and Mr Reynolds replied that the agreement is "time and materials". Mr Samuda asked if there is still confidence that Logicalis are a credible supplier and Mr Lewis felt, noting 3 week delay, they are still credible.

Mrs Goodby asked if Logicalis advise that the problems are more severe than we anticipated what the next steps are, and Mr Lewis replied that further outsourcing by them will be required and we must have confidence in that process (for managing additional fourth parties). Mr Lewis asked if a team on outsourcing support is required and Mr Reynolds felt this would be beneficial and they will discuss further how this can be put in place (our requirements and how would the third party manage the fourth party to our satisfaction).

Mr Lewis reiterated we need a team around Mr Reynolds ( “we” rather than “I” at the most senior level).

Mr Hoare agreed to test outsourcing thinking/scrutiny prior to the next Trust Board meeting.

Furthermore, Mr Reynolds provided updates as follows:

- The network fixes will take place over 9 weekends (the 15 minute planned area outage across the Trust with minimal disruption). Outsourcing the service as a whole is being worked through.
- The Wi-Fi plan is on schedule and current “issues” experienced have been escalated to the supplier for resolution – noting 89 points are in place and working to a higher standard and the other 300 points are in place but not plugged in (once issues are resolved they can be switched on). There will be a plan put in place for the free Wi-Fi and communications are required on that during September 2018. There are daily reports on this but it is largely a presentational rather than serious issue.
- Systems/applications – N3 connections by external supplier (BT) have not been resolved, although this is not entirely their fault, and all issues are being escalated to a national level (NHS Digital). Mr Lewis challenged our visibility of fixes (by BT) on packet losses and Mr Reynolds felt this would be assured from end to end specifics / diagnostics from the supplier and these should be provided with change requests, as a result, followed through and monitored daily. Mr Reynolds has escalated the issue to NHS Digital Chief Operating Officer but further escalation is required to enforce the importance of resolving the N3 connection. Mr Lewis will review the relationship with BT and Mr Reynolds will ensure daily documented monitoring of agreed “fixes” are in place with third party suppliers (continual positive assurance to leaders).
- Azure – confidence on the switch to Azure (cloud system) was provided and can be monitored easily. We already use some elements of this already and it works well. 60 systems are due to be end of life in next 6 months and they can be moved to Azure and then resolved during a longer timeframe than the 6 months. Mr Hoare noted there needs to be an assured/agreed path for the transfer (pod system) for consistency and reduced impact on our overall infrastructure with another caveat that the cost is known in advance as Azure charge on a volume basis. Mr Reynolds noted Microsoft will be very supportive and will support the migration with our team, and this could potentially be concluded by end of December 2018.

Mr Lewis asked for documented assurance on solutions/position on the 4 points above by mid September and Mr Reynolds agreed and these will be reviewed at the next MPA (any areas not on track).

- End user devices (laptop/desktop roll out) – there is a session this week on actions/plan working towards end of November conclusion. Mr Lewis noted the budgetary summary report on this work will be provided by end of August but confidence that delivery within current year envelope may require resetting budgets and this cannot be undertaken until the report is received (by Ms McLannahan). Mr Reynolds confirmed he is awaiting the report from Ricoh on printer estate proposal.
- Outsource model (for devices) – a paper has been to Digital committee and next stage is a procurement process towards awarding a contract.

- Incidents report (table) – Mr Lewis asked if by 31<sup>st</sup> August we will have no critical incidents. Mr Reynolds replied that this is not the case as work has not progressed on all elements to ensure this. Mr Lewis asked when zero can be assured and Mr Reynolds noted he would need to come back on this issue following the meeting (in advance of Trust Board).

Mr Lewis asked if any other issues are time expired since paper was written/cannot be relied on and Mr Reynolds responded that service improvement is 2-3 weeks behind but that is already in the paper. Ms Barlow asked that we formally review the infrastructure risk assessment/mitigations.

Mrs Goodby commented the new system for raising an IT incident (on-line) is complicated and not working well and Mr Reynolds and Mrs Goodby agreed to look at this together outside of the meeting.

Mr Hoare asked for an update on staffing and Mr Reynolds updated that recruitment on vacancies (third line support staff) is underway and the retention premium proposal will be reviewed by Mr Lewis and Mrs Goodby, with training for current staff being scheduled on a week by week basis to support core capabilities are in place for all staff.

**ACTION: Chief Executive to Chief Executive discussion with Logicalis on meeting timescales/demand and final assessment report.**

**ACTION: Assurance processes to hold third party contractors/suppliers to account.**

**ACTION: Progress update required on Wi-Fi resolution/connectivity completed.**

**ACTION: Update position / assurance on improved N3 remedial works being undertaken by BT.**

**ACTION: Implement transfer to Azure (cloud) system by end of December 2018.**

**ACTION: Infrastructure/Unit impact on financial budget required by October 2018 from Director of Finance.**

## 5. Unity Implementation Progress Report

MPA (08/18) 005

Ms Barlow focussed on go-live by January 2019 and no go-live mitigations.

- The end to end programme position has moved since the paper was written (which was discussed at the last Digital Committee) and Ms Barlow now has sight of a more detailed plan but requires Mr Harris' expertise/support to review this, by end of August 2018.
- The Trust IT leadership team have met with Cerner on the implications of a January 2019 go-live and they have confirmed the same/current version compatibility assurance can be put into a January timeline. This would need to be re-tested and small cohort of additional training for some specific clinical staff (on new elements/pathways introduced between now and January 2019 to the system) and this upgrade will be documented in a structured way.
- Full Dress Rehearsal in September was recommended and noted there is still confidence and "backing" of the system from clinical leaders across the Trust which should be confirmed/communicated if January 2019 go-live is agreed.
- The asset register for Unity devices is required in advance of Full Dress Rehearsal, which has been delayed and needs to be put back on track.
- We are delayed on "724 carts" (business continuity devices) – these are on site but not tested and these will be put back on track before end of August 2018.

- Concerns on back office capacity available from IT – given business continuity and infrastructure work the impact to Unity implementation has been affected.
- Training has commenced and booking rates were initially good but have now flat-lined, and automatic bookings will be made in early September if not improved, with relevant Directors meeting today to focus on this.
- Formal judgement at the September MPA committee will be made on confirming January 2019 go-live and communications required to confirm/announce this.

**ACTION: Formal judgement at the September MPA committee will be made on confirming January 2019 go-live and communications to announce this.**

**6. Governance: Future MPA Structure**

**Verbal**

Mr Lewis proposed:

- People Plan KPIs are monitored through the People and OD Committee.
- MPA splits into two separate committees – one to focus on digital transformation and one to focus on estate transformation. Dates for each will be reviewed to ensure both are viable and do not clash with ICS board with two NEDs on each. It was proposed that Digital MPA meets every month (for 90 mins) and Estate MPA meets bi-monthly (for 60 mins) with the need to draw senior clinicians into the Digital MPA space, which Mr Lewis will work on with Ms Barlow and Dr Carruthers.

The proposals were agreed by MPA members and will be presented to the Trust Board for approval/ratification (terms of reference) on 6<sup>th</sup> September 2018.

**ACTION: Digital MPA and Estates MPA terms of reference to be taken to September 2018 Trust Board for approval/ratification.**

**7. Meeting Effectiveness**

**Verbal**

No issues were noted.

**8. Matters to raise to the Trust Board.**

**Verbal**

The committee felt all agenda items are to be discussed at the next Trust Board.

**9. Any Other Business**

**Verbal**

No other items of business were discussed.

**Date and time of next meeting**

The next meetings of the Estate MPA and will take place on Friday 21<sup>st</sup> September 2018 at 1400 in the Anne Gibson Boardroom at City Hospital. The next meeting of the Digital MPA is to be confirmed.

Signed .....

Print .....

Date .....

QUALITY AND SAFETY COMMITTEE UPDATE	
Date of meeting:	Friday, 28 <sup>th</sup> September 2018
Members in attendance:	Olwen Dutton (Chair), Richard Samuda, Marie Perry, Dave Baker, Paula Gardner, Kam Dhami and Siten Roy
Apologies received:	Apologies were received from Rachel Barlow and David Carruthers
Key points of discussion relevant to the Board:	<p><b><u>Strategic BAF</u></b></p> <p>The four quality risks on the BAF were discussed with Executive Directors presenting progress in addressing the known gaps in control and assurance. The <b>Safety Plan</b> remains a good new story, and the planned Internal Audit review was welcomed to provide independent assurance. As David Carruthers was on leave for this meeting, a comprehensive report on the <b>Quality Plan / mortality</b> was required next time in advance of December's Trust Board. A positive position on <b>out-of-hours eye emergency care for children</b> was presented verbally by Siten Roy. A written note on the arrangements put in place within BMEC was requested from David Carruthers for the October meeting. The on-going good work in <b>R&amp;D</b> was noted.</p> <p><b><u>IQPR and Persistent Reds</u></b></p> <p>The reasons behind the recent poor performance with <b>VTE assessments</b> were considered, with role clarity between the doctors and nurses being cited. A plan to recover the position was to be presented at the next meeting. Mrs Perry called out an inconsistency between the positive Safety Plan checks and the reported VTE performance. Mrs Gardner agreed to look into this and report back at the next meeting.</p> <p>The number of breaches (25/72) against the <b>4 hour target to admit patients to a stroke ward</b> was called out as a cause for concern. A lengthy discussion ensued where the part that bed pressures and mimic strokes played on performance were explored. Information was requested on any resulting adverse patient outcomes. A note on the planned actions was required for the next meeting.</p> <p>Whilst progress had been made in <b>Mandatory Training</b> compliance (90.6%), not meeting the 95% target was disappointing and needed to be addressed. The focus remains on Basic Life Support training.</p> <p>The continued excellent performance with <b>WHO Safer Surgery checklist</b> compliance was commended. Ms Dutton commented that the approach to handling persistent reds was working well and thanked the Executive.</p>



<b>QUALITY AND SAFETY COMMITTEE UPDATE</b>	
	<p><b>T&amp;O Dashboard</b> Mr Roy presented the dashboard which mostly showed consistent compliance against the quality and safety indicators. Explanations were provided for the few areas flagged as red, namely cleanliness audits, Fracture Clinic Wait ≤ 72 hours</p> <p><b>CQC Inspection: Preliminary findings</b> Inspections continue and there remain issues to address around mental health and capacity, equipment readiness and staff competence. A generally positive report back on BMEC had been received and the challenges faced by Neonates (which are well understood by the Board) had been reiterated.</p> <p><b>4am unannounced ward visits</b> Positively, most wards have embraced our work on a good night's sleep. Overnight transfers continue to be a focus of effort to improve, but morning discharge preparations overnight continue to be insufficient. Mrs Gardner to provide a written summary in October.</p>
Positive highlights of note:	The meeting discussions were felt to be useful and constructive.
Matters to escalate to the Board:	Under the IQPR the Board is requested to discuss VTE assessments and Stroke
Matters presented for information or noting:	See above
Decisions made:	To stand down the corporate monitoring of the T&O Safety Summit Dashboard.
Actions agreed	No specific additional actions beyond those being progressed by management

**Olwen Dutton,**  
**CHAIR OF THE QUALITY AND SAFETY COMMITTEE MEETING**  
*For the meeting of the Trust Board scheduled for 28<sup>th</sup> September 2018*

## QUALITY AND SAFETY COMMITTEE MINUTES

**Venue** Room 15, Education Centre, Sandwell

**Date** 31 August 2018, 10:45 – 12:15

**Members attending:**

Ms. O. Dutton	Non-Executive Director & Chair
Mr. R. Samuda	Chairman
Dr. D. Carruthers	Medical Director
Mrs. P. Gardner	Chief Nurse
Mr. D. Baker	Director of Partnerships and Innovation
Ms. R. Barlow	Chief Operating Officer

**In attendance:**

Mrs. S. Cattermole	Executive Assistant
Ms A Binns	Deputy Director of Governance
Ms Angharad MacGregor	Head of Clinical Effectiveness

Minutes	Paper Reference
<b>1. Welcome, apologies for absence and declarations of interest</b>	<b>Verbal</b>
Apologies were received from Ms. M. Perry, Miss K Dhami and Mrs. C. Parker. The members present did not have any interests to declare.	
<b>2. Minutes of the previous meeting</b>	<b>SWBQS (08/18) 001</b>
Following minor amendments, IPQR changed to IQPR, the minutes of the previous meeting held on the 27 July 2018 were approved as a correct record.	
<b>3. Matters and actions arising from previous meetings</b>	<b>SWBQS (08/18) 002</b>
<ul style="list-style-type: none"> <li>• <u>Maternal Death</u> : Mrs. Gardner confirmed that the investigation is still ongoing.</li> <li>• <u>Pain Scores</u> : The matter of Pain Scores were briefly discussed. Mr. Samuda asked whether pain scores were part of the IQPR; he queried how pain scores were being handled. Mrs. Gardner advised pain scores were not part of IQPR but were measured as part of consistency of care. Mrs. Gardner agreed to look at implementing PAINAD.</li> <li>• <u>Schwartz</u> rounds : Ms. Dutton said that she would like to be made aware of other such events in advance; dates to be provided to NEDS.</li> </ul>	
<b>4. Patient story for the June Trust Board</b>	<b>Verbal</b>
Mrs. Gardner advised members that the patient story for the September Trust Board meeting would a story presented by a gentleman with incontinence issues and who has a physical disability. He will be attending the Trust Board meeting to give his story on how he has been received and treated at SWBH and other hospitals. He will be giving information on how he supports the District Nursing Team by giving talks to other patients on incontinence issues.	
<b>5. Strategic Board Assurance Framework</b>	<b>SWBQS (08/18) 003</b>
Following the SBAF review and challenge meetings on 13 July 2018 between Executive Leads (Directors) and the Audit & Risk Committee Chair/Director of Governance, the SBAF has been refreshed throughout and will be presented in its entirety to the Trust Board in September 2018. The 4 refreshed SBAF risks owned by the Medical Director and Chief Nurse were briefly outlined.	

Dr. Carruthers tabled the flowchart and discussion took place on the proposal for Paediatric Ophthalmology cover. Members were informed that to help review the service for paediatric cases that are undertaken for those patients not requiring admission, acute care will be provided in A&E or by the on-call Consultant with a referral to an appropriate clinic after. There is a plan to develop allergy/conjunctivitis services as this is a large part of work load. Admitted patients to the paediatric ward (D19) for urgent surgery will be seen by a member of the on-call team or wait until next day for a paediatric opinion at BMEC or BCH. Anaesthetics will be covered from the on-call service, under 3 > 1 yr will be provided from Paediatric Anaesthetist (10 in trust) or the Critical Care Consultant or transfer to BCH and the Ophthalmology 4<sup>th</sup> on-call goes to BCH to operate. This process is the same for < 1 year old. Cases presenting to BCH out of hours are referred to BMEC for care. Routine care will be covered via paediatric, subspecialist or combined clinics. Recruitment to fellow post is on-going while looking for substantive consultant (hard to recruit specialty). Support is being provided from senior SpR on training rotation.

Following a query from Ms. Dutton, Dr. Carruthers gave assurance that everything was in place to address the situation to enable us to manage the service safely. Regular CCG meetings take place and information is shared with them. It was suggested that BAF 4 be changed to amber as work is being done to reduce the risk.

#### **6. Integrated Quality and Persistent Reds**

**SWBQS (08/18) 004**

Mr. Baker confirmed that in July the Trust continued to perform across many indicators with another material improvement on elective cancellations in the month. Positive delivery, improvements and focus are evident in several other areas including the 'persistent reds' action plan. We are continuing to focus to stabilise diagnostic and VTE performance. IQPR Persistent Red indicators are progressing well as we manage to resolve some, and further deliver others, for 2 months running. We need to focus now on identifying the remaining improvement trajectories for all of the indicators. One indicator, Neutropenic sepsis is at risk of failing projected resolution date but work is being done to improve this.

Mr. Baker highlighted that the emergency care waits are below our improvement trajectory in July at 84.14% versus 87.3% (and August performance worsened). We are implementing changes in late September to drive improvement. Our 6 week diagnostic waits (DM01) are below the standard of 99% each month this fiscal year. A recovery plan is in place with recovery expected by September. VTE assessments were at 94.5% in July, missing 412 assessments. Committee members suggested that these could be considered as part of the quality plan improvement project. Our RTT patient waiting list has again grown in July to ~35,000 patients, which is well above the static position we projected and NHSI have instructed. The DCOO for Planned Care is overseeing delivery and Ms. Barlow agreed to provide Ms. Dutton with an update outside of the meeting.

Ms. Barlow informed Committee members that the Acute Diagnostics (DM01) reporting was at 98.78% in July, and marginally failed to deliver the 99% target for a fifth month running. 113 breaches in July challenged mainly in CTx49 and MRIx51 diagnostics. Improvement plans have been put in place, which needs to be robustly implemented and sustained; these will quantify demand and capacity profiles for the moderate term, aligning cardiology and radiology rotas with strengthened scheduling. The DCOO for Planned Care is overseeing delivery of an urgent 10 week program for business intelligence framework to make improvements. Update to be brought back in October 2018. The Trust has also seen its waiting list increase again in July to 34,594 (33,669 in June, 32,847 in May). New referrals fell in July to June by 1.5% compared to June. The Waiting list last year same period was at 32,982 and NHSI has got expectations that waiting lists are static to previous year. Patient bed moves were briefly discussed and members were informed that a week by week planner is picked up in the weekly Consistency of Care meetings.

Mrs. Gardner raised concerns about the inaccuracy with the C.Diff figures "year to date we have 5 cases vs target of 9 so tracking well below to the target." Mr. Baker confirmed that this should have read "Year to date we have 5 cases which is 4 below the phasing set by the infection control team which anticipated 9 after the first 4 months against a ceiling of 29 for the year."

<b>7. Quality Plan Progress Report</b>	<b>SWBQS (08/18) 005</b>
<p>Dr. Carruthers informed the Committee members that the development of the two initial projects of the Quality Plan, Sepsis and VTE, are taking shape. The approach outlined is to commence and then embed the QI projects in each Group. This includes the development of Gantt charts to monitor project progress. Baseline data collection for quality metrics (sepsis CQUIN targets and VTE assessment compliance) is reflected in project aims. Group leads are presenting their progress and thoughts at private board on 'Big 6' and little rocks proposed by specialties after leadership conference and recent QIHD meetings.</p> <p>Dr. Carruthers confirmed that by reviewing and discussing progress within the Groups, of the Quality Plan, will allow learning to be shared and a structured approach confirmed. This can be agreed by all Groups so that the QI teams can understand the work already undertaken and focus on those areas where improvement is needed. This will link in with the planned sepsis and VTE quality improvement projects that will show identified and established improvements by December. Smaller specialty based projects will be progressed by the same time period so that meaningful outcomes are defined from analysis of disease specific pathway data.</p> <p>Ms. Dutton asked for an update at the September meeting to see progress, especially on mortality and sepsis.</p>	
<b>8.1 Safeguarding Adults Report</b>	<b>SWBQS (08/18) 006</b>
<p>A review of progress within Adult Safeguarding for Q1 was briefly outlined by Mrs. Gardner. The internal and external structure for safeguarding vulnerable adult and breakdown in activity of referrals and significance was outlined to Committee members. An update was given on a couple of incidents and the work that has been done around focused care, SARs and Deprivation of Liberty. Members were also informed that the incident involving West Midlands Ambulance staff has been investigated with the help of the Director of Clinical Commissioning &amp; Service Development/Executive Nurse and is now closed.</p>	
<b>8.2 Safeguarding Children Report</b>	<b>SWBQS (08/18) 007</b>
<p>Members were informed by Mrs. Gardner that the Female Genital Mutilation Information Sharing Project went live in maternity in April 2018 with midwives adding an indicator to the Summary Care Record (SCR). As with the Child Protection information sharing project this relies on staff accessing the SCR via their smartcards; information not integrated into electronic record systems so if a child accesses other departments in the trust information not readily viewable. No plans at this stage for Unity to integrate this information. There has also been an increase in numbers of children coming into care &gt;800. A business case has been submitted to Sandwell and West Birmingham Clinical Commissioning Group for additional nursing and administrative resource. Wider learning from one case focused on ensuring all children within a family are considered within assessments. Work is also taking place regarding domestic violence within families.</p> <p>Mr. Samuda raised a query regarding the comment on the cover sheet about the issues of poor communication escalated by the safeguarding children lead through to directors of operations in the Children's Trust by Sandwell Children's Social Care under Children's Trust arrangements; Mrs. Gardner said she will investigate the matter and get back to him.</p>	
<b>9. Infection, Prevention and Control Update</b>	<b>SWBQS (07/18) 007</b>
<p>Mrs. Gardner gave an update on the Pseudomonas Outbreak in the Neonatal Unit. A number of meetings have taken place with staff, CCG and Public Health members and actions have been completed. Everything has been tested including all water outages, milk, fridges, incubators and equipment but the source of the outbreak is yet to be found.</p>	

Members were informed that a Post 48 hour MRSA bacteraemia has been identified on one of the wards. An investigation is taking place.	
<b>10. Matters to raise to the Trust Board</b>	<b>Verbal</b>
<p>The Committee wished to bring the following matters to Trust Board’s attention;</p> <ul style="list-style-type: none"> <li>• BAF discussions</li> <li>• Update on IQPR</li> <li>• Quality Plan Progress report including Mortality</li> </ul>	
<b>11. Meeting Effectiveness</b>	<b>Verbal</b>
The Committee agreed that the meeting discussions were useful and constructive.	
<b>12. Any Other Business</b>	
<p>Ms. Dutton advised members to watch an iPlayer video on the increase in male suicide in men &gt;50 years. America are working to reduce their figures dramatically. Questions were raised how it is dealt with in the UK and it was agreed that we need to look at signing up to a suicide reduction pledge working with the Mental Health teams as part of the Public Health agenda.</p>	
<b>13. Date and time of the next meeting</b>	
The next meeting will be held on 28 September 2018 from 10:45 until 12:15 in Room 13, Education Centre, Sandwell General Hospital.	

Signed .....

Print .....

Date .....

FINANCE & INVESTMENT COMMITTEE UPDATE	
Date of meeting	Friday 28 <sup>th</sup> September, 0915h-1030h
Attendees	Mr Richard Samuda (Acting Chair), Mr Harjinder Kang, Mrs Marie Perry, Ms Dinah McLannahan, Mrs Raffaella Goodby, Mr Toby Lewis
Apologies	Mr Mike Hoare, Ms Rachel Barlow
Key points of discussion relevant to the Board	<p><b>Strategic Board Assurance Framework</b> - An overview of the two Strategic Assurance Framework risks (cost reduction plans and level of cash remediation plans) aligned to the Finance and Investment Committee were presented by Ms McLannahan for review and challenge by the committee members to enable/support the Director of Finance to update the SBAF report to the Board.</p> <p><b>Financial Performance</b> – Mrs McLannahan presented the Month 5 Financial Performance report. The position required circa £0.5m of support to remain on plan year to date. This included provision for income under-performance of c£1.4m. Income was behind plan year to date due mainly to high cost drugs, the provision for under-performance, and W&amp;CH income. Non-pay was also behind plan. This under-performance was offset by an underspend on pay due to vacancies.</p> <p>In-depth discussions took place with particular focus on recruitment, medical staffing and the mix of staff within agency spend. Discussion took place in relation to the two-fold problem around delivery and accounting of savings in relation to the non-pay procurement plan. Discussion around birth rates will be looked into further with a forward look being produced for the next Board meeting.</p> <p><b>Year End Forecast Scenarios</b> – Ms McLannahan presented to the committee a high level forecast for the 18/19 financial year. This showed that the Trust had found the £37m required and identified at plan stage to reach control total. Within that, the Trust had identified £34.6M of CIP plans and expects to deliver £28.1M by year end. Slippage is expected to be mitigated by non-recurrent means. Formal identification of non-recurrent mitigation for CIP non-delivery was discussed. The current gap to CT is to be closed by available reserves and improvement on income.</p> <p>The scope for using GIRFT to drive savings through improved clinical outcomes was also discussed.</p>
Positive highlights of note	
Matters to escalate to the Board	<ul style="list-style-type: none"> <li>● Procurement plan</li> <li>● Income plan</li> <li>● Births; source and origin</li> </ul>

	<ul style="list-style-type: none"><li>• November Board – capital and cash update, specifically in relation to the various funding streams relating to Midland Met.</li></ul>
Matters presented for information or noting	
Decisions made	
Actions agreed	No specific additional actions beyond those being progressed by management.

**Richard Samuda**

**Acting CHAIR OF THE FINANCE AND INVESTMENT COMMITTEE**

***For the meeting of the Trust Board scheduled for 2 August 2018***

## FINANCE & INVESTMENT COMMITTEE MINUTES

**Venue:** Room 13, Education Centre, Sandwell  
General Hospital

**Date:** 31 August 2018, 0900h – 1030h

**Members present:**

Mr Mike Hoare	Chair
Mr Richard Samuda	Chairman (from item 7)
Mr Harjinder Kang	Non-Executive Director
Mrs Raffaella Goodby	Director of People & OD
Ms Rachel Barlow	Chief Operating Officer

**In attendance:**

Ms Dinah McLannahan	Acting Director of Finance
Mrs Elaine Quinn	Executive Assistant

Minutes	Paper Reference
<b>1. Welcome, apologies and declarations of interest</b>	Verbal
Apologies were received Mr Waite and Mrs Perry.	
<b>2. Minutes of the previous meeting held on 27 July 2018</b>	FIC (08/18) 001
The minutes were agreed as a true and accurate record, subject to the amendment of a typographical error on page 3, paragraph 3 which is to be amended to 're-phasing'.	
<b>2.1. Matters arising and update on actions from the previous meetings</b>	FIC (08/18) 002
The Committee noted that any on-going actions were either not yet due, or were included for discussion as part of the agenda.	
<b>3. Strategic Board Assurance Framework</b>	FIC (08/18) 003
Ms McLannahan presented the refreshed SBAF entries aligned to the FIC. The Committee challenged and confirmed the risks and the controls / assurances in place, in advance of the September Board meeting. A further update on the SBAF will be provided to the Committee.	
<b>ACTION:</b>	
<b>A further update on the SBAF is to be provided to the Committee.</b>	
<b>4. Financial Performance – Q2 Forecast &amp; remediation</b>	FIC (08/18) 004
Ms McLannahan presented the P04 financial performance overview and Quarter 2 forecast and remediation. The committee noted the shift towards a forward look, rather than a retrospective view. The P04 position was reported on plan, and was noted to be driven by vacancies and strong income performance. The Committee noted there had been £1.5m of technical support that would allow for any fines or future data challenges from the CCG. The position includes £2.47m of ytd CIP slippage.	



<p>Capital spend was noted to be on plan once all commitments have been taken into account. The Trust has identified £5m towards the £9m gap to delivery of control total. Work is on-going and commercialisation opportunities are to be explored / identified in relation to the £4m shortfall.</p> <p>Discussion took place around agency spend slippage and the further grip and controls in place for mitigation. Concerns remain around the non-pay CIP schemes and Ms McLannahan reported on the work being undertaken to get the procurement work plan back on track. She highlighted a recent meeting she had held with the Deputy Director of Finance at Dudley Group of Hospitals (DGoH). The Trusts Head of Procurement would also be meeting with the Head of Procurement at DGoH, whose data sets were noted to be more granular in comparison.</p> <p>Discussion took place around issues with ante-natal tariffs and challenges. Ms McLannahan reported that she would be writing to local Trusts to get them to sign up to an agreement, so that any existing payment issues can be resolved.</p> <p>I&amp;E run rate and CIP delivery remains the biggest risk and there is to be a rapid focus around the forward look for Quarter 3 and Quarter 4; details of which will be provided at the September FIC meeting.</p>	
<p><b>ACTION:</b></p> <p><b>I&amp;E CIP forward look for Quarter 3 and Quarter 4 to be provided at the September FIC meeting.</b></p>	
<p><b>5. Production Plan – forecast &amp; remediation</b></p>	<p><b>FIC (08/18) 005</b></p>
<p>The Committee received the Quarter 1 outturn position and noted the forecast under-delivery in Quarter 2 and the mitigation plan in Quarter 3 to rectify the position. This was noted to be due to a delay in recruitment to identified posts for the step up in income, combined with a loss of previously established posts. Ms Barlow highlighted the plans that have been identified to mitigate the entirety of the gap by switching funding between specialties (Ophthalmology and ENT to General Surgery and T&amp;O). Forecasting to date has been accurate and the identified mitigation plans were noted to have only a low level of risk built in.</p>	
<p><b>6. LTFM Development</b></p>	<p><b>Verbal</b></p>
<p>Mr Lewis was not in attendance to verbally update the Committee on the development of the LTFM. Ms McLannahan was therefore asked to provide an update to the September Private Board meeting on behalf of Mr Lewis.</p>	
<p><b>7. Implementation of Oracle system recovery plan</b></p>	<p><b>Tabled</b></p>
<p>The Committee heard about the backlog within the Accounts Payable team due to issues with the implementation of the new Oracle system. This has resulted in a slow-down in payment processes, with a reliance on temporary staff to help with the reduction of the backlog. Ms McLannahan clarified that the Trust <u>does</u> have non-NHS creditors that have been outstanding payment in excess of 60 days. This is contrary to the previous assurances that had been provided to the Board. The Committee noted the remedial actions underway to improve the position.</p>	
<p><b>8. Matters to highlight to the Trust Board and Audit &amp; Risk Management Committee</b></p>	<p><b>Verbal</b></p>
<p>The Committee determined that the following matters should be escalated for specific consideration by the Board:</p> <ul style="list-style-type: none"> <li>• 60 day non-NHS creditor payment position;</li> <li>• Ms McLannahan (in Mr Lewis’s absence) to update the September Private Board on the LTFM position;</li> <li>• Assurance around the production plan and forward look;</li> <li>• Agency spend.</li> </ul>	
<p><b>9. Meeting Effectiveness Feedback</b></p>	<p><b>Verbal</b></p>
<p>The Committee felt the matters on the agenda were the key matters that it needed to focus its attention on.</p>	
<p><b>10. Any Other Business</b></p>	<p><b>Verbal</b></p>
<p>There were no other items of business.</p>	

<b>Details of the next meeting</b>	<b>Verbal</b>
The next Finance and Investment Committee meeting will be held on 28 September 2018 at 0900h – 1030h Room 13, Education Centre, Sandwell General Hospital.	

Signed .....

Print .....

Date .....

People & OD COMMITTEE UPDATE	
Date of meeting	Tuesday, 2 <sup>nd</sup> October 2018
Attendees	Mr Harjinder Kang, Mrs Raffaella Goodby, Mrs Paula Gardner and Ms Sue Bullock
Apologies	Mr Toby Lewis, Mr Richard Samuda and Ms Rachel Barlow
Key points of discussion relevant to the Board	<ul style="list-style-type: none"> <li>• Rostering compliance, improvement plan and key metrics discussed. Bring update on rostering compliance and practice to December 2018 People and OD Committee</li> <li>• PDR moderation, timelines, moderation dashboards and data discussed and suggestions made for links to talent mapping</li> <li>• Nurse Escalator discussed and relaunch suggestion</li> <li>• Revised People Plan KPI's and IQPR metrics agreed</li> </ul>
Positive highlights of note	<ul style="list-style-type: none"> <li>• PDR moderation dashboards and process was well received</li> <li>• Development of content of Nurse Career Escalator</li> <li>• Positive progress of engagement programme</li> </ul>
Matters of concern or key risks to escalate to the Board	<ul style="list-style-type: none"> <li>• BAF 8 may need some further work in relation to EU staff and national and international skills shortages</li> <li>• Rostering compliance and annual leave management improvements required</li> </ul>
Matters presented for information or noting	<ul style="list-style-type: none"> <li>• People Plan max workstream of Weconnect</li> <li>• Workforce refresh to be taken through executive before being discussed at December committee</li> </ul>
Decisions made	<ul style="list-style-type: none"> <li>• Noted rostering improvement plan</li> <li>• Relaunch Nurse Escalator</li> <li>• Revised people plan KPI's and IQPR Workforce metrics</li> </ul>

**Harjinder Kang**

**Chair of the People and Organisation Development Committee**

*For the meeting of the Trust Board scheduled for TBC*

## PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE MINUTES

**Venue:** Room 13, Education Centre, Sandwell  
General Hospital

**Date:** 25<sup>th</sup> June 2018, 11.00 – 12.30

**Members Present:**

Mr Harjinder Kang, Non-Executive Director & Chair	HK RS
Mr Richard Samuda Non-Executive Director	RG
Mrs Raffaella Goodby, Director of People & OD	RB
Ms Rachel Barlow, Chief Operating Officer	PG
Ms Paula Gardner, Chief Nurse	

**In Attendance**

Stacey McDonald – Executive Assistant

Minutes	Reference
<b>1. Welcome, apologies and declaration of interests</b>	<b>Verbal</b>
Apologies were received from Toby Lewis.  Note: deputy directors not in attendance as per December 2017 action.	
<b>2. Minutes of the previous meeting held on 21<sup>st</sup> March 2018</b>	
The committee noted that the incorrect minutes were circulated with the papers. Mrs Goodby offered her apologies and agreed to circulate the correct minutes following the committee. This was then completed and the minutes checked by the committee members for accuracy.	<b>POD (06/18) 001</b>
<b>3. Board Assurance Framework BAF 8 &amp; BAF9</b>	
Mrs Goodby presented the two workforce items on the board assurance framework and expressed concern that the mitigations to date do not meet the risk in full detail. Ms Barlow asked for a data set to support each BAF item, where clinical groups can set 'tipping points' that are regularly monitored, to offer the committee assurance that this is being managed. This particularly related to local workforce plans, skills shortages, links to the Trust Risk Register and influencing educational establishments. Ms Barlow also suggested regular meetings with primary care, and the ICS, were cited as mitigations in the BAF.  The committee discussed the role of the LWAB (Local Workforce Action Board) and agreed that involvement in this board was not sufficient to mitigate the workforce skills regional risk. There was a clear appetite for a more focussed training needs analysis, linked to the strategy of the Trust, e.g. CESR in Emergency Care and Critical Care.	<b>POD (06/18) 002</b>

<p>Ms Gardner stated she was working with local universities and was attempting to gain a place of influence on the Curriculum planning boards. She also supported rotational roles across the health and social care sector.</p> <p>The group discussed the apprenticeship levy, and the lack of workforce planning skills across the STP.</p>	
<p><b>Action: Mrs Goodby agreed to rewrite the BAF items for discussion with the Director of Governance and Chair of the Audit Committee.</b></p>	
<p><b>4. People Plan – Aspiring to Excellence PDR &amp; new onboarding process</b></p>	
<p>Mrs Goodby presented an update on the PDR process. Only 170 staff members had not yet booked their PDR date with their line manager. These are being chased up on a one to one basis.</p> <p>All PDR's should be completed by 30<sup>th</sup> June 2018, as of 18<sup>th</sup> June 2018 2772 PDR's have been completed and updated on ESR. 3146 PDR's remain to be updated, of which 2605 should have been updated on ESR, with the remainder having a date between 18-30 June 2018. The committee noted this was a big achievement to get all PDR's booked and thanks were passed on to the teams involved.</p> <p>Mr Kang asked for feedback how the PDR's were landing with clinical teams. Ms Barlow gave feedback on how the review has been used to set SMART objectives, and how scoring has been discussed in clinical areas. There were discussions around a score of 2 being a good score, and managing that message within the organisation.</p> <p>Mrs Goodby presented the moderation process that will take place during July and August 2018. The moderation panels will have a detailed PDR dashboard and be provided with a structured agenda on how to manipulate and moderate the scores. Mr Kang asked what training would be provided for managers to have a conversation with their staff members following the moderation, to ensure that the message of downgrading or upgrading scores is given in the right way. Her felt this will be critically important in order to maintain the positive feeling around the PDR as a developmental tool, as well as an organisational tool.</p> <p>Mrs Goodby presented the new On-boarding Portal and revised and streamlined induction process. Mr Kang asked what was on offer for senior people to give feedback after 6-12 months within the organisation. Mr Samuda asked why there were not more pictures of the Board across the organisation to raise awareness of who the Trust Board and non executives were.</p>	<p><b>POD (06/18) 003</b></p>
<p><b>Action Mrs Goodby agreed to generate a flow diagram of moderation outcomes</b>  <b>Action Mrs Goodby agreed to generate support and communications for line managers in how to deliver PDR moderation outcome messages.</b></p>	

## 5. Staff Engagement Programme

Mrs Goodby presented the paper on the Chief Executive's behalf. The paper updated the committee on the work the executive is leading on staff engagement, for which the Chief Executive is the SRO. The Trust is attempting to raise the levels of employee engagement to 3.9 / 4.0 which would make us a leader in terms of engagement. This is a critical factor in 'Going for Good' and on our journey of improvement.

The committee were reminded of the launch of this work at the Board retreat in February 2018 and a valuable workshop at the Leadership Conference in May. On the 26<sup>th</sup> June the first Clinical Leadership Executive engagement taskforce will meet. This brings together a core of executive directors and selected group level leaders. Over the next months this group will steer the engagement programme.

The support will be:

- a) Group level programmes of change, accountable to the taskforce
- b) A small set of trust wide changes, widely communicated and branded
- c) Local teams self nominating to be pacesetters in this work, with central support and coaching.

This work will be supported by HR Business partners and use Your Voice data and local actions to evaluate.

The Trust will be working with Wrightington, Wigan and Leigh NHS Trust on their 'Go Engage' approach, following an initial successful conversation with them. The engagement taskforce will visit on 31<sup>st</sup> July for an in depth implementation conversation. Ms Gardner asked where this Trust sat in the rank order of engagement in the NHS. This will be brought to a future taskforce meeting.

Executive board members will focus on 1) work we have done already which needs reshaping b) new ideas which can develop staff engagement c) things that make working life easier at the Trust d) targets, evaluation and data.

Mr Kang supported the structure of the programme and asked for the group led approach to be given equal importance with the executive / top down approach.

The committee supported the approach and the data metrics proposed in the paper.

**POD (06/18) 004**

**Action: Mr Lewis ensure that importance given to group led interventions and update committee on where Wrightington, Wigan and Leigh sit in rank order**

## 6. Nurse Career Escalator

Ms Gardner presented an update paper on the Nurse Career Escalator programme. This development programme was agreed by the board earlier in 2018, designed to impact on the retention rates of Band 5 nurses who have been at the Trust for 2-3 years. The Nurse Career Escalator is a development programme that supports nurses in to a specialist / clinical role at a higher level, or down a management route. Mr Samuda asked about the incentives for nurses attending the programme, and the financial reward associated with this. Ms Gardner responded that the new pay deal affected the original proposal as it was not possible to offer accelerated increments under the new deal. This has been dealt with by offering a 'golden hello' payment of £1000 when nurses are accepted on to the programme, and £1000 on completion.

Ms Gardner informed the committee that 17 band 5 nurses have scored appropriately in their PDR to be eligible for the programme, with 12 expected to attend the first cohort. Mr Kang asked what the message was for those nurses who did not want to attend the programme. Ms Gardner assured the committee that no one would be forced to undertake this programme, it was voluntary and developmental.

Mr Samuda asked whether a certificate of achievement would be provided for those successful on the programme. This was confirmed by Ms Gardner

Mr Kang asked how this would fit in to the PDR and recruitment process. Mrs Goodby responded that the intention was to integrate both together. The cohort of nurses on programme would be considered for Band 6 roles and prioritised for interviews, or secondments / developmental opportunities. Mr Kang welcomed this as the Trust's developing approach to talent management and 'growing our own'. Mr Kang asked for an update at the September People and OD Committee.

POD (06/18) 005

**Action: Programme update to be taken to the September committee**

## 7. Future Workforce – refresh long term workforce plan

Mrs Goodby presented the paper which set out the work undertaken to date to refresh the workforce plan in terms of skills, knowledge and expertise of the future workforce need. She then set out the plan throughout Q2 and Q3 to refresh the plan including working closely with clinical groups on shaping their workforce needs, understanding new roles, understanding developing pathways and considering any refreshed workforce needs for an interim reconfiguration with the Midland Met delay.

Ms Barlow raised that a lot of good work has already been done, for example in emergency care, and believed that this piece of work should get other clinical groups and services to a similar standard of workforce plan.

POD (06/18) 006

<p>She stated that some services have developed considerably since the original plan was developed, in particular care of the elderly and acute care and community workforce planning. These, and other services, are behind in terms of a long term workforce plan to be Midland Met ready or in terms of a defined skills and workforce plan. Ms Barlow asked that the workshops led by People and OD include new models, such as consultant of the week, new models of care and new services.</p> <p>Mr Kang asked whether the ICS developments would play a part in a refreshed workforce plan. Mrs Goodby responded to say that the ICS workforce plan will play an important role in this, and that she will seek to work to similar timescales as the ICS if at all possible.</p> <p>Mr Samuda asked what would happen if services were not viable by themselves, e.g. if the skills gap was such that no service could be sustained or delivered. Ms Barlow responded to say that this would form part of a service risk assessment, and be governed through local risk committees.</p>	
<p><b>Action: Develop an approach to workforce planning agreed between Chief Executive and rest of the executive</b></p>	
<p><b>Date and time of next meeting:</b></p>	<p><b>Verbal</b></p>
<p>The next meeting will take place on 24<sup>th</sup> September 2018 at 11.00 am in the Education Centre, SGH</p>	

Signed .....

Print .....

Date .....



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

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

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

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

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

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

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

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

n/a

### 4. Recommendation(s)

The Trust Board is asked to:

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

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

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

## **Chief Executive's Summary on Organisation Wide Issues**

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

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

### **1. Our patients**

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

- 1.2 Last month we reported three major planned changes in how A&E works, all of which will be operationalised in October – a fortnight behind schedule but after considerable clinical engagement. First a series of hot clinics provide our clinicians with alternatives to either admission or long waits. Then our SMART programme begins, putting senior clinicians into the first hour of a patient’s time in ED. Finally on November 1<sup>st</sup> we launch our Single Point of Access (SPA) to triage and direct GP referred patients. Each is an evidence based change to try and ensure that A&E majors is looking after those patients who will most benefit from our service. Our current four hour performance remains unacceptable and behind our improvement trajectory. No effort is being spared to improve that. Yet it is important to make sure we make smaller changes that matter to patients and staff and so, from this week, we have 24/7 coverage for triage pain relief in our EDs. My own weekly “ED quality” meetings continue to make sure we are supporting our teams in every way that we can.
- 1.3 Within the papers on service expansion, is a major set of planned changes in radiology, or imaging. In advance of publication of national minimum standards for imaging waiting times, our teams are establishing our own local standards, and testing those during October with local GPs. There is a route to a ten and then seven week maximum wait from referral to imaging report. This depends on some productivity changes, some investments in extra staffing and some smarter use of automation. With our established partnership with Siemens, and successful recruitment in the last eighteen months, we are working over the next six weeks to address our backlog and the next six months to address a sustainable model to meet these commitments. In December and March we will provide a detailed update to the Board’s Quality and Safety Committee. When we go live with Unity we will have a live auditable process for imaging results recognition.
- 1.4 Our flu campaign begins this month and continues over a six week period. This year we have a patient and a staff campaign, and our focus is on the four virulent strains of flu we expect to face the UK over coming months. In 2017-18 we achieved 81% coverage of patient facing staff, and intend to exceed that figure in 2018-19. There can be no complacency at all in the work we need to do, and unambiguously we will redeploy staff from high risk areas if we cannot achieve local herd immunity and collective safety. Paula Gardner, David Carruthers and Raffaella Goodby will lead the work to engage and involve staff in the next 6 weeks.

## **2. Our workforce**

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

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

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

- 2.2 The revised workforce performance reporting within the IQPR will permit even greater scrutiny of the progress being made, not just on time to hire, but on other people indicators, including retention. The nurse escalator project was discussed at the Committee this month.
- 2.3 After the success of our accredited manager work in 2017-18 the latest two mandatory modules of work have just been launched focusing on difficult conversations with employees. This sits well alongside our considerable expansion of coaching and mentoring work. Finally, our high potential individuals, highlighted through our Aspiring to Excellence programme, will be supported with targeted development during Q3 and Q4. We know that we cannot develop the engaged and involved culture that we want unless our line manager cadre is better able to manage both routine and strategic work at a local level. Part of that shift is about providing the skills and tools to balance these demands, as well as good information and policies with which to work. Major changes like **wemind** will help to equip first line managers to tackle complex issues like mental health in the workplace.
- 2.4 There has been considerable local publicity for our Living Wage Accreditation, and national interest in the work done on parental leave after premature birth. Whilst working collaboratively locally with partners and educators, we do want to frame a distinctive offer to potential recruits, grounded in particular in the values and benefits of working in our diverse organisation. Black History Month launches for October, and the Trust continues to seek to live up to the Board's ambitions to meet WRES and other best practice. Of course that distinctive offer has to be reinforced by the lived experience of joining the Trust, and in addition to the now completed overhaul of induction and on-boarding we will evaluate at 100 days the feedback from new employees.
- 2.5 October sees national endeavours around Speak Up, and in September we held our third Trust-wide speak-up day. This focused on awareness of all routes to raise concerns, including our nine FTSU guardians.

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

### **3. Our partners and commissioners**

- 3.1 The end of September will see the exchange of commissioning intentions for 2019-20. We have already a number of long term deals in place, notably with NHS England, and would not expect to see significant change from April. We will look to ensure that clinical innovations, such as the Heartflow project are contracted, whilst volumes also need to reflect new national standards around cardiac CT from NICE and shorter wait times to diagnosis for cancer. We expect Unity go live before 2019-20 and that will provide inevitably improved data capture of clinical complexity within our inpatient base, consistent with Board discussions around the co-morbidities absent when we discuss amenable mortality.
- 3.2 The Trust remains a key contributor to national projects to expand the role of volunteering in the NHS. Our Helpforce collaboration has been evaluated, and a new phase of that project shortly commences. The Trust has almost achieved the volunteer number targets that we set in 2016, which seemed improbable eighteen months ago. Within the ICS we will seek to make a continued collaboration with the third sector a strength to how we work, and our Trust Charity has helped us to develop new avenues for joint working – as the Charitable Funds Committee’s minutes illustrate.

### **4. Our regulators**

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

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

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

- 5.2 The hub centre at New Cross will follow. In many ways nothing changes in this initial phase, but we should also recognise that this is now an outsourced service. The specialist hub at Sandwell will operate as part of BCP with a distinct commercial agreement. This should protect and indeed enhance our tradition of innovation.
- 5.3 The latest STP stocktake took place this month, for quarter two. The sense was of strong progress across the footprint, and a welcome recognition that much of the value of work done through the STP is actually at a Place level. There remains good scope for system wide work on mortality, on frailty, and on workforce. Efforts with WMAS to better connect local services with ambulance conveyance and on scene care will be important, not only in winter, but in re-providing services in different locations as we move towards Midland Met.
- 5.4 TeamTalk is appended (Annex A). Our work on internal communication is not yet ready to be discussed at the Board but will be completed for November, with implementation expected in Q4. A pilot on better communication with night working staff is taking place in medicine this side of year end. The Learning from Excellence segment of TeamTalk this month is focused on our Silent Cockpit project in maternity theatres, which is also a nominee in our Staff Awards – taking place at Villa Park on October 12<sup>th</sup>.
- 5.5 Our **w**elearn work also continues at pace, and November will see the first of what we hope will become an annual QIHD Poster contest, with teams from across the local health system competing to win prizes for their work fostering innovation and then spreading it. The prize winners will be presented at December's Trust Board meeting.

**Toby Lewis**  
**Chief Executive**  
**September 28<sup>th</sup> 2018**

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

# SWB TeamTalk

September 2018

Annex A

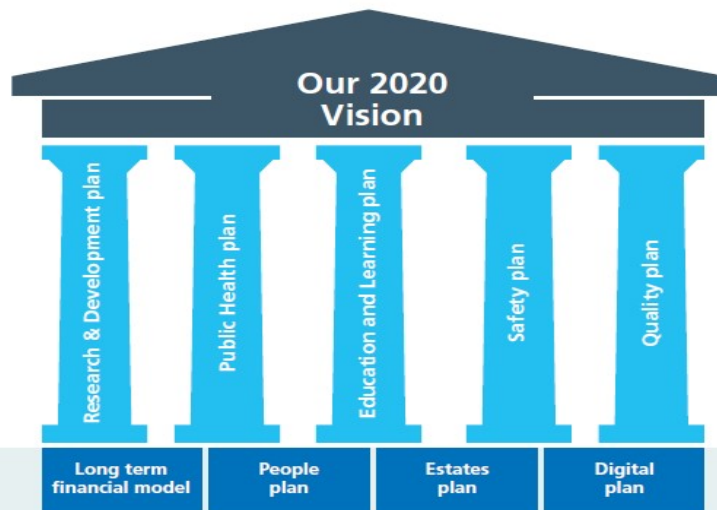


Sandwell and West  
Birmingham Hospitals

NHS Trust

## Welcome to SWB TeamTalk

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



Ruth Wilkin  
Director of Communications



September 2018

## Team Talk Agenda

- 1.00pm: Tune In: Local and national news**
- 1.10pm: Learning from Excellence: The Silent Cockpit**
- 1.25pm: What's on your mind? Worries and issues**
- 1.40pm: Things you need to know**
- 1.50pm: This month's topic: Flu vaccination – how are you going to ensure your team are vaccinated this year?**

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

### **New flu vaccine**

Public Health England have announced a more effective flu vaccine is available this winter for those aged 65 and over, which could prevent deaths and reduce the burden on the NHS. Available for the first time in the UK, the vaccine could reduce GP consultations by 30,000, hospitalisations by over 2,000 and prevent over 700 hospital deaths from flu in England, alleviating some of the health burden that seasonal flu places on the population, workplaces and the NHS. For further information visit <https://bit.ly/2QIGa1v> - our flu campaign launches on 1 October and is the Team Talk topic this month.

### **New NHS innovations scheme**

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

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

### **Black History Month**

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

### **PDR moderation**

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

### **Your Voice survey results**

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

### **Star Awards 2018**

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

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

September 2018

## Learning from excellence:

The Silent Cockpit

[https://www.youtube.com/watch?v=Kl7\\_9ilcbCc](https://www.youtube.com/watch?v=Kl7_9ilcbCc)

Kay Stokes, Specialty Theatre Manager

Alan Dickens, Advanced Theatre Practitioner

# SWB TeamTalk

September 2018



Sandwell and West  
Birmingham Hospitals

NHS Trust

## What's on your mind?

Your opportunity to raise any issues or ask a question.

# SWB TeamTalk

## September 2018

### Feedback from August's Q&A sessions

#### **Preparation to going smoke free**

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

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

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

#### **What is the latest on Unity implementation?**

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

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

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

# SWB TeamTalk

## September 2018

### Things you need to know – from our Clinical Leadership Executive

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

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

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

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

# SWB TeamTalk

## September 2018

### August TeamTalk Topic feedback – Improving colleague engagement

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

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

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

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

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

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

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

## TeamTalk Topic – September 2018

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

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

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

In your teams this month:

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



## September 2018

### Dates for your diaries

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

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

**Kam Dhami**

**Chair of the Clinical Leadership Executive**

*For the meeting of the Trust Board scheduled for 4<sup>th</sup> October 2018*

**Recruitment Activity Report**

Report Date: 20/09/2018

**Annex C**

Criteria	Measure/Month	Actual								Forecast						Target
		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19			
<b>Band 5 Nurses (excluding Theatre Practitioners)</b>	<b>SIP</b>	FTE Establishment	768.26	771.89	775.27	774.27	768.42	784.60	784.60	784.60	784.60	784.60	784.60	784.60	784.60	
		FTE FTE In Post	642.76	642.62	642.38	630.33	622.76	619.75	659.15	679.11	681.09	688.06	686.79	723.76		
		FTE New Starters	5.00	6.72	5.97	2.72	6.17	4.60	41.01	25.00	10.00	15.00	6.75	45.00		
	<b>Offers External Applicants</b>	FTE Leavers	11.01	11.61	1.53	11.03	4.56	11.62	1.61	5.04	8.03	8.03	8.03	8.03		
		FTE Vacancies in month	125.50	129.27	132.89	143.94	145.66	164.85	125.45	105.49	103.52	96.54	97.81	60.84		
		FTE Conditional offers (in month)	31.26	20.24	6.92	35.00	25.60	11.83	2.92	15.00	44.00	15.00	15.00	10.00		
	FTE Offers Confirmed (in month)	7.67	16.60	10.20	10.20	12.92	12.17	19.00	12.17	12.17	12.17	12.17	12.17			
<b>Band 5 Community Nurses</b>	<b>SIP</b>	FTE Establishment	156.47	156.47	161.47	156.47	156.47	165.27	165.27	165.27	165.27	165.27	165.27			
	FTE FTE In Post	140.35	141.10	144.07	140.07	137.66	143.94	149.37	152.37	151.78	151.19	150.60	154.01			
	FTE New Starters	0.00	0.00	1.60	0.00	1.80	0.00	6.00	5.00	0.00	0.00	0.00	4.00			
	FTE Leavers	0.00	0.53	1.51	0.61	0.00	1.53	0.57	2.00	0.59	0.59	0.59	0.59			
	FTE Vacancies in month	16.12	15.37	17.40	16.40	18.81	21.33	15.90	12.90	13.49	14.08	14.67	11.26			
	FTE Conditional offers (in month)	0.50	1.80	0.50	3.00	6.00	1.00	1.67	1.67	1.67	1.67	1.67	1.67			
	FTE Offers Confirmed (in month)	0.00	0.50	4.00	0.30	0.00	1.00	3.00	0.60	0.60	0.60	0.60	0.60			
<b>Band 5 Nursing (Total)</b>	<b>SIP</b>	FTE Establishment	924.73	928.36	936.74	930.74	924.89	949.87	949.87	949.87	949.87	949.87	949.87			
		FTE FTE In Post	783.11	783.72	786.45	770.40	760.42	763.69	808.52	831.48	832.86	839.25	837.38			
		FTE New Starters	5.00	6.72	7.57	2.72	7.97	4.60	47.01	30.00	10.00	15.00	6.75	49.00		
	<b>Offers External Applicants</b>	FTE Leavers	11.01	12.14	3.04	11.64	4.56	13.15	2.18	0.60	8.62	8.62	8.62	8.62		
		FTE Vacancies in month	141.62	144.64	150.29	160.34	164.47	186.18	141.35	118.39	117.01	110.62	112.49	72.10		
		FTE Conditional offers (in month)	31.86	22.04	7.52	38.00	31.60	12.83	4.59	16.67	45.67	16.67	16.67	11.67		
	FTE Offers Confirmed (in month)	7.67	17.20	14.20	10.50	12.92	13.17	22.00	12.77	12.77	12.77	12.77	12.77			
<b>Band 6 Nurses (excluding Theatre Practitioners)</b>	<b>SIP</b>	FTE Establishment	388.74	383.34	382.61	386.21	386.31	399.95	399.95	399.95	399.95	399.95	399.95			
	FTE FTE In Post	366.38	355.26	358.03	365.29	363.69	364.86	367.86	369.68	369.90	370.12	370.34	370.56			
	FTE New Starters	2.82	0.43	3.61	0.00	6.40	0.43	5.00	2.82	2.82	2.82	2.82	2.82			
	FTE Leavers	3.25	9.48	2.60	2.60	4.99	1.85	2.00	1.00	2.60	2.60	2.60	2.60			
	FTE Vacancies in month	22.36	28.08	24.58	20.92	22.62	35.09	32.09	30.27	30.05	29.83	29.61	29.39			
	FTE Conditional offers (in month)	5.00	1.61	6.16	5.00	8.60	0.20	5.92	5.00	5.00	5.00	5.00	5.00			
	FTE Offers Confirmed (in month)	9.82	2.00	3.00	3.00	7.25	3.00	2.10	3.00	3.00	3.00	3.00	3.00			
<b>Band 6 Community Nurses</b>	<b>SIP</b>	FTE Establishment	145.95	145.95	145.95	145.95	145.95	145.05	145.05	145.05	145.05	145.05	145.05			
		FTE FTE In Post	137.15	137.15	136.29	134.29	133.67	133.37	135.77	136.53	136.59	136.65	137.01			
		FTE New Starters	1.00	0.00	0.00	0.00	1.00	0.76	3.00	0.76	0.76	0.76	0.76			
	<b>Offers External Applicants</b>	FTE Leavers	0.00	0.00	0.60	2.00	1.15	1.40	0.60	0.76	0.60	0.60	0.60			
		FTE Vacancies in month	8.80	8.80	9.66	11.66	12.38	11.68	9.28	8.52	8.36	8.20	8.04	7.88		
		FTE Conditional offers (in month)	0.00	1.00	3.00	0.50	0.76	5.00	0.00	0.76	0.76	0.76	0.76			
	FTE Offers Confirmed (in month)	0.00	0.00	0.00	0.00	2.00	2.00	1.00	0.00	0.00	0.00	0.00				
<b>Band 6 Nursing (Total)</b>	<b>SIP</b>	FTE Establishment	534.69	529.29	528.56	532.16	532.26	545.00	545.00	545.00	545.00	545.00	545.00			
		FTE FTE In Post	503.53	492.41	494.32	499.58	497.26	498.23	503.63	506.21	506.59	506.97	507.35			
		FTE New Starters	3.82	0.43	3.61	0.00	7.40	1.19	8.00	3.58	3.58	3.58	3.58			
	<b>Offers External Applicants</b>	FTE Leavers	3.25	9.48	3.20	4.60	6.18	3.25	2.60	1.00	3.20	3.20	3.20			
		FTE Vacancies in month	31.16	36.88	34.24	32.58	35.00	46.77	41.37	38.79	38.41	38.03	37.65			
		FTE Conditional offers (in month)	5.00	2.61	9.16	5.50	9.36	5.20	5.92	5.76	5.76	5.76	5.76			
	FTE Offers Confirmed (in month)	9.82	2.00	3.00	3.00	9.25	3.00	3.10	3.00	3.00	3.00	3.00				
<b>Band 5 &amp; 6 Midwives</b>	<b>SIP</b>	FTE Establishment	192.39	192.39	186.19	186.19	186.19	178.94	178.94	178.94	178.94	178.94	178.94			
		FTE FTE In Post	158.47	156.07	156.19	156.83	154.21	154.13	155.33	155.43	155.48	155.53	155.63			
		FTE New Starters	0.00	1.43	1.34	0.00	0.80	0.80	2.00	1.00	0.90	0.90	0.90			
	<b>Offers External/Internal Applicants</b>	FTE Leavers	2.92	3.84	0.00	0.00	0.60	1.57	0.60	0.90	0.85	0.85	0.85			
		FTE Vacancies in month	33.92	36.32	30.00	29.36	31.98	24.81	23.61	23.51	23.46	23.41	23.36			
		FTE Conditional offers (in month)	0.00	0.00	0.00	2.00	2.00	16.32	1.00	1.00	1.00	1.00	1.00			
	FTE Offers Confirmed (in month)	0.92	0.42	0.42	0.00	0.00	0.00	1.80	0.42	0.42	0.42	0.42				
<b>Consultants</b>	<b>SIP</b>	FTE Establishment	321.10	322.10	319.28	320.73	321.68	332.63	332.63	332.63	332.63	332.63	332.63			
		FTE FTE In Post	283.80	282.65	282.70	282.02	279.32	279.90	277.90	276.70	276.10	275.50	274.90			
		FTE New Starters	3.00	1.00	1.00	2.00	2.00	6.00	1.00	2.00	2.00	2.00	2.00			
	<b>Offers External Applicants</b>	FTE Leavers	3.90	0.50	0.90	2.20	0.00	7.40	3.00	3.20	2.60	2.60	2.60			
		FTE Vacancies in month	37.30	39.45	36.58	38.71	42.36	52.73	54.73	55.93	56.53	57.13	58.33			
		FTE Conditional offers (in month)	4.00	0.00	2.00	1.00	3.00	9.00	4.00	3.00	3.00	3.00	3.00			
	FTE Offers Confirmed (in month)	3.00	0.00	0.00	0.00	5.00	1.00	4.00	1.00	1.00	1.00	1.00				
<b>Specialty Registrars (including Junior Specialist Doctors)</b>	<b>SIP</b>	FTE Establishment	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00			
		FTE FTE In Post	257.00	258.00	258.00	258.00	258.00	264.00	301.40	301.40	301.40	301.40	301.40			
		FTE New Starters	0.00	7.00	8.00	7.00	1.70	71.09	41.00	11.00	13.00	5.00	10.00			
	<b>Offers External Applicants</b>	FTE Leavers	10.71	6.00	11.00	3.68	76.00	17.40	3.60	11.00	13.00	5.00	10.00			
		FTE Vacancies in month	54.00	54.00	53.00	53.00	53.00	47.00	9.60	9.60	9.60	9.60	9.60			
		FTE Conditional offers (in month)	0.00	0.00	3.00	62.00	43.00	4.00	0.00	3.00	3.00	3.00	3.00			
	FTE Offers Confirmed (in month)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				

--- Over Target

--- Target Met

--- Over Target

--- Over Target

--- Over Target

--- Over Target

--- Target Met

--- Over Target

--- Over Target

**Notes:**  
**Staff in post** this includes staff in post as at the first of the month  
**New starters Actual -** This includes all agreed start dates from the first of the month  
**New starters forecast:** Based on average number of new recruits due to recruitment campaigns and number of student nurses likely to accept offers.  
**Leavers -** Figures based on terminations received into ESR and assuming that managers are submitting termination data in a timely fashion.  
**Leavers:** With the exception of band 5 staff nurses and midwives, the leaver figure is based on the WTE leaving the organisation. For band 5 staff nurses/midwives, this also includes the WTE moving internally to take into account the impact of internal promotion.  
**Turnover forecast:** Based on average for the staff group/band over the previous year.  
**Band 5 Nurses:** Report includes data on band 5 nursing posts within the Trust with the exception of midwives. Reporting on external recruitment activity i.e. activity that improves vacancy bottom line given this is an entry level post.  
**Band 6 Nurses:** Figures include all band 6 nurses i.e. charge nurses, sisters, community practitioners with the exclusion of midwives  
**Specialty Registrars (including Junior Specialist Doctors):** Includes all approved doctors in training posts except foundation Y1 and Y2 doctors. It also includes GPSTs that are being trained at SWBH but employed by lead employer (St Helens)  
 Data source: ESR, Recruitment data base and Medical Staffing Database

## Safer Staffing Board Report

The Trust monitors safer staffing through a number of mechanisms.

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

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

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

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

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

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

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

Ward name	Main 2 Specialties on each ward	Main 2 Specialties on each ward	Day		Day		Night		Night		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Care Hours Per Patient Day (CHPPD)			Note	
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff						Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff		Overall
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours									
Critical Care - Sandwell	192 - CRITICAL CARE MEDICINE		2727	3246	306	330	2728	2992	0	55	119.0%	107.8%	109.7%	#DIV/0!	258	24.2	1.5	25.7	
AMU A - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	3565	3306	1426	1489	3047	3358	1426	1495	92.7%	104.4%	110.2%	104.8%	1242	5.4	2.4	7.8	
Lyndon 1 - Paediatrics	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	555	534	216	216	1023	946	341	396	96.2%	100.0%	92.5%	116.1%	315	4.7	1.9	6.6	
Lyndon 2 - Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1426	1397	1035	1000	989	1000	713	713	98.0%	96.6%	101.1%	100.0%	678	3.5	2.5	6.1	
Lyndon 3 - T&O/Stepdown	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	1564	1316	1564	1575	1069	1046	1564	1506	84.1%	100.7%	97.8%	96.3%	807	2.9	3.8	6.7	
Lyndon 4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1782	1368	1782	1610	1426	1403	1782	1058	76.8%	90.3%	98.4%	59.4%	797	3.5	3.3	6.8	
Lyndon 5 - Acute Medicine	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1495	1115	1495	1017	1196	1150	1495	632	74.6%	68.0%	96.2%	42.3%	735	3.1	2.2	5.3	
Lyndon Ground - PAU/Adolescents	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	1116	1116	372	318	1023	847	341	330	100.0%	85.5%	82.8%	96.8%	214	9.2	3.0	12.2	
Older Persons Assessment Unit (OPAU)	430 - GERIATRIC MEDICINE		1426	1253	1069	977	1069	1265	1069	1058	87.9%	91.4%	118.3%	99.0%	576	4.4	3.5	7.9	
Newton 3 - T&O	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	1782	1707	1644	1650	1138	1155	1644	1633	95.8%	100.4%	101.5%	99.3%	816	3.5	4.0	7.5	
Newton 4 - Stepdown/Stroke/Neurology	314 - REHABILITATION	300 - GENERAL MEDICINE	1426	1069	1069	1052	1426	1058	1069	759	75.0%	98.4%	74.2%	71.0%	863	2.5	2.1	4.6	
Newton 5 - Haematology	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	713	713	356	391	713	713	356	322	100.0%	109.8%	100.0%	90.4%	265	5.4	2.7	8.1	
Priority 2 - Colorectal/General Surgery	100 - GENERAL SURGERY		1782	1575	1069	868	1426	1380	1069	989	88.4%	81.2%	96.8%	92.5%	675	4.4	2.8	7.1	
Priority 4 - Stroke/Neurology	300 - GENERAL MEDICINE	400 - NEUROLOGY	2139	1857	1069	1127	1782	1656	1069	1219	86.8%	105.4%	92.9%	114.0%	719	4.9	3.3	8.1	
Priority 5 - Gastro/Resp	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1426	1334	1069	1035	1069	1311	713	1023	93.5%	96.8%	122.6%	143.5%	938	2.8	2.2	5.0	
SAU - Sandwell	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1702	1707	770	845	1483	1483	356	333	100.3%	109.7%	100.0%	93.5%	506	6.3	2.3	8.6	
CCS - Critical Care Services - City	192 - CRITICAL CARE MEDICINE		2976	2604	372	270	2728	2420	0	0	87.5%	72.6%	88.7%	#DIV/0!	171	29.4	1.6	31.0	
D5/D7 - Cardiology (Female)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	3565	3294	713	667	2852	3024	0	0	92.4%	93.5%	106.0%	#DIV/0!	771	8.2	0.9	9.1	
D11 - Male Older Adult	430 - GERIATRIC MEDICINE		1069	1012	1069	799	1069	701	713	759	94.7%	74.7%	65.6%	106.5%	551	3.1	2.8	5.9	
D15 - Gastro/Resp/Haem (Male)	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1069	799	1069	787	1069	713	713	667	74.7%	73.8%	66.7%	93.5%	461	3.3	3.2	6.4	
D16 - (Female)	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1069	833	1069	626	1069	713	713	483	77.9%	58.6%	66.7%	67.7%	444	3.5	2.5	6.0	
D19 - Paediatric Medicine	420 - PAEDIATRICS	120 - ENT	744	744	372	348	682	682	0	0	100.0%	83.9%	100.0%	#DIV/0!	162	8.8	2.1	11.0	
D26 - Female Older Adult	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069	1069	1069	1046	1069	770	713	713	100.0%	97.8%	72.0%	100.0%	551	3.3	3.2	6.5	
D27 - City Surgical Unit (CSU)	101 - UROLOGY	120 - ENT	1817	1610	1046	931	1069	1127	713	713	88.6%	89.0%	105.4%	100.0%	506	5.4	3.2	8.7	From Donna James : D21
D43 - Community RTG	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	1426	1276	1426	1345	1069	1058	1069	1046	89.5%	94.3%	99.0%	97.8%	765	3.1	3.1	6.2	
D47 - Geriatric MEDICAL	430 - GERIATRIC MEDICINE		713	810	1426	1305	713	713	713	713	113.6%	91.5%	100.0%	100.0%	523	2.9	3.9	6.8	
D17 (Gynae Ward)	502 - GYNAECOLOGY		593	486	414	345	744	720	372	372	82.0%	83.3%	96.8%	100.0%	360	3.4	2.0	5.3	From Tracy Weston : D17
Labour Ward - City	3921	3061	713	477	3921	3082	713	632			78.1%	66.9%	78.6%	88.6%	275	22.3	4.0	26.4	
City Maternity - M1	501 - OBSTETRICS	424 - WELL BABIES	1069	1058	673	667	1069	931	356	368	99.0%	99.1%	87.1%	103.4%	398	5.0	2.6	7.6	
City Maternity - M2	501 - OBSTETRICS	424 - WELL BABIES	897	787	558	598	897	644	299	287	87.7%	107.2%	71.8%	96.0%	463	3.1	1.9	5.0	
AMU 1 - City	300 - GENERAL MEDICINE	320 - CARDIOLOGY	4278	4065	1782	1776	4278	3795	1782	1851	95.0%	99.7%	88.7%	103.9%	1340	5.9	2.7	8.6	
Neonatal	422 - NEONATOLOGY		2495	2664	713	426	2495	2376	744	636	106.8%	59.7%	95.2%	85.5%	715	7.0	1.5	8.5	
Serenity Birth Centre - City	501 - OBSTETRICS		1069	1121	713	448	1069	1012	356	414	104.9%	62.8%	94.7%	116.3%	51	41.8	16.9	58.7	
Ophthalmology Main Ward - City	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	292	292	232	191	573	518	0	55	100.0%	82.3%	90.4%	#DIV/0!	152	5.3	1.6	6.9	
Eliza Tinsley Ward - Community RTG	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	1069	937	1426	1339	713	701	1069	1035	87.7%	93.9%	98.3%	96.8%	646	2.5	3.7	6.2	
Henderson	318 - INTERMEDIATE CARE		1069	885	1558	1443	713	713	1069	1023	82.8%	92.6%	100.0%	95.7%	639	2.5	3.9	6.4	
Leasowes	318 - INTERMEDIATE CARE		1116	1092	1254	1242	744	744	744	744	97.8%	99.0%	100.0%	100.0%	550	3.3	3.6	6.9	
MCCarthy	318 - INTERMEDIATE CARE		713	701	1069	1034	713	701	713	713	98.3%	96.7%	98.3%	100.0%	488	2.9	3.6	6.5	
<b>Trust Totals</b>			<b>60724</b>	<b>55813</b>	<b>37047</b>	<b>33610</b>	<b>53925</b>	<b>50621</b>	<b>28571</b>	<b>26745</b>	<b>91.9%</b>	<b>90.7%</b>	<b>93.9%</b>	<b>93.6%</b>	<b>21386</b>	<b>5.0</b>	<b>2.8</b>	<b>7.8</b>	

# Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation:

RXX

Sandwell And West Birmingham Hospitals NHS Trust

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

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

<https://www.swbhb.nhs.uk/>

Only complete sites your organisation is accountable for

Hospital Site Details			Main 2 Specialties on each ward		Day		Night		Day		Night		Care Hours Per Patient Day (CHPPD)							
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
					Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Critical Care - Sandwell	192 - CRITICAL CARE MEDICINE		2727	3246	306	330	2728	2992	0	55	119.0%	107.8%	109.7%	-	258	24.2	1.5	25.7
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	AMU A - Sandwell	300 - GENERAL MEDICINE	320 - CARDIOLOGY	3565	3306	1426	1489	3047	3358	1426	1495	92.7%	104.4%	110.2%	104.8%	1242	5.4	2.4	7.8
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Lyndon 2 - Paediatrics	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPA	555	534	216	216	1023	946	341	396	96.2%	100.0%	92.5%	116.1%	315	4.7	1.9	6.6
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Lyndon 2 - Surgery	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPA	1426	1397	1035	1000	989	1000	713	713	98.0%	96.6%	101.1%	100.0%	678	3.5	2.5	6.1
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Lyndon 3 - T&O/Stepdown	110 - TRAUMA & ORTHOPA	160 - PLASTIC SURGERY	1564	1316	1064	1575	1069	1046	1564	1506	84.1%	100.7%	97.8%	96.3%	807	2.9	3.8	6.7
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Lyndon 4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1782	1368	1782	1610	1426	1403	1782	1058	76.8%	90.3%	98.4%	59.4%	797	3.5	3.3	6.8
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Lyndon 5 - Acute Medicine	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1495	1115	1495	1017	1195	1150	1495	632	74.6%	68.0%	96.2%	42.3%	735	3.1	2.2	5.3
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Lyndon Ground - PALI/Adoles	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPA	1116	1116	372	318	1023	847	341	330	100.0%	85.5%	82.8%	96.8%	214	9.2	3.0	12.2
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Older Persons Assessment U	430 - GERIATRIC MEDICINE		1426	1253	1069	977	1069	1265	1069	1058	87.9%	91.4%	118.3%	99.0%	576	4.4	3.5	7.9
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Newlon 3 - T&O	110 - TRAUMA & ORTHOPA	430 - GERIATRIC MEDICINE	1782	1707	1644	1650	1138	1155	1644	1633	95.8%	100.4%	101.5%	99.3%	816	3.5	4.0	7.5
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Newlon 4 - Stepdown/Stroke	314 - REHABILITATION	300 - GENERAL MEDICINE	1426	1069	1069	1052	1426	1058	1069	759	75.0%	98.4%	74.2%	71.0%	863	2.5	2.1	4.6
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Newlon 5 - Haematology	304 - CLINICAL PHYSIOLOG	300 - GENERAL MEDICINE	713	713	356	391	713	713	356	322	100.0%	109.8%	100.0%	90.4%	265	5.4	2.7	8.1
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Priority 2 - Colorectal/General	100 - GENERAL SURGERY		1782	1575	1069	868	1426	1380	1069	989	88.4%	81.2%	96.8%	92.5%	675	4.4	2.8	7.1
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Priority 4 - Stroke/Neurology	300 - GENERAL MEDICINE	400 - NEUROLOGY	2139	1857	1069	1127	1782	1656	1069	1219	86.8%	105.4%	92.9%	114.0%	819	4.9	3.3	8.1
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	Priority 5 - Gastro/Resp	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOG	1426	1334	1069	1035	1069	1311	713	1023	93.5%	96.8%	122.6%	143.5%	938	2.8	2.2	5.0
RXX01	SANDWELL GENERAL HOSPITAL - RXX01	SAU - Sandwell	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPA	1702	1707	770	845	1483	1453	356	383	100.3%	109.7%	100.0%	93.5%	506	6.3	2.3	8.6
RXX02	CITY HOSPITAL - RXX02	CCS - Critical Care Services	192 - CRITICAL CARE MEDICINE		2976	2604	372	270	2728	2420	0	0	87.5%	72.6%	88.7%	-	171	29.4	1.6	31.0
RXX02	CITY HOSPITAL - RXX02	DS/D7 - Cardiology (Female)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	3565	3294	713	667	2852	3024	0	0	92.4%	93.5%	106.0%	-	771	8.2	0.9	9.1
RXX02	CITY HOSPITAL - RXX02	D11 - Male Older Adult	430 - GERIATRIC MEDICINE		1069	1012	1069	799	1069	701	713	759	94.7%	74.7%	65.6%	106.5%	551	3.1	2.8	5.9
RXX02	CITY HOSPITAL - RXX02	D15 - Gastro/Resp/Haem (M)	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOG	1069	799	1069	787	1069	713	713	667	74.7%	73.6%	66.7%	93.5%	461	3.3	3.2	6.4
RXX02	CITY HOSPITAL - RXX02	D16 - (Female)	301 - GASTROENTEROLOG	340 - RESPIRATORY MEDICINE	1069	833	1069	626	1069	713	713	483	77.9%	58.6%	66.7%	67.7%	444	3.5	2.5	6.0
RXX02	CITY HOSPITAL - RXX02	D19 - Paediatric Medicine	420 - PAEDIATRICS	120 - ENT	744	744	372	348	682	682	0	0	100.0%	93.5%	100.0%	-	162	8.8	2.1	11.0
RXX02	CITY HOSPITAL - RXX02	D26 - Female Older Adult	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069	1069	1069	1046	1069	770	713	713	100.0%	97.8%	72.0%	100.0%	551	3.3	3.2	6.5
RXX02	CITY HOSPITAL - RXX02	D27 - City Surgical Unit (CSU)	101 - UROLOGY	120 - ENT	1817	1610	1046	931	1069	1127	713	713	88.6%	89.0%	105.4%	100.0%	506	5.4	3.2	8.7
RXX02	CITY HOSPITAL - RXX02	D43 - Community RTG	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	1426	1276	1426	1345	1069	1058	1069	1046	89.5%	94.3%	99.0%	97.8%	785	3.1	3.1	6.2
RXX02	CITY HOSPITAL - RXX02	D47 - Geriatric MEDICAL	430 - GERIATRIC MEDICINE		713	810	1426	1305	713	713	713	713	113.6%	91.5%	100.0%	100.0%	523	2.9	3.9	6.8
RXX02	CITY HOSPITAL - RXX02	D17 (Gyna Ward)	502 - GYNAECOLOGY		593	486	414	345	744	720	372	372	82.0%	83.3%	96.8%	100.0%	360	3.4	2.0	5.3
RXX02	CITY HOSPITAL - RXX02	Labour Ward - City	501 - OBSTETRICS		3921	3061	713	477	3921	3082	713	632	78.1%	66.9%	78.6%	88.6%	275	22.3	4.0	26.4
RXX02	CITY HOSPITAL - RXX02	City Maternity - M1	501 - OBSTETRICS	424 - WELL BABIES	1069	1058	673	667	1069	931	356	368	99.0%	99.1%	87.1%	103.4%	398	5.0	2.6	7.6
RXX02	CITY HOSPITAL - RXX02	City Maternity - M2	501 - OBSTETRICS	424 - WELL BABIES	897	787	558	598	897	644	299	287	87.7%	107.2%	71.8%	96.0%	463	3.1	1.9	5.0
RXX02	CITY HOSPITAL - RXX02	AMU 1 - City	300 - GENERAL MEDICINE	320 - CARDIOLOGY	4278	4065	1782	1776	4278	3795	1782	1851	95.0%	99.7%	88.7%	103.9%	1340	5.9	2.7	8.6
RXX02	CITY HOSPITAL - RXX02	Neonatal	422 - NEONATOLOGY		2495	2664	713	426	2495	2376	744	636	106.8%	59.7%	95.2%	85.5%	715	7.0	1.5	8.5
RXX02	CITY HOSPITAL - RXX02	Serenity Birth Centre - City	501 - OBSTETRICS		1069	1121	713	448	1069	1012	356	414	104.9%	62.8%	94.7%	116.3%	51	41.8	16.9	58.7
RXX03	INGHAM MIDLAND EYE CENTRE (BMEC) - RXX03	Ophthalmology Main Ward - City	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	292	292	232	191	573	518	0	55	100.0%	82.3%	90.4%	-	152	5.3	1.6	6.9
RXX10	ROWLEY REGIS HOSPITAL - RXX10	Eliza Tinsley Ward - Commur	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	1069	937	1426	1339	713	701	1069	1035	87.7%	93.5%	98.3%	96.8%	646	2.5	3.7	6.2
RXX10	ROWLEY REGIS HOSPITAL - RXX10	Henderson	318 - INTERMEDIATE CARE		1069	885	1558	1443	713	713	1069	1023	82.8%	92.6%	100.0%	95.7%	639	2.5	3.9	6.4
RXX10	ROWLEY REGIS HOSPITAL - RXX10	Lesowes	318 - INTERMEDIATE CARE		1116	1082	1254	1242	744	744	744	744	97.8%	99.0%	100.0%	100.0%	550	3.3	3.6	6.9
RXX10	ROWLEY REGIS HOSPITAL - RXX10	Mccarthy	318 - INTERMEDIATE CARE		713	701	1069	1034	713	701	713	713	98.3%	96.7%	98.3%	100.0%	488	2.9	3.6	6.5

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

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

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

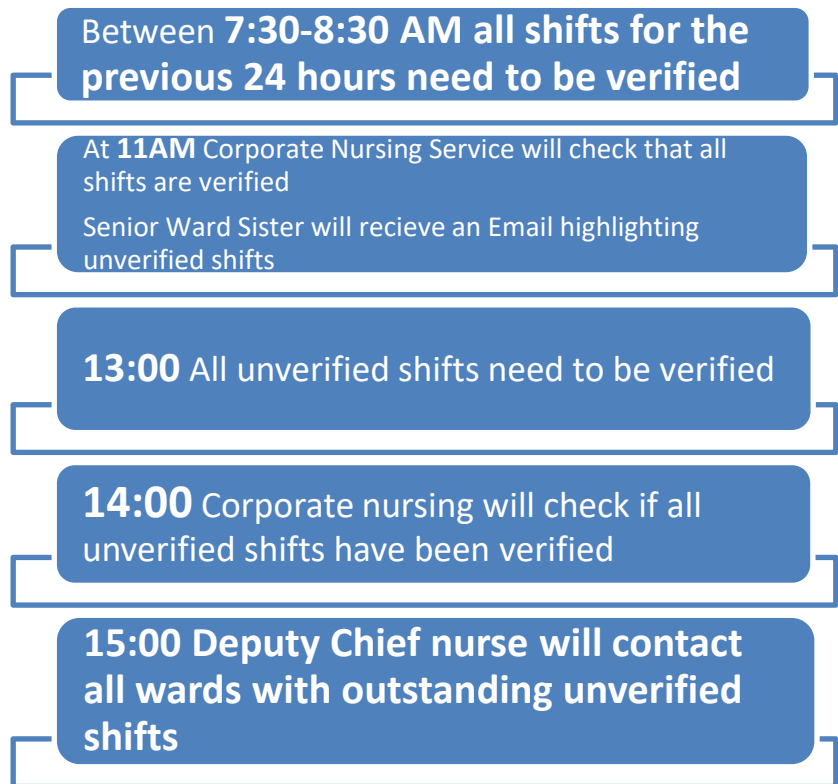
- **Log onto the E-roster system between 7.30 and 8.30 each morning**
- **Complete and verify all staff that worked on the ward over the last 24hrs**
- **Update the e-roster system at each shift change over during the day so that it is always kept current.**

To enable this to happen you must ensure that

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

It is **vital** that this is completed **daily** therefore a **monitoring process** will be put in place. Each day at 11 am a member of Corporate Nursing admin team will log onto the E-rostering and audit the number of wards that have verified their previous days staffing. Any non-compliance will be escalated to the Senior Ward sister and asked to rectify by 1300hrs .A second check will be done at 1400hrs. Any noncompliance at this point will be escalated to the Deputy Chief Nurse who in turn will contact the Senior Ward Sister to discuss any issue they may be having.

Please see flow chart below:





**Daily Patient Acuity Project**

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

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

**Standard Operating Procedure.**

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

Sandwell and West Birmingham Hospital  
**NHS Trust**

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Thanks, your selection has been saved.

Site :  Date :

Ward :  Total Beds :

**ACUITY SCORE**

0	1a	1b	2	3
3	6	6	0	0

Staffing	
RN	3
HCA	2
Other	0
Nurse in Charge	1

Completed By :

1. Go into S-drive
2. Select corporate nursing audits folder
3. Open daily acuity tool report, and then select your ward from the sheets at the bottom of the page

**7:30am**

Undertake Acuity score for all patients on ward

Add up each section of the Acuity score card

### Complete Acuity tool on CDA

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

**Repeat process at 19:30**

**Annex E**

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

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

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

**In Attendance:**

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

**Apologies:**

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

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

	<p>The following comments were noted:-</p> <ul style="list-style-type: none"> <li>• Mr Lewis noted that the distinction between commissioning and providing is very clear in the PID and distinctive to previous approaches taken.</li> <li>• Mr Sondhi talked about social inclusion and asked that this be added to the strategic aims. <b>Action: Insert additional bullet point after ‘to focus on the wider determinants of health and wellbeing including housing, employment, education and community safety’.</b></li> <li>• Mr Samuda asked about the extent of the ‘pitch’ in terms of wider discussions.</li> </ul> <p><b>The ICS Board agreed to sign off version 1.0 of the PID recognising that this document may change based on feedback from other parties.</b></p>
04/18	<p><b>Governance</b></p> <p><b>Service User Advisory Group ToR</b></p> <ul style="list-style-type: none"> <li>• Typo identified on page 1, final paragraph; change to ‘membership will be sought’.</li> <li>• Further amends required; draft watermark to be removed, revisit membership; retaining the co-chairing, finalise the group’s remit and interplay with ICS Board.</li> <li>• <b>Action: JSS to circulate final draft version for circulation with the minutes.</b></li> </ul> <p>The following comments were noted:-</p> <ul style="list-style-type: none"> <li>• Mr Williams confirmed that initial feedback from stakeholders was very supportive.</li> <li>• It was noted that a different mechanism is needed to engage with young people and this work will involve Mr Sondhi and Mr Howe.</li> <li>• Need to reflect our population i.e. age, gender and ethnicity.</li> </ul> <p><b>Professional Advisory Group ToR</b></p> <ul style="list-style-type: none"> <li>• Comments in green need to be removed.</li> <li>• It was agreed to change the title of the ToR to ‘Professional Leadership Forum Terms of Reference’.</li> <li>• <b>Action: JSS to circulate final draft version for circulation with the minutes.</b></li> </ul> <p>The following comments were noted:-</p>

	<ul style="list-style-type: none"> <li>• Misaligned with the intent.</li> <li>• Flow of information/work is not articulated and how it will fit with process; and needs to be robust.</li> <li>• Clinician input required in redraft of Terms of Reference.</li> <li>• Interplay with ICS Board.</li> </ul> <p><b>Action: Mr Williams/Mr Lewis to redraft Professional Leadership Terms of Reference for 'sign off' at next month's meeting.</b></p>
05/18	<p><b>Overview of work programmes</b></p> <p><b>2 Commissioning Alliances</b></p> <p>Mr Williams provided a verbal update:-</p> <ul style="list-style-type: none"> <li>• It was noted that the West Birmingham Commissioning Alliance has been established via the Joint Commissioning Committee (JCC) between SWB CCG and Birmingham &amp; Solihull CCG (BSoL). A chair has been appointed and Terms of Reference produced.</li> <li>• Positive discussions have taken place with Birmingham City Council.</li> <li>• Tensions noted with JCC and its relationship with the two STPs and further work required.</li> <li>• In terms of the Sandwell Commissioning Alliance, which is less complex with two principal partners (SWB CCG and Sandwell Council). An agreed structure is in place via the Health and Wellbeing Board. Comments have been received on the outcomes framework and further work is underway.</li> </ul> <p><b>2 Provider Alliances</b></p> <p>Mr Lewis provided a verbal update:-</p> <p>In terms of the Western Birmingham Provider Alliance it was noted that a good level of groundwork had been undertaken in obtaining frontline leaders to participate in its co-visioning.</p> <ul style="list-style-type: none"> <li>• Not all organisations have been involved but no-one has been consciously excluded.</li> <li>• It was anticipated that by October, the primary care SWBH relationships will be relatively well-set and the other partner relationships will be slightly less advanced.</li> <li>• In the Sandwell Provider Alliance, there is a similar positivity. No work has taken place on shared vision and values and feels more of a sense of building up from the Primary Care Networks (PCN's) into a Provider Alliance.</li> <li>• There is a piece of work with Mental Health providers both locally and in the STP to be worked through.</li> </ul>

**Safe and sustainable acute services**

Mr Lewis provided a verbal update:-

- £300m central government funding agreed; contingent on a business case being in place with them by the end of October 2018.
- SWBH is currently working with partners on an interim reconfiguration of some services commencing 2019, and the funding from central government has been agreed.
- SWBH needs to work through the sustainability of a stretched acute model of care. The certainty around Midland Metropolitan Hospital (MMH) will help stem the workforce issues.
- This is an opportunity to develop new ways of providing certain services in the run up to MMH. A clinical conversation is due to take place over the next four to six weeks.
- It was acknowledged that the services are under a considerable amount of pressure and are an essential component of the health economy.

**Action: Mr Lewis to provide an update on the MMH Business Case at the next meeting.**

Mr Williams added that it was really important to have evidence of a governance framework in place whereby we share plans with an appropriate approval process and adds rigour to the process.

**Enabling programmes**

Mr Pearson confirmed that all of the programmes were in the early stages of development.

06/18

**Repatriation**

The Repatriation paper was circulated prior to the meeting for information. Mr Lewis provided an overview.

The following comments were noted:-

- Mr Williams confirmed the information has been co-produced and we are increasingly clear about the mechanisms. The key issue now is to put in place both the commissioner enablers and the alliance and partnership arrangements.
- Mr Pearson stressed the importance that the finances are well managed and will be preparation for multi-year based contracts.
- Professor Harding referred to the declaration of interest statement and it was

	<p>agreed that ICS Board Members will declare both their individual and institution conflict of interests.</p> <p><b>Action: Mr Pearson to propose/amend wording for the declaration of interest statement to include each institution that ICS Board members are employed by.</b></p>
<p><b>07/18</b></p>	<p><b>Outcomes</b></p> <p>The outcomes presentation was circulated prior to the meeting. Mr Williams provided an overview as follows:-</p> <ul style="list-style-type: none"> <li>• Ongoing evolution and outlines the proposed 5 year framework which links to the commissioning intentions.</li> <li>• Further work required to define measures and evaluation.</li> </ul> <p>The following comments were noted by Mr Lewis:-</p> <ul style="list-style-type: none"> <li>• The document would benefit from taking other documents as a checklist and being clear whether these items are included or not. This checklist would include the STP Clinical Strategy, the STP Strategic Objectives, the SWBH Public Health and Quality Plans and the Sandwell Council 2030 Vision.</li> <li>• We need to be very clear that expectations are defined/outlined.</li> <li>• Vulnerable populations feature less explicitly than expected and either need to be infused or need to feature in the front end.</li> <li>• The scale of change is very important and being clear with professional public health advice.</li> </ul> <p>The following comments were noted:-</p> <ul style="list-style-type: none"> <li>• Mr Samuda noted commonality with the approach by the neighbouring ICS in Walsall and felt that underpinning the STP would be very helpful via some parallel work re; process indicators or outcomes e.g. respiratory and diabetes.</li> <li>• Mr Williams referred to the challenge in responding to demands from regulators and acknowledged further work is required.</li> <li>• Mr Sondhi felt it was particularly valuable to have the experience box included and noted the interplay between outcomes and patient experience.</li> <li>• Professor Harding referred to the release of the national 10 year plan in October 2018 and how we correlate the plan with the outcomes.</li> <li>• Dr Carruthers referred to the evidence behind the outcome measures and asked that this be bought back and reconsidered.</li> <li>• Professor Harding suggested the potential use of an academic partner in producing an evidence base.</li> </ul>

	<p>The following comments were noted by Mr Pearson:-</p> <ul style="list-style-type: none"> <li>• Referred to the outcome quadrant which is a primary quadrant and asked if this could be graphically presented in a different way.</li> <li>• Retain the 'I' statements which work well.</li> <li>• Population risk is different to individual risk. The population health measure is different to the individual experience.</li> <li>• We will need to keep measuring over multiple years.</li> <li>• Agree commitment to change control process of this document.</li> <li>• Work through the benchmarking metrics.</li> </ul> <p><b>Action: Mr Williams to give some thought to a written process using the advisory groups including working up a couple of alternative variants in the risk of 'non participants'. Further discussion to take place at weekly ICS meetings with a view to further discussion at the next ICS Board.</b></p> <p><b>The ICS Board agreed to produce a brief summary document for use in both Governing Body meetings. Action: Mr Pearson/Ms Attwood.</b></p>
<p><b>08/18</b></p>	<p><b>Any Other Business</b></p> <p>There were no items of Any Other Business.</p>
<p><b>09/18</b></p>	<p><b>Close of Meeting</b></p> <p>The meeting closed at 1600 hours.</p>
<p><b>10/18</b></p>	<p><b>Date and time of next meeting</b></p> <p>Wednesday 19<sup>th</sup> September 2018 1400 to 1600 hours Board Room 2F, Kingston House</p>

Record of Institutions

Insert Table once finalised



<b>Report Title</b>	Integrated Quality & Performance Report (IQPR) August 2018					
<b>Sponsoring Executive</b>	Dave Baker, Director of Partnerships and Innovation					
<b>Report Author</b>	Yasmina Gainer, Head of Performance & Costing					
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018			
<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Trust Board should focus on]</i>						
<ul style="list-style-type: none"> <li>Emergency care August performance 5.9% below our NSHI trajectory at 82.7% versus 88.6%. We have detailed plans to recover this position, which are being implemented in late September.</li> <li>Diagnostic testing within 6 weeks (DM01) fails to recover to standard of 99% for six months. August performance is at 98.55% with 131 breaches mostly in Imaging. A recovery plan is in place with a revised recovery plan for October.</li> <li>VTE assessments in August at 94.3%, failing the standard for a second month running. 423 assessments were missed in August; Q&amp;S are considering a quality improvement project.</li> <li>HSMR Mortality indicator an outlier back this month at 123 (117 last month). The Board is familiar with plans to address the accuracy of this figure and move towards a figure closer to 95. This returns to Board in December and will routinely be monitored.</li> <li>Sickness rate in-month for August at 4.81%, cumulative at 4.5%. The Mental wellbeing project started on 1<sup>st</sup> September.</li> </ul> <p>Noting positive performance:</p> <ul style="list-style-type: none"> <li>Theatre utilisation (overall utilisation) improves to ~82% in August; in-session to ~77% improvement; on the day cancellations still below the 0.8% national target.</li> <li>Cancer standards in July continue to deliver the 62 Days target at 88.2% together with delivery of all other cancer standards. 104 day waiters monitored by CEO of which there are 2.5 in July.</li> <li>Neutropenic sepsis performance reporting at 92.6%; recent breaches can be isolated to clinical reason causing the breach. 2 patients breached in August out of 27</li> <li>RTT for August has been confirmed to meet 92 % standard. However, 1x 52 week breach for the month.</li> <li>We continue to see sustained and improved performance across many indicators for the month of August with 7x persistent reds now achieving the desired performance levels and others progressing to resolution and finalise their targets.</li> </ul>						
<b>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		Digital Plan		Other <i>[specify in the paper]</i>		
<b>1. Previous consideration</b> <i>[where has this paper been previously discussed?]</i>						
OMC, Distribution to Groups						
<b>2. Recommendation(s)</b>						
The Trust Board is asked to:						
a.	Note the performance on the August IQPR					
b.	To confirm its reassurance about existing plans for the key under-performing areas identified above					
c.	Note and challenge continuous progress with the persistent red indicators					
<b>3. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register		Risk Number(s): all				
Board Assurance Framework		Risk Number(s): all				
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

# August 2018 – Summary Notes from IQPR and Persistent Reds

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## 1) Overall Performance

In August, the Trust continues to perform across many indicators with good improvement in theatre utilisation and reductions in elective cancellations across the last three months. Positive delivery, improvements and focus are evident in several other areas including the 'persistent reds' action plan. We also see some performance dipping in the month. The Trust needs to maintain rigour and focus to stabilise Diagnostic and VTE performance.

However, our mortality data and emergency care performance remain unacceptable, with detailed project plans implementations in September.

## 2) Specific IQPR highlights in the month:

### Missing targets ..

- VTE assessments have again in August missed the standard and report at 94.3%.
- Diagnostics fails to recover to 99% standard for 6 months running, at 98.55% in August; CT, MRI and ultrasound scanning being the main driver for under-achievement. 131 breaches overall were incurred in the month.
- Patients admitted to stroke wards within the 4 hours target is at 64.7% in August. 25/72 breaches of which 19 were caused by bed pressures.

### Achieving targets ..

Pulling out here the most significant achievements

- In August we see the biggest improvement in theatre utilisation for a prolonged period of time, in session utilisation went up to 76.6% and overall utilisation (measuring the session even if outside standard start and finish times) has increased to 81.8%
- Related to the theatre improvement we also observe, a small, but never-the-less important movement towards improving the IP notice periods given to patients. 47% of our IP patients were given appointments below 3 weeks, previously we were trending at around 59% each month. This is signalling better diary and scheduling management, but we need to see this come down further and clearly be a sustainable, routine performance.
- WHO Safer Surgery indicators are again delivering to 100% and effort is put into managing this which is recognised, as the system for capturing the briefings information is not fully working (being addressed with clinical effectiveness and IT).

## 2) IQPR Persistent Red indicators

- Are progressing well as we manage to resolve further items – as summarised below
- Neutropenic sepsis, whilst failing its original plan to resolve to 100% by August, is now breaching primarily due to clinical reasons rather than process. Door to Needle time is currently on average at 43 minutes compared to the 60 (1hr) target.
- Workforce improvement targets have just now been agreed by the Director of People & OD and we will plot these dates as soon as possible to monitor delivery (in yellow below)
- The resolved items will be removed from persistent red reporting as per rules agreed

Total Indicators	<b>22</b>	<b>Note: Some are grouped and are in fact two or more separate indicators</b>	Delivery Expected
Resolved so far	7	<ul style="list-style-type: none"> <li>• Unplanned A&amp;E attendances<sup>1</sup>;</li> <li>• WHO Safer Surgery;</li> <li>• Early Booking Assessment;</li> <li>• Patient Safety Thermometer;</li> <li>• Cancellations</li> <li>• Cancellations as %age of elective admissions</li> <li>• Neck of Femur</li> </ul>	
Achieved standard for 2 months	0		
Achieved standard for 1 month	0		
Working towards target improvement plans & expected to deliver in the near future	7	<ul style="list-style-type: none"> <li>• PDRs</li> <li>• Medical Appraisals</li>   <li>• Return to Work Interviews</li> <li>• Mandatory Training</li> <li>• Treatment Functions Under 92% RTT</li> <li>• Patients Waiting &gt;52 weeks</li> <li>• Weekday Theatre Utilisation – 85%</li> </ul>	<ul style="list-style-type: none"> <li>• Sept2018</li> <li>• Oct2018 (upper quartile performance expected)</li> <li>• Sept2018</li> <li>• Not identified</li> <li>• Oct2019</li> <li>• Apr2019</li> <li>• Jan-Mar2019</li> </ul>
Without target improvement plans at this stage  <div style="border: 1px dashed black; padding: 5px; width: fit-content;">           Improvement trajectories recently signed off by Director of People &amp; OD         </div>	7	<ul style="list-style-type: none"> <li>• Open Referrals</li> <li>• Patient Bed Moves</li> <li>• <b>Sickness Absence Rate / Sickness Absence cases</b></li> <li>• <b>Nursing / Workforce Turnover</b></li>   <li>• Mortality Reviews within 42 day</li> <li>• Falls</li> <li>• FFT Score &amp; Responses</li> </ul>	<ul style="list-style-type: none"> <li>• Not identified</li> <li>• Not identified</li> <li>• <b>Trajectory now agreed recently agreed</b></li> <li>• Trajectory in progress</li> <li>• Not identified</li> <li>• Trajectory in progress</li> </ul>
Missing the set recovery plan	1	<ul style="list-style-type: none"> <li>• Neutropenic Sepsis has missed the August recovery target, but this is due to patients' clinical reasons preventing the antibiotic administration. This does potentially highlight the possibility that routinely we may have some patients falling into this breach category and so the Trust would be unable to deliver at 100% for the right reasons. Door to needle time currently at 43 minutes vs 60 minutes requirement.</li> </ul>	
<b>Performance, following recovery, showing small deterioration</b>		1 Unplanned A&E Attendances performance, post recovery to standard of 5% has slightly worsened in July to 5.24%, August data was not available at this stage but the management has been asked to investigate and bring back in line.	

## Key IQPR Indicators Summary for August 2018-19 (month 5):

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### Infection Control :

- The Trust has had 1x CDiff case in August, performing very well against this standard with year to date position of 6 cases against the year to date target of 12. Tracking well against the annual ceiling of 29
- At trust level MRSA screening, electively and non-electively achieves targets routinely, but PCCT and Medicine & EC are not; recommendation is that they review performance with infection control which is planned.
- MSSA Bacteraemia (rate per 100,000 bed days) in August the rate is at 0.0 compared to target of 9.42; year to date is also in line with target at 5.2 vs 9.42 target

### Harm Free Care :

- Achievement of 100% target against the WHO Safer Surgery continued into August for a fourth month running and this is a significant achievement, which now we will aim to sustain.
- Safety Thermometer at 99.4% in August against the 95%, this reports 'new harm' only caused by SWB.
- In August there were 5x PUs (hospital acquired, avoidable), a distinct reduction from previous months, but we report 1x grade 4 in this, although this is still subject to a full TTR/validation process. We incurred 4x in the acute setting and 1x Community acute setting (1x grade 4, 1x grade 2 and 3x grade 3); additionally there was 1x case in the district community setting.
- In August there were 87 falls reported, higher than a long term average, but none resulting in serious injury. Again noting, that some of these falls may be validated out post validation by the senior nursing team.
- VTE assessments have been below required levels for a second month running and in August delivered 94.3% of assessments against the 95% target, missing 423 assessments. Whilst IT issues prevented previously the maternity data flow this has been rectified now. However, a VTE data quality review is underway to ensure that the carried out assessments are properly recorded and so are part of the performance count. We aim to complete this by the end of September and will report on the outcome.
- We continue to maintain zero never events and medication errors.
- Open Central Alert System (CAS) Alerts beyond deadline date worth highlighting as we see 4x beyond the agreed deadline, which is highlighted as unusual for the Trust.

### Access Targets :

#### 1 RTT & Diagnostics

- RTT incomplete achieves 92.07% standard in August vs 92% standard and routinely delivers the incomplete standard for a number of months now.
- Our patient waiting list at August is at 35,614 patients with a backlog of 2,825 (2,697) being patients above 18 weeks wait time.
- We have now all specialities other than T&O, Dermatology and Cardiology reporting RTT at 92% or above. T&O however shows massive improvements and is possibly the best performing T&O RTT regionally; Dermatology breached due to last minute sickness and will recover in September, leaving Cardiology requiring focussed support.
- 1x 52 week breach has been reported in August in Cardiology.
- The Modality pathway impact on RTT needs to be fully understood and assured so that the Trust is counting all RTT relevant pathways appropriately and due to the novel arrangement with Modality there may be some reviews and tweaking of process required. Patient Access to take this forward and to report any issues and actions resulting.
- Acute Diagnostics (DM01) reporting at 98.55% in August. 131 total breaches in August challenged mainly across CT/MRI/Ultrasound accounting for most of the breaches. A 10 week improvement plan has been put in place. Recovery is planned for October.

## 2 Cancer

- Cancer performance reports one month in arrears to allow cancer network validations to take place; in August we report for July.
- Recognised as a delivering Trust; meeting routinely most of the cancer standards.
- There were 10.0 breaches of 62 day standard in July overall resulting in the performance of 88.2% above the target of 85%
- 2.5 patients waited above 104 days and the case studies are routinely now submitted to the CEO for review.
- August performance for cancer is expected across all cancer standards.
- Neutropenic sepsis continuous to improve, but has stubborn breaches which continue. In August 25/27 patients have been treated (93% patients treated) and 2 patients breached as clinical reasons rendered the antibiotic treatment within the hour inappropriate. All breaches are RCAed at the time and subject to a full review at a Breach Meeting. Building on the significant improvement to previous years, and especially year on year, the team were aiming to achieve the full 100% compliance by August 18, and excluding the clinically driven breaches the team have largely delivered this. The Door to Needle time is in August at 43 minutes compared to 60 minutes requirement.
- Inter-Provider Transfers: delivery of 67% of tertiary referrals within the 38 days requirement in July. Primary focus on meeting the 38 day target needs to be on diagnostic services in improving current wait times. Our local improvement focus is on Straight-to-Test pathways in colorectal service and other specialties, which have reduced waits for tests and 1st OPD. A trajectory will be reported and overseen through OMC.
- **Note:** Referral to Faster diagnosis; a new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer, will be introduced in 2020. Data collection starts in 2019.

## 3 Emergency Care & Patient Flow

- A full set of IQPR data has not been completed for A&E for August; this is unusual and is the very first time in a long period of time. Hence not all indicators are reported.
- August performance at 82.7% not achieving trajectory agreed with NHSi of 88.6% for August;
- Trajectory agreed with NHSi to get to 95% in March 2019. A joint A&E Rapid Improvement Plan is being implemented to take forward initiatives across the system kicking in at the end of September.
- 2,999 August breaches (3,001 in July, 3,418 in June, 3,746 in May) of the 4 hour target were experienced against 17,333 attendances.
- Fractured Neck of Femur Best Practice Tariff delivery for August at 84.8% just 0.2% below the 85% target in the month, a third month of delivery to standard. This is therefore considered good performance despite the shortfall in August of 0.2%. Key is now to sustain this performance. The indicator performance has been inconsistent in previous monthly trends, but it has to be noted that performance is also impacted by unstable, clinical conditions of patients, which will mean that they may not be fit for surgery.
- Patient bed moves for non-clinical reasons in August at 38 against aspiration of zero.

## Obstetrics:

- C-Sections in August reported at 26.9% against target of 25%; year to date at 26.8%;
- Puerperal sepsis remains within confidence levels across two of the indicators; however notably there was a spike in one of the sepsis indicators where the rate has gone up to 1.3% compared to previous month trends of 0.8%;
- Stillbirth rate in August reported at 4.17 per 1,000 babies; Neonatal Death Rate (Corrected) (per 1000 babies) at 2.08 per 1,000 babies.
- Adjusted Perinatal Mortality Rate (per 1000 babies) year to date is at 7.88 compared to target rate of 8.
- Breastfeeding initiation continues to routinely deliver.

## Stroke & Cardiology:

- At this stage in the month the IQPR reports the WD5 position (not post-validated WD20 position) reporting a drop in performance against a couple of indicators.
- Thrombolysis within the hour is often affected by clinical reasons and some operational processes, which are RCAed routinely and managed. August compliance is at 87.5% vs 85% target; 1/8 patient missed the 1hr treatment mainly due to 20mins delay in portering ( 1hr16mins to treatment for this patient)
- Admissions to Stroke Ward within 4 hours remained inconsistent month on month clearly impacted by bed capacity; in August admittance to stroke ward within 4 hours is at 64.7% vs national standard of 80%; in August there were 25 breaches out of 72 total patients, 19 of these breaches were due to capacity (beds); year to date below the target at 70.8%;
- Patient Staying on Stroke Ward in August were at 88.4% having spent >90% of their stay on a stroke ward, which is not compliant with the 90% operational threshold in the month; however 89% compliance on a year to date basis closer to the 90% target.
- TIA (High Risk) Treatment <24 Hours from receipt of referral is 87.5% at August vs target of 70%
- TIA (Low Risk) Treatment <7 days from receipt of referral is at 93.3% in August vs target of 75%. Both TIA indicators delivery routinely to standard.
- For August Primary Angioplasty Door to balloon time (<90 minutes) is meeting the target of 80% at 93.3%delivery. Primary Angioplasty Call to balloon time (<150 minutes) at 100% vs 80% target. Both are consistently delivering.
- Rapid Access Chest Pain - seen within 14 days consistently delivering at 100% again consistent performance here for a number of years.

## Workforce :

- Mandatory Training in August reporting at 90.6% against target of 95%;
- Health & Safety related training is below the 95% target at 93.8% in August and see a dip in performance after a number of months achieving the standard.
- PDR completion approach has changed to an annual cycle reporting quarterly delivery this year; in August the team updated that performance was at 86% signalling improvement but they are still working through the outstanding PDRs. A better and final picture may present later in the year when this has been worked through, but ultimately it is reasonable to expect this change to take a year to turn around performance.
- August in-month sickness rate is at 4.81% and cumulative rate at 4.5% against Trust aspirations of 3%. In August we had 961 employees sickness count (long and short term) versus last year, same period which was at 896 (a 7.3% increase).
- August return to work interviews in-month at 84% showing general improvement, but below the trust target at this stage which is 100%. The team are still working on chasing in the outstanding records in ESR, which will further improve the position but it is unlikely that the full standard will be delivered until next year's PDRs round where the full improvement plan will be realised.
- The Trust annualised turnover rate for August is at 12%; the Qualified Nursing turnover at August reporting at 13.4% (13.3%) vs 10.7% target.

## Mortality:

- Mortality indicators are in line with confidence limits against most of the mortality indicators, other than our HSMR which is currently reported (March 2018 – latest data) at 123 for SWBH and outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Executive Quality Committee.
- A report was commissioned with HED, analytics provider, which concluded: Sandwell General Hospital is a statistically significant HSMR outlier. City Hospital remains within expected limits.
- Following MDO review of emergent divergence between weekday and weekend rates, this will result in a focus on the Sandwell site weekend mortality; the weekend rate reports at 120 for the latest period which is May2018.
- Mortality reviews in the Trust are at 46% for the latest period. There is renewed effort to support reviews including introduction of medical examiner screening. Mortality reviews are discussed at the Learning from Deaths Committee.

## **Cancellations and Theatre Utilisation:**

- Performance has been challenging during a significant number of months, however in the three couple of months we have seen material improvement.
- In August we report cancellations on the day at 25 against the internal trust target of 20. Whilst slightly higher than the internal target of 20, this is still below the national level of 0.8% of cancellations on the day against elective admissions.
- 14/25 were avoidable (~60%) which is a high number, but avoidable is not only hospital related e.g. it will include patients who may have eaten on the day of surgery for example.
- These 25 late cancellations in August account to 0.75% (0.5% July 0.7% June, 1.5, May, 0.9% in April) of our elective admissions vs the 0.8% national target. A fantastic achievement that is believed to be sustainable now based on new escalation processes and management of cancellations including the 23hr unit mitigating bed capacity issues.
- There were no 28 Day breaches in month and no urgent cancelations in the month of August.
- Theatre in-session utilisation is still below target of 85%, but improving significantly to 76.8% in August – the highest for a prolonged period of time.
- Overall session utilisation (outside routine session timings) for August is at 81.8% and getting closer to that 85% target; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other sessions, but in itself this is a significant improvement.
- We now have speciality level theatre utilisation improvement trajectories. Monitoring will be overseen by the Theatre Board.

## **Data Completeness:**

- Open referrals have increased to 169,000 in August.

## **Persistent Reds : Summary of performance up to August 2018**

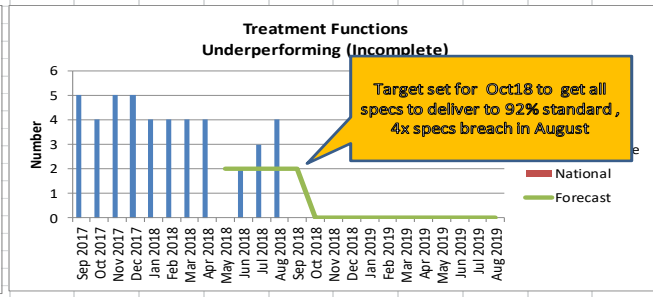
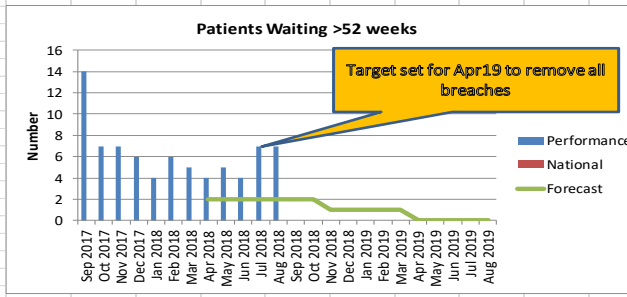
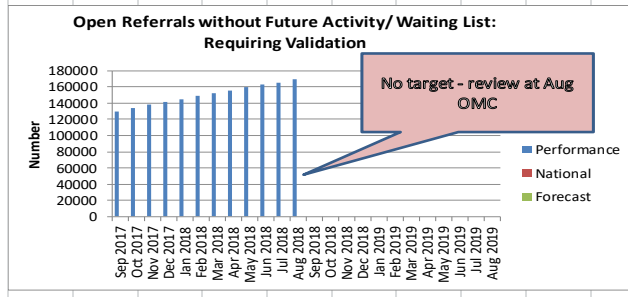
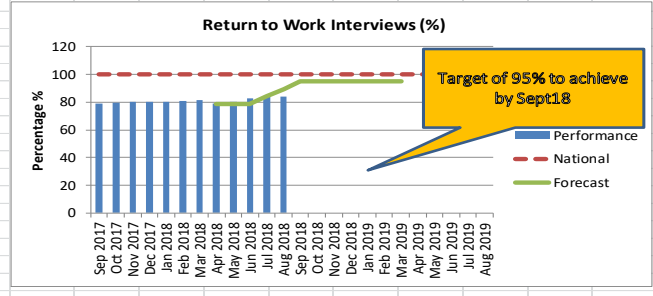
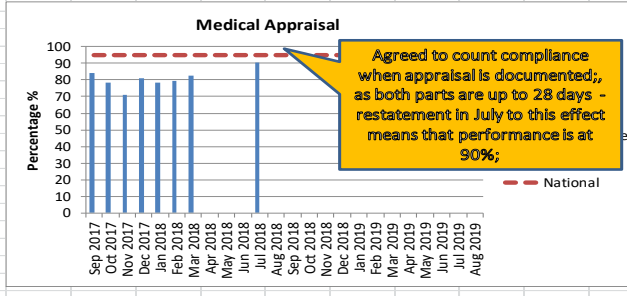
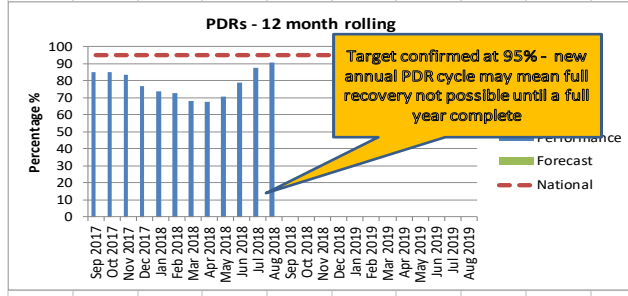
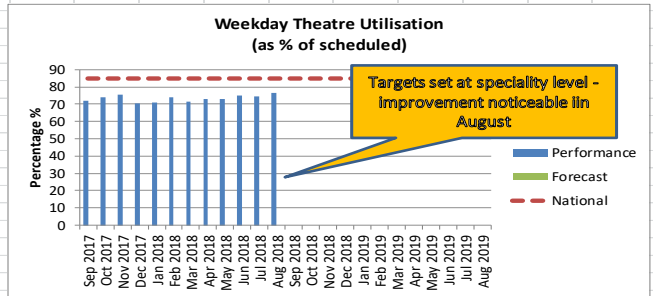
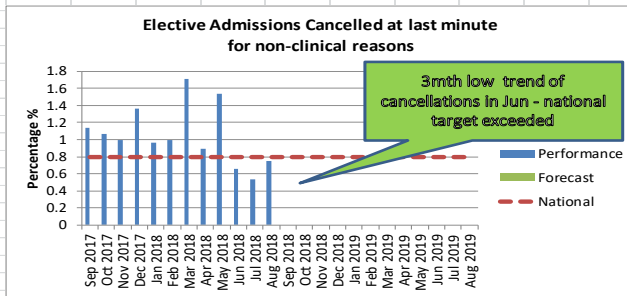
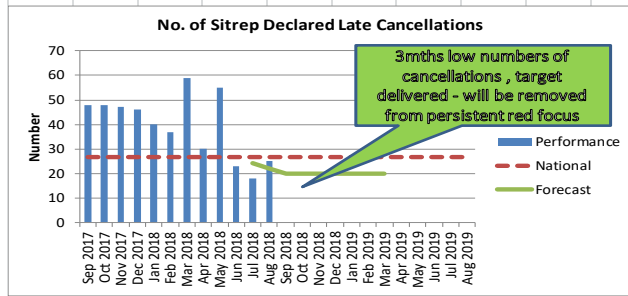
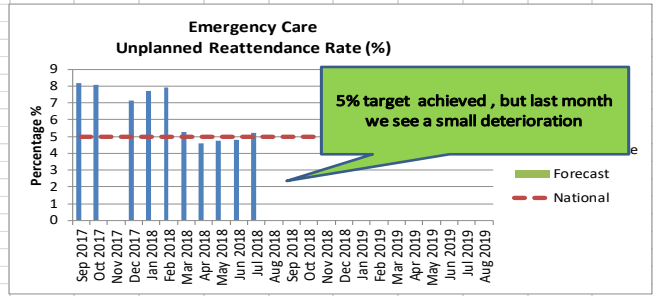
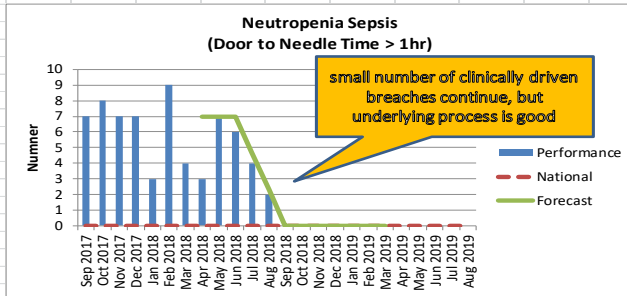
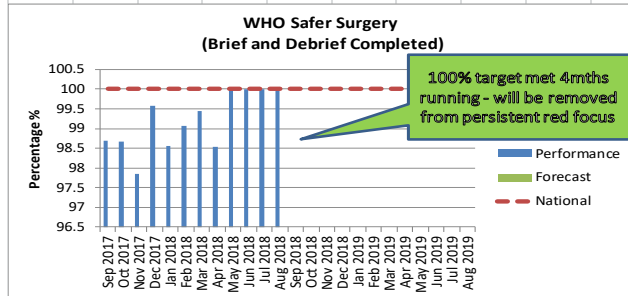
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As per Summary on page 3. Other points worthy of mention are:

- We see relatively good progress against what are some very difficult to improve indicators and processes.
- Director of People & OD has now confirmed improvement targets for sickness and other workforce indicators, which resulted in improvement trajectories being identified;
- Theatre utilisation targets, at speciality level, are being progressed to achieve 85% utilisation. This is already showing progress as we see overall improvement in our theatre utilisation in August.
- Mortality Review within 42 days is being fully reviewed following a meeting with Clinical lead and Medical Director as we are looking at changing the process and improving the systems that channel this review workload to consultants and medical examiners.
- We still need to push to identify the few remaining indicators without a trajectory

The graphs below show the performance trends.

# Resolve Items - Performance Trends





Sandwell and West Birmingham Hospitals



NHS Trust

## Integrated Quality & Performance Report

Month Reported: **August 2018**

Reported as at: 28/09/2018

TRUST BOARD

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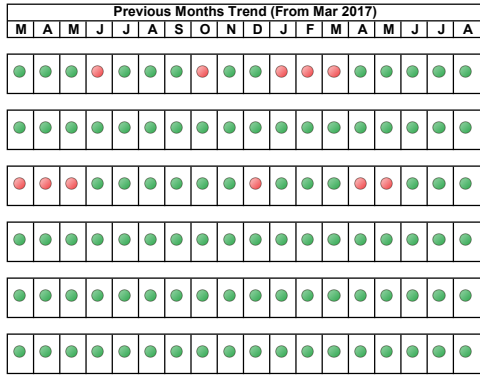
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## August 2018

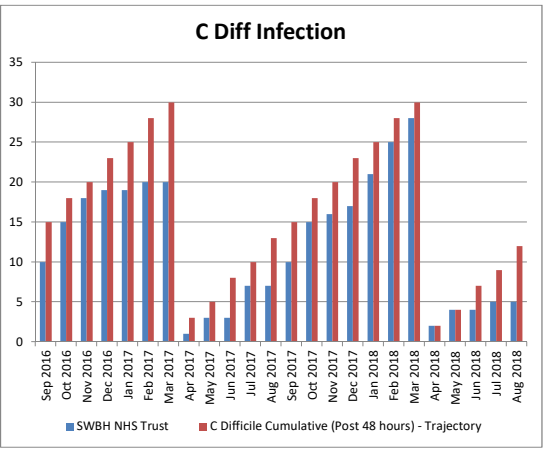
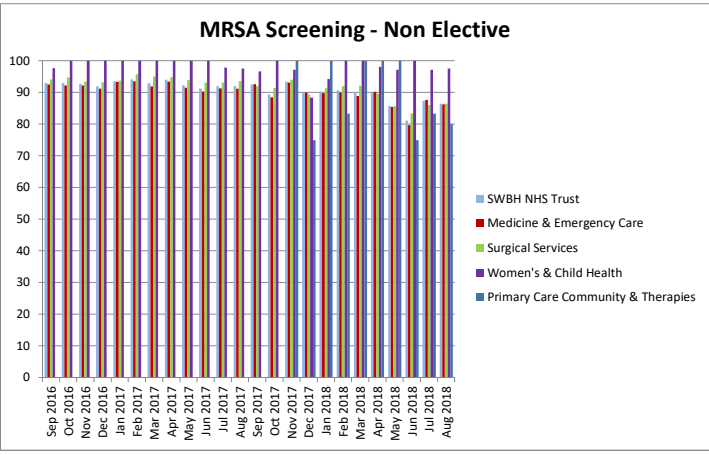
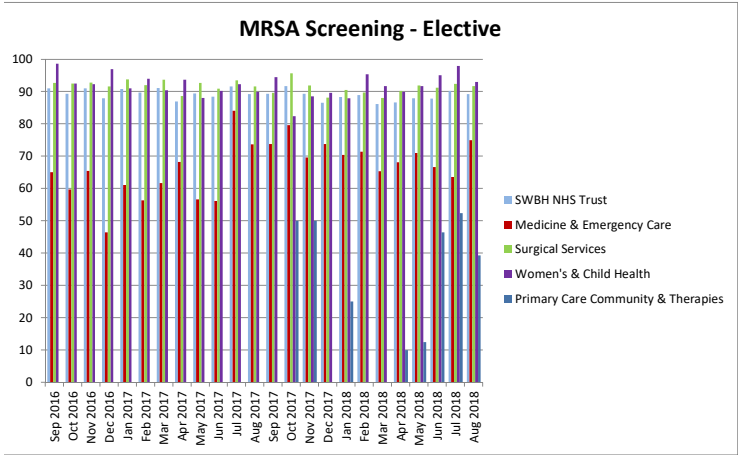
Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology	
<p><b>COIT - compliant</b></p> <ul style="list-style-type: none"> <li>1x C Diff case reported during the month of August vs 2.5 in month target.</li> <li>Year to date we have 6 cases vs a target of 12</li> </ul> <p>• The annual target set by NHS England for 18/19 is at 29 (lower compared to last year's target of 30).</p>	<p><b>Safety Thermometer - compliant</b></p> <ul style="list-style-type: none"> <li>From June 2018 the Patient Safety Thermometer reports only 'new harm'</li> <li>In August the Trust performance is at 99.4% on the 'new harm' basis, above the NHS Safety Thermometer target of 99%</li> </ul> <p><b>Falls &amp; Pressure Sores</b></p> <ul style="list-style-type: none"> <li>Falls reported in August with 40 (x1) falls resulting in serious injury; the number of falls we have seen in August is significantly increased from June and July which were reporting below observed long term average of 77 per month.                     <ul style="list-style-type: none"> <li>In month, there were 31 falls within community, 56 in acute settings.</li> <li>Year to date there were 403 falls and 8 serious injuries against those. The annual target remains at 804 until the Chief Nurse confirms new targets.</li> <li>New indicator which is (in testing) is reporting PU resulting in injury per 1,000 OBD</li> <li>• New indicator which is (in testing) is reporting PU resulting in injury per 1,000 OBD</li> <li>• CHD keep in view as per Safety Plan</li> </ul> </li> <li>Falls remain subject to ongoing CHO scrutiny and routine tracking of the Safety Plan on falls reduction; it is an integral part of ward dashboards.</li> </ul> <p>• x87 (x71)</p>	<p><b>Cesarean rate - not compliant</b></p> <ul style="list-style-type: none"> <li>The overall Caesarean Section rate for August is 26.9% below the 25% target ; year to date performance now just above target of 25% at 26.8%. The August Caesarean rate appears increased within the elective patients.</li> <li>• Elective rates are at 10.1% (historical long term avg trend of 8% so trending to this) and</li> <li>• Non-elective rates are 17% in the month more in line with the avg historical rate of ~17%.</li> <li>• Performance consistent at O&amp;S &amp; Board and to be kept in view.</li> </ul> <p>• The Trust overall RAM for most recent 12 month cumulative period is 100% (available data is as at May18)</p> <p><b>Mortality - alerts against Trust H&amp;M&amp;R &amp; Weekend rates at Standard</b></p> <ul style="list-style-type: none"> <li>RAMI for weekday and weekend each at 102 and 120 respectively, still a clear outlier against weekend mortality rates.</li> <li>• SHM measure which includes deaths 30 days after hospital discharge is at 11.1 for the month of Jan2018 (latest available data).</li> <li>• H&amp;M&amp;R Mortality indicator an outlier at 123, which is still outside statistical confidence limits. Being addressed through the quality plan and resolution to known issues around "documentation" which are being worked through. Trust Board will continue to monitor routinely.</li> </ul>	<p><b>Patient Stay on Stroke Ward - not compliant</b></p> <ul style="list-style-type: none"> <li>August reporting 88.4% of patients spent &gt;90% of their time on a stroke ward, not compliant with the 90% operational threshold in the month; 89% compliance on a year to date basis vs 90% target</li> </ul> <p><b>Admission to Acute Stroke Ward - not compliant</b></p> <ul style="list-style-type: none"> <li>August admittance to an acute stroke unit within 4 hours is at 64.7% vs national standard of 80%; in August there were 25 breaches out of 72 total patients, 19 of these breaches were due to capacity (beds); year to date below the target at 70.8%.</li> </ul> <p><b>Scans - compliant</b></p> <ul style="list-style-type: none"> <li>• Pis receiving CT Scan within 24 hrs of presentation delivery in month of August are at 97.1% meeting the 95% standard in month consistency</li> <li>• Pis receiving CT Scan within 2hr of presentation is at 75% in August; both indicator consistently meet performance.</li> </ul> <p><b>Thrombolysis - compliant</b></p> <ul style="list-style-type: none"> <li>Compliance at 87.5% in the month of August vs 85% target; 1/8 patient missed the 1hr treatment mainly due to 20mins delay in portering; 1hr16mins to treatment for this patient</li> </ul> <p><b>Angioplasty - compliant</b></p> <ul style="list-style-type: none"> <li>Angioplasty Door to balloon time (&lt;90 minutes) was at 93.3% vs target of 80%.</li> <li>• August Primary</li> <li>• Primary Angioplasty Call to balloon time (&lt;150 minutes) at 100% against a target of 80%.</li> <li>• Both indicators consistently meet performance targets.</li> </ul> <p><b>RACP - compliant</b></p> <ul style="list-style-type: none"> <li>RACP performance for August at 100% (100%) exceeding the 98% target consistently</li> </ul> <p><b>TIA Treatments - compliant</b></p> <ul style="list-style-type: none"> <li>• TIA (High Risk) Treatment &lt;24 Hours from receipt of referral delivery as at August at 87.5% against a target of 70%.</li> <li>• TIA (Low Risk) Treatment &lt;7 days from receipt of referral delivery as at August is 93.3% against a target of 75%.</li> <li>• Both indicators are consistently delivering over the required standard.</li> </ul>		
<p><b>MSA - compliant</b></p> <ul style="list-style-type: none"> <li>All MRSA Bacteremia were reported in August</li> <li>• Annual target 18/19 set at zero.</li> </ul> <p><b>MSA Screening - compliant overall, but not in all groups/directories</b></p> <ul style="list-style-type: none"> <li>• Non-elective patients screening 86.5%</li> <li>• Elective patients screening 89.2%</li> <li>• Both indicators are compliant with 80% target although not in every group.</li> </ul> <p>Elective screening whilst compliant with standard at trust level, it is not compliant in PCOT and Medicine &amp; CC. The Groups to take forward with infection Control lead to ensure improvement is visible, report back to OMC.</p> <p><b>MSA - compliant</b></p> <ul style="list-style-type: none"> <li>• MSSA Bacteremia (expressed per 100,000 bed days)</li> <li>• In August the rate is at 0.0 compared to target of 9.42; year to date is also in line with target at 5.2 vs 9.42 target</li> </ul>	<p>• x3 (x6) serious incidents reported in August;</p> <ul style="list-style-type: none"> <li>• Routine collective review in place and reported to the Q&amp;S Ctee.</li> </ul> <p><b>WHO Safer Surgery (Audit - brief and debrief - % late where complete) - compliant</b></p> <ul style="list-style-type: none"> <li>As at August at 100% (100%) sustaining the target for a fourth month since recovery.</li> <li>• Robust processes for monitoring performance during the month are paying off, however system issues have been identified with the 'clinical audit tool' which are being currently investigated with IT and the Clinical Effectiveness team.</li> </ul> <p>• No never event was reported in August</p> <p>• No medication error causing serious harm in August</p> <p>• CAS alerts beyond the deadline, which is unusual for the Trust</p> <p>• x4</p> <p>• x40 DOLS have been raised in August of which 40 were 7 day urgents; of which 11 were discharged without prior LA assessment</p> <p><b>VTE Assessments - not compliant</b></p> <ul style="list-style-type: none"> <li>• Compliance off target in August at 94.3% performing generally to target during the last 18 months however, we saw dips in performance over the last 6 months. The MD is seeking improved performance from the teams and focus is targeted at under-performing areas.</li> <li>• 426 eligible assessments were missed in August;</li> </ul>	<p>The level of births in August is at 480; below levels seen in the same period of last year at 548</p> <p>• Post Partum Haemorrhage (&gt;2000ml) August rate was reported at 1 against a target of 4 in month; routinely complies in month and year to date</p> <p>• Puerperal Septic rates in August are still slightly up to previous months. Service confirms that this is likely to be a one off peak and review is in progress, report to OMC to confirm this is still the position. <p><b>Admissions to Neonatal Critical Care - compliant</b></p> <ul style="list-style-type: none"> <li>0.57 admissions to the NICU have been carried out in August; year to date this is at 1.74% against a target of 10%</li> </ul> <p><b>Breastfeeding - compliant</b></p> <ul style="list-style-type: none"> <li>month count is at 77.3% over achieving the 74% target.</li> <li>• August</li> </ul> </p>	<p>Deaths in Low Risk Diagnosis Groups (RAM) - month of May (latest available data) is at 100. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.</p> <ul style="list-style-type: none"> <li>• Deaths in month mortality rate for July month is 1.3% (4.8) same as last month; the rolling crude year to date mortality rate has increased to 1.4 in the last quarter against the longer term observed trend of 1.3</li> <li>• There were x124 (x127) deaths in our hospitals in the month of July, less than last year, same period, which was at 142</li> </ul> <p><b>Mortality Review within 42 Days - not compliant</b></p> <ul style="list-style-type: none"> <li>• Monthly review rate in June at 46% and continuous to be below target of 90%;</li> <li>• Revised Learning from Deaths arrangements are being implemented, which will provide for routine 100% review, coupled with implementation of a Medical Examiner screening process this will streamline the 1st and 2nd stage mortality reviews.</li> </ul> <p><b>Emergency Readmissions (In-hospital within 30 days)</b></p> <ul style="list-style-type: none"> <li>• Reported at 8.5% for July month</li> <li>• Looking at the rolling 12 mths rate of 7.6%</li> <li>• The equivalent, latest available peer group rate is at 8.1% (source: CHS).</li> </ul>	<p><b>Angioplasty - compliant</b></p> <ul style="list-style-type: none"> <li>Angioplasty Door to balloon time (&lt;90 minutes) was at 93.3% vs target of 80%.</li> <li>• August Primary</li> <li>• Primary Angioplasty Call to balloon time (&lt;150 minutes) at 100% against a target of 80%.</li> <li>• Both indicators consistently meet performance targets.</li> </ul> <p><b>RACP - compliant</b></p> <ul style="list-style-type: none"> <li>RACP performance for August at 100% (100%) exceeding the 98% target consistently</li> </ul> <p><b>TIA Treatments - compliant</b></p> <ul style="list-style-type: none"> <li>• TIA (High Risk) Treatment &lt;24 Hours from receipt of referral delivery as at August at 87.5% against a target of 70%.</li> <li>• TIA (Low Risk) Treatment &lt;7 days from receipt of referral delivery as at August is 93.3% against a target of 75%.</li> <li>• Both indicators are consistently delivering over the required standard.</li> </ul>	
<p><b>Cancer Care</b></p> <p><b>Cancer standards - compliant</b></p> <ul style="list-style-type: none"> <li>• Reporting always one month in arrears hence IQR latest reported this is July.</li> <li>• The Trust has delivered all July cancer targets including the 62 day standard.</li> <li>• July 62 Day target specifically delivered at 98.2% against the 85% target</li> <li>• All other nationally reported cancer standards are above targets e.g. 2WW and 31 Days</li> </ul> <p><b>Patient Waiting Times</b></p> <ul style="list-style-type: none"> <li>• x10 patients waited longer than the 62 days at the end of July</li> <li>• 2.5 patients waited more than 104 days at the end of July</li> <li>• The longest individual patient waiting time for treatment as at the end of July was 113days</li> <li>• The Board has asked to discuss themes from 104 day cancer wait breaches, which going forward will be subject to an RGA briefing to the Chief Executive in each case.</li> </ul> <p><b>Neutropenic sepsis - not compliant</b></p> <ul style="list-style-type: none"> <li>The breaches in month are being RGA'd daily, generally we show most breaches being only minutes above the required 1hr, however a few of the breaches have been significantly higher than 1hr.</li> <li>• In August, 25/27 patients (92.6%) of patients have been treated within the hour, only 2 patients (7.4%) of patients failed to receive treatment within prescribed period (within 1hr) in the month of August.</li> <li>• Continuous actions are being progressed to further address remaining issues; year to date progress is significant in terms of reduction of breaches so far this year and to previous years.</li> <li>• Performance reporting continues to monitor daily, weekly and monthly targeted at the OMC; all breaches are routinely reviewed in dedicated, quarterly meetings.</li> </ul> <p><b>Inter-Provider Transfers - not compliant</b></p> <ul style="list-style-type: none"> <li>• 67% of tertiary referrals were met within 38 days requirement in July. Process improvements have been put in place to improve delivery e.g. Straight to Test has commenced in colorectal service and other specialities which have moved to 10 days for 1st OPD, although this is not been consistently met. Primary focus on meeting the 38 day target need to be an diagnostic services in improving current wait times.</li> </ul> <p><b>Data Completeness</b></p> <ul style="list-style-type: none"> <li>• The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in month with 99.1% meeting the operational threshold of 99%; OP and A&amp;E datasets delivered to target.</li> <li>• ED required to improve patient registration performance as this has a direct effect on the emergency admissions. Patients who have come through Mailing Health will be validated via the Data Quality Department.</li> <li>• Ongoing coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiocsa and revision to capture fields is being considered.</li> <li>• Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding the Group DQ Leads. • Additionally, data quality issues are to be embedded in Group Reviews with the allow for more awareness</li> </ul>	<p><b>Patient Experience - MSA &amp; Complaints</b></p> <p><b>MSA - compliant</b></p> <ul style="list-style-type: none"> <li>• For August there were nil SA breaches reported.</li> <li>• The Trust continues to monitor all breaches.</li> </ul> <p><b>Friends &amp; Family</b></p> <ul style="list-style-type: none"> <li>• Reporting of performance is undergoing a full review as part of 'persistent red' initiative. Performance improvement will be driven through this action plan.</li> <li>• Scores and response rate remain low throughout the last and this year, well below regional peers, mainly due to Trust using sub-optimal processes to receive responses, options are being considered including SMS/VM.</li> </ul> <p><b>Complaints - not available for August at this stage</b></p> <ul style="list-style-type: none"> <li>• The number of complaints reported for the month of July is 105 (99) with 2.9 (2.0) formal complaints per 1000 bed days, showing a worsening to the last month and 2x last year same period (2.6).</li> <li>• 85% have been acknowledged within target timeframes (2 days)</li> <li>• 92% (20%) in-month responses have been reported beyond agreed target time; escalated to DG for remedy.</li> </ul> <p><b>Staff</b></p> <p><b>PDR - not compliant</b></p> <ul style="list-style-type: none"> <li>• New organisational process is to measure PDR delivery annually with PDR cycle completing at the end of June each year. The June performance is reported at 79.0%, but may be subject to assessments still due to be input into CSR. We will therefore run the performance at a later stage for a more reflection of the actual performance. This is a new process and will take time to embed.</li> </ul> <p><b>Stickness &amp; Return to Work - not compliant</b></p> <ul style="list-style-type: none"> <li>• Absence coding is performing for Inpatients at 4.51% (4.84%); the cumulative sickness rate is 4.49 % (4.48%) against the trust target of 3%.</li> <li>• The number of short term sickness in the month reported at 698 (681) cases and long term sickness at 262 (269).</li> <li>• Return to Work in month is up to 84% below the 90% target, but with a clear improvement trajectory to recover in Sept2018, although this will not fully improve to standard before next year's PDR cycle is complete.</li> </ul> <p>• The Trust annualised turnover rate is at 12.0% in August.</p> <ul style="list-style-type: none"> <li>• The Trust Nursing turnover (qualified nurses only) target has been confirmed at 10.7% and as at August reporting at 13.4% fairly consistently at this level.</li> </ul> <p><b>Mandatory Training - not compliant</b></p> <ul style="list-style-type: none"> <li>• Mandatory Training at the end of August is again improving at 90.6% (91.6%) against target of 95%.</li> <li>• Health &amp; Safety related training is at 92.9% below the target at 95.0% in August which is unusual considering past achievement of the target.</li> </ul>	<p><b>Patient Experience - Cancelled Operations</b></p> <p><b>Cancelled Ops - compliant</b></p> <ul style="list-style-type: none"> <li>• 25/26p declared late (on only) cancellations were reported in August. Slightly more than last month. Of these 28 cases, 14 (50%) were avoidable; all cancellations are subject to an escalation process, a recent improvement, to minimise numbers hitting clearly target levels this month</li> <li>• As a proportion of elective admissions, this represents 0.7% in July (0.5%) July 0.7% in June, 1.7% in May) against the national 0.6% target; we can therefore see a massive improvement in the last few months continuing.</li> <li>• Avoidable cancellations, however, are continuing and we see an high volume of those each month.</li> </ul> <p><b>28 Day &amp; Urgent Breaches - compliant</b></p> <ul style="list-style-type: none"> <li>• There were no breaches of the 28 days guarantee in August</li> <li>• There were no urgent cancellations</li> </ul> <p><b>Theatre Utilisation - not compliant, but we note improvement</b></p> <ul style="list-style-type: none"> <li>• Theatre in-session utilisation is below target of 85%; 76.6% in August which is the largest improvement for a number of months.</li> <li>• Diurnal session utilisation (outside session timings) for August has seen 82% and whilst these are sessions outside the standard start and finish time, this is showing a large improvement in August, best in 16th months.</li> <li>• Theatre utilisation improvements plans have been developed and will support each speciality currently underperforming the 85% target</li> <li>• Both indicators here in the KPIR represent 'elective theatre' utilisation, as emergencies have already been excluded from the KPIR.</li> </ul> <p><b>Local Quality</b></p> <p><b>Requirements 2018/19</b> are monitored by COG and the Trust is flexible for any breaches by accordance to contract.</p> <ul style="list-style-type: none"> <li>• The Trust has now got only a small number of formally agreed M&amp;R (recovery action plans for community dementia and falls assessments) in place at this stage, which are improving month on month and are very close to full recovery.</li> <li>• However, in September the COG confirmed that it will be issuing a performance notice for a maternity indicator which has not met targets in the last 3 months. (OO Monitoring by 12-46 weeks of pregnancy); the service has been informed and they have been reviewing performance in detail</li> <li>• The SQRN (Service Quality Performance Report) tab gives more insight across non-performing and improving indicators which are routinely monitored via the KPIR with the COG.</li> <li>• We have pre-agreed the LQNs for 2018-19 but awaiting formal contract sign off where this is incorporated in the appropriate schedules.</li> </ul> <p><b>COQI's 2018/19 Q1 not been reported as yet.</b></p> <ul style="list-style-type: none"> <li>• 1x scheme is at risk of non-achievement of Q1 milestone payments.</li> </ul>	<p><b>Emergency Care</b></p> <p><b>EC 4hr standard - not compliant to agreed NHS trajectory</b></p> <ul style="list-style-type: none"> <li>• The Trust's performance against the 4-hour EC wait target in August was at 82.7% below the NHS agreed trajectory of 88.6% for August month.</li> <li>• 2,999 (3,001) breaches were incurred in August against total patient attendances of 17,333</li> <li>• The Trust agreed NHSI improvement trajectory aims to deliver 95% performance in March 2019</li> <li>• A joint recovery action plan is being implemented with the COG</li> </ul> <p>EC quarterly performance trend for last year 17/18: Q1 at 83.31%; Q2 at 87.11%; Q3 at 82.36%; Q4 at 80.7%</p> <p><b>WMAAS Handovers - not available for month of August</b></p> <ul style="list-style-type: none"> <li>• WMAAS flexible 30-60 minutes delayed handovers = 165 (195) in July.</li> <li>• Only x2 (x10) cases were &gt; 60 minutes delayed handovers in July, the Trust performs generally very well in this category with only 71 breaches last year where delay was &gt; 60 mins.</li> <li>• Handovers &gt;60mins (against all conveyances) are therefore 0.04% (2 cases) in July against total WMAAS conveyances which were 4,685 (4,306) being highest in the last 18 months, therefore the handovers have been managed very well. The target is only 0.02% and appears somewhat unrealistic with the high level of conveyances.</li> </ul> <p><b>Fractured Neck of Femur Best Practice Tariff in August is just very short of delivering the 85% target and performs at 84.8%.</b></p> <ul style="list-style-type: none"> <li>• The performance is variable month on month, but this is not driven necessarily due to performance issues, often the patients conditions are preventing surgical interventions in this timeframe.</li> </ul> <p><b>Bed move after 10pm not compliant.</b></p> <ul style="list-style-type: none"> <li>• There were 38 (36, 48, 26, 43, 75) reported bed moves in August in the period from 10pm-6am (and here moves for clinical reasons). We can see that this number is reducing each month, but observe an increase in June. The Trust objective is to have zero bed moves outside of clinical reasons.</li> <li>• This indicator is being monitored closely over the next few months to ensure that all clinical moves are considered appropriately and the data set for this indicator is robust.</li> </ul>	<p><b>Referral to Treatment</b></p> <p><b>RTT - incomplete pathway - compliant</b></p> <ul style="list-style-type: none"> <li>• The Trust delivers overall at 92.07% RTT incomplete pathway for August</li> <li>• The patient waiting list at August is at 35,614 with a backlog of 2,629 (2,697) being patients above 18 weeks wait time.</li> <li>• All specialities other than Cardiology, Dermatology and T&amp;O are now compliant with 92%, which is a significant improvement, plans for the remaining are to recover fully by Q2.</li> </ul> <p><b>52 Week Breaches - not compliant</b></p> <ul style="list-style-type: none"> <li>• 1x breaches in August</li> </ul> <p><b>Acute diagnostic waits - not compliant</b></p> <ul style="list-style-type: none"> <li>• Diagnostic (DMO2) performance for August is still below standard of 99% at 98.55%</li> <li>• 131 (113) breaches of which most breaches are in Imaging</li> </ul>	
<b>Summary Scorecard - August (In-Month)</b>					
<b>Summary Scorecard</b>	<b>Section</b>	<b>Red</b>	<b>Green</b>	<b>None</b>	<b>Total</b>
	Infection Control	1	5	0	6
	Harm Free Care	6	8	14	28
	Obstetrics	3	7	5	15
	Mortality and Readmissions	1	1	15	17
	Stroke and Cardiology	1	10	0	11
	Cancer	1	9	5	15
	FFT MSA, Complaints	11	4	0	15
	Cancellations	3	6	0	9
	Emergency Care & Patient Flow	9	6	6	21
RTT	7	1	3	11	
Data Completeness	1	9	10	20	
Workforce	9	1	0	19	
Temporary Workforce	0	0	28	28	
SQRN	10	0	0	10	
Operational Efficiency	0	0	4	4	
Total	63	67	114	244	
<ul style="list-style-type: none"> <li>• Persistently, re-rated performance indicators are subject to improvement trajectories and routine monitoring. Oversight at OMC.</li> </ul>					

# Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
4			C. Difficile	<= No	29	2.5
4			MRSA Bacteraemia	<= No	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9
3			MRSA Screening - Elective	=> %	80	80
3			MRSA Screening - Non Elective	=> %	80	80



Data Period	Group						Month	Year To Date	Trend
	M	SS	W	P	I	PCCT			
Aug 2018	1	0	0			0	<b>1</b>	<b>6</b>	
Aug 2018	0	0	0			0	<b>0</b>	<b>0</b>	
Aug 2018							<b>0.0</b>	<b>5.2</b>	
Aug 2018							<b>9.3</b>	<b>13.6</b>	
Aug 2018	<b>75</b>	92	93			<b>39.29</b>	<b>89.2</b>	<b>88.4</b>	
Aug 2018	86	86	98			80	<b>86.5</b>	<b>86.2</b>	

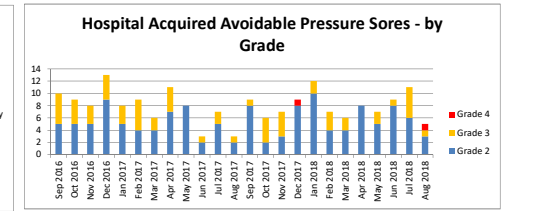
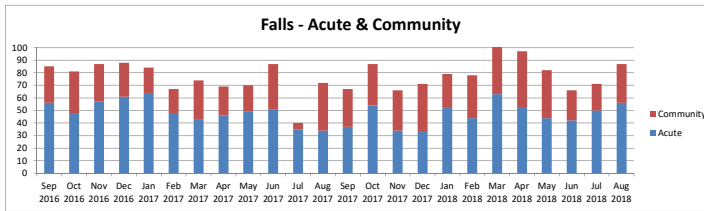
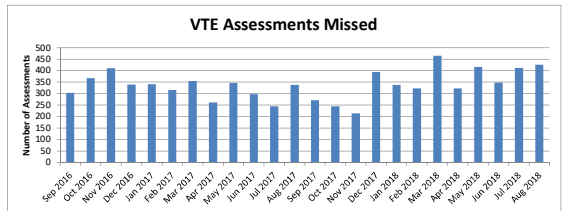


# Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8		•d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95
8		•d	Patient Safety Thermometer - Catheters & UTIs	%		
			Number of DOLS raised	No		
			Number of DOLS which are 7 day urgent	No		
			Number of delays with LA in assessing for standard DOLS application	No		
			Number DOLs rolled over from previous month	No		
			Number patients discharged prior to LA assessment targets	No		
			Number of DOLS applications the LA disagreed with	No		
			Number patients cognitively improved regained capacity did not require LA assessment	No		
8			Falls	<= No	804	67
9			Falls with a serious injury	<= No	0	0
			Falls Per 1000 Occupied Bed Days	Rate1		
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Acquired Avoidable)	<= No	0	0
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0
			Pressure Ulcers per 1000 Occupied Bed Days	Rate1		
3		•d	Venous Thromboembolism (VTE) Assessments	=> %	95	95
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100
9		•d	Never Events	<= No	0	0
9		•d	Medication Errors causing serious harm	<= No	0	0
9		•d	Serious Incidents	<= No	0	0
9			Open Central Alert System (CAS) Alerts	<= No		
9		•d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0
			Safety Plan - Input Non-Compliant Days	<= No		<=3 Per Ward
			Safety Plan - Checks Compliant	%	98	98
			Safety Plan - Missed Checks	=> No		<=3 Per Ward

Previous Months Trend (since Mar 2017)												
M	A	M	J	J	A	S	O	N	D	J	F	M
●	●	●	●	●	●	●	●	●	●	●	●	●
0.00	3.00	2.00	1.00	3.00	2.00	1.00	4.00	4.00	6.00	0.00	2.00	1.00
23	15	14	6	27	22	20	48	31	19	36	30	27
23	15	14	6	27	22	20	48	31	19	36	30	27
0	0	0	0	3	0	0	0	0	0	0	0	2
8	15	12	9	7	12	5	5	3	7	7	3	10
6	3	11	7	7	9	9	11	7	2	4	8	3
0	1	0	2	1	2	1	0	2	1	2	0	0
0	3	1	1	13	0	0	0	0	0	0	0	0
74	69	70	87	85	72	67	87	66	71	79	78	112
2	1	1	1	1	3	2	3	1	0	0	0	1
-	-	-	-	-	-	-	-	-	-	-	-	-
6	11	8	3	7	3	9	6	7	9	12	7	6
6	5	8	4	7	4	3	6	4	4	2	4	4
-	-	-	-	-	-	-	-	-	-	-	-	-
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
0	0	1	1	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	1	0	0	0	0	0	0
5	4	4	3	1	8	5	4	6	4	3	5	4
4	8	9	27	3	3	8	10	6	5	7	6	5
0	0	0	1	1	1	0	0	1	1	2	2	2
-	-	-	-	-	-	-	221	-	-	-	64	-
-	-	-	-	-	-	-	99.0	-	-	-	99.4	-
-	-	-	-	-	-	-	288	-	-	-	38	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2018								99.4	96.5	
Aug 2018								0.27	0.31	
Aug 2018	21	10	0	-	-	9		40	203	
Aug 2018	21	10	0	-	-	9		40	203	
Aug 2018	5	1	0	-	-	1		7	20	
Aug 2018	3	1	0	-	-	5		9	33	
Aug 2018	10	1	0	-	-	0		11	57	
Aug 2018	2	0	0	-	-	0		2	9	
Aug 2018	0	0	0	-	-	0		0	4	
Aug 2018	43	11	0	2	0	31	0	87	403	
Aug 2018	0	0	0		0	0	0	0	9	
Jan-00	-	-	-		-	-	-	-	-	
Aug 2018	2	2	0			1		6	40	
Aug 2018						1		1	7	
Aug 2018	-	-	-			-		0.233	0.37	
Aug 2018	91.7	96.2	95.7					94.3	94.9	
Aug 2018	100.0	100.0	100.0					100.0	99.9	
Aug 2018	100	100	100		100			100.0	99.8	
Aug 2018	100	100	100		100			100.0	99.8	
Aug 2018	0	0	0	0	0	0		0	0	
Aug 2018	0	0	0	-	0	0		0	0	
Aug 2018	1	0	2	0	0	0	0	3	27	
Aug 2018								15	58	
Aug 2018								4	13	
Aug 2018								58	224	
Aug 2018								99.67	99.65	
Aug 2018								63	73	



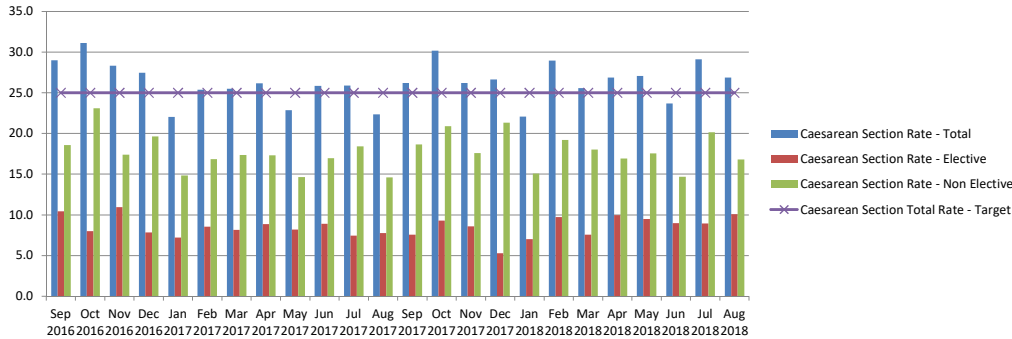
# Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017	
					Year	Month
3			Caesarean Section Rate - Total	<= %	25.0	25.0
3			Caesarean Section Rate - Elective	<= %		
3			Caesarean Section Rate - Non Elective	<= %		
2			Maternal Deaths	<= No	0	0
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
12			Stillbirth Rate (Corrected) (per 1000 babies)	Rate1		
12			Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1		
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
2			Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
2			Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
2			Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

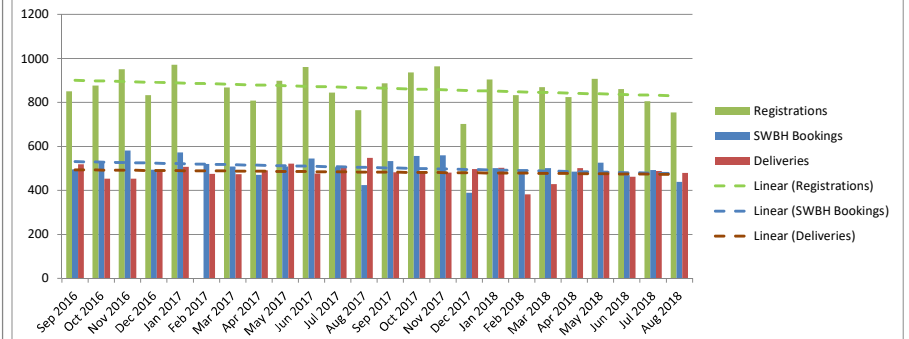
Previous Months Trend (since Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
8	9	8	9	7	8	8	9	9	5	7	10	8	10	10	9	9	10
17	17	15	17	18	15	19	21	18	21	15	19	18	17	18	15	20	17
-	-	-	-	-	-	-	2.11	2.10	4.02	1.99	2.58	4.66	5.98	6.16	4.41	2.05	4.17
-	-	-	-	-	-	-	4.22	2.10	0.00	0.00	2.58	0.00	1.99	0.00	4.41	4.10	2.08
	->	->		->	->												
2.6	4.4	2.5	2.5	1.8	0.8	0.9	0.5	0.8	0.6	0.9	1.1	1.0	0.8	0.5	0.9	1.5	1.3
2.3	3.0	1.6	1.6	1.0	0.6	0.6	0.5	0.5	0.6	0.7	0.4	0.7	0.8	0.5	0.6	0.9	1.3
2.1	2.3	1.4	1.6	1.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.3	0.2	0.0	0.6	0.5

Data Period	Month	Year To Date	Trend
Aug 2018	26.9	26.8	
Aug 2018	10.1	9.5	
Aug 2018	16.8	17.3	
Aug 2018	0	2	
Aug 2018	1	7	
Aug 2018	0.83	1.74	
Aug 2018	6.25	7.88	
Aug 2018	4.17	4.56	
Aug 2018	2.08	2.49	
Aug 2018	94.3	92.7	
Aug 2018	120.6	130.3	
Aug 2018	77.73	76.77	
Aug 2018	1.31	0.99	
Aug 2018	1.31	0.83	
Aug 2018	0.52	0.33	

Caesarean Section Rate (%)



Registrations & Deliveries

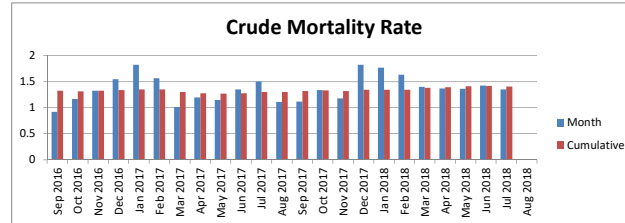
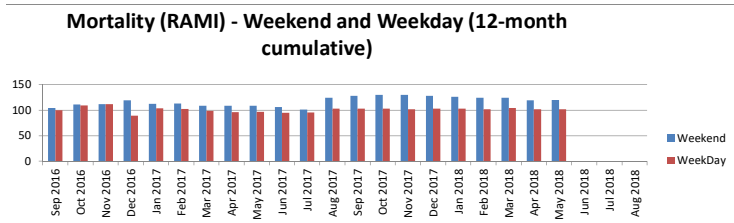
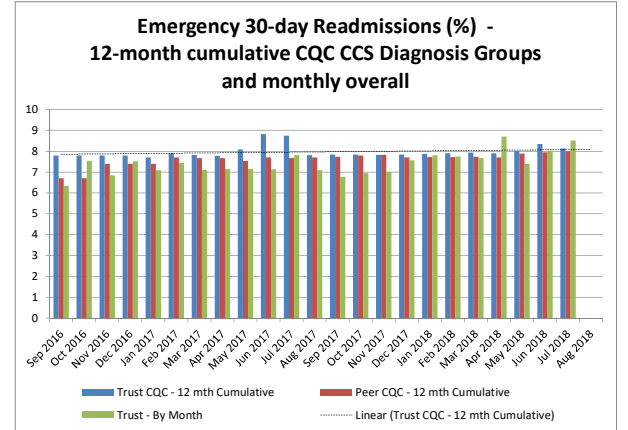
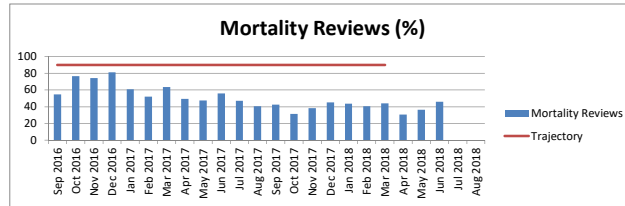
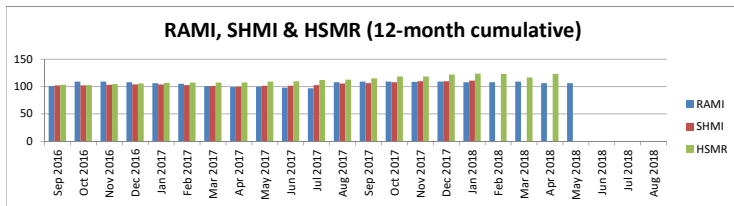


# Clinical Effectiveness - Mortality & Readmissions

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR		
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI
3			Mortality Reviews within 42 working days	=> %	90	90
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%		
			Deaths in the Trust	No		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%		
			Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) month	%		
			Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) month	%		
			Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%		
			Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%		

Previous Months Trend (since Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M					
101	99	100	98	97	108	109	109	108	109	108	108	109	106	106	-	-	-
98	96	97	95	95	103	103	103	102	103	103	102	104	102	102	-	-	-
109	109	109	106	101	124	128	130	130	128	126	124	124	119	120	-	-	-
101	100	102	102	103	106	106	108	110	110	111	-	-	-	-	-	-	-
108	107	109	110	112	113	115	118	119	122	124	123	117	123	-	-	-	-
88	62	61	78	78	71	144	62	120	90	133	102	129	76	100	-	-	-
1.0	1.2	1.1	1.3	1.5	1.1	1.1	1.3	1.2	1.8	1.8	1.6	1.4	1.4	1.4	1.4	1.3	-
1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	-	-
100	105	113	129	142	109	109	133	119	169	178	142	143	120	123	127	124	-
7.1	7.2	7.2	7.1	7.8	7.1	6.8	7.0	7.0	7.6	7.8	7.7	7.7	8.7	7.4	8.0	8.5	-
7.1	7.1	7.0	7.1	7.1	7.2	7.2	7.2	7.2	7.2	7.2	7.3	7.3	7.4	7.5	7.5	7.6	-
7.8	7.8	8.1	8.8	8.7	7.8	7.8	7.8	7.8	7.8	7.9	7.9	7.9	8.0	8.4	8.1	-	-
-	3.7	3.5	3.3	3.5	3.0	3.0	3.3	3.2	3.3	3.4	3.6	3.3	4.0	3.6	3.8	3.7	-
-	3.9	3.6	3.8	4.3	4.0	3.8	3.7	3.8	4.3	4.4	4.1	4.4	4.7	3.8	4.2	4.8	-
-	3.7	3.6	3.5	3.5	3.4	3.3	3.3	3.3	3.3	3.3	3.4	3.3	3.4	3.4	3.4	3.4	-
-	3.9	3.7	3.8	3.9	3.9	3.9	3.9	3.9	3.9	4.0	4.0	4.0	4.1	4.1	4.1	4.2	-

Data Period	Group						Month	Year To Date	Trend
	M	SS	W	P	I	PCCT			
May 2018								212	
May 2018								204	
May 2018								239	
Jan 2018								1057	
Apr 2018								123.0	
May 2018							100		
Jun 2018	43	79	0			-	46	38	
Jul 2018							1.35		
Jul 2018							1.41		
Jul 2018							124	494	
Jul 2018							8.52		
Jul 2018							7.59		
Jul 2018	-	-	-			-	8.13		
Jul 2018							3.72		
Jul 2018							4.80		
Jul 2018							3.43		
Jul 2018							4.16		

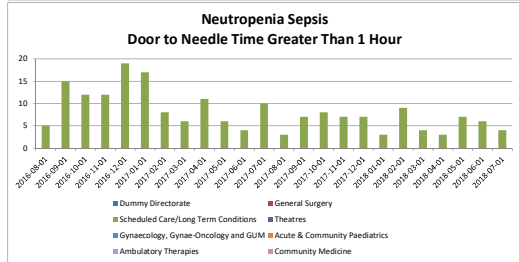
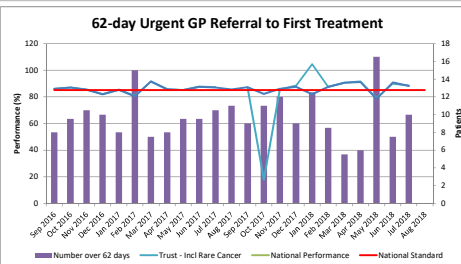
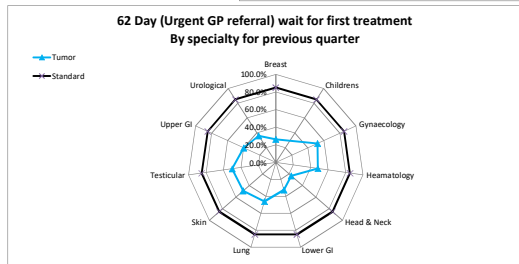
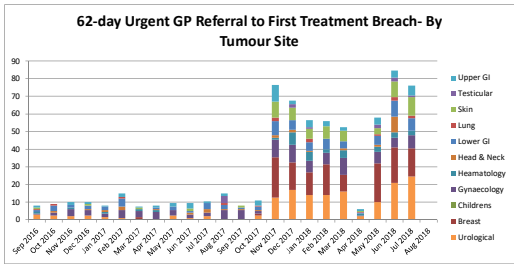
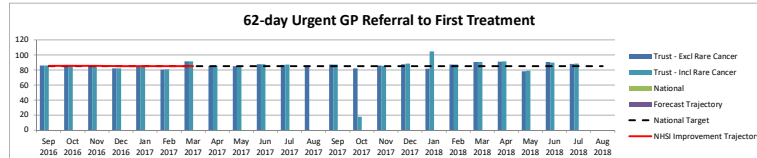
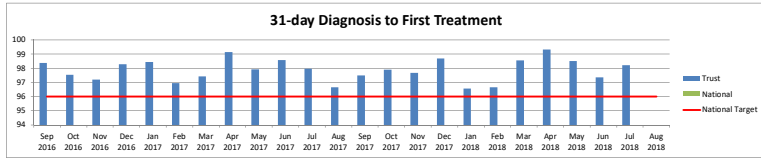
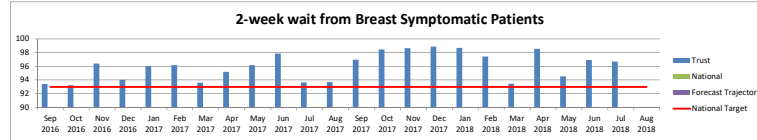
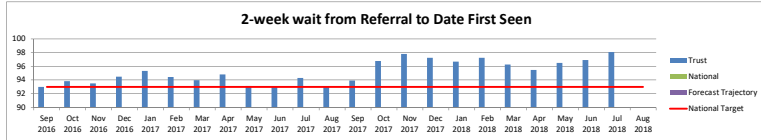






# Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Mar 2017)												Data Period	Group						Month	Year To Date	Trend								
					Year	Month	M	A	M	J	J	A	S	O	N	D	J	F		M	A	M	J	J	A				M	SS	W	P	I	PCCT	CO	
1	🟢	🟢	2 weeks	=> %	93.0	93.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	98.1	98.0	98.4	-	-	-	-	96.1	96.9	
1	🟢	🟢	2 weeks (Breast Symptomatic)	=> %	93.0	93.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	-	-	-	-	96.7	96.6			
1	🟢	🟢	31 Day (diagnosis to treatment)	=> %	96.0	96.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	100.0	99.0	99.0	-	-	-	-	98.2	98.4	
1	🟢	🟢	31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	-	-	-	-	100.0	100.0			
1	🟢	🟢	31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	-	-	-	-	100.0	100.0			
1	🟢	🟢	31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	-	-	-	-	-	-	-		
1	🟢	🟢	62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	95.2	88.8	71.4	-	-	-	-	98.2	97.3	
1	🟢	🟢	62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	95.2	89.0	71.4	-	-	-	-	98.4	97.4	
1	🟢	🟢	62 Day (referral to treat from screening)	=> %	90.0	90.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	91.1	100.0	-	-	-	-	91.3	93.4	
1	🟢	🟢	62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	79.9	100.0	100.0	-	-	-	-	95.5	90.2	
1	🟢	🟢	Cancer - Patients Waiting over 62 days	No			8	8	10	10	11	11	9	11	12	9	13	9	6	6	17	8	10	-	-	-	1.0	6.0	3.0	-	0.0	-	-	10.0	40.0	
1	🟢	🟢	Cancer - Patients Waiting over 104 days	No			5	5.0	2.0	1.0	1.5	5.0	1.0	4.0	2.0	3.0	3.0	2.0	3.0	1.5	1.5	2.5	-	-	-	0.0	1.5	1.0	-	0.0	-	-	2.5	7.0		
1	🟢	🟢	Cancer - Longest Waiter in days	No			162	140	139	106	102	184	141	125	173	104	102	113	280	118	104	112	113	-	-	-	103	196	113	-	0	-	-	113	-	
1	🟢	🟢	Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0.0	0.0	6	11	6	4	10	3	7	8	7	7	3	9	4	3	7	6	4	2	-	-	-	-	-	-	-	-	-	2	22	
1	🟢	🟢	IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			50	0	0	0	25	25	47	0	20	0	54	0	55	60	67	36	67	-	-	-	-	-	-	-	-	-	-	67	57	

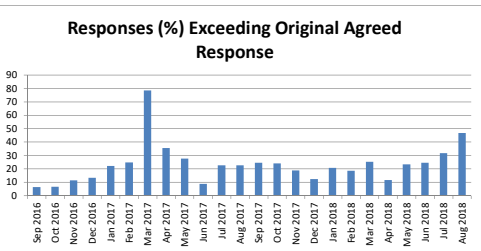
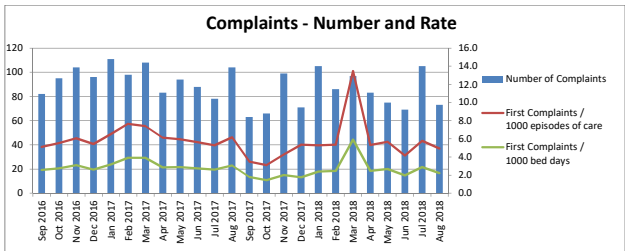
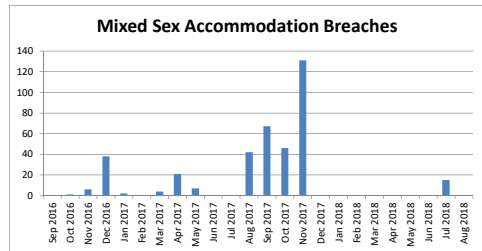


# Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8		•b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0
8		•a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0
8		•b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0
8		•a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0
8			FFT Response Rate: Type 3 WIU Emergency Department	=> %	50.0	50.0
8			FFT Score - Adult and Children Emergency Department (type 3 WIU)	=> No	95.0	95.0
8			FFT Score - Outpatients	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0
8			FFT Score - Maternity Birth	=> No	95.0	95.0
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0
13		•a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0
9		•	No. of Complaints Received (formal and link)	No		
9			No. of Active Complaints in the System (formal and link)	No		
9		•a	No. of First Formal Complaints received / 1000 bed days	Rate1		
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1		
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0
9			No. of responses sent out	No		
14		•e	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes
			Patient Harm - New Claims	No		
			Patient Harm - Ongoing Claims	No		
			Patient Harm - Closed Claims	No		

Previous Months Trend (since Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
7.9	9.3	11	11	12	13	10	19	9.7	8.3	-	9.8	10.16	8.3	7.4	5.4	-	8.3
96	95	92	92	83	83	83	82	85	89	-	88	88	89	527	553	-	599
4.2	5.5	3.8	2.4	3.8	2.8	3.4	3.3	3.4	3.6	-	3.8	7.023	7.9	6.3	4.8	6.8	9.3
73	75	71	73	72	75	73	73	58	-	-	75	74	77	535	607	580	569
0	0.1	0	-	0	-	-	-	-	8.8	-	5	#####	###	###	###	###	###
0	0	0	0	0	0	-	-	-	16	-	0	0	0	0	0	0	0
90	90	89	88	91	89	89	91	92	90	-	92	90	91	965	###	###	###
95	88	90	75	90	50	90	93	76	75	-	0	100	0	0	4	36	23
83	91	86	73	73	81	84	89	81	74	-	0	100	0	36	0	18	42
80	100	100	0	0	50	0	0	0	0	-	0	0	0	0	0	0	0
92	82	83	69	76	58	48	83	74	100	-	94	100	-	73	84	65	52
21	8.9	11	7	7.1	5.2	5.2	13	6.9	0.2	-	23	1.232	-	16	21	14	13
4	21	7	0	0	42	67	46	131	0	0	0	0	0	0	0	15	0
108	83	94	88	78	104	63	66	99	71	105	86	97	83	75	69	105	73
194	205	184	185	184	167	154	136	148	161	187	181	183	176	174	164	194	213
3.9	2.9	2.9	2.8	2.6	3.1	1.8	1.4	2.0	1.7	2.4	2.5	5.9	2.5	2.7	2.0	2.9	2.2
7.4	6.1	6.0	5.6	5.3	6.2	3.5	3.1	4.2	5.4	5.3	5.3	13.5	5.3	5.7	4.1	5.8	4.9
94	100	100	100	100	100	98	100	90	92	99	100	98.98	100	100	100	93	93
79	36	28	8.6	23	23	25	24	19	12	21	19	25.14	12	23	25	32	47
84	67	106	87	83	67	85	73	65	38	75	65	81	77	65	64	52	52
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2018								8	7	
Aug 2018								599		
Aug 2018	9.3							9.3	6.8	
Aug 2018	569							569		
Aug 2018	-							-	-	
Aug 2018	-							0		
Aug 2018								1105		
Aug 2018								23		
Aug 2018								42		
Aug 2018								0		
Aug 2018								52		
Aug 2018								13	16	
Aug 2018	0	0	0	0	0			0	15	
Aug 2018	27	19	9	4	3	6	5	73	405	
Aug 2018	90	65	26	3	9	12	8	213		
Aug 2018	1.7	3.9	2.4			2.05		2.22	2.44	
Aug 2018	4.4	5.5	4.1			130.43		4.92	5.17	
Aug 2018	92	89	89	100	100	100	100	93	96	
Aug 2018	36	94	19	33	-	23.08	73	47	30	
Aug 2018	24	14	5	1	1	3	4	52	310	
Aug 2018	N	N	N	N	N	N	N	No		
Aug 2018	-	-	-	-	-	-	-	19	52	
Aug 2018	-	-	-	-	-	-	-	321	1559	
Aug 2018	-	-	-	-	-	-	-	7	32	

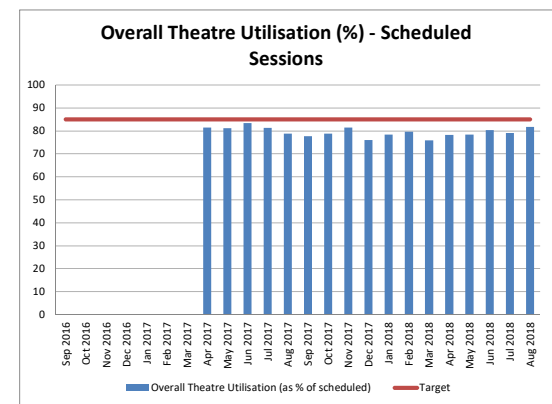
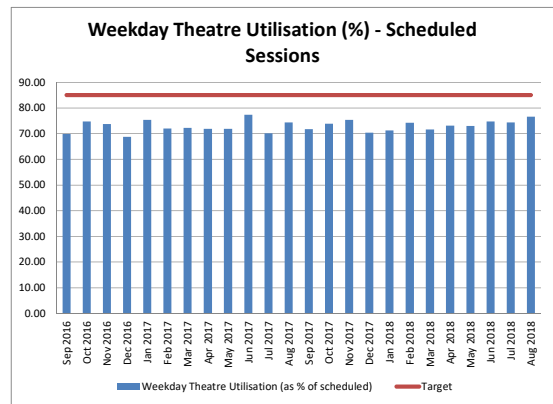
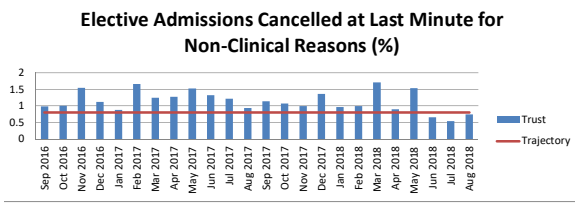
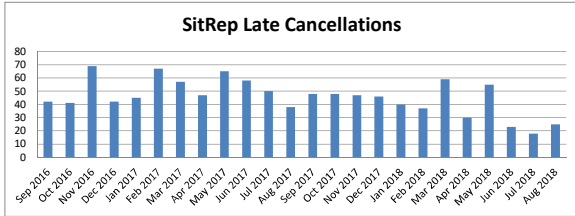


# Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27
2			No. of Sitrep Declared Late Cancellations - Avoidable	No		
2			No. of Sitrep Declared Late Cancellations - Unavoidable	No		
2			Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8
2			Number of 28 day breaches	<= No	0	0
2			No. of second or subsequent urgent operations cancelled	<= No	0	0
2			Urgent Cancellations	<= No	0.0	0.0
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0
			Overall Theatre Utilisation (as % of scheduled)	<= %	85.0	85.0

Previous Months Trend (since Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
57	47	65	58	50	38	48	48	47	46	40	37	59	30	55	23	18	25
17	24	27	20	21	12	31	11	14	13	17	10	14	3	12	5	8	14
37	23	37	37	29	26	17	31	33	33	23	28	45	26	43	18	10	11
1.2	1.3	1.5	1.3	1.2	0.9	1.1	1.1	1.0	1.4	1.0	1.0	1.7	0.9	1.5	0.7	0.5	0.7
0	1	0	0	0	2	0	0	0	0	2	0	1	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0
0	3	1	3	1	1	0	1	1	1	4	3	2	0	1	1	0	0
67	51	45	72	55	53	71	70	62	59	72	59	89	62	42	40	56	61
257	219	230	250	245	213	243	294	244	272	302	212	276	224	219	205	245	230
-																	

Data Period	Group						Month	Year To Date	Trend	
	M	SS	W	P	I	PCCT				CO
Aug 2018	0	18	2			5		25	151	
Aug 2018	0	9	0			5		14	42	
Aug 2018	0	9	2			0		11	108	
Aug 2018	-	0.87	1.05			1.61		0.7	0.9	
Aug 2018	0	0	0			0		0	2	
Aug 2018	0	0	0			-		0	0	
Aug 2018	0.0	0.0	0.0			0.0		0	0	
Aug 2018	0	0	0			0		0	2	
Aug 2018	4	54	3			-		61	261	
Aug 2018	15	201	14			-		230	1123	
Aug 2018	-	78.5	76.5			54.6		76.6	74.4	
Aug 2018	-	83.1	85.3			57.3		81.8	79.6	

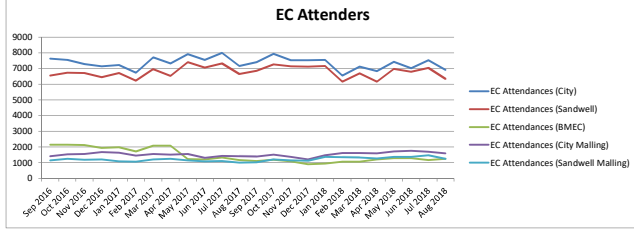
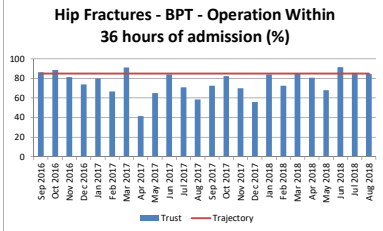
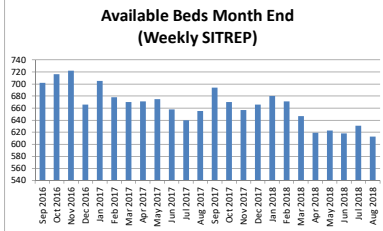
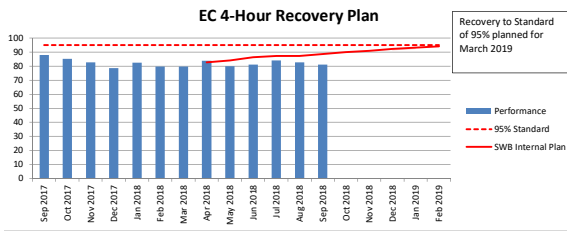


# Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Emergency Care Attendances (Including Mailing)	No		
2			Emergency Care 4-hour waits	=> %	95.00	95.00
2			Emergency Care 4-hour breach (numbers)	No		
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0
11			WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02
11			WMAS - Emergency Conveyances (total)	No		
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of available	3.5% of available
			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities) as % of Available Beds	%	3.5	3.5
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No		
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No		
New			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No		
			Hip Fractures - Best Practice Tariff - Operation < 36 hours of admission (%)	=> %	85.0	85.0

Previous Months Trend (From)												
M	A	M	J	J	A	S	O	N	D	J	F	M
11417	29758	31863	30424	31972	28694	29643	31605	30441	30183	30189	26407	28668
2025	2614	3549	3014	2686	2150	2000	2800	3168	3814	3377	3828	2745
0	0	0	0	0	0	0	0	0	0	0	0	0
14	15	8	14	15	8	14	15	8	14	15	8	14
76	53	59	65	59	65	59	65	59	65	59	65	59
4.65	5.74	5.98	5.24	4.95	5.24	4.95	5.24	4.95	5.24	4.95	5.24	4.95
6.17	8.51	4.30	7.15	7.02	7.15	7.02	7.15	7.02	7.15	7.02	7.15	7.02
107	110	159	242	111	90	141	103	111	208	103	168	156
5	0	12	6	1	1	4	141	4	6	207	11	173
0	0	0	0	0	0	0	0	0	0	0	0	0
4206	4137	4376	4254	4429	4478	4557	4474	4557	4474	4557	4474	4557
0	0	0	0	0	0	0	0	0	0	0	0	0
4.25	7.75		12	2	12	2	12	2	12	2	12	2
4.25	7.75		4.25	7.75		4.25	7.75		4.25	7.75		4.25
583	546	501	483	635	536	512	598	545	591	613	541	483
2.9	2.9	2.5	2.6	3.4	2.8	2.8	2.8	2.9	3.1	3.0	2.2	2.2
375	324	258	312	266	288	288	272	321	216	226	241	277
586	584	651	536	574	574	674	674	674	674	674	674	674
221	229	234	205	245	216	233	231	231	291	282	278	278
46	44	33	37	29	23	43	39	39	54	65	48	75
56	56	56	56	56	56	56	56	56	56	56	56	56

Data Period	Unit			Month	Year To Date	Trend
	S	C	B			
Aug 2018	7576	8503	1254	17333	133849	
Jul 2018	81.0	85.1	99.3	84.14	82.32	
Jul 2018	1617	1376	8	3001	12910	
Jul 2018	0	0		0	0	
Jul 2018	14	15	8	14	14	
Jul 2018	76	53	59	65	59	
Jul 2018	4.65	5.74	5.98	5.24	4.95	
Jul 2018	6.17	8.51	4.30	7.15	7.02	
Jul 2018	121	44		165	752	
Jul 2018	2	0		2	24	
Jul 2018	0.08	0.00		0.04	0.13	
Jul 2018	2362	2323		4685	17838	
Aug 2018	1.2	3.7		2.2	2	
Aug 2018	4.25	7.75		12		
Aug 2018				543	2517	
Aug 2018				3.11	2.82	
Aug 2018				174	1646	
Aug 2018				733	3263	
Aug 2018				241	1198	
Aug 2018				38	191	
Aug 2018				85	82.4	

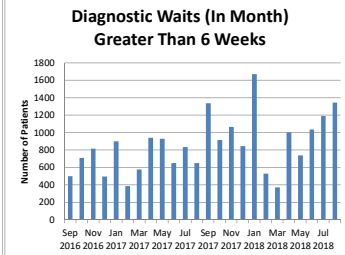
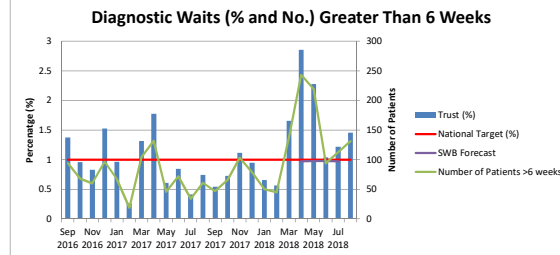
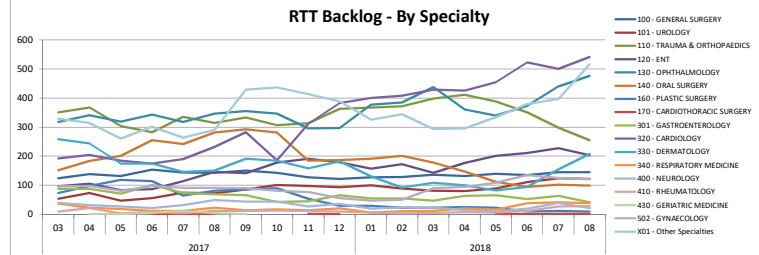
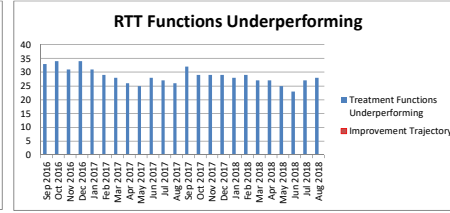
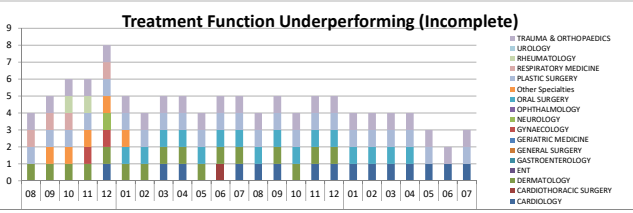
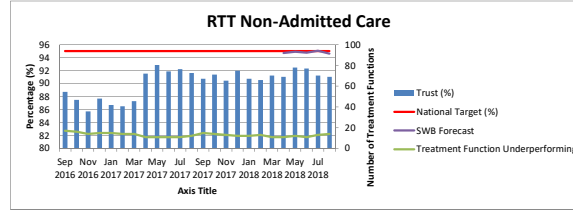
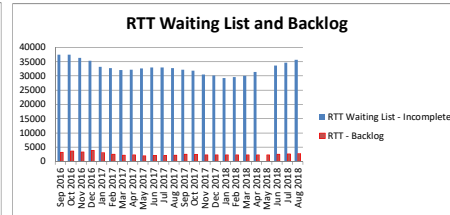
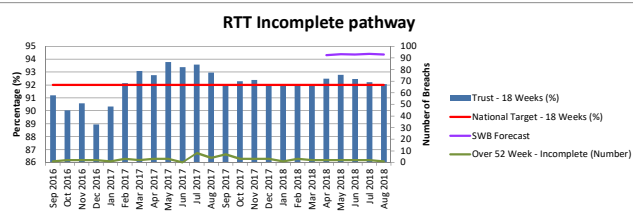
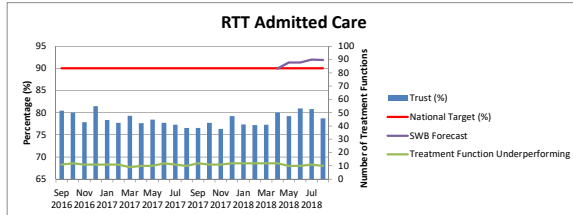


# Referral To Treatment

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2			RTT - Admitted Care (18-weeks)	=> %	90.0	90.0
2			RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0
			RTT Waiting List - Incomplete	No		
			RTT - Backlog	No		
2			Patients Waiting >52 weeks	<= No	0	0
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No		

Previous Months Trend (since Mar 2017)																		
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	
31032	31187	31276	31998	31982	31796	31775	30537	30130	29235	29607	30071	31369	-	31665	34594	35614		
2214	2327	2024	2188	2115	2304	2571	2451	2322	2410	2337	2356	2404	2354	2369	2536	2697	2825	
6	5	3	2	10	10	14	7	7	6	4	6	5	4	5	4	7	7	
2	3	3	0	8	4	7	3	3	3	1	3	2	2	2	2	2	1	
28	26	25	28	27	26	32	29	29	29	28	29	27	27	25	23	27	28	
5	5	4	5	5	4	5	4	5	5	4	4	4	4	-	2	3	4	
577	942	931	650	833	652	1336	914	1064	847	1672	531	373	1002	739	1038	1190	1344	

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2018	94.6	73.0	84.7				91.8	78.75		
Aug 2018	77.6	81.9	91.6				81.6	81.04		
Aug 2018	89.2	92.4	93.6				92.3	92.07		
Aug 2018	5955	17203	1881				3068	35614		
Aug 2018	641	1311	121				236	2825		
Aug 2018	3	2	1				0	7	27	
Aug 2018	1	0	0				0	1	9	
Aug 2018	5	16	2.0				4.0	28		
Aug 2018	1	2	0				1	4		
Aug 2018	1.0	1.2	-				1.7	1.45		
Aug 2018	43	49	-				1236	1344		

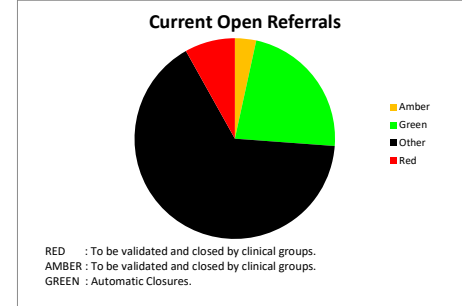
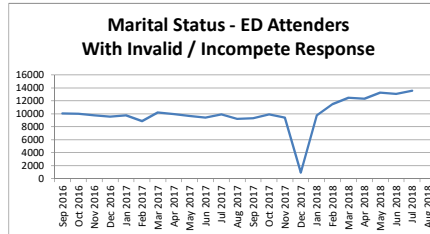
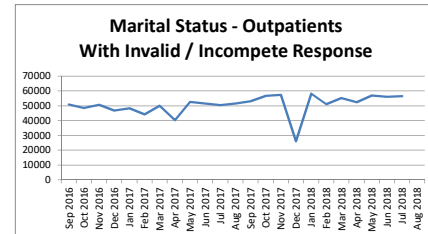
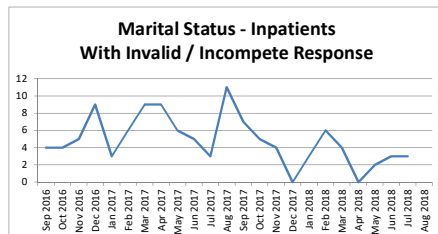
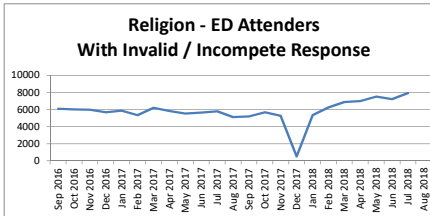
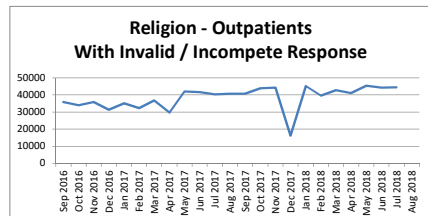
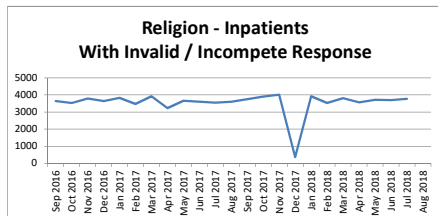


# Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
14			Data Completeness Community Services	=> %	50.0	50.0
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0
			Protected Characteristic - Religion - INPATIENTS with recorded response	%		
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%		
			Protected Characteristic - Religion - ED patients with recorded response	%		
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%		
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%		
			Protected Characteristic - Marital Status - ED patients with recorded response	%		
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0
2			Open Referrals	No		
			Open Referrals without Future Activity/ Waiting List Requiring Validation	No		
			Future Appts Where the Referral is Closed	No		

Previous Months Trend (since Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
97.7	98.2	98.3	97.4	98.4	98.5	99.1	97.6	98.4	96.7	98.1	99.0	99.0	96.8	97.3	97.5	-	-
99.5	99.4	99.5	99.4	99.5	99.5	99.6	99.6	99.6	99.5	99.6	99.6	99.6	99.6	99.6	99.6	-	-
97.3	97.3	97.4	96.3	97.2	97.0	97.5	97.2	97.6	97.5	97.7	97.5	97.3	97.4	97.4	97.5	-	-
68.8	70.3	70.6	69.6	70.1	70.1	69.4	70.4	70.2	66.6	70.3	69.7	68.8	69.5	68.7	68.5	69.0	-
56.9	56.7	52.9	53.2	53.1	53.5	54.5	53.8	53.5	63.7	52.8	52.7	52.4	52.1	51.1	51.6	52.0	-
64.2	64.7	67.2	65.3	66.2	66.7	67.0	66.1	67.3	65.2	67.2	67.2	66.3	65.1	65.7	66.5	64.2	-
99.9	99.9	100.0	100.0	100.0	99.9	99.9	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	-	-
41.5	41.3	41.1	41.9	41.4	41.0	40.9	40.4	39.8	41.4	39.4	39.0	38.6	38.8	38.7	38.8	39.1	-
41.1	39.8	42.7	42.0	42.2	40.2	40.6	40.7	41.6	38.6	40.1	39.6	39.0	38.3	39.4	39.2	38.8	-
235,938	239,934	245,160	250,072	254,761	258,800	262,603	270,519	274,113	277,674	281,624	285,192	289,164	294,489	299,679	305,223	310,094	314,898
108,594	111,242	115,133	118,367	123,475	128,271	129,941	134,026	138,043	141,009	144,594	148,221	152,201	155,865	159,396	162,765	165,731	169,514
-	-	-	-	-	-	-	-	-	-	-	-	241	230	226	230	129	152

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2018							61.2	61.2		
Jun 2018								99.6		
Jun 2018								99.1		
Jun 2018								99.4		
Jun 2018								97.5	97.2	
Jun 2018								99.6	99.6	
Jun 2018								97.5	97.4	
Jun 2018								91.5	91.6	
Jun 2018								92.7	92.6	
Jul 2018								69.0	68.9	
Jul 2018								52.0	51.7	
Jul 2018								64.2	65.4	
Jul 2018								100.0	100.0	
Jul 2018								39.1	38.9	
Jul 2018								38.8	39.0	
Jun 2018								7.1	7.1	
Aug 2018	71,562	159,589	42,447	8,757	872	31,862		314,889		
Aug 2018	43,075	81,586	26,109	4,413	796	12,797		169514		
Aug 2018	39	92	13	2	0	6		152		

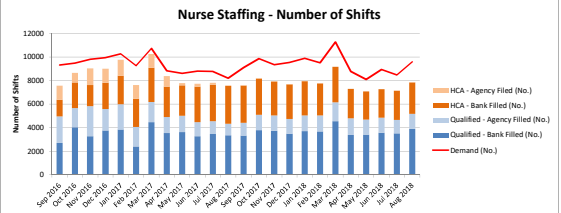
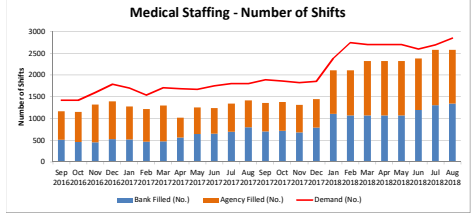


## Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
	🟡		Medical Staffing - Number of instances when junior roles not fully filled	<= %	0	0
	🟢		Medical Staffing - Demand	No		
	🟢		Medical Staffing - Total Filled	%		
	🟢		Medical Staffing - Bank Filled	%		
	🟢		Medical Staffing - Agency Filled	%		
	🟢		Medical Staffing - Filled Shifts - Sr Consultant	No		
	🟢		Medical Staffing - Filled Shifts - Jnr Doctor	No		
	🟢		Nursing - Demand	No		
	🟢		Nursing - Total Filled	%		
	🟢		Nursing - Qualified - Bank Filled	%		
	🟢		Nursing - Qualified - Agency Filled	%		
	🟢		Nursing - HCA - Bank Filled	%		
	🟢		Nursing - HCA - Agency Filled	%		
	🟢		AHPs - Radiography - Demand (Shifts)	No		
	🟢		AHPs - Radiography - Filled (Shifts)	No		
	🟢		AHPs - Physiotherapy - Demand (Shifts)	No		
	🟢		AHPs - Physiotherapy - Filled (Shifts)	No		
	🟢		AHPs - Other - Demand (Shifts)	No		
	🟢		AHPs - Other - Filled (Shifts)	No		
	🟢		Admin - Demand (Shifts)	No		
	🟢		Admin - Filled (Shifts)	No		
	🟢		Facilities - Demand (Shifts)	No		
	🟢		Facilities - Filled (Shifts)	No		
	🟢		Interpreters - Demand (Shifts)	No		
	🟢		Interpreters - Total Filled	%		
	🟢		Interpreters - Bank Filled	%		
	🟢		Interpreters - Agency Filled	%		
	🟢		Interpreters - Unfilled	%		

Previous Months Trend (since Mar 2017)																		
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1703	1682	1669	1753	1805	1804	1887	1858	1823	1854	2381	2740	2696	2696	2696	2594	2695	2648	
76.1	60.4	75.07	70.62	74.52	78.27	71.86	74.33	71.91	78.05	88.37	76.79	86.09	86.09	86.09	91.63	95.7	90.55	
36.65	35.51	51.48	52.58	51.75	56.72	52.06	52.02	54.66	52.52	50.76	46.19	46.19	46.19	50.27	50.48	52.07		
63.35	44.49	48.52	47.42	48.25	43.48	48.23	47.94	47.98	45.34	47.48	49.24	53.81	53.81	53.81	49.73	49.52	47.93	
270	120	214	219	258	320	312	329	324	334	311	181	352	352	352	428	394	449	
1026	896	394	1019	1087	1092	1074	1052	987	1113	1793	855	1969	1969	1969	1949	2185	2130	
10708	8825	8616	8784	8780	8197	9080	9849	9335	9335	9886	9500	11272	8759	8087	8923	8477	9587	
95.8	95.29	90.22	87.78	89.1	92.59	83.87	83.29	85.1	80.62	80.64	81.48	81.16	83.18	87.67	81.46	84.48	81.7	
43.52	42.07	46.67	42.61	44.43	41.32	43.91	46.36	47.21	45.52	46.72	47.66	49.65	46.46	48.29	49.36	49.04	49.8	
16.76	16.32	17.77	15.48	13.94	13.03	13.93	15.87	16.39	16.29	16.67	17.59	17.46	19.49	17.84	17.47	16.1	16.4	
28.13	30.44	33.05	39.06	39.63	41.94	41.6	37.36	36.03	38.01	36.44	34.72	32.89	34.05	33.67	33.17	34.32	33.7	
11.59	10.74	2.509	2.84	1.999	0.909	0.46	0.402	0.378	0.182	0.176	0.026	0	0	0	0	0.475	0.1	
525	332	372	315	334	335	231	235	198	176	309	349	305	111	305	173	342	494	
502	329	359	315	290	323	230	232	190	170	253	232	157	92	241	170	189	249	
356	180	242	257	104	99	100	108	88	75	33	113	35	146	96	24	77	164	
346	180	242	257	104	99	98	107	87	74	33	113	35	146	96	24	77	161	
1009	459	527	471	511	536	482	532	460	451	519	385	500	376	293	481	403	404	
885	457	527	471	508	534	478	520	445	440	502	371	497	349	274	479	387	383	
5135	4198	4228	4423	4054	4429	4091	4015	3828	3535	3778	3493	3607	2905	3018	3240	3035	3717	
5079	4162	4184	4423	4031	4412	4025	3951	3838	3412	3707	3412	3496	2895	2984	3164	2979	3658	
2485	1795	2031	2101	1996	2182	2025	2059	2122	2008	2111	2226	2410	2192	2219	2287	2124	2527	
2425	1737	1999	2101	1986	2165	2006	2019	2098	1961	2054	2170	2384	2178	2192	2271	2070	2427	
5634	4511	5139	5291	5101	4905	5116	5343	5699	4595	5354	4862	5079	4639	5177	4976	5461	5068	
99.57	99.89	99.71	99.7	99.76	99.9	99.77	99.57	99.74	99.65	99.87	99.55	99.86	99.46	99.56	99.76	99.73	99.55	
78.02	77.34	78.45	77.67	76.99	76.96	78.29	77.88	78.66	77.81	78.89	77.77	79.57	79.76	78.89	77.78	76.57	76.1	
22.0	22.7	21.5	22.3	23.0	23.0	21.7	22.1	21.3	22.2	21.1	22.2	20.4	20.2	23.1	22.2	23.4	23.9	
0.4	0.1	0.3	0.3	0.2	0.1	0.2	0.4	0.3	0.3	0.1	0.5	0.1	0.5	0.4	0.2	0.3	0.5	

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Jan-00	-	-	-	-	-	-	-	-	-	
Aug 2018	1689	828	292	0	28	29	2	2848	13628.0	
Aug 2018	89.28	94.32	91.44	-	75	62.07	100	91	90.0	
Aug 2018	51.14	51.34	58.8	-	100	0	100	82	49.1	
Aug 2018	48.86	48.66	41.2	-	0	100	0	48	50.9	
Aug 2018	288	111	9	0	21	18	2	449	1975.0	
Aug 2018	1202	670	258	0	0	0	0	2130	10202.0	
Aug 2018	4382	2439	1365	19	21	1258	103	9887	43833	
Aug 2018	82.72	85.08	68.35	100	95.24	84.02	99.03	82	83.6	
Aug 2018	46.51	44.29	63.34	52.63	90	61.12	28.43	90	48.6	
Aug 2018	19.14	25.45	2.04	0	0	4.45	0	16	17.5	
Aug 2018	34.34	30.07	34.62	47.37	10	34.44	71.57	34	33.8	
Aug 2018	0	0.19	0	0	0	0	0	0	0.1	
Aug 2018	0	0	0	0	494	0	0	494	1425	
Aug 2018	0	0	0	0	249	0	0	249	941	
Aug 2018	0	0	0	0	0	164	0	164	507	
Aug 2018	0	0	0	0	0	161	0	161	904	
Aug 2018	169	29	19	0	82	66	39	404	1957	
Aug 2018	159	29	19	0	82	55	39	383	1852	
Aug 2018	687	485	102	266	70	206	1901	3717	19960	
Aug 2018	667	483	102	253	69	194	1890	3658	16680	
Aug 2018	5	63	7	0	16	42	2394	2527	11349	
Aug 2018	4	63	2	0	16	0	2342	2427	11138	
Aug 2018	-	-	-	-	-	-	-	6068	25321.0	
Aug 2018	-	-	-	-	-	-	-	100	99.6	
Aug 2018	-	-	-	-	-	-	-	76	77.4	
Aug 2018	-	-	-	-	-	-	-	24	22.7	
Aug 2018	-	-	-	-	-	-	-	0	0.4	

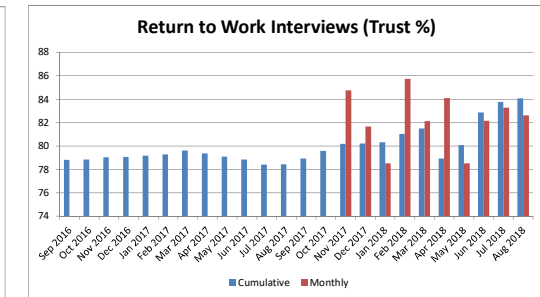
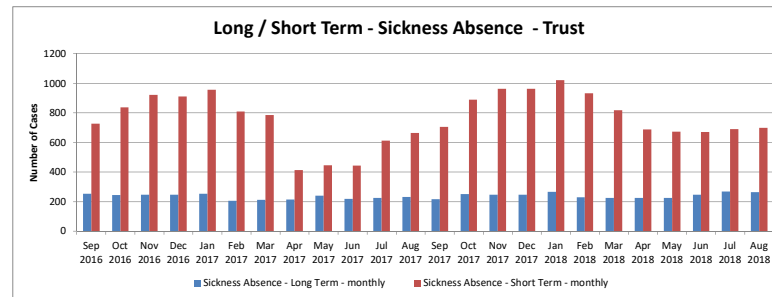
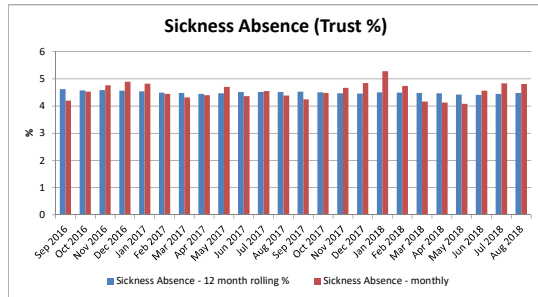


# Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3		•b	PDRs - 12 month rolling	=> %	95.0	95.0
7		•b	Medical Appraisal	=> %	95.0	95.0
3		•b	Sickness Absence (Rolling 12 Months)	<= %	3.00	3.00
3			Sickness Absence (Monthly)	<= %	3.00	3.00
3			Sickness Absence - Long Term (Monthly)	No		
3			Sickness Absence - Short Term (Monthly)	No		
3			Return to Work Interviews following Sickness Absence (Cumulative)	=> %	100.0	100.0
			Return to Work Interviews following Sickness Absence (In Month)	=> %	100.0	100.0
3			Mandatory Training	=> %	95.0	95.0
3		•	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0
7		•b	Employee Turnover (rolling 12 months)	<= %	10.0	10.0
			Nursing Turnover (Qualified Only)	<= %	10.7	10.7
7			New Investigations in Month	No		
7			Vacancy Time to Fill	Weeks		
7		•	Professional Registration Lapses	<= No	0	0
7			Qualified Nursing Variance (FIMS) (FTE)	No		
15			Your Voice - Response Rate	No		
15			Your Voice - Overall Score	No		

Previous Months Trend (since Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
4.48	4.45	4.48	4.52	4.52	4.53	4.53	4.51	4.48	4.46	4.51	4.50	4.48	4.47	4.43	4.42	4.46	4.49
4.32	4.40	4.71	4.36	4.56	4.39	4.25	4.49	4.68	4.85	5.29	4.74	4.17	4.14	4.08	4.57	4.84	4.81
213	214	241	218	225	232	216	251	246	247	267	230	226	226	224	247	269	263
785	414	445	444	612	664	706	889	962	963	1021	932	818	688	672	670	691	698
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
11.7	11.7	11.7	12.0	12.6	12.7	12.8	12.9	12.6	12.9	13.3	13.4	13.5	13.7	13.4	13.3	13.0	13.4
9	14	1	3	4	4	2	7	4	5	4	3	4	3	3	9	5	4
21	20	21	23	25	20	21	21	21	23	25	23	23	25	22	25	23	24
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
257	256	276	281	289	287	269	252.4	244.4	264.9	248.2	242.6	260.5	249.1	256.8	254.4	268	280.2
-->	-->	-->	-->	18.8	-->	-->	-->	-->	-->	19.7	-->	-->	-->	-->	-->	-->	-->
-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2018	83.3	90.3	91.3	94.1	83.5	94.5	94.2		79.2	
Jul 2018	89.3	84.1	92.6	90.5	96.7	133.3	100.0	90.4	90.4	
Aug 2018	5.1	4.6	4.6	3.6	3.8	4.1	4.4	4.49	4.5	
Aug 2018	6.1	5.1	5.0	3.0	4.3	4.1	4.2	4.81	4.5	
Aug 2018	65	39	39	10	9	37	33	263	1229	
Aug 2018	174	131	90	37	28	85	54	698	3419	
Aug 2018	72.1	91.9	83.3	91.8	86.1	90.1	85.2	84.1	81.9	
Aug 2018	80.1	85.9	71.4	100.0	92.9	86.5	80.0	82.6	82.2	
Aug 2018	85.0	89.1	91.0	94.8	90.3	94.2	92.9	90.6		
Aug 2018	89.5	91.6	93.7	96.0	94.5	96.7	96.9	93.8		
Aug 2018								12.0	12.3	
Aug 2018								13.4	13.4	
Aug 2018	1	1	0	1	0	0	1	4		
Aug 2018								24		
Aug 2018	0	0	0	0	0	0	0	0	0	
Aug 2018								280		
Jan 2018	9	16.2	16.8	16.2	19.7	24.4	29.7	19.7		
Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		





# Operational Efficiency

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Mar 2017)														Data Period	Group								Month	Year To Date	Trend				
					Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	M	SS	B	W				P	I	PCCT	CO
			Routine Outpatient Appointments with Short Notice(<3Wks)	%			-	23	21	19	22	27	24	29	25	23	17	19	18	19	24	21	21	28	Aug 2018	26	29	-	26	33	-	26	-	27.7	22.5	
			Routine Outpatient Appointments with Short Notice(<3Wks)	No			-	1780	1950	1747	1972	2501	2211	2847	2408	1685	1577	1505	1509	1414	2061	1943	1979	2325	Aug 2018	423	1379	-	183	89	0	248	-	2325	9722	
			Short Notice Inpatient Admission Offers (<3wks)	%			-	50	49	47	48	54	47	52	54	52	41	49	51	49	52	57	59	47	Aug 2018	44	48	-	74	27	89	35	-	47	53.0	
			Short Notice Inpatient Admission Offers (<3wks)	No			-	1628	1887	1858	1767	2047	1937	2167	2393	1959	1712	1792	1975	1783	1983	2161	2252	1800	Aug 2018	169	1260	-	171	14	17	169	-	1800	9979	

# Local Quality Indicators - 2017/2018

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at initial assessment	=> %	95	95

Previous Months Trend (From Mar 2017)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
16	16	15	17	17	15	16	15	15	18	17	17	16	15	15	17	17	15
87	86	86	85	84	84	84	84	85	85	83	0	0	84	85	85	84	84
79	76	75	75	74	71	74	80	76	79	76	77	76	80	86	82	81	81
58	69	-	57	58	57	54	55	52	60	67	78	91	91	94	94	96	95
63	77	-	63	65	66	62	63	63	70	78	81	92	93	94	95	96	95

Data Period
Aug 2018
Aug 2018
Aug 2018
Aug 2018
Aug 2018

Group						
M	SS	W	P	I	PCCT	CO
16	10	16			28	

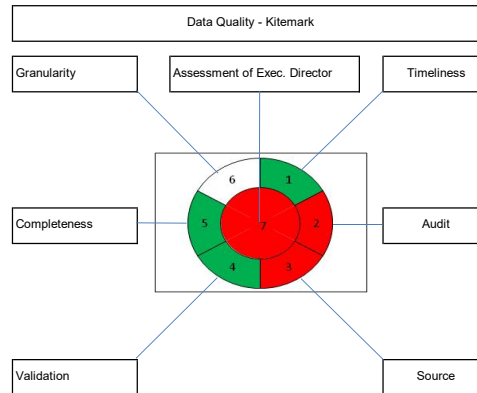
Month	Year To Date	Trend
15.4	16.0	
84.3	84.4	
81.3	82.0	
94.9	93.9	
94.5	94.5	

# Legend

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

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

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



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

- Red Insufficient
- Green Sufficient
- White Not Yet Assessed

The centre of the indicator is colour coded as follows:







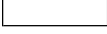
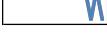


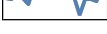
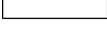
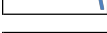

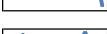







- Red / Green As assessed by Executive Director
- White Awaiting assessment by Executive Director

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

# Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Trend							
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	EC	AC	SC			
Patient Safety - Inf Control	C. Difficile	<= No	30	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	1	0	0	1	4	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	1	1	1	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	79	94	25	75.0			
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	86	86	96	86.3			
Patient Safety - Harm Free Care	Number of DOLS raised	No			16	9	7	5	12	13	9	19	15	9	19	16	20	16	34	14	26	21	Aug 2018	4	17	0	21	111				
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			16	9	7	5	12	13	9	19	15	9	19	16	20	16	34	14	26	21	Aug 2018	4	17	0	21	111				
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	3	2	3	5	Aug 2018	1	4	0	5	14			
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			8	11	6	6	4	8	3	2	1	3	2	1	6	2	2	2	2	3	Aug 2018	0	3	0	3	11				
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			5	1	6	3	1	3	5	6	3	2	2	4	2	3	12	8	10	10	Aug 2018	2	8	0	10	43				
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	2	1	2	0	0	1	1	1	0	0	0	0	1	3	2	Aug 2018	0	2	0	2	6				
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	1	1	1	5	0	0	0	0	0	0	0	0	0	0	0	1	0	Aug 2018	0	0	0	0	-				
Patient Safety - Harm Free Care	Falls	<= No	0	0	34	36	39	34	34	28	31	48	22	23	35	35	45	35	32	35	40	43	Aug 2018	9	34	0	43	185				
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	2	1	1	0	0	1	1	3	0	0	0	0	0	0	2	1	0	0	Aug 2018	0	0	0	0	3				
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	4	5	4	2	4	2	6	3	4	8	8	4	3	4	5	5	6	2	Aug 2018	0	2	0	2	22				
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	90.6	89.0	97.9	91.7				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100.0	100.0	-	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100	100	-	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100	100	-	100.0				
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	0	1	0			
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0			
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	1	0	1	10			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2018	42	41	50	43				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			9.4	9.5	9.2	9.2	10.2	9.1	10.7	11.4	11.1	12.0	12.7	12.1	12.5	13.5	11.7	13.0	13.2	-	Jul 2018				13.2					
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			9.4	9.4	9.3	9.3	9.4	9.4	9.6	9.7	9.8	10.0	10.2	10.4	10.7	11.0	11.2	11.6	11.9	-	Jul 2018					11.4				

# Medicine Group

Section	Indicator		Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date										
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	EC	AC	SC					
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0																								Jul 2018		98.1		98.1	95.2	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0																								Jul 2018		83.8		83.8	71.4	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																								Jul 2018		59.5		59.5	69.6	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0																								Jul 2018		97.3		97.3	97.4	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0																								Jul 2018		33.3		33.3	81.3	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0																								Aug 2018		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0																								Jul 2018		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0																								Jul 2018		97.0		97.0	97.6	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0																								Aug 2018		93.3		93.3	94.7	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																								Aug 2018		100.0		100.0	92.9	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																								Aug 2018		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																								Jul 2018			98.1	98.1		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																								Jul 2018			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																								Jul 2018			95.2	95.2		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			2.5	2	2	4.5	1	2.5	2	3.5	2.5	0.5	1.5	1	1	3	5	2	1	-	Jul 2018	-	-	1.00	1.00	11						
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	1	0	1	0	0	0	2	2	0	0	1	1	1	0	0.5	0	-	Jul 2018	-	-	0.00	0.00	2						
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			105	140	91	106	97	99	81	125	173	104	102	113	280	118	104	112	103	-	Jul 2018	-	-	103	103							
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0	0.0	6	11	6	4	10	3	7	8	7	7	3	9	4	3	7	6	4	2	Aug 2018	-	-	2	2	22						
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	4	21	7	0	0	3	61	46	129	0	0	0	0	0	0	0	0	15	0	Aug 2018	0	0	0	0	15					
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			42	34	42	40	27	49	24	26	47	29	30	38	34	36	35	24	55	27	Aug 2018	16	10	1	27	177						
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			75	79	79	91	83	82	74	59	75	67	73	78	76	81	89	71	97	90	Aug 2018	51	35	4	90							

# Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date								
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	EC				AC	SC					
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	-	-	-	-	-		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrepreneur Declared Late Cancellations	<= No	0	0	2	3	11	3	5	2	8	2	3	4	6	0	7	0	1	1	1	0					Aug 2018	0.0	0.0	0.0	0	3		
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	41	28	35	63	31	62	41	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	Aug 2018	-	-	-	-	-	
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	81.0	85.1	Site S/C	83.1	81.1	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1721	1662	1742	1660	1483	1280	1257	1636	1714	2188	2257	0	2635	1935	2814	2661	2294					·	Jul 2018	2202	3	89	2294	9704		
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	0.0	0.0	Site S/C	0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	14.0	15.0	Site S/C	14	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	76.0	53.0	Site S/C	62	66	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	4.7	5.7	Site S/C	5.2	4.8	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	6.2	8.5	Site S/C	7.4	7.3	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	107	110	159	242	111	127	90	143	207	208	163	160	196	173	219	195	165					·	Jul 2018	121	44	165	752			
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	5	0	12	6	1	0	1	4	6	11	5	4	21	6	6	10	2					-	Jul 2018	2	0	2	24			
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	0.08	0.00	0.04	0.13		
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4206	4137	4376	4254	4429	4278	4174	4557	4424	4725	4561	4081	4487	4308	4539	4306	4685					·	Jul 2018	2362	2323	4685	17838			
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	-	94.7	94.6	94.6	-	
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	-	64.8	91.8	77.8	-	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	-	85.2	96.3	89.2	-	
RTT	RTT - Backlog	<= No	0	0	622	610	479	497	467	538	407	288	398	504	480	497	509	524	545	632	644	641					Aug 2018	0	562	79	641	-		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	1	2	1	7	4	1	0	0	0	0	1	0	0	2	0	1	3					Aug 2018	0	2	1	3	-		
RTT	Treatment Functions Underperforming	<= No	0	0	10	9	7	8	9	7	8	5	5	6	6	6	6	6	5	4	6	5					Aug 2018	0	3	2	5	-		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	-	1.29	0	0.99	-	

# Medicine Group





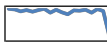
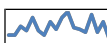










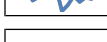


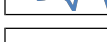





Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Figure	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	EC	AC				SC
Data Completeness	Open Referrals	No			76,278	76,984	79,971	81,548	83,160	84,417	85,463	87,769	83,236	84,194	85,058	85,868	86,960	88,013	89,828	89,652	70,530	71,562	Aug 2018	15,626	29,741	26,195	71562		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			35,739	36,247	36,822	37,760	39,488	40,216	40,844	35,242	36,135	37,044	37,620	39,394	40,207	40,464	41,127	41,878	42,187	43,075	Aug 2018	13,525	17,480	12,070	43075		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	84.64	82.21	-		69.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	89.66	88.89	-		89.3	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	5.05	5.08	-	5.07	4.94	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	5.75	6.37	-	6.09	5.66	
Workforce	Sickness Absence - Long Term - In month	No			40	53	59	48	45	54	49	51	49	63	64	46	40	54	55	61	65	65	Aug 2018	26	39	0	65	300	
Workforce	Sickness Absence - Short Term - In month	No			182	66	68	80	131	145	157	173	233	236	219	203	212	163	175	155	163	174	Aug 2018	66	108	0	174	830	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	84.6	77.5	-		68.39	
Workforce	Mandatory Training (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	85.87	86.22	-		86.5	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	2.2	-	-	-	6.2	-	-	-	1.6	-	-	Jun 2018	1.45	1.71	-		1.7	
Workforce	New Investigations in Month	No			2	3	0	0	1	1	0	0	1	2	2	0	0	0	2	4	1	1	Aug 2018	1	0	0	1		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2016				710		
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	-->	-->	-->	11.8	-->	-->	-->	-->	-->	9	-->	-->	-->	-->	-->	-->	-->	Jan 2018	9.6	8.5	0.0	9.0		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.51	3.90	3.58	3.68		

# Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate					Month	Year To Date	Trend					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	GS				SS	TH	An	O	
Patient Safety - Inf Control	C. Difficile	<= No	7	1	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	0	0	0	0	0	0	1			
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	0	0	0	0	0	0	0			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	92.9	94.3	-	0	64	91.7				
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	86.4	87	-	92.3	83.3	86.5				
Patient Safety - Harm Free Care	Number of DOLS raised	No			2	1	3	0	12	7	6	15	12	9	7	9	4	11	14	8	7	10	Aug 2018	5	0	0	5	0	10	50		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			2	1	3	0	12	7	6	15	12	9	7	9	4	11	14	8	7	10	Aug 2018	5	0	0	5	0	10	50		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	Aug 2018	1	0	0	0	0	1	4	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			0	1	4	0	3	1	2	1	1	0	0	0	0	0	2	1	1	1	1	Aug 2018	1	0	0	0	0	1	5	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			1	0	3	0	6	5	2	2	1	0	0	3	0	1	5	4	1	1	1	Aug 2018	1	0	0	0	0	1	12	
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	Aug 2018	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Falls	<= No	0	0	6	10	7	11	11	4	5	5	10	10	17	7	15	16	9	6	9	11	Aug 2018	5	6	0	0	0	11	51		
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	Aug 2018	0	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital acquired avoidable)	<= No	0	0	1	1	3	0	2	0	0	2	2	1	2	2	3	2	2	0	3	2	Aug 2018	1	1	0	0	0	2	9		
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	95.8	95.1	-	98.5	97.4	96.2				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	100	100	100	100	100	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	-	-	100	-	100	100.0				
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	Aug 2018	-	-	100	-	100	100.0				
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	Aug 2018	0	0	0	0	0	0	4			
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	Jun 2018	86	71	-	-	-	78.6				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.7	6.2	6.5	6.3	7.3	6.9	6.0	6.0	5.4	6.1	6.1	7.1	5.5	7.2	5.8	6.1	7.1	-	Jul 2018						7.1			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.84	5.83	5.86	5.92	5.98	6.09	6.1	6.1	6.21	6.23	6.24	6.3	6.28	6.36	6.3	6.28	6.26	-	Jul 2018						6.3			



# Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date									
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	GS	SS	TH	An				O							
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	98.0	-	-	-	-	97.98		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	96.7	-	-	-	-	96.67		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	99.0	-	-	-	-	98.96		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	88.8	-	-	-	-	88.79		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			2	2	5	3	8	3	2	6	4	8	10	4	4	3	9	3	6	-								Jul 2018	-	-	-	-	-	6	20	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	1	1	0	2	2	0	2	0	3	3	1	0	1	2	1	2	-								Jul 2018	1.5	-	0	-	-	1.5	5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			105	119	114	98	134	108	84	110	0	119	126	112	90	130	137	119	186	-								Jul 2018	196	-	0	-	-	196		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	-	0	-	-	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	39	6	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0	0	0		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			36	24	29	20	28	29	18	16	28	22	24	25	32	24	23	27	25	19								Aug 2018	0	5	4	1	9	19	118	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			66	78	61	51	57	50	38	40	36	47	47	52	50	45	47	57	57	65								Aug 2018	13	31	2	2	17	65		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0.95	1.29	-	-	0.88	0.87			
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0	0	2		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	45	32	49	38	41	28	37	35	35	24	20	29	41	24	44	17	13	18							Aug 2018	9	4	0	0	5	18	116		
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	75.3	76.4	75.8	77.9	73.9	74.7	74.8	75.8	77.1	71.1	72.6	75	73.5	74.6	74.3	75.7	75.4	78.5							Aug 2018	77.3	80.9	-	94.7	75.0	78.45			
Pt. Experience - Cancellations	Urgent Cancelled Operations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0	0	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	98.1	97.6	96.8	96.7	97.5	97.5	99.2	99.8	99.4	99.6	99.5	97.8	97.5	98.6	98.5	97.9	99.3	-							Jul 2018	-	-	-	-	99.3	-	-		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	112	137	109	93	106	69	73	84	80	89	66	0	179	160	148	110	117	-							Jul 2018	68	41	0	0	8	117	535		
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-							Jul 2018	-	-	-	-	0	-	-		
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	3.3	3.3	3.0	3.7	3.6	4.3	5.4	3.9	-	5.0	5.1	4.6	6.1	4.9	5.5	5.8	5.6	-							Jul 2018	-	-	-	-	5.58	-	-		
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	1.7	2.0	2.4	2.7	2.8	2.3	2.0	1.0	2.4	1.3	1.8	0.7	1.1	5.0	3.6	4.1	4.3	-							Jul 2018	-	-	-	-	4.3	-	-		
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-							Aug 2018	-	-	-	-	8	0	0		
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							Jul 2018	-	-	-	-	89	-	-		
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018						84.6	82.4		

# Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date		
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	GS	SS	TH	An				O
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0																			Aug 2018	73.3	62.6	-	-	78.3	73.0		
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0																			Aug 2018	88.5	93.0	-	-	94.0	91.9		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Aug 2018	92.8	90.2	-	-	92.8	92.4		
RTT	RTT - Backlog	<= No	0	0	1167	1304	1204	1293	1293	1385	1443	1447	1284	1271	1348	1370	1397	1333	1293	1285	1349	1311	Aug 2018	571	264	0	0	476	1311		
RTT	Patients Waiting >52 weeks	<= No	0	0	2	4	1	1	1	5	9	4	7	5	2	0	4	3	3	2	5	2	Aug 2018	1	0	0	0	1	2		
RTT	Treatment Functions Underperforming	<= No	0	0	14	14	16	18	16	17	17	16	17	16	15	17	15	16	15	13	15	16	Aug 2018	8	6	0	0	2	16		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Aug 2018	1.2	-	-	-	-	1.19		
Data Completeness	Open Referrals	No			121,184	123,687	126,992	129,204	131,460	133,412	135,263	136,924	139,237	140,979	142,818	144,613	146,703	149,207	151,854	154,830	157,125	159,269	Aug 2018	54,776	18,075	0	6,790	79,728	159369		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Rec	No			51,471	53,057	55,792	57,290	59,198	60,880	63,020	64,953	67,111	68,385	70,228	71,798	73,079	75,110	76,718	78,179	79,974	81,586	Aug 2018	31,152	9,378	0	4,534	36,522	81586		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2018	90.8	93.3	95.4	76.5	96.0	81.2		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Jul 2018	97.4	82.4	-	82.5	76.1	84.1		
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Aug 2018	4.4	5.7	6.2	4.3	2.1	4.6	4.6	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15																			Aug 2018	3.9	5.3	7.8	5.7	2.8	5.1	4.6	
Workforce	Sickness Absence - Long Term - In Month	No			32	30	41	38	51	50	47	49	47	34	47	42	48	43	38	42	47	39	Aug 2018	8.0	9.0	13.0	8.0	0.0	39.0	209.0	
Workforce	Sickness Absence - Short Term - In Month	No			138	61	50	55	96	96	119	159	170	172	151	160	131	123	124	123	130	131	Aug 2018	37.0	28.0	30.0	33.0	0.0	131.0	631.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Aug 2018	86.2	92.7	95.5	96.9	90.8	91.9	90.3	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2018	88.0	85.5	94.7	89.0	88.3	90.4		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	2.78	-	-	-	6.13	-	-	-	2.06	-	-	Jun 2018	2.3	1.7	2.6	2.0	1.6	2.0		
Workforce	New Investigations in Month	No			2	2	0	0	2	2	2	4	1	0	2	1	1	3	0	1	1	1	Aug 2018	0	0	0	1	0	1		
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						88.03	88	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						238	238	
Workforce	Medical Staffing - Number of instances when junior roles not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00						-	-	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	15.3	-->	-->	-->	-->	-->	16.2	-->	-->	-->	-->	-->	-->	-->	Jan 2018	18.9	12.8	8.1	15.3	21.8	16.2		
Workforce	Your Voice - Response Score	%			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.53	3.29	3.85	3.6	3.69	3.79		

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend													Data Period	Directorate			Month	Year To Date	Trend									
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M		A	M	J				J	A	G	M	P				
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	0	0	0		
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	0	0	0		
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	93			93.1			
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	-	98		97.6			
Patient Safety - Harm Free Care	Number of DOLS raised	No			0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	0	3	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	1	0	Aug 2018	0	0	0	0	3	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	Aug 2018	0	0	0	0	2		
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100	94		95.7			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100	100		100.0			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100	100		100.0			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	100	100		100.0			
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	0	0	0		
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	1	1	0	2	7		

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	27	26.9	26.8				
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			8	9	8	9	7	8	8	9	9	5	7	10	8	10	10	9	9	10	Aug 2018	10	10.1	9.5			
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			17	17	15	17	18	15	19	21	18	21	15	19	18	17	18	15	20	17	Aug 2018	17	16.8	17.3			
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0	0	2			
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	1	1	7			
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	0.8	0.8	1.7			
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	6.3	6.3				
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	1	1	2	1	1	2	3	3	2	1	2	Aug 2018	4.2	4.2				
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	2	1	0	0	1	0	1	0	2	2	1	Aug 2018	2.1	2.1				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	94	94.3				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	121	120.6				
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	N/A	N/A	N/A	●	●	N/A	N/A	●	●	●	N/A	N/A	●	●	●	●	-	-	Jun 2018	0	0	-	0.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.7	4.6	4.5	4.8	4.3	3.7	4.3	4.3	5.5	4.8	5.0	4.4	4.7	4.9	4.4	4.9	4.5	-	Jul 2018			4.5			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.8	4.8	4.7	4.7	4.7	4.7	4.7	4.6	4.6	4.6	4.7	4.6	4.6	4.6	4.6	4.6	4.6	-	Jul 2018				4.6		
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jul 2018	98	-	98.4			
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jul 2018	92		92.0			
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Jul 2018	71		71.4			
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3.5	4.5	3	2	2	5.5	5.5	1.5	6	1	1.5	3.5	1	0.5	3	3	3	-	Jul 2018	3	-	0	3	9.5	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			3.5	3	1	0	0	3	1	0	0	0	0	0	2	0	0	0	1	-	Jul 2018	1	-	0	1	1	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			162	126	139	95	102	184	141	90	0	86	74	99	133	73	89	101	113	-	Jul 2018	113	-	0	113		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	-	0	0	0	

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Figure								
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J				A	G	M	P				
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			12	13	8	12	6	12	8	8	7	4	19	7	16	12	6	6	8	9				Aug 2018	3	6	0	9	41		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			22	19	12	15	14	14	17	15	13	19	29	23	27	26	19	20	18	26				Aug 2018	0	0	0	26			
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																						Aug 2018	1.6		-	1.1			
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0			0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	10	12	5	17	4	8	3	10	8	14	11	8	5	6	6	3	1	2				Aug 2018	2			2	18		
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	81	83	82	82	80	79	77	73	79	75	73	80	70	74	77	81	80	76				Aug 2018	76	-		76.5			
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	-	0	0	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			15	9	10	7	11	4	13	15	32	27	21	0	11	9	23	8	13	-				Jul 2018	8	0	5	13	53		
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0																						Aug 2018	85			84.7			
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0																						Aug 2018	92			91.6			
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																						Aug 2018	94			93.6			
RTT	RTT - Backlog	<= No	0	0	96	98	81	97	91	91	90	81	77	56	47	50	90	94	109	135	125	121				Aug 2018	121			121			
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	0	0	0	0	0	0	0	0	1	2	5	1	1	0	1	0	1			Aug 2018	1			1			
RTT	Treatment Functions Underperforming	<= No	0	0	2	1	1	1	1	1	2	2	1	2	2	2	1	2	1	2	2	2				Aug 2018	2			2			
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																						Aug 2018	-			-			

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Figure		
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	G				M	P
Data Completeness	Open Referrals	No			29,483	30,091	30,838	31,759	32,486	33,158	33,869	34,430	34,844	35,501	36,199	36,730	37,586	38,615	39,768	40,844	41,619	42,447	Aug 2018	10,550	21,257	10,640	42447		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			14,598	15,253	15,849	16,571	17,454	17,950	18,689	19,315	19,739	20,322	20,867	21,365	22,234	23,118	23,336	24,687	25,292	26,109	Aug 2018	6,476	15,454	4,179	26109		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	88	89	95	81.3		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jul 2018	93	100	88	92.6		
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	3.3	5.2	4.2	4.6	4.4	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	2	6.4	4.3	5.0	4.8	
Workforce	Sickness Absence - Long Term - in month	No			29	27	36	28	31	30	29	34	30	30	38	35	35	25	37	40	42	39	Aug 2018	1	25	13	39.0	163.0	
Workforce	Sickness Absence - Short Term - in month	No			105	50	41	40	88	89	91	128	135	131	137	127	106	95	84	92	85	90	Aug 2018	5	47	38	90.0	446.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	91	81	85	83.32	81.83	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2018	83	92	92	91.0		
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	2.4	-	-	-	6.3	-	-	-	1.9	-	-	Jun 2018	2.8	2	1.5	1.9			
Workforce	New Investigations in Month	No			1	3	1	0	0	0	0	1	1	1	0	0	0	0	0	1	0	0	Aug 2018	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				98	98	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				40	40	
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	0	0																										
Workforce	Your Voice - Response Rate	No			->	->	->	-<	16	-<	-<	-<	-<	-<	-<	17	-<	-<	-<	-<	-<	-<	Jan 2018	15	16	18	17		
Workforce	Your Voice - Overall Score	No			->	->	->	-<	-<	-<	-<	-<	-<	-<	-<	-<	-<	-<	-<	-<	-<	-<	Jan 2017	3.5	3.7	3.6	3.7		

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date		
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A						
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No			-	157	250	268	302	317	260	273	275	192	339	321	292	383	362	338	-	-	Jun 2018		-		338	1083	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-	83.9	80.8	87.2	88	87	81.6	92.5	88.9	90.7	88.9	81	88.8	88.1	89.3	90.8	92	-	Jul 2018		-		92.02	90.04	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			4.81	13.5	16.9	9.89	10.5	9	11.4	7.99	6.48	7.91	6.5	9.35	6.61	6.74	7.03	6.11	5.98	-	Jul 2018		-		5.98	6.48	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	96.2	89.6	92.2	94.6	93.8	89.8	91.7	95.9	95.1	93.7	93.2	93.6	93.8	95.1	94	95.3	93.5	-	Jul 2018		-		93.47	94.46	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			95.8	92.1	89.2	88.7	80.3	97.8	89.1	0	96.7	97.2	97.1	97.3	97.1	96	97.5	96.4	97.8	-	Jul 2018		-		97.82	96.91	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	90.1	86.1	80.5	88	86.8	81.3	89.2	92.7	93.8	93.1	93.4	92.8	93.6	95.5	94.4	93	91.4	-	Jul 2018		-		91.42	93.63	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			84.2	84.6	78.2	84.5	84.2	80.2	85.5	87.1	81	91.7	92.4	92	92.7	94.8	93.1	91.2	91.2	-	Jul 2018		-		91.15	92.59	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards with a HV presence	=> No	100	100	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	Sep 2017		-		1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	95.5	100	98.8	98.7	99.7	100	98.6	99.7	98.9	99.3	99	97.6	99.1	100	99.4	99.7	99.7	-	Jul 2018		-		99.74	99.72	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	86.1	99.4	100	98.7	99.1	98.8	99.3	99.2	97	98	97.3	98.3	99.1	100	99.4	99.1	99.5	-	Jul 2018		-		99.48	99.5	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			42.2	37.6	43.5	37.8	42.9	35.6	42.2	37.9	23.3	18.4	20.1	38.5	22.6	23.4	21.5	36.5	40.2	-	Jul 2018		-		40.21	30.71	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017		100		100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			357	365	390	361	401	403	329	386	388	343	342	290	336	357	375	355	354	-	Jul 2018		-		354	1441	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	91.3	-	-	-	97.4	99.5	98.5	99.2	99.2	95.8	95	98.3	99.4	99.7	99.7	100	99.7	-	Jul 2018		-		99.72	99.79	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			322	205	197	212	210	326	263	223	246	209	290	94	99	326	364	209	13	-	Jul 2018		-		13	912	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	97.9	-	-	-	98.4	98.5	63.8	56.3	62.9	65.3	67.6	31.2	29.7	98.5	97.8	58.7	3.33	-	Jul 2018		-		3.33	62.94	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-	26	20	19	28	317	24	21	27	20	26	305	225	52	15	12	7	-	Jul 2018		-		7	86	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-	-	-	-	97.8	94.9	6.05	6.31	6.85	6.1	6.91	89.4	60.5	14.7	3.89	3.26	1.86	-	Jul 2018		-		1.86	5.79	
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-	125	171	151	134	193	125	135	141	102	174	64	68	82	82	58	65	-	Jul 2018		-		65	287	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00		-				

# Pathology Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15
Workforce	Sickness Absence - In Month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - In Month	No		
Workforce	Sickness Absence - Short Term - In Month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1	1	1	0	1	0	3	1	3	2	1	1	0	0	1	0	4
4	3	2	2	3	3	3	4	2	3	4	2	3	0	0	1	1	3
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6,495	6,601	6,770	6,960	7,039	7,180	7,354	7,427	7,455	7,473	7,488	7,576	7,754	7,907	7,954	8,027	8,219	8,757
2,791	2,845	2,956	3,034	3,321	3,346	3,387	3,495	3,631	3,725	3,752	3,953	3,876	4,003	4,048	4,043	4,122	4,413
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
8	6	6	6	8	5	3	9	5	10	12	12	6	4	3	3	7	10
45	30	30	39	40	51	49	50	48	45	50	40	41	37	38	40	33	37
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	3.4	-	-	-	14.1	-	-	-	1.8	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-->	-->	-->	-->	23.7	-->	-->	-->	-->	-->	16.2	-->	-->	-->	-->	-->	-->	-->
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Data Period	Directorate					Month	Year To Date	Trend
	HA	HI	B	M	I			
Aug 2018	0	0	0	0	0	0	0	
Jul 2018	-	-	-	-	-	-	-	
Jul 2018	-	-	-	-	-	-	-	
Jul 2018	-	-	-	-	-	-	-	
Aug 2018	2	2	0	0	0	4	5	
Aug 2018	1	2	0	0	0	3		
Aug 2018	-	-	-	-	-	-	-	
Aug 2018	3,057	0	2,817	2	2,881	8,757		
Aug 2018	1,644	0	1,461	2	1,306	4,413		
Aug 2018	92.6	89.2	91.9	95.7	100	91.26		
Jul 2018	80	87.5	100	100	100	90.48		
Aug 2018	2.29	1.88	4.68	3.26	3.77	3.59	3.62	
Aug 2018	1.3	0.3	3.5	0.7	8.0	2.95	2.9	
Aug 2018	1.0	1.0	4.0	0.0	2.0	10	27	
Aug 2018	1.0	2.0	16.0	4.0	5.0	37	185	
Aug 2018	92.4	100	90.1	96.9	90.5	91.8	89.9	
Aug 2018	93.9	94.5	92.9	92.4	98.7	95.1		
Jun 2018	2.2	1.42	1.86	2.09	1.29	2.0		
Aug 2018	1	0	0	0	0	1		
Apr 2016						265	265	
Apr 2016						0	0	
Jan 2018	7.4	17.9	17.7	22.7	28	16		
Jan 2017	3.54	3.32	3.89	4.01	3.93	3.82		







# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15
Workforce	Sickness Absence - in month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - in month	No		
Workforce	Sickness Absence - Short Term - in month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Nurse Bank Fill Rate	=> %	100	100
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
24	24	19	19	15	24	21	26	36	35	36	32	32	29	26	25	34	37
82	57	60	57	78	84	76	121	128	135	146	133	103	91	85	97	105	85
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
-	-	-	-	-	-	-	2.1	-	-	-	3.7	-	-	-	2.1	-	-
0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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Data Period	Directorate					Month	Year To Date	Figure
	AT	IB	IC	CT	CM			
Aug 2018	98	91.7	99	-	87	-	-	
Aug 2018	2.51	4.62	4	-	4.9	-	-	
Aug 2018	2.85	4.84	4.1	-	3.9	-	-	
Aug 2018	6	-	-	-	-	-	-	
Aug 2018	18	34	23	0	10	-	-	
Aug 2018	98	91.2	90	-	73	-	-	
Aug 2018	95.6	95.1	96	95	86	-	-	
Jun 2018	1.77	2.49	2.1	2.5	1.9	-	-	
Aug 2018						-	-	
Apr 2016	-	-	-	-	-	-	-	
Apr 2016	-	-	-	-	-	-	-	
Jan 2018	23.8	22.2	27	-	-	-	-	
Jan 2017	3.72	3.72	4	-	-	-	-	

# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate					Month	Year To Date					
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	AT				IB	IC	CT	CM
Community & Therapies Group Only	DVT numbers	=> No	730	61	67	41	54	59	70	54	56	55	55	29	53	35	58	54	69	57	-	-	Jun 2018						-	-	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	8.04	8.47	8.18	8.5	7.79	8.04	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017						-	-	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	-	-	-	-	-	14.3	10.2	8.91	-	-	-	11.2	-	-	14.3	-	-	-	May 2018						-	-	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	10.1	11.1	10.9	10.3	9.98	11.1	10.7	11.5	11.5	14.9	14.7	11.5	14.3	11.2	10.2	10.5	8.89	8.85	Aug 2018						-	-	
Community & Therapies Group Only	STEIS	<= No	0	0	0	0	0	-	1	2	3	0	-	0	0	2	-	0	0	0	1	-	Jul 2018						-	-	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	15.5	15.5	16.7	18.3	18.5	19.4	15.5	14.7	12.4	15.3	13.2	19.6	21.5	25.6	22.9	22.4	26.1	22.5	Aug 2018						-	-	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Aug 2018						-		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	56.3	66.8	58.2	51.8	56.3	56.1	52.4	52	61.7	59.2	70.4	76.4	87.5	88.6	94.5	94.2	96.5	93.4	Aug 2018						-	-	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	<= %	95	95	58	68.8	63.2	57.2	57.8	57.4	53.6	50.5	60.3	59.7	66.6	77.9	90.6	90.8	93.9	95	96.9	94.9	Aug 2018						-		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	<= %	95	95	62.9	76.7	68.3	62.8	64.7	65.9	62.4	59.1	72	70.2	78	81.5	92.2	92.8	94.5	95.8	96.7	94.5	Aug 2018						-		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	<= %	95	95	45.7	57.7	52.2	45.9	49.3	49	49.5	43.4	54	54.7	61.2	76.6	90.2	91.3	93.8	94.8	96	93	Aug 2018						-		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	<= %	95	95	43.8	55	49.7	43.3	60.3	38.4	62.5	41.1	50	47.2	58.6	70.2	88.6	83.3	92.2	91.8	92.6	91.9	Aug 2018						-		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			94	92	90	93	92	93	93	94	96	94	95	94	96	94	95	94	95	-	Jul 2018						-		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	49.8	66.4	61.6	55.2	55.7	56.4	54.7	52	63.8	63.1	70.1	76.8	90	91.3	94.3	95	95.7	94.9	Aug 2018						-	-	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			6	5	8	4	7	4	3	6	4	4	2	4	4	3	1	1	1	1	Aug 2018						-	-	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			3	5	8	4	7	4	3	3	4	4	2	3	2	3	0	1	1	0	Aug 2018						-	-	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			2	0	0	0	0	0	0	1	0	0	0	1	2	0	0	0	0	1	Aug 2018						-	-	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			1	0	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	Aug 2018						-	-	

# Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate							Month	Year To Date	Trend				
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	J	J	A	SG	F	W				M	E	N	O
Pl. Experience - FFT.MSA.Comp	No. of Complaints Received (formal and link)	No			14	3	9	5	10	2	8	4	9	8	12	8	8	5	5	4	6	5	Aug 2018	1	0	0	0	1	0	3	5	25	
Pl. Experience - FFT.MSA.Comp	No. of Active Complaints in the System (formal and link)	No			19	16	17	10	13	5	10	7	11	15	16	11	15	11	8	2	7	8	Aug 2018	2	0	0	1	1	0	4	8		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Aug 2018	87	92	95	94	96	98	91		81.5	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0													-	-	-		-	Jul 2018			95					100.0	100		
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																			Aug 2018	3.65	2.41	1.94	4.18	3.27	5.21	5.49	4.40	4.46	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																			Aug 2018	5.46	3.64	1.87	0.00	1.78	4.06	6.01	4.22	4.04	
Workforce	Sickness Absence - Long Term - in month	No			0	2	1	2	2	2	2	1	2	1	1	2	2	2	30	26	28	33	Aug 2018	5.00	0.00	2.00	7.00	0.00	19.00	0.00	33.00	119.00	
Workforce	Sickness Absence - Short Term - in month	No			8	3	2	3	1	4	10	4	5	7	15	11	12	4	61	76	79	54	Aug 2018	8.00	0.00	4.00	8.00	0.00	34.00	0.00	54.00	274.00	
Workforce	Returns to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0																			Aug 2018	91.7	59.4	83.6	78.4	88.5	88.5	84.9	85.2	83.6	
Workforce	Mandatory Training	=> %	95.0	95.0																			Aug 2018	91	93	97	91	95	-	92	92.9	94	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	2.7	-	-	-	15.5	-	-	-	2.1	-	-	Jun 2018	4	1	2	2	1	-	2	2.1	2	
Workforce	New Investigations in Month	No			4	6	0	2	1	1	0	0	1	1	0	2	2	0	1	3	2	1	Aug 2018	0	0	0	0	0	1	0	1		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	-->	21	-->	-->	-->	-->	-->	30	-->	-->	-->	-->	-->	-->	-->	Jan 2018	57.8	46.9	54.6	35.2	36.4	23.4	18.5	29.7		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		

<b>Report Title</b>	Financial Performance: Month 5 Report		
<b>Sponsoring Executive</b>	Dinah McLannahan, Acting Director of Finance		
<b>Report Author</b>	Dinah McLannahan, Acting Director of Finance Paul Stanaway, Associate Director of Finance (Financial Management) Tim Reardon, Associate Director of Finance (Compliance)		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

The expected position at the end of Q2 was expected to be £2.7m. Mth 5 has begun to reflect that position, with c£0.5m support required. The current expectation is that we will achieve plan and PSF in Q2, despite income and non-pay slippage, and increasing pay pressures. This will be achieved by non-recurrent means in the main, with other technical adjustments as required.

The Chief Executive chaired CIP group is overseeing (a) H2 recovery plan (b) Month 12 recurrent backfill vs. non recurrent 18/19 CIP. The current view on (a) will be discussed at the meeting, and (b) will be finalised for Month 6 reporting.

The Board should discuss:

- Current state controls for income, pay and non-pay and determine if they are fit for current purpose
- Non local CCG income risks and the likely year end position
- Extrinsic financial risks to the plan's sufficiency outwith IT and satisfy itself that none are material

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

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

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

CLE 25<sup>th</sup> September 2018, FIC 28<sup>th</sup> September 2018, PMC 2<sup>nd</sup> October 2018

### 4. Recommendation(s)

The Trust Board is asked to:

- a. Note the contents of this report and discuss the above issues.

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

Trust Risk Register	X	Risk Number(s): 3234				
Board Assurance Framework	X	Risk Number(s): BAF 5, BAF 6				
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

# SWBH

# M5 FINANCE REPORT

Trust Board: 4<sup>th</sup> October 2018

# Contents

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# Purpose of the report and conclusion

## ANALYSIS

- The purpose of this report is to assess performance across budgets for Income, Pay, and Non-Pay year to date, and identify material risks to the forecast position (and therefore achievement of the Trust's control total).
- The Trust has achieved its financial plan to the end of Month 5, with a requirement to commit a small amount of Balance Sheet Flexibility (£198k) into the position. In addition, a provision for CQUIN under-performance was reduced by circa £260k, meaning there was total support to the position of £555k.
- Year to Date Variances to Plan were as follows:

– Patient Related Income	-£3.13m
– Other Income:	£0.418m
– Pay:	£3.495m
– Non Pay:	-£0.776m
– TOTAL:	£0.007m
- The risk to delivery of the Financial plan can be identified to the following areas:
  - Performance Against CIP Plan
  - Delivery of Production Plan and Associated Margin
  - Adherence to the pay bill (vacancy management, temporary staffing, rosters and sickness management)
  - Managing data challenges
  - Delivery against CQUIN
- A high level forecast has been and will be presented to FIC, PMC and Board, with a detailed forecast carried out for Month 6 Reporting to establish the likely recurrent outturn run rate.

# Table 1: Income Year to Date Performance and Plan

	YEAR TO DATE			PLAN		
	Budget £000's	Actual £000's	Variance £000's	Q2 Balance £000's	Q3 £000's	Q4 £000's
<b>SLAs: Main Healthcare Contracts</b>	174,903	171,796	-3,107	34,890	108,767	107,996
<b>Income: NHS Trusts</b>	599	518	-82	120	360	360
<b>Income: Other NHS Bodies</b>	2,219	2,496	277	443	1,340	1,340
<b>Private Patients Income</b>	1,226	1,040	-186	246	739	739
<b>Other Non Protected Income</b>	550	518	-32	110	330	330
<b>Sub-Total - PRI</b>	<b>179,497</b>	<b>176,368</b>	<b>-3,130</b>	<b>35,808</b>	<b>111,535</b>	<b>110,763</b>
<b>Income: NHS Trusts</b>	2,229	2,188	-41	450	1,352	1,356
<b>Income: Other NHS Bodies</b>	2,066	1,925	-140	414	1,242	1,241
<b>Provision of Diagnostic Services</b>	2,514	2,570	56	503	1,509	1,509
<b>Provision of Facilities &amp; Related Services</b>	2,540	2,386	-154	508	1,524	1,524
<b>Education &amp; Training</b>	7,282	7,759	476	1,413	4,231	4,197
<b>Research and Development</b>	823	743	-80	165	494	494
<b>Other Income</b>	3,980	4,280	300	793	2,399	8,681
<b>Sub-Total - Other Income</b>	<b>21,434</b>	<b>21,852</b>	<b>418</b>	<b>4,246</b>	<b>12,750</b>	<b>19,001</b>
<b>TOTAL INCOME</b>	<b>200,931</b>	<b>198,219</b>	<b>-2,712</b>	<b>40,054</b>	<b>124,285</b>	<b>129,764</b>

## Income Analysis

- Commissioner Income position is driven by a provision of £1.4m to reflect the Trusts view of data challenges (£100k per month) and CQUIN slippage. The rest of the under-performance against Commissioner income is driven by under-performance in the Women and Child Health Group (largely births and Maternity) and PCCT. Around £800k of the under-performance relates to Pass-through and is therefore offset by favourable variances in non-pay.
- SWBCCG contract is ahead of plan year-to-date, but in line with the plan by year-end. Close monitoring of this is required and will continue.
- Issues around CQUIN non-delivery need to be addressed. Issues with Unity mean that risky behaviours CQUIN is unlikely to be achieved. Negotiating a revised trajectory with the CCG.
- BSOL challenge to Ophthalmology ED coding is significant risk to income, although is provided for in the above £1.4m income under-performance provision.
- There is under-performance against PP income ytd relating to targets against recovering the costs of treatment from overseas visitors, and is tied into a CIP. A team is now in place to administer this process, and management within the Directorate are assessing the impact on the target.
- ICR income is behind their stretch target. Medicine and Emergency Care have put effort into improving processes, and controls and a new coder is in place. This has seen a significant improvement in capture and income being reported, but given the recent

# Table 2: Production Plan

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Plan	8,657	9,175	9,680	9,957	9,384	46,853	9,640	11,274	10,688	8,967	10,450	9,652	10,446	117,969
Actual	8,752	9,483	9,522	9,855	9,112	46,723	0	0	0	0	0	0	0	0
Variance	96	308	-159	-102	-272	-130								

## Production Plan Analysis

- Embedded within the income plan are the above levels of income relating to the Production Plan.
- The plan reflects the late October go-live for phasing for Unity.
- Production plan performance is currently not assessed to be a major factor causing deviation from budget. Q2 is an emerging concern and Q3/Q4 see significant increases in the plan, with expected mitigation from recruiting to planned posts. Mitigations are focussed on General Surgery, T&O and Medical specialties to offset Ophthalmology.
- The year to date adverse variance was a mix of Medical Specialties over-performing (c.£1m), offsetting under-performance in Surgical Services (c.£700K); PCCT (£200k) and W&CH (£150K).
- The September Position currently stands at a deficit of £900k (£300K better than initially forecast). This is before coding improvements and without the activity delivered through Modality recorded so will improve the overall position closer to a deficit of £700k.
- The September planned mitigation of the under-delivery in Ophthalmology through increased work through T&O and General Surgery has had some impact but not the full impact modelled. This is mainly due to difficulties with theatre staffing and time lag to change staffing hours. The General Surgery mitigation has been as predicted. There will be some improvement at September month end due to the coding improvements through Joints.
- Ophthalmology has now successfully recruited into fixed term posts which should see a mitigation of current dropped activity in November – March this year. This will be modelled and brought back for October OMC.

# Table 3: Pay Year to Date Performance and Plan

	YEAR TO DATE			PLAN		
	Budget £000's	Actual £000's	Variance £000's	Q2 Balance £000's	Q3 £000's	Q4 £000's
<b>Medical Staffing</b>	-37,857	-31,150	6,707	-7,605	-22,737	-22,684
<b>Management</b>	-5,728	-5,335	393	-1,154	-3,463	-3,465
<b>Administration and Estates</b>	-12,400	-10,678	1,722	-2,481	-7,431	-7,433
<b>Healthcare Assistants and Support Staff</b>	-14,702	-12,943	1,759	-2,924	-8,747	-8,726
<b>Qualified Nursing and Midwifery</b>	-41,932	-35,059	6,873	-8,393	-25,287	-25,294
<b>Scientific, Therapeutic and Technical</b>	-19,746	-17,234	2,512	-3,931	-11,835	-11,848
<b>Bank Staff</b>	-1,836	-11,262	-9,426	-218	-390	-390
<b>Agency Staff</b>	-608	-6,768	-6,160	-107	-291	-291
<b>Other Pay</b>	-1,594	-2,480	-886	-289	-781	-770
<b>TOTAL Pay</b>	<b>-136,403</b>	<b>-132,908</b>	<b>3,495</b>	<b>-27,101</b>	<b>-80,962</b>	<b>-80,900</b>

## Pay Analysis

- There are significant favourable variances within Group positions. This is despite slippage against Pay CIPs (£699k).
- Vacancies are most notable in W&C, Corporate, Surgical Services, Medicine and PCCT. Filling these vacancies without improvement elsewhere (income generation or pay controls) would create significant pressures on the financial position.
- Pay Award Arrears were paid in Month 5, and look largely in line with forecast. Medical Staff pay awards have been announced recently and the implications of this are being evaluated.

# Table 4: Agency spend

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Outturn
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>Internal Forecast</b>	-1,537	-1,113	-921	-852	-836	-835	-648	-648	-648	-648	-648	-648	<b>-9,982</b>
<b>Actuals</b>	-1,324	-1,264	-1,441	-1,433	-1,306								
<b>Difference</b>	<b>213</b>	<b>-151</b>	<b>-520</b>	<b>-581</b>	<b>-470</b>								
<b>NHSI Plan</b>	-1,105	-938	-919	-902	-905	-900	-831	-831	-831	-829	-829	-829	<b>-10,649</b>
<b>Difference</b>	<b>-219</b>	<b>-326</b>	<b>-522</b>	<b>-531</b>	<b>-401</b>								

## Agency Analysis

- The table above shows the internal gross planned reduction in agency spend as a result of CIP and other changes during 1819, to an expected spend of £9.9m. This is reflected in budgets.
- At the time of submitting the plan to NHSI, the Trust did not have the granular analysis that is now available that demonstrates this reduction. It therefore chose to indicate NHSI Agency ceiling compliance, partly because this is the expectation of NHSI and the forms generate a validation error if the Trust indicated year end agency spend over the ceiling.
- Comparison against M5 actual spend shows that the Trust is behind internal plans by £1.509m, and £1.999m behind against the NHSI plan trajectory. It can be seen that the Trust's internal plan in the earlier months is less onerous than the NHSI plan. This is therefore a phasing issue, although for both plans an improvement is required in Q2 and the rest of the year.
- Conclusion – the Trust is experiencing a variance from budgets as a result of levels of agency spend, and from the NHSI spend profile.
- At current rates of spend, the internal forecast and NHSI cap would be breached in M8.
- Given the monthly run rates year to date, and the targets set, there is only a monthly allowance of £459k against Trust budgets and £554k against the NHSI ceiling per month in order to remain within plans for 1819

# Table 5: Agency Spend by Type and Group

Group/Agency Type	Apr-18 £000's	May-18 £000's	Jun-18 £000's	Jul-18 £000's	Aug-18 £000's	Total £000's
<b><u>Medicine &amp; Emergency Care</u></b>						
Medical Staffing	(467)	(451)	(453)	(424)	(361)	(2,155)
Qualified Nursing and Midwifery	(337)	(321)	(299)	(305)	(291)	(1,552)
Healthcare Assistants and Support Staff	(2)	(0)	(1)	(1)	(0)	(3)
Scientific, Therapeutic and Technical	(9)	(16)	(62)	28	(20)	(79)
Administration and Estates	(5)	(11)	(19)	(10)	(9)	(55)
<b>Medicine &amp; Emergency Care Total</b>	<b>(820)</b>	<b>(799)</b>	<b>(833)</b>	<b>(711)</b>	<b>(681)</b>	<b>(3,845)</b>
<b><u>Surgical Services</u></b>						
Medical Staffing	(148)	(107)	(146)	(193)	(188)	(782)
Qualified Nursing and Midwifery	(108)	(90)	(111)	(120)	(126)	(555)
Healthcare Assistants and Support Staff	0	(0)	0	(1)	(0)	(1)
Scientific, Therapeutic and Technical	(10)	(8)	(7)	(43)	(52)	(120)
Administration and Estates	0	(1)	0	1	(2)	(2)
<b>Surgical Services Total</b>	<b>(267)</b>	<b>(205)</b>	<b>(263)</b>	<b>(356)</b>	<b>(368)</b>	<b>(1,459)</b>
<b><u>Women's &amp; Child Health</u></b>						
Medical Staffing	(31)	(42)	(61)	(43)	(41)	(218)
Qualified Nursing and Midwifery	(19)	(5)	(14)	(12)	(5)	(55)
Healthcare Assistants and Support Staff	0	0	0	(13)	6	(7)
Scientific, Therapeutic and Technical	9	(1)	0	(2)	(1)	5
Administration and Estates	(1)	(6)	1	(4)	(15)	(25)
<b>Women's &amp; Child Health Total</b>	<b>(42)</b>	<b>(53)</b>	<b>(74)</b>	<b>(73)</b>	<b>(57)</b>	<b>(299)</b>
<b><u>Primary Care, Community and Therapies</u></b>						
Medical Staffing	(49)	(28)	(47)	(50)	(49)	(224)
Qualified Nursing and Midwifery	(14)	(16)	(9)	(11)	(54)	(103)
Healthcare Assistants and Support Staff	0	(0)	0	(40)	40	(0)
Scientific, Therapeutic and Technical	(26)	(22)	(55)	(22)	(29)	(154)
Administration and Estates	5	0	(6)	0	(5)	(6)
<b>Primary Care, Community and Therapies Total</b>	<b>(85)</b>	<b>(67)</b>	<b>(116)</b>	<b>(123)</b>	<b>(97)</b>	<b>(487)</b>
<b><u>Imaging</u></b>						
Medical Staffing	(23)	(21)	(36)	(21)	21	(79)
Qualified Nursing and Midwifery	(16)	(12)	(14)	(14)	(18)	(74)
Scientific, Therapeutic and Technical	(13)	(16)	(20)	(20)	(20)	(89)
Administration and Estates	0	0	0	0	(1)	(1)
<b>Imaging Total</b>	<b>(52)</b>	<b>(49)</b>	<b>(69)</b>	<b>(54)</b>	<b>(19)</b>	<b>(243)</b>
<b><u>Corporate</u></b>						
Qualified Nursing and Midwifery	0	(7)	(1)	0	(17)	(25)
Healthcare Assistants and Support Staff	2	0	(2)	0	0	0
Scientific, Therapeutic and Technical	(23)	(26)	(24)	(31)	(28)	(131)
Administration and Estates	(37)	(57)	(59)	(85)	(39)	(278)
<b>Corporate Total</b>	<b>(58)</b>	<b>(91)</b>	<b>(86)</b>	<b>(115)</b>	<b>(84)</b>	<b>(434)</b>
<b>Grand Total</b>	<b>(1,324)</b>	<b>(1,264)</b>	<b>(1,441)</b>	<b>(1,433)</b>	<b>(1,306)</b>	<b>(6,768)</b>

## Agency Analysis

- Medicine account for nearly 60% of year-to-date spend.
- Medical Staffing is over 50% of the total agency spend for the Trust, and Medicine is over 60% of that.

# Table 6: Non-pay Year to Date Performance and Plan

	YEAR TO DATE			PLAN		
	Budget £000's	Actual £000's	Variance £000's	Q2	Q3	Q4
				Balance £000's	£000's	£000's
<b>Drugs and Blood Products</b>	-16,351	-15,496	855	-3,268	-9,803	-9,803
<b>Medical Equipment and Consumables</b>	-15,472	-15,302	170	-3,061	-9,418	-9,481
<b>Energy and Utilities</b>	-4,501	-4,461	40	-877	-2,745	-2,761
<b>Hotel Service Costs</b>	-2,226	-2,295	-69	-445	-1,335	-1,334
<b>IT Equipment and Consumables</b>	-1,614	-2,024	-410	-323	-968	-968
<b>Postage, Printing and Stationery</b>	-1,330	-1,453	-123	-266	-797	-797
<b>Staff Related Expenditure</b>	-829	-958	-129	-168	-504	-504
<b>Servs Rec'd: NHS Bodies</b>	-4,141	-4,446	-305	-828	-2,434	-1,034
<b>Serv Rec'd:Non NHS Bodies</b>	-3,280	-3,963	-683	-667	-2,002	-2,006
<b>Facilities Related Costs</b>	-2,033	-2,453	-420	-407	-1,220	-1,220
<b>CNST Contributions</b>	-5,746	-6,004	-258	-1,149	-3,448	-3,448
<b>Other Costs</b>	-7,058	-6,286	772	-1,392	-4,708	-2,403
<b>Recharges</b>	-1	0	1	0	-1	-1
<b>Depreciation</b>	-5,738	-5,690	49	-1,148	-3,443	-3,443
<b>Interest Receivable</b>	23	46	22	5	14	14
<b>Interest Payable</b>	-936	-954	-19	-187	-561	-562
<b>PDC Dividend</b>	-3,625	-3,625	0	-725	-2,175	-2,175
<b>Profit / (Loss) on Asset Disposals</b>	0	-271	-271	0	0	0
<b>TOTAL Non Pay</b>	<b>-74,859</b>	<b>-75,635</b>	<b>-776</b>	<b>-14,905</b>	<b>-45,547</b>	<b>-41,924</b>

## NON PAY ANALYSIS

- £776k adverse variance against the internal plan for non-pay. A number of other adjustments indicate the underlying non-pay position
  - Pass Through Drugs - £810k (offset by income under-performance)
- Underlying non-pay variance therefore adverse £1.586m
- The key driver for material variance from plan for non-pay is CIP delivery, which is £2.355m off year to date.
  - Procurement - £1.053m
  - Minor Works - £342k
  - Maternity Pathway - £250k
  - CNST- £258k
  - Utilities Related - £126k
- Specific issues –
  - At the moment we cannot see that the Procurement work plan is having a financially beneficial impact. It is therefore assessed in TPRS as not delivering.
  - Visit to Dudley by senior finance staff has identified that information should be available, and this will be used to validate ytd delivery by the end of September, which will then be reflected in Month 6 reporting. In addition, a 10 week project in Surgery to fast track clinical product switches is underway. This is due to complete at the end of October. An update on savings identified and delivered will be reported at Month 6.
  - Provider to provider Maternity pathway payments, and cost pressures in IT are also causing overspends. Regarding the Maternity pathway charges, agreement with Dudley Group has been reached in line with plans. A response has been received from BWCHFT and the finance team are working it through. The Trust is yet to receive a response from HEFT and Walsall. The aim is to agree with all four trusts by the end of September.



# Table 7: CIP in the budgets

- This slide sets out CIP almost all of which is profiled in the budgets as they stand.

	2018/2019	Full Year	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	%	%	%	%
Income - PRI	9,805	7,143	853	1,358	2,843	4,751	<b>9,805</b>	9%	14%	29%	48%	<b>100%</b>
Income (Other Operating Incom	1,849	2,278	343	559	476	471	<b>1,849</b>	19%	30%	26%	25%	<b>100%</b>
Pay	9,349	11,205	1,645	2,225	2,735	2,744	<b>9,349</b>	18%	24%	29%	29%	<b>100%</b>
Non Pay	13,633	14,706	2,527	3,358	3,090	4,658	<b>13,633</b>	19%	25%	23%	34%	<b>100%</b>
<b>TOTAL</b>	<b>34,637</b>	<b>35,333</b>	<b>5,368</b>	<b>7,501</b>	<b>9,144</b>	<b>12,623</b>	<b>34,636</b>	<b>15%</b>	<b>22%</b>	<b>26%</b>	<b>36%</b>	<b>100%</b>

## CIP ANALYSIS

- Plan phasing is weighted towards the second half of the year the a 7% step up between Q1 to Q2, and a further 4% from Quarters 2 to 3, and 10% to Q4 similar . This is largely driven by the contract margin assumptions linked to production plan, and the phasing of the schemes that contribute to the unidentified CIP phased into M12.
- The net unidentified balance i totals £3.378m, after non use of reserves of £5m, being part of the plan to close the original £8.5m planning gap to control total.

# Table 8: CIP delivery versus plan

		Year to Date			PLAN		
		Plan	Actual	Variance	Q2 (balance)	Q3	Q4
		£000's	£000's	£000's	£000's	£000's	£000's
Income (Other Operating Income)	Income - Commercialisation	335	262	-72	68	227	221
	Income - Facilities	171	86	-85	34	103	103
	Income - Other	232	197	-36	46	139	139
	Income - Repatriation	13	13	0	3	8	8
<b>Income (Other Operating Income) Total</b>		<b>751</b>	<b>558</b>	<b>-193</b>	<b>151</b>	<b>476</b>	<b>471</b>
Income (Patient Care Activities)	Income - Commercialisation	125	226	101	51	163	163
	Income - Production Plan	1,318	1,318	0	397	2,564	2,321
	Income - Repatriation	281	281	0	39	116	2,266
<b>Income (Patient Care Activities) Total</b>		<b>1,724</b>	<b>1,825</b>	<b>101</b>	<b>486</b>	<b>2,843</b>	<b>4,751</b>
Non Pay	Cross Cutting - Tactical	31	64	32	6	19	69
	Income - Commercialisation	258	0	-258	52	155	155
	Non Pay - Drugs/Pharmacy	57	33	-24	14	86	166
	Non Pay - Grip & Control	1,889	941	-948	424	1,182	1,182
	Non Pay - Sundry Schemes	1,250	1,250	0	250	750	2,150
	Non Pay - Supplier Negotiation	1,371	214	-1,157	274	893	931
	Pay - Other Key Enablers	8	8	0	2	5	5
<b>Non Pay Total</b>		<b>4,864</b>	<b>2,510</b>	<b>-2,355</b>	<b>1,021</b>	<b>3,090</b>	<b>4,658</b>
Pay	Non Pay - Grip & Control	0	0	0	0	0	0
	Pay - Medical Productivity	319	269	-50	80	314	325
	Pay - Other Key Enablers	453	282	-171	114	534	534
	Pay - Post Reductions	703	764	62	158	622	622
	Pay - Safer Staffing & Effective Rostering	1,649	1,111	-539	394	1,265	1,263
<b>Pay Total</b>		<b>3,124</b>	<b>2,426</b>	<b>-699</b>	<b>746</b>	<b>2,735</b>	<b>2,744</b>
<b>Grand Total</b>		<b>10,464</b>	<b>7,319</b>	<b>-3,145</b>	<b>2,405</b>	<b>9,144</b>	<b>12,623</b>

## CIP ANALYSIS

- M5 ytd delivery was £7.319m against a plan of £10.464m, a shortfall of £3.145m.
- Under-performance against CIP targets was cumulatively at Month 1 £0.491m, Month 2 £0.996m, Month 3 £1.506m, Month 4 £2.471m.
- Average Monthly CIP slippage has grown from £491k in M1, to £629k in Month 5.

# Table 9: CIP delivery versus plan - Forecast

		FORECAST		
		Plan	Actual	Variance
		£000's	£000's	£000's
Income (Other Operating Income)	Income - Commercialisation	851	663	-187
	Income - Facilities	411	201	-210
	Income - Other	558	369	-189
	Income - Repatriation	30	30	0
<b>Income (Other Operating Income) Total</b>		<b>1,849</b>	<b>1,263</b>	<b>-586</b>
Income (Patient Care Activities)	Income - Commercialisation	503	618	115
	Income - Production Plan	6,600	6,600	0
	Income - Repatriation	2,702	2,702	0
<b>Income (Patient Care Activities) Total</b>		<b>9,805</b>	<b>9,920</b>	<b>115</b>
Non Pay	Cross Cutting - Tactical	125	153	28
	Income - Commercialisation	618	0	-618
	Non Pay - Drugs/Pharmacy	323	154	-169
	Non Pay - Grip & Control	4,677	3,497	-1,180
	Non Pay - Sundry Schemes	4,400	4,400	0
	Non Pay - Supplier Negotiation	3,469	990	-2,480
	Pay - Other Key Enablers	20	20	0
<b>Non Pay Total</b>		<b>13,633</b>	<b>9,214</b>	<b>-4,419</b>
Pay	Non Pay - Grip & Control	0	0	0
	Pay - Medical Productivity	1,039	974	-64
	Pay - Other Key Enablers	1,635	1,438	-197
	Pay - Post Reductions	2,105	2,164	59
	Pay - Safer Staffing & Effective Rostering	4,571	3,186	-1,385
<b>Pay Total</b>		<b>9,349</b>	<b>7,762</b>	<b>-1,587</b>
<b>Grand Total</b>		<b>34,636</b>	<b>28,159</b>	<b>-6,477</b>

## CIP ANALYSIS

- Current Forecast based on M5 actuals ytd and forecast as per M4 exercise shows delivery against plan of £28.159m, a shortfall of £6.477m.
- To deliver this forecast, requires a significant improvement over current delivery levels, as only 25% of the forecast has been delivered in the first 5 months of the year.
- The key risk for the Trust in relation to 1819 plan delivery is whether this slippage can be covered by over-performance on income or underspends against pay and non-pay budgets. The degree to which this is non-recurrent mitigation will inform whether the Trust carries recurrent under-delivery into the 19/20 ask.

# Table 10: CIP Performance Q1 by Clinical Group & Corporate Directorate

Cost Improvement Programmes	Annual Plan	Year to Date CIP Delivery			Likely Achievement (excl. mitigations)	Variance from plan
	£'000	Achieved £'000	Plan £'000	Variance £'000	£'000	£'000
Medicine and Emergency Care	5,222	997	1,777	-781	3,459	-1,763
Surgical Services	2,437	462	882	-420	1,471	-966
Women and Child Health	1,603	437	572	-135	1,675	71
Primary Care, Community and Therapies	1,559	468	552	-84	1,374	-185
Pathology	537	161	187	-26	509	-28
Imaging	846	278	307	-29	805	-42
<b>Sub-Total Clinical Groups</b>	<b>12,206</b>	<b>2,802</b>	<b>4,278</b>	<b>-1,476</b>	<b>9,293</b>	<b>-2,912</b>
Strategy and Governance	1,440	188	532	-343	737	-704
Finance	430	135	147	-12	405	-25
Medical Directors Office	727	194	274	-80	660	-68
Operations	1,258	367	344	23	1,050	-209
People and Organisation Development	579	188	237	-49	457	-122
Estates and NHP	1,725	81	733	-653	624	-1,101
Corporate Nursing	455	190	190	0	455	0
<b>Sub-Total Corporate</b>	<b>6,615</b>	<b>1,343</b>	<b>2,457</b>	<b>-1,114</b>	<b>4,387</b>	<b>-2,228</b>
Central	15,815	3,174	3,729	-555	14,478	-1,336
<b>Other</b>	<b>2,655</b>				<b>9,132</b>	<b>6,477</b>
Total CIPs	37,291	7,319	10,464	(3,145)	37,291	(0)
Annual Target 18/19	37,291				37,291	
(Deficit)/Excess of Schemes Above Plan	(0)				(0)	

## CIP ANALYSIS

**MEC** : Safer Staffing (-£459k), Locum Medics (-£115k) & Procurement (-£105k), ICR income (-£36k)

**Surgical services**: Procurement (-£369k); 23hr ward (-£33k); FINCH (-£17k)

**Women and Child Health**: Provider to Provider charges (-£250k), Gynae staff savings (£132k)

**Pathology**: Procurement (-£13k)

**Imaging**: Home Reporting (-£30k) Procurement (-£20k)

**Medical Director**: Non Pay savings (-£63k)

**P&OD**: Referral Fees (-£21k), Leadership Costs (-£15k), Other Income (-£8k)

**Estates and NHP**: Minor Works (-£342k), Energy Usage (-£126k), Car Park Income (-£52k), Rates (-£50k), MES (-£50k)

**Central**: Procurement (-£509k), F&F (-£38k)

## CIP ANALYSIS

- CIP forecast for the full year against identified schemes is forecast to be £6.477m lower than planned. This will require over-delivery by the same amount against other sources of position improvement. This is shown above on the highlighted "other" line.
- The overall year to date position of the trust is on track despite the year to date under-delivery of CIP of £3.145m.
- CIP slippage is significant against Procurement plan; Minor works, Safe staffing and locum expenditure, P2P Pathway, Energy Usage and Locum Medical Staff.

# Cash

## CASH ANALYSIS

- The plan assumed £10.2m of Bonus STF from 2017/18, received in M4.
- The Trust has indicated to NHSI that it will require £6m of revenue borrowing in M8.
- The cash plan also assumed that the Trust failed to deliver £10m of CIP, mainly in Q4, and fails to receive £1.2m of the PSF in relation to A&E trajectories (this assumption was reflected in M5 reporting).
- This, and other changes in cash is compensated for by movements in working capital of £11m (decrease debtors, increase creditors) and an in year revenue borrowing requirement of £6m, not repaid by the end of the year.
- The plan for cash assumed that CIP would deliver as planned, and as phased in budgets and as reflected on TPRS. The plan “gap” of £9m is in Month 12 and for cash purposes assumed as not delivering, mitigated as above by working capital movement and an unpaid revenue loan of £6m.
- CIP performance to M5 and year to date has been mitigated for cash by creditor payment levels, capital phasing and debtors.
- The CIP delivery phasing that informed the cash plan is set out on the next slide.

# Cash (contd)

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Identified CIP	1,609	2,053	2,097	2,333	2,327	2,402	2,578	2,612	2,657	2,676	2,687	2,646	28,677
Unidentified CIP - Income	0	0	0	0	0	0	0	0	0	0	0	6,292	6,292
Unidentified CIP - Non-pay	0	0	0	0	0	0	0	0	0	0	0	2,322	2,322
<b>Total</b>	<b>1,609</b>	<b>2,053</b>	<b>2,097</b>	<b>2,333</b>	<b>2,327</b>	<b>2,402</b>	<b>2,578</b>	<b>2,612</b>	<b>2,657</b>	<b>2,676</b>	<b>2,687</b>	<b>11,260</b>	<b>37,291</b>

## CASH ANALYSIS

- This reflected plans on TPRS and also the £6.6m margin driven from activity and income plans. This amount is not contained within the CIP analysis contained elsewhere in this report.
- This plan drove cash plans, which funded the capital programme of £34.6m.

	Balance at 30/04/18	Balance at 31/05/18	Balance at 30/06/18	Balance at 31/07/18	Balance at 31/08/18	Balance at 30/09/18	Balance at 31/10/18	Balance at 30/11/18	Balance at 31/12/18	Balance at 31/01/19	Balance at 28/02/19	Balance at 31/03/18
Cash per Plan	7,367	112	283	22,156	17,253	7,865	16,801	7,471	457	502	714	1,705
Cash Actual	16,351	6,718	9,384	17,284	31,219							

## CASH ANALYSIS

- The table above shows actual cash against plan. This shows that the Trust is significantly ahead of cash plan due mainly to timely receipt of debtors (ahead of plan at end August) and lower payment than planned of creditors (£8.9m behind plan at M5). Being behind plan on payment of the 1819 capital programme also contributes to this position.

# Cash (PSF)

- The table below shows the phasing of PSF for 1819 and its links to financial plan delivery and ED trajectory compliance.

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total	553	553	553	737	737	737	1,105	1,105	1,105	1,290	1,290	1,291	11,056
Finance	387	387	387	516	516	516	774	774	774	903	903	904	7,739
A&E	166	166	166	221	221	221	332	332	332	387	387	387	3,317
	5.00%	5.00%	5.00%	6.67%	6.67%	6.67%	10.00%	10.00%	10.00%	11.67%	11.67%	11.67%	100.00%

## CASH ANALYSIS

- The Trust's internal ED plan showed that compliance (>90%) would not be achieved until October, and the M5 NHSI return reflects this (circa £1.1m PSF not earned)
- The Trust has reported as on plan to M5 and is intending to use NR measures to secure Q2 PSF.
- The scale of the CIP and income challenge in month 5 year to date has required the use of technical support to secure reporting of headline numbers consistent with plan (circa £555k).
- However if the activity and income plan slippage exceeds the technical flexibility remaining this will lead to a loss of £2.2m of PSF which is assumed as funding for the capital programme.

# Capital plans

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
<b>Gross Capital Expenditure - Plan</b>	2,236	2,221	2,394	2,164	2,169	2,408	4,303	4,305	4,538	2,623	2,622	2,689	<b>34,672</b>
<b>Cash Phasing of Capex</b>	236	1,915	1,781	1,942	1,788	2,887	4,782	4,784	5,017	3,102	3,101	4,057	<b>35,391</b>

## CAPITAL PLAN ANALYSIS

- The top line represents the Board approved capital plan phasing. There are some pressures identified to this programme, and some slippage also (the main item being Carter's Green GP practice) – the net result is an overall picture within the approved envelope. This does not include any expenditure in relation to IT infrastructure over and above the approved plan (currently under review).
- The bottom line reflects actuals to M5, some of which will relate to capital creditors from the previous year.
- Cash requirements for this plan are £30.4m, there being £4.3m of IFRIC 12 non-cash reportable capex. The funding sources for this are;
  - Depreciation (net of BTC PFI costs) £13.8m
  - Grants and Donations £80k
  - Cash brought forward from 2017.18 £9.5m
  - Cash from in year surplus as per plan £3.5m (£11.1m PSF behind this, £7.6m pre PSF deficit)
  - Extra cash from receiving full PSF £3.6m
  - TOTAL £30.4m
- Higher cash payments than this suggest payment of creditors b/fwd in 1819, which would appear to be indicated in M2 – M3.
- Actual capital expenditure to M5 is reported as £7m, which is £4.2m behind plan.



# Cash and Capital

Cashflow Forecast Month 5

ACTUAL/FORECAST	April Actual £000s	May Actual £000s	June Actual £000s	July Actual £000s	August Actual £000s	September Forecast £000s	October Forecast £000s	November Forecast £000s	December Forecast £000s	January Forecast £000s	February Forecast £000s	March Forecast £000s
<b>Receipts</b>												
SLAs: SWB CCG	23,718	23,358	22,941	22,817	22,830	22,800	22,300	22,500	23,603	24,300	24,300	24,303
Associates	7,245	6,432	7,461	7,531	13,691	7,300	2,166	6,466	6,466	7,141	7,141	7,141
Other NHS	1,074	902	359	584	2,231	0	835	898	1,258	1,110	687	1,162
Specialised Services	3,327	0	8,529	3,944	7,523	3,896	3,536	3,787	3,364	3,161	3,879	3,816
STF Funding	0	0	0	12,807	0	0	0	0	2,211	0	0	0
Over Performance	0	0	0	0	0	0	0	0	0	0	0	0
Education & Training - HEE	378	0	2	0	8,890	4,476	0	0	4,405	0	0	4,405
Public Dividend Capital	0	0	0	0	0	0	0	0	0	0	0	0
Loans	0	0	0	0	0	0	0	6,000	0	0	0	0
Other Receipts	1,232	1,340	2,575	4,034	1,237	2,828	1,375	2,075	2,075	2,075	2,075	2,075
<b>Total Receipts</b>	<b>36,974</b>	<b>32,032</b>	<b>41,868</b>	<b>51,717</b>	<b>56,403</b>	<b>41,300</b>	<b>30,211</b>	<b>41,726</b>	<b>43,382</b>	<b>37,788</b>	<b>38,082</b>	<b>42,902</b>
<b>Payments</b>												
Payroll	13,821	13,844	14,070	13,429	14,457	14,455	14,455	14,430	12,500	12,000	12,000	11,824
Tax NI and Pensions	10,090	10,276	9,813	9,977	10,230	10,080	10,130	10,130	9,800	9,800	9,800	9,800
Non Pay - NHS	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550
Non Pay - Trade	1,030	11,019	9,455	12,554	11,512	12,321	12,432	12,323	12,233	12,322	12,333	12,533
Non Pay - Capital	236	1,915	1,781	1,942	1,788	2,887	4,782	4,784	5,017	3,102	3,101	4,057
MMH PFI	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend	0	5	0	0	3	4,350	0	0	0	0	0	4,350
Repayment of Loans & Interest	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	440	440	440	440	440	440	440	440	440	440	440	440
NHS Litigation Authority	1,473	1,473	1,473	1,473	1,473	1,092	1,092	1,092	1,092	1,092	0	0
Other Payments	1,672	1,144	620	2,452	1,015	118	140	190	240	240	180	240
<b>Total Payments</b>	<b>30,312</b>	<b>41,665</b>	<b>39,202</b>	<b>43,818</b>	<b>42,467</b>	<b>47,293</b>	<b>45,021</b>	<b>44,939</b>	<b>42,872</b>	<b>40,546</b>	<b>39,404</b>	<b>44,794</b>
Cash Brought Forward	9,689	16,351	6,718	9,384	17,284	31,219	25,227	10,417	7,205	7,715	4,956	3,634
Net Receipts/(Payments)	6,662	(9,633)	2,666	7,899	13,936	(5,993)	(14,810)	(3,213)	510	(2,758)	(1,322)	(1,892)
Cash Carried Forward	16,351	6,718	9,384	17,284	31,219	25,227	10,417	7,205	7,715	4,956	3,634	1,742

## Analysis

- This cashflow is reported in the trust's finance report and tracks actuals year to date against the NHSI plan. We have seen on previous slides that the cash balance at the end of M5 was £14m more than the NHSI plan, driven mainly by less than expected payments to trade and capital suppliers.
- Assumptions going forward are matched to the plan, and therefore assume CIP delivery and income plan achievement, and capital programme set out in previous slides.
- The Trust finance team also use a daily cash flow that looks forward based on historic performance, and ignores future assumptions in relation to CIP. It is this cashflow that is used to inform when the Trust should apply for cash from NHSI, it effectively provides a worst case scenario. This cashflow has informed a possible borrowing requirement for November. This also assumes no receipt of taper relief in relation to Midland Met double running costs
- The finance team are developing a cashflow that represents a risk adjusted plan cashflow, allowing for year to date performance but also adopting a most likely view rather than assuming no delivery at all. This will help to inform future required revisions to the capital programme.

# Overall picture and conclusion

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>1 - Patient Related Income</b>	33,596	35,089	35,454	39,181	36,178	35,808	38,256	37,601	35,678	38,096	35,632	37,035	<b>437,604</b>
<b>2 - Other Income</b>	3,398	4,900	4,616	3,611	4,909	4,246	4,253	4,253	4,243	4,244	4,233	10,523	<b>57,430</b>
<b>3 - Pay</b>	-26,798	-26,217	-26,627	-26,387	-30,374	-27,101	-26,987	-26,990	-26,985	-26,965	-26,967	-26,967	<b>-325,365</b>
<b>4 - Non Pay</b>	-13,102	-13,108	-12,463	-12,620	-13,290	-12,850	-13,126	-13,243	-13,013	-13,167	-12,865	-9,728	<b>-152,575</b>
<b>5 - Non Operational Costs</b>	-2,072	-2,004	-2,038	-2,107	-2,055	-2,055	-2,055	-2,055	-2,055	-2,055	-2,055	-2,055	<b>-24,661</b>
<b>6 - Planned Surplus</b>	-291	291	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	<b>-5,269</b>	<b>-1,050</b>	<b>-1,057</b>	<b>1,679</b>	<b>-4,633</b>	<b>-1,952</b>	<b>342</b>	<b>-435</b>	<b>-2,131</b>	<b>153</b>	<b>-2,022</b>	<b>8,809</b>	<b>-7,567</b>
<b>NHSI Plan</b>	<b>-4,481</b>	<b>-2,419</b>	<b>-475</b>	<b>1,678</b>	<b>-1,425</b>	<b>-2,181</b>	<b>-369</b>	<b>-1,209</b>	<b>-2,388</b>	<b>64</b>	<b>-1,781</b>	<b>7,419</b>	<b>-7,567</b>
<b>Difference from NHSI Plan</b>	<b>-788</b>	<b>1,369</b>	<b>-582</b>	<b>1</b>	<b>-3,208</b>	<b>229</b>	<b>711</b>	<b>774</b>	<b>257</b>	<b>89</b>	<b>-241</b>	<b>1,390</b>	<b>0</b>
<b>Cummulative Difference from NHSI Plan</b>	<b>-788</b>	<b>581</b>	<b>-1</b>	<b>0</b>	<b>-3,208</b>	<b>-2,980</b>	<b>-2,269</b>	<b>-1,495</b>	<b>-1,238</b>	<b>-1,149</b>	<b>-1,390</b>	<b>0</b>	

## ANALYSIS

- The above table shows the phasing of the monthly budgeted I&E position of the Trust, excluding PSF. This phasing is informed by our activity and income plans, and our expenditure budgets, set at 1718 M12 x 12 (normalised), then reduced for CIP.
- Income budgets allowed for creation of a cost of contract reserve that drives out a contribution to I&E of £6.6m, and possibly more, subject to demands of cost to deliver the activity.
- Although the Trust was on budget at M05, this allowed for a £10.33m ytd deficit. Therefore underspends offsetting non-delivery of expenditure CIP will not last long, given the I&E improvement required in the budget phasing. In addition, putting the YTD position against an outturn deficit of £7.5m, means a surplus has to be delivered in the remaining months.
- CIP plans increase over the last 2 quarters putting pressure on to the financial position as CIP slippage is forecast to increase.

# Table 11: Income and Expenditure by Group

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

TRADING STATEMENT

31st AUGUST2018

		CURRENT PERIOD						YEAR TO DATE		
		Budget	Actual	Budget	Actual	Variance	Budget	Actual	Variance	
		WTE	WTE	£000's	£000's	£000's	£000's	£000's	£000's	
<b>1 - Patient Related Income</b>	<b>Medicine &amp; Emergency Care</b>	0	0	10,896	10,578	-318	56,118	56,156	38	
	<b>Surgical Services</b>	0	0	9,379	9,453	74	46,075	47,076	1,001	
	<b>Women &amp; Child Health</b>	0	0	6,922	6,335	-587	33,863	31,808	-2,054	
	<b>Primary Care, Community and Therapies</b>	0	0	5,052	4,815	-237	25,211	24,219	-993	
	<b>Pathology</b>	0	0	1,253	1,407	154	6,384	6,694	310	
	<b>Imaging</b>	0	0	597	610	12	2,990	3,102	113	
	<b>Corporate</b>	0	0	628	706	77	3,143	2,987	-156	
	<b>Central</b>	0	0	2,229	2,321	93	5,714	4,325	-1,389	
<b>1 - Patient Related Income Total</b>		<b>0</b>	<b>0</b>	<b>36,957</b>	<b>36,226</b>	<b>-731</b>	<b>179,497</b>	<b>176,368</b>	<b>-3,130</b>	
<b>2 - Other Income</b>	<b>Medicine &amp; Emergency Care</b>	0	0	56	59	4	279	266	-13	
	<b>Surgical Services</b>	0	0	208	194	-14	1,012	989	-23	
	<b>Women &amp; Child Health</b>	0	0	60	71	11	332	335	3	
	<b>Primary Care, Community and Therapies</b>	0	0	54	51	-3	302	240	-61	
	<b>Pathology</b>	0	0	583	567	-16	2,937	2,980	44	
	<b>Imaging</b>	0	0	231	180	-51	1,165	1,081	-84	
	<b>Corporate</b>	0	0	1,083	1,060	-23	5,440	5,431	-10	
	<b>Central</b>	0	0	1,993	2,097	103	9,967	10,529	562	
<b>2 - Other Income Total</b>		<b>0</b>	<b>0</b>	<b>4,269</b>	<b>4,279</b>	<b>10</b>	<b>21,434</b>	<b>21,852</b>	<b>418</b>	
<b>3 - Pay</b>	<b>Medicine &amp; Emergency Care</b>	1,459.81	1,502.70	-6,779	-6,748	31	-33,177	-33,089	88	
	<b>Surgical Services</b>	1,409.13	1,353.90	-6,552	-6,428	123	-30,888	-30,399	489	
	<b>Women &amp; Child Health</b>	907.57	817.25	-3,802	-3,450	352	-18,084	-16,375	1,709	
	<b>Primary Care, Community and Therapies</b>	949.73	903.02	-3,369	-3,246	124	-15,722	-15,393	329	
	<b>Pathology</b>	336.19	301.55	-1,139	-1,086	53	-5,290	-5,133	157	
	<b>Imaging</b>	277.99	260.87	-1,257	-1,180	78	-6,014	-5,837	177	
	<b>Corporate</b>	1,555.07	1,575.23	-5,171	-4,873	298	-24,054	-23,262	792	
	<b>Central</b>	0.00	0.00	254	229	-25	-3,173	-3,420	-246	
<b>3 - Pay Total</b>		<b>6,895.49</b>	<b>6,714.52</b>	<b>-27,815</b>	<b>-26,782</b>	<b>1,033</b>	<b>-136,403</b>	<b>-132,908</b>	<b>3,495</b>	
<b>4 - Non Pay</b>	<b>Medicine &amp; Emergency Care</b>	0	0	-2,565	-2,405	160	-12,843	-12,458	385	
	<b>Surgical Services</b>	0	0	-2,234	-2,461	-227	-10,974	-11,469	-495	
	<b>Women &amp; Child Health</b>	0	0	-1,059	-1,175	-116	-5,292	-5,768	-476	
	<b>Primary Care, Community and Therapies</b>	0	0	-1,632	-1,552	80	-8,179	-7,558	621	
	<b>Pathology</b>	0	0	-956	-1,001	-45	-4,784	-4,985	-201	
	<b>Imaging</b>	0	0	561	677	116	2,850	2,868	18	
	<b>Corporate</b>	0	0	-3,490	-4,160	-671	-18,711	-20,482	-1,771	
	<b>Central</b>	0	0	-1,212	-814	399	-6,652	-5,290	1,362	
	<b>Capital</b>	0	0	0	0	0	0	0	0	
<b>4 - Non Pay Total</b>		<b>0</b>	<b>0</b>	<b>-12,585</b>	<b>-12,890</b>	<b>-304</b>	<b>-64,584</b>	<b>-65,141</b>	<b>-558</b>	
<b>5 - Non Operational Costs</b>	<b>Central</b>	0	0	-2,055	-2,063	-8	-10,275	-10,494	-219	
<b>5 - Non Operational Costs Total</b>		<b>0</b>	<b>0</b>	<b>-2,055</b>	<b>-2,063</b>	<b>-8</b>	<b>-10,275</b>	<b>-10,494</b>	<b>-219</b>	
<b>Grand Total</b>		<b>6,897</b>	<b>6,715</b>	<b>-1,230</b>	<b>-1,230</b>	<b>1</b>	<b>-10,330</b>	<b>-10,324</b>	<b>7</b>	

# Finance Report

Month 05 2018/19  
August 2018

**Trust Board**  
**4<sup>th</sup> October 2018**

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# Summary & Recommendations

Month 05 2018/19

## Finance Report

Statutory Financial Duties	Value	Outlook	Note
I&E control total surplus	£2.3m	√	1
Live within Capital Resource Limit	£34.7m	√	2
Live within External Finance Limit	£10.8m	√	3

- Forecast surplus £2.3m formally reported. Achievement subject to CIP delivery and elective capacity management.
- CRL per plan submission. £20.8m requires NHSI approval (£16.5m excluding IFRIC).
- EFL based on £3.5m surplus and opening cash of £9.7m.

### Outlook

- NHSI M05 return forecast surplus £2.3m, consistent with achieving control total excluding some of the performance related PSF.
- Achievement requires development of production planning and roster management as core competences.
- Required opex run rate change also depends on CIP delivery and additional efficiency delivery.

### M05 key issues & remedial actions

- M05 YTD headline performance reported as £0.9m behind plan due to PSF shortfall.
- PSF shortfall follows YTD ED failure. Impact of ED failure on full year PSF forecast at £1.2m and included in M05 NHSI return.
- 70% of PSF subject to financial performance.
- Delivery of financial efficiency to the value of £37.2m required in 2018/19.
- £34.6m of identified schemes within TPRS, £2.6m outstanding.
- Shortfall of £3.2m in delivery against identified measures ytd M05, forecast slippage of £6.5m.
- Agency spend below M04 level but remains significantly above plan trajectory.
- Delivery of plan agency reduction will deliver national target for agency reduction.
- Capex programme subject to revision following MMH delay. CRL remains to be confirmed by NHSI. Dialogue on-going.
- Operational cash flow to be reviewed. Anticipated that loan application will be submitted in October for November draw down, subject to receipt of Taper Relief.

### Recommendation

- Challenge and confirm:
  - reported M05 position against NHSI plan

### Financial Performance to Date

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

- M05 reported behind plan due to PSF failure.
- Headline I&E deficit of £4.9m, adverse to NHSI plan by £0.9m as a result of ED failure resulting in lower PSF
- I&E deficit £11.9m before non-recurrent and technical support, being £3.7m off plan.
- Capital spend is £7m for M05 YTD. The forecast is to be revised to reflect required changes;
- Cash at 31<sup>st</sup> August £31.2m being £14m more than plan.
- Use of resources rating at 3 M05.

### I&E

M05 year to date reported as achieving pre-PSF plan. ED failure to date results in partial PSF failure and consequent £0.9m shortfall against headline PSF M05 YTD plan. Including PSF planned technical support to the value of £3.4m has been utilised in achieving the reported delivery.

However, M05 does include £2.193m PSF and taper relief on the presumption that these will be secured. This is consistent with NHSI plan submission. PSF requires consistent delivery to headline financial plan and improvement in ED performance to key milestones.

### Savings

The Trust efficiency forecast remains as plan. Plan as submitted to NHSI includes FYE of 2017/18 CIPs, commercial targets as well as 2018/19 CIPs. This total stands at £45.3m including £8m for the FYE of 2017/18 schemes.

Progress is reported through the Trust's savings management system, TPRS. At M05 this indicates £7.3m of savings have been delivered against a plan of £10.5m 2018/19 ytd target improvement, a shortfall of £3.2m.

### Capital

Capital expenditure to date is £7m against a full year plan of £34.7m. A rate of monthly spend in excess of £2.8m is expected per the plan. This is subject to continual review in the light of MMH developments and progress in relation to EPR. It is anticipated that some revision to forecast will be required.

### Cash

The cash position is £14m above plan at 31<sup>st</sup> August. This is due to reduced capital spend and the working capital position.

Based on the revised (worst case) operational cash forecast for 2018/19 the revenue borrowing requirement is now expected to crystallise in November 2018. An application for a revenue loan will be submitted to NHSI in anticipation of this requirement if required. This will be subject to review and receipt of taper relief.

EFL compliance is subject to delivery of the I&E financial improvement programme delivering cashable savings during H2 2018/19.

### Better Payments Practice Code

It is expected that this target will not be achieved in FY 2018/19 given the cash position. In anticipation of the loan application request working capital is being managed proactively. The Finance Team ensure that the provision of goods and services to the Trust is not impacted by this performance by ensuring that we are not 'on stop' with Suppliers. We remain committed to prioritising payments to local suppliers.

# Finance Report

# I&E Performance – Full Year – As reported

Month 05 2018/19

	M05 Plan £'000s	M05 Actual £'000s	M05 Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	FY Plan £'000s	FY Forecast £'000s	FY Variance £'000s
Patient Related Income	38,693	36,623	(2,070)	181,718	179,168	(2,550)	437,604	441,965	4,361
Other Income	1,739	4,795	3,056	21,024	24,052	3,028	56,118	54,957	(1,161)
<b>Income total</b>	<b>40,432</b>	<b>41,418</b>	<b>986</b>	<b>202,742</b>	<b>203,220</b>	<b>478</b>	<b>493,722</b>	<b>496,922</b>	<b>3,200</b>
Pay	(26,354)	(26,781)	(427)	(132,382)	(132,901)	(519)	(315,771)	(320,132)	(4,361)
Non-Pay	(13,877)	(14,641)	(764)	(69,905)	(70,525)	(620)	(163,786)	(163,280)	506
<b>Expenditure total</b>	<b>(40,231)</b>	<b>(41,422)</b>	<b>(1,191)</b>	<b>(202,287)</b>	<b>(203,426)</b>	<b>(1,139)</b>	<b>(479,557)</b>	<b>(483,412)</b>	<b>(3,855)</b>
<b>EBITDA</b>	<b>201</b>	<b>(4)</b>	<b>(205)</b>	<b>455</b>	<b>(206)</b>	<b>(661)</b>	<b>14,165</b>	<b>13,510</b>	<b>(655)</b>
Non-Operating Expenditure	(907)	(923)	(16)	(4,535)	(4,804)	(269)	(10,889)	(11,315)	(426)
Technical Adjustments	18	18	0	90	81	(9)	213	133	(80)
<b>DH Surplus/(Deficit)</b>	<b>(688)</b>	<b>(909)</b>	<b>(221)</b>	<b>(3,990)</b>	<b>(4,929)</b>	<b>(939)</b>	<b>3,489</b>	<b>2,328</b>	<b>(1,161)</b>
<i>Add back PSF</i>	<i>(737)</i>	<i>(516)</i>	<i>221</i>	<i>(3,132)</i>	<i>(2,193)</i>	<i>939</i>	<i>(11,056)</i>	<i>(9,895)</i>	<i>1,161</i>
<b>Adjusted position</b>	<b>(1,425)</b>	<b>(1,425)</b>	<b>0</b>	<b>(7,122)</b>	<b>(7,122)</b>	<b>0</b>	<b>(7,567)</b>	<b>(7,567)</b>	<b>0</b>
<i>Technical Support (inc. Taper Relief)</i>	<i>(225)</i>	<i>(226)</i>	<i>(1)</i>	<i>(1,125)</i>	<i>(4,779)</i>	<i>(3,654)</i>	<i>(2,700)</i>	<i>(2,700)</i>	<i>0</i>
<b>Underlying position</b>	<b>(1,650)</b>	<b>(1,651)</b>	<b>(1)</b>	<b>(8,247)</b>	<b>(11,901)</b>	<b>(3,654)</b>	<b>(10,267)</b>	<b>(10,267)</b>	<b>0</b>

The table shows performance against the **NHSI planned** levels of income, pay and non-pay spend. The full year plan includes delivery of a £37.2m financial efficiency including commercial and other non-operational improvements, resulting in a £3.5m surplus. At M05, as in previous months, this plan surplus out-turn has been adjusted for A&E failure to arrive at a revised SWBH forecast. The underlying forecast remains as plan.

The underlying deficit for M05 YTD is recorded as £11.9m. The following is included:

- PSF (previously STF) of £2.2m. This assumes ED failure to date which explains the difference between actual and plan PSF values.
- Taper relief income of £3.292m and associated costs of £2.167m have been accrued. This margin is consistent with plan levels.
- Unplanned technical support of £3.654m – this represents an adjusting item between internal plan phasing and NHSI plan phasing only.

# Finance Report

# Pay bill & Workforce

Month 05 2018/19

Pay and Workforce	Current Period	Previous Period	Change between periods		Plan YTD	Actual YTD	Variance YTD
				%			
Pay - total spend	£26,781k	£26,549k	£232k	1%	£132,382k	£132,901k	£519k
Pay - substantive	£22,875k	£22,650k	£225k	1%	£114,061k	£113,447k	-£614k
Pay - agency spend	£1,307k	£1,431k	-£124k	-9%	£4,769k	£6,768k	£1,999k
Pay - bank (inc. locum) spend	£2,599k	£2,468k	£131k	5%	£13,552k	£12,686k	-£866k
WTE - total	6,715	6,697	18	0%	7,077	6,715	-362
WTE - substantive	5,935	5,924	11	0%	6,275	5,935	-341
WTE - agency	134	146	-12	-8%	131	134	3
WTE - bank (inc. locum)	646	627	19	3%	671	646	-25

Agency Ceiling	Current Period	Current Period	Change between periods		Plan FY	Ceiling FY	Variance
				%			
As above: agency spend	£1,307k	£1,431k	-£124k	-9%	£10,649k	£10,649k	£0k
As above: agency WTE	134	146	-12	-8%	55	55	0



# Finance Report

# Income Analysis

Month 05 2018/19

Performance Against SLA by Patient Type								
	Activity				Finance			
	Annual Plan	Planned	Actual	Variance	Annual Plan £000	Planned £000	Actual £000	Variance £000
A&E	218,762	93,149	93,305	156	£25,428	£10,831	£10,996	£165
Emergencies	47,689	19,227	19,475	248	£97,086	£39,329	£39,450	£121
Emergency Short Stay	7,498	3,087	3,310	223	£5,683	£2,341	£2,511	£170
Excess bed days	12,769	5,175	3,484	-1,691	£3,279	£1,332	£931	£-400
<b>Urgent Care</b>					<b>£131,476</b>	<b>£53,833</b>	<b>£53,888</b>	<b>£56</b>
OP New	198,302	80,510	78,700	-1,811	£30,173	£12,226	£11,759	£-467
OP Procedures	76,999	30,831	35,997	5,166	£12,391	£4,960	£5,902	£942
OP Review	346,668	137,404	140,761	3,357	£24,442	£9,665	£9,969	£304
OP Telephone	17,761	7,181	7,015	-166	£426	£173	£160	£-13
DC	40,163	15,586	14,395	-1,191	£33,710	£12,911	£11,835	£-1,076
EL	6,580	2,669	2,683	14	£16,828	£6,918	£7,099	£180
<b>Planned Care - Production Plan</b>					<b>£117,969</b>	<b>£46,853</b>	<b>£46,723</b>	<b>£-130</b>
Planned care outside production plan	25,124	10,170	10,415	245	£5,113	2,099	£2,595	£496
Maternity	19,597	8,113	7,839	-274	£18,741	£7,759	£7,546	£-213
Renal dialysis	654	270	237	-33	£78	£32	£28	£-4
Community	690,478	294,329	291,703	-2,626	£38,971	£16,533	£16,518	£-15
Cot days	15,218	6,574	6,163	-411	£7,667	£3,312	£3,112	£-201
Other contract lines	3,772,784	1,569,479	1,720,182	150,703	£98,790	£41,351	£40,221	£-1,130
Unbundled activity	65,468	26,381	25,548	-834	£7,119	£2,886	£2,871	£-15
<b>Other</b>					<b>£176,479</b>	<b>£73,973</b>	<b>£72,891</b>	<b>£-1,081</b>
<b>Sub-Total: Main SLA income (excl fines)</b>					<b>£425,924</b>	<b>£174,658</b>	<b>£173,503</b>	<b>£-1,155</b>
Year to date refresh of prior months' data					£0	£18	£0	£-18
Income adjustment - pass through drugs					£905	£2,598	£0	£-2,598
Fines and penalties					£0	£0	£-1,438	£-1,438
Cancer Drugs Fund					£0	£0	£283	£283
Pass Through Drugs Accrual					£273	£114	£-690	£-804
NHSE Oncology top up					£0	£0	£0	£0
UHB Oncology					£0	£0	£0	£0
National Poisons					£5,086	£2,122	£2,122	£0
SLA income -interpreting					£255	£106	£90	£-16
SLA income -Neurophys / Maternity etc					£1,439	£599	£518	£-82
Mental Health Trust SLA					£0	£0	£7	£7
Individual funding requests					£0	£0	£0	£0
Private patients					£206	£83	£99	£16
Overseas patients					£1,758	£733	£687	£-46
Overseas patients Non EEA					£985	£410	£254	£-157
Prescription Charges Income					£39	£16	£20	£4
Injury cost recovery					£1,280	£533	£498	£-36
NHSI Plan phasing adjustment					£1	£0	£2,800	£2,800
Other adjustments					£-546	£-273	£414	£687
<b>GRAND TOTAL patient related income</b>					<b>£437,604</b>	<b>£181,718</b>	<b>£179,168</b>	<b>£-2,551</b>

## Notes

- This table shows the Trust's year to date patient related income including SLA income performance by point of delivery as measured against the contract price & activity schedule.
- Production plan performance is behind of target by £0.13m at the end of M05. Internal plan phasing aligns to Contract phasing at M05.

Cost Improvement Programmes	Annual Plan £'000	Year to Date CIP Delivery			Likely Achievement (excl. mitigations) £'000	Variance from plan £'000
		Achieved £'000	Plan £'000	Variance £'000		
Medicine and Emergency Care	5,222	997	1,777	-781	3,459	-1,763
Surgical Services	2,437	462	882	-420	1,471	-966
Women and Child Health	1,603	437	572	-135	1,675	71
Primary Care,Community and Therapies	1,559	468	552	-84	1,374	-185
Pathology	537	161	187	-26	509	-28
Imaging	846	278	307	-29	805	-42
<b>Sub-Total Clinical Groups</b>	<b>12,206</b>	<b>2,802</b>	<b>4,278</b>	<b>-1,476</b>	<b>9,293</b>	<b>-2,912</b>
Strategy and Governance	1,440	188	532	-343	737	-704
Finance	430	135	147	-12	405	-25
Medical Directors Office	727	194	274	-80	660	-68
Operations	1,258	367	344	23	1,050	-209
People and Organisation Development	579	188	237	-49	457	-122
Estates and NHP	1,725	81	733	-653	624	-1,101
Corporate Nursing	455	190	190	0	455	0
<b>Sub-Total Corporate</b>	<b>6,615</b>	<b>1,343</b>	<b>2,457</b>	<b>-1,114</b>	<b>4,387</b>	<b>-2,228</b>
Central	15,815	3,174	3,729	-555	14,478	-1,336
Other	2,655				9,132	6,477
<b>Total CIPs</b>	<b>37,291</b>	<b>7,319</b>	<b>10,464</b>	<b>(3,145)</b>	<b>37,291</b>	<b>(0)</b>
Annual Target 18/19	37,291				37,291	
(Deficit)/Excess of Schemes Above Plan	(0)				(0)	

## Notes

- In the assumed delivery of control total, the trust has allowed for circa £8m of CIP delivery related to the FYE of 2017/18 schemes. This is in addition to the £37.3m planned delivery of new 2018/19 schemes which are summarised by group above.
- CIP forecasts have been completed for M5 reporting and have been confirmed and challenged through August Group Review meetings.
- The revised forecast is being incorporated into a full I&E forecast for 2018/19. This is detailed in a separate finance report which includes detail on income forecasting for 2018/19.

# Finance Report

# Capital Plan

Month 05 2018/19

	Plan	Forecast	
	£'000s	£'000s	Note
2018/19 depreciation & amortisation	16,985	16,985	Approved
2018/19 Surplus attributable to capital			
Plan surplus	3,489	3,489	Pending
Additional surplus required	3,489	3,489	Pending
Cash reserves from previous years	9,517	9,517	Pending
Less IFRIC 12/PFI payments (capital elements)	(3,169)	(3,169)	Approved
2018/19 IFRIC schemes	4,281	4,281	Anticipated
<b>Total CRL</b>	<b>34,592</b>	<b>34,592</b>	
Grants & donated assets	80	80	
<b>Total Funding for Capital Expenditure</b>	<b>34,672</b>	<b>34,672</b>	
<b>Capital Expenditure</b>	<b>34,672</b>	<b>34,672</b>	
<b>NB</b>	<b>£'000s</b>	<b>£'000s</b>	
Pending CRL			
2018/19 Surplus attributable to capital			
Plan surplus	3,489	3,489	
Additional surplus required	3,489	3,489	
Cash reserves from previous years	9,517	9,517	
<b>Total CRL pending</b>	<b>16,495</b>	<b>16,495</b>	

This table summarises the capital funding available to the trust and the planned expenditure.

£16.5m of funding is pending approval. £7m of this is dependant on the surplus generated in 2018/19.

The remaining £9.5m reflects the 31<sup>st</sup> March closing balance.

Programme	Flex Plan	Year to Date		Outstanding Purchase Order Commitment £'000s	NHSI Plan	Full Year	Variance
	£'000s	Actual £'000s	Gap £'000s		£'000s	Forecast £'000s	£'000s
Estates	4,511	5,539	1,028	3,599	18,336	15,192	3,144
Informatics	5,960	1,157	(4,803)	1,524	8,442	9,131	(689)
Medical equipment / Imaging	72	127	55	1,300	3,533	3,405	128
Contingency	0	0	0	0	0	0	0
<b>Sub-Total</b>	<b>10,543</b>	<b>6,823</b>	<b>(3,720)</b>	<b>6,423</b>	<b>30,311</b>	<b>27,728</b>	<b>2,583</b>
Technical schemes	610	165	(445)	0	4,281	5,862	(1,581)
Donated assets	31	8	(23)	0	80	80	0
<b>Total Programme</b>	<b>11,184</b>	<b>6,995</b>	<b>(4,189)</b>	<b>6,423</b>	<b>34,672</b>	<b>33,670</b>	<b>1,002</b>

## Notes

- Spending is £4.2m behind plan year to date, but with commitments of £6.4m.
- Progress against each scheme is monitored through the Trust's monthly Capital Management Group.
- The latest meeting indicated that 2018/19 capital spend would include additional costs relating to MMH early works, the hospital company wind up and also to acute system reconfiguration. MMH EWP are expected to be £25m, THC £1.8m while system reconfiguration would be £3.9m during 18/19.
- Additional funding will be required for these items of spend together with a CRL adjustment in relation to these.
- Until agreed with NHSI the £34.7m remains the latest capital programme submitted to NHSI.

# Finance Report

# SOFP

Month 05 2018/19

	Balance as at 31st March 2018	Balance as at 31st August 2018	NHSI Planned Balance as at 31st August 2018	Variance to plan as at 31st August 2018	NHSI Plan as at 31st March 2019	Forecast 31st March 2019
	£000	£000	£000	£000	£000	£000
<b>Non Current Assets</b>						
Property, Plant and Equipment	227,475	227,476	231,579	(4,103)	245,162	245,162
Intangible Assets	106	77	106	(29)	106	106
Trade and Other Receivables	62,941	64,078	62,941	1,137	62,941	62,941
<b>Current Assets</b>						
Inventories	4,742	4,742	4,742	0	4,742	4,742
Trade and Other Receivables	52,880	44,449	47,401	(2,952)	47,174	47,174
Cash and Cash Equivalents	9,691	31,219	17,252	13,967	1,743	1,743
<b>Current Liabilities</b>						
Trade and Other Payables	(64,206)	(84,282)	(75,383)	(8,899)	(59,829)	(59,829)
Provisions	(2,166)	(1,858)	(1,855)	(3)	(1,855)	(1,855)
Borrowings	(1,855)	(2,172)	(1,062)	(1,110)	(1,062)	(1,062)
DH Capital Loan	0	0	0	0	(5,000)	(5,000)
<b>Non Current Liabilities</b>						
Provisions	(3,454)	(3,454)	(3,454)	0	(3,454)	(3,454)
Borrowings	(31,776)	(30,895)	(30,707)	(188)	(29,433)	(29,433)
DH Capital Loan	0	0	0	0		0
	<b>254,378</b>	<b>249,380</b>	<b>251,560</b>	<b>(2,180)</b>	<b>261,235</b>	<b>261,235</b>
<b>Financed By</b>						
<b>Taxpayers Equity</b>						
Public Dividend Capital	226,891	226,891	226,891	0	226,891	226,891
Retained Earnings reserve	8,685	3,686	4,605	(919)	11,961	11,961
Revaluation Reserve	9,744	9,745	11,006	(1,261)	13,325	13,325
Other Reserves	9,058	9,058	9,058	0	9,058	9,058
	<b>254,378</b>	<b>249,380</b>	<b>251,560</b>	<b>(2,180)</b>	<b>261,235</b>	<b>261,235</b>

## Notes

- The table is a summarised SOFP for the Trust including the actual and planned positions at the end of the 2018/19 financial year.
- The variance from plan is predominantly due to the backlog of Trade Payables invoices, resulting in a higher than planned cash balance. Trade and Other Receivables is below plan partly due to quarterly Education contract invoices being paid off in August.
- The requirement for borrowings has not been realised. This is due to the combination of working capital variances, capital phasing and the receipt of the 2017-18 STF payment in July 2018.
- Property, Plant and Equipment variance reflects the underspent YTD position on Capital Expenditure.

# Finance Report

# SOCF

Month 05 2018/19

ACTUAL/FORECAST	April Actual £000s	May Actual £000s	June Actual £000s	July Actual £000s	August Actual £000s	September Forecast £000s	October Forecast £000s	November Forecast £000s	December Forecast £000s	January Forecast £000s	February Forecast £000s	March Forecast £000s
<b>Receipts</b>												
SLAs: SWB CCG	23,718	23,358	22,941	22,817	22,830	22,800	22,300	22,500	23,603	24,300	24,300	24,303
Associates	7,245	6,432	7,461	7,531	13,691	7,300	2,166	6,466	6,466	7,141	7,141	7,141
Other NHS	1,074	902	359	584	2,231	0	835	898	1,258	1,110	687	1,162
Specialised Services	3,327	0	8,529	3,944	7,523	3,896	3,536	3,787	3,364	3,161	3,879	3,816
STF Funding	0	0	0	12,807	0	0	0	0	2,211	0	0	0
Over Performance	0	0	0	0	0	0	0	0	0	0	0	0
Education & Training - HEE	378	0	2	0	8,890	4,476	0	0	4,405	0	0	4,405
Public Dividend Capital	0	0	0	0	0	0	0	0	0	0	0	0
Loans	0	0	0	0	0	0	0	6,000	0	0	0	0
Other Receipts	1,232	1,340	2,575	4,034	1,237	2,828	1,375	2,075	2,075	2,075	2,075	2,075
<b>Total Receipts</b>	<b>36,974</b>	<b>32,032</b>	<b>41,868</b>	<b>51,717</b>	<b>56,403</b>	<b>41,300</b>	<b>30,211</b>	<b>41,726</b>	<b>43,382</b>	<b>37,788</b>	<b>38,082</b>	<b>42,902</b>
<b>Payments</b>												
Payroll	13,821	13,844	14,070	13,429	14,457	14,455	14,455	14,430	12,500	12,000	12,000	11,824
Tax, NI and Pensions	10,090	10,276	9,813	9,977	10,230	10,080	10,130	10,130	9,800	9,800	9,800	9,800
Non Pay - NHS	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550
Non Pay - Trade	1,030	11,019	9,455	12,554	11,512	12,321	12,432	12,323	12,233	12,322	12,333	12,533
Non Pay - Capital	236	1,915	1,781	1,942	1,788	2,887	4,782	4,784	5,017	3,102	3,101	4,057
MMH PFI	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend	0	5	0	0	3	4,350	0	0	0	0	0	4,350
Repayment of Loans & Interest	0	0	0	0	0	0	0	0	0	0	0	0
BTC Unitary Charge	440	440	440	440	440	440	440	440	440	440	440	440
NHS Litigation Authority	1,473	1,473	1,473	1,473	1,473	1,092	1,092	1,092	1,092	1,092	0	0
Other Payments	1,672	1,144	620	2,452	1,015	118	140	190	240	240	180	240
<b>Total Payments</b>	<b>30,312</b>	<b>41,665</b>	<b>39,202</b>	<b>43,818</b>	<b>42,467</b>	<b>47,293</b>	<b>45,021</b>	<b>44,939</b>	<b>42,872</b>	<b>40,546</b>	<b>39,404</b>	<b>44,794</b>
Cash Brought Forward	9,689	16,351	6,718	9,384	17,284	31,219	25,227	10,417	7,205	7,715	4,956	3,634
Net Receipts/(Payments)	6,662	(9,633)	2,666	7,899	13,936	(5,993)	(14,810)	(3,213)	510	(2,758)	(1,322)	(1,892)
Cash Carried Forward	16,351	6,718	9,384	17,284	31,219	25,227	10,417	7,205	7,715	4,956	3,634	1,742

## Notes

- This cash flow incorporates YTD M05 actual movements and H1 operational forecast.
- The closing balance of £1.7m, following receipt of a £6m DH loan, is consistent with plan.
- In H2 CIP impacts result in:
  - Increased SLA receipts
  - Reduced Payroll and related tax, NI & pens
  - Reduced Trade payables
- Consistent with plan a £6m DH loan is required. This will continue to be subject to review.
- The balance of 2017/18 STF was received in July 2018.

The finance team's internal operational cash flow ignores the impact of CIPs and informs actual borrowing expectations based on historic performance. The team are currently developing a cash flow that aims to indicate a middle ground of what is likely to happen now that plan delivery is underway. This will inform to what extent there are risks to being able to pay for the capital programme.

# Finance Report

# Use of Resources Rating

Month 05 2018/19

Finance and use of resources rating	Expected Sign	03AUDITPY	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY	03VARYCY	Maincode
		Audited PY 31/03/2018 Year ending Number	Plan 31/08/2018 YTD Number	Actual 31/08/2018 YTD Number	Variance 31/08/2018 YTD Number	Plan 31/03/2019 Year ending Number	Forecast 31/03/2019 Year ending Number	Variance 31/03/2019 Year ending Number	Subcode
Capital service cover rating	+	1	4	3		3	3		PRR0160
Liquidity rating	+	2	3	3		4	4		PRR0170
I&E margin rating	+	1	4	4		2	2		PRR0180
I&E margin: distance from financial plan	+	1		2			2		PRR0190
Agency rating	+	3	1	3		1	1		PRR0200

Overall finance and use of resources risk rating	Expected Sign	03AUDITPY	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY	03VARYCY	Maincode
		Audited PY 31/03/2018 Year ending Number	Plan 31/08/2018 YTD Number	Actual 31/08/2018 YTD Number	Variance 31/08/2018 YTD Number	Plan 31/03/2019 Year ending Number	Forecast 31/03/2019 Year ending Number	Variance 31/03/2019 Year ending Number	Subcode
Overall rating unrounded	+	2		3.00			2.40		PRR0202
If unrounded score ends in 0.5	+	0		0.00			0.00		PRR0204
Risk ratings before overrides	+	2		3			2		PRR0206
Risk ratings overrides:									
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text	No trigger		Trigger			Trigger		PRR0208
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+	2		3			3		PRR0210
Control total override - Control total accepted	Text	YES		Yes			Yes		PRR0212
Control total override - Planned or Forecast deficit	Text	No		No			No		PRR0214
Control total override - Maximum score (0 = N/A)	+	0		0			0		PRR0216
Is Trust under financial special measures	Text	No		No			No		PRR0218
Risk ratings after overrides	+	2		3			3		PRR0220

## Notes

- The Trust's latest use of resources rating year to date is 3 (amber). The I&E margin rating is 4, which is a trigger and so limits the overall score to 3:

- This measures the Trusts I&E performance which includes PSF accrued. This indicates that the level to date is below a negative 1% return on income. Again this is due to plan phasing

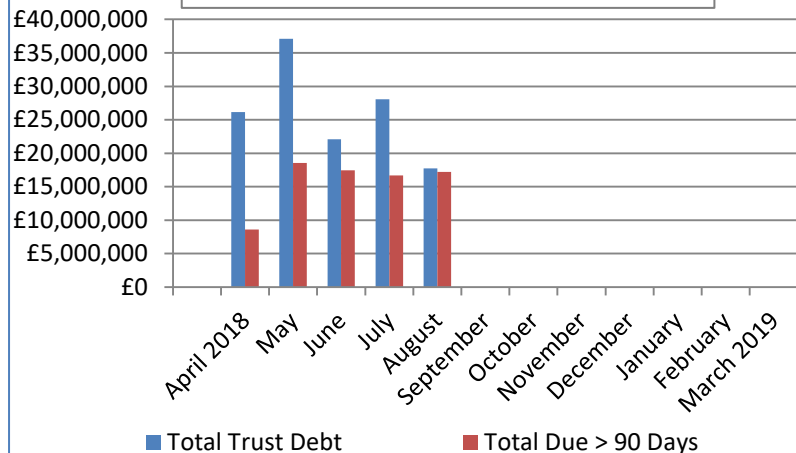
While this measure is in line with YTD plan it will need to improve to 2 to be consistent with plan by the year end. This measure will have benefited from the £2.8m income accrual made at the end of P05. Consequently the level of required improvement is £2.8m greater than headline numbers suggest.

# Finance Report

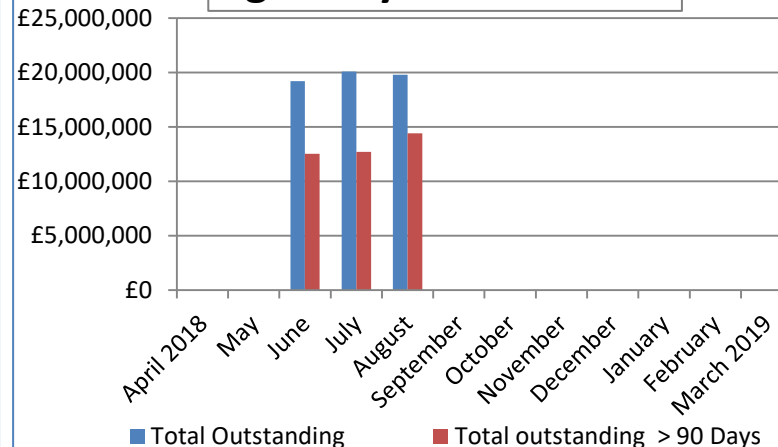
## Aged Receivables, Aged Payables, BPPC and Cash Forecast

Month 05 2018/19

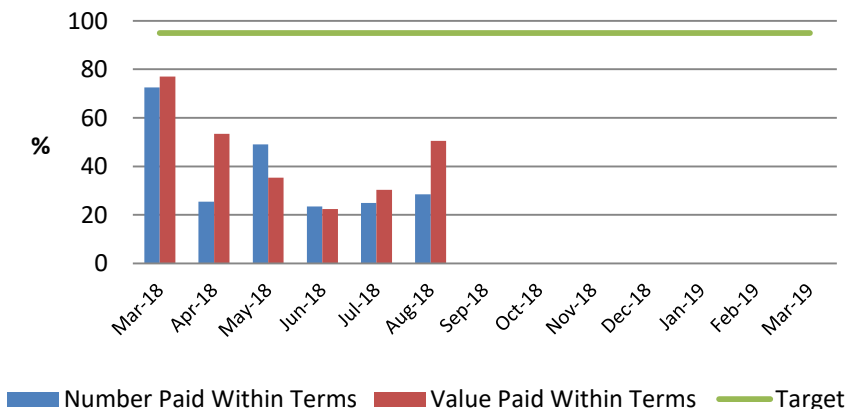
### Aged Receivables 2018-19



### Aged Payables 2018-19



### Annual BPPC Performance



#### Note

- Aged Receivables - the August debt reduced as quarterly invoices raised in July were paid in August 2018. Aged Debt relating to Birmingham City Council and NHS debt remain as the largest sums in the over 90 day category. The over 90 day category is currently overstated as cash received for NHS debt at month end had not been allocated before AR close. The value of this cash receipt was £5.8m.
- Aged Payables - Overall, the Payables position has increased since 2017-18. Payment terms have been extended intentionally, but the main drivers remain PO usage, PO receipting, shift verification and staffing in AP.
- BPPC is below target of 95% by volume and value and this will continue through the year as the Trust looks to effectively manage cash and borrow.



<b>Report Title</b>	Monthly Risk Register Report		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Refeth Mirza, Head of Risk Management		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

Elements of the Risk Register presented this month include the risks monitored at Board level (Trust Risk Register), risks which if they materialised have a high severity but are deemed unlikely to occur and those risks that have not been reviewed for over a year.

Risks are by their nature dynamic and so are likely to either be mitigated to a point where we tolerate them, or tolerate them and monitor any occurrences. The Board is advised that Clinical Groups/Corporate Directorates have been directed to focus on the following points:

- Have these high severity risks materialised?
- Should risks without mitigations (where none exist) be tolerated and monitored?
- Local processes need to be strengthened to ensure risks are reviewed at the appropriate times, and checks put in place to ensure that this happens.

### 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	X	Digital Plan	X	Other <i>[specify in the paper]</i>	X

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

None

### 4. Recommendation(s)

The Board is asked to:

- RECEIVE** and **NOTE** the updated Trust Risk Register in line with the Trust Risk Management Strategy
- NOTE** the planned revision to **Risks 221, 325, 3109, 3110 and 3021**
- NOTE** that there will be review and robust confirm and challenge on the mitigating actions for the high severity/low likelihood risks
- RECEIVE** the **ASSURANCE** that risks not managed within the last 12 months will receive attention.

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

Trust Risk Register		Risk Number(s): 221, 325, 3109 & 3110				
Board Assurance Framework		Risk Number(s):				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 4 October 2018

### Monthly Risk Register Report

#### 1.0 INTRODUCTION

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

#### 2.0 TRUST RISK REGISTER RISKS HIGHLIGHTED FOR DISCUSSION

- 2.1** Those risks on the TRR have been and updated to provide an accurate position against their progress in mitigating the risks.
- 2.2** Risk owners and Executive leads have had the opportunity to review their risks to ensure that the 'Gaps in control and planned actions' are appropriate and will reduce the chance of the risk materialising. These were discussed at length at September Risk Management Committee (RMC) and Clinical Leadership Executive (CLE).
- 2.3** The risks on the TRR have been reviewed in a timely way ensuring that actions are carried out so that none are overdue and if any are overdue these are highlighted and escalated. The TRR is being actively monitored and updated with progress to maintain its current position
- 2.4** There are four risks on the TRR which relate to Informatics (**Risks, 221, 325, 3109 & 3110**). The Major Projects Authority, following review of the mitigating actions for these risks, has requested a full review of these risks as they relate to our infrastructure and the EPR project. The new Chief Informatics Officer has been tasked to oversee this work.
- 2.5** **Risk 3021** – was discussed at September RMC and it was agreed that this risk will be archived and a new risk will be drafted to reflect the revised financial position with regards to Midland Metropolitan Hospital. The new version of the risk will be presented to the October Board meeting.

## 2.6 High severity / low likelihood risks

2.6.1 A summary of those risks on our register which have been assessed as having a high severity but a low likelihood of occurrence is presented at **Appendix B**.

2.6.2 The severity for these risks may have been rated as high because they are perceived to be high impact if they occur. The impact relates to: potential numbers of patients or staff affected, organisational impact, potential penalties or loss of income, level of harm etc.

2.6.3 There are a total of 42 risks on the register that have a high severity, of which just over 50% relate to Estates.

Clinical Group/Corporate Division	Number of Risks
Corporate Operations	2
Estates	24
Medical Directors Office	4
Medicine & Emergency	4
Organisational Development	2
Pathology	1
Surgery	4
Women & child Health	1
<b>Total</b>	<b>42</b>

2.6.4 The majority of the high risks that do not feature on the TRR have control potential "Treat" which indicates that there are actions in progress or planned. "Tolerate" relates to risks that may be reliant on actions from other areas not related to the service affected. "Terminate" relates to risks where the actions are intended to completely resolve the matter.

2.6.5 Clinical Groups and Corporate Directorates are being asked to review these risks with a view to see if these are treatable or if they should be tolerated. If they are treatable, are the actions in place on track and will they reduce the risks. Consideration also needs to be given to whether there is any indication that these risk have materialised and how actively they are being managed.

2.6.6 Of the 42 high severity low likelihood occurrence risks, there are 18 clinical risks. 10 of these are for annual review with a control potential of "Treat". The Clinical Groups are required to review these risks and confirm at the October Risk management Committee (RMC) whether these should remain as being "Treated", and if so provide updated identifiable actions to reduce the risk. It is recommended that these risks are actively monitored and therefore should be reviewed more frequently; monthly or bi-monthly at the very least.

2.6.7 As explained above risks should only have the control potential as "Tolerate" when it is to the point that no further mitigation action can be taken by the Group, however these should be reviewed annually as a minimum.

## 2.7 Risks that have not been reviewed in the past 12 months

2.7.1 The Ulysses electronic database, used for the management of risk registers, has been explored for those risks which have not been reviewed in the last 12 months (**Appendix C**).

2.7.2 Clinical Groups and Corporate Directorates have been asked to review these risks and to update them on the system appropriately. Assurances need to be provided that these risks are still applicable and assessments need to accurately reflect the current position. Consideration needs to be given to whether there is any indication that these risk have materialised and how actively they are being managed.

Clinical Group/Corporate Directorate	Number of Risks
Surgery	81
Medicine & Emergency Care	58
Estates & New Hospital Project	31
Primary Care & Community Therapies	25
Women & Child Health	19
Corporate Operations	18
Medical Director Office	12
Organisation Development	8
Corporate Nursing Services	3
Finance	2
Strategy & Governance	2
Imaging	1
Pathology	1
Blank: under review by the Risk team	14
<b>Total</b>	<b>275</b>

## 3.0 Trust Board is asked to;

- RECEIVE and NOTE** the updated Trust Risk Register in line with the Trust Risk Management Strategy
- NOTE** the planned revision to **Risks 221, 325, 3109, 3110 and 3021**
- NOTE** that there will be review and robust confirm and challenge on the mitigating actions for the high severity/low likelihood risks
- RECEIVE** the **ASSURANCE** that risks not managed within the last 12 months will receive attention.

LEVEL OF RISK	
<b>Green</b>	Manage risk locally on Department / Team Risk Register
<b>Yellow</b>	Manage risk locally and add to Directorate Risk Register
<b>Amber</b>	Manage risk locally and add to Group Risk Register
<b>Red</b>	Manage risk locally; add to Group Risk Register; and submit to Risk Management Committee monthly

Refeth Mirza, Head of Risk Management  
4 October 2018

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	Amanda Geary  Rachel Barlow	28/09/2018	3x4=12	<b>Cross charging tariff affecting financial position.</b> 1-Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed. (30/09/2018) 2-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. (30/09/2018)	2x4=8	30/09/2018	Live (With Actions)
221 22/09/2015	Medical Director Office	Informatics (C)	There is a risk of failure of a trust wide implementation of a new EPR. Failure of the EPR to go-live in the timescale specified will impact on cost and lost benefits resulting in an inability to meet strategic objectives.	4x4=16	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Funding allocated to LTFM 3-Delivery risk shared with supplier through contract 4-Project prioritised by Board and management. 5-Project governance including development, approval and tracking to plan. 6-Focus on resources to deliver the implementation including business change, training and champions.	Kulvinder Kalsi  Rachel Barlow	24/08/2018	3x4=12	<b>Insufficient skilled resources within the Trust to deliver the EPR system.</b> 1-Agree a plan for Unity to go live meeting the needs of clinicians, Informatics and operational staff. (07/06/2018) 2-Embed Informatics implementation and change activities in Group PMOs and production planning (21/10/2018) 3-create end to end programme to 3 months post go live required for October and January go live dates (24/08/2018) 4-Develop and publish implementation checklists and timescales for EPR. Report progress at Digital PMO and Committee COMPLETED 5-Agree and implement super user and business change approaches and review and re-establish project governance COMPLETED	1x2=2	24/10/2018	Live (With Actions)
1643 11/02/2016	Corporate Operation	—	Unfunded beds with inconsistent nursing and medical rotas are reliant on temporary staff to support rotas and carry an unfilled rate against establishment. This could result in underperformance of the safety plan, poor documentation and inconsistency of care standards.	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTOCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned. <b>Additional controls</b> - Funded bed model approved in Q3 and recruitment on track with substantive staffing improving. Medicine forecast 35 band 5 vacancies at end of Q4 2017. Safety plan and Early warning trigger tools in place on all wards and tracked through Consistency of Care and Executive Performance Committee. Associated risks are managed at group level and tracked through Risk Management Committee.	Rachel Barlow  Rachel Barlow	29/06/2018	4x4=16	<b>Unfunded beds - insufficient staff capacity.</b>  1. Patient flow programme to be delivered to reduce LOS and close beds. This includes: consultant of the week model for admitting specialties / new push/ ull AMU led MDT/ADAPT pathway / no delay for TTA project/criteria led discharge / OPAU to directly admit from ED - (29/06/2018)  Contingency bed plan is agreed in October for winter - L5 to be opened in November.(31/12/2017) - COMPLETED	1x4=4	29/06/2018	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics (C)	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	4x4=16	1-Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case 2-Information security assessment completed and actions underway.	Dean Harris  Mark Reynolds	25/09/2018	4x4=16	<b>Sytems in place to prevent cyber attack.</b> 1- Upgrade servers from version 2003. (31/07/2018) 2-Complete rollout of Windows 7. (31/07/2018) 3-Implement cyber security improvements as per infrastructure plan (31/03/19) 4- Ensure staff have cyber security training (31/12/2018) 5-Hold cyber security business continuity rehearsal (27/10/2018) 6-Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate (30/09/2018) 7-Achieve Cyber Security Essentials (31/03/2018) - COMPLETED 8-The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. (31/03/2018) - COMPLETED 9-Restricted Devices Security Controls (31/12/2017) - COMPLETED	2x4=8	31/03/2019	Live (With Actions)
2642 20/06/2017	Medical Director Office	Medical Director's Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	3x5=15	1-There is results acknowledgment available in CDA only for certain types of investigation. 2-Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3-Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4-Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5-SOP - Results from Pathology by Telephone (attached)	David Carruthers	29/08/2018	2x5=10	<b>Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.</b> 1-Implementation of EPR in order to allow single point of access for results and audit (30/03/2018) 2-All staff to comply with the updated Management of Clinical Diagnostic Tests policy (28/02/2018) 3-To review and update Management of Clinical Diagnostic Tests (28/02/2018) <b>UNDER REVIEW</b> 4- All consultants and SAS doctors are to review the lats 12 months of unacknowledged results, review action has been taken and acknowledge. 5 - EDs in addition will not discharge patients until pathology results reviewed.	1x5=5	31/10/2018	Live (With Actions)
215 16/09/2016	Corporate Operations	Waiting List Management (S)	There is high Delayed Transfers of Care (DTOC) patients remaining in acute beds, due to a lack of EAB beds in nursing and residential care placements and social services. This results in an increased demand on acute beds.	4x5=20	New joint team with Sandwell is in implementation phase.  <b>Additional Controls - Birmingham city council: bed base confirmed and expanded for 2017-18. Package of care service responsive. Sandwell Social Care continue to purchase beds at Rowley Regis to mitigate bed capacity issues. 7 day social workers on site and DTOC patients in acute beds &lt;10 generally.</b>	Rachel Barlow  Rachel Barlow	31/07/2018	2x4=8	<b>Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.</b> 1-Implementation of EPR in order to allow single point of access for results and audit (30/03/2018) 2-All staff to comply with the updated Management of Clinical Diagnostic Tests policy (28/02/2018) 3-To review and update Management of Clinical Diagnostic Tests (28/02/2018) <b>UNDER REVIEW</b>	2x4=8		Live (Monitor)

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
2849 28/11/2017	Corporate Operations	Medical Surgical Team	Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.	5x4=20	Design and implementation of improvement initiatives to reduce LOS and EDD variation through establishing consistency in medical presence and leadership at ward level - consultant of the week	Rachel Barlow  <i>Rachel Barlow</i>	30/06/2018	5x4=20	1- implement at pace the improvement programme to reduce LOS and improve EDD compliance - <b>(30/06/2018)</b> 2- design local improvement work with clinical teams to reduce bed days in LO sup to 8 days. <b>(31/05/2018)</b> 3- review ADaPT and integrated health and social care approach to reduce bed days in LOS category > 8 days. <b>(29/06/2018)</b> 4- revise weekly LOS and bed closure trajectory exceptional weather condition impact on bed base <b>(29/06/2018)</b>	4x3=12	30/06/2018	Live (Monitor)
214 18/03/2016	Corporate Operations	Waiting List Management (S)	The lack of assurance of the 18 week data quality process, has an impact on patient treatment plans which results in poor patient outcomes/experience and financial implications for the Trust as it results in 52 weeks breaches.  There is a risk delay in treatment for individual patients due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust as a result of 52 week breaches	4x3=12	1- SOP in place 2-Improvement plan in place for elective access with training being progressed. 3-following a bout of 52 week breach patients in Dermatology a process has been implemented where by all clock stops following theatre are automatically removed and a clock stop has to be added following close validation 4-The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training.  <b>Additional controls</b> review of 6 months of 52 week breaches to review themes. consider clinician competency training.	Liam Kennedy  <i>Rachel Barlow</i>	29/06/2018	3x3=9	<b>Lack of assurance on 18 week process.</b> 1-Data quality process to be audited - Monthly audits <b>(29/06/2018)</b> 2- E-learning module for RTT with a competency sign off for all staff in delivery chain - to be rolled out to all staff from October. Rollout for Clinical staff will be between June - August 18. <b>(30/08/2018)</b> 3-Bespoke training platform for 18 weeks and pathway management for all staff groups developed in line with accredited managers programme. <b>(31/10/2017) - COMPLETED</b>	2x2=4	30/08/2018	Live (With Actions)
534 29/12/2015	Primary Care & Community Therapies	Oncology Medical	There is a risk of Trust non-compliance with some peer review standards and impact on effectiveness of tumour site MDTs due to withdrawal of UHB consultant oncologists, which may lead to lack of oncologist attendance at MDTs	3x4=12	Oncology recruitment ongoing.  Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings.	Jennifer Donovan  <i>David Carruthers</i>	31/05/2018	3x4=12	<b>Lack of Oncologist attendance at MDTs.</b> 1- Review of MDT attendance underway as part of NHS Improvement/ NHS England oversight arrangements for oncology transfer. <b>(31/05/2018)</b>	1x4=4	31/05/2018	Live (With Actions)
666 20/07/2017	Women and Child Health	Lyndon 1	Children-Young people with mental health conditions are being admitted to the paediatric ward due to lack of Tier 4 bed facilities. Therefore therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	1- Mental health agency nursing staff utilised to provide care 1:1 2- All admissions are monitored for internal and external monitoring purposes. 3-Awareness training for Trust staff to support management of these patients. 4-Children are managed in a paediatric environment.	Heather Bennett  <i>Rachel Barlow</i>	31/08/2018	4x4=16	<b>There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support.</b> 1- The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally. <b>(31/08/2018)</b>	3x4=12	31/12/2018	Monitor (Tolerate)
566 17/10/2017	Medicine And Emergency Care	Accident & Emergency (S)	There is a risk that the Trust will not be able to provide a viable rota at Consultant and Middle Grade level in ED, due to the reduction in the existing medical workforce and the difficulties in being able to recruit. This will result in delays in senior medical assessments, decision making regarding treatment and delays in referrals to specialist treatment pathways which may lead to	4x5=20	1- Recruitment campaign in place through local networks, national adverts, head-hunters and international recruitment expertise. 2- Leadership development and mentorship programme in place to support staff development. 3-Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums.	Michelle Harris  <i>Rachel Barlow</i>	31/07/2018	4x5=20	<b>Vacancies in senior medical staff in ED.</b> 1. Recruitment ongoing with marketing of new hospital <b>(31/07/2018)</b> 2. CESR middle grade training programme to be implemented as a "grow your own" workforce strategy <b>(31/07/2018)</b> 3. Development of an overarching recruitment strategy for all ED clinical staff <b>(31/07/2018)</b>	3x4=12	31/07/2018	Live (With Actions)
114 04/04/2016	Workforce And Organisational D	Human Resources	The Trust may experience pay costs beyond that which is affordable as set out within the 18/19 financial plan if the delivery of the pay cost improvement programme is delayed or not delivered to the required timescale or financial value.	4x5=20	1-The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation, including TUPE or other statutory requirements. 2 - Executive led pay cost reduction programme for 18/19 inclusive of 12 work streams tackling temporary and permanent spend. 3 -Scrutiny at Finance and Investment Committee 4 - Scrutiny at People and OD Board Committee 5 - Trust Board oversight of whole pay and non pay programme for 18/19	Raffaella Goodby  <i>Raffaella Goodby</i>	07/06/2018	3x5=15	<b>Delivery of Workforce Plan.</b> 1. Groups required to develop and implement additional CIP plans to address identified CIP shortfall if schemes are not successful in year. Must replace schemes with others of same amount - <b>31/03/2019</b> 2. Weekly CIP Board developed and in effect, chaired by Chief Executive, with oversight of pay and non pay plans for 18/19 that are aligned and visible - <b>01/09/2018</b> 3. Implement Spring 2018 consultation and evaluate impact and plan for further consultation if temporary spend reductions are not made in line with the financial plan - <b>30/06/2018</b> 4. Identification of sufficient pay schemes to delivery 18/19 pay position, phased via quarter - <b>30/04/2018</b> 5. Identification of pay CIP's for 18/19 that are detailed via group with a risk log, effective programme management and executive led oversight - <b>31/05/2018</b> 6. Implementation of 2nd year of the 16-18 CIP's monitored via TPRS - <b>31/03/2019*</b> 7. Plans to be developed with a view to commencing an open and transparent consultation process in the spring of 2018 - <b>31/03/2018 - COMPLETED</b> 8. Implementation of pay improvement plans that are detailed on TPRS with a clear delivery plan via group - <b>31/03/2018 - COMPLETED</b>	3x3=9	31/03/2019	Live (With Actions)



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410 04/10/2016	Surgery	Outpatients - EYE (S)	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Ophthalmology Outpatient Department as a consequence of poor building design which can result in financial penalties and poor patient outcomes.	5x4=20	Staff trained in Information Governance and mindful of conversations being overheard by nearby patients / staff / visitors	Laura Young  <i>Rachel Barlow</i>	10/10/2018	3x4=12	<b>Poor building design of SGH Ophthalmology OPD</b> 1-Review of moving the community dental rooms. Plans being drawn up - should be available for consultation mid Sept 2017 - potential for renovation around mid 2018. <b>(21/12/2018)</b> 2-Review plans in line with STC retained estate <b>(21/12/2018)</b>	2x2=4	21/12/2018	Live (With Actions)
3020 05/04/2018	Estates & New Hospitals Project	Midland Metropolitan Hospital	There is a risk that Mid Met opens after April 2020 caused by the collapse of Carillion Construction which will result in delays to our wider vision, clinical risks leading to potential reconfiguration, new and unexpected expenditure, significant bandwidth issues for senior leaders, and recruitment and retention workforce difficulties.	4x4=16	1. Weekly senior management core group, supported by weekly meetings with THC and with lenders. 2. Clinical oversight of seven Board level hazards will be confirmed by 11/4/2018	Toby Lewis  <i>Toby Lewis</i>	29/07/2018	3x4=12	1. complete clinical analysis of options and makes choices by the end of July on our preferred option (working group and CLE undertaken detailed work. now need to finalise locations and sequence and confirm nature of retained ED function at SGH) - <b>(31/07/2018)</b> 2. Detailed costing incorporated into STP and other plans to meet costs to be incurred in executing any City based option (assuming zero cost to Homes England delay, price both IT infrastructure and physical estate costs from bringing wards back into use) - <b>(18/07/2018)</b> 3. Complete analysis of interim site reconfiguration options if Midland Met delayed to 2022 - <b>(15/06/2018)</b> 4. Establish agreed approach to land release with Homes England - <b>(16/04/2018) - COMPLETED</b> 5. Price new estate and IT investments required for interim reconfiguration - <b>(16/04/2018) - COMPLETED</b>	4x3=12	31/07/2018	Live (With Actions)
3021 05/04/2018	Estates & New Hospitals Project	Midland Metropolitan Hospital	There is a risk that the procurement process for the replacement financier and contractor does not result in a compliant bid in 2019 because of insufficient market availability resulting in Midland Met delivery delay beyond 2022 and creating further unsustainable services	5x4=20	1. weekly liaison with DHSC and THC 2. engagement of industry experts in appraising option A, B or C 3. use of formal contractual processes	Toby Lewis  <i>Toby Lewis</i>	29/08/2018	3x5=15	1. extend work on 2019 changes to specify what delay beyond 2022 might necessitate - <b>(30/09/2018)</b> 2. Issue detailed market engagement programme, seek to establish contractual framework which retains contractor prior to finance house conclusion - <b>(31/07/2018)</b> 3. Complete option appraisal & assist Board and DHSC and HMG in choosing between options A, B and C - <b>13/04/2018 - COMPLETED</b> 4. Finish analysis of contract remedies available under standard PF2 contract - <b>13/04/2018 - COMPLETED</b>	3x5=15	30/09/2018	Live (With Actions)
3109 01/06/2018	Medical Director Office	Informatics(C)	There is a risk that IT infrastructure service provision is inadequate Trust-wide, caused by the insufficient 24/7 workforce resilience, skills and change governance processes, which results in planned and unplanned changes being made to the IT infrastructure leading to loss of IT service provision to run clinical and non clinical services safely and effectively.	4x5=20	24/7 on call IT support in place but with variable skills and competence change control processes documented but compliance variable	Mark Reynolds  <i>Rachel Barlow</i>	27/07/2018	4x5=20	<b>Inadequate IT Infrastructure service provision trustwide.</b> 1. Assess skills gaps and design workforce plan to ensure sustainable high quality service internally or with 3rd party support <b>COMPLETED</b> 2. Implement operational / executive led change control process <b>COMPLETED</b> 3. Design 24/7 IT support proposal to mitigate immediate support risk <b>COMPLETE</b> 4. Secure external professional expert capacity to mitigate immediate risk <b>(14/06/2018) in progress, End September</b> 5. All staff meeting to engage and communicate new ways of working <b>COMPLETED</b> 6. Implement full change freeze with only changes to be authorised through new change control process <b>COMPLETED</b>	2x3= 6	31/07/2018	Live (With Actions)
3110 01/06/2018	Medical Director Office	Informatics(C)	There is a risk that the technical infrastructure, Trust-wide is not robust nor subject to compliance against formal technical architecture and is therefore suboptimal. Combined with areas of legacy technology currently without a full plan to update or replace, there is an impact of loss of IT provision to run clinical and non clinical services safely and effectively	4x5=20	IT infrastructure plan is documented and reports to CLE through the Digital Committee ( but has slippage on delivery dates)	Mark Reynolds  <i>Rachel Barlow</i>	27/07/2018	4x5=20	<b>Inadequate technical infrastructure trustwide.</b> 1. Map infrastructure components to organisational services and ensure comprehensive monitoring and early warning alert process for critical IT infrastructure and impact at clinical / non clinical service level <b>(31/07/2018)</b> 2. With industry expertise advice fully document technical architecture <b>(31/07/2018)</b> 3. Ensure change process is documented and auditable <b>COMPLETED</b> 4. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee <b>(31/07/2018)</b> 5. Implement clinical group and directorate impact reporting <b>COMPLETED</b>	3x3=9	31/07/2018	Live (With Actions)

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3132 05/07/2018	Surgery	Ophthalmology	There is the potential risk that children who attend BMEC ED do not receive timely or appropriate treatment due to limited availability of out of hours paediatric ophthalmologists.  <b>NEW REVISED RISK - PREVIOUS RISK 1738 ARCHIVED</b>	3x4=12	1. Current paediatric ophthalmologist will take calls when possible to provide support to staff with queries. 2. New non training medical staff will attend paediatric clinics as part of their induction to improve skills, knowledge and confidence with caring for children with ophthalmic conditions. 3. The expectation of the department is that a general ophthalmologist should be able to deal competently with the majority of paediatric cases that present to BMEC ED. This has been discussed at QIHD and audit of cases show the majority of cases are routine and within clinicians expected sphere of knowledge. 4. Any 4 hour breaches, incidents and complaints relating to children are reviewed at weekly directorate meetings and quarterly at POGSM to ensure learning is applied to improve care / processes 5. Bi annual audit of paediatric cases (sequential 70 sets of electronic case notes audited) will take place to assure the Trust that care provided is appropriate and safe, with escalation to paediatric experts occurring within appropriate time frames (next audit - Q4)	Bushra Mushtaq  <b>Rachel Barlow</b>	09/09/2018	3x4=12	<b>Additional paediatric consultant appointment approved to support the current service provision</b> 1 - Agreement obtained by TL for further post to be advertised. Unfortunately no suitable candidates came forward. Agreement to alter to 2 x paed fellows for a fixed term in the interim and advertise next year - 28/09/2018	1x4=4	28/09/2018	Live (With Actions)
3234 24/07/2018	Finance	Financial Management (S)	If the extensive 2018/19 cost improvement programme does not result in expenditure reduction in pay and non-pay to our quarter by quarter plan, the Trust will face a shortage of cash and not be able to afford, or without a loan, cash flow, our agreed capital programme resulting in service improvement delay.  <b>NEW REVISED RISK - PREVIOUS RISK 1603 ARCHIVED</b>	4x4=16	1. Routine and timely financial planning, reporting and forecasting, including cash flow forecasting (PPS) 2. Routine five year capital programme review and forecast (PPS) 3. PMO and service innovation and improvement infrastructure in place (PPS) 4. Internal audit review of key financial controls (IAM) 5. Regulator scrutiny of financial plans (IAM) 6. Regular scrutiny of delivery by FIC and Trust Board (IAM) 7. Weekly CIP Board (IAM) 8. Fortnightly Finance PMO and bi-monthly group review meetings (IAM) 9. Weekly ICS meetings (IAM)	Dinah Mclanahan	08/08/2018	4x4=16	1. Refresh Medium term financial strategy to confirm scale of cash remediation require consistent with level 2 SOF financial sustainability rating and including impact of Midland Met delay, ICS and STP view - <b>31/12/2018</b> 2. Develop and secure alternative funding and contracting mechanisms with commissioners secure income recovery and drive the right long term system behaviours - <b>28/09/2018</b> 3. Ensure the Trust remains linked to the national processes to access capital funding (STP route, loans) - <b>28/09/2018</b> 4. Secure borrowing to bridge any financial gap - <b>28/09/2018</b> 5. Deliver operational performance consistent with delivery of financial plans to mitigate further cash erosion - <b>28/09/2018</b> 6. Strengthen the capacity and capability of the income and contracting function to support delivery of Trust's financial plans - <b>28/09/2018</b> 7. Ensure funding streams for costs in relation to Midland Met delay are identified - <b>31/08/2018</b> 8. Monitor capital programme performance monthly through Capital Management Group with a specific focus on slippage and cost pressures. This review should be mindful of opportunities to reduce the programme if forecasts indicate that cash will not be available - <b>31/08/2018</b> 9. forward looking quarterly financial performance monitoring with a specific focus on the drivers of variance from plan to ensure targeted action through the Trust's governance processes - <b>31/08/2018</b> 10. Ensure necessary and sufficient capacity and capability to deliver scale of improvement required - <b>31/07/2018</b> 11. Develop a cash-flow in between the operational cash-flow forecast used to drive expected borrowing requirements (looks backwards only to ensure prudent view taken) and the FIC cash-flow which sticks to the NHSI submitted plan - <b>31/07/2018</b> 12. Ensure sufficient early identification and management of emergent cost pressures outwith	3x4=12	31/12/2018	Live (With Actions)



HIGH SEVERITY / LOW LIKELIHOOD RISKS						
Risk No.	Division	Title	Risk Rating (sXL)	Review Date	Target Date	Review Frequency
2861	Corporate Operations	Use of motor vehicles (in-house and contracted) in Trust activities may involve collision with pedestrian/vehicle/premises can result in major injury/fatality and damage.	5x1=5	/ /	/ /	Annually
2726	Corporate Operations	Use of physical restraint may result in major injury/fatality of those being restrained and major injury to those carrying out the restraint	5x2=10	/ /	31/12/2017	Annually
76	Estates & New Hospital Project	EMERGENCY LIGHTING Risk of harm or injury to patients, staff or visitors from failure of the emergency lighting system leading to delayed / compromised evacuation. Risk of harm to patients from inability to continue clinical activity in the event of failure of the emergency lighting.	5x1=5	05/11/2017	31/08/2017	Quarterly
80	Estates & New Hospital Project	ENERGY CENTRE SYSTEMS: Risk of building / Site closure due to catastrophic failure of plant and equipment. Risk of explosion and or fire leading to potentially multiple casualties due to failure of pressure systems.	5x1=5	30/12/2018	30/09/2017	Six-Monthly
82	Estates & New Hospital Project	VENTILATION  Failure or Poor Maintenance of Critical Ventilation Plant could lead to risk of infection due to air born contaminants.	5x1=5	28/09/2018	31/03/2018	Quarterly
83	Estates & New Hospital Project	SAFE HOT WATER (CORPORATE) Hot water presents a risk of scolding/burning. All trust water outlets must provide water at suitable temperature for its use. All pipework carrying hot water must be controlled so that it is not possible under normal conditions to receive a burn from touching its surface.	5x1=5	16/08/2017	31/08/2017	Quarterly
63	Estates & New Hospital Project	EXTERNAL FABRIC & STRUCTURE: Neglect through lack of planned maintenance and not responding to damage of the fabric of the estates will lead to determination of buildings, exterior drive and walkways. The estate will become unsafe and hazardous to all users. Serious structural failure or instability could lead to closure / decant of building Likelihood low however effect on business continuity and patient care could be significant.	5x2=10	28/09/2018	31/03/2019	Quarterly
64	Estates & New Hospital Project	SECURITY: Risk of compromising many of the site infrastructure systems from unauthorised entry to estates plant areas. Potential to interrupt power, water, heating services leading to risk to business continuity and patient harm. Risk of financial loss / loss of business continuity from theft of equipment or valuable infrastructure items ie copper cable.	5x2=10	30/08/2018	31/10/2018	Quarterly
65	Estates & New Hospital Project	SLIPS, TRIPS & FALLS (From Height) (CORPORATE) Risk of fall from height leading to serious injury or death of an Trust Estates staff or contractor.	5x2=10	28/09/2018	30/09/2018	Quarterly
66	Estates & New Hospital Project	FIRE (CORPORATE) There is a potential for a fire to start (accidentally or deliberately) and take hold on the Trust site. Fire can result in a catastrophic outcome for services, buildings and individuals.	5x2=10	05/11/2017	31/12/2017	Quarterly

Risk No.	Division	Title	Risk Rating (sXL)	Review Date	Target Date	Review Frequency
67	Estates & New Hospital Project	<p>ASBESTOS (CORPORATE)</p> <p>Asbestos is a very hazardous material. It is incorporated in buildings used by the Trust. If asbestos is disturbed, either intentionally or accidentally then asbestos dust/fibre becomes airborne and could be breathed in by anyone there is a risk that the individual could develop a life limiting or lethal condition. The effects are usually of a chronic nature and can take many years show.</p>	5x2=10	28/09/2018	30/09/2018	Quarterly
71	Estates & New Hospital Project	<p>ELECTRICAL (Generators) (CORPORATE)</p> <p>Risk of harm to patients, visitors and staff from failure of standby generation. Risk of loss of lighting, heating. Risk of fire and or explosion from generator malfunction leading to harm or loss of life. Risk of break to business continuity from loss of power leading to reputational and financial harm to the Trust. Risk of electric shock leading to serious injury or death. Risk of hearing damage due to high sound levels in generator rooms.</p>	5x2=10	30/12/2018	31/03/2017	Six-Monthly
72	Estates & New Hospital Project	<p>ELECTRICAL (LV System) (CORPORATE)</p> <p>The low voltage (LV) electrical systems provide electrical power throughout the sites. The risks are failure of the system, which would result in critical life sustaining equipment not functioning and danger to persons working on or near equipment associated with the LV system Risk of serious injury or death to estates staff or contractors from electric shock</p>	5x2=10	30/12/2018	30/11/2017	Six-Monthly
73	Estates & New Hospital Project	<p>ELECTRICAL - UPS/IPS (CORPORATE)</p> <p>Risk of harm or injury to patients reliant on electrical systems for life support should there be a failure of the electricity supply. It is imperative that electrical power is always available to life sustaining medical equipment being used. Uninterruptable Power Supplies (UPS) and Isolated Power Supplies (IPS) connected to acute clinical areas ensures that there is a reliable electrical power supply when there is a sudden loss of electrical power from the national grid.</p>	5x2=10	30/12/2018	31/03/2018	Six-Monthly
74	Estates & New Hospital Project	<p>ELECTRICAL HV SYSTEMS</p> <p>Risk of serious injury or death of estates staff or contractors due to equipment malfunction or incorrect operation.</p>	5x2=10	30/12/2018	31/03/2023	Six-Monthly
75	Estates & New Hospital Project	<p>LIFTS (CORPORATE)</p> <p>The Trust is reliant on passenger and goods lifts across the estate. Lift safety features need to be maintained and statutory safety testing must be carried out to ensure reliable function and to safeguard against dangers such as non-levelling of car, doors opening when no car present (interlocks), entrapment, cable breaking and breaks not operating.</p>	5x2=10	05/11/2017	31/03/2018	Quarterly
79	Estates & New Hospital Project	<p>PIPED MEDICAL GASES (CORPORATE)</p> <p>Failure to manage and maintain the Piped medical gas system across Trust sites in accordance with HTM02-01 could put patients and staff at risk of harm.</p>	5x2=10	28/09/2018	30/11/2017	Quarterly
81	Estates & New Hospital Project	<p>COSHH (WATER SAFETY - LEGIONELLA) (CORPORATE)</p> <p>If the risk from water borne pathogens is not managed then there is a health risk to patients, visitors and staff. There is an absolute legal duty placed on the Trust to manage risk of Legionella</p>	5x2=10	05/11/2017	31/07/2017	Six-Monthly

Risk No.	Division	Title	Risk Rating (sXL)	Review Date	Target Date	Review Frequency
2511	Estates & New Hospital Project	EQUIPMENT (MEDICAL) (Gas)  Medical Gas outlets on Priory 4 and Newton 4 (SGH) are at increased risk of damage due to their mounting height. Damage to the oxygen outlet could lead to uncontrolled release of oxygen and therefore a significantly greater fire risk. 90% of all med gas outlets damaged by beds occur on P4 and N4	5x2=10	28/09/2018	31/12/2018	Quarterly
2727	Estates & New Hospital Project	FLOODING Risk of buildings or facilities becoming unusable due to flooding	5x2=10	30/12/2018	01/08/2018	Six-Monthly
2767	Estates & New Hospital Project	Delay in gaining access to a room that has been barricaded resulting in an individual self-harming or harming another individual.	5x2=10	15/02/2018	15/02/2018	
2814	Estates & New Hospital Project	MES - Access to MMH equipment is required regularly by Siemens from installation until operational to maintain equipment. If there is no access, equipment cannot be maintained adequately.	5x2=10	10/05/2018	01/09/2019	Monthly
2815	Estates & New Hospital Project	MES - IT Network (including PACS) not available for equipment to be commissioned. Therefore equipment cannot be commissioned as planned. Note PACS go live early 2018	5x2=10	24/05/2018	/ /	Monthly
2816	Estates & New Hospital Project	MES - Resource for clinical commissioning - There are currently only two RPA resources (+ ? one student) who can perform clinical commissioning of imaging equipment. This could cause a delay in equipment being commissioned. One is leaving the Trust in December 2017 and one is reducing hours.	5x2=10	10/05/2018	/ /	Monthly
3046	Estates & New Hospital Project	There is a risk that the Midland Met infrastructure will not be ready in time for the planned enabling works and installation of large imaging equipment.	5x2=10	24/05/2018	/ /	Monthly
3047	Estates & New Hospital Project	There is a risk that in making significant workforce changes ahead of other local NHS organisations , staff will not recognise the need for change and may be resistant, resulting in incomplete benefits realisation of workforce change programme	5x2=10	24/10/2018	/ /	Six-Monthly
761	Medical Director Office	If the Trust were inspected by the MHRA, the lack of Trust-wide standard operating procedures for research governance and delivery could result in all research being stopped.	5x1=5	02/10/2016	31/03/2018	Quarterly
2582	Medical Director Office	There is a risk that a catastrophic failure of services to the switchboard (e.g. power, network, telephony, building) would result in a complete loss of service for telephony and switchboard services including alarm management. By design the only location currently for these services is the City switchboard	5x2=10	16/11/2017	31/03/2018	Quarterly
2642	Medical Director Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	5x2=10	30/11/2018	31/12/2018	Quarterly
3013	Medical Director Office	Inability to print labels at bedside poses risk of incorrect sample labelling "In line with NPSA guidance, blood samples should, where possible, be labelled at patient's side or bedside.	5x2=10	/ /	30/04/2018	
2369	Medicine & Emergency Care	There is a risk that inappropriate usage, exposure and storage of hazardous substances, may result in harm to both patients and staff.	5x1=5	10/06/2020	30/09/2017	Biennially
2926	Medicine & Emergency Care	EMG studies involve using Concentric EMG needles electrodes	5x1=5	/ /	/ /	
380	Medicine & Emergency Care	There is a risk that staff may be harmed in undertaking management of Bariatric Patients through lack of appropriate equipment and training	5x2=10	02/02/2019	12/05/2017	Quarterly
2160	Medicine & Emergency Care	There is a risk that cardiac rhythm downloads from pacemaker and complex implantable rhythm management devices, are not being analysed in a timely fashion, as a result of staffing shortages. This may result in life threatening arrhythmias remaining untreated and device malfunctions remaining undetected, which could result in serious harm to patients or even death.	5x2=10	24/07/2019	01/09/2019	Annually
1795	Organisation Development	That an unauthorised intruder may gain access to the day nursery and pose a risk to the children in the cae of the day nursery.	5x1=5	14/06/2019	/ /	Annually

Risk No.	Division	Title	Risk Rating (sXL)	Review Date	Target Date	Review Frequency
3146	Organisation Development	risk of fire in the nursery due to poor maintenance, inappropriate storage plus risk of a Missing child, Smoke inhalation, Slips, trips and falls, Major injury and Burns if a fire broke out	5x1=5	15/06/2019	/ /	Annually
2930	Pathology	This risk assessment is to facilitate the cross site out of hours haematology/blood transfusion service	5x1=5	30/01/2019	30/01/2019	Annually
2387	Surgery	Lack of privacy,dignity and confidentiality due to the design and layout of the department at BMEC OPD	5x1=5	12/07/2019	/ /	Annually
2388	Surgery	Lack of privacy,dignity and confidentiality due to the design and layout of the department at BMEC A&E.	5x1=5	12/07/2019	12/06/2020	Annually
2459	Surgery	COSHH Compressed medical oxygen from cylinders and piped from walls (BOC)	5x1=5	25/01/2019	/ /	Annually
186	Surgery	Risk of surgical Never Event and patient harm due to wrong side/site listed on the Ormis theatre system as a result of incorrect side/procedure on EDTA form (Elective Surgery) Incorrect transcribing for emergency / trauma Surgery	5x2=10	06/11/2018	/ /	Quarterly
329	Women & Child Health	Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an inequitable service for those women choosing to book at SWBH.	5x1=5	04/10/2018	30/09/2018	Monthly

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
127	Corporate Nursing Services	Nursing Management (C)	20/06/2017	20/08/2017	Potential harm to vulnerable adults if staff do not recognise safeguarding concerns - training at level 2 below mandatory training levels	Live (With Actions)	Debbie Talbot
2509	Corporate Nursing Services	Nursing Management (C)	/ /	/ /	Due to two members of staff being on long term sick leave there is currently no learning disability nurses working within the trust to provide the learning disability liaison service	Live (With Actions)	
1886	Corporate Nursing Services	Nursing Management (C)	/ /	08/09/2016	evidence from audit of wards and focused care activity illustrates staff are failing to request DOL authorisations	Live (With Actions)	
1218	Corporate Operations	Transport General (S)	18/04/2016	18/04/2017	Reduced Staffing levels	Live (Monitor)	Dawn Hall
1219	Corporate Operations	Transport General (S)	18/04/2016	18/04/2017	Lone Worker	Live (Monitor)	Dawn Hall
1959	Corporate Operations	Portering (C)	/ /	/ /	Assess transportation of medical records from BTC to the medical records department on the back drive, DGM building and Sheldon block using a large records trolley	Live (Monitor)	
2491	Corporate Operations	Outpatients (S)	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (Monitor)	
2492	Corporate Operations	Outpatients - BTC	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (Monitor)	
2497	Corporate Operations	Outpatients (S)	/ /	/ /	MOVING & HANDLING The risk of injury to patients/staff/others due to poor manual handling techniques which results in injuries, sickness absence, amended duties and employer liability claims.	Live (With Actions)	
2755	Corporate Operations	Security (C)	/ /	/ /	The neglect or lack of physical security measures may lead to an increase in theft, damage, violence or fraud against the Trust culminating in financial loss or injury to staff.	Live (With Actions)	
2804	Corporate Operations	Security (C)	/ /	/ /	SECURITY - WARDS & DEPARTMENTS Wards and departments are at risk of theft or violence and aggression from intruders without adequate security in place	Live (Monitor)	

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3219	Corporate Operations	Emergency Planning	//	//	"There is a potential risk to the Trust that it will be negatively impacted by severe weather. Patients unable to access services Loss of Workforce being able to attend work or discharge from work Potential surge emergency attendances / admissions during or after adverse weather Inability to continue with normal business for various services across the Trust"	Live (With Actions)	
3220	Corporate Operations	Emergency Planning	//	//	There is a potential risk of Invacuation, Partial Evacuation or Total Site Evacuation as a result of loss of premises, terrorism, loss of utilities movement of patients to alternate area loss of an area reduction of hospital services Closure of Hospital site Required relocation of patients to alternative hospitals / Care site	Live (With Actions)	
1243	Corporate Operations	Portering (C)	//	01/12/2016	Risk to staff whilst handling of clinical and non-clinical waste / soiled laundry which could result in a needlestick injury	Live (With Actions)	
1634	Corporate Operations	Portering (C)	//	01/12/2016	Failure to follow procedure in the removal of clinical waste may result in waste being consigned incorrectly or being found outside of the waste stream which is a risk to staff, patients, visitors and other external person (eg linen contractor)	Live (With Actions)	
2726	Corporate Operations	Security (C)	//	//	Use of physical restraint may result in major injury/fatality of those being restrained and major injury to those carrying out the restraint	Live (With Actions)	
3074	Corporate Operations	Portering (S)	//	//	That the current practice of staff completing 8 hour bank shifts after completing a scheduled 8 hour shift is in breach of the working time directive as they are not having the required 11 hours of rest between shifts which is putting both staff and the Trust at risk of harm.	Live (With Actions)	
1633	Corporate Operations	Portering (C)	//	01/12/2016	Failure to segregate waste at ward level could result in waste being mis-consigned and posing a risk to Trust staff and others (external waste provider staff)	Live (With Actions)	
2861	Corporate Operations	Security (C)	//	//	Use of motor vehicles (in-house and contracted) in Trust activities may involve collision with pedestrian/vehicle/premises can result in major injury/fatality and damage.	Live (Monitor)	

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
693	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	Where adjacent rooms contain doorsets on to a corridor or circulation area, if it is not possible to incorporate acoustic doors to these rooms from the circulation areas this may result in the sound insulation performance between the rooms failing to achieve the room to room sound insulation performance requirements due to flanking transmission that would occur around the non-acoustic doorsets. This would be expected to occur where it is not possible to install doors with acoustic seals for functionality reasons (e.g. undercuts required to the door as part of ventilation strategy or incompatibility of the use of acoustic seals with hygiene and maintenance requirements.)	Live (With Actions)	
694	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	HTM 06 -01 recommends IPS are located on same floor and just outside the medical department clinical risk category area it serves. Where this is not practical, derogation may be given to locating the equipment on the floor immediately above or below, or within 30 m on the same floor as the clinical risk category area.	Live (Monitor)	
695	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	It is not recommended that noise and vibration generating plant be housed directly adjacent to clinical areas.	Live (With Actions)	
697	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Door opening forces not to exceed 30N from the leading edge of the door from the inside.	Live (With Actions)	
699	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	4800mm wide revolving entry doors will be required at the main Hospital entrance along with automated pass through doors	Live (With Actions)	
705	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Air handling units shall each be selected to supply a maximum of 7m <sup>3</sup> /s to give ease of handling	Live (With Actions)	
759	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Internal noise levels within Winter Garden during heavy rainfall.  HTM 08-01; Clause 2.18, 2.19 ~ Table 1 Internal Noise Levels from External Sources from LA eq=65dB to LA eq=75dB	Live (With Actions)	
1740	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	The air should be heated using a constant or variable temperature source, but generally only to the space air temperature. In most instances, the low pressure hot water (LPHW) heating system should offset any fabric loss so that set-back room temperatures can be maintained during unoccupied periods without the need for the ventilation system to operate	Live (With Actions)	

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1741	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Where it is necessary to locate auxillary heater batteries in false ceilings consideration should be given to the use of electric heaters. If this is not practicable a catch tray should be installed under both the battery and the control valve assembly to protect the ceiling from leaks	Live (With Actions)	
1742	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Batteries that are significantly wider than 1m should be split to permit withdrawal from both sides	Live (With Actions)	
1743	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Units greater than 1 m wide should preferably have access from both sides	Live (With Actions)	
1746	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Auxiliary fan-coil units should not be installed in the ceiling above an occupied space	Live (With Actions)	
1747	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Supply and extract grilles and diffusers should be fitted with opposed-blade dampers for fine balancing purposes.	Live (With Actions)	
1748	Estates & New Hospital Project	Midland Metropolitan Project	//	//	All control valves must fail-safe, that is, close in the event of power or air-flow failure, with the exception of the fog/frost battery control valve which should open upon power or air-flow failure.	Live (With Actions)	
1749	Estates & New Hospital Project	Midland Metropolitan Project	//	//	The use of Modular UCV systems can be used.	Live (With Actions)	
305	Estates & New Hospital Project	Waste Services (C)	01/07/2014	//	Non conformance of HTM07-01	Live (With Actions)	
1750	Estates & New Hospital Project	Midland Metropolitan Project	//	//	HTM 04-01 Some of the clauses contradict each other and may conflict with other more recent guidance	Live (With Actions)	
1751	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Water Meters - Appropriate bypass arrangements with valves immediately upstream and downstream should be provided	Live (With Actions)	
1752	Estates & New Hospital Project	Midland Metropolitan Project	//	//	Hot and cold water pipework should be sized using the procedure outlined in CIBSE Guide G: 'Public health engineering	Live (With Actions)	
1754	Estates & New Hospital Project	Midland Metropolitan Project	//	//	HTM 06-01 references MEIGaN	Live (With Actions)	
1755	Estates & New Hospital Project	Midland Metropolitan Project	//	//	HTM 07-02 The building fabric performances for U, g, light transmittance and air leakage quoted by Trust	Live (With Actions)	



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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1756	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	HTM 03-01 Where local control is provided, an indication of temperature will be required locally or at a staff base (if appropriate) using an analogue or digital indicator. The indicator should be large enough to be read from the normal working position (for example at the operating table in a theatre). This may be mounted in a supervisory control panel, with the signal repeated on the main system control	Live (With Actions)	
1757	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Flexibility Strategy for dealing with future change	Live (With Actions)	
1793	Estates & New Hospital Project	Waste Services (C)	/ /	16/08/2016	The safe management of Healthcare waste Waste containers (770 & 360 Litre clinical yellow containers).	Live (With Actions)	
1787	Estates & New Hospital Project	Waste Services (C)	/ /	15/08/2016	To ensure that waste streams are managed in accordance with safe practice and in accordance with legislation and the law..	Live (With Actions)	
2415	Estates & New Hospital Project	Waste Services (S)	/ /	/ /	To review the operational practices associated with the waste compactor at Sandwell General Hospital for health and safety principles and associated pest issues.	Live (With Actions)	
1791	Estates & New Hospital Project	Waste Services (C)	/ /	15/08/2016	WASTE MANAGEMENT The safe management of healthcare waste	Live (Monitor)	
83	Estates & New Hospital Project	Estates Building (C)	18/05/2017	16/08/2017	SAFE HOT WATER (CORPORATE)  Hot water presents a risk of scolding/burning. All trust water outlets must provide water at suitable temperature for its use. All pipework carrying hot water must be controlled so that it is not possible under normal conditions to receive a burn from touching its surface.	Live (With Actions)	Stephen Kingscott
692	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	MMH Acoustic noise level between interconnecting doors.  HTM 08-01 Table 4	Live (With Actions)	
2803	Estates & New Hospital Project	Estates (MMH)	/ /	/ /	No space in MMH for Microbiology ESL activity.	Live (With Actions)	
2720	Estates & New Hospital Project	Waste Services (C)	/ /	/ /	That the process of decanting waste from bins into cages to transfer the waste to the external corrals in the main building at City Hospital may result in a slip, trip or fall hazard If the black refuse bags are damaged in the process of transferring the waste which may result in an injury to a patient, staff member or visitor.	Live (With Actions)	

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
5	Finance	Financial Management (S)	30/12/2015	30/06/2016	Financial reporting is reliant on a version of Oracle for which only a basic level of support is available. The risk is twofold: 1. that third party software is released that the current Oracle version is not compatible with 2. The Trust finds a bug not previously identified.	Live (With Actions)	
174	Finance	Supplies	01/07/2014	31/07/2016	Financial reporting is reliant on Access 97 database. Failure of this system will undermine the Trust's ability to report to internal and external stakeholders.	Live (With Actions)	
1864	Imaging	Imaging Management (C)	09/08/2017	16/08/2017	Delays in CT biopsy. High waiting times. Patient breach 31/52 cancer targets. Could lead to increase in complaints plus high waiting times.	Live (With Actions)	Yasir Malik
760	Medical Director Office	Research and Development	04/07/2016	02/10/2016	The R&D department is entirely dependant on income generation, which is complex and unpredictable; therefore financial and resource management is difficult.	Live (With Actions)	Jocelyn Bell
762	Medical Director Office	Research and Development	04/07/2016	02/10/2016	The Trust will not be able to report on the newly introduced NIHR benchmark requirements due to lack of resources to collect the relevant data which could result in financial penalties to the Trust.	Live (With Actions)	Jocelyn Bell
763	Medical Director Office	Research and Development	04/07/2016	02/10/2016	Lack of principal investigator oversight of research studies, due to a lack of investment of time, results in poor quality research and potential adverse impacts on patients and other members of the research team.	Live (With Actions)	Jocelyn Bell
764	Medical Director Office	Research and Development	04/07/2016	02/10/2016	There is a risk that R&D strategic objectives to increase activity will not be achieved due to a lack of staff which results in missed income opportunities.	Live (With Actions)	Jocelyn Bell
765	Medical Director Office	Research and Development	04/07/2016	02/10/2016	There is a risk that R&D quality standards are not being met, because of low staffing, which can put patients at risk ethically and findings could be misleading.	Live (With Actions)	Jocelyn Bell
2648	Medical Director Office	Informatics(C)	/ /	/ /	There is a risk that the EPR does not produce suitable statistics to support Trust performance reporting. This could result in dispute with the CCG, loss of revenue or a failure to meet national statutory reporting requirements.	Live (With Actions)	
3013	Medical Director Office	Informatics(C)	09/08/2018	/ /	Inability to print labels at bedside poses risk of incorrect sample labelling "In line with NPSA guidance, blood samples should, where possible, be labelled at patient's side or bedside.	Live (Monitor)	Sarah Cooke

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3015	Medical Director Office	Informatics(C)	/ /	/ /	There is a risk that the clinical users will not be able to fully use the problem, diagnosis and procedure functions in Unity correctly due to lack familiarisation with Snomed CT as a tool for clinical terming.  The function is available to all clinical users, including nurses, midwives, and therapists, who generally have little existing experience of terming using Snomed CT.	Live (Monitor)	
3016	Medical Director Office	Informatics(C)	09/08/2018	/ /	There is a risk that as users have access to the single document capture function which does not currently have a documented and approved workflow that there could be a lack of standardization in operation and clinical information.	Live (Monitor)	Sarah Cooke
3026	Medical Director Office	Informatics(C)	/ /	/ /	There is a risk that pathology IT systems are end of life before the move to BCP. This will occur end December 2019 and relates to the IT systems, operating systems and hardware.	Live (With Actions)	
758	Medical Director Office	Research and Development	04/07/2016	02/10/2016	There is a risk that departments supporting R&D (pharmacy, imaging, pathology, etc.) do not have capacity, which can result in delays and missed opportunities.	Live (With Actions)	Jocelyn Bell
761	Medical Director Office	Research and Development	04/07/2016	02/10/2016	If the Trust were inspected by the MHRA, the lack of Trust-wide standard operating procedures for research governance and delivery could result in all research being stopped.	Live (With Actions)	Jocelyn Bell
1707	Medicine & Emergency Care	Oncology Medical	/ /	11/03/2016	Risk that service continuity for patients is not secured through third party arrangements either through UHB or alternative providers due to timescales for medical/clinical oncologist recruitment processes and/or external providers service delivery models.	Live (With Actions)	
1703	Medicine & Emergency Care	Oncology Medical	10/03/2016	09/04/2016	There is a risk of not having required and compatible equipment in place in all MDT rooms required to make connections to external partners for MDTs.	Live (With Actions)	Roger Stedman
1934	Medicine & Emergency Care	Oncology Medical	22/08/2016	21/09/2016	Workforce review schemes likely to cause unrest within admin teams.	Live (With Actions)	Casper Fons
2215	Medicine & Emergency Care	D15	05/01/2017	12/01/2017	Risk of inability to provide safe and effective management of patients due to shift co ordinator having additional work load ( caring for 8 patients )The shift coordinator is also responsible for managing the shift in addition to caring for 8 patients.	Live (Monitor)	Jill Barnes
2216	Medicine & Emergency Care	D16	05/01/2017	12/01/2017	Risk of inability to provide safe and effective management of patients due to shift co ordinator having additional work load ( caring for 4 patients )The shift coordinator is also responsible for managing the shift in addition to caring for 4 patients.	Live (Monitor)	Jill Barnes

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
2224	Medicine & Emergency Care	D15	05/01/2017	04/02/2017	Risk of ability of provide safe and effective care due to high acuity of patients. For example patients requiring NIV will require 1:4 nurse to patient ratio. Current staffing model ratio 1:8.No additional funding in workforce budget to meet these fluctuating demands on service.	Live (With Actions)	Jill Barnes
2226	Medicine & Emergency Care	D16	05/01/2017	04/02/2017	Risk of violent/aggressive behaviour of patients or visitors due to clinical condition, alcohol/drug withdrawal, complaints, criminal intent, receiving bad news and mental health/capacity.	Live (With Actions)	Jill Barnes
2263	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	COSHH. Chlorclean tab 6.5g. Risk of inhalation or ingestion.	Live (With Actions)	Jacqueline Moore
2264	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Moving and Handling. Physical injury from manual handling supplies and equipment.	Live (With Actions)	Jacqueline Moore
2265	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	New and Expectant Mothers. Physical Hazards, infection, chemical handling, eg. drugs. Working conditions.	Live (With Actions)	Jacqueline Moore
2266	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Security. Criminal damage and theft.	Live (With Actions)	Jacqueline Moore
2267	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Security. Information. Data loss. Theft of laptops and CDs.	Live (With Actions)	Jacqueline Moore
2268	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Sharps. Clinical exposure to sharp use. Cleaning contamination equipment.	Live (With Actions)	Jacqueline Moore
2269	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Slips, Trips and Falls. Environment. Patients on multiple medication. Medical conditions.	Live (With Actions)	Jacqueline Moore
2270	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Stress. Pressures of life either at work or at home.	Live (With Actions)	Jacqueline Moore
2271	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Violence and Aggression.	Live (With Actions)	Jacqueline Moore
2338	Medicine & Emergency Care	AMU 1	/ /	25/04/2017	Patients requiring in patient psychiatric beds are on occasion transferred to AMU1 under care of ED until appropriate bed is found.	Live (Monitor)	
2339	Medicine & Emergency Care	AMU 1	/ /	/ /	Patients admitted under medicine not having VTE done within specified time limit.	Live (With Actions)	
2358	Medicine & Emergency Care	Accident & Emergency (S)	/ /	08/03/2017	Missing GP letters for 0-18 Paediatric Attenders who either live out of area or attend an out of area school (Sandwell ED). Scope of assessment does not include GP letters generated for CYP outside of the above parameters. Incomplete discharge	Live (With Actions)	

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2475	Medicine & Emergency Care	Ambulatory Medical Assessment	/ /	/ /	Patients are bedded overnight in the Ambulatory Medical Assessment Area on a regular basis which then stops the flow of the AMAA working sufficiently during the day . City Site only . Beds not funded for overnight use . AMU provide a qualified nurse for the night shift	Live (Monitor)	
2538	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	21% of patients on ward are on focused care and this is impacting on financial stability of ward.	Live (With Actions)	Joanne Thomas
2539	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Slips, trips and falls. Environment. Patients on multiple medication. Medical conditions.	Live (With Actions)	Joanne Thomas
2540	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Moving and Handling. Physical injury from manual handling supplies and equipment.	Live (With Actions)	Joanne Thomas
2541	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Stress. Pressures of life either at work or at home.	Live (With Actions)	Joanne Thomas
2542	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Violence and Aggression.	Live (With Actions)	Joanne Thomas
2543	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Security. Information. Data loss, theft of laptops and CDs.	Live (With Actions)	Joanne Thomas
2544	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Sharps. Clinical exposure to sharp use. Cleaning contaminated equipment.	Live (With Actions)	Joanne Thomas
2545	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	COSHH. Chlorclean tab 6.5g risk of inhalation or ingestion.	Live (With Actions)	Joanne Thomas
2546	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	New and Expectant Mothers. Physical hazards, infection, chemical handling, eg. drugs. Working conditions.	Live (With Actions)	Joanne Thomas
2547	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Security. Criminal damage and theft.	Live (With Actions)	Joanne Thomas
1943	Medicine & Emergency Care	AMU 1	22/05/2017	29/05/2017	CLINICAL CARE - BED SPACE Patients having significant delays in waiting for beds on D12 for gold rooms (TB, CDiff) often waiting up to 14 days.	Live (With Actions)	Tajinder Virk-Dhugga
1945	Medicine & Emergency Care	AMU 1	23/05/2017	21/08/2017	Patients on AMU who require NIV may be at risk of harm due to staff numbers and skill/training.	Live (With Actions)	Tajinder Virk-Dhugga
2341	Medicine & Emergency Care	AMU 1	/ /	/ /	VIOLENCE & AGGRESSION  Staff and patients at risk of violence and aggression	Live (Monitor)	
2537	Medicine & Emergency Care	Lyndon 5	16/06/2017	20/07/2017	To create a fully established staffed ward. To staff 34 beds and 16 beds (August -September 2017).	Live (With Actions)	Samantha Walden
2758	Medicine & Emergency Care	D15	04/06/2018	/ /	Risk of inability to provide safe and effective care due to unfunded capacity open, as reliant on agency staff to support. No substantive funding allocated	Live (With Actions)	Stephanie Coates

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2025	Medicine & Emergency Care	Older Persons Assessment Unit	05/10/2016	/ /	10 bedded Old persons assessment unit to opened on Friday 9th September 2016- approval by corporate given Wednesday 7th September 2016 1 substantive staff on acting band 7-rest of qualified staff to take charge will be identified from medical wards to cover the unit with agency / bank HCA plus/minus qualified which poses a risk to safety and quality care which is provided to our patients No budget No cost code No VAF No SOP Draft Inclusion/exclusion criteria by consultant lead  24th May opau increased to 20 beds with insufficient staffing model Unit has budget and cost code	Live (With Actions)	Marion Freeman
2225	Medicine & Emergency Care	D16	05/01/2017	04/02/2017	Risk of providing safe and effective care due to high acuity of patients. For example patients requiring NIV will require 1:4 nurse to patient ratio. Current staffing model ratio 1:8.No additional funding in workforce budget to meet these fluctuating demands on service.	Live (Monitor)	Jill Barnes
2900	Medicine & Emergency Care	D16	05/01/2018	/ /	Increase in incidence of drug errors due to drug chart not being signed by administrating nurse.	Live (With Actions)	Stephanie Coates
2895	Medicine & Emergency Care	Neurophysiology	/ /	/ /	Identifying the correct patient for the procedure	Live (With Actions)	
2921	Medicine & Emergency Care	Neurophysiology	/ /	/ /	Managing an aggressive , violent and /restless patient can expose staff and other patients to risk from harm.	Live (With Actions)	
2926	Medicine & Emergency Care	Neurophysiology	/ /	/ /	EMG studies involve using Concentric EMG needles electrodes	Live (With Actions)	
2960	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that there may be a significant staff shortage due to severe weather conditions, that may result in the provision of limited services in the Cardiology Diagnostics department, which could lead to delays in patient care and potential harm to patients.	Live (With Actions)	Amanda Nadeem
3001	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that Cardiology Diagnostic Investigations will breach the agreed 5weeks 6 days waiting time due to staff shortages, a lack of equipment and an insufficient number of rooms within the department, which may result in delays in treatment and potential harm to patients.	Live (With Actions)	Amanda Nadeem

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3088	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that patient's exercise tolerance test results and some pacemaker and implantable loop recorder reports, will not be reviewed or acted upon appropriately, as currently only paper copies are available with no electronic storage solution, which may result in incorrect or delayed treatment and medico-legal issues.	Live (With Actions)	Amanda Nadeem
3119	Medicine & Emergency Care	Lyndon 4	/ /	/ /	staffing establishment changes : newly reviewed staffing/establishment numbers impact on patient care and quality of care and safety	Live (With Actions)	
3189	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Currently 12.29 band 5 vacancies. High bank and agency usage, potential risk of compromising patient safety	Live (With Actions)	
3194	Medicine & Emergency Care	Lyndon 5	/ /	/ /	New and expectant mothers. Minimise risk to new/expectant mothers working on Lyndon 5	Live (With Actions)	
3195	Medicine & Emergency Care	Lyndon 5	/ /	/ /	SECURITY- Risk of theft, criminal damage, assault, verbal abuse, V&A to staff/patients/visitors, trust property and private property	Live (Monitor)	
3196	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Slips, Trips and falls. Risk to staff, visitors and patients re spillages, wet cleaning methods, shoes/clothing, condensation, poor balance or uneven flooring	Live (With Actions)	
3199	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Falls. Falls risk within speciality of elderly care. Potential risk to patient of harm/injury	Live (With Actions)	
3200	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Staffing establishment changes:newly received staffing /establishment numbers impact on patient care and safety	Live (With Actions)	
3202	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that patients will not receive their Tilt Table Test due to inadequate provision of staff training, equipment and clinician support, which will result in patients experiencing significant delays in diagnosis and treatment, causing potential harm to patients or even death.	Live (With Actions)	Amanda Nadeem
3230	Medicine & Emergency Care	Endoscopy Unit (C)	/ /	/ /	Lack of provision of Medical Records support Post Unity go live will impact endoscopy Admin procedures as much of Endoscopy process will remain paper based and as such will still require episodic folders prior to clinic and scanning facility onto clinical data archive.  This has potential knock on effects to pts safety if not mitigated as documents relating to endoscopy procedures will not be available	Live (With Actions)	
3235	Medicine & Emergency Care	Bowel Cancer Screening (C)	/ /	/ /	implementation of new FIT test may require increased capacity for BCSP	Live (Monitor)	

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3238	Medicine & Emergency Care	Endoscopy Unit (C)	/ /	/ /	Move of clinics to General Surgery specialty code has meant that clinics are no longer visible on one screen for clerks to book efficiently and effectively in order to manage capacity well.  This could potentially lead to lost capacity and thus longer waiting times for pts with a possible detrimental effect on DM01	Live (Monitor)	
2975	Medicine & Emergency Care	Endoscopy Unit (C)	23/08/2018	/ /	Current ADAM Reporting System not fit for purpose - risk to JAG compliance. procurement of new Unisof system underway but will take time and may not be within JAGs Expected timescales	Live (With Actions)	April Hawkins
1739	Medicine & Emergency Care	Accident & Emergency (C)	27/04/2017	27/05/2017	MOVING AND HANDLING Manual handling of transfer of patients on trolleys in A\E at City. Due to the design of the area, transferring a patient on a trolley within the adjacent corridors from Majors\Minors\cubicles to X-Ray achieved by porter (Nursing staff additionally observed as achieving activity on their own, without assistance). Transfer of patient on a trolley to a ward achieved by a porter with nurse escort.	Live (Monitor)	Antoinette Cummings
1894	Organisation Development	Nursery (S)	/ /	09/08/2017	risk of harm to staff working alone if correct measures are not in place	Live (With Actions)	
3303	Organisation Development	Nurse Bank (S)	/ /	/ /	Monitoring of Working Time Directive (WTD) for all staff groups currently not recorded or monitored Payment of WTD to Doctors not currently identified on payslip May lead to breach of the regulations	Live (With Actions)	
3306	Organisation Development	Communications	/ /	/ /	Poor staff engagement levels that could be contributed to by ineffective team communications systems and lack of senior manager visibility, leading to lack of understanding of the Trust's vision and objectives, lack of ability to share good practice and improve services.	Live (Monitor)	
3307	Organisation Development	Communications	/ /	/ /	Regular IT outages often lead to loss of access to Connect. This has serious implications for clinical referral forms and pay roll information that are accessed through Connect.	Live (Monitor)	
3308	Organisation Development	Communications	/ /	/ /	Communications is wholly reliant on internal IT network. This means when the network goes down there is nothing in place for work to continue outside of the network.	Live (Monitor)	
3314	Organisation Development	Trust Charity	/ /	/ /	Reputation risk is a strategic risk especially in the age of social media. The Charity depends on the goodwill of its stakeholders, negative Videos and news can go viral in a very short space of time and damage support of the charity.	Live (Monitor)	



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3322	Organisation Development	Trust Charity	/ /	/ /	Technology & Data Risk - The legislation of recent years has put data governance firmly in the forefront of risk management. The Charity is heavily dependent on the Trust's IT infrastructure to process transactions and record correspondence, IT systems can be susceptible to breach, hacking loss of data etc that can affect the reputation of the charity	Live (Monitor)	
3323	Organisation Development	Trust Charity	/ /	/ /	Impact on the safety of patients, staff or public (physical / psychological harm) the charity organises various fundraising events which involves internal and external volunteers working on behalf of the charity. Measures are in place to mitigate risk of harm.	Live (Monitor)	
2947	Pathology	Toxicology (C)	/ /	/ /	There is a risk that the Alcohol service may not be able to continue to function if funding is withdrawn by the Trust. The service is currently funded by charitable funds and is supporting achievement of the two public health objectives: 1. reduce alcohol related admissions by at least a fifth against 2013-14 baselines 2. 50% increase in referrals from the Trust to partner alcohol support agencies	Live (With Actions)	
781	Primary Care & Community Therapies	Palliative And End Of Life Car	08/11/2016	10/05/2017	There is a risk of musculoskeletal disorders for staff with reported disorders or expectant mothers which could result in harm to members of staff.	Live (Monitor)	Tammy Davies
1315	Primary Care & Community Therapies	MSK & COS Lyng	04/10/2016	05/04/2017	There is a risk when providing a patient with medication under a patient group direction that they may suffer a severe allergic reaction.	Live (Monitor)	Kulwinder Johal
2493	Primary Care & Community Therapies	Outpatients (C)	/ /	/ /	MOVING & HANDLING The risk of injury to patients/staff/others due to poor manual handling techniques which results in injuries, sickness absence, amended duties and employer liability claims.	Live (With Actions)	
2498	Primary Care & Community Therapies	Outpatients (C)	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (Monitor)	
2525	Primary Care & Community Therapies	Foot Health Domiciliary	/ /	/ /	Sandwell joint equipment stores will no longer fund the provision of high specification pressure relieving foam mattresses and cushions in patients homes in Sandwell community. Currently the joint equipment store is forwarding invoices to SWBH financial department requesting payment. There has been no funding identified for this additional expenditure. The alternative to the provision of high specification foam mattress is to supply air alternating systems which is not cost effective and can be potentially detrimental to patients well being.	Live (With Actions)	

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2468	Primary Care & Community Therapies	Physiotherapy (S)	/ /	/ /	LONE WORKING There is a risk of damage to health, safety and of loss to members of staff involved in lone working.	Live (Monitor)	
2469	Primary Care & Community Therapies	Physiotherapy (S)	24/03/2017	/ /	SECURITY There is a risk to personal and patient security and to trust property if procedures designed to minimise security breaches are not followed.	Live (Monitor)	Justine Irish
2678	Primary Care & Community Therapies	D42 Medical Infusion Suite	/ /	/ /	Currently understaffed by 2.6 WTE Band 5 nurses.	Live (With Actions)	
2715	Primary Care & Community Therapies	D42 Medical Infusion Suite	/ /	/ /	There is a risk that treatment will be delayed being given to patients, if drugs are not prepared in a timely manner by Pharmacy, which will cause complaints, and an inefficient running of the Unit. Drug charts must be delivered to pharmacy with 2 weeks notice to ensure that the drugs will be prepared on time.	Live (Monitor)	
2845	Primary Care & Community Therapies	The Heart Of Sandwell Day Hosp	/ /	/ /	There is a risk that the Ambulance transporting patients will break down while end of life patients are on board.	Live (Monitor)	
2932	Primary Care & Community Therapies	Sandwell Sexual Health Service	/ /	/ /	The service must move the Lyng Health Centre in June when the Dartmouth Clinic is decommissioned. There is a risk that changes to the premises will not be ready, resulting in a poor service for patients without certain facilities.	Live (With Actions)	
2933	Primary Care & Community Therapies	D42 Medical Infusion Suite	/ /	/ /	Merging the service with OPAT is necessary but could confuse staff and result in an unclear referral pathway.	Live (Monitor)	
2934	Primary Care & Community Therapies	Diabetes & Endocr (S)	/ /	/ /	The CCG are reviewing the way that DiCE data is collected and recorded. There is a risk that changes to the way it is recorded will shift focus to quantity of patient rather than up-skilling and quality.	Live (Monitor)	
2824	Primary Care & Community Therapies	Speech & Language Therapy (C)	01/11/2017	/ /	Speech Studio voice analysis system is a software and hardware package integral to Voice assessment. It is compatible with Windows XP but not with Wondows 10. If the system is lost through "upgrade" to Windows 10 patient management will be detrimentally affected with a risk of much poorer outcomes.	Live (With Actions)	Eileen Kucharski
2968	Primary Care & Community Therapies	Diabetes & Endocr (S)	/ /	/ /	A delay in reorganising consultant job plans means mismatched demand and capacity for diabetes and endocrinology cannot be properly addressed. This means patients are turning up on other consultant's lists and building up on waiting lists when there is unused capacity elsewhere in the service.	Live (With Actions)	

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3007	Primary Care & Community Therapies	Eliza Tinsley_Med Fit Ward	//	//	Conservatory internal doors could close behind the person using the conservatory and they would be unable to open them again from inside the conservatory.	Live (Monitor)	
3025	Primary Care & Community Therapies	Diabetes & Endocr (C)	//	//	On going dispute over suitable job plans means some areas are currently in limbo as to whose responsibility they are. There is a risk that some continuity is affected. Further service improvements cannot be made until this is resolved.	Live (Monitor)	
3032	Primary Care & Community Therapies	Stroke ESD_MAC_FES	//	//	Risk to letter turn around time and therefore RTT & patient information	Live (Monitor)	
3091	Primary Care & Community Therapies	Sandwell Sexual Health Service	//	//	A high proportion of false positives for HIV are being created through the preventx home testing service. This is causing a risk of alarm and anxiety to patients. There is also a risk that if these results are not reliable, others may not be either.	Live (Monitor)	
3102	Primary Care & Community Therapies	Sandwell Sexual Health Service	//	//	The chlamydia screening programme has been decommissioned and replaced with online test kits for Sandwell. This means the lab will not be able to process chlamydia tests sent in from Sandwell. Brooke have agreed to stop giving them out but the odd test may slip through where a client picks one up from an unmanned bucket. This means there is a risk of patients sending off a test but never receiving the results.	Live (Monitor)	
3103	Primary Care & Community Therapies	Sandwell Sexual Health Service	//	//	HIV tests are coming back from freetest.me with a high rate of false positive, this risks causing alarm to patients and invalidating other test results.	Live (Monitor)	
3136	Primary Care & Community Therapies	Diabetes & Endocr (S)	//	//	There is no registrar or core trainee for June and July, there is a risk that waiting lists will grow as a result.	Live (Monitor)	
3204	Primary Care & Community Therapies	Sandwell Sexual Health Service	//	//	Informatics have failed to provide support for the service. This risks formal action from the council as we have failed to deliver a number of elements of the service spec.	Live (Monitor)	
3256	Primary Care & Community Therapies	Diabetes & Endocr (S)	//	//	Our coordinator for XPERT and DAFNE has unfortunately become injured and cannot come to work for while. There is a risk that waiting lists will grow to an unmanageable size because there is no-one to book patients onto courses.	Live (Monitor)	
1549	Primary Care & Community Therapies	MSK & COS SGH	04/10/2016	05/04/2017	SECURITY (General):	Live (Monitor)	Kulwinder Johal
312	Strategy & Governance	Information Governance	03/10/2016	01/01/2017	There is a risk that IG Toolkit standards minimum level may not be achieved due to inadequate or old evidence which would result in potential financial impacts and reputation of the Trust.	Live (With Actions)	Mariola Smallman

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795	Strategy & Governance	Complaints (C)	03/10/2016	01/01/2017	Risk of personal safety to staff when meeting complainants due to lack of : physical security measures, adherence to safety procedures and/or potential for challenging behaviours due to complainant dissatisfaction.	Live (Monitor)	Mariola Smallman
1278	Surgery	Lyndon 3	/ /	12/07/2017	COSHH -Clinell multi surface wipes resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1280	Surgery	Lyndon 3	/ /	/ /	COSHH - Fresh Wild Berries (Evans Vandoline Int. plc.) resulting in potential harm if not used/stored correctly. Flammable	Live (With Actions)	
1281	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Videne Antiseptic solution 10% w/w cutaneous solution (Iodinated Povidine) (Ecolab) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1283	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Sejem Toothpaste (J A Marketing) resulting in potential eye irritation if they come into contact with product.	Live (With Actions)	
1284	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Optilube lubricating jelly (Optimum medical solutions) resulting in potential irritation to skin and eyes if not used correctly	Live (With Actions)	
1334	Surgery	Newton 3	/ /	10/01/2017	COSHH û Alcohol foam stored at patient area and in easily accessible areas resulting in potential harm as noted on COSHH data sheet and identified as flammable	Live (With Actions)	
1359	Surgery	Newton 3	/ /	11/07/2017	Management of staff stress . Role, Change. Relationships, Control & Demand on Individual may result in personal anxiety and affect wellbeing and ultimately direct patient care	Live (With Actions)	
1484	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Cutan Hand cream resulting in potential eye irritation or digestive discomfort and identified as non-flammable	Live (With Actions)	
1498	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Work stations Risk not being considered may result in muscular skeletal and upper limb damage leading to sickness absence and potential litigation..	Live (With Actions)	
1531	Surgery	Vascular Services	04/11/2016	02/02/2017	Delay in pt's having interventional radiology procedures at UHB	Live (With Actions)	Lisa Mallett
1642	Surgery	Anaesthetics (S)	10/06/2016	10/08/2016	Shortage of staff: Speciality Doctors (2 vacant slots - inability to recruit)	Live (With Actions)	Jaysimha Susarla
816	Surgery	Anaesthetics (C)	15/11/2016	13/02/2017	Failure to achieve TSP targets	Live (With Actions)	Jaysimha Susarla
1604	Surgery	Audiology (C)	04/07/2016	02/10/2016	Risk to Information Governance compliance as VNG PC and Balance Testing PC are not networked.	Live (With Actions)	Laura Young
1605	Surgery	Audiology (C)	04/07/2016	02/10/2016	Clinical risk of losing data from ABR testing as PC is not networked. Business risk as does not comply with Information Governance Standards.	Live (With Actions)	Laura Young

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1606	Surgery	Audiology (C)	13/03/2017	11/06/2017	Paediatric patients not screened as per the pathway timeframe, due to lack of capacity in Audiology/ENT, which results in delays for treatment (e.g. hearing aid provision, grommets, etc.) and poor outcomes for patients (speech and language delays potentially leading to reduced educational attainment and behavioural issues).	Live (With Actions)	Kara Blackwell
1331	Surgery	Newton 3	/ /	09/10/2016	Language barrier where English is not spoken or clearly understood: resulting in delayed treatment and diagnosis and potential unnecessary deterioration of patient	Live (With Actions)	
1469	Surgery	Day Case Surgical Ward (S)	26/08/2016	26/08/2017	Reconfiguration of Gynaecological services resulting in reduced medical cover after 16:30 on SGH site.	Live (With Actions)	Mariola Smallman
1472	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Infection control issues occurring out of work activity, task, location etc. Staff, patients or visitors could be injured or harmed resulting in potential litigation claims and staffing issues if staff are unwell to work.	Live (With Actions)	
1473	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Lone working may result in potential harm to staff member	Live (With Actions)	
1474	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Young workers in SDU may result in Lack of awareness/ experience/maturity in connection with all workplace hazards	Live (With Actions)	
1475	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	new and expectant mothers may results in reviewing and adjusting working arrangements until return to work following confinement	Live (With Actions)	
1477	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Security Resulting in compromised patient/staff/visitors safety and possible damage to environment	Live (With Actions)	
1478	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Violence and Aggression:- Violent/aggressive behaviour of patients/visitors in connection with complaints, criminal intent, alcohol/drug withdrawal. Mental Health/capacity resulting in damaged-staff, patients, visitors and possibly environment.	Live (With Actions)	
1479	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Safety/slips/trips and falls Assessments of patients, staff, visitors and environment to reduce the risk of injury to staff, patients, visitors due to slips, trips and falls	Live (With Actions)	

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1481	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	SECURITY (Information/Healthcare Records) Missing medical records on day of admission for proposed surgery resulting in Late theatre starts (potentially), Risk of on the day cancellations, Enforced nursing errors due to rushing, Unnecessary stress to all parties patients/ staff both medical and nursing	Live (With Actions)	
1482	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Alcohol foam stored in dispensers by sinks resulting in potential harm as noted on COSHH data sheet and identified as flammable	Live (With Actions)	
1485	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Cutan Foaming Hand Soap resulting in potential eye irritation or digestive irritation if taken in large amounts (diarrhoea and vomiting) Noted as non-flammable	Live (With Actions)	
1486	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Acetone resulting in potential harm as noted on COSHH data sheet and identified as flammable	Live (With Actions)	
1487	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Chlorclean resulting in potential harm as noted on COSHH data sheet and identified as harmful	Live (With Actions)	
1488	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH -Clinell multi surface wipes resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1489	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH ûChlorhexidene Mouthwash 0.2% resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1490	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - HAZ Tabs resulting in release of toxic gas and explosion if not stored/used correctly	Live (With Actions)	
1491	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - Piped Oxygen and portable cylinders (BOC) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1492	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - Sani-Cloth CHG 2% (PDI) resulting in inadequate decontamination of medical devices or harm if not used correctly as noted on COSHH data sheet .	Live (With Actions)	
1493	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - HAZ Tab GRANNULES may result in release of toxic gas and explosion if not stored/used correctly	Live (With Actions)	
1494	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - ChloraPrep 3ml applicator resulting in inadequate skin decontamination or harm if not used correctly or accidentally makes contact with eyes or heat/sparks/fire as noted on COSHH data sheet .	Live (With Actions)	

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1497	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Understanding of English language. Language barrier where English is not spoken or clearly understood :resulting in delayed treatment and diagnosis and potential unnecessary distress to patient and potential wastage of theatre time	Live (With Actions)	
1468	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Infection Control: Needle-Stick/ sharps Injuries. Potential to affect the following groups: Patients and visitors, All Trust staff. Risk of acquiring blood borne infections e.g. Hepatitis B & C, H.I.V., Tuberculosis, Other viruses and Bacterium on SDU	Live (With Actions)	
843	Surgery	Anaesthetics (C)	/ /	16/10/2016	Unfunded theatre sessions, unplanned overruns and waiting list initiatives resulting in over spend.	Live (With Actions)	
1832	Surgery	Anaesthetics (C)	/ /	11/10/2016	Lack of ultrasound machine in obstetrics theatre	Live (With Actions)	
1833	Surgery	Anaesthetics (C)	/ /	12/08/2016	Lack of point of care testing facility in maternity	Live (With Actions)	
1257	Surgery	General Surgery - Colorectal	/ /	31/10/2016	Proctology (RADIOLOGY) reporting resulting in delay in diagnosis and treatment. There is a risk that of delay in diagnosis and treatment of patients due to delay in reporting of CT/MRI scans which results in poor care, increase risk of morbidity and complaints.	Live (With Actions)	
2011	Surgery	Plastic Surgery (S)*	/ /	08/11/2016	Support CNS capacity is misaligned with need - this has resulted in a capacity reduction within some clinics so that dressings can be conducted by consultant colleagues	Live (With Actions)	
1517	Surgery	Urology	/ /	31/01/2017	Lack of Purpose-designed Software to record outcomes of Urology Endoscopy procedures: All patients who undergo Flexible cystoscopy in the Trust should have clear and precise recording of findings with captured endoscopic images of finding when needed. These should be available for review on EPR as well as a record of outcome and recommendations to GP and patient as well as the case notes.	Live (Monitor)	
817	Surgery	Anaesthetics (S)	15/11/2016	16/04/2017	Anaesthetic machines and monitors more than 10 years old	Live (With Actions)	Andrew Jinks
818	Surgery	Anaesthetics (S)	15/11/2016	13/02/2017	Lack of Level 1 area for surgical patients post-operatively	Live (With Actions)	Jaysimha Susarla
819	Surgery	Anaesthetics (S)	10/02/2017	11/05/2017	Shortage of TCI pumps in theatres	Live (With Actions)	Andrew Jinks
822	Surgery	Anaesthetics (C)	/ /	11/10/2016	Lack of EtCO2 monitors in recovery	Live (With Actions)	
821	Surgery	Anaesthetics (C)	13/07/2016	01/12/2016	Shortage of Ultrasound Machine	Live (With Actions)	Jaysimha Susarla

## RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

## Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
837	Surgery	Anaesthetics (C)	13/07/2016	12/08/2016	Serious untoward events Wrong side blocks in anaesthetics	Live (Monitor)	Subash Sivasubramani
841	Surgery	Anaesthetics (C)	/ /	15/12/2016	Reduction in trainees numbers leading to vacant slots on the on call rota	Live (With Actions)	
1968	Surgery	SAU (Surgical Assessment Unit)	/ /	04/03/2017	There is a risk of cross infection / harm to patients because of a lack of silver and bronze side rooms on SAU which results in harm to patients, potential outbreak or reduction in patient flow.	Live (With Actions)	
2344	Surgery	Surgery A Management (C)	/ /	26/04/2017	"The hospital environment must be visibly clean; free from essential items and equipment, dust dirt; and acceptable to patients, visitors and staff." <a href="http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf">http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf</a> Noted that ward window apertures do not currently have a Trust wide cleaning program and are visibly, dirty/dusty with insects and cobwebs resulting in potential clinical and non-clinical IC hazards.	Live (With Actions)	
1427	Surgery	Pain Services (C)	/ /	09/05/2017	Unable to provide single sex areas for procedure lists	Live (With Actions)	
2277	Surgery	Pain Services (C)	/ /	09/05/2017	Unable to load images to PACS or print.	Live (With Actions)	
2375	Surgery	Pain Services (C)	/ /	11/05/2017	Increase in pain referrals by approximately 20% over the last year.	Live (With Actions)	
866	Surgery	Adult Surgical Unit BTC	/ /	12/07/2017	COSHH - Chlorhexidene Mouthwash 0.2% resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
826	Surgery	Anaesthetics (S)	22/11/2016	09/05/2017	Risk of inability to maintain anaesthetic record due to lack of appropriate printers in theatres meaning that patient anaesthetic monitoring cannot be printed. accurate record	Live (With Actions)	Kara Blackwell
2554	Surgery	Vascular Services	/ /	31/07/2017	No provisions for patients seen in out-patients who require non urgent transfer to UHB	Live (With Actions)	
1526	Surgery	Urology	/ /	16/06/2017	Lack of suitable secretarial support leading to delay in correspondence getting to GPs	Live (Monitor)	
1275	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Piped Oxygen and portable cylinders (BOC) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1860	Surgery	Breast Unit - Surgery BTC	/ /	24/09/2016	Biopsies not on MDM	Live (Monitor)	
883	Surgery	Breast Unit - Surgery BTC	/ /	/ /	Junior Staff Availability	Live (Monitor)	



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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
880	Surgery	Breast Unit - Surgery BTC	/ /	/ /	Missed Biopsies results	Live (Monitor)	
881	Surgery	Breast Unit - Surgery BTC	/ /	/ /	delays in obtaining HER-2 results results in delay in systemic therapy with potential poorer outcomes. Currently test sent to other trusts for testing. Not meeting NICE breast cancer clinical standards	Live (Monitor)	
2887	Surgery	Surgery A Management (S)	/ /	/ /	There are only two Imaging Intensifiers at Sandwell. To be able to work safely and ensure that we can have access to Imaging in all theatres when required we need a third Imaging Intensifier	Live (Monitor)	
2273	Surgery	Fracture Clinic (C)	/ /	25/01/2017	Overbooking of Fracture Clinics has been a repeated feature of the fracture clinic and is deemed unsafe posing unnecessary risks in the system. This is caused both through: - ED access / ability to amend clinics and add slots to clinics - walk-ins to service without permission - failures to correctly change clinic templates	Live (With Actions)	
873	Surgery	Adult Surgical Unit BTC	/ /	12/07/2017	Capacity issues:- No discharge / step down area. Resulting in - Confidentiality breaches, privacy and dignity, single sex breach, patient complaints, unit resources stretched including requirement for safe staffing at short notice, affecting staff morale / stress and standard of optimal patient care with potential of on day cancellations.	Live (With Actions)	
872	Surgery	Adult Surgical Unit BTC	/ /	12/07/2017	Infection control - exposure to biological contaminants by direct contact, inhalation, ingestion and injection. Staff, patients or visitors could be injured or harmed by; incorrect storage or disposal of clinical waste, incorrect decontamination of equipment or incorrect storage of clinical equipment	Live (With Actions)	
1338	Surgery	Newton 3	/ /	10/01/2017	COSHH Chlorhexidene Mouthwash 0.2% resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1340	Surgery	Newton 3	/ /	10/01/2017	COSHH - Videne Antiseptic solution 10% w/w cutaneous solution (Iodinated Povidine) (Ecolab) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1342	Surgery	Newton 3	/ /	11/07/2017	COSHH - Sejem Toothpaste (J A Marketing) resulting in potential eye irritation if they come into contact with product.	Live (With Actions)	
1344	Surgery	Newton 3	/ /	11/07/2017	COSHH Cutan Hand cream resulting in potential eye irritation or digestive discomfort and identified as non-flammable	Live (With Actions)	
1345	Surgery	Newton 3	/ /	11/07/2017	COSHH Cutan Foaming Hand Soap resulting in potential eye irritation or digestive irritation if taken in large amounts (diarrhoea and vomiting) Noted as non-flammable	Live (With Actions)	
1364	Surgery	Newton 3	/ /	11/07/2017	COSHH - Hydro-caine lubricating jelly (Clinisupplies LTD) resulting in minimal harm if not used correctly as noted on COSHH data sheet .	Live (With Actions)	

RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1360	Surgery	Newton 3	/ /	11/07/2017	Security - Newton 3. Unauthorised entry to ward due to tailgating or use of pak swipes. Potential result in theft of ward stock, stationery, equipment and staff personal belongings. Unsupervised access and egress to department esp. at times of reduced staff numbers/out of hours	Live (With Actions)	
2008	Surgery	Plaster Room (C)	/ /	/ /	The Plaster Service currently has high levels of agency capacity due to sickness and required workplace adjustments - the potential for short notice loss of capacity places a risk on the safety of the service	Live (With Actions)	
2950	Surgery	Pain Services (C)	/ /	/ /	Psychology appointments slots can not be booked up 6 weeks in advance. Meeting with Psychologist identified that this is a quality and service provision matter. New patient and review sessions need to be identified on 1:2:1 basis per client needs as identified after new Psychology assessment.	Live (Monitor)	
2874	Surgery	Critical Care (C)	/ /	/ /	Since the closure of D12 there is a lack of HBNO4 rooms within the organisation to meet demand. Both HBNO4 rooms are currently full with TB patients	Live (Monitor)	
207	Surgery	Fracture Clinic (C)	/ /	/ /	13/11/13 T & O 14	Live (With Actions)	
2700	Surgery	Critical Care (C)	/ /	13/08/2017	Failure to implement Bedside Medical Device Integration (BMDI) in Critical Care will require nursing staff to manually enter physiological data into EPR	Live (With Actions)	
1079	Women & Child Health	D17	/ /	/ /	Slips, Trips & Falls due to admitting or pre existing condition which may result in injury and to reduce risks of more serious events resulting in potential quality controls and reduction of litigation action and resource depletion.	Live (Monitor)	
1080	Women & Child Health	D17	/ /	/ /	New and Expectant Mothers: Resulting in occupational harm if individual risk assessments not completed .	Live (With Actions)	
1088	Women & Child Health	D17	/ /	22/07/2017	Prescription of medication on admission Incident reports trend for Patients missing medication as not prescribed on admission, resulting in potential medication errors/omissions.	Live (With Actions)	
1099	Women & Child Health	D17	/ /	27/01/2017	Capacity issues necessitating admission of outliers Resulting in delay in treatment /potential of patient deterioration	Live (With Actions)	

## RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

## Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
2315	Women & Child Health	D17	/ /	20/04/2017	"The hospital environment must be visibly clean; free from essential items and equipment, dust dirt; and acceptable to patients, visitors and staff."  <a href="http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf">http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf</a>  Noted that ward window apertures do not currently have a Trust wide cleaning program and are visibly, dirty/dusty with insects and cobwebs resulting in potential clinical and non-clinical IC hazards.	Live (Monitor)	
2316	Women & Child Health	D17	/ /	11/08/2017	Assurance of safe staffing & ability to deliver safe care.	Live (With Actions)	
2346	Women & Child Health	D06	/ /	11/08/2017	Assurance of safe staffing & ability to deliver safe care.	Live (With Actions)	
2364	Women & Child Health	D06	10/03/2017	09/08/2017	he hospital environment must be visibly clean; free from essential items and equipment, dust dirt; and acceptable to patients, visitors and staff." <a href="http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf">http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf</a> Noted that ward window apertures do not currently have a Trust wide cleaning program and are visibly, dirty/dusty with insects and cobwebs resulting in potential clinical and non-clinical IC hazards.	Live (Monitor)	Mariola Smallman
2485	Women & Child Health	D19 PAU	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (With Actions)	
2490	Women & Child Health	D19 PAU	/ /	/ /	SHARPS/SPLASHES There is a risk of sharps or splash incidents due to unsafe needle/devices (and/or improper handling/disposal) or direct contact via splashes of contaminant during procedure/care which could result in exposure to biological contaminants, blood and other potentially infectious materials.	Live (With Actions)	
1101	Women & Child Health	D17	/ /	03/02/2017	Security (Information/HCR) Resulting in breach of Information Governance/confidentiality/Damage Trust reputation and public confidence and potential litigation.	Live (With Actions)	

## RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

## Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1117	Women & Child Health	D06	/ /	08/06/2017	SECURITY (Access Control Out-of-Hours)  Unauthorised entry to Ward D6 - PAU with swipe card access out of hours, sign applied to theatre side door entrance Resulting in potential theft of ward stock, stationery, equipment and staff / patient personal belongings Confused patients entering or exiting ward without being detected	Live (With Actions)	
2899	Women & Child Health	Community - Paeds (S)	/ /	/ /	Birmingham Childrens' Hospital have changed their pathway for the surgical management of gastrostomy insertion to a 23 hour admission. This has been done without consultation. The community teams and dieticians are now expected to do all the preparation for surgery and the after care and teaching required.	Live (With Actions)	
3094	Women & Child Health	Paediatric OPD (S)	/ /	/ /	New ways of working may lead to Paediatric OPD departments at Sandwell and Birmingham treatment centre children opd.	Live (Monitor)	
3095	Women & Child Health	Paediatric OPD (S)	/ /	/ /	New ways of working may lead to Paediatric OPD departments at Sandwell and Birmingham treatment centre children opd.	Live (Monitor)	
3326	Women & Child Health	Community - Midwifery (C)	/ /	/ /	Due to the high volume of socially complex maternity cases and under establishment of the safeguarding team there is a risk delay in CMW receiving specialist advice and support when referring to Childrens services, producing court reports and other safeguarding activity.	Live (With Actions)	
3343	Women & Child Health	Neonatal Unit	/ /	/ /	There is a risk that the door in isolation cubicles may at times be left open due to insufficient staffing numbers on shift which will result in inappropriate isolation of neonates	Live (With Actions)	
3344	Women & Child Health	Neonatal Unit	/ /	/ /	There is a risk that neonates will be colonised with Pseudomonas Aeruginosa following the emerging outbreak within the neonatal unit.	Live (With Actions)	
3345	Women & Child Health	Neonatal Unit	/ /	/ /	There is a risk that the portable heating In the family room outside the neonatal unit could overheat the room.	Live (With Actions)	
847			/ /	11/08/2016	Administrative processes not optimised for theatre scheduling Poor administrative processes in theatre scheduling due to late cancellations, late uptake of lists and 6-4-2 process not being followed. This may result in theatre sessions and clinics not covered appropriately.	Live (With Actions)	
1834			/ /	12/08/2016	Reluctance to pick up consultant on-call locum sessions	Live (With Actions)	
1835			/ /	12/08/2016	Lack of adequate temperature monitoring facilities in theatres	Live (With Actions)	
1885			28/07/2017	27/08/2017	patients are developing pressure damage and some of this damage is preventable (approx. 50%)	Live (With Actions)	Debbie Talbot

## RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

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Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1969			/ /	16/09/2016	There is a no access to some job-planned daycase theatre lists within general surgery resulting in delays to treatment and increased waiting times for surgery	Live (With Actions)	
1972			/ /	01/12/2016	There is a risk that the Colorectal / Stoma Cancer patients will not receive physiological / physical support, education from the CNS team due to a gap in the team which equates to 0.8wte plus junior staff which results in reduced care, poor patient satisfaction and increase in team stress.	Live (With Actions)	
1973			/ /	02/11/2016	There is a risk that Colorectal end of treatment summary CQUiN will not be achieved due to lack of engagement resulting in loss of Trust income.	Live (With Actions)	
2499			/ /	27/04/2017	Epidural Pumps - decommissioned by company.	Live (With Actions)	
2570			11/07/2017	20/07/2017	Maintaining patient safety due to change in the approach to caring for patients who require focussed care across all Elderly Care wards.	Live (With Actions)	Deborah Fretwell
206			/ /	/ /	Consent: As per new consent rules we are taking consent in clinic and filing our self in notes. But still on the day of surgery consent is missing on several occasions.	Live (Monitor)	
3005			/ /	/ /	There is a significant risk to patient safety due to inadequate provision of middle grade doctors within general surgery for both elective and emergency care.	Live (Monitor)	
3162			/ /	/ /	There is a risk of not being able to cover resuscitation and the Children's room within ED with the appropriate staffing and skill mix due to the employment of 2 newly qualified pediatric nurses into a band 6 role.	Live (With Actions)	
3163			/ /	/ /	There is a risk of not being able to provide cover for resuscitation and Children's area's within ED with the appropriate staffing and skill mix due to the employment of 2 newly qualified pediatric nurses into a band 6 role.	Live (With Actions)	
1587			02/09/2016	12/06/2017	There is no system in place to acknowledge alarms, on the temperature monitoring system (Comark), out of routine hours. 1. Risk of failure of UKAS inspection. This could result in loss of income and harm to Trust reputation due to withdrawal of 'referred in' specialist services. 2. Risk of deterioration / loss of reagents and quality control material, used in analysis of patient samples. This could lead to downtime or reduced quality of service, as well as significant cost implications. 3. Risk of deterioration of stored patient samples. This may lead to inability to perform required analysis or inaccurate results.	Live (With Actions)	Diane Edwards

<b>Report Title</b>	CQC Well-led Self Review		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Kam Dhami, Director of Governance and Toby Lewis, Chief Executive		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

The Board is invited to reconfirm the self-review scores which follow our informal development review in August 2018. The action plan arising creates an important road-map for the next five months. Progress will be reviewed in each committee of the Board as indicated. A follow up self-review will then be completed in April 2019. Subject to further discussion an external review of our well-led position will be conducted in Q2 2019-20.

Through the Clinical Leadership Executive, each Group (we now have six) will conduct their own self-assessment of local leadership capacity and capability. CLE will review this in November and any Trust-wide actions arising will be added to this plan and reported to January's Board meeting.

Similarly this plan will be updated with the CQC Inspection outcome, and any relevant actions from the Use of Resources parallel process which we have already undertaken.

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

Safety Plan	<input type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input 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 checked="" type="checkbox"/>

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

Trust Board Development session in August 2018

### 4. Recommendation(s)

The Board is asked to:

- a. **AGREE** to self-review scores suggested
- b. **ACCEPT** the actions specified for continuous improvement in Q3/4
- c. **NOTE** the plans to augment this plan in January and externally review delivery in spring

### 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	<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

# The well-led framework










## Board self-review and improvement deliverables





Presentation to the Trust Board on 4<sup>th</sup> October 2018

# What is the well-led framework?

<p><b>1</b></p> <p>Is there the <b>leadership capacity and capability</b> to deliver high quality, sustainable care?</p>	<p><b>2</b></p> <p>Is there a clear <b>vision</b> and credible <b>strategy</b> to deliver high quality, sustainable care to people, and robust plans to deliver?</p>	<p><b>3</b></p> <p>Is there a <b>culture</b> of high quality, sustainable care?</p>
<p><b>4</b></p> <p>Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?</p>	<p><b>Are services well led?</b></p>	<p><b>5</b></p> <p>Are there clear and effective processes for managing <b>risks</b>, issues and <b>performance</b>?</p>
<p><b>6</b></p> <p>Is appropriate and accurate <b>information</b> being effectively processed, challenged and acted on?</p>	<p><b>7</b></p> <p>Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners engaged</b> and involved to support high quality sustainable services?</p>	<p><b>8</b></p> <p>Are there robust systems and processes for <b>learning</b>, continuous <b>improvement</b> and <b>innovation</b>?</p>



Key Lines of Enquiry		Rating
<b>W1</b>	Is there the <b>leadership capacity and capability</b> to deliver high-quality, sustainable care?	
<b>W2</b>	Is there a clear <b>vision</b> and credible <b>strategy</b> to deliver high-quality sustainable care to people who use services, and robust plans to deliver?	
<b>W3</b>	Is there a <b>culture</b> of high-quality, sustainable care?	
<b>W4</b>	Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?	
<b>W5</b>	Are there clear and effective processes for managing <b>risks</b> , issues and <b>performance</b> ?	
<b>W6</b>	Is appropriate and accurate <b>information</b> being effectively processed, challenged and challenged?	
<b>W7</b>	Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners engaged</b> and involved to support high-quality sustainable services?	 
<b>W8</b>	Are there robust systems and processes for <b>learning</b> , continuous <b>improvement</b> and <b>innovation</b> ?	

Rating	Definition	Evidence
<b>Blue</b> 	Meets or exceeds expectations	Many elements of good practice and no major omissions
<b>Green</b> 	Partially meets expectations, but confident in management’s capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, some minor omissions and robust action plans to address perceived gaps with proven track record of delivery.
<b>Yellow</b> 	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, has no major omissions. Action plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery.
<b>Red</b> 	Does not meet expectations	Major omission in governance identified. Significant volume of action plans required with concerns regarding management’s capacity to deliver.

## **KLOE W1:** Is there the leadership capacity and capability to deliver high quality, sustainable care?

Rating



**W1.1** Do leaders have the skills, knowledge, experience and integrity that they need; both when they are appointed and on an on-going basis?

**W1.2** Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?

**W1.3** Are leaders visible and approachable?

**W1.4** Are there clear priorities for ensuring sustainable compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

### **Supporting comments:**

The Trust has invested time, focus and funds to leadership development. This was initially with Korn Ferry. This work took place against a set of agreed Trust leadership behaviours which remain central to our approach.

The capacity and capability of leaders is developed through our local appraisal system, which has been comprehensively overhauled in the last twelve months to be fully focused on objective setting, as well as employee potential.

In 2017/18 the Accredited Manager programme and passport was central to our approach. This aimed to develop core skills among our 600 line managers; in 2018 that will be completed, ready for the launch of our broader coaching and mentoring model in 2019.

Through programmes like our QIHDs, first Friday, 4am unannounced inspection visits and Speak Up, as well as communication channels we look to enhance and reinforce a visible approach to local and corporate leadership. Data suggests that we do have visible professional and Board leaders, with good awareness of activities at Board and wider system level.

The Trust has transformed the work we do on diversity (grounded in our WRES and EDS data) – and Board, Executive and staff network discussions drive action against our defined People Plan.

Succession planning does exist but could be further improved. Presently we have seen internal promotions covering two director level roles. Part of our “high” potential programme aims to take this work further.

## **KLOE W2:** Is there a clear vision and credible strategy to deliver high quality sustainable care to people who use services, and robust plans to deliver?

Rating



**W2.1** Is there a clear vision and a set of values, with quality and sustainability as the top priorities?

**W2.2** Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?

**W2.3** Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?

**W2.4** Do staff know and understand what the vision, values and strategy are, and their role in achieving them?

**W2.5** Is the strategy aligned to local plans in the wider health and social care economy, and have services been planned to meet the needs of the relevant population?

**W2.6** Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

### **Supporting comments:**

In 2015 we developed collaboratively our 2020 vision. This defines how we wanted to change care, enabled by investments in our workforce, IT and estate, but seeking gains for patients on safety, quality, R&D, public health and education. There remains more to do in three of these five plans over the next two years. The enabling work around technology is behind and has been a rate limiting step. The organisation has renewed our corporate form to try and address delays and adjustments.

In 2017 the CQC rated the Trust as Good for well-led because of the penetration of these strategies at local team level. During 2018-19 we expect to launch place and system wide plans within our local care system, consistent with the wider STP strategy. We continue to engage in external forums to develop these plans, with a particular emphasis on third sector partners and on general practice.

Our strong financial performance has allowed us to invest in clinical priorities within our organisation. This includes ring-fencing investment in education and training but also developing new and additional services such as our NIV unit, specialist midwives, and teams tackling domestic violence and alcohol misuse.

Implementation takes place through specific CLE committees, supporting each of our six

Groups, whose work is then enhanced by our single Improvement approach, and by data and insight work which Unity will further assist.

We stick to our plans over multiple years and build allegiance.

## KLOE W3: Is there a culture of high quality, sustainable care? 1/2

Rating

G

**W3.1** Do staff feel supported, respected and valued?

**W3.2** Is the culture centred on the needs and experience of people who use services?

**W3.3** Do staff feel positive and proud to work in the organisation?

**W3.4** Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?

**W3.5** Does the culture encourage candour, openness and honesty at all levels within the organisation, including with people who use services in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

### Supporting comments:

The Trust reaches an NHS average score for staff engagement and has a commitment to achieve upper decile performance, backed by a detailed delegated programme of work which the Board will oversee. Our BAME staff report lower levels of bullying and harassment than employees overall, making the Trust relatively unusual. But our work on diversity is well rehearsed throughout this self-assessment.

Survey and other feedback data confirm that employees value in particular our education, staff wellbeing and staff benefits offer. These have been recognised externally and contributed to national policy work. Over 3,000 employees form part of the benefits programme. The Trust in 2018/19 is targeting improved mental wellbeing and has just launched our wemind programme, building on an established NHS Employers' praised mental health support package. A non executive director is the face of this work.

Aspiring to excellence is our appraisal programme, and the moderation process within that testifies to an underlying commitment to fairness in what we do. We want to offer rights and opportunities across our staff base regardless of background or seniority, and the Board will track the high potential employees to ensure that longevity is not the basis for preferment round here.

Your Voice, and the revised survey from Q3, testify to a deep appreciation of the power of staff feedback, which is also embodied in the LiA culture that is the basis for much work in the Trust – notably Consistency of Care. Over 1,000 staff each month contribute to the programme, while over 1,500 contribute to quality improvement half days.

## KLOE W3: Is there a culture of high quality, sustainable care? 2/2

Rating  
**G**

**W3.6** Are there mechanisms for providing all staff at every level with the development they need, including high quality appraisal and career development conversations?

**W3.7** Is there a strong emphasis on the safety and well-being of staff?

**W3.8**  
Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?

**W3.9** Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

### Supporting comments:

We have worked hard to make volunteers and our community a central part of how we work, and how we care. Our volunteering work has expanded fourfold in the last two years and is starting to reflect the diversity of our community. Our partnerships with groups like AgeWell and Sandwell Womens' Aid bring new perspectives into care delivery.

In a large organisation inevitably things will go awry. Part of our work to address this is the continued 'Ok to Ask' programme to support staff who provide peer challenge. That is working well in theatres and other areas of hand hygiene hot spots. It is also the basis for our consistency of care standard raising work at ward level in medicine.

Our staff networks provide a focal point for our work on diversity, which is backed by firm policies and approaches. Interview panels do not proceed without a BAME staff member and the organisation's approach is spearheaded by our mutual respect and tolerance policy. The Trust has led the way regionally in developing BME managers and in creating policies for vulnerable groups designed to enshrine reasonable adjustments.

We have an extremely extensive range of internal comms approaches, ranging from support for team meetings, video blogs, my Connect, the CEO's Friday message, TeamTalk, Heartbeat etc etc. We have segmented our audiences internally and pay particular attention to those without routine PC access and those working predominantly at night.

## **KLOE W4:** Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Rating

**B**

**W4.1** Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? Are these regularly reviewed and improved?

**W4.2** Do all levels of governance and management function effectively and interact with each other appropriately?

**W4.3** Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?

**W4.4** Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

### **Supporting comments:**

The roles and responsibilities of individuals, teams, and management entities like directorates are clear. Where we can we work bottom up, and have sought to de-layer. Whilst we manage ‘through’ our structure, we do have forums which provide a voice past the hierarchy to senior professional leaders and the Board.

Bi-monthly performance review of our corporate functions tests their delivery in support of clinical care, and we have expanded since 2017 how corporate teams ‘partner’ with clinical groups – growing this model to include IT and governance as well as finance and HR.

We have revisited our SFIs and workforce approval processes in 2018 to try to give greater empowerment to “green” directorates who are in balance and have credible plans. There is also a clear line to the Board, but a focus at Board level on tomorrow not yesterday – with an established and well respected executive able to manage operational delivery.

Strong relationships and structures exist to interact with primary care, carers’ forums, social care and educational partners, including new partners like Children’s Trusts. Third party commercial supplier management varies in grip, with high performance in estates, and more work to do in IT.

The organising logic of our governance is incident reporting, performance data, risk registers and our IQPR. This provides a narrative thread in what we do, and ensures that financial and governmental considerations have a place but not predominance.

## KLOE W5: Are there clear and effective processes for managing risks, issues and performance? 1/2

Rating



**W5.1** Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?

**W5.2** Are there processes to manage current and future performance? Are these regularly reviewed and improved?

**W5.3** Is there a systematic programme of clinical and internal audit to monitor quality, operational, and financial processes, and systems to identify where action should be taken?

### Supporting comments:

We believe that we do have a comprehensive framework of governance, which has been built up over many years, but which is also continually adjusted. Board governance is reviewed formally through amendments to form (committee reports leading the Board for example) and through informal review of effectiveness (our board retreat in February 2018).

Our SI process was reviewed and altered in 2017, and an external input in 2018 has provided more ballast to improvement. We now track all incident report response plans against our 21 day timeline. Our audit programmes are well established, and clinical audit in particular is well regarded by frontline employees. Audit recommendations are tracked at PMC and into A&RMC.

Our performance review cycle reaches from wards into directorates, groups, the executive and Board. This provides an eight weekly feedback loop which is underpinned by risk registers and action plans. The work to turn that traditional model into a PMO active improvement model continues and is being refreshed in early 2019.

We have clear seasonality to our plans, both for children and adults. In 2018-19 we do have a clear winter plan which, if others' plans also deliver, has credibility in dealing with demand and reduced outflow.

EIA and QIA approaches lie at the heart of our risk assessment of cost improvement and other changes, and our bespoke long term database tracks that approach and is regularly scrutinised by external bodies.



## **KLOE W5:** Are there clear and effective processes for managing risks, issues and performance? 2/2

Rating



**W5.4** Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?

**W5.5** Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?

**W5.6** When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where the financial pressures have compromised care?

### **Supporting comments:**

We do track at Board our low likelihood/high impact risks. This work, and work to spot low reporters and promote all profession reporting is promoted through our risk management committee which is an effective voice. It makes monthly recommendations to the Clinical Leadership Executive and thus to the Board.

In 2018-19 we are focusing more attention on the velocity of our risk management work – in other words do mitigations get delivered in time. At corporate level this can be seen in the detailed risk led approach to Unity implementation.

When the Trust reconfigures or materially changes services, we apply a specific dataset to that change which is continually reviewed. Surgical changes and cardiac shifts in 2015 went through that process, and we have sought to apply the same to others' changes like the move of oncology and our work to sustain tertiary gynae oncology while a new supplier is sourced.

We are presently considering how we will sustain acute services to 2022 and are applying workforce thresholds to that model to try to provide robust forward proofing to our sustainability assessment.

The Trust does not rely on external accreditation for our view of our services, but we do seek and take account of external evidence. Since the last CQC inspection we have obtained accreditation in pathology and endoscopy, and acted quickly to address the neonatal peer review recommendations.

## KLOE W6: Is robust and appropriate information being effectively processed and challenged?

Rating

G

**W6.1** Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?

**W6.2** Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and challenge it appropriately?

**W6.3** Are there clear and robust service performance measures, which are reported and monitored?

**W6.4** Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?

**W6.5** Are information technology systems used effectively to monitor and improve the quality of care?

**W6.6** Are there effective arrangements in place to ensure that data or notifications are submitted to external bodies as required?

**W6.7** Are there robust arrangements (including internal and external validation), to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

### Supporting comments:

Performance is overseen by the board's quality and safety committee. Our performance review cycle covers all elements of delivery, and begins with safety. It is unambiguous that we have one conversation which begins with the experiences and views of our patients. The IQPR and risk register which drive our Board agenda exemplify that, and the structure of the monthly CEO report reflects it too.

We have done considerable work on data quality. There remains more to do. Our kitemarks needs refreshing and we will use the deployment of Unity to again examine how we collect a single source of data. Within our PMO arrangements, by bringing together finance, HR and operational data we aim to triangulate what we have, and our new finance system does give us greater non pay capability. We are prepared to test the calibre of our data even when, as in the safety plan, it shows success. The audit committee oversees this scrutiny, and we invest time in internal audit as well.

Our IT is our achilles' heel. The plan to improve it is clear, but improvement has been, at Trustwide level, slow and staff confidence is low. That has, pleasingly, not led to large scale reversion to paper, and our electronic case notes – created in 2017 – remain the mainstay of how we work. Resilience of IT will Improve in 2019. Unity will then give us gains across the patient pathway. The governance of IT has been reviewed and is now robust and external gateways are in place prior to major projects. We can also evidence a robust learning cycle after deployments, and since spring 2018 strong change control methodologies.

The vision to have high quality information “at the bed side” is clear. It will be in place by 2020.

## KLOE W7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

Rating



**W7.1** Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?

**W7.2** Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?

**W7.3** Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic?

**W7.4** Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?

**W7.5** Is there transparency and openness with all stakeholders about performance?

### Supporting comments:

We pride ourselves on openness and transparency. Our standard approach is to do business in public and to debate with candour what we have done in error and how we might do better. That culture is not simply at Board level but flows through our routine approach at each level. This can, on occasion, lead us not to frankly celebrate as evidently as we might progress and good work, whilst we move onto the next thing to be improved.

Our external partnerships are improving, and in the main are strong. We have developed new partnerships with Aston University, Cerner, and across the construction industry. We have deep relationships with local mental health Trust and most other provider partnerships and have good relationships now with our host CCG. We have reached agreement with Birmingham City Council, and have a cooperative working model that is distinctive with Sandwell MBC. Specific service issues create tension with UHB and NHS England, which are governed at board level, given their importance.

Staff involvement in service design is deeply embedded but can always be improved. Our approach to weak performance is illustrated by our two recent internal quality summits, which have been highly participatory, and by our LiA approach to both ED and medicine improvement. Our work to involve all our employees is exemplified through our staff networks' development over the last two years.

Patient groups are involved at the heart of what we do, and we actively seek to ensure that that work reflects our community – for example we have taken our befriending work and made it something that brings together different community based groups. We could do much more on our friends and family dataset, and as the data improves that is what we will do.

## KLOE W8: Are there robust systems, processes for learning, continuous improvement and innovation?

Rating  
**G**

**W8.1** In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?

**W8.2** Are there standardised improvement tools and methods, and do staff have the skills to use them?

**W8.3** How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a service user? Is learning shared effectively and used to make improvements?

**W8.4** Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?

**W8.5** Are there systems in place to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?

### Supporting comments:

The Trust has grown research output by more than 40% over the last three years. Our QIHD work routinely, on a monthly basis, involves over 1,500 staff. We have an internal accreditation programme for that QI work.

The Trust has single improvement method which we seek to use and deploy and which many hundreds of leaders have been trained in. That is not to say that we do not adapt approach to fit the projects we have. There is undoubtedly more that we can do to underpin improvement with data and analytics and we are investing in that function.

We do have, and use, tools to deploy learning. Our own self assessment suggests that there remains more we can do to embed approaches that spread learning Trust-wide. To that end we have redesigned our SI model to separate local evaluation from Trust-wide reach. We have set aside our well developed mortality review system, to adopt NHS LfD approaches. We have more work to do to systematise that, but have a Board led focus on amenable mortality.

Objective review and setting is embedded into our Aspiring to Excellence system. This does and will increasingly provide a basis for continuous improvement. There is work to do to develop team-level and directorate-level improvement interventions at scale.

We can demonstrate examples of innovation. And of moving rapidly to implement bottom up ideas. We want to make that routine in years to come.

## Well-led self-review: 2018/19 Deliverables

KPI	Planned developments	Lead	By	Success measure
<b>W1</b>	Coaching and mentoring programme launches	RG	Nov	75 enrolees commenced
<b>W1</b>	Finalised succession plan for each director role	TL	Feb	Rem Committee agrees plan
<b>W2</b>	Continued delivery of quality, education and public health plans	Varied	Mar	As per plan
<b>W2</b>	Full delivery of Board's IT turnaround plan	TL	Jan	As per plan: 10 wks resilience
<b>W2</b>	ICS mobilisation plan delivered	RS	Mar	2 provider alliances in place
<b>W3</b>	Tracking high potential individual's PDP execution	RG	Mar	70% of PDP aims delivered
<b>W3</b>	Delivery of <b>weconnect</b> programme	TL	Feb	35% response rate achieved
<b>W3</b>	Improvements in mental wellbeing of workforce	RG	Mar	To be agreed at Nov Board
<b>W4</b>	Comprehensive third party supplier management introduced	DMc/ AK/MS	Feb	Full supplier list in place
<b>W5</b>	Refresh approach to PMO and improvement teams	RB	Feb	All six PMOs operational
<b>W5</b>	Significant improvement in risk mitigation delivery	KD	Mar	50% cut in overdue risks
<b>W6</b>	Data quality plan to be finalised and executed	DB	Mar	A&RM Committee satisfied
<b>W6</b>	Visible data at frontline level for safety and quality plans	DB	Mar	Prototype operational
<b>W7</b>	Friends and family data volumes increased to West Midlands mean	PG	Feb	As per data
<b>W8</b>	Full QIHD accreditation achieved	KD	Jan	Every team accredited
<b>W8</b>	<b>welearn</b> programme agreed at Board level	KD	Jan	As left

<b>Report Title</b>	IT Infrastructure Delivery Update		
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive		
<b>Report Author</b>	Toby Lewis, Chief Executive		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

During October we “go live” with changes in our WiFi and underlying infrastructure. The Board should satisfy itself on that work, whilst delegating detailed consideration to the new Digital MPA.

With the changes in leadership and management, work on the future state model for the IT department will be pushed back to December’s Board. Consideration should be given to what is expected in that work, as we need to make definitive decisions about service shape from spring 2019.

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

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

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

Executive Digital Committee

### 4. Recommendation(s)

The Trust Board is asked to:

- a. CONFIRM that IT resilience is now our top safety priority
- b. RECOGNISE the actions undertaken and set expectations for our next meeting

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

Trust Risk Register		3109, 3110				
Board Assurance Framework		Risk Number(s): BAF 1				
Equality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed
Quality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Trust Board: 4 October 2018

### IT Infrastructure Delivery Update

#### 1. Summary

- 1.1 We are improving the corporate WiFi across Sandwell General Hospital, the retained part of City Hospital, Rowley Regis Hospital and the Lyng Centre. IT are making changes to the network infrastructure in order to improve resilience across the retained estate. Whilst we are a fortnight behind schedule, the overall plan remains sound, and is now backed by detailed operational planning.

#### 2. Strategic Context

- 2.1 IT availability and stability is one of the top issues that the Trust carries. The confidence in the IT services is low and the IT department has a poor reputation across the Trust.
- 2.2 There are many issues with the IT service in the Trust of which WiFi reliability and Network stability are fundamental building blocks.
- 2.3 Currently there are outages on both services which cause difficulties in delivering services across the trust.
- 2.4 The Board has agreed a plan of remedy, and awaits an applications improvement plan later in Q3.
- 2.5 The timetable for Unity is beyond the scope of this paper. It is appreciated that go-live cannot happen in late October, and we will use the Digital MPA to confirm the revised date after a further fortnight's work with our partner Cerner on options.

#### 3. Underlying issues

##### 3.1 Our network hardware is mainly in date

- We do not have a major issue with the age of the physical devices however a few devices, some switches and routers, will need to be replaced with spares that we have in stock.

##### 3.2 The Software and Firmware managing the devices needs updating

- In many cases the levels of software and firmware versions, which instruct the hardware on how to route network traffic, are out of date. This exposes us to the risk of security breaches, of losing network connections and of not being able to resolve issues with third parties as our versions make us out of support.
- Our management of the network is poor.
- We have a limited skill-set for managing the network in house that leads to our support teams being beyond their skill and comfort zone when managing incidents with the network and with planning for a stable infrastructure.

#### 4. Current progress

##### 4.1 We have engaged third parties to help.

- WiFi roll out

SCC are helping with the roll-out of new WiFi points in order to improve WiFi across the sites. The anticipated time of these being resolved is weeks ending:

5 <sup>th</sup> October 2018	Sandwell Hospital will be complete
12 <sup>th</sup> October 2018	Retained Site in City Hospital will be complete
19 <sup>th</sup> October 2018	Rowley Regis Hospital WiFi will be complete
26 <sup>th</sup> October 2018	The Lyng Centre will be complete

Immediately after deployment a walk-round programme will take place to tackle any residual issues experienced by end users.

- Network issues

We have engaged Logicalis who are a well-known IT and Network specialist to improve stability across three of the five areas of network performance.

They will be improving the firmware and software versions on the devices, they will be reviewing the devices and replacing where deemed to be necessary, they will be putting rules in place in order to dynamically route traffic and improve stability.

The steps outlined above will enable us to manage the network, to monitor the performance of us and to recover the network with less downtime when future issues occur.

The other two elements for infrastructure stability are the skills of the Trust staff and the processes and procedures we expect them to follow when making changes to the network.

We are managing changes to the network ensuring that they are planned, documented and approved with appropriate rollback plans. We are reviewing the technical skills in the team with a view to growing them and supplementing them with people or services from outside the Trust.

- The timescales for Network improvements

The work has begun on the network improvements. We expect the work to complete by the end (rather than the middle) of November 2018 which will give us stability over the Christmas period and will give us a trusted platform on which to launch Unity.

Further recommended work will be identified during the stabilisation phase.

#### 5. The N3 NHS Network



5.1 Some issues we encounter are with the N3 NHS network. We have recently made some recommended changes to the network, which have increased stability in that area. We will be preparing to N3 circuits with the Health & Social Care Network (HSCN) in 2019.

**6. Recommendation**

The Trust Board is asked to:

6.1 **CONFIRM** that IT resilience is now our top safety priority

6.2 **RECOGNISE** the actions undertaken and set expectations for our next meeting

Martin Sadler  
Chief Informatics Officer  
September 28<sup>th</sup> 2018

<b>Report Title</b>	weconnect – Steps to Organise a Programme of Work		
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive		
<b>Report Author</b>	Toby Lewis, Chief Executive		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

**Readiness:** Both the CLE taskforce and the core engagement group continue to prepare for a successful programme. HR business manager resource has been identified to support these key group leaders spending “a day or more a week” focusing on wellbeing and engagement. Further resource deployment decisions will be made in the next ten days. Training for the key individuals will take place before November’s Board meeting – with a particular emphasis on the nine dimensions of engagement that Wigan have developed.

**Success:** We should explore the thinking behind votes and suggestions to date in the Simple Things Well project, and examine what more we might do to create a “you said, we did” narrative inside our organisation.

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

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

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

Clinical Leadership Executive, EG, People and OD Committee

### 4. Recommendation(s)

The Trust Board is asked to:

- a. NOTE the work being done to ready the Trust and management cadre for this work
- b. AGREE the role non-executive directors might play in affirming a You Said, We Did culture

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

Trust Risk Register		n/a					
Board Assurance Framework		n/a					
Equality Impact Assessment	Is this required?	Y	X	N		If ‘Y’ date completed	Dec 18
Quality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed	

## SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

### Report to the Trust Board: 4 October 2018

#### weconnect – Steps to Organise a Programme of Work

- 1.0 The Board has agreed to our recommendation to try to create a culture of engagement and participation, because we believe that that culture will produce safer care, continuous improvement and better employee retention. We recognise that creating that culture will take deliberate acts, but will also take time to embed. It will need to surmount extrinsic counter influences, notwithstanding the intent to change the leadership ethos of the service set out latterly by Secretary of State. We also know that our own management processes can cut across the culture we want to create and so the work to change our culture is one that involves altering our own behaviours. That is why it has been important to spend time as a board and wider executive reaching consensus.
- 1.1 It is important to be clear that much of our organisation already demonstrates great engagement, advocacy and improvement. That suggests that wholesale change is not necessary, instead we need to embed good practice more widely. When we spend time with our better engaged teams, for example in PCCT and WCH, what is evident is that engagement is a core part of the management process. It is in-built. What is also true is that these teams have fewer external targets and downward pressure on them, translated via the executive.
- 1.2 We know what success looks like. We have agreed that we want to:
- (a) Raise participation in surveys including the national staff survey to 35% of above**

This will require us to transform the current rates of response, which rely heavily on corporate respondents. This is not wholly a desk based bias, as it also includes strong paper response from facilities staff. It definitely requires teams in medicine and surgery to participate. We have tried sample and whole Trust national staff survey and tried quarterly and six monthly your voice. Our figures remain stubborn. And respondents tell us they do not know the results of their efforts.
  - (b) Reduce below 10% rates of dissatisfaction among our colleagues**

We know that the NHS stands out from other industries in the UK and healthcare internally not in having low rates of satisfaction but high rates of dissatisfaction. The 10% metric would require a move from around 13% presently, which may be achieved by improved participation. More importantly we want to address underlying dissatisfaction by removing its causes, but also over time be more direct about 'fit' being an important part of team work here – needing people to opt in and contribute not spread discord or distract from improvement.
  - (c) Raise our engagement score to 4.0 by the end of 2020**

Over the next two years we want to move from 3.6 to 4.0. This is a significant rise in performance and one which, if achieved and sustained, would place the Trust in the upper decile of NHS organisations. Most of the highest performing organisations are not general hospital based, for whatever reason.

Our current data would suggest that to improve our scores we need to create a much stronger sense that the views and voices of employees can change what happens where they work. That is true of their Trust-wide impact but also local decision making.

## The structure of our programme

2.0 We have all agreed that we need to blend bottom up and top down approaches to deliver our aims. We will use October's CLE and Taskforce to:

- Share a cross organisational face to face communication diagram, grounded in the work Ruth Wilkin is leading
- Share the key messages from August's Your Voice, providing a basis for action in Q3, whilst we await the first Pulse survey in October
- Confirm the approach being taken in each Group, and launch the process for applying to be a pilot site for team acceleration
- Set out a corporate 12 week plan for each of the four corporate work-streams cited below

Corporate effort	Simple things well	People plan max	Your ideas first	How are we doing?
	A doing workstream	<i>These are ideas workstreams to be done locally</i>		A doing workstream
<b>Description</b>	<p>There are a small number of recurrent issues which make it more difficult for people to do their work. We discussed these at the leadership conference in May. These include IT and car parking. We want to make it easier to work here and do your bit. Changes may be in two forms: (1) making what works happen faster or better or (2) changing what we do.</p> <p>The work starts with our Top 3 arising from TeamTalk in September.</p>	<p>The Trust has an extensive programme of trying to change the workplace culture and of internal communication. But implementation of projects as diverse as SWB benefits and Aspiring to Excellence are not leading to change in our involvement and engagement scores. Is this because we are implementing the wrong projects or not getting implementation quite right everywhere?</p> <p>This is a comms workstream too. Do we need to change our penetration strategy to better reach our employees? If so, how?</p>	<p>We all believe we know what would make a difference. And these ideas can be contributed and developed. But we want to create a culture in which local teams' ideas drive their choices about what is done. So we want to establish a much clearer cultural norm in which local ideas do get taken forward at speed, testing, tried and implemented. For our managers this is a big change of emphasis and will need encouragement and potentially skill development.</p>	<p>Part of the data gathering will be via our surveys. The cycle of promotion, collation, and response needs to be managed to deliver. Every employee who contributed needs to know what was said and what happens next.</p> <p>But the data is not enough alone. So focus groups, and walkabouts are needed to reinforce and cross reference results by area.</p> <p>To get to 4.0 we need to deliver by directorate and by group. Goals need to be agreed by October's performance review cycle for each area.</p>
<b>Lead director</b>	Paula Gardner	Raffaella Goodby	Kam Dhami	Ruth Wilkin
<b>HR BP</b>	Tbc	Tbc	Tbc	Tbc
<b>Project Manager</b>	Tbc	Tbc	Tbc	Tbc
<b>Group director buddy</b>	Sarah Yusuf	Nik Makwana	Siten Roy	Chetan Varma

2.1 We want to have six programmes of engagement across our Trust, one in each of our five clinical groups from November, and a single one across our corporate functions recognising the likely future synergies of those areas. The corporate workstreams above

will form a part of those programmes. But it would be ideal if local branding and emphasis was created in each group, with **weconnect** as a part of the effort, but not the whole.

2.2 The “ask” is that each team reverts with **a five part programme** incorporating the four corporate projects but also the local flavour. Teams are asked to consider therefore:

- (a) How do we maximise what we do now and make the most of it?
- (b) How do we operationalise the corporate emphasis locally and make it ours?
- (c) What do we want to achieve through engagement and how?

Group level*	<i>Simple things well</i>	<i>People plan max</i>	<i>Your ideas first</i>	<i>How are we doing?</i>
Surgery	This is a single Trust-wide project which will be delivered once across the organisation	You will know which initiatives corporately have traction where you work and which have got ‘lost’ or are just tasks. You are asked to work with RG and her team to tackle that.	How can you take extant projects and make them participatory? What tools do you need at local level to make teams’ ideas happen? Who will you support entering the <b>weconnect</b> pioneers programme?	We would expect the approach to data to be similar in each area but will need local flavour. Each group will work to produce their <u>preferred menu</u> of collation, dissemination and response.
Imaging				
Medicine and EC				
PCCT				
WCH				
Corporate				

\*Pathology is intentionally omitted given the move into BCP from October

2.3 Our intention was always to support local teams to come forward to join a programme of accelerated support and investment. Our time with WWL reinforced the merit of that approach, as it has been the mainstay of their GoEngage project. Our own history with Listening Into Action probably plays to a belief that we need to help local teams to come together and make changes. By creating QIHD sessions we had hoped, and still do, that we were reserving time to take action. Informal feedback suggests that that approach still lacks the tools to change and the permission to do so. Permission both to experiment and to insist on a response from enabling functions corporately. These dilemmas can be seen in other projects in our Trust like the work to go for Good, where it is clear that corporate functions have struggled to see local priorities as ones that they need to respond to rapidly.

The challenge is to create waved pilots (between now and 2020 probably 3 or 4) which have the scope to both make a local difference and raise the overall Trust scores in line with the overall ambition. In selecting the pilots we need to:

- Maximise the enthusiasm of those volunteering and get quick wins
- Impact the scores of each Group
- Also address issues in teams which need help outwith the programme

2.4 The third and final point came through strongly in Wigan. It will require a suite of team based interventions outwith the programme. The People and OD team have been working to develop individual coaching and mentoring programmes and were asked to develop a team based intervention model. By the end of October we want to see that model in place. To the same timescale we need to have:

- Trained those who can support the programme of pioneers
- Created an enrolment process for that work

- Linked that programme back to Group led projects
- Got started and made it fun

Local	Wave 1 (Jan-May)	Wave 2 (May-Nov)	Wave 3 (Nov-May)	Wave 4 (May-Nov)
Pioneer teams				
Prep teams				
Omitted				

2.4 In the table above I highlight the need to make choices about both:

- Who enters the Pioneer programme and
- When they enter the programme

Whilst we might not set an end point to our work, we do have an aim by the end of 2020. So we should approach this work expecting to continue beyond that date but recognising that that might mark an inflexion point. As such we need a variable plan for which teams are likely to run through the programme over two years, and to divide teams into those ready to enter, those who need some work up to do so, and those who would not get added value from it. The structure of who and when may adapt over time but we ought to be able to see a rationale to our end to end process.

2.5 Over the next three weeks we need to scope the final resource required to support these pioneers. We can learn from WWL about what may be required and contrast that to our own buddy programme around Red to Green and Consistency of Care. We have suggested that we will aim to take high potential individuals from our existing corporate functions and align them to teams in a buddying role, but we need to specify what that role is. And that HR BPs will play a critical role in supporting teams as well. Some dedicated project resource will be required to take forward the Pioneers piece given the coaching input probably needed to make it a success, including establishing a brand identity.

### Other considerations

3.0 In the comments on WWL made by many members of our visit team, there were perhaps three views: That is what we do already better packaged; there are differences here that would impede implementation be they scale or IT disablement; and that we needed to back up enthusiasm with evidence. What is clearly divergent between our evolved approach and that taken at WWL is their focus on 9 aspects of engagement. Our approach needs to give prominence to this important change.

3.1 The particular importance of small things came through strongly in our visit. This may be an area where the Board as a whole can take a lead. Of course the small things are bottom up and local. But with our networks with leaders we can both promote and encourage a deeper sense that little things do matter, not only to patients, which we do consistently, but to staff.

<b>Report Title</b>	Winter Readiness and Plan		
<b>Sponsoring Executive</b>	Rachel Barlow, Chief Operating Officer		
<b>Report Author</b>	Rachel Barlow, Chief Operating Officer		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

We will participate in external review of our readiness at the end October. The SWB A&E delivery board will review Christmas cover at its October and November meetings, given the distribution of festival days.

The Board is invited to discuss:

- What else is required to confirm assurance on preparedness for winter
- How risk mitigation plans will be tracked monthly
- What level of deviation may be considered acceptable without external escalation

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input checked="" 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?]*

n/a

### 4. Recommendation(s)

The Trust Board is asked to:

- CONSIDER preparedness for winter pressures
- ACCEPT a positive recommendation from the executive
- AGREE when we would seek peer assistance

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

Trust Risk Register	<input type="checkbox"/>	Risk Number(s):				
Board Assurance Framework	<input type="checkbox"/>	Risk Number(s):				
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

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 4 October 2018

### Winter Readiness and Plan

#### 1. Introduction

1.1 As the Trust are preparing for winter, this paper sets out the planning focus of the Trust and wider social care and health system for the winter period.

1.2 Winter can be a challenging period for a number of reasons including:

- Patient attendance and acuity presentation being higher than planned
- Urgent care demand impacting on the ability to continue in-patient elective treatment
- Infection outbreak
- Adverse weather

1.3 The Christmas and new period is likely to be particularly challenging this year as it falls with 7 out of 11 days between the 22<sup>nd</sup> December and the 2<sup>nd</sup> January being weekend or bank holiday days. Typical weekend health and social care services would not sustain emergency care demand or discharge flow unless 7 day working is put in place effectively for this period.

#### 2. SWBH Planning

2.1 Patient attendance and acuity presentation being higher than planned. Our daily planning assumptions include:

<b>Medicine planning daily assumptions</b>	<b>Winter</b>	<b>Summer Average summer performance</b>
ED attendances daily	613	608 Averaged 602
Admission into inpatient medical beds	52	47 Averaged 43
Daily discharge rates from medicine	52	47 Averaged 80
LOS	6.83 days	6.76 days Actual = 8

2.2 The Medicine winter bed plan increases substantiated beds by 22 from 1<sup>st</sup> October 2018. In the main these are elderly care beds. The staffing is in place in the nursing rosters for this bed increase.



- 2.3 To manage within that substantiated bed base, a consistent and effective 'red to green' programme needs to be in place at ward level. The red to green approach identifies red days as non-value added delays in progressing care. This was implemented previously but has not been consistently sustained in medicine; there is good practice in community wards and surgery. Michelle Harris, Director of Operations for Medicine and Emergency Care is leading on a 5 week focus piece of work to establish ward led red to green, embedding local ownership and resolution of delays to progress care, supported by a multi professional cross cutting improvement group to support cross directorate resolutions to avoidable delays. The consultant of the week model is in place which is new compared to last winter; the medicine leadership team need to ensure we are optimising the opportunity of this leadership, planning and senior decision making capacity to support patient flow home or to a suitable alternative care setting aiming to reduce LOS by 1.2 days overall.
- 2.4 Schemes to avoidance of ED attendances include the growth in ambulatory care in medicine and surgery who combined see 50 patients a day from the ED's. Work over Q3 will see in place specific focus on avoiding up to 17 unnecessary nursing home attendances per site working with partners in WMAS, community and primary care to continue care in the homes with the right in reach support.
- 2.5 The new SMART (senior medical assessment review and treatment) model that goes live in October in both main ED's will introduce early review of patients who may need admission and senior decision makers will assess patients to have pathways to ambulatory care or directly to speciality assessment units, avoiding time in ED.
- 2.6 In Q3 the registrar ED rotas will change to have 2 registrars on a night shift. In November, the acute medicine rotas will include 2 registrars per shift providing resilience to senior decision making in acute medicine out of hours.

### **3. Urgent care demand impacting on the ability to continue in-patient elective treatment**

- 3.1 Our planned care scheduling this year assumes a 3 week period of no elective in-patient work. When we activate this is flexibly in the production plan. The new 23 hours surgical unit has reduced the in-patient bed requirements for surgical patients to stay overnight in a bed which will protect the surgical elective work better than previous years.

### **4. Infection control and outbreak management**

- 4.1 The Trust has an excellent record for flus vaccination, protecting staff and patients. Our flu campaign starts in October. The Trust infection control policies include outbreak management and preparedness. When these plans have been tested they have worked effectively.

### **5. Adverse weather**

- 5.1 The Trust has an adverse weather policy that was activated in the previous 2 years for cold weather and floods. Again this plan was successfully activated and debriefs from both events have enabled learning and informed future preparedness.

## **6. 7 day services**

6.1 The Christmas and new period is likely to be particularly challenging this year as it falls with 7 out of 11 days between the 22nd December and the 2nd January being weekend or bank holiday days. The Trust will put in place 7 day working to include:

- On site clinical and operational teams 7 days a week
- Additional imaging, cardiac catheter lab and emergency theatres to meet demand
- Additional support services such as transport and pharmacy
- Admission avoidance in ED for respiratory and frailty

## **7. System wide planning**

7.1 The system wide planning to support the period from the 22nd December and the 2nd January will need to include:

- Social care
- WMAS
- Primary care
- Nursing homes
- Community services
- Voluntary sector

7.2 New approaches compared to last year that we anticipate that will help with patient outflow to nursing homes includes a trusted assessor model. With access rights to our transport booking system, this will enable a reduction in LOS. The social care partners have been asked to clarify the bed base that takes 7 day admission.

7.3 A risk workshop has been hosted by the CCG Urgent Care lead commissioner and a system wide winter plan will document service design and preparedness over that period. There is recognition this will be equivalent to a 7 day service model. The plan will be presented to the next A&E delivery board in October.

## **8. Conclusion and recommendations**

8.1 The Trust Board are asked to consider the winter preparedness approach. The Trust has been selected for an NHSi winter preparedness assessment at the end of October which will validate plans against a set of key lines of enquiry. Recommendations from this will be considered for including in the winter plan.

**Rachel Barlow**  
**Chief Operating Officer**  
**September 2018**

<b>Report Title</b>	Acute Care Sustainability 2019		
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive		
<b>Report Author</b>	Jayne Dunn, Director of Commissioning		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

The Board is invited to discuss, challenge and confirm the advice of the executive that both A&E departments can be maintained to 2022 under the assumptions cited.

We should discuss the shortlisted options, recognising that they remain work in progress – and seek to agree that the ambition for care standards should as stated. The paper for next time will then set out how this can be achieved consistent with our Midland Met model.

### 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	X
Financial Plan	X	Digital Plan	X	Other <i>[specify in the paper]</i>	X

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

CLE and its estate development committee working group on quality and sustainability

### 4. Recommendation(s)

The Trust Board is asked to:

- a. ACCEPT the work done to date to develop a short-list of options
- b. REQUIRE the Chief Executive to bring proposals to the next Board for submission to the CCG

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

Trust Risk Register		3021					
Board Assurance Framework		Risk Number(s): BAF 5 and BAF 10					
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	31-10
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	31-10

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 4 October 2018

### Acute Care Reconfiguration 2019

#### 1. Summary:

- 1.1 The Board, and partners, accepted in 2014 that acute care configuration could only be sustained in present form to 2018-19. We are now faced with doing so to 2022. We have revisited our then assumptions and found routes to mitigate most change sufficient to sustain two adult A&E departments. Reviewing our workforce “triggers” and conscious of our safety harms we should, unless we suffer staffing losses we do not expect, be able to cope. If expectations of consultant cover and such change in the next four years we will not necessarily be able to meet those standards as we will have very little ‘flexibility’ in our system. We will anyway prepare intensively for our Urgent Care Centre model, which will be from 2020-21 staffable as a plan B.
- 1.2 We want now, or rather after consultation and constriction by 2019, to move to a much more consultant delivered acute medicine model of intensive input over the first 48 hours of care. On a seven day basis our patients will benefit from immediate evaluation and treatment planning. We are finalising consideration of three routes to that aim:
  - a) A major increase in acute physicians through traditional recruitment
  - b) Reconfiguring respiratory medicine from Sandwell to City to release medical time to contribute “at the front door”
  - c) Co-locating frailty and acute medicine to create a joint service in our AMUs.
- 1.3 In reality a blend of all three approaches may be needed. Over the next four to six weeks we will work intensively to determine how best to guarantee a 14 hour standard for 90%+ of our admissions seven days a week, alongside monitored bed medical input and a hugely expanded AMAA offer. These are the ‘Midland Met’ standards. Or put more accurately, these are the clinical standards we promised local people we could offer from 2018-19 and stated that those standards were modern medical norms. We cannot defer them unless they are unachievable. They offer quality gains and training gains. The Board is invited to agree that they are aims we must deliver to fulfil our 2020 vision.
- 1.4 Separately, and to a different timetable, we note the emerging apparent conclusions of the CQC about paediatric care in emergency departments. This reflects views formed in other inspections. Since 2016 we have invested in children’s A&E, and Midland Met will create dedicated 24/7 service. It is impossible to provide that model twice from 2019. We believe that we have a safe alternative approach and will explore that with our regulators and commissioners.

## 2. Context:

2.1 Following the liquidation of Carillion in January 2018, it became apparent that there would be a significant delay to opening the Midland Metropolitan Hospital (Midland Met) and therefore a need to run acute clinical services on 2 sites (City and Sandwell Hospitals) for an extended period i.e. until 2022. The most significant risks identified in relation to safely sustaining acute services on 2 sites for this extended period primarily relate to maintaining a senior medical workforce at the 'emergency front door' (i.e. Emergency Departments and Acute Medical Units). This paper presents the work the Trust has undertaken to identify key actions to mitigate the most significant clinical risks. In particular 3 acute medical specialty reconfiguration options are proposed for further development and appraisal ahead of agreeing which option/s should be the subject of public engagement from November 2018 in order to agree a preferred option in March 2019 for delivery by the end of October 2019.

## 3. Process

3.1 Following the liquidation of Carillion in January 2018, the senior clinical leadership identified key clinical risks associated with the need to run acute clinical services on 2 sites for the extended period until Midland Met opens i.e. 2022. The potential need to consolidate some acute services onto a single site in order to mitigate the most significant risks was recognised and a number of reconfiguration options identified.

3.2 The Trust has established an executive led fortnightly clinical group, the Midland Met Quality & Sustainability Committee to develop and review the reconfiguration options. This committee identified the following planning assumptions relating to any acute service reconfiguration/ consolidation ahead of Midland Met opening:

- Current 2 site service working is safe but increasingly challenging to sustain
- Reducing to a single Emergency Department (ED) would be a last resort and if required the ED would be based at City Hospital (given its close proximity to Midland Met) and available real estate to create additional clinical space if required (Sandwell Hospital does not have this expansion opportunity within its real estate).
- Any acute service reconfiguration/consolidation to a single site would require some form of public engagement with time allowed for this (typically minimum 12 weeks)
- Until Midland Met opens:
  - Critical Care will need to remain on both City & Sandwell sites
  - Cardiology specialist inpatient facilities will remain at City Hospital
  - Paediatric inpatient facilities will remain at Sandwell Hospital
  - Maternity & Neonatal inpatient and high risk outpatient facilities will remain at City Hospital
  - Day case & 23 hour stay surgery will continue on both sites

- Ideally clinical haematology/oncology inpatients & chemotherapy to remain at Sandwell Hospital
- Ideally stroke unit to remain at Sandwell Hospital.

3.3 Appendix 1 provides details of the process followed, risks identified and the long list of options considered.

#### 4. Options

4.1 The aspiration is to maintain a 24/7 Emergency Department on each of the City and Sandwell Hospital sites up until Midland Met opens. The most significant risk identified in terms of sustaining this aspiration ***relates to maintaining a senior acute medicine workforce that enables medical patients admitted as an emergency to have a senior medical/consultant review within 14 hours of admission to the Acute Medical Unit (AMU), 7 days a week.*** Mitigating this risk is likely to require further consolidation (reconfiguration) of medical specialties onto a single site in order to release senior medical capacity to support front door acute medicine. From the long list of options three have been identified for further development:

##### ***Option 1: Do Nothing - Acute service configuration to remain as now.***

4.2 The table below summarises the current distribution of clinical services by site.

Service	City Hospital (inc. BTC & BMEC)	Sandwell Hospital
24/7 Emergency Department	✓	✓
Acute Medical Unit (AMU & AMAA)	✓	✓
Critical Care Unit	✓	✓
Day Case & 23 hour stay planned surgery	✓	✓
Diagnostic Services	✓	✓
Outpatient Clinics (including antenatal clinic)	✓	✓
Children's Inpatient Unit	✓	-
Paediatric Assessment Unit	✓	✓
Maternity services	✓	-
Surgical Assessment Unit	-	✓
General Surgery beds	-	✓
Trauma & Orthopaedic beds	-	✓
Gynaecology beds & emergency assessment unit	✓	-
ENT & Urology beds	✓	-
Stroke Unit	-	✓
Cardiology beds & cardiac cath. Labs	✓	-
Older People Assessment Unit (OPAU)	-	✓
General medical beds	✓	✓
Respiratory medicine beds	✓	✓
Gastroenterology beds	✓	✓
Haematology beds	✓	✓
Elderly Care beds	✓	✓

4.3 In this option the mitigating actions for the significant risks identified would include:

- Expanded AMAA on both sites (to reduce admission to AMU)
- A revised consultant workforce provision with time released from fully established medical speciality rotas to support the acute physician rota covering AMU and AMAA or
- Acute medicine consultant rota (covering AMAA and AMU) on one site to be filled by acute physicians whilst on the rota on the other site is filled by consultants from other medical specialties (primarily respiratory medicine, elderly care, with some support from gastroenterology and cardiology).

**Option 2: Reconfigure Respiratory Medicine inpatient beds to City Hospital**

4.4 The table below summarises the distribution of clinical services by site under this option. The change from the current distribution is highlighted.

Service	City Hospital (inc. BTC & BMEC)	Sandwell Hospital
24/7 Emergency Department	✓	✓
Acute Medical Unit (AMU & AMAA)	✓	✓
Critical Care Unit	✓	✓
Day Case & 23 hour stay planned surgery	✓	✓
Diagnostic Services	✓	✓
Outpatient Clinics (including antenatal clinic)	✓	✓
Children's Inpatient Unit	✓	-
Paediatric Assessment Unit	✓	✓
Maternity services	✓	-
Surgical Assessment Unit	-	✓
General Surgery beds	-	✓
Trauma & Orthopaedic beds	-	✓
Gynaecology beds & emergency assessment unit	✓	-
ENT & Urology beds	✓	-
Stroke Unit	-	✓
Cardiology beds & cardiac cath. Labs	✓	-
Older People Assessment Unit (OPAU)	-	✓
General medical beds	✓	✓
<b>Respiratory medicine beds</b>	✓	-
Gastroenterology beds	✓	✓
Haematology beds	✓	✓
Elderly Care beds	✓	✓

4.5 In this option the main mitigating actions for the significant risks identified would be;

- Consolidation of respiratory medicine beds, including non-invasive ventilation unit (NIV), onto the City Hospital site alongside Cardiology beds. This would create efficiencies in senior clinical cover & patient pathways for patients admitted with chest conditions, enabling,

- Release of senior medical time from respiratory medicine & possibly Cardiology to support Acute Medicine (AMU & AMAA) cover at City possibly to the extent that acute medicine consultants could primarily be focused at Sandwell.

***Option 3: Reconfigure Respiratory Medicine inpatient beds to City Hospital & Elderly Care inpatient beds to Sandwell Hospital***

4.6 The table below summarises the distribution of clinical services by site under this option. The changes from current distribution are highlighted.

Service	City Hospital (inc. BTC & BMEC)	Sandwell Hospital
24/7 Emergency Department	✓	✓
Acute Medical Unit (AMU & AMAA)	✓	✓
Critical Care Unit	✓	✓
Day Case & 23 hour stay planned surgery	✓	✓
Diagnostic Services	✓	✓
Outpatient Clinics (including antenatal clinic)	✓	✓
Children's Inpatient Unit	✓	-
Paediatric Assessment Unit	✓	✓
Maternity services	✓	-
Surgical Assessment Unit	-	✓
General Surgery beds	-	✓
Trauma & Orthopaedic beds	-	✓
Gynaecology beds & emergency assessment unit	✓	-
ENT & Urology beds	✓	-
Stroke Unit	-	✓
Cardiology beds & cardiac cath. Labs	✓	-
Older People Assessment Unit (OPAU)	-	✓
General medical beds	✓	✓
<b>Respiratory medicine beds</b>	✓	-
Gastroenterology beds	✓	✓
Haematology beds	✓	✓
<b>Elderly Care beds</b>	-	✓

4.7 In addition to the mitigating actions identified in option 2, this option would:

- consolidate elderly care inpatient medicine at Sandwell (where the demand is greatest & alongside the stroke unit) creating efficiencies in senior clinical cover & patient pathways which would enable release of senior medical time from elderly care medicine to support Acute Medicine (AMU & AMAA) at Sandwell;
- Facilitate acute medicine consultant rotas to enable these consultants to provide input and in particular leadership to the AMUs at both sites.



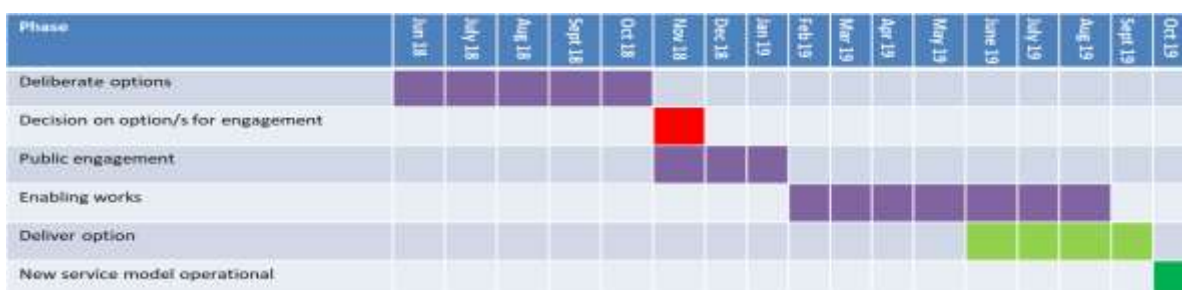
## 5. Evaluation Criteria

- 5.1 Further work is required to develop the 3 options in more detail (including activity & capacity changes, estate expansion, cost implications, risks etc). The Midland Met Quality & Sustainability Committee has identified a set of weighted evaluation criteria to assess each option against. At a summary level these are:

	<b>CRITERION:</b>	<b>AGREED WEIGHTING %</b>
1	Quality & Safety	30
2	Clinical Workforce & Sustainability	25
3	Capacity & Deliverability	20
4	Affordability	15
5	Integration & Strategic Fit	10
		100

## 6. Timeline & Next Steps

- 6.1 The key date for implementation of any required acute service reconfiguration and the related new service model becoming operational is the end of October 2019 i.e. before the onset of increased winter related demand in acute medicine. The diagram below summarises key actions and timelines to meet this date.



- 6.2 The next key milestone to take this work forward therefore is to agree the options for public engagement in the week commencing 29<sup>th</sup> October 2018 in order to commence public engagement in November. Appendix 1, section 5 summarises the steps required to reach this milestone. The process to agree the option/s for public engagement needs to be agreed.

## 7. Recommendations

- 7.1 This paper has presented 3 acute medical specialty reconfiguration options and related actions to mitigate the most significant risks identified in relation to safely sustaining acute services on 2 sites for this extended period until Midland Met opens in 2022 i.e. maintaining a safe senior medical workforce at the 'emergency front door' (i.e. Emergency Departments and Acute Medical Units). To achieve the proposed milestone for delivering any acute service reconfiguration before the end of October 2019 (and therefore ahead of the additional winter demand to acute medical services in winter 2019/2020) the Board will need to make a final decision for wider consideration by its November meeting.

## **APPENDIX 1:**

### **Midland Met Delay:**

#### **Process to Assess Clinical Risks and Identify Reconfiguration Options**

##### **1. Introduction**

Following the liquidation of Carillion in January 2018, it became apparent that there would be a significant delay to opening the Midland Metropolitan Hospital (Midland Met) and therefore a need to run acute clinical services on 2 sites (City and Sandwell Hospitals) for an extended period i.e. until 2022. This paper summarises the process the Trust has undertaken to identify and assess clinical risks associated with the delay and identify potential reconfiguration options required as mitigating action for the most significant risks.

##### **2. Governance**

The strategic risk associated with the need to run acute clinical front door services on 2 sites (City and Sandwell Hospitals) for an extended period i.e. until 2022, with the associated likely need to reconfigure (consolidate) some inpatient services to one site to support this is captured on the Board Assurance Framework (BAF 10) with the associated operational risk captured on the Trust risk register (risk 3020).

The Trust has established an executive led fortnightly clinical group, the Midland Met Quality & Sustainability Committee to develop and review the reconfiguration options along with monitoring KPIs relating to the most significant risks. This Committee is chaired by the CEO with members from the executive, senior Clinical Group leaders, Sandwell & West Birmingham CCG leads, and NHSI. The Trust Board has had routine oversight since its June development session.

##### **3. Clinical Risks**

Following the liquidation of Carillion, the Chief Operating Officer, Medical Director and Chief Nurse with support from the Clinical Group triumvirate teams identified key clinical risks associated with the need to run acute clinical services on 2 sites for the extended period until the Midland Metropolitan Hospital (Midland Met) opens i.e. 2022. These were then reviewed by senior clinicians and operational managers at a workshop in April. The table below summarises the 19 clinical risks identified with the most significant risk scores being highlighted in **bold**:

	<b>Risk</b>	<b>Risk Score</b>
1	Gastroenterology consultant recruitment	12
2	<b>Elderly Care – growth in demand &amp; consultant recruitment</b>	<b>20</b>
3	<b>Acute Medicine Consultant Recruitment</b>	<b>20</b>
4	<b>ED Consultant &amp; Middle Grade Recruitment</b>	<b>25</b>
5	7 day clinical services	15
6	CQC Going for Good	12
7	<b>Community Bed Base Expansion</b>	<b>20</b>
8	<b>Paediatric &amp; Neonatal Registrar Cover</b>	<b>25</b>
9	<b>Maternity Capacity</b>	<b>16</b>
10	Critical Care: Risk to recruitment and retention of senior trained staff	12
11	System reconfiguration of urgent care causing confusion to the public:	16

12	Project team – retention of organisational and programme knowledge	15
13	Senior leaders and executive team – recruitment & retention	16
14	ED standard delivery	15
15	Planned care – reputation	9
16	Aston University – training capacity	9
17	Research - under performance in clinical trials:	8
18	Emergency planning	12
19	Trust credibility & reputation – impact on recruitment, retention & performance	16

Further work with senior clinical leads was then undertaken to:

- Confirm clinical service risks & assessment scores
- Identify ‘tipping points’ when high clinical service risks are likely to crystallise
- Confirm mitigating actions for high clinical service risks to prevent reaching tipping points
- Confirm mitigating actions if a tipping point is reached.

The most significant risks in terms of sustaining acute services on 2 sites for the extended period until 2022 primarily relate to maintaining a safe medical workforce at the ‘emergency front door’ (i.e. Emergency Department & Acute Medical Unit). **In particular within acute medicine there are 5.4 wte vacancies out of a funded establishment of 12 wte posts. The identified ‘tipping point’ for this service is 6 vacancies.** The likely need to reconfigure some acute services in order to mitigate these risks was identified and a number of options explored.

#### 4. Options

The table below summarises the potential reconfiguration options that have been considered.

Option	Comment/Assessment	Outcome
Do Nothing (maintain current acute service configuration)	Deploy alternative mitigating actions (e.g. expanded AMAA, other medical specialities to release senior medical time to support front door acute medicine).	Consider further
City Hospital: 24/7 ED & medical wards;  Sandwell Hospital: 12hr ED & surgical wards	Significant new risks related to: * increase in out of hours cross site ambulance transfers (for surgical emergency patients presenting to City Hospital). * Loss of Trauma Unit (TU) status for Trust (City site would not meet TU std) with increased pressure from diverted activity to TU in neighbouring hospitals. *public confusion as to opening hours of the ED at Sandwell & associated risk of emergency patients self-presenting to Sandwell when the ED is closed. *need for surgical 24/7 on site middle cover on both sites (to cover ED at City & surgical wards at Sandwell).	Exclude from further consideration

<p>City Hospital: 24/7 ED, medical &amp; emergency surgery wards;</p> <p>Sandwell Hospital: Urgent Care Centre &amp; elective surgical wards</p>	<p>Significant new risks related to:</p> <ul style="list-style-type: none"> <li>* need to significantly increase size of ED at City whilst department still operational.</li> <li>*insufficient bed capacity at City to accommodate all medical &amp; emergency surgery beds.</li> <li>*increased risk of all children’s ED attendances being at City Hospital whilst main inpatient unit and medical cover at Sandwell (currently blue light ambulances conveying children primarily attend Sandwell ED).</li> <li>*need for surgical 24/7 on site middle cover on both sites (to cover ED at City &amp; major elective surgical inpatients at Sandwell).</li> </ul>	<p>Exclude from further consideration</p>
<p>City Hospital: 24/7 ED, medical &amp; emergency surgery wards;</p> <p>Sandwell Hospital: Urgent Care Centre, AMU, &amp; elective surgical wards</p>	<p>Significant new risks related to:</p> <ul style="list-style-type: none"> <li>* need to significantly increase size of ED at City whilst department still operational.</li> <li>*increased risk of all children’s ED attendances being at City Hospital whilst main inpatient unit and medical cover at Sandwell (currently blue light ambulances conveying children primarily attend Sandwell ED).</li> <li>*need for surgical 24/7 on site middle cover on both sites (to cover ED at City &amp; major elective surgical inpatients at Sandwell).</li> <li>*need for acute medical 24/7 on site senior medical cover for both sites (to cover AMU &amp; medical wards at City &amp; AMU at Sandwell).</li> <li>*increased patient transfers from Sandwell AMU to medical wards at City.</li> </ul>	<p>Exclude from further consideration</p>
<p>City Hospital: 24/7 ED, AMU, medical wards and all respiratory medicine beds;</p> <p>Sandwell Hospital: 24/7 ED, AMU, medical wards (but no respiratory medicine beds)</p>	<ul style="list-style-type: none"> <li>*Retains 24/7 ED &amp; AMU on both sites.</li> <li>*Consolidating respiratory medicine beds on City site alongside Cardiology beds would create efficiencies in senior clinical cover &amp; patient pathways enabling release of senior medical time from respiratory medicine &amp; possibly Cardiology to support Acute Medicine (AMU &amp; AMAA) cover at City possibly to the extent that acute medicine consultants could primarily be focused at Sandwell.</li> </ul>	<p>Consider further</p>

<p>City Hospital: 24/7 ED, AMU, medical wards (but no elderly care beds) and all respiratory medicine beds; Sandwell Hospital: 24/7 ED, AMU, medical wards (but no respiratory medicine beds) and all elderly care beds</p>	<p>*Retains 24/7 ED &amp; AMU on both sites. *Consolidating respiratory medicine beds on City site alongside Cardiology beds would create efficiencies in senior clinical cover &amp; patient pathways enabling release of senior medical time from respiratory medicine &amp; possibly Cardiology to support Acute Medicine (AMU &amp; AMAA) at City. *Consolidating elderly care medicine at Sandwell (where the demand is greatest) would create efficiencies in senior clinical cover &amp; patient pathways enabling release of senior medical time from elderly care medicine to support Acute Medicine (AMU &amp; AMAA) at Sandwell. *Facilitates acute medicine consultants to provide input and in particular leadership to the AMUs at both sites.</p>	<p>Consider further</p>
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Based on the above the Midland Met Quality & Sustainability Committee concluded that the aspiration should be to maintain a 24/7 Emergency Department and AMU on each of the City and Sandwell Hospital sites up until Midland Met opens. The most significant risk identified in terms of sustaining this aspiration relates to maintaining a senior acute medicine workforce that enables medical patients admitted as an emergency to have a senior medical/consultant review within 14 hours of admission to the Acute Medical Unit (AMU), 7 days a week. Mitigating this risk is likely to require consolidation (reconfiguration) of medical specialties onto a single site in order to release senior medical capacity to support front door acute medicine and hence the 3 options identified for further consideration.

This further consideration includes developing each option against the categories of:

- Impact on acute medicine rotas
- Impact on activity & patient pathways
- Impact on capacity (physical & workforce)
- Impact on support services; both clinical (e.g. Imaging) & non-clinical (e.g. transport)
- Impact on other specialities & training opportunities
- Impact on external stakeholders and in particular the ambulance service, primary care, social services, other hospitals
- Additional operational risks
- Impact on costs (income, capital & revenue)
- Equality & Quality Impact Assessments.

Once the options have been developed in more detail an option appraisal will be required using the evaluation criteria identified by the Midland Met Quality & Sustainability Committee and currently being tested with patient and public representatives. These evaluation criteria are:

	<b>CRITERION:</b>	<b>AGREED WEIGHTING %</b>
1	Quality & Safety	30
2	Clinical Workforce & Sustainability	25
3	Capacity & Deliverability	20
4	Affordability	15
5	Integration & Strategic Fit	10
		100

## 5. Next Steps & Timeline

The next key milestone to take this work forward is to agree the options for public engagement in the week commencing 29<sup>th</sup> October 2018 in order to commence public engagement in early November. The table below summarises the steps required and target dates to deliver this milestone.

<b>Step</b>	<b>Target Date</b>
Map workforce required to ensure emergency admission review of all patients within 14 hours 7/7	16.10.18
Review how AMAA development might reduce the AMU bed base & impact on medical staffing load	16.10.18
Determine how we could deploy recruitable specialties into our AMU staffing	16.10.18
Develop physical capacity requirements & costs for reconfiguration options	16.10.18
Meet WMAS & identify patient flow implications for reconfiguration options	16.10.18
Test evaluation criteria with public representatives	w/c 8.10.18
Agree engagement plan	16.10.18
Collate option descriptions, costs etc	19.10.18
Option Appraisal	w/c 22.10.18
Agree options for CCG consideration and engagement	1.11.18

<b>Report Title</b>	2019/20 Investment Decisions		
<b>Sponsoring Executive</b>	Dinah McLannahan, Acting Director of Finance		
<b>Report Author</b>	Dave Baker, Director of Partnerships and Innovation		
<b>Meeting</b>	Trust Board	<b>Date</b>	4 <sup>th</sup> October 2018

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

The Board is familiar with a strategy over two years of reducing expenditure in 2018-19 and of localising services and expanding income in 2019-20. Work continues collaboratively with partners to put the latter arrangement in place as we aim to grow our local income to £300m as part of the longstanding Midland Met strategy agreed in 2014-15.

The Board may wish to discuss the engagement of GPs in this localisation of services and the delivery risks we face in improving productivity.

The paper represents a delivery plan for approximately half of the growth anticipated.

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

Safety Plan		Public Health Plan	X	People Plan & Education Plan	X
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?]*

HLP Board / Clinical Leadership Executive

**4. Recommendation(s)**

The Board is asked to:

- a.** NOTE the recruitment plans articulated for surgery
- b.** CONSIDER in November's Board the income yield as against further cost reduction

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

Trust Risk Register		Risk Number(s):				
Board Assurance Framework		Risk Number(s):				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	X	N		Service specific in December

# **SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**

## **Report to the Public Trust Board: 4 October 2018**

### **2019/20 Investment Decisions – briefing paper (part one)**

#### **1.0 Executive Summary**

- 1.1 The Trust is working closely with GP colleagues. This work has confirmed a longstanding belief that services could be provided in our organisation, locally to residents, for which presently care takes place elsewhere, outside SWB. This narrative was imagined in 2014-15 when we developed the Midland Met FBC with the local CCG. The subsequent years have not shown a transfer to our teams, as we have held but not materially waiting times, and as our administrative processes have remained not always referrer friendly. As such the time we have before 2022 gives us a second chance to deliver the agreed health economy strategy.
- 1.2 Surgical services are leading the way in developing more accessible services. Our very short wait knee and hip surgery models are a headline to a wider improvement, which our 23-hour units are assisting with. Despite demand rises, we would expect to enter 2019 RTT compliant in every discipline. This paper sets out the recruitment needed to grow services significantly from April 2019. This learns lessons from deferred improvements in 2019-20 when decisions to proceed were delayed.

#### **2.0 Overall Context**

- 2.1 The Sandwell and West Birmingham integrated care strategy is based upon the creation of integrated and optimised care chains in each of the two places that are focussed upon delivering improved outcomes whilst improving the wider determinants of health and caring for the whole person (physical and mental health);
- 2.2 Inherent within the success of the integrated care system and the Midland Metropolitan Hospital are:
- a) The continuity of care for our population at a Sandwell and at Western Birmingham level;
  - b) The reduction in local “economic leakage” from the Sandwell and West Birmingham system to other systems. This has been previously been identified as being ~£50m per annum, although some of this relates to specialist work that has been, and is best left delivered at a specialist centre. Revised estimates now suggest that the opportunity is closer to £18m.

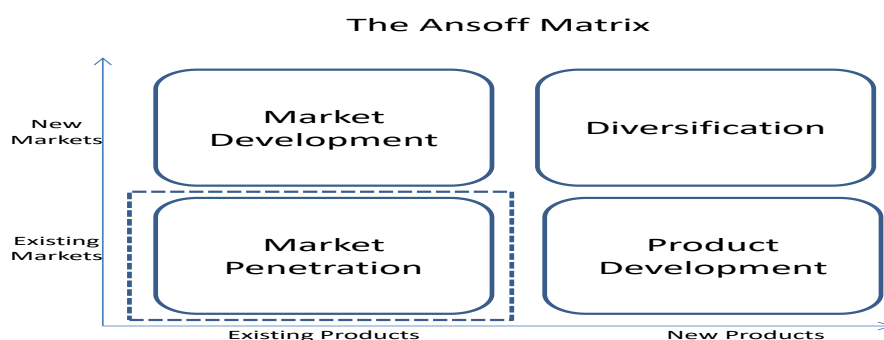


### 3.0 Financial Strategy

- 3.1 In response to a review by GE Finnamore, the Trust and CCG agreed to work more closely together to achieve the long term clinical and financial sustainability of the system.
- 3.2 Clinically, there is a huge recognition of the need to develop a sustainable workforce model. Financially, a two year strategy (2018/20) was developed that looked to:
- reverse the economic leakage by £22m (margin) over 2 years,
  - deliver cost improvement plans of £37m over 2 years;
  - deliver QIPP of £16m over 2 years;
  - deliver commercialisation opportunities of £12m over 2 years;
- 3.3 In practical terms this meant that the SWB CCG allocation of funds to the Trust would rise from £264m to £273.8m in 2017/18 and then from £273.8m to £300m in 2019/20. Midway through 2018/19 this plan is on track with the CCG seeing an increased throughput at the Trust and reduced levels at nearby organisations. This process ramps up in 2019/20.
- 3.4 In subsequent years it is expected that contracting will take on a different form as a CCG and Local Authority Commissioning Alliance looks to contract at a much more strategic level with Provider Alliances in each of the two places that represent all the local system providers.

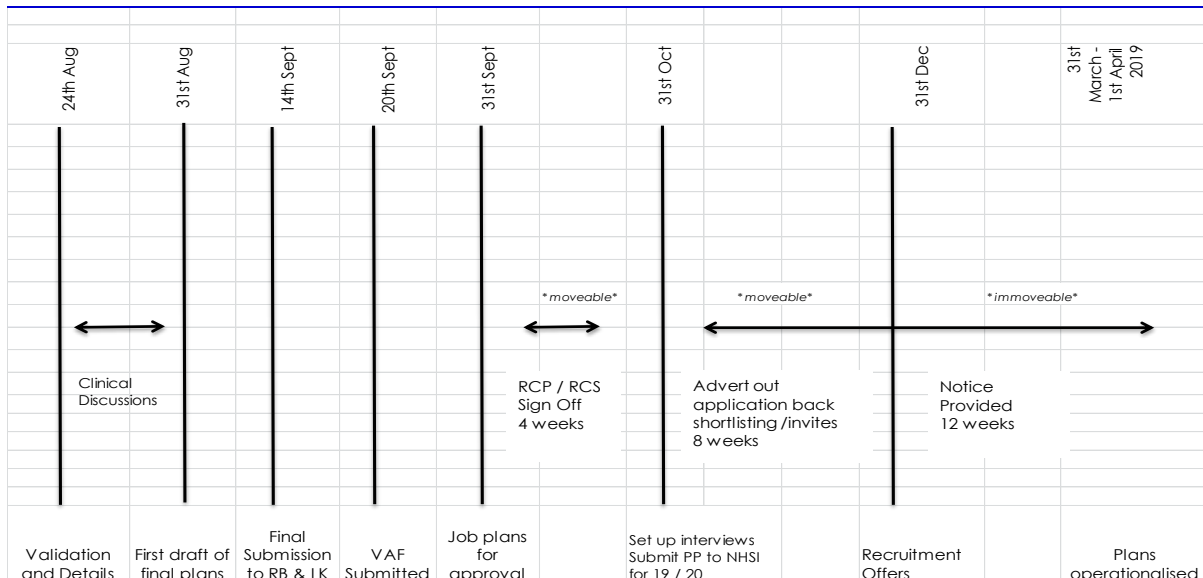
### 4.0 Marketing Context

- 4.1 Strategically the Trust's current approach is one of market penetration of existing services based on being the most attractive provider to our population and that which our Integrated Care System is funded to provide care to. Further steps could be:
- to be more aggressive with our original plan around the scale of market penetration;
  - to develop new products/services for our population where we feel that we have the skills to do so



## 5.0 Recruitment Plan

5.1 Our learning from the work done in advance of the 2018/19 strategy was the need to recruit early enough to drive the required levels of throughput. With this in mind a plan was agreed that allowed us sufficient time to identify and recruit the resource required.



## 6.0 Income, productivity and investment

6.1 The revised income opportunity now equals ~£18m. This work is grounded in detailed engagement with clinical groups. It of course represents an estimate, and is calibrated at increased but not complete referral capture.

000's	Surgery	Medicine	Imaging	PCCT	Total
Available Repatriation through PbR or Contracts	£11,500	£3,200	£1,251	£557	
Other	£1,400				Reduction in backlog in Ophthalmology
Total Income	£12,949	£3,200	£1,251	£557	£18,089

## 7.0 Productivity changes

7.1 Across the organisation, on the back of both shorter waiting times and greater use of patient agreed appointments, as well as better texting and email communication, teams are expecting a reduction in DNA rates. This should help us to make better use of 3.5 hour clinics. Formal reconciliation of all afternoon clinics to that expectation of a "hospital day" will take place shortly.

7.2 Our aim for theatres and other interventional facilities is to achieve 85% throughout from each list. At the same time, procedure and surgeon specific timed booking rules have been implemented to ensure that, across a 42 week year, we are optimally using our skilled teams.

**8.0 As the Board might expect this gives rise to a need to expand our workforce to meet demand, having accounted for productivity changes.**

8.1 We intend now to proceed recruitment at risk. We recognise that this may not succeed in time for April, but given the permissive approach nationally now to shortening elective wait times, we believe that the other risk of excess capacity is a low risk.

<b>Group</b>	<b>Income 000's</b>	<b>Cost 000's</b>	<b>Overhead 000's</b>	<b>Notes</b>
<b>Surgery</b>	£12,949	£7,434	£5,515	Excludes diagnostics at present. £171k capital required
<b>Medicine</b>	£3,200	£2,300	£900	High Level Costing produced requires more detailed work especially around inpatient beds impact on LOS & nursing opinion on level of resource required to deliver activity levels. Endoscopy room part of Gastro numbers requires capital investment – awaiting costings from PFI team. Average year to date diagnostic costs used to inform costing (awaiting information from Pathology/Imaging teams on exact costs and split by POD of activity). Does not include corporate, coding, overhead costs.
<b>Imaging</b>	£1,251	TBC	TBC	Costs to serve other Groups to be built into Group costs; £1,251m relates to Health Harmony contract for Ultra Sonography which requires more detailed assessment.

8.2 The expenditure covers an array of employees. This is important as we gear up for the future and reflects the need to make sure that we not only have a surgeon and anaesthetist available but also the wider infrastructure.

### Surgical Recruitment Numbers

Roles	Full WTE	Part WTE	Total
Consultants	9	0.4	9.4
Anaesthetists	3	2.24	5.24
Fellow	1	0	1
Specialty Doctors	5	0	5
SCP Band 8A	2	0	2
CNS Band 6	0	0.2	0.2
Theatre Team Band 6	7	1.61	8.61
Theatre Team Band 5	7	1.61	8.61
Theatre Team HCA	3	1.2	4.2
Admin Band 4	5	0.5	5.5
Admin Band 3	1	0.2	1.2
Admin Band 2	0	0.2	0.2
Band 7 Nurses	0	0.14	0.14
Band 5 Nurses (Various)	3	1.14	4.14
Band 4 Nurses	0	0.18	0.18
Band 2 Nurses	1	0.6	1.6
Audiologist Band 5	1	0	1
Orthotist	0	0.2	0.2
HCA	0	0.2	0.2
Physio Band 7	0	0.66	0.66
Physio Band 6	0	0.5	0.5
Physio Band 5	1	0	1
Physio Band 3	2	0	2
OPD Pls Tech Band 4	1	0	1
Psych Band 7	0	0.37	0.37
Optometrist Band 7	1	0	1
Orthoptist Band 7	0	0.5	0.5
Orthoptist Band 4	1	0	1
Visual Functions Band 6	1	0	1
Visual Functions Band 5	1	0.5	1.5
Ward Clerk Admin – Band 2	0	0.5	0.5
<b>8 MFFD, 6 LY2 Beds, SDU 6 Trolleys</b>	<b>27</b>	<b>0.8</b>	<b>27.8</b>
Contact Centre Band 2	3	0	3
Pread Nurse	1	0	1
Booking Clerks Band 3	3	0	3
<b>Total</b>	<b>90</b>	<b>14.45</b>	<b>104.45</b>

## **9.0 Implementation**

9.1 Delivery of these changes is in three parts:

- Recruitment
- Scheduling
- Execution

9.2 The project plan will be overseen corporately and led by Liam Kennedy, Deputy Chief Operating Officer. The recruitment project team will include staff from HR and finance, and will have completed all advertisements for band 5 and above roles not later than **November 16<sup>th</sup>**. Progress against this timeline will be reported to the Thursday's financial governance meeting chaired by the Chief Executive.

9.3 A dataset governing referrals and a waiting list pipeline sufficient to expand income by the sums listed, and also to assure the HLP Board that we are not duplicating other providers, is under development and will be ready by the same date.

9.4 The deadline to schedule April patients is **mid-February**, both to provide due notice, and to reflect Unity implementation dislocation.

9.5 By the time the Trust issues internal budgets for 2019-20, which will be in early January, we will have completed work on any outpatient vs. surgery phasing in Q1.

## **10.0 Beyond part one**

10.1 We had hoped and expected to be able to present a Trustwide plan to this Board meeting. A part two plan covering PCCT, revised medicine estimates and imaging, will come to the October Finance and Investment Committee. This is consistent with work to agree 2019-20 contracting, and an aim with our principle CCG to seek to do that by the end November.

**Dave Baker, Director of Partnerships and Innovation**

**Liam Kennedy, Deputy Chief Operating Officer**

**Toby Lewis, Chief Executive**

# TRUST BOARD PUBLIC MEETING MINUTES

**Venue:** Training Room, Rowley Regis Hospital,  
Moor Lane, Rowley Regis, B65 8DA

**Date:** 6<sup>th</sup> September 2018, 0930h – 1300h

## **Members Present:**

Mr Richard Samuda, Chair	(RS)
Ms Olwen Dutton, Vice Chair	(OD)
Prof K Thomas, Non-Executive Director	(KT)
Mr H Kang, Non-Executive Director	(HK)
Mr M Hoare, Non-Executive Director	(MH)
Miss Kam Dhani, Director of Governance	(KD)
Ms Dinah McLannahan, Acting Director of Finance	(DMc)
Prof D Carruthers, Medical Director	(DC)
Ms R Barlow, Chief Operating Officer	(RB)
Mrs P Gardner, Chief Nurse	(PG)
Mrs R Goodby, Director of People & OD	(RG)

## **In Attendance:**

Mrs C Rickards, Trust Convenor	(CR)
Mrs R Wilkin, Director of Communications	(RW)
Mr D Baker, Director of Partnership & Innovation	(DB)
Ms Clare Dooley, Head of Corporate Governance	(CD)

## **Board Support**

Mrs N Davies, Executive Assistant	(ND)
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Minutes	Reference
<b>1. Welcome, apologies and declaration of interests</b>	Verbal
Mr Samuda welcomed everyone to the meeting. Apologies were received from Mr Lewis and Cllr Zaffar.	
<b>2. Patient Story</b>	Presentation
<p>Mrs Gardner introduced Mr Paul Harris who had kindly agreed to attend the board meeting to share his patient story. Mr Harris described that 34 years ago he was involved in a road traffic accident, and incurred serious injuries a requirement for major treatment. Unfortunately 12 months later after his initial accident his wheelchair he was knocked over resulting in another hospital stay for 9 weeks. He explained he had varied experiences over the last 34 hours and planned to share his holistic approach on a patient with disability, noting it is always a positive step when patients are involved in board meetings to share their experiences.</p> <p>Mr Harris has been left with a paralysis which has implications in terms of 'daily living' (e.g. management of bowels, bladder and skin). Mr Harris accesses services at SWBH and Oswestry (where his initial care commenced) and always tries to explain his conditions in detail, in terms of his paralysis, but also in relation to double incontinence and hypertension, as they contributory factors can sometimes be overlooked then clinical staff are treating the "presenting problem". Mr Harris described recent examples of his own management of issues/advocating for himself in hospital, which had caused him distress. He noted he is not a complainer, but on one occasion he did, for the first time, need to describe in detail the severity of his contributory factors to staff members which had not been managed and had caused a significant amount of upset and fright. Mr Harris often needs to go through the process of having to explain myself which, is his lived experience for the last 34 of years of being admitted to general hospitals, and he does not expect everyone to be experts on spinal injuries but does require staff to listen and take on board/understand with empathy the issues he faces in relation to his dignity. Mr Harris commented that the incontinence service at this Trust is excellent and are the only service during his care that have fully understood his spinal injury and resulting needs.</p> <p>Mr Samuda thanked Mr Harris for sharing his story and advising of things the NHS, and this Trust in particular need to respond to.</p>	

Ms Barlow asked how have staff dealt with complaints/feedback, and secondly, what else we can do for patients with similar needs to make the process better in future, for example opportunities for plan documentation at handovers. Mr Harris responded that staff are often defensive when approached and he always tries to be as nice and positive. They often note the matron will see him on their rounds and other aspects raised will be chased but often it does not address his concerns.

Ms Dutton commented this is about listening and understanding the issues because Mr Harris is the expert in his own health and, as part of the purple point campaign the question 'did we listen to you during your stay' is one of the things we should be routinely asking all of our patients, particularly where they have a long term condition.

Prof Thomas explained as a GP she has a patient with a spinal injury who has taught her a lot about care required. She asked if Mr Harris was sufficiently unwell or unable to articulate his problems, whether, when we have the electronic patient record is there an option to have a selection which offers a note/pop up that states 'spinal injury, important things to remember', as often having prompts could make all the difference.

Mr Samuda thanked Mr Harris again for sharing his story commenting the takeaway points from this discussion are, how do we use our electronic record in the future and how do we support training for doctors and nurses who haven't seen this type of injury previously.

### 3. Questions from Members of the Public

Verbal

A female patient had attended the board meeting to find out why it has taken from January to September to get orthotic shoes required, due to sharcot foot. During this delay she had to attend her GP practice twice each week and also attended the podiatrist every 2 to 3 weeks to manage ulcers on the side of her foot due to ill-fitting footwear. All of these additional appointments would not have been required if the shoes had been provided earlier and the patient asked if the issue was due to ordering or suppliers. Mrs Barlow apologised, was very concerned to hear about the delay and obtain the detail required to respond to the patient directly later today. Mrs Perry commented that we need to pick up on wider issues, although we've now made promises to look into this individual case, needs are still falling through gaps and our challenge is to make sure we are dealing with every patient so there are no undue delays and if there are delays these are explained to the patient and interim measures/options are identified to address patient need with an alternative in the short term.

A Healthwatch representative asked for an update on the radiology department at Rowley by providing examples of patients who had paid for taxis themselves, or used extensive public transport, or required to secure essential/special care for family members at home, to arrive at Rowley for the their appointment and the unit be closed, causing significant distress. Mrs Barlow agreed that standards of performance have reduced recently, explained we have some significant staffing issues and an emergency meeting with the radiology team and HR is scheduled. A review of the service has been commissioned to look at sustainability going forward. When we need to redistribute centralised services Ms Barlow had asked the team to ensure that transport was put in place to other sites but this looks to have failed and therefore she will discuss this further with the team, confirming any costs incurred by patients should also be reimbursed.

**ACTION: Response on extensive delay for the provision of orthotic shoes.**

**ACTION: Response on radiology delays/cancellations with notice (at Rowley Regis Hospital).**

### 4. Chair's Opening Comments

Verbal

Since the last board the Government have announced they will be supporting funding for the Midland Met Hospital with through public finance, which is fantastic achievement by our team, central Government and the cross party support we have in the area. This will enable us to get an early and enabling works contract to have a construction team on site during November 2018 and moving forward to full procurement for a contractor to deliver completion of the entire construction.

**Living wage** – Mrs Goodby confirmed we implemented the national living wage in February 2015 for all of our staff and we have kept in-line with the living wage guidance since that time. We are now an accredited living wage employer which means all of our staff will be paid at least £8.75 per hour, which is the national living wage and this also includes everyone on our bank.

<p>Ms Dutton commented that we are also trying to ensure that our contractors and suppliers are committed to paying their staff the national living wage especially as a lot of our suppliers will be local. Mrs Goodby confirmed that West Midlands Fire Service and the Council are pushing for national living wage from their suppliers also.</p>	
<p><b>ACTION: Mrs Goodby to provide update on suppliers/contractors signing up to the national living wage at the next board meeting.</b></p>	
<p><b>5a. Update from the Major Projects Authority meeting held on 24th August 2018</b></p>	<p><b>TB (09/18) 001</b></p>
<p>Mr Samuda reported that the MPA meeting in August was focussed on IT infrastructure issues which have been causing significant challenges across the Trust. We need to look at skills within the team and our relationships and management of key suppliers to ensure we receive a first class service. We are currently looking at resources, as there has been some slippage on Wi-Fi and server configuration.</p> <p>The Major Projects Authority meeting was intended to look at delivering the new hospital, IT and people resources (KPIs) and to bring the three discussions together but it has now been decided to separate these areas into different committees (as proposed via the Chief Executive's report to this Trust Board meeting).</p>	
<p><b>5b. Update from the Quality and Safety Committee held on 31st August 2018</b></p>	<p><b>TB (09/18) 003</b></p>
<p>Ms Dutton reported that a lot of the matters discussed at the last Q&amp;S committee in August are on the Trust Board agenda for today.</p> <ul style="list-style-type: none"> <li>• <b>Schwartz rounds:</b> Non-Executive Directors had missed the last two but Mrs Gardner will provide future dates for the Non-Executive Directors to attend.</li> <li>• <b>Patient story:</b> was an excellent presentation from Mr Harris (who attended the Trust Board today).</li> <li>• <b>Strategic Board Assurance Framework:</b> a lot of time was set aside to discuss the SBAF, particularly the proposal for paediatric ophthalmology cover. Professor Carruthers presented a paper proposal, and whilst we are not going to get the optimal answer, it has assured the committee we will be able to deal with the situations as they arise and we possibly need to look at changing that BAF score in the future.</li> <li>• <b>IQPR:</b> the focus on persistent reds is now starting to pay off as we are beginning to see some indicators starting to hit the targets that have been set and we are now meeting the WHO checklist.</li> <li>• <b>Quality plan:</b> actions on managing the reduction of Sepsis.</li> </ul>	
<p><b>5c. Update from the Finance and Investment Committee held on 31st August 2018</b></p>	<p><b>TB (09/18) 005</b></p>
<p>Mr Hoare reported that period 4 remained on position and to forecast with some significant challenges on the year to date position for CIP. It has been previously reported that we were up to date on the 60 day period for non NHS creditors. Unfortunately, due to the oracle system this is not a correct statement and work is being done to correct this.</p> <p>The long term financial model is being recut based on the position for Midland Met and this will be presented to the October Trust Board.</p> <p>A strong focus continues to reduce agency spend.</p>	
<p><b>6. Chief Executive's Summary on Organisation Wide Issues</b></p>	<p><b>TB (09/18) 007</b></p>
<p>Miss Dhami reported on the following:</p> <ul style="list-style-type: none"> <li>• <b>Midland Met</b> - excellent news about securing the Midland Met funding.</li> <li>• <b>IT</b> - For a week we have not had any significant/whole system IT issues which is positive.</li> </ul>	



- **Emergency Care** - the situation is lower performance rating nationally but a lot of work is ongoing on improve our position. Meetings are taking place between the ED and emergency teams and September is the month we expect to see things start to change with event further positive actions implemented in October and November 2018.
- **CQC** - Regulators are currently visiting the Trust and have so far covered medical wards and emergency care. Feedback so far has been good overall. We will not get official feedback until the well-led inspection is completed in October (final report expected in January 2019).
- **Use of Resources** - feedback has been provided from the assessment day and further evidence has been requested, is in the process of being provided to CQC.
- **ENT Operation Issues** – there is a need to reconsider plans in place to continue the training level currently in place and this impact will be considered through a whole service review.
- **Pathology** – the TUPE transfer of staff is scheduled to take place on 1<sup>st</sup> October 2018. All required documents will be submitted by the end of this week. Service Level Agreement will not need to be provided for the staff remaining at the Trust but we do need to clearly agree/document this process also
- **MPA terms of reference** - it is proposed the current MPA splits into two committees (digital focus and estate focus) and terms of reference - were proposed, which the Trust Board approved.
- **Sickness Absence** – Discussions have taken place at FIC as there is a potential risk to financial plans. The grip and control element needs to be looked at again.

Mrs Goodby commented that rostering issues have been discussed in group reviews, we need a much tighter grip and control on who can make changes. Mrs Gardner has discussed with Group Directors of Nursing to send the message down to ward level so they are aware of the impact it has on other colleagues. The whole process from rostering to return to work interviews needs to be much more robustly adhered to as if these issues are not resolved we will not see improvement in long term sickness and mental health sickness. Any proposed overbooking of establishment shifts, will require approval by the Chief Nurse. However, if acuity is high this will be discussed with Group Directors of Nursing and then the Chief Nurse. Miss Dhami commented it is time for us to reflect on why good practice has not been sustained, this issue is called out as a risk to our financial plan, and as a Trust Board we need to know (receive exception reports) on a month by month basis.

- **Diagnostics** - Ms Barlow reported that a lot of good work had been undertaken last year on diagnostic waiting times. Tests were being completed and the reports are being published within a 10 week period. Recently workforce changes and issues with IT have affected this position, but this is just an interim disruption. IT outages have not stopped the reports being produced, they hindered specialists looking at the images.

Radiologist recruitment has been successful with 7 radiologists being appointed. Ultrasound is a risk nationally as it takes considerable resource and time for training. The backlog of reporting will be cleared by the end of the September and October we will meet our targets for reporting. Professor Carruthers commented that we are trying to reduce the numbers of scans requested by further training for staff and looking at groups where reporting is not required.

- **Smoke Free Plan 2019** – At the July Trust Board meeting it was decided the Trust would be smoke free by 5 July 2019. This weekend will see the start of the 300 day countdown and we will be undertaking to commence campaigns and social media for staff and patients.

## 7. Integrated Quality and Performance Report

TB (09/18) 008

Mr Baker reported on the following keys areas to the Trust Board:

- **Emergency care waits** – these are below our performance trajectory in July and have further deteriorated in August. We are currently implementing changes to commence towards the end of September to support improvement. Resilience preparations for the winter period will be set out/provided to the Trust Board in October.
- **Six week diagnostic waits (DM01)** – these are below the standard of 99% each month this year. A recovery plan is in place with recovery expected by end of September.
- **VTE assessments** - at 94.5% in July, missing 412 assessments, and the Quality and Safety Committee &S have considered the quality plan improvement project as part of improvement monitoring.
- **RTT** - the patient waiting list has again grown in July to 35,000 patients, which is well above the static position we projected, and NHS Improvement have been informed of this position.

- **Sickness rate** - increased again in July, noting our mental health wellbeing project (wemind) commences on September 1st.

Mr Hoare commented that C sections are 25% higher, year to date at 26.7% noting this appeared to be mainly driven by an increase in non-elective patients, with elective patient C-Sections averaging rates of 8%. Mrs Gardner commented that there are a lot of factors involved and there are a number of initiatives being developed to improve this position.

**ACTION: Winter Standards (separate report) for the October Trust Board meeting.**

**8. Trust Risk Register**

**TB (09/18) 009**

Ms Binns provided highlights from the Trust Risk Register as follows:

- The ultrasound service is experiencing significant staffing issues, specifically within the obstetric specialty. They are development a number of mitigating actions but this position could still deteriorate further, which the Risk Management Committee and Clinical Leadership Executive will review and monitor.
- Risk 2642 - results acknowledgement has been updated to reflect the current position which is being addressed ahead of Unity deployment with a check on all unacknowledged imaging results, for the previous 12 months.
- Risk 534 – has been updated to reflect that patients likely to require oncology input are receiving timely referrals to the QE and Royal Wolverhampton Hospital.
- Informatics - within the Trust Risk Register there are four risks which relate to informatics and at the Major Projects Authority meeting a review of the actions for three of these risks was requested and provided as they relate to our infrastructure and the EPR project.
- Risk 221 – one action remains incomplete, which relates to the requirement for a plan for Unity go live. This is expected to be in place by the middle of September 2018.
- Risk 3109 – three posts are still in the process of being appointed so this risk will be mitigated by the end of September 2018.
- Risk 3110 – actions remain outstanding with the work currently in progress.

**9. Mortality Improvement Plan**

**TB (09/18) 010**

Professor Carruthers set out that detailed discussion of mortality took place at April, May and June Trust Board meetings. This updated paper covers our analytical analysis, our plan of action, and work to resolve medical examiner deployment which is at a similar position to other Trusts, but which does meet our aims/expectations of acceptability .

Further expertise is being sought for our analytics function and monitoring of progress will continue to take place monthly at the Executive Quality Committee and Quality and Safety Committee. By December 2018 we expect to have:

- deployed projects in each of the key areas of ‘excess mortality’ – a long formed part of the quality plan and by December will have materially shifted
- key indices on sepsis inputs to care pathways
- a weekend plan will have been defined.

Ms Dutton commented on the figures by raising her concern that it seems our excess deaths have gone up significantly between 2016 and 2017 and are we aware of the contributory factors in relation to this. Professor Carruthers responded that there is something about the process but also the patients as we know the areas that are an issue and the contributing factors between the difference of weekend and weekday admission. A significant amount on analysis has been undertaken already but further review of this is being progressed.

Professor Carruthers also noted that we are pausing the Medical Examiner recruitment until we understand clearer the full expectation/impact of the role aligned to our mortality improvement plan.

<b>10. IT Resilience and Resolution – Progress Update</b>	<b>TB (09/18) 011</b>
<p>Mrs Barlow reported on the following:</p> <ul style="list-style-type: none"> <li>• <b>N3</b> - Some progress has been made on some of our major IT issues relating to N3 and we now believe the N3 connection has been stabilised with a period of 2-3 week caution to ensure this is the case.</li> <li>• <b>HyperV</b> – Connects our computers to the server and work was carried out in mid August which has stabilised the connection for over a week.</li> <li>• <b>Wi-Fi</b> –completed resolution remains outstanding, external providers are on-sites today but there are still technical challenges to be addressed.</li> <li>• <b>Resilience</b> - we have not experienced any major outages over the previous week but are still experiencing other IT disruptions across the system.</li> </ul> <p>Mr Hoare commented that we have made some progress with stability; expertise has been brought in and has made a significant impact which has given us some confidence.</p> <ul style="list-style-type: none"> <li>• <b>Unity</b> – Go-live will depend on IT stability and the October go-live date is likely to be changed. Clinicians are still supportive and we will continue with the training even if the go-live date does move. Mrs Gardner confirmed that groups now have the lists of staff members who have not yet booked on to the training. Currently we are 69% compliant. Unity stalls have been set up around the Trust to encourage staff to book on to the training but we need to make sure we have enough courses. Some consultants need out-patient and in-patient training. Provision for refresher training is also in the budget.</li> <li>• <b>IT leadership</b> - the team need to address the issue of no back office function/team for the Unity go-live to maintain, update and develop. It is currently costing c.£50,000 per month for every month we do not go live, but we are confident that this can be covered within the 2018/19 financial budget.</li> </ul>	
<b>11. CQC Improvement Plan: The story of our journey to good</b>	<b>TB (09/18) 012</b>
<p>We need to identify a way to celebrate achievements, a lot has already been put in place and we have delivered a number of successful changes, noting more is required to sustain our improvement journey. There were 131 areas for improvement within the plan and 74 of these have been addressed and improved, with 38 still requiring completion.</p> <p>Mr Kang commented how much he liked the visual book that had been provided and thought it was a good idea to have demonstrable examples clearly described, noting we delivered a significant amount and further successful results will sustain our improvement journey.</p>	
<b>12. Financial Performance: Q2 mitigating actions and PO4 report</b>	<b>TB (09/18) 013</b>
<p>Mrs McLannahan reported the highlights from the financial performance report as follows:</p> <ul style="list-style-type: none"> <li>• The expected position at the end of Q2 was reported last month as £2.7m behind plan. Month 4 has improved that position to £2.5m and the current expectation is that we will be able to achieve plan and PSF in Q2, despite income, non-pay and pay slippage.</li> <li>• The Chief Executive chaired the CIP group which is overseeing: <ul style="list-style-type: none"> <li>(a) Q3 recovery plan;</li> <li>(b) month 12 recurrent backfill v non-recurrent 2018/19 CIP. The expected “final £5m” non-recurrent plan is behind schedule and will be presented by the Acting Director of Finance to the September Finance and Investment Committee, along with the two recovery plans.</li> <li>(c) report will be finalised for October Finance and Investment Committee.</li> </ul> </li> <li>• Currently seeing an over performance on emergency activity and acknowledgement of winter pressures/activity may deteriorate this position further</li> <li>• Agency spend is at £1.4 million and requires a close review during September.</li> </ul>	

- £26.9m is required to hit our pay plan, if agency and sickness spend is under control.
- Procurement data issue – we do not appear to receive the same level of procurement activity data as Dudley do and this now being reviewed as we can back date any inaccurately coded activity to 1<sup>st</sup> April 2018, which will be reported in the month 5 position.

Mrs Perry asked if the CIP profile is back loaded how confident are we of delivery and Ms McLannahan confirmed that phasing levels of confidence are mixed as we have good visibility on slippage but Midland Met impacts need to be factored (or not, depending on financial decisions awaited from Government).

**13. Strategic Board Assurance Framework: 2018/19**

**TB (09/18) 014**

The Strategic BAF was reviewed in significant detail by the Chair of the Audit and Risk Management Committee and Director of Governance in a series of meetings and individually, with each SBAF Executive lead, scrutinised each risk action status to challenge gaps in control for each risk. The SBAF has been updated from the discussions at the challenge meetings.

Miss Dhimi commented that there are no more red risks on the SBAF, leaving only ambers and a healthy number of green rated risks.

**ACTION: Plan to be sent to speciality leads to check and confirm.**

**14. EPPR: Board Standards Approval of the NHSE core standards**

**TB (09/18) 015**

Ms Barlow advised that the Trust is assessed annually against compliance of NHS England's Core Standards for Emergency Preparedness, Resilience and Response guidance. The submission is assessed against 10 domains and 69 standards. Each year there is a 'deep dive' subject to be assessed; this year that is 'Command and Control' arrangements. We are fully compliant with the 8 domains and have strong evidence of how we activate Command and Control, we met good practice guidance, responded to/recovered well from several internal critical Incidents managed over the last 12 months.

An on-call mechanism is in place and tested regularly. All necessary staff are trained to lead strategic, tactical and key operational roles.

Business Continuity Plans are in place and have been rated (self-assessment) as partially compliant. The evidence submitted will be considered by NHS England during Q3 and we want to agree with them in writing what the action plan should look like as soon as possible.

Ms Barlow's final point was to set out that our suppliers have action plans/business continuity plans in place but we need to provide assurance on these, which will be discussed at the Emergency Planning Committee.

**15. Minutes of the previous meeting and action log**

**TB (08/18) 016**

Minutes of previous meeting were approved as an accurate record.

**16. Any other business**

**Verbal**

No other items of business were discussed.

**17. Date and time of next meeting**

**Verbal**

Details of next meeting: The next Public Trust Board meeting will be held on Thursday 4th October 2018 at the Anne Gibson Boardroom at City Hospital.

Signed .....

Print .....

Date .....

## Public Trust Board Action Log – as at 6<sup>th</sup> September 2018

Meeting Item Number	Action	Lead	Due	Status/Update
TB (09/18) item 3	Patient Question: Response required on extensive delay for provision of orthotic shoes.	RB	Oct 2018	A written apology was sent to the patient and talked through further when she came in to collect the shoes. The Group Director of Operations has also offered to meet her should she wish to.
TB (09/18) item 3	Patient Question: Position/response required on radiology delays or cancellations without notice (at Rowley Regis Hospital).	RB	Oct 2018	A presentation and discussion took place at September CLE to set out the improvement plan for radiology services. A response to the question raised at the Trust Board (Rowley delays/cancellations) has been provided by Ms Barlow.
TB (09/18) item 4	Chairman's Comments: Living Wage Accreditation – update on Trust suppliers living wage commitment/ compliance.	RG	Oct 2018	The Director of People and OD will work with procurement team to draw up a list of 'values based procurement' criteria, to consult and implement in 2019/20. This will reflect the ambitions of The Living Wage, ENEI Assessments and other values based criteria. Will learn from best practice in other public sector organisations who are Gold Standard in this area
TB (09/18) 007	Chief Executive's Summary Report: Improving sickness absence – report on improvement of standards to provide grip and control.	RG	Oct 2018	This will be taken to the Clinical Leadership Executive and then monitored through the Trust Board People & OD Committee.
TB (09/18) 008	IQPR: Focus on winter standards (separate report) for next Trust Board meeting.	RB	Oct 2018	The Winter plan is being assured at October Trust Board and an external review will take place at the end of October 2018.

Meeting Item Number	Action	Lead	Due	Status/Update
TB (09/18) 009	Trust Risk Register: progress update required on results acknowledgement risk.	DC	Oct 2018	A weekly report is now provided to Group Directors showing unacknowledged results, the plan is to address the backlog by end of October 2018.
TB (08/18) 012	Midland Met: A report on capacity/capability in terms of Trust reconfiguration required/ business as usual/progress of construction of Midland Met.	TL	Oct 2018	This is covered in submission to October Private Trust Board meeting.
TB (07/18) 019	CQC Well-Led self-assessment: To be discussed and challenged at the August Board Development session, with sign-off at the September Board.	KD	Oct 2018	The paper provided to the October Trust Board is the self-review and action plan in readiness for the well led review ( 9-11 October 2018).
TB (06/18) 018	Patient Handover / Staff Exit SOP & Implementation: Internal Audit to review in Quarter 3 to provide assurance of systems and processes.	RB	Oct 2018	Discussion at the October Trust Board will help to define scope of internal audit review.
TB (05/18) item 2	Patient Story: Mr Lewis to provide an update to the July Trust Board on alcohol provisions to support staff and licencing arrangements.	TL	Oct 2018	Proposal to come to Trust Board Public Health, Community Development and Equality committee.
TB (09/18) 011	IT Resilience: future state model and budget review for November Trust Board Meeting.	TL	Nov 2018	Work has commenced and is progressing well but will not be ready until the December 2018 Trust Board.
Tb (08/18) 013	Consistency of Care - Medicine LIA events to take place to ensure a position of "Quite Good" is in place by December 2018.	KD	Dec 2018	Work is ongoing with this in mind and the next event is planned for 5 Dec 2018

**Audit & Risk Management Committee Action**

Agenda Item	Action	Assigned to	Due Date	Status / Response
AC(05/18)9	GDPR progress report to October committee meeting.	KD	October 2018	This will be provided to the October committee meeting.
AC(05/18)11	Data Quality - full data quality improvement plan to October committee meeting.	DB	October 2018	This will be provided to the October committee meeting
AC(05/18)12	Declaration of Interest Policy implementation progress report to October committee meeting.	CD	October 2018	This will be provided to the October committee meeting

**Quality and Safety Committee Action Log**

Agenda Item	Action	Assigned to	Due Date	Status
QS(03/18)9	Neonatal Peer Report and Trust Response – Maternity Summit Action Plan update to be given at September 2018 Q&S Meeting.	PG	September 2018	Written update will be issued by 8 <sup>th</sup> October 2018 to committee members.
QS(03/18)9	Maternity Summit Action Plan -_Maternity Summit Action Plan to be given at July 2018 Q&S Meeting.	PG	September 2018	Deferred to October Q&S committee meeting.

**Estate Major Projects Authority Committee Action Log**

Agenda Item	Action	Assigned to	Due Date	Status
MPA(08/18)3	Midland Met progress paper to October Trust Board	TL/AK	September 2018	Provided to October Private Trust Board meeting.



## Finance and Investment Committee Action Log

Agenda Item	Action	Assigned to	Due Date	Status / Response
FIC(08/18)3	SBAF: Update on FIC aligned SBAF risks to be provided to the September 2018 FIC meeting.	DMc	September 2018	Completed
FIC(08/18)4	I&E CIP forward look for Quarter 3 and Quarter 4 to be provided at the September FIC meeting.	DMc	September 2018	Forecast presented in draft to September committee meeting.
FIC(07/18)4	Financial Forecasting: Provision of a forecast re-phasing report for remainder of 2018/19 at September FIC meeting.	DMc	September 2018	As above.
FIC(06/18)4	LTFM: A series of workshops will take place to scope various elements of the financial strategy and to bring this outline to FIC in October, with a view to completion by end 2018 calendar year.	TL	October 2018	Deferred to December 2018.
FIC(06/18)4	LTFM: Consider, in discussion with NHS Improvement, whether the best model for updating the strategy is the LTFM in its current form, or whether it would be better served developing a less complex higher level model.	TL	October 2018	Deferred to December 2018.
FIC(06/18)4	LTFM: Review national guidance on changes to contractual relationships towards system based approach (ICS) including GE Healthcare work and in the context of the Midland Met likely delay.	DMc	October 2018	Will be provided to October FIC meeting.

### Digital Major Projects Authority Committee Action Log

Agenda Item	Action	Assigned to	Due Date	Status
MPA(08/18)6	Digital MPA and Estates MPA terms of reference to be taken to September 2018 Trust Board for approval/ratification.	CD	September 2018	Completed/actioned.
MPA(08/18)4	Chief Executive to Chief Executive discussion with Logicalis on meeting timescales/demand and final assessment report.	TL	September 2018	On track – report to October DMPA meeting.
MPA(08/18)4	Assurance processes to hold third party contractors/suppliers to account.	MS	October 2018	On track – report to October DMPA meeting.
MPA(08/18)4	Progress update required on Wi-Fi resolution/connectivity completed.	MS	October 2018	On track – report to October DMPA meeting.
MPA(08/18)4	Update position / assurance on improved N3 remedial works being undertaken by BT.	MS	October 2018	On track – report to October DMPA meeting.
MPA(08/18)4	Infrastructure/Unit impact on financial budget required by October 2018 from Director of Finance.	TL	October 2018	On track – report to October DMPA meeting.
MPA(08/18)5	Formal judgement at the October MPA committee will be made on confirming January 2019 go-live and communications to announce this.	RB	October 2018	On track – report to October DMPA meeting.
MPA(08/18)4	Build plan for transfer to Azure (cloud) system by end of December 2018.	MS	December 2018	On track – report to December DMPA meeting.

## Public Health, Community Development & Equality Committee Action Log

Agenda Item	Action	Assigned to	Due Date	Status
PH(05/17)7	Public Health Plan 2017-2020: Mr. Samuda to contact colleagues at Deutsche Bank to discuss managing work place stres	RS	February 2018	Completed.
PH(01/17)2	Equality Plan: Ethnicity coding data for outpatients to continue to be improved during 2017/18	RG	February 2018	To be discussed at November committee meeting.
PH(02/18)3	Action Plan for Eastern and Central European Communities: Mrs Wilkin to champion an Executive Sponsor for the newly formed Staff Network Group.	RW	May 2018	To be discussed at November committee meeting.
PH(06/18)5.	Smoke-free sites proposal to be provided to Trust Board and further options/comms/monitoring to take place through this committee	RW	September 2018	Completed.
PH(06/18)6.	Circulate the 2018/19 committee workplan prior to September committee	CD	September 2018	Completed.
PH(06/18)3.2	Further staff communication to be provided on awareness of the Early Release Policy and inclusion in future patient welcome/comfort packs	PG	November 2018	Not yet due.

## People and OD Committee Action Log

Agenda Item	Action	Assigned to	Due Date	Status
POD(06/18)3	Refresh BAF items for discussion with the Director of Governance and Chair of the Audit Committee.	RG	August 2018	Completed.
POD(06/18)4	Generate a flow diagram of PDR moderation outcomes.	RG	September 2018	Will be provided to September committee meeting.

Agenda Item	Action	Assigned to	Due Date	Status
POD(06/18)4	Generate support and communications for line managers in how to deliver PDR moderation outcome messages.	RG	September 2018	Will be provided to September committee meeting.
POD(06/18)5	Engagement - ensure that importance is given to group led interventions and update committee on where Wrightington, Wigan and Leigh sit in rank order	TL	September 2018	Completed.
POD(06/18)6	Nurse Career Escalator - Programme update to be provided to September committee meeting	PG	September 2018	Will be provided to September committee meeting.
POD(06/18)7	Develop an approach to workforce planning agreed between Chief Executive and rest of the executive	TL	November 2018	Provided to November committee meeting.

### Charitable Funds Committee Action Log

Agenda Item	Action	Assigned to	Due Date	Status
CF(05/18)4	Annual Report - Audit findings report to be submitted by 7 <sup>th</sup> June and charity annual report presented to Trust AGM on 21 <sup>st</sup> June	TW/RW	June 2018	Completed.
CF(05/18)5.1	Head of Trust Charity Report - The team to advise on the outcome of the SSP application for the IDVA project and the BCF application for the Sapphire project	JS	September 2018	Completed.
CF(05/18)6	New Fund Proposals - The team to advise on the outcome of the match funded approach to University of Birmingham for leukaemia research, and the approach to the Pears Foundation for BMEC young volunteers hub	JS	September 2018	Completed.

Agenda Item	Action	Assigned to	Due Date	Status
CF(05/18)8	Midland Met Fundraising Campaign - To trial contactless payments	JS	September 2018	Completed.
CF(05/18)8	Midland Met Fundraising Campaign - delegate creative approval for branding to a small group of committee members (including campaign representatives), and agree to the continued development of the campaign concept(s).	RW	September 2018	Completed
CF(05/18)9	Charity Finance Report - the charity finance team to meet with Mr Waite to develop the charity finance report	TW	September 2018	Completed
CF(05/18)12	Any Other Business - another Non-Executive or Executive Director to join the committee	RW	September 2018	Completed

Trust Board Attendance Register 2018/19

Trust Board Members		05-Apr-18	03-May-18	07-Jun-18	05-Jul-18	02-Aug-18	06-Sep-18	04-Oct-18	01-Nov-18	06-Dec-18	03-Jan-19	07-Feb-19	07-Mar-19
Mr R Samuda	Chairman	Y	Y	Y	N	Y	Y						
Mrs O Dutton	Non-Executive Director	Y	Y	N	Y	Y	Y						
Ms M Perry	Non-Executive Director	Y	Y	Y	Y	N	Y						
Prof K Thomas	Non-Executive Director	N	Y	N	Y	Y	Y						
Mr H Kang	Non-Executive Director	Y	Y	Y	Y	Y	Y						
Mr W Zaffar	Non-Executive Director	Y	N	Y	Y	Y	N						
Mr M Hoare	Non-Executive Director	N	Y	Y	N	Y	Y						
Mr T Lewis	Chief Executive	Y	Y	Y	Y	Y	N						
Mr T Waite	Director of Finance	Y	Y	Y									
Ms D McLannahan	Acting Director of Finance				Y	N	Y						
Ms R Barlow	Chief Operating Officer	Y	Y	Y	Y	Y	Y						
Prof D Carruthers	Medical Director	Y	Y	Y	Y	Y	Y						
Mrs P Gardner	Chief Nurse		Y	Y	Y	Y	Y						
Mrs R Goodby	Director of People and OD	Y	Y	Y	Y	Y	Y						
Miss K Dhami	Director of Governance	Y	Y	Y	Y	Y	Y						

Y	Attended meeting
N	Apologies were provided

Audit & Risk Management Committee	04-May-18	23-May-18	18-Jul-18																	
Ms M Perry	Y	Y	Y																	
Mrs O Dutton	Y	N	N																	
Mr H Kang	Y	Y	N																	
Mr W Zaffar	N	N	N																	
Charitable Funds Committee																				
	17-May-18	13-Sep-18																		
Mr W Zaffar	Y	Y																		
Mr R Samuda	Y	Y																		
Mr T Lewis	N	N																		
Mr T Waite	Y																			
Ms D McLannahan		N																		
Mrs P Gardner	N	N																		
Mrs R Wilkin	Y	Y																		
Finance & Investment Committee																				
	27-Apr-18	25-May-18	29-Jun-18	27-Jul-18	31-Aug-18	28-Sep-18														
Mr M Hoare	Y	Y	Y	Y	Y	N														
Mr R Samuda	Y	Y	N	Y	Y	Y														
Mr H Kang	Y	Y	Y	Y	Y	Y														
Mrs M Perry	Y	Y	Y	N	N	Y														
Mr T Waite	Y	Y																		
Ms R Barlow	Y	Y	Y	Y	Y	N														
Mrs R Goodby	Y	Y	N	Y	Y	Y														
Ms D McLannahan			Y	N	Y	Y														
Major Projects Authority																				
	20-Apr-18	18-May-18	15-Jun-18	20-Jul-18	24-Aug-18															
Mr R Samuda	N	Y	Y	Y	Y															
Mr M Hoare	Y	N	Y	N	Y															
Mr T Lewis	Y	N	Y	Y	Y															
Mr T Waite	Y	Y	Y																	
Mr A Kenny	Y	Y	Y	Y	N															
Mr M Reynolds	Y	Y	Y	Y	Y															
Ms R Barlow	Y	N	Y	Y	Y															
Mrs R Goodby	N	Y	Y	Y	Y															
Ms D McLannahan				Y	N															
Estate Major Projects Authority																				
	21-Sep-18																			
Mr R Samuda	Y																			
Mr H Kang	Y																			
Mr T Lewis	Y																			
Ms D McLannahan	Y																			
Digital Major Projects Authority																				
	19-Oct-18																			
Mrs M Perry																				
Mr M Hoare																				
Mr T Lewis																				
Ms R Barlow																				
Mrs R Goodby																				
Ms K Dhami																				
People & OD Committee																				
	25-Jun-18	2-Oct-18																		
Mr R Samuda	Y																			
Mr H Kang	Y																			
Mr T Lewis	N																			
Mr R Goodby	Y																			
Mrs R Barlow	Y																			
Mrs P Gardner	Y																			
Public Health Committee																				
	1-Jun-18	13-Sep-18																		
Mr S Samuda	Y	Y																		
Prof K Thomas	Y	N																		
Mr W Zaffar	Y	Y																		
Mr T Lewis	Y	N																		
Mrs P Gardner	Y	N																		
Mrs R Goodby	N	Y																		
Prof D Carruthers	N	Y																		
Mrs R Wilkin	N	Y																		
Quality & Safety Committee																				
	27-Apr-18	25-May-18	29-Jun-18	27-Jul-18	31-Aug-18	28-Sep-18														
Ms O Dutton	Y	Y	Y	Y	Y	Y														
Mr R Samuda	N	Y	N	Y	Y	Y														
Mrs M Perry	Y	Y	Y	N	N	Y														
Miss K Dhami	Y	Y	Y	Y	N	Y														
Mrs R Barlow	Y	Y	Y	Y	Y	N														
Mr D Baker	Y	Y	Y	Y	Y	Y														
Mrs P Gardner	Y	Y	Y	Y	Y	Y														
Prof D Carruthers	Y	Y	N	Y	Y	N														

Y	Attended Meeting
N	Apologies were provided