

Report to:	Trust Board (Public)	Agenda item:	SFT 4082
Date of Meeting:	2 nd August 2018		

Report Title:	Integrated Performance Report, June 2018			
Status:	Information	Discussion	Assurance	Approval
	X			
Prepared by:	Executive Directors			
Executive Sponsor (presenting):	Executive Directors			
Appendices (list if applicable):				

Recommendation:
To note the information contained in the integrated performance report

Executive Summary:
The Integrated Performance Report highlights key themes and issues across the organisation, attempting to make links between the various aspects of the Trust's business. As such it brings together themes from the: quality, people, performance and finance reports and seeks to set out the interlinking issues and plans to move forward the challenges faced.

Board Assurance Framework – Strategic Priorities	
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	x
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	x
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	x
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	x
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	x
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	x

Performance Summary Narrative – June Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Local Services (COO)	<ul style="list-style-type: none"> Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks. New theatre timetable has gone live, giving more separation between elective and trauma sessions. 	<ul style="list-style-type: none"> Pressures on referral to treatment times in some sub-specialty areas often as a result of emergency pressures. Particular areas of pressure in: general surgery, orthopaedics, oral surgery, plastics and urology. 	<ul style="list-style-type: none"> Directorates produced specialty level planning to determine capacity required to achieve 18 weeks. Mapping effect that transformation improvements will have Weekly review of capacity fill is being undertaken on a weekly basis – for main theatres and day surgery
	<ul style="list-style-type: none"> On site temporary static MRI in place and making an immediate difference – achieved the diagnostic target at 99.2%. 	<ul style="list-style-type: none"> Capacity impacts are significant with substantial impact on performance. 	<ul style="list-style-type: none"> Fixed permanent solution will provide the required capacity Trust progressing selling capacity to other providers.
	<ul style="list-style-type: none"> Despite significant pressure of ED in Q1 due to Major Incidents, the Department continued to provide a full service to all patients. Gaps in nursing and medical rotas leading to problems with 1st doctor assessment – internal medicine recovery plan within 4 weeks. Substantial reduction in use of escalation capacity during Q1. Laverstock ward remains closed. Improvements in medicine length of stay 	<ul style="list-style-type: none"> ED standard not achieved in month 3, with high number of first doctor breaches Q1 – 5% increase in ED attendance compared to 17/18. Variance in emergency pressures with particularly intense high volume and acuity days. May was 7% up on attendance compared to 17/18. High levels of long staying patients and patients whose onward care is delayed Staff shortages affecting effective patient flow Number of patients whose onward care 	<ul style="list-style-type: none"> Steering group set up to lead the internal improvement of emergency clinical pathways (work ongoing) Medicine DMT pulling together an internal recovery plan within four weeks Patient flow transformation programme refreshed and directed to focus on medical length of stay with clear actions and delivery trajectory Trajectories have been approved by the Local Delivery Board. Trajectories and Governance arrangements have been presented to the Trust's Finance & Performance Committee.

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
		is delayed have not decreased and are significantly above the target.	
Local Services (COO)	<ul style="list-style-type: none"> • 31 day and 62 day targets being delivered. • The 31 day standard has been delivered for June. 	<ul style="list-style-type: none"> • High levels of demand in a number of cancer pathways, eg breast, and ability to deliver on standard 2 week wait target • High number of patient choice related breaches • Small numbers and specific pathway challenges leading to breaches 	<ul style="list-style-type: none"> • All cancer standards being monitored on an individual patient basis for 62 day pathway. • Focussed improvement on 2ww pathways to address increases in referrals especially for in breast and urology pathways • Bi weekly cancer waiting list meeting now in place • Requirement for additional capacity for follow-ups
Specialist Services (COO)	<ul style="list-style-type: none"> • Wessex Plastics network launched, first meeting held. Good representation from Wessex area and support from Wessex MTC Network • National burns major incident exercise to be rescheduled – SFT to be major participant • Spinal Injuries 'step down pilot underway' NHS E approved funding for 2 month extension. • Wessex Rehabilitation pathway pilot for upper limb to commence in Q2 , to improve access and outcome for Major Trauma & plastics surgery patients • Zero spinal patients overdue an outpatient follow up appointment. • Reduced waiting times for spinal 	<ul style="list-style-type: none"> • Continue to monitor the impact of the ward reconfiguration on plastics • Increased waiting times for spinal rehabilitation • Discussions ongoing re genomics tender – push back from NHSE on cost of service and consolidation of laboratories • Some progress in Spinal urology surgery waits however still a challenge 	<ul style="list-style-type: none"> • Plans in place for regular meeting at COO/MD level to discuss future working between SFT and UHS • Focussed validation on the waiting list for plastic surgery • Meeting with UHS planned for 10th August • Full step down rehabilitation pathway business case being written. • Business case for commissioner investment in Wessex Rehabilitation being written

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
	<ul style="list-style-type: none"> rehabilitation admission Review of Cleft service management in conjunction with Oxford to improve efficiency and reduce cost 		
Innovation (MD)	<ul style="list-style-type: none"> Research annual report shows 3/5 standards met and exceeded and the other two in line with national performance Top small acute for the number of recruiting studies 	<ul style="list-style-type: none"> Very challenging recruitment target for next year – 1582 participants compared to 1288 this year 	
Care (MD/DoN)	<ul style="list-style-type: none"> Mortality rate is now at expected levels – and has been for several months Stroke SSNAP audit improved to score of C No cases of hospital acquired c-difficile in quarter 1. Well led Action Plan developed at Board away day and ratified at TMC. Shared with NHSI Enhanced care NHSI collaborative completed with successful NHSI review visit NHSI falls collaborative commenced NHS 7 day services survey time to consultant review within 14 hrs – 92%, twice daily review – 100%, daily review – 98%. SFT confirmed as fully compliant with the 4 clinical priority standards. 	<ul style="list-style-type: none"> Stroke performance operationally remains challenging – Staffing remains challenging in a number of ward areas National inpatient survey results about average 	<p>Stroke - review of access within 4 hours underway</p> <ul style="list-style-type: none"> Retention workstream for registered nurses commenced in March. Domestic and overseas recruitment continues Twice daily staffing reviews utilising safe care data continue Inpatient survey action plan being revised to give a focus on a key issue for corporate support – likely to be around discharge which links with patient flow priority

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
People (DoOD&P)	Recruitment: <ul style="list-style-type: none"> • NA Career Event held on 17 July. 85 attendees. A link to a vacancy to be sent to all attendees to enable them to apply for a NA post. Interviews to be held 1st couple of weeks in August. • Since the implementation of Trac, 10 candidates have been offered revised start dates because they have been cleared to start earlier, 3 have accepted, 7 have declined due to notice period. • Revised authorisation process for all vacancies via Trac to commence from 31 July 2018. 	Recruitment: <ul style="list-style-type: none"> • Vacancies have increased to 8.11% in month 3. The figure is still high and reflects the number of internal movement around the organisation eg international nurses employed at band 3 moving to registered nursing posts at band 5 due to successful completion of their OSCE. • Overseas nursing has low conversion rate • Lack of available domestic registered nurses 	Recruitment: <ul style="list-style-type: none"> • Phase 2 recruitment strategy with metrics targets etc. to workforce committee July 26 including longer term recruitment - “grow your own” • plan to achieve fill to 95% for ward based nursing • Recruitment microsite is live at TRAC implementation.
People (DoOD&P)	Agency Spend: <ul style="list-style-type: none"> • Currently in transition to go live on 1 August 2018 with Brookson (Managed Service Provider) to replace current master vend contract. • New VCP control group manages process and monitors spend • Audit report (Reasonable assurance - 4 areas to improve) • Collaboration with external hospitals Collaborative bank now live with Hampshire, Royal Surrey and Ashford and St Peters Hospitals, via Locums Nest 	Agency Spend: <ul style="list-style-type: none"> • Agency used to keep nursing staffing levels safe. • Month 3 control total exceeded. • Agency Spend has increased by £55k from £709,869 661k in month 2 to £765,119 in month 3. The staff group with the largest of £29k was for NHS Infrastructure Support compared to month 2. 	Agency Spend: <ul style="list-style-type: none"> • Agency spend tracked in month versus 2018/19 control total – plan to reduce demand and increase grip and control through PMB and vacancy control panel • Workforce committee business case proposal for centralised bank function was be presented to July workforce meeting. • Workforce PMB to reduce areas of non-contractual pay spend

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
	<p>Sickness:</p> <ul style="list-style-type: none"> Theatres group established and on-going. Additional target areas in play Initial stages of STP wide collaboration for health and wellbeing underway HAWB strategy in development Sickness fallen slightly to 2.09%, compared to local Trusts average of 3.59%. (Last year M3 Salisbury FT sickness was 3.41%) <p>Engagement:</p> <ul style="list-style-type: none"> OD and Engagement plan and second meeting took place in July positive staff survey results – engagement score in top 20% in the country <p>Other:</p> <ul style="list-style-type: none"> MaST compliance stands at 85.29% Medical appraisal rates are 85.54% 	<p>Sickness:</p> <ul style="list-style-type: none"> Long term sickness decreased this month, “anxiety/stress/depression” remaining top 20% of cases. Hotspot directorate - Surgery <p>Engagement:</p> <ul style="list-style-type: none"> Staff morale at time of intense operational pressures Areas of concern in staff survey <p>Other:</p> <ul style="list-style-type: none"> Data revalidation and IT system check has reduced non-medical appraisal to 75% - trajectory to 85% for September 	<p>Sickness:</p> <ul style="list-style-type: none"> Theatres working group supporting managers on a case by case basis Managing attendance policy (now approved) and managers toolkit in progress. OH service redesign, HAWB strategy Head of HAWB post is being recruited to <p>Engagement:</p> <ul style="list-style-type: none"> Staff engagement group is established Long term retention strategy for all staff groups is in progress Nursing – first area of activity Engagement plan in development <p>Other:</p> <p>Plan to move back to compliance managed through compliance reviews.</p>
Resources (DoF)	<ul style="list-style-type: none"> Trust achieved PSF funding for financial plan delivery for Q1 £0.4m (however did not achieve A&E element). 	<ul style="list-style-type: none"> Early risks identified to the forecast, which include: <ul style="list-style-type: none"> Year to date shortfall of CIP delivery and productivity plans. Delivery of the additional 	<ul style="list-style-type: none"> Mitigating actions in place for CIP delivery, progress updates to be monitored through F&P committee. Commercial assessment to be completed for OML (end of August). Development of Subsidiary Governance

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
		<p>savings requirement to achieve revised control total.</p> <ul style="list-style-type: none"> ○ Ongoing increase in non elective demand, in the context of workforce challenges. ● Subsidiary company performance is below plan, which in turn could generate additional cash flow pressures for the Trust. 	framework (October).

Report to:	Trust Board (Public)	Agenda item:	SFT4082
Date of Meeting:	02 August 2018		

Report Title:	Month 3 Operational Performance Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix : 1 Performance & Score Card			

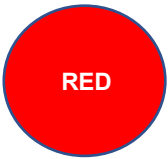


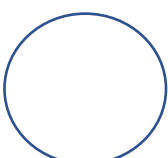
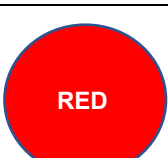
Recommendation:
The Board are asked to note the Trust Performance for Month 3

Executive Summary:
For Month 3 the Trust failed to deliver the ED standard, reporting 93.9%. The Trust did deliver the RTT and Diagnostic standards. At the time of writing the report, Cancer performance was still being validated. The key link between operational delivery and financial performance is ensuring that all capacity is fully utilised and efficiently used. To support and facilitate this, a forward look tool is being finalised and weekly assurance meeting are being arranged with Surgery and MSK Directorates.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

Executive Summary of Key Operational Performance – June 2018

() = national targets

ED Performance (95%)	<p><u>In month (3)</u>: National standard was not delivered in month with performance at 93.9%</p> <p><u>Year to date</u>: 94.1%</p>	
RTT Performance (92%)	<p><u>In month (3)</u>: The Trust delivered the RTT standard in Month 3 reporting 93.3%.</p> <p><u>Year to date</u>: Performance YTD is 92.1%</p>	
Diagnostics (99%)	<p><u>In month (3)</u>: The Trust delivered the diagnostic standard for Month 3 reporting 99.2%.</p> <p><u>Year to date</u>: Performance YTD is 99.2%</p>	
Cancer (2ww = 89.2%) (31day = 96%) (62day = 85%)	<p><u>In month (3)</u>: At the time of writing this report M3 data is still being validated</p>	
DTOCs (14 patients)	<p><u>In month</u> : At the time of writing this report M3 data is still being validated</p> <p><u>Year to date</u>: 1457 (M2)</p>	

Emergency Pathway

4 hour performance for June 2018 :

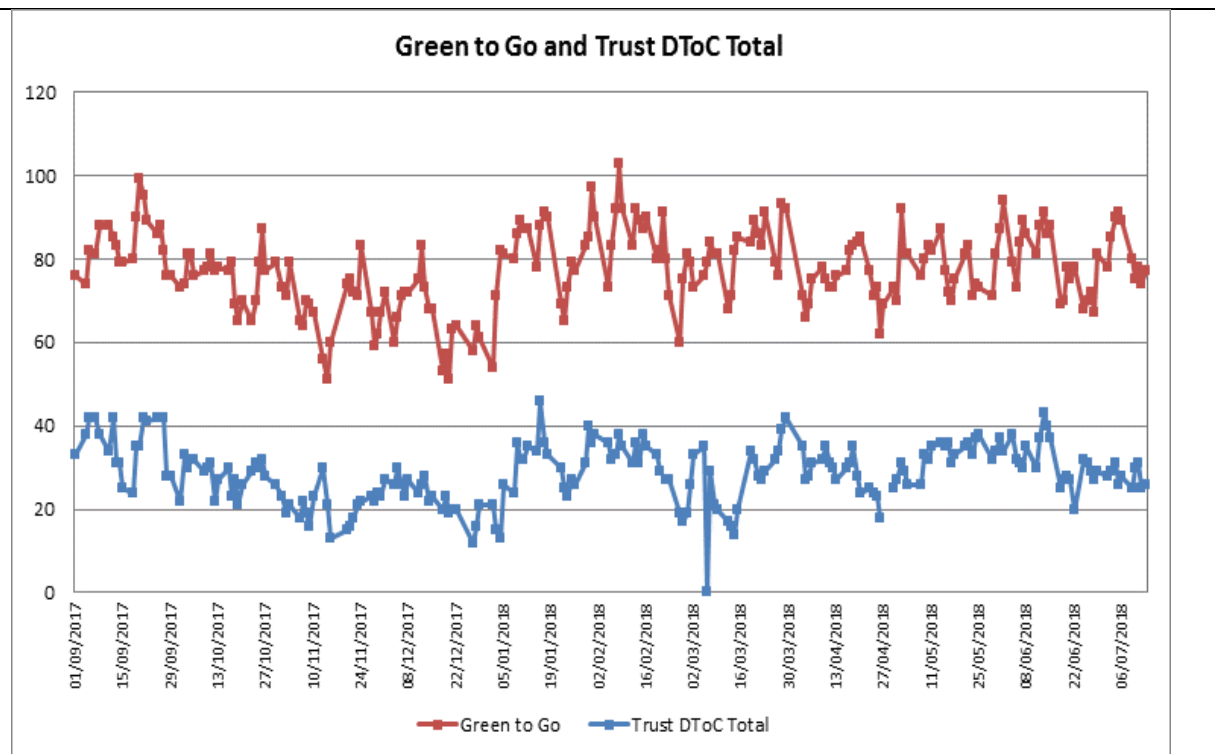
Type 1, 2 &3 = 93.9%
Type 1 = 91.25%

Ambulance breaches: Total 11

Breaches > 1hr: 0
Breaches < 1hr: 11

No 12 hour trolley waits

Median time to triage – June
7.4 mins (Majors & Resus patients) 13.2 mins (all streams)
Median time to treatment - June
56.6 minutes (Majors & Resus patients) 66.7mins (all streams)



Length of Stay

Our target for performance improvement at the end of Q1 was 7.63 days and at the time of writing this report length of stay had reduced to 7.5 days.

RTT

RTT Incomplete by Unify Specialty	Total <18 weeks	Total	% <18 weeks
General Surgery	685	557	81.31%
Urology	1202	1081	89.93%
Trauma & Orthopaedics	1771	1520	85.83%
Ear, Nose & Throat (ENT)	1068	1043	97.66%
Ophthalmology	1347	1332	98.89%
Oral Surgery	1739	1459	83.90%
Neurosurgery			
Plastic Surgery	1318	1133	85.96%
Cardiothoracic Surgery			
General Medicine	48	48	100.00%
Gastroenterology	899	876	97.44%
Cardiology	865	865	100.00%
Dermatology	775	711	91.74%
Thoracic Medicine	425	355	83.53%
Neurology			
Rheumatology	354	351	99.15%
Geriatric Medicine	174	171	98.28%
Gynaecology	987	955	96.76%
Other	4189	4015	95.85%
Total	17846	16472	92.30%

General Surgery

Plan to do additional hernia lists over July and August specifically for backlog patients .
Review of hernia pathway to try and standardise so waiting times are spread more evenly.

Urology

Locum starting in September, additional lists being undertaken where possible

Trauma &Orthopaedics (T&O)

- New Theatre Time table from June 4th – separation of trauma and elective – progressing well – significant levels of Trauma in June
- Flexible Job Planning continues
- Additional theatre lists
- Additional Limited Liability Partnership lists and additional Sunday list per month

Plastics (Skin)

- Additional Malignant Melanoma & Squamous Cell Carcinoma lists.
- Increased capacity identified in both Day Surgery Unit and Minor Operations.
- Additional Rapid Referral Clinic capacity
- Additional breast reconstruction lists – staffing additional lists remains a challenge – May & June – significant increase in number of Dieps
- Business case approved for Skin Plastic Surgeon
- Business case approved for micro Plastic Surgeon

Oral and Maxillo Facial surgery (OMFS)

- Grading Matrix to be finalised in July to enable improved bookings & utilisation
- Clinic template work ongoing to improve booking
- Additional lists

Diagnostic (DM01) June

In June 99.23% of patients were seen within 6 weeks. There were 26 breaches(17 MRI,4 CT, 1 ultrasound 1 Endoscopy and 3 Audiology).

Current wait times are still around 6 weeks in Radiology and 4-5 weeks in Endoscopy.

The MRI waiting list size has decreased from 750 in early April to under 450 at the end of June. We are now planning to have conversations with other providers to offer capacity to them from September.

Waiting times for CT scanning have become more a problem in the last few months due to increased demand particularly in relation to the Lung cancer pathway and increased demand for cardiac CT. Adhoc extra capacity has been made available to manage the increased demand.

Waiting List Size

Specialty	Mar-18	Apr-18	May-18	Jun-18	Percentage Increase
General Surgery	765	733	731	685	
Urology	1082	1115	1165	1202	11
Trauma & Orthopaedics	1905	1901	1848	1771	
Ear, Nose & Throat (ENT)	911	966	1073	1068	17
Ophthalmology	1167	1251	1274	1347	15
Oral Surgery	1588	1586	1595	1739	10
Neurosurgery	0	0	0	0	
Plastic Surgery	1402	1264	1370	1318	
Cardiothoracic Surgery	0	0	0	0	
General Medicine	43	43	49	48	12
Gastroenterology	865	862	902	899	4
Cardiology	773	843	901	865	12
Dermatology	742	735	792	775	4
Thoracic Medicine	394	400	412	425	8
Neurology	0	0	0	0	
Rheumatology	270	316	337	354	31
Geriatric Medicine	150	153	166	174	16
Gynaecology	904	975	1001	987	9
Other	4077	4171	4345	4189	3
Total	17038	17314	17961	17846	5

General & Geriatric Medicine

Analysis is underway as this covers a variety of specialties. A report will be provided for the next meeting

Cardiology

Following a successful business case at the end of 2017, an additional Consultant Cardiologist was recruited which, in turn, has seen an increase in activity for us (as expected). SFT has the lowest wait times in the region for Cardiology and are experiencing referrals from 'out of area' coming into us which is increasing our numbers to outpatients and also causing our waiting list to rise. Until such a time that there is more equality in the region for wait times to Cardiology, we do not anticipate this changing. We are managing the demand in existing annualised job plans although this is putting pressure on the service and is resulting in additional

cost so that our waiting list does not become unmanageable or that we do not fail waiting

Urology

One consultant down for several months has increased waiting times, locum starting in September for 4 months as well as a research fellow starting soon, both of whom should significantly improve capacity

ENT

Loss of Locum Consultant and Associate Specialist has led to an increase in wait times, advert and JD in place to recruit new Consultant, post to be advertised imminently

Ophthalmology

Work taking place to validate waiting times to understand the increase in waiting times, this will also include referral data which be reviewed to see if there has been a shift in referrals. New high volume cataract pathway started.

Rheumatology

Increase by 84 patients (31%) due to the end of a locum consultant (covering vacancy) contract ending and subsequent reduction in capacity and some specialist nurse gaps. Substantive consultant appointed and locum cover in August, before substantive starts in September. Nursing workforce issues now resolved. Waiting list may increase further in July but recovered by start of Q3.

Oral Surgery

Increase by 151 patients (10%) due to staff grade unplanned leave and complex issues in the department resulting in inefficient use of resources. Grading Matrix to be finalised in July to enable improved bookings & utilisation, Clinic template work ongoing to improve booking. Additional lists planned to recover position

Admin Validation of Waiting List

A further meeting will be held next week to agree a plan and prioritise admin validation of the PTL. This will include validation of duplicate referrals (approximately 100-200) patients currently showing under the speciality 'other' will also be validated. This validation work will also include specialities where the PTL has grown to ensure that the patients waiting are correct.

Cancer

At the time of writing this report, cancer performance is still being validated.
Performance to date is shown below:

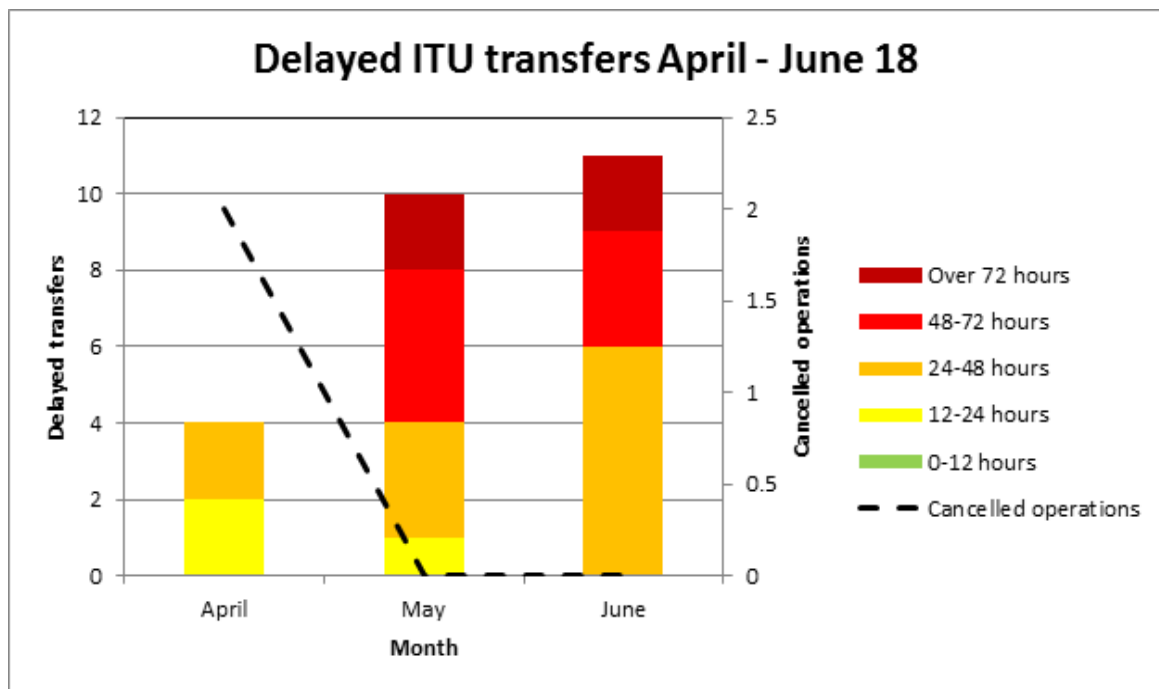
- 2WW was not achieved – Target 93%. Currently sitting at 89.43%%
- 31 day standard was achieved reporting 99.25%
- 62 day standard was not achieved reporting 82.27%

Twice weekly waiting list monitoring meetings are now in place and performance has improved for July.

A report to show the monthly and quarterly Cancer Target Performance figures for the previous quarter

Description	Standard	April			May			June			Q1 2018-19		
	%	In target	Total	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	700.0	778.0	89.97	890.0	947.0	93.98	728.0	814.0	89.43	2318.0	2539.0	91.30
Symptomatic Breast Two Week wait	93	68.0	97.0	70.10	49.0	60.0	81.67	35.0	48.0	72.92	152.0	205.0	74.15
31 Day Standard	96	94.0	97.0	96.91	123.0	124.0	99.19	133.0	134.0	99.25	350.0	355.0	98.59
31 Day Subsequent: Drug	98	14.0	14.0	100.00	15.0	15.0	100.00	6.0	6.0	100.00	35.0	35.0	100.00
31 Day Subsequent: Surgery	94	11.0	11.0	100.00	18.0	18.0	100.00	22.0	23.0	95.65	51.0	52.0	98.08
62 Day Standard	85	44.5	53.5	83.18	67.5	78.0	86.54	58.0	70.5	82.27	170.0	202.0	84.16
62 Day Screening Patients	90	1.0	1.0	100.00	1.0	1.0	100.00	5.5	5.5	100.00	7.5	7.5	100.00

ICU



Links to Assurance Framework/ Strategic Plan:

Choice – Ensuring deliver key of performance targets to encourage patients in choosing to be treated locally at SFT as a provider of high quality care and ensuring that intervention by regulators is not required

Salisbury Hospital NHS Foundation Trust Board Report - June 2018



			Reporting Month		Rolling 12 months
Metric Name	National Ceiling /Standard	Local Trajectory	Jun-18	Patients Affected in Jun-18	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	92.3%	1,374	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		9 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	National Ceiling /Standard	Local Trajectory	Jun-18	Patients Affected in Jun-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	93.9%	373	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		99.2%	26	
Diagnostic Test Compliance***	10 out of 10		8 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Mixed Sex Accommodation Breaches	0		11		
Infection control – Clostridium difficile (YTD)	YTD: 6		YTD: 0	0	
Infection control - MRSA*	0		0		
Metric Name	National Ceiling /Standard	Local Trajectory	Jun-18	Patients Affected in Jun-18	Trend Against National Standard
All Cancer two week waits	93%		89.4%	86	
Symptomatic Breast Cancer - two week waits	93%		72.9%	13	
31 day wait standard	96%		99.3%	1	
31 day subsequent treatment : Drug	98%		100.0%	0	
31 day subsequent treatment : Surgery	94%		95.7%	1	
62 day wait standard from GP referral	85%		82.3%	12.5	
62 day screening patients	90%		100.0%	0.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

**This excludes patients transferred to another Provider and now exceed 104 days

***Only Diagnostic examinations carried out in the reporting month shown are counted

Report to:	Trust Board (Public)	Agenda item:	SFT4082
Date of Meeting:	02 August 2018		

Report Title:	Quality indicator report – June 2018 & Q1 18/19			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Claire Gorzanski, Head of Clinical Effectiveness			
Executive Sponsor (presenting):	Dr Christine Blanshard, Medical Director Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Quality indicator report – June 2018 & Q1 18/19			

Recommendation:
To note the Trust quality indicators and actions being taken to improve.

Executive Summary:
<p>Positive indicators – low infection rates, HSMR has shown a sustained reduction over the last 3 months and is within the expected range, high risk TIA performance has been sustained and hip fracture best practice tariff compliance improved.</p> <p>Although the SSNAP score increased to C, it remains a concern, that still only 46% of patients reach the stroke unit within the 4 hour target. Work is underway to improve this along with a detailed analysis of door to needle thrombolysis times to learn and improve from when it works well.</p>

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1.0 Purpose

- 1.1 To provide the Board, Committees and Forums with the Trust's quality indicators.

2.0 Background

- 2.1 The Accountability Framework sets out the performance function which oversees the delivery of all elements of Trust performance throughout the year, including service performance and quality of care linked to the delivery of the Trust's transformational and financial plans.
- 2.2 The Performance Framework sets out the metrics that each directorate will be held accountable for. The quality indicator report provides the metrics that the Trust uses to establish the quality of care provided by the Trust.

3.0 Quality indicator report

- 3.1 One MRSA bacteraemia in Q1.
- 3.2 In Q1, no cases of Trust apportioned C Difficile.
- 3.3 In Q1, five MSSA bacteraemias, of which, one was line related with improvement actions in progress.
- 3.4 Two cases of Trust apportioned E Coli bacteraemias in Q1.
- 3.5 One new serious incident inquiry commissioned in June. A total of 5 serious incident inquiries in Q1.
- 3.6 A decrease in the crude mortality rate in Q1. HSMR decreased to 100.5 to March 18 and is within the expected range. SHMI decreased to 108 to December 17. SFT held a Clinical Governance session on 'Learning from Deaths' in July 18.
- 3.7 In June, a decrease in the number of hip fracture patients receiving surgery within 36-48 hours of admission. In Q1 an improvement in Best Practice Tariff compliance to 81% suggesting the new theatre timetable with dedicated trauma lists may be having a positive impact.
- 3.8 A slight increase in Grade 2 pressure ulcers per 1000 bed days. The definition of a hospital acquired pressure ulcer is changing, in that, if it is not identified on admission, it will be attributed to the Trust. Mitigated by ongoing work to improve nursing assessment documentation.
- 3.9 There were no falls resulting in moderate or major harm in June. In Q1, there were 4 falls resulting in harm, of which 1 fall resulted in major harm (fractured wrist required surgery) and 3 falls resulting in moderate harm (2 head injuries and 1 fractured nose). The falls improvement work continues.
- 3.10 Time to CT scan sustained at 100%. In Q1, 47 patients failed to reach the stroke unit within 4 hours. Of these, 21 cases were due to the patient leaving ED within 10 minutes of the target time. Work is underway to improve the timeliness of assessment in ED. By the end of Q1, 97% of patients spent 90% of their stay on the stroke unit, better than the national average of 80%. SSNAP score C to March 18. In Q1, the stroke unit relocated to its original bed base and separated acute and rehabilitation patients into distinct areas. The stroke team are working with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway.
- 3.11 Sustained improvement in the performance of high risk TIA patients seen within 24 hours.
- 3.12 Escalation bed capacity remained open in Q1 but multiple ward moves decreased at the end of Q1.
- 3.13 In Q1, 3 non-clinical mixed sex accommodation breaches affecting 20 patients all in the ambulatory bay on AMU. In Q1, 8 patients were affected by clinically justified mixed sex accommodation breaches. A process of reporting has been agreed with the CCG.
- 3.14 Patients rating the quality of their care dipped. The Q4 staff friends and family test showed a decrease in those recommending the Trust as a place to work.

4.0 Summary

Positive indicators – low infection rates, HSMR has shown a sustained reduction over the last 3 months and is within the expected range, high risk TIA performance has been sustained and hip fracture best practice tariff compliance improved.

Although the SSNAP score increased to C, it remains a concern, that still only 46% of patients reach the stroke unit within the 4 hour target. Work is underway to improve this along with a detailed analysis of door to needle thrombolysis times to learn and improve from when it works well.

5.0 Recommendation

To note the Trust quality indicators and actions being taken to improve.

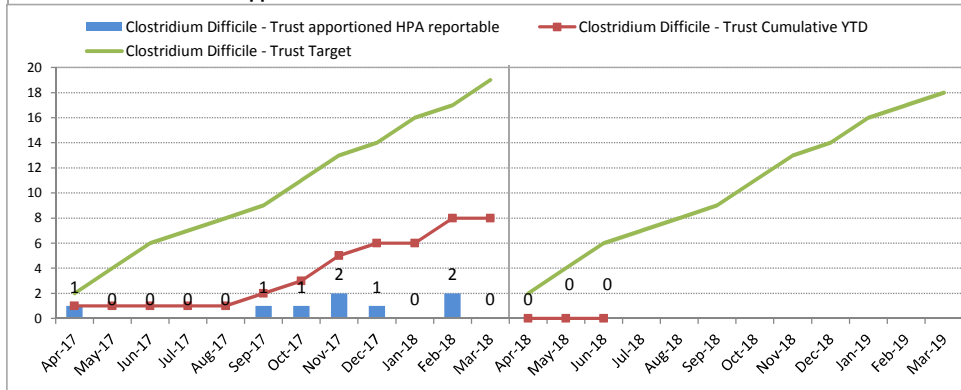
Claire Gorzanski, Head of Clinical Effectiveness, 16 July 2018.

Infection Control	2017-18 YTD	2018-19 YTD
MRSA (Trust Apportioned)	0	1

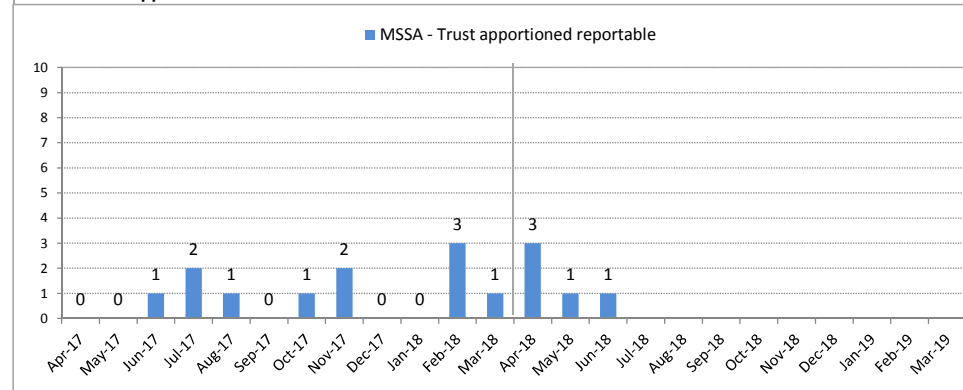
Trust Incidents	2017-18 YTD	2018-19 YTD
Never Events	3	0
Serious Incidents Requiring Investigation	25*	5

* Of these commissioned, 2 have been downgraded as they did not meet the SI definition. This was in agreement with the CCG.

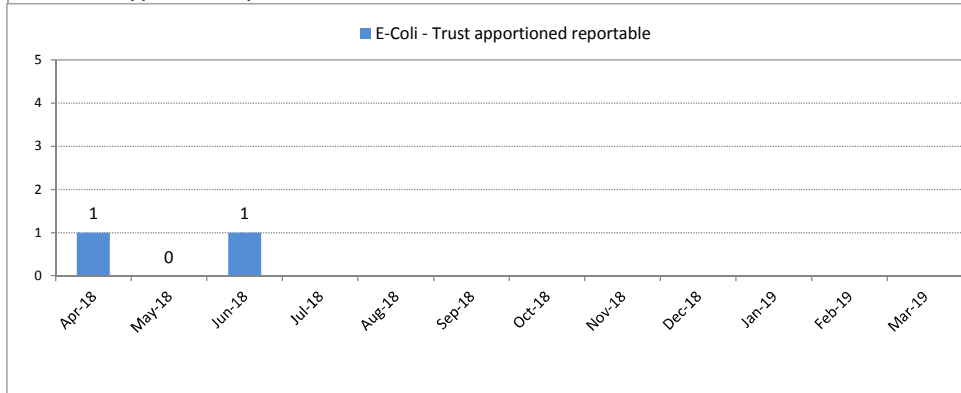
Clostridium Difficile - Trust Apportioned



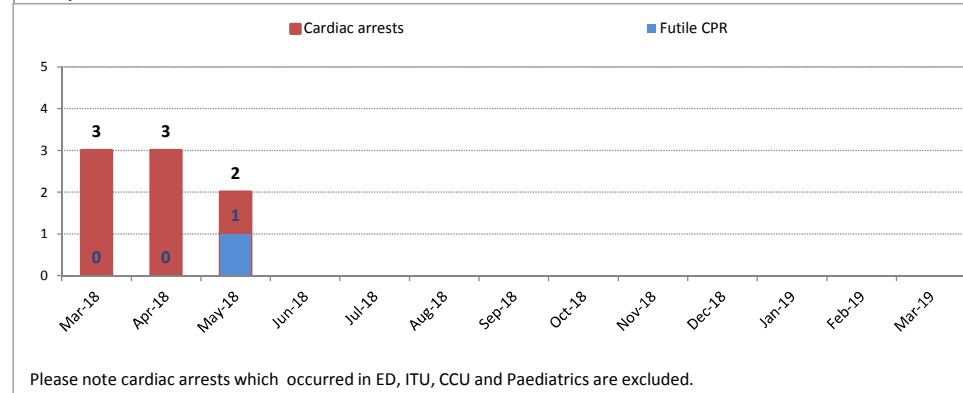
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable

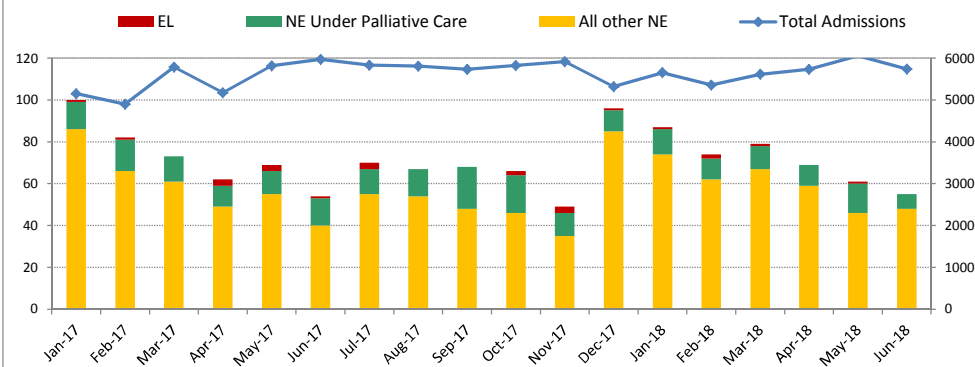


In hospital cardiac arrests and futile CPR

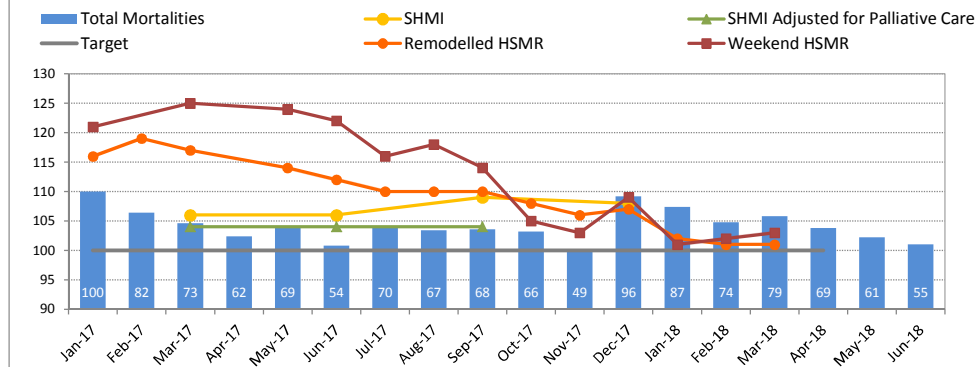


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

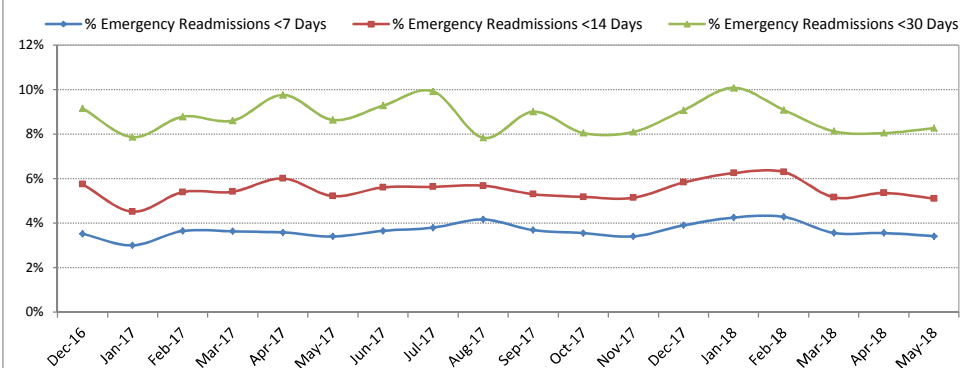
Hospital Mortalities



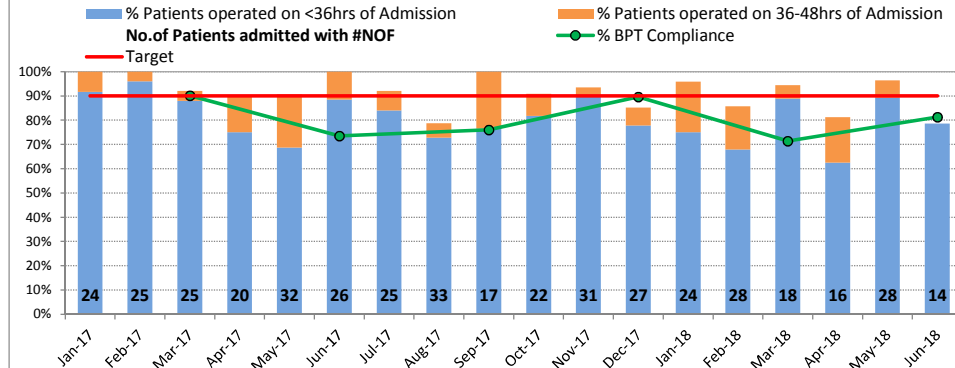
HSMR and SHMI



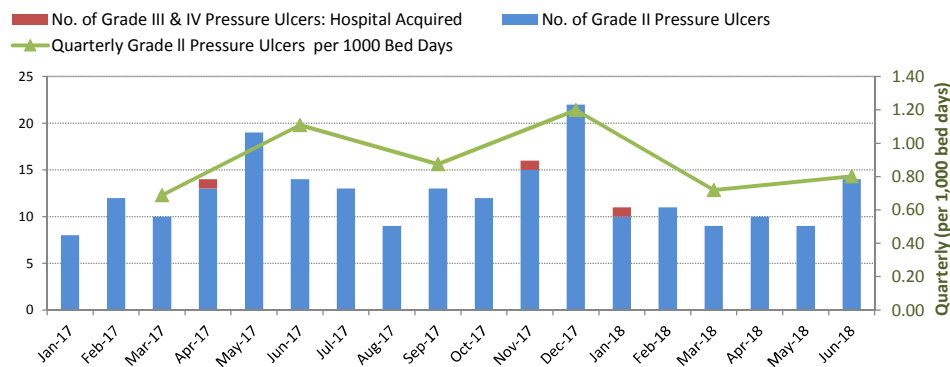
Emergency Readmissions within 7, 14 & 30 days of Discharge



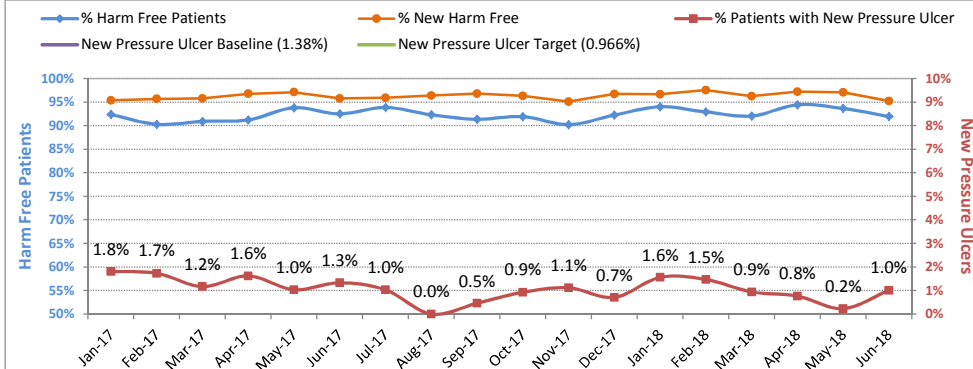
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



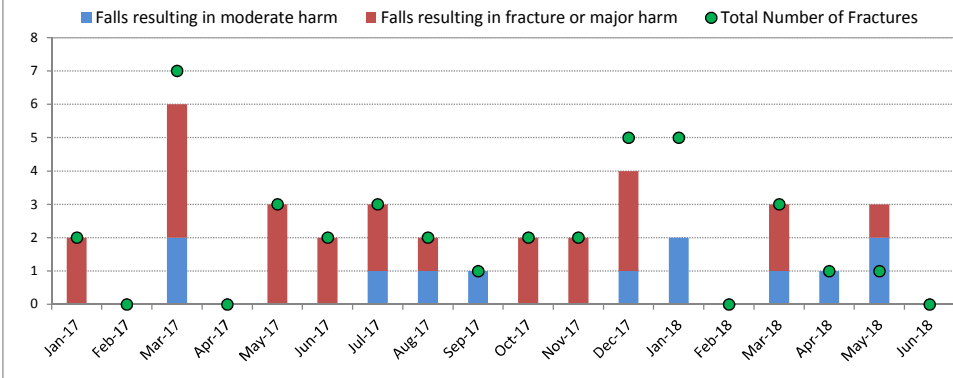
Pressure Ulcers



Safety Thermometer - One Day Snapshot per Month

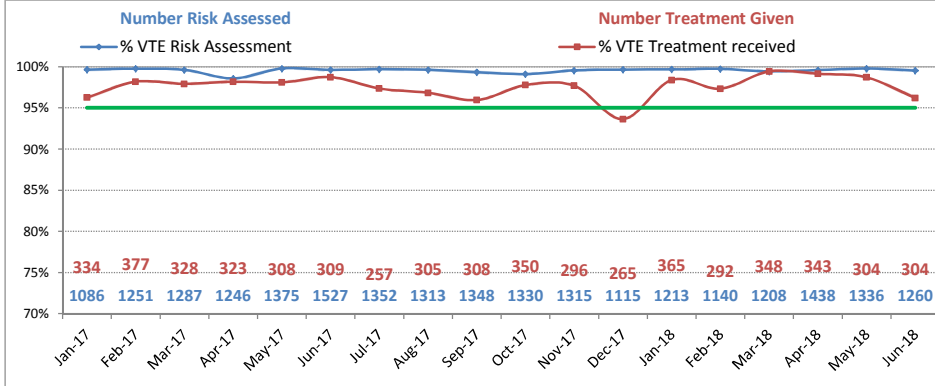


Patient Falls in Hospital



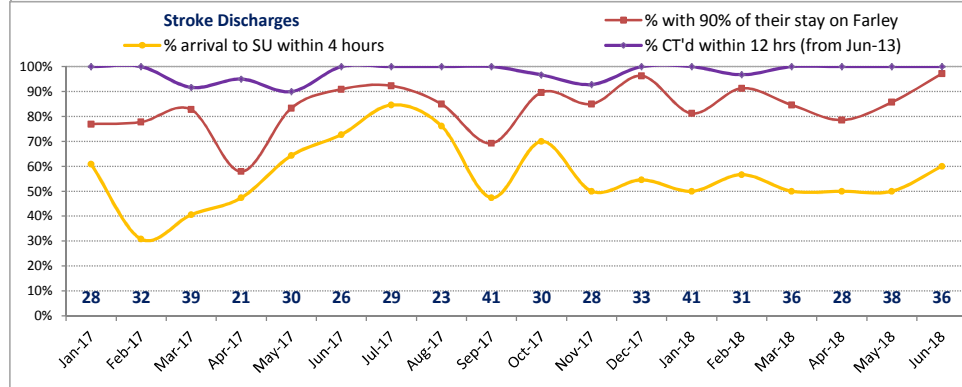
Please note, in Mar-17 1 patient has 2 fractures.

Venous Thrombous Embolism: Risk Assessment & Prophylaxis



Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

Stroke Care



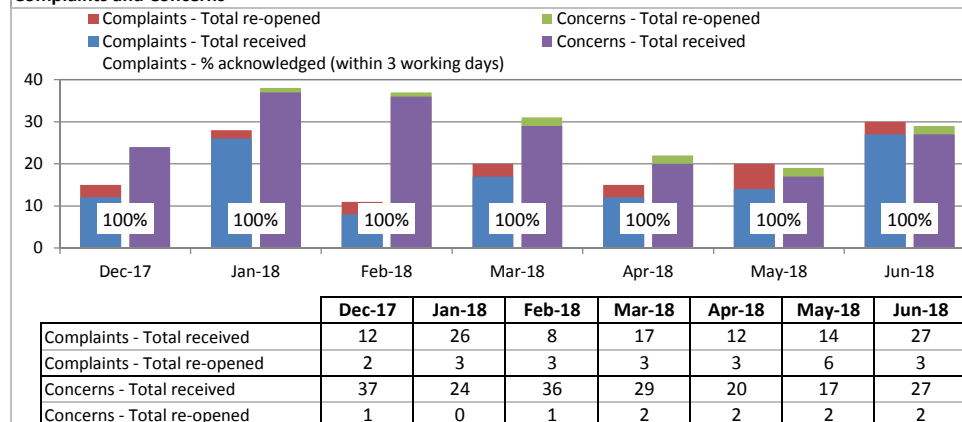
SSNAP Case Ascertainment Audit

Highest level = Grade A

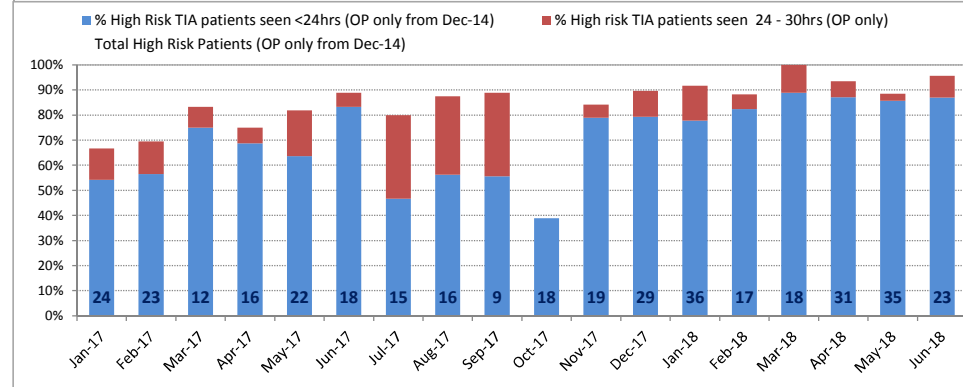
Lowest level = Grade E

Quarterly	Q1	Q2	Q3	Q4
2015-16	D	C	C	C
Tri-annually	Apr - Jul	Aug - Nov	Dec - Mar	
2016-17	B	B	D	
2017-18	C	D	C	

Complaints and Concerns

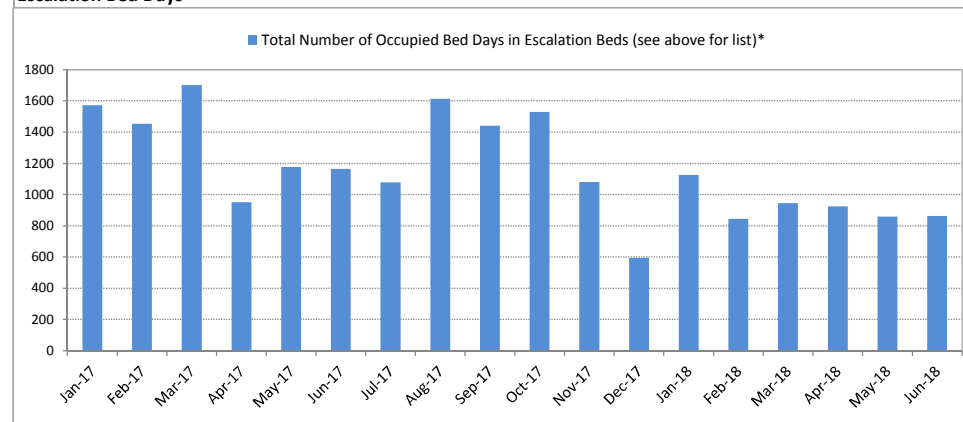


TIA Referrals



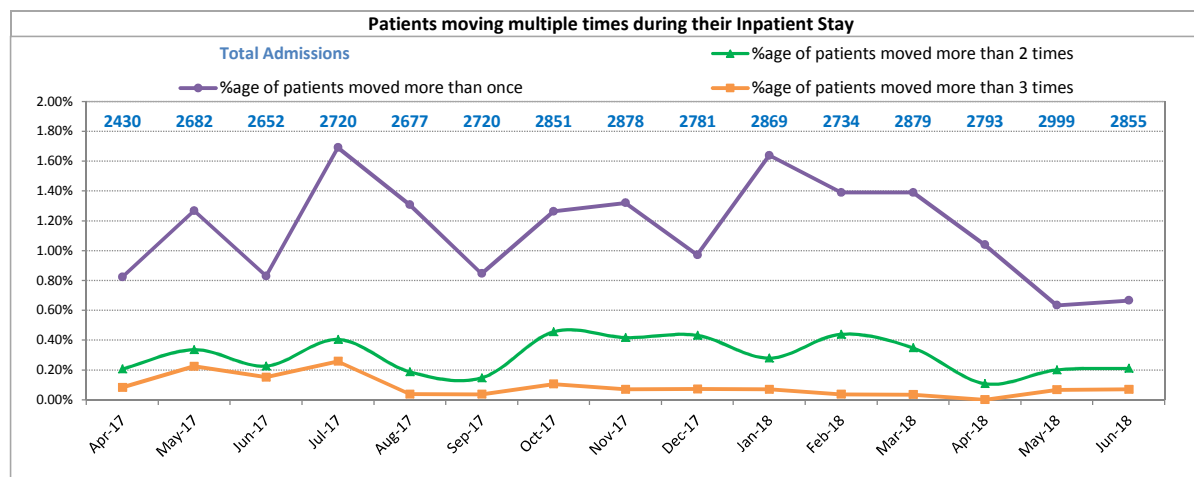
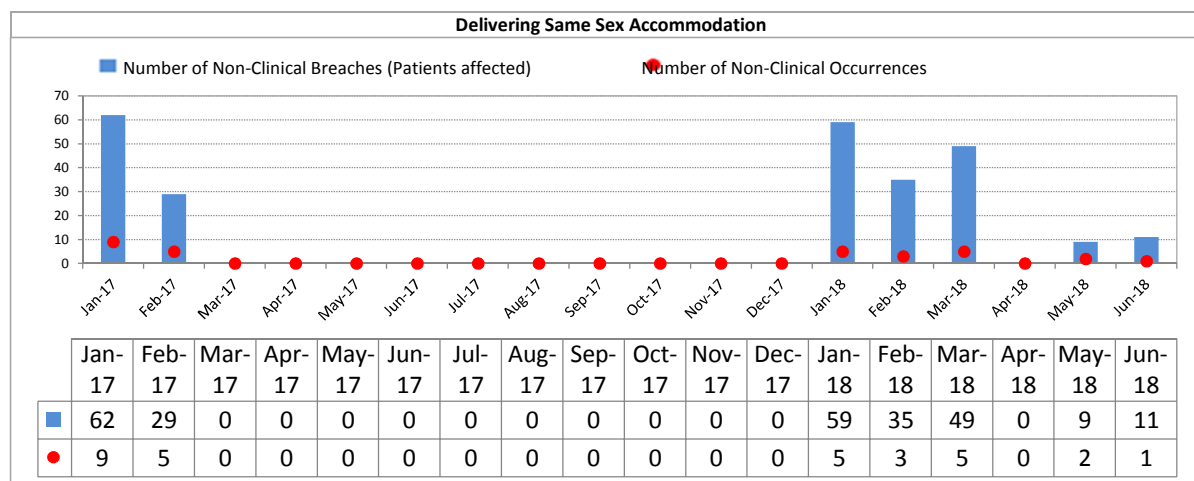
*From April 2016 escalation capacity includes beds on Breamore, DSU, Clarendon, Endoscopy, Avon, Britford SAU overnight stays, Whiteparish AMU overnight stays, Clarendon NHS, Pembroke Suite and Burns assessment room.

Escalation Bed Days

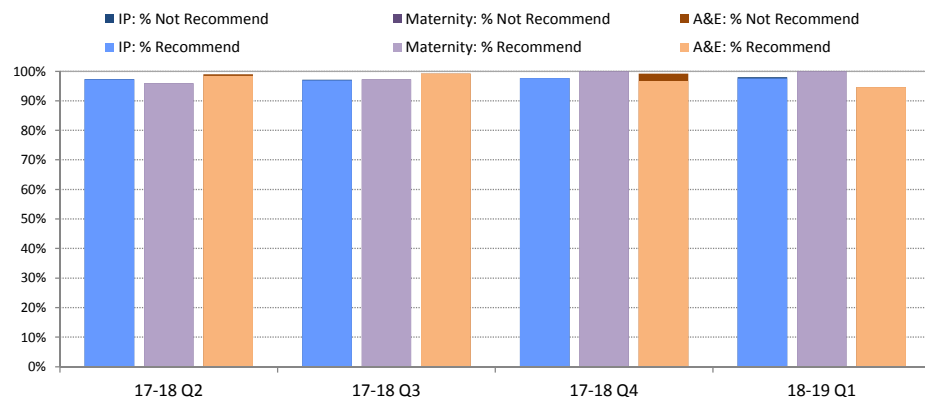


Trust Quality Indicators - June 2018

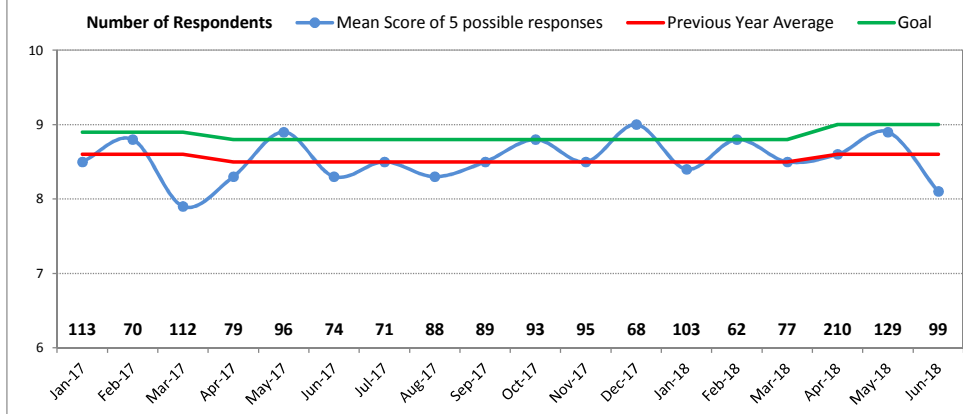
Quality Measures



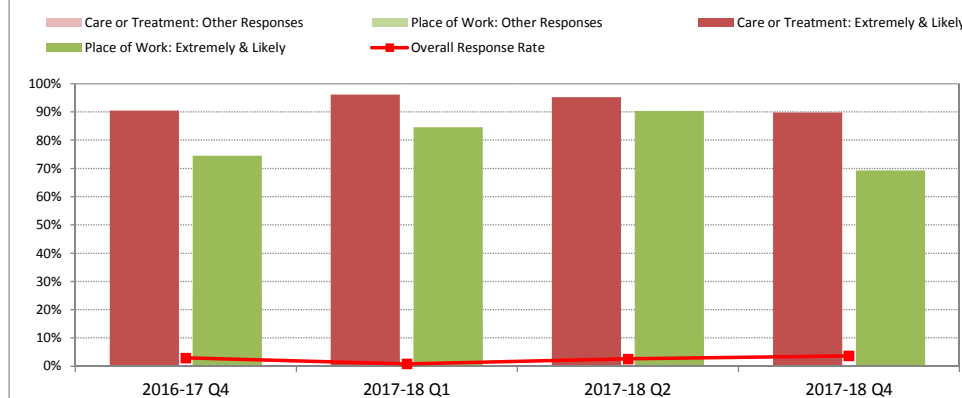
Friends & Family Test: Responses by Area



Real Time Feedback: Overall how would you rate the quality of care you received?



Friends & Family Test: Staff (% Responses)



The new score measures the % Recommended (Likely + Extremely Likely) and the % Not Recommended (Unlikely + Extremely Unlikely) to show the percentage of responses that would or wouldn't recommend the Trust. Don't Know and Neither Likely or Unlikely responses are excluded from this measure.

Report to:	Trust Board (Public)	Agenda item:	SFT4082
Date of Meeting:	02 August 2018		

Report Title:	Workforce Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Mark Geraghty, Head of Workforce Information & Planning Glennis Toms, Interim Deputy Director of OD and People			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):	Executive Summary of Key Workforce Performance Month 3 Workforce KPIs Month 3 2018/19 Areas for Concern Month 3 2018/19			

Recommendation:
It is recommended that the Trust Board note the report, areas of concern and actions underway.

Executive Summary:
<p>The Executive Summary of Key Workforce Performance and the Month 3 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.</p> <p>The pay bill is underspent by £197k year to date. Agency spend has increased in month by £55k to £765k, with major increases in Medical Staff spend (£16k), Laundry, Admin and Ancillary staff (£19k). Registered Nursing & Midwifery remained stable at £306k.</p> <p>Recruitment remains challenging; however we continue to take proactive measures to recruit both domestically and internationally, as detailed in the paper. The TRAC electronic recruitment system is now live and we continue supporting recruiting managers to use it effectively. We have already seen some improvement in starting dates for several candidates due to quicker clearances.</p> <p>The Trust's sickness rate is now green, under the 3% target in this month at 2.90%, although the year to date rolling absence figure remains at 3.59%. Compared to last month, long term sickness has increased, and short term absence has decreased and we continue to take steps to address both, as described in the paper.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

1. Purpose

This report provides the position against workforce key performance indicators at Trust level, with trend analysis over time, and sets out actions underway or necessary to achieve targets.

2. Background

The Month 3 data shows a £197k underspend on the pay bill year to date, which appears to be a result of underspend on substantive staff e.g. Nursing due to vacancy levels, which have not yet been offset by our temporary spend, which was low in M1. NHS Infrastructure support underspend includes Laundry.

Agency spend has increased by £55k to £765k, sickness absence has reduced to 2.90% and the vacancy rate has increased slightly to 8.11% (an increase of 21.63wte).

Mandatory training compliance is green at 85.3%, and has been slightly fluctuating around this figure since January. Appraisal compliance for non-medical staff is red this month at 76.7%, this is a slight improvement on last month's compliance total of 75.3%.

Appraisal compliance for medical staff is above the 85% target at 85.54%, although this target may be revised as noted later in the paper.

3. Resourcing

3.1 Recruitment

Nursing remains a challenging area to recruit; using the Month 3 baseline, the Trust needs to recruit 117 wte nurses to achieve a fill rate of 95% of establishment. Over the last year the Trust has recruited an average of 6 wte nurses per month, with the same number leaving.

If nurse recruitment was doubled to 12 wte per month (on average), it would take 19 months to reach our target of 95% establishment fill.

We aim to increase our vacancy fill rate. **We are:**

- Supporting Recruiting Managers in using the applicant tracking system TRAC which is now live. Electronic authorisation process via Trac for all vacancies due to go live by 31 July 2018. Since the implementation of Trac, 10 candidates have been offered revised start dates because they have been cleared to start earlier, 3 have accepted and 7 have declined due to notice period.
- Skype interviews for RN's held over 3 days resulted in 33 applicants being interviewed, 23 offered and 22 accepting (6 x Orthopaedics, 13 x Medicine, 3 x Surgery). All IELTS/OET passed. 1st arrivals expected before December 2018.
- 3 additional skype interviews set up for RN's which include applicants from Australian Recruitment Events (19, 20 and 25 July).
- Banners – all weather PVC banners promoting how people can find out about jobs are now up around Trust.
- Closed Facebook Group set up for International Nurses to join now being circulated to nurses who have either arrived, due to arrive or who have accepted an offer.

The recruitment pipeline for all groups of staff, from August to October 2018, shows reducing vacancies, from the current 267 to 214, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 164 to 136, including 19 newly qualified nurses due to commence in September.

Nursing Summary

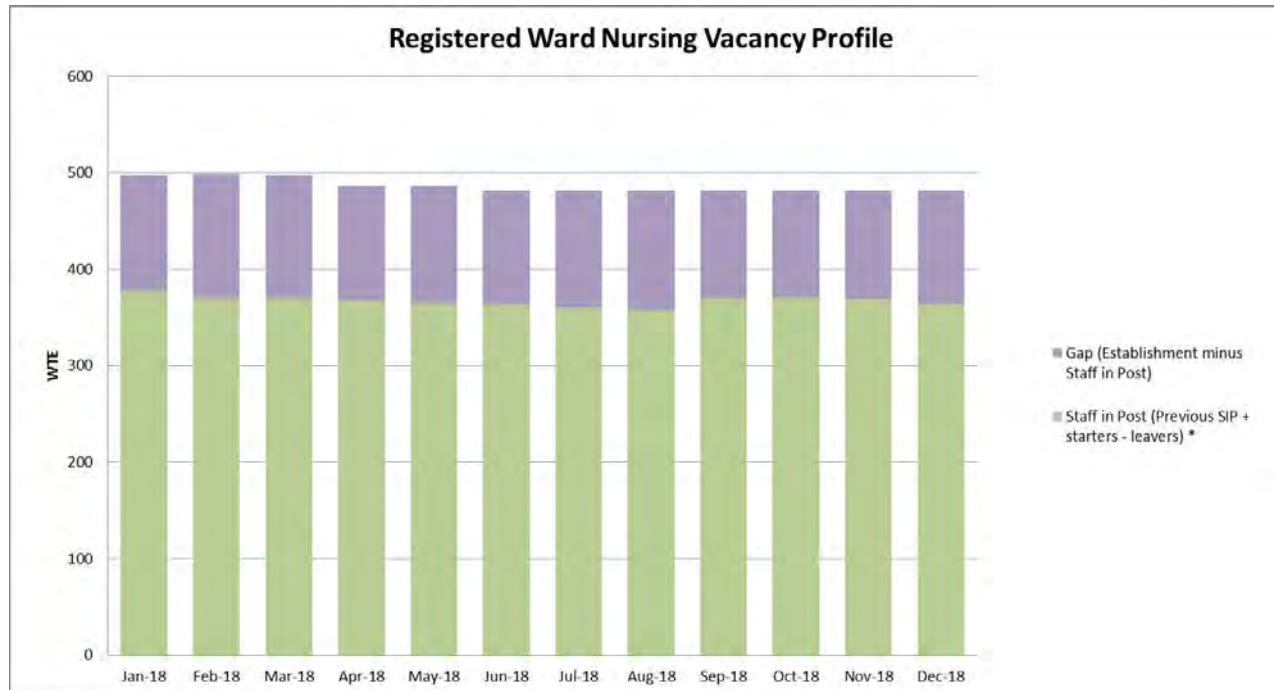
The following table, developed for the Safer Staffing Group, shows the past, current and predicted ward nursing profile based on known detail as follows:

- Maternity leave
- Sickness
- Recruitment pipeline
- Leavers forecast
- Internal movements

The budgeted establishment drops from 497.35 wte in January to 482.18 in December 2018, and the gap between establishment and staff in post decreases significantly in October, due to 19 expected newly qualified starters in September coupled with October starters.

	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction	Prediction	Prediction
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Ward Registered Nursing FTE												
Mat Leave (Actual and Predicted)	18.23	16.21	14.97	9.81	10.04	12.05	13.21	16.85	17.22	16.20	17.85	20.14
Sickness (Actual and Predicted)	15.62	13.29	11.80	10.70	11.61	10.74	9.39	12.81	15.80	11.98	10.48	13.73
Total Ward Nursing Leavers, Transfers, Hours Reductions	8.09	5.44	5.40	12.87	8.75	8.55	8.18	8.18	8.18	8.18	8.18	8.18
International Nurses awaiting PINs, see B4 and B3 tabs	10.00	10.00	10.00	13.00	13.00	15.20	15.20	15.20	15.20	15.20	15.20	15.20
Other Recruitment (from induction lists)	2.09	5.51	4.16	1.68	5.81	8.63	4.00	6.00	1.00	1.00	0.00	0.00
Newly Qualified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.00	0.00	0.00	0.00
2017/18 Recruitment from Oct 2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.45	6.21	3.60
Budgeted Establishment *	497.35	498.35	497.98	485.61	485.61	482.18	482.18	482.18	482.18	482.18	482.18	482.18
Staff in Post (Previous SIP + starters - leavers) *	377.40	370.05	369.60	367.24	365.02	364.06	359.88	357.69	369.51	370.78	368.80	364.22
Gap (Establishment minus Staff in Post)	119.95	128.30	128.38	118.37	120.59	118.12	122.30	124.49	112.67	111.40	113.38	117.96

There are no recruitment pipeline starters predicted from November till the end of year, as it is too early to predict this from current recruitment activity. The gap will therefore close month on month as this activity is factored in through induction lists.



The following table describes the main areas of concern for Registered Nursing:

Turnover (Rolling 12 Months)	
Nursing and Midwifery Registered	8.91%
Top 3 areas of turnover > 10.00 FTE	
Burns and Plastics	19.11%
Day Surgery Clinical Staff	18.35%
Pitton Ward	16.28%

Vacancies	
Nursing and Midwifery Registered	17.69%
Top 3 areas of Vacancies >10.00 FTE	
DSU Clinical Staff	18.87 FTE
Winterslow Ward	9.83 FTE
Pitton Ward	9.14 FTE

Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.91%

Top 3 areas of sickness absence > 10.00 FTE	
Theatres Recovery	9.70%
Palliative Care/Hospice	8.38%
Tisbury Ward	8.00%

Theatres are a challenging “hotspot” where the managers have recently commenced initiatives like:

- Ensuring first contact is with the manager and, where it is not, for the manager to initiate that; and
- Advising people when they have had two absences that the next absence will trigger action under the Policy.

Voluntary services

- Supported visit by NHSI on 6th July 2018 to look at our Collaborative Enhanced Care.
- SFT hosted the latest NAVSM (National Associations of Voluntary Services Managers) meeting on 10th July 2018 with 7 local hospitals attending (Bournemouth, Poole, Southampton, Chichester, Isle of Wight, Dorset HealthCare, and Southern HealthCare)
- Met with Wilshire College Salisbury to discuss placements for students on Health and Social Care courses and how we can better manage their placements. Looked at how to ensure we meet the course requirements, what training we could offer the students and if any job offers could be made to students who show potential.
- Met with Gill Hibberd to discuss how we could roll out a new role for volunteers, who could help support patients who need to carry out ‘chair based’ exercises or even offer encouragement and support to those who need to practice walking. Gill will be meeting with Southampton to see what and how they manage their volunteers scheme.
- Dementia Training for Volunteers was held on 18th July 2018.

3.2 Retention

Staff turnover remains above target, although slightly improved, at 9.27% compared to last month’s 9.64%. Work is ongoing to improve retention generally, and particularly for nurses, including:

- an ongoing review of internal process and increased communications to ensure we get a good return rate on exit questionnaires, and good intelligence from these and 100 day questionnaires.
- Induction is now under continuous review with evaluation of each session and continuous improvement efforts around sessions and delivery, including MLE.

Electronic Questionnaires have so far revealed the following:

Of 71 sent out between May to July so far there have been 12 responses

Top 5 reasons for leaving

- 1) End of fixed term contract (Numbers increased by Junior Doctor responses)
 - 2) Lack of training opportunities }
 - 3) Lack of career development }
 - 4) Better pay benefits elsewhere }
 - 5) Relocation }
- all of these reasons had the same numbers

Paper Questionnaires

Despite the link being removed from the intranet, paper questionnaire responses are still being received. Of the 7 received since the start of May, these revealed:

- 2 x work life balance
- 1 x relocation
- 1 x could not support change in hours
- 1 x favouritism in team and no consequences for poor work
- 1 x no role following restructure
- 1 x job more stressful and felt bullied

3.3 Temporary Staffing

Month 3 agency spend has increased to £765k which is a £427k overspend against our £338k NHI agency control total for June. Of this overspend, £191k relates to Nursing Agency spend and £84k to NHS infrastructure Support (agency Admin, Ancillary, Laundry.)

We are focussing on recruitment and reducing sickness absence in order to address Nursing and other professions agency spend.

<u>AGENCY STAFF SPEND BY STAFF GROUP</u>	May 2018 £000s	Jun 2018 £000s	Increase/ Decrease £000s
Registered Nurses - Agency	307	306	-0
Allied Health Professionals - Agency	111	117	5
Health Care Scientists - Agency	20	20	-0
Support to nursing staff - Agency	40	45	5
Consultants - Agency	52	60	9
Career/Staff Grades - Agency	0	0	0
Trainee Grades - Agency	57	64	7
NHS Infrastructure Support - Agency	124	153	29
Total pay bill - agency staff excluding capitalised staff	710	765	55

We aim to reduce our reliance on expensive agency staff. **We are:**

- Implementing an action plan on improving retention, particularly for Registered Nurses. This will form part of the set of actions to stabilise the establishment.
- Driving recruitment for nursing and other hard to fill posts using Trac.

- Supporting managers in sickness hotspots and causes and addressing these in a targeted way, to avoid the need for Agency cover. Immediate focus is with Theatres.

4. Health & Wellbeing

4.1 Sickness Absence

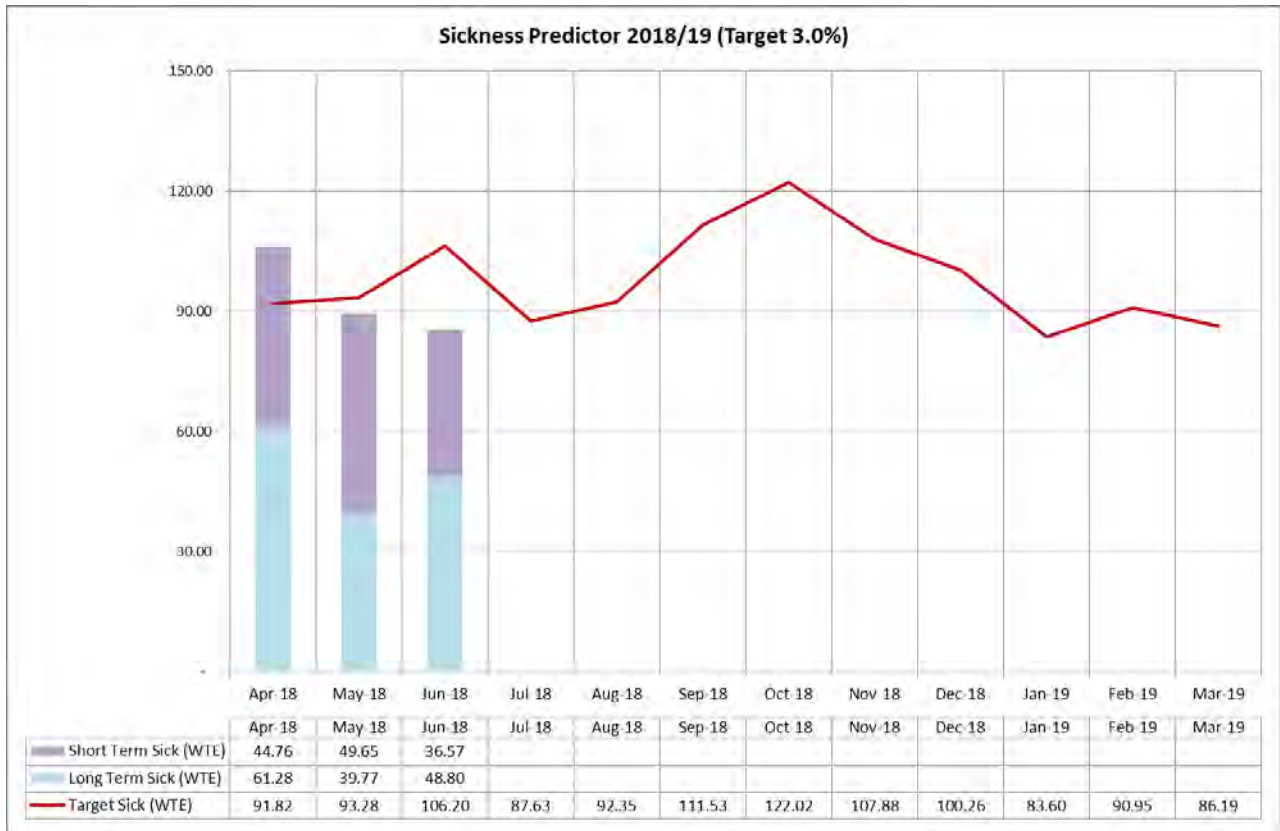
Our current sickness absence rate of 2.90% in month 3 is just under 3% target and a 0.11% improvement on last month. There has been a decrease in short term sickness, linked to active interventions by the OD & People team, although an upturn in long term sickness in the month is the current focus of attention.

The Operating plan requires proactive management of both short and long term absences in order to achieve a sustainable improvement.

We aim to continue reducing sickness absence. **We are:**

- Identifying areas where sickness levels are still in excess of the target 3%, and focussing attention on causes and intervention. Discussed at Exec performance review.
- Briefing managers and teams on the management of attendance toolkit which is rolling out across the Trust now.
- Working closely with Directorates to create individual action plans for those absent on both long term and frequent short term absences, in all staff groups, particularly where sickness remains above 5%
- Working towards closer alignment of ESR and Allocate data to ensure that the same metrics are referred to across all meetings within the Trust
- Refresh of sickness 'metric' data to provide overview of reasons for absence by directorate as well as lengths of absence – Trends to be highlighted for discussion at DMT and Performance Reviews

The table below shows current and anticipated sickness absence for the year. From next month reports will contain information on hotspots and interventions to reduce absence at local level.



5. Organisational Development & Engagement

5.1 Learning & Development

Mandatory training

Compliance has slightly decreased this month and remains static in green at 85.29%. In order to achieve a significant improvement in this area we may need to consider interventions such as providing protected time.

Appraisals

Compliance for non-medical staff has improved slightly to 76.7%, and remains red, from last month's compliance of 75.3%. Following last month's drop in reported appraisal compliance levels due to the correction of a system anomaly, there is a challenge in regaining the compliance target of 85%+. Work is underway to interrogate the system for a list of non-compliant areas so that individuals with no appraisal can be identified and appraisals conducted and confirmed.

The plan is to return to 85% green by September 2018. This will be measured at Executive Performance review.

Medical staff appraisals are green at 85.54%, compared with last month's compliance of 89.96%, against the target of 85%. However, it has been agreed that this target needs to be reset due to the impact on revalidation for medics and is under discussion currently. A revised target will be published next month.

5.2 Engagement – “Let’s Get Engaged”

The second meeting of the Staff engagement group was held this month with 10 attendees. The main discussion was linked to communication, or a general lack of awareness of what already exists within the Trust. We are working with IT to set up a message board facility where the group will be able to post information. It was clear that the group would like to work on the principle of positive enquiry and focus on our strengths which is positive.

Other themes which the group discussed include:

- Developing an ‘outside space’ map to identify areas that already exist – Again do people know about these?
- The ongoing development of garden/courtyard areas through competitions / further linkage with ArtCare
- Car parking, which included issues linked to a lack of space at certain times of the day and the differences noted in payment rates
- Opening times of canteens across the organisation and whether hot food is always available?
- Staff only tills
- Consideration of current bank shift payments to reduce agency spend
- Understanding of why bank staff who book to work on a certain ward may then be moved – and if this didn’t happen would we cover more shifts with bank?
- Some of the difficulties with SPIDA and how these might be resolved.

Potential Quick wins

- Extended opening times for Springs/Hedgerows
- Staff only tills at busy times
- Increased access to swimming/gym etc.
- Scoping of ‘outside space’ map
- Better ‘advertising’ of Staff Benefits
- Scoping of relaunch of ‘cascade brief’/development of a staff newspaper

Other topics that were raised and probably need further discussion

- Job shadowing and the process for this happening
- The recent successes of non-clinical staff working in clinical areas (could this become a more regular occurrence?)
- Why do people stay and how do we communicate this information
- Induction process
- Use of charitable funds for training purposes

5.3 Apprenticeships

This has been a busy month with apprenticeships. We have over 60 expressions of interest in starting an apprenticeship and will start the selection and procurement process for these to ensure staff can commence as soon as possible.

We are discussing the option of having a single cohort of Senior Leadership Apprentices across the STP. This will enable staff to experience how other organisations work within the region and lead to an enhanced leadership experience.

6. NHS Pay Deal

Since the National Pay Deal has been agreed, and we are in the process of implementing this, we agreed with staff side colleagues that a joint communication to staff was appropriate to send prior to July salaries being paid. The joint communication was sent out on Tuesday 24th July.

7. Workforce Risks

Work continues to align our risks to the revised Board Assurance Framework and our four key priorities in the developing People Strategy, namely:

- Resourcing and Talent Management - Failure to recruit and retain staff will result in SFT being unable to deliver safe, sustainable services for patients.
- Business Partnering – Inaccurate workforce information will result in misalignment between the organisational and workforce strategies.
- Health and Wellbeing - Failure to achieve an outstanding experience for every patient because staff do not feel valued and able to contribute fully to work as a consequence of low morale.
- Organisational Development and Engagement - Failure to deliver excellence for all patients if the workforce is not appropriately skilled and staffed to the right level
- Leadership - inability to develop strong leadership capability across all levels of the organisation to support an innovation culture.

The Corporate Risk Register has been updated this month and actions are ongoing to mitigate the risks recorded.

8. Future Workforce Plan

The plan for the remainder of this year is to implement 'Phase 2' of the People Strategy within the four pillars of the OD & People Structure. The structure has been further refined and is now being appointed to substantively.

The plan for Phase 2 has been presented to the Workforce Committee on 26th July, and is designed to integrate with the Workforce PMB, CQC plan and corporate strategic objectives. Together these will form the operational plan for the remainder of this financial year.

9. Summary

The situation remains challenging, although generally improving. The actions described in section 3, 4 and 5 will ensure that the workforce is appropriately engaged and managed to maximise patient care and experience. However, it is acknowledged that

the key areas of pressure remain recruitment, temporary staffing overspend and sickness absence.

Our focus at a local level continues to be supporting both managers and staff in resolving these difficult areas while we begin to build sustainable solutions through the OD & People restructure at Salisbury. In doing this we continue to be at the centre of the workforce collaboration in the STP and the emerging STP Workforce strategy.







10. Recommendations

The Trust Board note the report, areas of concern and actions underway.

Paul Hargreaves

Director of Organisational Development and People

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 34 leavers (headcount), this includes 22 Substantive and 12 Bank Staff, and 48 starters (headcount), this includes 30 Substantive and 18 Bank Staff, compared to 44 leavers and 45 starters in the month before. These figures includes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was above target at 9.27%, this compares to last months position which was 9.63%. For the rolling year to M3 2017/18, the Trust's turnover rate was 9.57%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest turnover rate for the rolling year was Musculo-Skeletal at 11.82%, followed by Corporate (11.24) and Medicine (9.12%).</p>	GREEN		8.50%
Vacancies	<p><u>In Month:</u> Vacancies have increased from 7.45% in month 2 to 8.11% in month 3.</p> <p><u>Year to Date:</u> The average vacancy rate is 6.97%, this compares to last months average position which was 6.74%. The Trust's vacancy rate for the same period last year was 8.49%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest vacancy rate for the month was Musculo-Skeletal at 13.21%, followed by Corporate (13.19%) and Medicine (10.02%).</p>	RED		5.00%
Temporary Spend	<p><u>In Month:</u> There has been an increase in agency spend this month to £765,119, compared to last month's position which was £709,869.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £2,136,484, compared to the spend for the same period in the previous year which was £1,952,421.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest agency spend for the month was Medicine with £291,411, followed by Surgery (£154,384) and Musculo-Skeletal (£94,849).</p>	RED		£432,455
Sickness	<p><u>In Month:</u> There has been a decrease in the sickness rate this month at 2.90%, this compares to last months position of 3.01%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 3.59%, which compares to last months position which was 3.64%. The sickness rate for same period last year was 3.41%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest sickness rate for the month was Surgery with 3.96%, followed by Medicine (3.36%) and Facilities (3.34%).</p>	GREEN		3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have decreased this month to 85.29%, this compares to last months position of 85.51%. Compliance for the same period in 2017 stood at 85.1%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 85.67%, this compares to last months position of 85.75%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the lowest compliance rate was Medicine with 79.72%, followed by Corporate (81.58%) and Clinical Support and Family Services (84.87%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has increased this month to 76.70, this compares to last months position of 75.30%. Non-medical appraisal compliance for the same period last year stood at 81.40%.</p> <p><u>Year to Date:</u> The year to date average compliance is 81.60%, this compares to last months position of 82.58%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the lowest compliance rate was Medicine with 70.90%, followed by Corporate (72.00%) and Surgery (75.80%).</p>	RED		85.00%

[illegible]

Note: Month 3 position shows an underspend on workforce of £197k.

Key Areas of Concern					
KPI	Overall Commentary	highest Turnover rates			
			May-18	Jun-18	T
Turnover (measured in a rolling year) Target 8.5%	Turnover decreased this month and is green rated. For Service Lines this month : the highest number of leavers for the year to date was from Obstetrics & Gynaecology (26), Therapy Services (21) and Finance and Procurement (19). For Staff Groups this month : highest number of leavers was Administrative and Clerical (83) in the year to date. The average Headcount turnover for local Trusts is 9.46%, which we are below at 9.27% FTE.	1 Rheumatology	31.06%	26.29%	↓
		2 District Pharmacy	17.82%	19.29%	↑
		3 Dermatology	20.82%	18.93%	↓
		1 Musculo-Skeletal Directorate	11.60%	11.82%	↑
		1 Add Prof Scientific and Technical	13.14%	13.53%	↑
		highest number of leavers			
		1 Obstetrics & Gynaecology	25	26	↑
		2 Therapy Services	14	21	↑
		3 Finance and Procurement	19	19	→
		1 Clinical Support & Family Services	82	82	→
		1 Administrative and Clerical	88	83	↓
Vacancies Target 5%	Vacancies have increased from 7.45% in month 2 to 8.11% in month 3. NA Career Event held on 17 July. 85 attendees. A link to a vacancy to be sent to all attendees to enable them to apply for a NA post. Interviews to be held 1st couple of weeks in August. 4 international nurses arriving on 20 July 2018. Skype interviews for RN's held over 3 days resulted in 33 applicants being interviewed, 23 offered and 22 accepting (6 x Orthopaedics, 13 x Medicine, 3 x Surgery). All IELTS/OET passed. 1st arrivals expected before December 2018. 3 additional skype interviews set up for RN's which include applicants from Australian Recruitment Events (19, 20 and 25 July). Since the implementation of Trac, 10 candidates have been offered revised start dates because they have been cleared to start earlier, 3 have accepted, 7 have declined due to notice period. Revised authorisation process for all vacancies via Trac to commence from 31 July 2018.	highest Vacancy rate			
			May-18	Jun-18	T
		1 Spinal Unit	21.56%	23.61%	↑
		2 Orthopaedics	19.48%	22.89%	↑
		3 Adult Medical Wards	17.47%	22.16%	↑
		1 Musculo-Skeletal Directorate	10.68%	13.21%	↑
		1 Nursing and Midwifery Registered	18.38%	18.34%	↓
		highest WTE Vacant			
		1 Adult Medical Wards	24.26	30.78	↑
		2 Orthopaedics	22.82	26.81	↑
		3 Spinal Unit	23.28	25.49	↑
		1 Musculo-Skeletal Directorate	55.19	68.22	↑
		1 Nursing and Midwifery Registered	170.10	169.57	↓

Key Areas of Concern					
KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency			
			May-18	Jun-18	T
Temporary Spend Agency Control Total £6,200,000	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. For Service Lines this month : O&G and Gastroenterology record all of their temporary spend as agency this was in Medical & Dental (locum cover) covering difficult to recruit to vacancies. The agency usage is also required to avoid breaches of access/waiting times. For Staff Groups this month : The highest spend is on Nursing and Midwifery Registered.	1 Laundry	100.00%	100.00%	→
		2 Gastroenterology - Medical Staff	100.00%	100.00%	→
		3 O&G - Medial Staff	100.00%	100.00%	→
		1 Surgery Directorate	62.50%	57.94%	↓
		1 Professions Allied to Medicine	100.00%	100.00%	→
		highest £ spent on Agency			
		1 Laundry	£ 100,077	£ 129,113	↑
		2 Theatre Staff - ODP's	£ 55,616	£ 55,200	↓
		3 Emergency Department Nursing	£ 44,496	£ 52,424	↑
		1 Medicine Directorate	£ 295,228	£ 291,411	↓
		1 Nursing and Midwifery Registered	£ 306,575	£ 306,345	↓
Sickness Year to date Target 3%	Sickness for June (M3) is at 2.90%. Sickness for the rolling year to date is 3.59% which is average for the surrounding Local Acute hospital Trusts. Our sickness project team are working with departments to identify those individuals whose sickness absence remains problematic (both short and long term). Ensuring the above individuals are managed in an appropriate manner which will either support their return to work or see them being escalated through the Management of Attendance Policy. For Service Lines this month: the highest sickness rate was Main Outpatients at 15.49% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.62% in the rolling year to date.	highest Sickness rate			
			May-18	Jun-18	T
		1 Main Outpatients	15.54%	15.49%	↓
		2 Dermatology	9.55%	9.73%	↑
		3 Theatres	6.72%	6.98%	↑
		1 Facilities Directorate	4.80%	4.81%	→
		1 Additional Clinical Services	5.56%	5.62%	↑
		highest WTE sick in month			
		1 Theatres	12.85	12.62	↓
		2 Hotel Services	6.23	6.19	↓
		3 Obstetrics & Gynaecology	4.61	4.76	↑
		1 Surgery Directorate	26.56	27.16	↑
		1 Nursing and Midwifery Registered	29.46	30.00	↑

Key Areas of Concern					
KPI	Overall Commentary	lowest Mandatory training rates			
			Jun-18	Jul-18	T
Mandatory Training Target 85%	Compliance has slightly decreased this month but remains green rated at 85.29%. A focus on hand hygiene Training is required for Clinical staff as this is the subject with the least compliance. Focus needs to be on employees completing training before they come out of compliance.	1 Medical Staff - Medicine	63.87%	60.38%	↓
		2 Medical Staff - Child Health	60.89%	61.45%	↑
		3 Management Medicine	76.00%	66.67%	↓
		1 Medicine Directorate	78.91%	79.72%	↑
		1 Medical and Dental	77.65%	75.01%	↓

Non-Medical Appraisals <i>Target 85%</i>	Appraisal compliance has increased to 76.70% and is red rated. 71 departments are red rated and these will be the focus over the next month to reach target.	lowest appraisal rates			
			Jun-18	Jul-18	T
		1 Director of Operations	52.00%	50.00%	↓
		2 Nurse Management (Quality)	60.00%	51.72%	↓
		3 Pembroke Unit	57.14%	53.13%	↓
		1 Medicine	67.00%	70.90%	↑
		1 Additional Clinical Services	81.61%	72.23%	↓

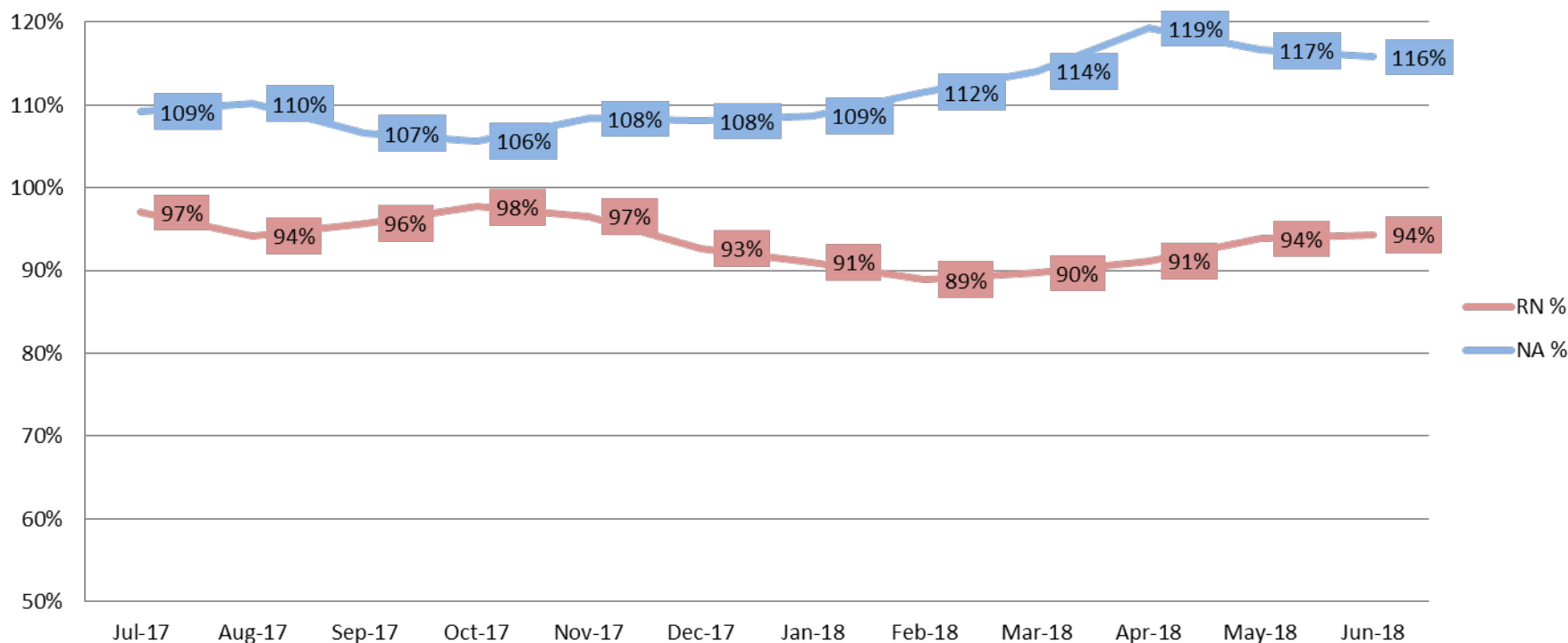
Safe Staffing NQB Report

June 2018

Monthly Comparisons – Actual Staffing Levels

	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
Month	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
June -2018	60539	57119	94%	33500	38794	116%	94039	95914	102%	60%	40%

Monthly Comparison - Actual Staffing Levels



Overview of Nurse Staffing Hours – June 2018

Day	RN	NA
Total Planned Hours	36549	20925
Total Actual Hours	33644	23804
Fill Rate (%)	92%	114%

Night	RN	NA
Total Planned Hours	23990	12576
Total Actual Hours	23475	14990
Fill Rate (%)	98%	119%

The percentage hours are based on actual versus planned and are measured on a shift by shift basis.

Nursing Hours by Day Shifts

Row Labels	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned	Day NA Actual	Day NA Fill Rate
Medicine	15408	14207	93%	9864	12473	123%
AMU	1981	2022	102%	1023	1346	132%
Durrington	1147	1213	106%	871	1095	126%
Farley	2267	2144	95%	1407	1720	122%
Hospice	899	959	107%	671	634	94%
Pembroke	885	896	101%	356	355	100%
Pitton	1804	1503	83%	1164	1643	141%
Redlynch	1584	1280	81%	1168	1215	104%
Tisbury	2036	1868	92%	671	915	136%
Whiteparish	1290	1094	85%	970	1334	137%
Winterslow	1516	1228	81%	1566	2219	142%
Surgery	7820	7722	99%	3110	3287	103%
Britford	2090	2035	97%	1105	1248	113%
Downton	1317	1404	107%	907	1001	110%
Radnor	3232	3143	97%	358	328	92%
Breamore Short Stay	1182	1140	96%	741	710	96%
MSK	7863	6709	85%	6605	6750	106%
Amesbury	1618	1528	94%	1377	1239	90%
Avon	1640	1243	76%	1933	1838	95%
Burns	1562	1338	86%	712	926	130%
Chilmark	1665	1413	85%	1098	1224	111%
Tamar	1378	1188	86%	1486	1524	103%
CSFS	5458	5006	94%	1346	1294	97%
Maternity	3023	2661	88%	1001	962	96%
NICU	1056	1092	103%	0	0	100%
Sarum	1380	1252	91%	345	332	96%
Grand Total	36549	33644	93%	20925	23804	112%

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

Nursing Hours by Night Shifts

Row Labels	Night RN Planned	Night RN Actual	Night RN Fill Rate	Night NA Planned	Night NA Actual	Night NA Fill Rate
Medicine	9668	9553	99%	5678	7915	140%
AMU	1509	1420	94%	345	665	193%
Durrington	690	679	98%	690	771	112%
Farley	1035	1034	100%	690	1102	160%
Hospice	570	562	99%	503	516	103%
Pembroke	690	690	100%	345	345	100%
Pitton	1035	1162	112%	690	1204	175%
Redlynch	1034	976	94%	690	725	105%
Tisbury	1380	1345	97%	345	532	154%
Whiteparish	690	710	103%	690	872	126%
Winterslow	1035	978	94%	690	1184	172%
Surgery	5289	5245	100%	2406	2511	103%
Britford	1035	1033	100%	690	797	115%
Downton	690	702	102%	681	716	105%
Radnor	2874	2820	98%	345	309	90%
Breamore Short Stay	690	690	100%	690	690	100%
MSK	4125	3950	97%	3452	3636	105%
Amesbury	1033	987	96%	690	759	110%
Avon	900	822	91%	900	979	109%
Burns	1032	955	92%	690	725	105%
Chilmark	570	566	99%	572	583	102%
Tamar	590	620	105%	600	591	99%
CSFS	4909	4728	98%	1041	929	129%
Maternity	2760	2585	94%	1029	906	88%
NICU	1033	1041	101%	0	0	100%
Sarum	1116	1101	99%	12	23	200%
Grand Total	23990	23475	99%	12576	14990	123.7%

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

Overview of Areas with Red

(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Avon	76%	✓		Day	Unfilled shifts are reviewed on a shift by shift basis . If there are no respiratory patients or unfilled shifts are not causing concern , patient acuity and demand demonstrates the shift is manageable and safe then they are not escalated for temporary staff fill. Some shifts are covered by a locally skilled Band 3

- There is a reduction in the number of wards from flagging for Red status. May 2018 evidenced 6 wards in Red status with only 1 ward (Avon) flagging for this reporting month
- There are 7 wards flagging for Amber plus Maternity.

These shifts are all RN day shifts where there is the ability to bolster unfilled RN day shifts using other staff groups available during the day on an ad-hoc basis.

NB: Flags based on green 90% and above, amber 80-90%, red below 80% - no ratings yet agreed by NHS England

Trends and Themes

TRENDS

- The RN fill rate trend has remained static for the last two consecutive months at 94%
- The NA fill rate evidences a gentle continued downward trend for the 3rd consecutive month to 116% as shown below.

	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018
RN	93%	91%	89%	90%	91%	94%	94%
NA	108%	109%	112%	114%	119%	117%	116%

- The RN skill mix has increased from 59% to 60% with the corresponding reduction in NA skill mix down 1% from 41% to 40%
- The overall RN Day fill rate has increased from 91% in May to 93% (June).
- RN night shifts demonstrate 99% cover ensure focus is given to safe levels of RN cover at night where obtaining temporary staff cover is more challenging and expensive. By using good flexible rostering practice this ensures good skills sets are provided

STAFFING NOTES

The reporting percentage *now includes day time Ward Leader supervisory shifts* to reflect the continued demand for them to provide on-going clinical support from within this role (There are some exceptions*) Whilst shifts may remain unfilled, staff of this calibre help guarantee the presence of high level skills sets to support the provision of safe care against existing challenges.

* Exceptions for including supervisory shifts where roles are different Amesbury (ward leader covers two wards and is counted in Chilmark), Maternity, NICU and Radnor and Hospice

Unfilled shifts:- often there is utilisation of alternative grade cover. Some shifts may remain unfilled but are managed within the existing skills sets. All are based on assessing staffing skills & numbers against patient acuity and demand to ensure they are both manageable and the provision of safe care.

Over-staffing

All additional shifts were for NA staff .

Over-staffing evidences at 114 -119% fill rates for both Day & Night shifts against 92- 98% of RN fill rates.

The main reasons for NA Overstaffing remain the same as previous months and were for either:

- 1.Enhanced 1:1 care for patients at risk of falls, mental health needs or confusion
- 2.Flexing bed stock and staffing levels to meet fluctuating patient demands
- 3.Supporting RN shifts (Day shifts only) .

Actions taken to mitigate risk

The nurse-in-charge of individual wards in discussion with the DSN/ADSN review the following on a shift by shift basis.

- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via safecare at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site Team as required. This ensures safe levels of care are maintained whilst trying to reduce reliance on expensive temporary staff
- Staffing levels are reduced when beds empty/ procedure lists reduced whilst maintaining appropriate staffing ratios
- Shifts that are difficult to cover (nights and weekends) are prioritised.
- If all of the above measures have been taken there may be a requirement that staff on training days are brought back to work clinically as required and / or Sisters on supervisory shifts work clinically.
- CCOT team support wards where acuity of patients high.


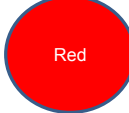


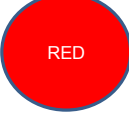




Report to:	Trust Board (Public)	Agenda item:	SFT 4082
Date of Meeting:	2 August 2018		

Report Title:	Finance Report Month 3			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Mark Ellis, Deputy Director of Finance			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

Recommendation:
The Board is asked to note the financial position for June 2018, the key risks and the actions being taken to mitigate them.

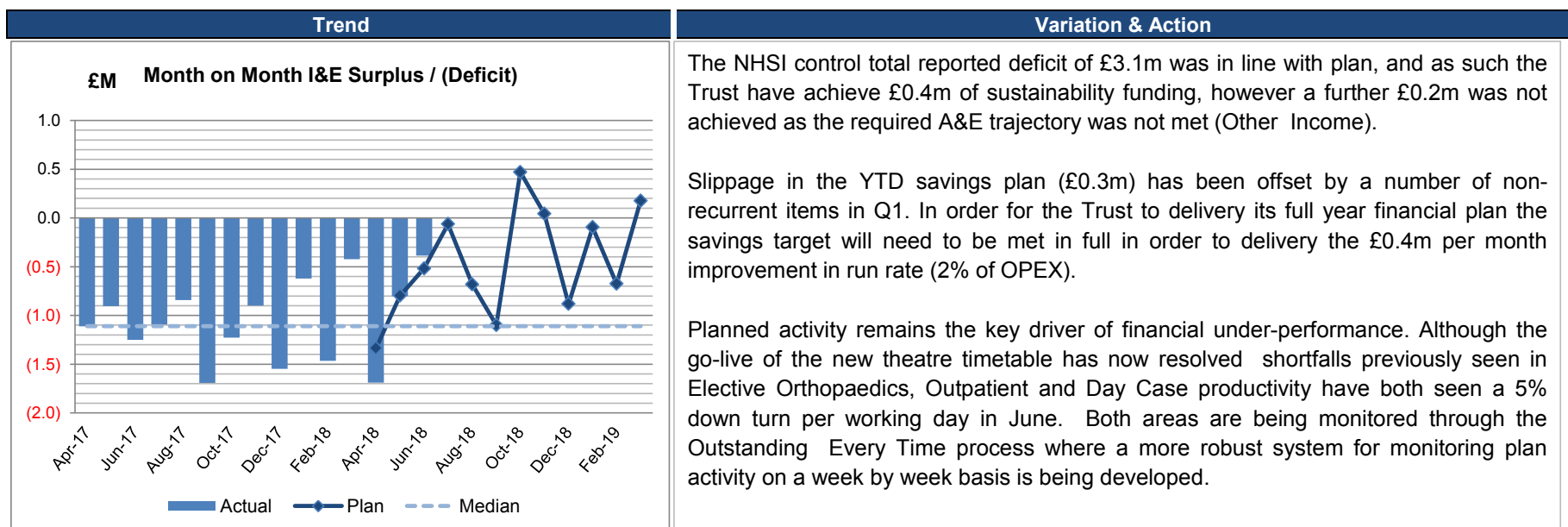
Executive Summary:
<p>The purpose of this report is to set out the Trust's financial performance for the period to 30th June 2018.</p> <p>The Trust has achieved the financial plan for quarter one, this has meant it is eligible for the first quarter of the PSF funding. However due to not achieving the ED performance required, the Trust is not eligible for the performance element (£0.2m).</p> <p>Overall productivity has increased in June and July overall compared to month 1, however there are number of financial risks to the achievement of the £9m deficit plan. Notably the over performance of non elective activity against plan, and the risk this has on capacity as the Trust plans for the winter months.</p> <p>Cash flow continues to be monitored closely in light of the financial risks to the plan.</p>

Executive Summary of Key Financial Performance - June 2018

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	<p>The NHSI control total reported deficit of £3.1m was in line with plan, and as such the Trust have achieve £0.4m of sustainability funding, however a further £0.2m was not achieved as the required A&E trajectory was not met.</p> <p>An improvement of £0.4m (2% of OPEX) is required over the remainder of 2018/19 in order to deliver the financial plan. Plans to deliver this are in place an are managed through the Outstanding Every Time process.</p>	
2	NHS Clinical Income	<p>Overall income in the month was £16,052k and this was broadly in line with last month figure (£16,164k). The overall variance against plan in month was £88k.</p> <p>Absence of key medical personal have led to reductions in Outpatient and Day case productivity, these have been offset by a catch up in mental health bed days, uncoded at May reporting, and the impact of the resolution to the Dorset CCG contractual dispute for 2017/18.</p>	
3	Workforce	<p>Pay expenditure in M03 is in line with run rate at £12.0m and is £0.7m underspent YTD. A £0.05m increase in agency staffing has been offset by a £0.05m reduction in the cost of substantive staffing.</p> <p>Agency cost continue to exceed the NHSI cap by 50%. with the Trust incurring a premium cost of c£0.7m YTD.</p>	
4	Non Pay	<p>Non Pay expenditure remained well below plan fro the Trust in May with a favourable variance of £0.6m (3%), however this can be explained almost entirely by an underspend on tariff excluded drugs an is therefore offset by a shortfall against planned clinical income.</p> <p>Expenditure on Clinical Supplies and Services is beginning to rise as productivity on planned activity increases.</p>	
5	Efficiency - Better Care at Lower Cost	<p>£0.7m reported in June exceeds the £0.6m target, however significant underperformance remains in the Workforce and Diagnostics programmes, under performance in the former is however offset by vacancies within the Trust.</p> <p>YTD performance is £0.3m (17%) being plan a schemes take time to bed in.</p>	
6	Use of Resources	<p>The Trust's overall risk rating score was a 3. Distance from plan has reduced to a score of 2 following the Trust meetings it's NHSI control total but not achieving the A&E component of the Provider Sustainability Fund. The agency rating has deteriorated to a 4 as the YTD spend now exceed the NHSI cap by 50%.</p>	
7	Capital Expenditure	<p>The Trust is slightly behind the planned capital spend at 30 June 2018. Cumulative spend of £1.4m has been incurred in the year to date.</p>	
8	Cash Management	<p>The Trust's acceptance of a control total for 2018-19 enables it to access up to £3.8m Provider Sustainability Funding (PSF) in the year. On this basis, the planned borrowing requirements have reduced to £5.2m. The Trust's performance will be closely monitored against the required targets to enable it to receive PSF in the year. The cash flow will be constantly reviewed to identify when additional funds are required.</p>	
	Risk & Mitigation	<p>The key risks to the delivery of the 2018/19 financial plan remain:</p> <ul style="list-style-type: none"> - Agency - Consistent delivery of the productivity gains - Controlling LOS as Non Elective demand rises <p>Each risk above is directly mitigated by actions managed through the Outstanding Every Time process.</p>	

Page 1 - Income & Expenditure

Status	Position						
		Jun '18 In Mth			Jun '18 YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	2018/19 Plan £000s
Income & Expenditure	Operating Income						
	NHS Clinical Income	16,140	16,052	(88)	48,314	47,127	196,036
	Other Clinical Income	487	672	185	2,061	2,108	7,335
	Other Income (excl Donations)	2,941	2,608	(333)	7,035	6,761	30,717
	Total income	19,568	19,332	(236)	57,410	55,996	234,088
	Operating Expenditure						
	Pay	(12,522)	(12,037)	485	(36,746)	(36,090)	(146,354)
	Non Pay	(6,319)	(6,450)	(131)	(19,687)	(19,089)	(78,460)
	Total Expenditure	(18,841)	(18,487)	354	(56,433)	(55,178)	(224,814)
	EBITDA	727	846	119	977	818	9,274
	Financing Costs (incl Depreciation & Donations)	(1,246)	(1,233)	13	(3,630)	(3,698)	(14,739)
	Surplus/(Deficit)	(519)	(388)	131	(2,653)	(2,880)	(5,465)
	Less: impact of donated assets	25	53	28	75	158	300
	Less: Impairments	0	0	0	0	0	0
	Less: PSF	(569)	(398)	171	(569)	(398)	(3,795)
	NHSI Control Total	(1,063)	(734)	329	(3,147)	(3,120)	(8,960)



Status	Position	Trend				
<div style="background-color: red; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 10px;"> <div style="text-align: center;"> NHS Clinical Income </div> </div>	Income by Point of Delivery (PoD) for all commissioners		Jun '18 YTD			<div style="text-align: center;"> Month on Month Income Analysis </div> <p>£M</p> <p>Plan - As perNHSI Plan Actual 18/19 Actual 17/18</p>
			Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s	
	Elective inpatients		5,017	4,071	(946)	
	Day Case		4,471	4,309	(162)	
	Non Elective inpatients		13,893	14,311	418	
	Outpatients		7,746	7,616	(130)	
	Excluded Drugs & Devices (inc Lucentis)		4,516	4,308	(208)	
	Other		12,671	12,512	(159)	
	TOTAL		48,314	47,127	(1,187)	
	SLA Income Performance of Trusts main NHS commissioners		Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s	
	Wiltshire CCG		24,480	25,186	706	
	Dorset CCG		5,465	5,302	(163)	
	Hants CCG		3,794	3,863	69	
	Specialist Services		7,510	7,728	218	
	Other		7,065	5,048	(2,017)	
	TOTAL		48,314	47,127	(1,187)	
		YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
Elective		1,467	1,238	(229)	1,205	33
Day case		5,559	5,626	67	5,524	102
Non Elective		6,454	6,750	296	6,065	685
Outpatients		62,195	61,732	(463)	63,436	(1,704)
A&E		12,425	12,467	42	11,814	653

Variation & Action

Overall income in the month was £16,052k and this was broadly in line with last month figure (£16,164k). The overall variance against plan in month was £88k.

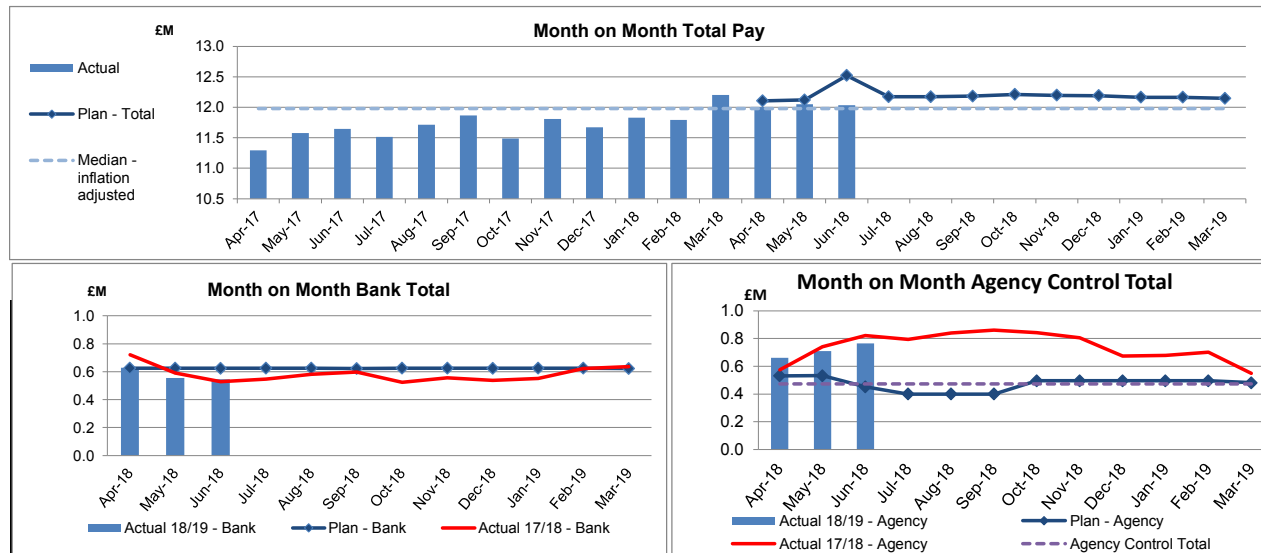
There was a benefit of £405k for un-coded relating to the prior period which in the main related to 3 long stay patients discharged at the end of the month.

After adjusting for prior period benefits the normalised income was down when compared to the previous month as a result of surgical day case activity being down by £104k due to absence of key medical staff. Outpatients were down by £176k across a range of specialities due to medical staff absence and vacancies. The value of NELs was down by £200k but there was a higher case mix / acuity of patients last month most notably in obstetrics.

Page 3 - Workforce

Status	Position				Position			
<div style="background-color: green; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <div style="width: 10px; height: 10px; background-color: white; border-radius: 50%; margin: 0 auto;"></div> <div style="font-weight: bold; margin-top: 2px;">PAY</div> </div> </div>			Jun '18 YTD				Jun '18	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
	£000s	£000s	£000s	£000s	WTEs	WTEs	WTEs	WTEs
	Pay - In Post	33,190	32,088	1,102	Medical Staff	391.5	383.4	8.1
	Pay - Bank	1,845	1,727	118	Nursing	927.5	859.9	67.6
	Pay - Agency	1,514	2,136	(622)	HcAs	415.9	521.2	(105.3)
	Other (eg. Apprenticeship Levy)	197	139	58	Other Clinical Staff	569.6	592.9	(23.3)
	TOTAL	36,746	36,090	656	Infrastructure staff	1,026.4	1,030.8	(4.4)
	Medical Staff	10,005	9,889	116	TOTAL	3,330.8	3,388.1	(57.3)
	Nursing	9,991	9,278	713				
	HcAs	2,634	3,242	(608)				
	Other Clinical Staff	5,777	5,822	(45)				
	Infrastructure staff	8,142	7,720	422				
	Other (eg. Apprenticeship Levy)	197	139	58				
	TOTAL	36,746	36,090	656				

Trend



Variation & Action

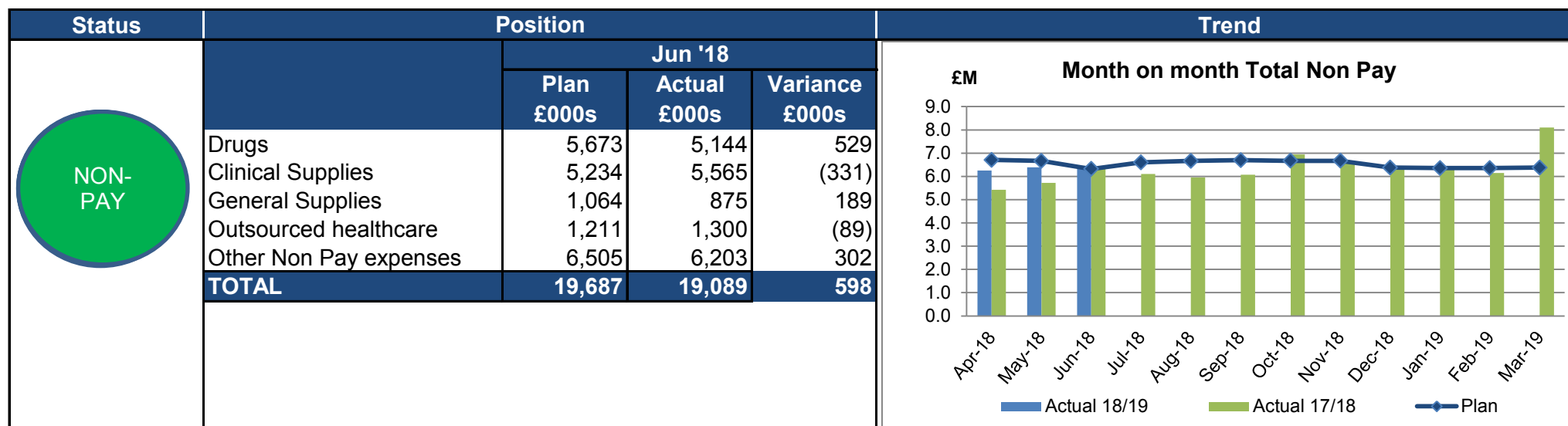
Pay expenditure in M03 is in line with run rate at £12.0m and is £0.7m underspent YTD. A £0.05m increase in agency staffing has been offset by a £0.05m reduction in the cost of substantive staffing. Agency cost continue to exceed the NHSI cap by 50%, with the Trust incurring a premium cost of c£0.7m YTD. Key drivers of agency spend in the period were nursing (£0.3m), AHPs (£0.1m), medical (£0.1m) and the laundry (£0.1m).

The Trust continues to adopt a strategy of mitigating the risk of Nursing vacancies through the over recruiting of Healthcare Assistants (HCAs), thereby enabling the provision of effective and safe patient care, as well as supporting the internal training and development programme for registered nurses. The overall overspend of £0.1m between the two staffing groups can be explained by the agency premium incurred over and above substantive or bank rates on agency nursing shifts. This is also reflective of the WTE variance in 'Other clinical staff'.

The profiled plan re-submitted to NHSI included new infrastructure support costs relating to the laundry winning several new contracts, this explains the spike in the M03 planned spend and eliminates the previous overspend reported on this staffing group. The agency workforce employed to service these contracts remains at £0.1m per month, although it should be noted that agency premium of this workforce is negligible.

The pay award has been accrued centrally based on 1% uplift as advised by NHSI, confirmation on the 2018/19 award and funding has been received, payable from July with back pay in August. The Trust has been allocated £2.5m to cover the cost of the award.

Page 4 - Non Pay Expenses (excluding Finance Charges & Depreciation)



Variation & Action

Non Pay expenditure remained well below plan for the Trust in June with a favourable variance of £0.6m (3%), however this can be explained almost entirely by an underspend on tariff excluded drugs and is therefore offset by a shortfall against planned clinical income.

The Clinical Supplies overspend is driven by the Cardiology Pacemaker service (£0.2m), comfortably offset by the specialty's £0.4m over performance against their activity plan. Spend in MSK has increased by £0.1m (35%) month on month as productivity in main theatres increases, offsetting underspends in surgical other areas that have under performed against their activity plans.

The Trust have benefited in the month from the release of accruals against carbon trading and waste contracts amounting to £0.1m.

Status	Position							
Efficiency	Directorate	Annual Plan £000s	Jun '18			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Medicine	1,680	118	219	101	367	386	18
	Musculo Skeletal	2,544	177	124	(53)	514	271	(243)
	Surgery	1,661	87	145	58	279	264	(14)
	Clinical Support & Family Services	1,873	124	102	(22)	325	246	(79)
	Corporate Services	1,464	121	145	24	318	322	4
	Trustwide	2,993	0	0	0	0	0	0
	TOTAL	12,215	626	735	108	1,803	1,489	(313)
	Position							
	Scheme	Annual Plan £000s	Jun '18			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Theatres	2,335	153	165	12	458	322	(135)
	Workforce	640	51	8	(43)	153	21	(132)
	Outpatients	646	33	105	71	83	157	75
	Diagnostics	822	48	7	(41)	143	17	(126)
	Patient Flow	336	28	85	57	84	170	86
	Non-Pay	1,741	95	124	29	219	211	(8)
	Directorate Plans	5,398	209	235	25	593	578	(15)
	Drugs	298	10	6	(4)	70	12	(59)
	TOTAL	12,215	626	735	108	1,803	1,489	(313)


Variation & Action

The savings target has now been revised to £12.2m to reflect the revised plan to meet the NHSI control total of a £9.0m deficit.

May saw a catch up in reported delivery against the outpatient programme savings scheme following a review of the reporting methodology, this favourable performance is more due previous periods: June's outpatient income per working day dropped 6% when compared to April and May. A similar 5% drop in income per working day occurred in day case activity. A more robust system for monitoring plan activity on a week by week basis is being developed.

The revised theatre timetable was implemented, allowing Orthopaedics to increase Elective activity and therefore deliver the required theatres productivity gains.

Performance against the central workforce schemes remains challenging (£132k under plan YTD) with vacancy levels continuing to drive temporary staffing, but this is offset by organisational vacancies which are not being reported as part of any CIP. The programme is currently subject to weekly meetings in order to accelerate schemes.

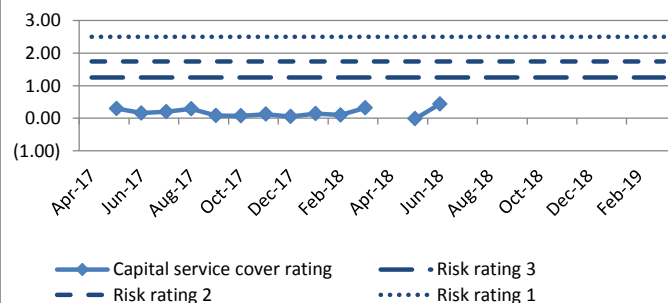
Status	Description	Position			
		Metric	Definition	YTD	
				Plan Number	Actual Number
	NHSI measures an organisation's use of resources on a scale of 1-4 with 4 being the highest risk and 1 the lowest risk	Capital service cover rating	Degree to which income covers financial obligations	4	4
		Liquidity rating	Days of operating costs held in cash	2	2
		I&E margin rating	I&E surplus/deficit / total revenue	4	4
		I&E margin: distance from financial plan	YTD actual I&E surplus/deficit compared to YTD plan		2
		Agency rating	Distance from cap		4
		Risk rating after overrides			3

Variation & Action

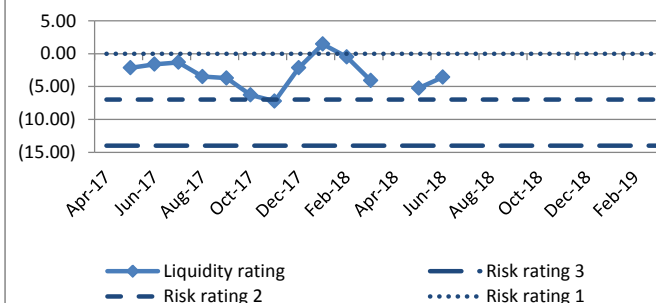
The Trust's overall risk rating score was a 3. Distance from plan has reduced to a score of 2 following the Trust meetings it's NHSI control total but not achieving the A&E component of the Provider Sustainability Fund. The agency rating has deteriorated to a 4 as the YTD spend now exceed the NHSI cap by 50%.

The Trust continues to monitor progress against the NHS enforcement notice action plan.

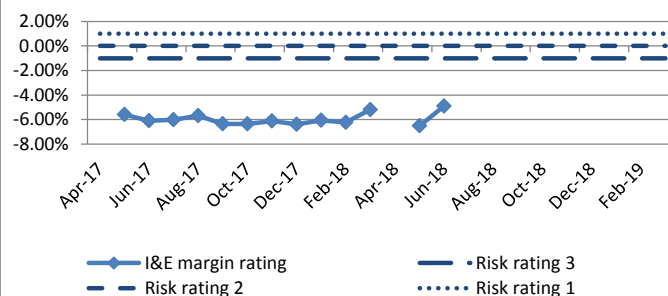
Capital service cover



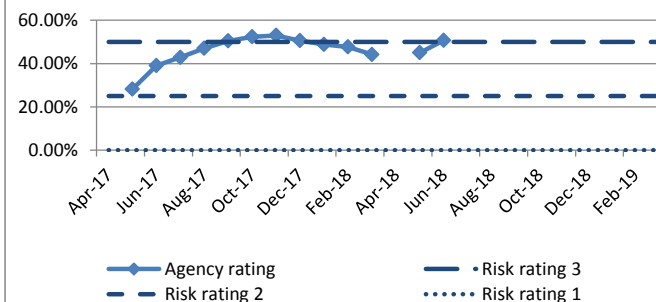
Liquidity




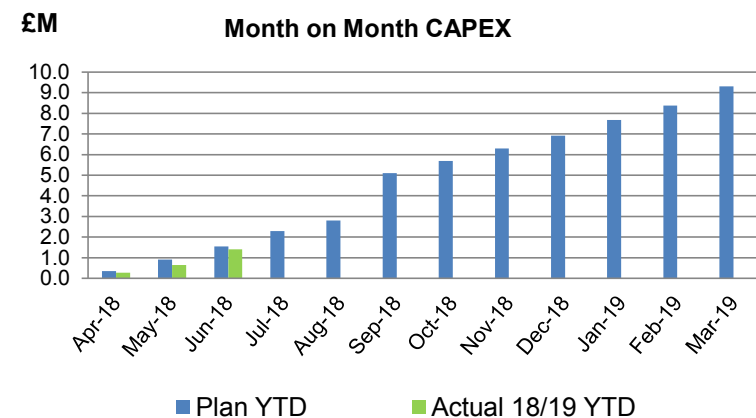
I&E margin



Agency spend over cap



Status	Position				
		Annual	Jun-18		
		Plan	Plan	Actual	Variance
	Schemes	£000s	£000s	£000s	£000s
	Building schemes	617	300	322	(22)
	Building projects	1,801	267	192	75
	IM&T	4,194	609	676	(67)
	Medical Equipment	2,405	300	172	128
	Other	295	74	41	33
	TOTAL	6,948	1,550	1,403	147



Variation & Action

The Trust is slightly behind the capital plan for the year. The plan includes the purchase of hardware required for a substantial upgrade to the Trust's IT network. This work is expected to complete in September 2018 and the source of funds will be a finance lease. Otherwise, the source of capital funds for 2018-19 will be the Trust's planned depreciation charge for the year, meaning spend must be continue to be prioritised acceding to highest need.

The Trust has submitted bids to the STP for the replacement cath lab, and a midwife led unit but it is uncertain whether these schemes would be prioritised over more transformational schemes in the system.

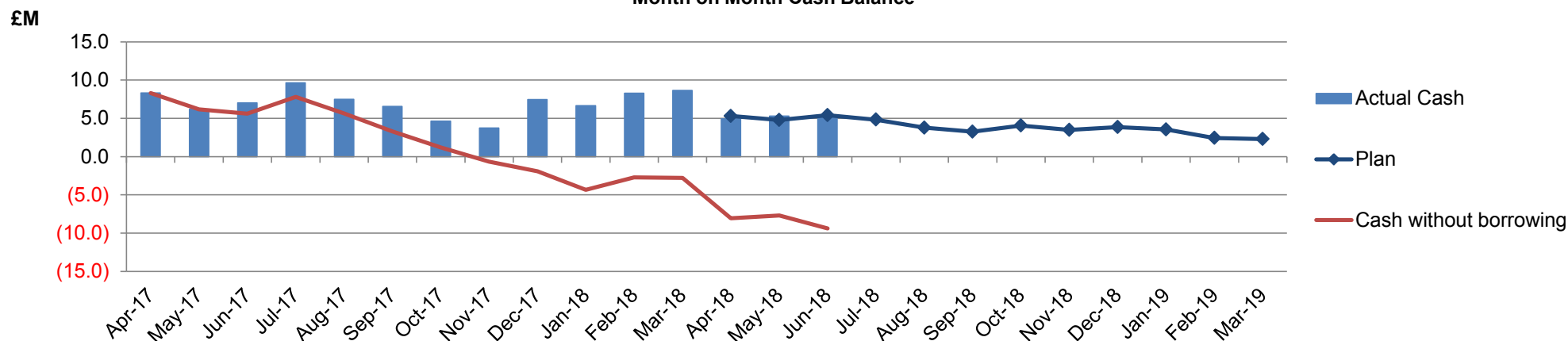
Status	Position					Variation & Action
Cash and working		Opening Balance April 2018 £000s	Plan £000s	Current Month Balance £000s	Variance £000s	Actual In Year Movement £000s
	Inventories (Stock)	6,214	6,214	6,564	256	256
	Debtors	15,396	14,945	15,229	540	105
	Cash	8,641	5,428	5,133	533	(3,326)
	TOTAL CURRENT ASSETS	30,251	26,587	26,926	1,329	(2,965)
	Creditors	(24,438)	(20,196)	(21,068)	(2,022)	2,503
	Borrowings	(1,164)	(1,164)	(1,169)	(5)	(5)
	Provisions	(292)	(292)	(292)	0	0
	TOTAL CURRENT LIABILITIES	(25,894)	(21,652)	(22,529)	(2,027)	2,498
	TOTAL WORKING CAPITAL	4,357	4,935	4,397	(698)	(467)

In June 2018 the Trust borrowed a further £1.5m to help fund the deficit for the month. The Trust has submitted a revised 2018-19 plan to borrow £5.2m to cover the revenue deficit for the year. As the Trust has now accepted a control total for 2018-19 it is eligible for Provider Sustainability Funding (PSF) of up to £3.8m. The cash position will continue to be closely monitored to ensure the cash flow accurately reflects the timing of PSF payments.

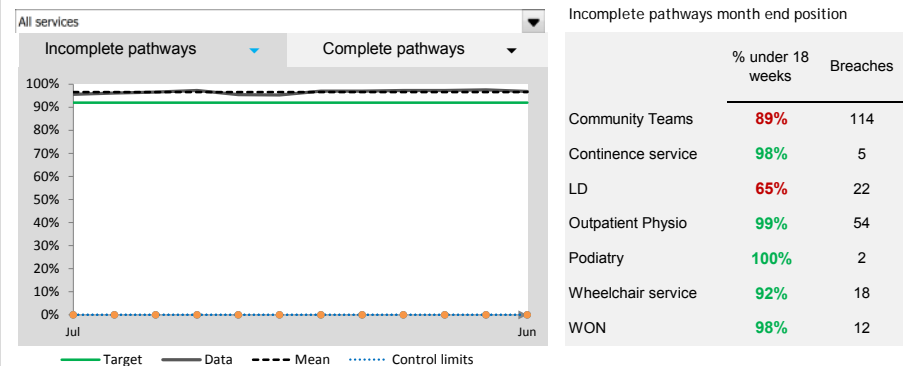
No further borrowings are due to be made in July 2018 as the Trust is expecting a combined £1.9m from NHSE and Dorset CCG relating to 2017-18 year end settlements.

Trend

Month on Month Cash Balance

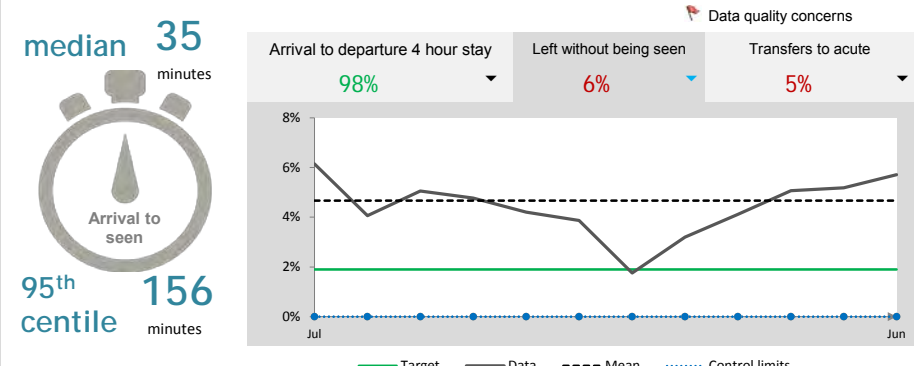


RTT



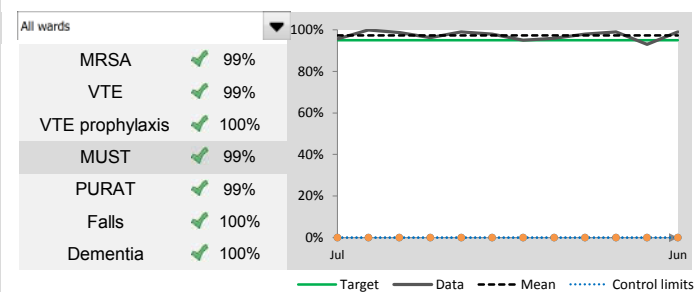
In Control	On target	Action	LD psychology provision remains an area of concern - previously flagged to commissioners. 14 of the 22 LD breaches are due to psychology. Community Teams flagging as not in control with declining performance - likely to include some data quality errors - system design work ongoing to lessen likelihood of this in future. Sustained improvement in WON service.
✗	✓	● Action needed	

MIU



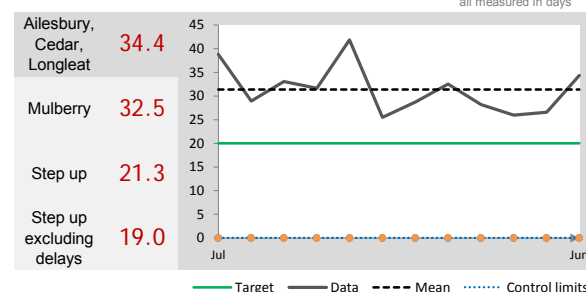
In Control	On target	Action	4 hour performance still well above target but flagging as out of control due to small but significant increase in proportion of breaches. Linked to sustained significant increase in attendance numbers. A deep dive into data is being carried out to understand this increase. Ongoing project to put MIU on SystmOne to address data quality concerns in LWBS and transfer data.
✗	✗	● Action needed	

Inpatient assessments



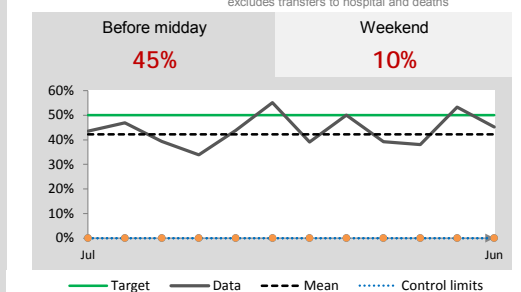
In Control	On target	Action	MUST missed target in May. System still in control and on track to deliver targets.
✗	✓	● Action needed	

Mean Inpatient Length of Stay



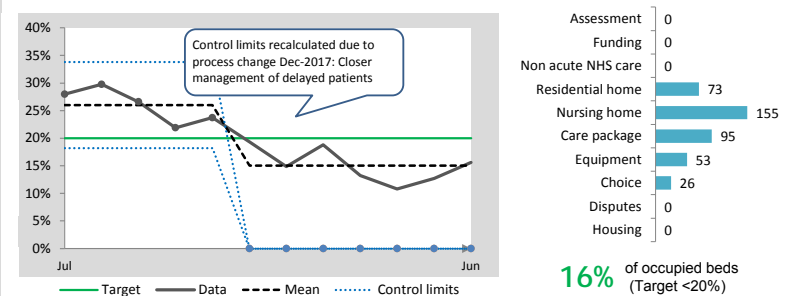
In control	On target	Action	Progress on DToCs has not yet translated into significant LoS reduction. Action ongoing - focus to incorporate stranded patients.
✗	✗	● Action needed	

Discharge timings



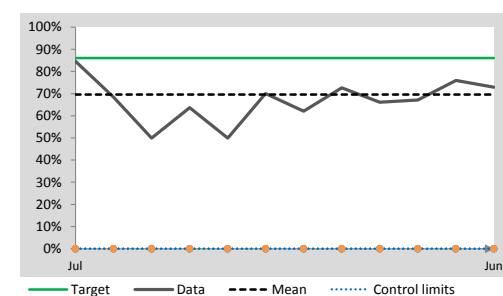
In control	On target	Action	Continuing challenge - Care homes reluctant to take in morning and at weekends.
✗	✗	● Action needed	

Delayed Transfers of Care - bed days lost



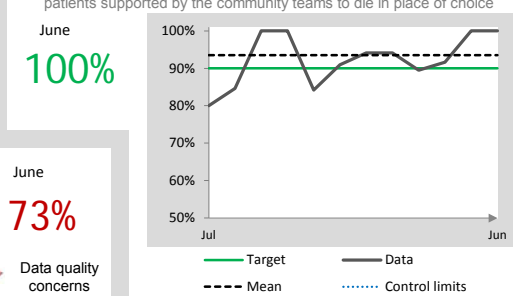
In Control	On target	Action	Process changes in December 2017 have had a significant impact on the number of days lost to delays each month. Care package delays continue to be the biggest cause of lost days each month.
✗	✓	● Action needed	

Community teams 90 day reablement



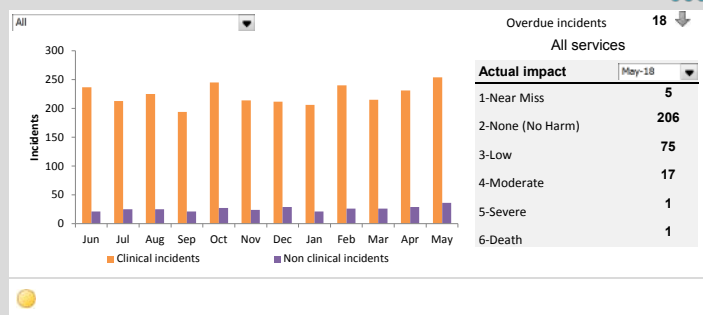
In Control	On target	Action	Significant data quality concerns affecting both cohort and performance. Action: System project underway to address cohort concerns and to allow transparent performance review.
✗	✗	● Action needed	

End of life support

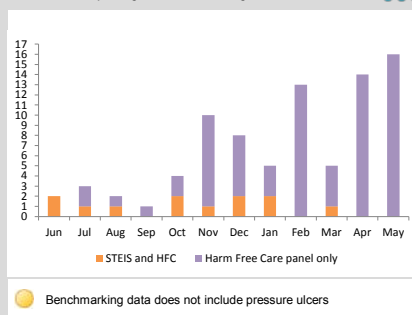


In control	On target	Action	Excellent performance continues.
✗	✓	● Action needed	

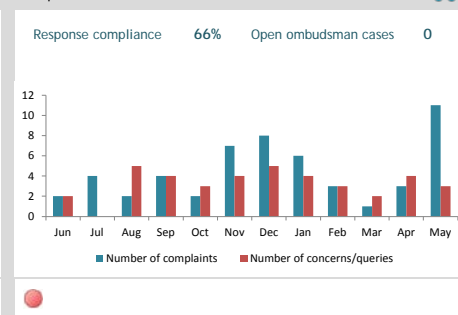
Incidents



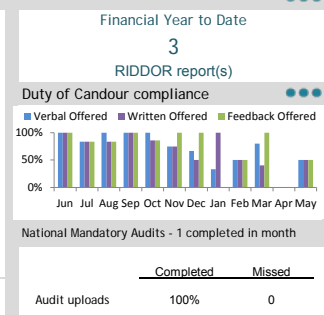
Incidents Requiring Further Investigation



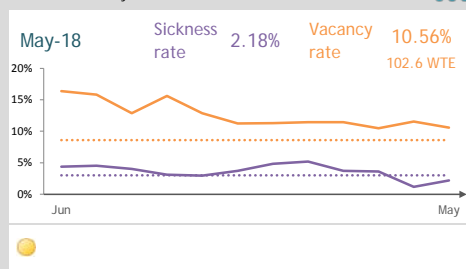
Complaints/Concerns



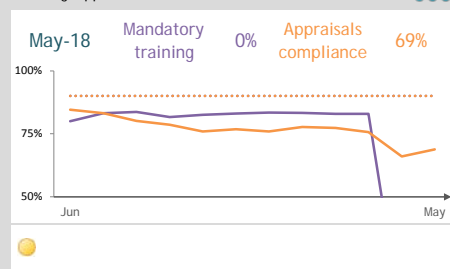
RIDDOR



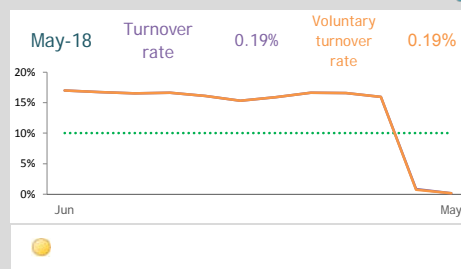
Sickness/Vacancy



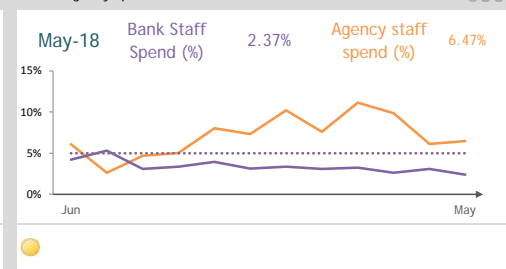
Training/Appraisals



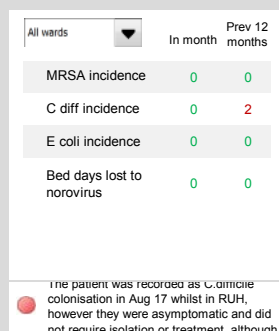
Turnover



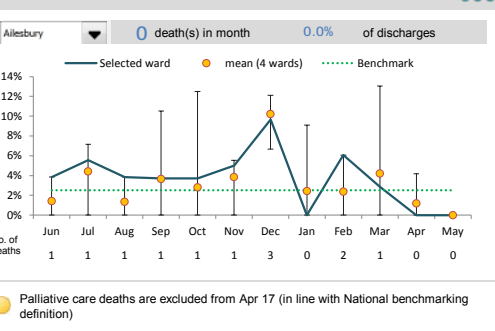
Bank/Agency spend %



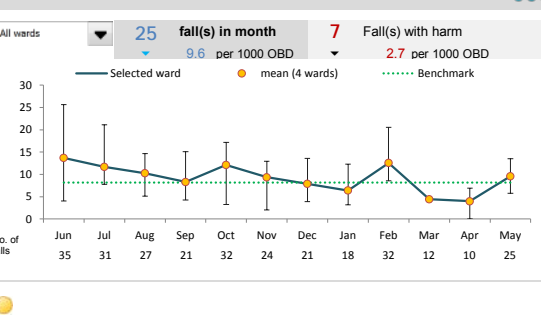
Infection Prevention & Control



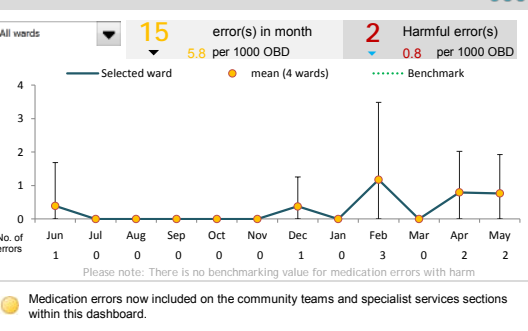
Deaths



Falls



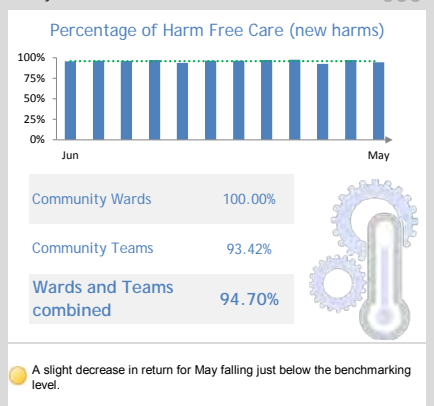
Medication errors



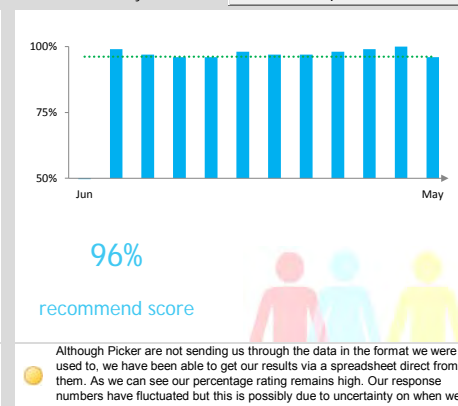
Available Pressure Ulcers



Safety Thermometer



Friends and Family Test



Inpatient assessments

