

Report to:	Trust Board (Public)	Agenda item:	14
Date of Meeting:	4 April 2019		

Report Title:	Integrated Performance Report, February 2019 (Month 11)			
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 within the Integrated Performance Report for February 2019 (month 11).
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: performance, quality, workforce and finance reports and seeks to set out the interlinking issues and plans to move forward the challenges faced.

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 checked="" 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 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"/>

Performance Summary Narrative – February Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Local Services (COO)	RTT <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, highest performance since Nov 2015 Plastics achieved 92% at specialty level not achieved since May 2016. Managing waiting list size in line with trajectory. 	<ul style="list-style-type: none"> Particular areas of pressure in: general surgery, orthopedics, oral surgery and urology. Impact of increase of non-elective activity on elective workload 	<ul style="list-style-type: none"> Weekly review of capacity fill is being undertaken for areas with biggest activity shortfall Plans in place to reduce waiting list however they are dependent on impact of non-elective demand Activity query notice has now been closed however activity has increased in Q4

Local Services (COO)

Diagnostics

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • The Trust was able to predict in advance the challenges to deliver the diagnostic standard and measures were put in place to mitigate the risk. • JAG accreditation continues to be a concern owing to the existing surveillance backlog. • Insourcing was secured to undertake procedures in Endoscopy. • Clinical teams work has been clinically prioritised | <ul style="list-style-type: none"> • There are continued workforce challenges in Radiology resulting in the clinical prioritisation of resources. These have been compounded by the unexpected failure of both CT scanners during the end of January / beginning of February. • Issues with the Gastroenterology team are having a significant impact on the Endoscopy waiting times. This has been mitigated by the successful introduction of a locum doing solely endoscopy work • A tender has now been awarded for a Gastroenterology service wef. 01.04.19. • Financial challenges face the Trust as a result of an ongoing reliance on additional capacity for Endoscopy and BSCP. | <ul style="list-style-type: none"> • Radiology workforce review is in draft, the costed and phased recommendations will be presented to the Executive Performance meeting in April 2019. • Demand and capacity modelling has been refreshed in Endoscopy to identify the shortfall. A recovery plan was submitted to the Trust Board who supported the need for insourcing during February to meet the Cancer targets • Both are being addressed with a task & finish group supported by the COO • Additional Endoscopy capacity has been approved. |
|---|---|---|

	Positives	Challenges	Plans / Forecasts
Local Services (COO)	ED <ul style="list-style-type: none"> ED 4 hour performance below trajectory for M11 (89.37% vs 91%) ED Navigators in post 7 days per week to ensure safety of waiting room and navigation of patients to correct service Successful recruitment of paramedics on 1 year fixed term to replace agency paramedics. Change in clinical leadership has had a positive impact on morale within the department Clarendon ward remains closed Urgent Care Senior Leads Team (SLT) meeting set up by Medicine Directorate 2 wte Consultants to join (one in M11 and one in M12). Fully staffed 2 wte consultants both started in post. Recruitment of experienced substantive middle grade doctor commenced in post M11 Reduction in substantive nursing vacancies in M11 	<ul style="list-style-type: none"> Continued increases in ED attendance numbers as compared to 17/18 Regular above average ED attendances – M10 – 17% M11 – 12% Consultant morale challenging due to ongoing issue with Trust Board re. job plans/rota etc Continued gaps in nursing and medical rotas resulting in poor skill mix and junior medical workforce. 1.6 wte consultants will be leaving over next 6 months. Consultant annual leave in M11 has reduced amount of clinical leadership available. 	<ul style="list-style-type: none"> Winter resilience plans in place to support increased demand, patient flow and bolster workforce (until end of March 2019) Review ambulatory pathways to increase access to outpatient ambulatory services (away from the inpatient areas) (Feb 2019) Project plan for SAFER re-launch agreed and to be embedded from M10 (from Jan 2019) Continue with recruitment of nurses to reduce vacancies Supervision and training of junior workforce Urgent Care SLT to continue bi-monthly (second meeting planned Jan 2019). Improve cross working between ED and Acute Medical Unit Consultant job planning and workforce review at final stages.

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Local Services (COO)	Cancer <ul style="list-style-type: none"> Although not finalised Month 11 is showing achievement of all standards except 62 day and Breast symptomatic Number of 104 day long waiters reducing 	<ul style="list-style-type: none"> Endoscopy capacity to support Lower GI pathways in particular Clinical Oncology provision for Breast Services Inequalities in MDT and time constraints for volume of patients to discuss. Maintaining compliant 62 day performance following recent improvements to return to +85%. Increasing waits to treatment at tertiary centers 	<ul style="list-style-type: none"> Locum Consultant recruited in Gastroenterology to support Endoscopy (Jan 2019) Appointment of ID Medical for Gastro service provision from Q4 Continue conversation with UHS re clinical oncology provision (March 2019) Cancer Lead to review all MDT meetings to ensure efficiency. (to be completed by April 2019) Maintain efficient tracking of patients on open pathways to ensure breach numbers remain low. (ongoing) React to diagnostic delays quickly through patient tracking list meetings to expedite and reduce wait time. (ongoing) Readiness for 28 FDS standard and implementing process to support this for SFT patients. Twice weekly PTL meeting to mitigate issues.

	Positives	Challenges	Plans / Forecasts
Specialist Services (COO)	MSK <ul style="list-style-type: none"> Spinal Injuries 'step down pilot underway' NHS E approved funding to extend to 31.03.19 Zero spinal patients overdue an outpatient follow up appointment. 	<ul style="list-style-type: none"> Increased waiting times for spinal rehabilitation Some progress in Spinal urology surgery waits however still a challenge Concern over VUD pathway. Short term and long term solution in place. Backlog of 51 patients will be reviewed by end of November 2018. 	<ul style="list-style-type: none"> Business case for step down service for Spinal pathway redesign to Trust Management Committee (Feb 2019) – delay to March as Tender delayed – DMT 25.03.19 and then to TIG in April. VUD - Short term mitigation in place and being addressed in wider Urology capacity and demand intensive support work. VUD practitioner interview 22.03.19. Tender regarding step-down beds for Spinal Centre. Tender launched 1st Feb 2019 and awarded early April 2019 – see above.
	<ul style="list-style-type: none"> Wessex Rehabilitation pathway pilot for upper limb commenced in Q2 , to improve access and outcome for Major Trauma & plastics surgery patients Review of Cleft service management in conjunction with Oxford to improve efficiency and reduce cost (complete) Plastics network chaired by SFT COO well established. 	<ul style="list-style-type: none"> Continue to monitor the impact of the ward reconfiguration on plastics 	<ul style="list-style-type: none"> Business case for commissioner investment in Wessex Rehabilitation being written . Draft Delayed to end of February 19. Plans in place for regular meeting at COO/MD level between SFT and UHS to discuss pathways spanning both organisations Focused validation on the waiting list for plastic surgery to clean the waiting list, identify patients to be seen and fast track review. Good progress, review April.

Performance Summary Narrative – February Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

	Positives	Challenges	Plans/forecast
Innovation (MD)	<ul style="list-style-type: none"> Continuing excellent R & D performance 80% of open trials recruited to time and target Haem-oncology research test now mainstreamed into clinical practice Consultant paediatrician awarded for outstanding contribution to commercial research 	<ul style="list-style-type: none"> Smaller trials with few suitable participants 	<ul style="list-style-type: none"> Research fellows funded for a further year
Care (MD/DoN)	<ul style="list-style-type: none"> Mortality rate remains as expected SHMI has decreased to 100 and is as expected Continued good performance on infection prevention and control. Ribotyping from C-dif cases in January show no link Injurious falls decreased in month 	<ul style="list-style-type: none"> Rise in weekend HSMR has been investigated Staffing remains challenging in a number of areas, with key hotspots MSK and ED. Although turnover is showing a decrease across the RN group and overseas pipeline is reducing vacancies across the Trust as a whole 	<ul style="list-style-type: none"> CQC mortality outlier alert for COPD/bronchiectasis has been investigated NHSI Retention workstream for registered nurses continues

Care (MD/DoN)	Positives	Challenges	Plans/forecast
	<ul style="list-style-type: none"> TIA performance 100% SSNAP score B achieved Final CQC inspection report published on 1 March with overall Good for the Trust and Outstanding for Critical Care Services 	<ul style="list-style-type: none"> Only 54% stroke patients reach the unit in 4 hours Remain challenged on mixed sex accommodation – exclusively when ambulatory area of AMU is used overnight 	<ul style="list-style-type: none"> Direct to CT for stroke will start in April Links to patient flow PMB work. Winter ward opened Feb 2019, up to 16 beds. Patient flow workstreams continue with renewed focus on SAFER and action focussed daily whiteboard rounds. Weekly multi agency expert panel reviewing all stranded/superstranded patients continues. Revised national guidance on MSA expected and the Trust is refocusing and identifying how this will affect us.
	<ul style="list-style-type: none"> Winter ward (Laverstock) continued – due to close end of March with good patient and staff feedback and reduction in medical outliers 		

Performance Summary Narrative – February Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

People (DoOD & P)	Positives Recruitment:	Challenges Recruitment:	Plans/forecast Recruitment:
	<ul style="list-style-type: none"> 9 overseas nurses passed OSCE during February 2019. Vacancy rate for registered nurses (improving) currently at 86.19 (due to reduction of leavers, OSCE conversion along with 3.46 wte domestic recruits commencing). Improving conversion rate for overseas nurses. Revised SLA's added to Trac. 	<ul style="list-style-type: none"> Lack of available domestic registered nurses Managing fluctuating numbers of overseas nurses due to arrive. Overall capacity in the Recruitment Team due to 1 member of staff leaving in September. Lack of availability of Ward Managers to interview via skype for RN's. 	<ul style="list-style-type: none"> Revised NA Assessment Centre recruiting process to be implemented for April. First events 10 and 24 April. RN recruitment event to be held on 30 March 2019.
	Agency Spend: <ul style="list-style-type: none"> Locums Nest fill rate for February 78%. Yeovil and Poole have joined the Locums Nest Collaborative. Usage on Thornbury reduced 	Agency Spend: <ul style="list-style-type: none"> Centralisation of all staff banks within the Trust. HMRC challenging DE model 	Agency Spend: <ul style="list-style-type: none"> Agency spend tracked in month and year to date control total We are meeting with Locums Nest staff in the near future to look to register our senior doctors/consultants with the system

during the month of February (5 out of 12 shifts filled).

- Transitioning Nurse Bank into OD & People.

Sickness:

- Long term sickness has decreased this month.
- Overall sickness rate reduced to 3.73%

Sickness:

- Short term sickness increased in month slightly
- Stress a major element of absence case mix

Sickness:

- Support continuing on key long term cases to ensure resolution
- Investment cases to Trust for HAWB April 2019

Engagement:

- Senior Leadership Forum second meeting due in early April
- Staff engagement group uptake improved

Engagement:

- Maintaining improvement in Staff Engagement Group numbers and commitment to time for meetings and consequent work

Engagement:

- We have been offered and accepted consultancy support from HEE to undertake an Organisational Development diagnostic, leading to a plan for culture change at Salisbury Hospital.
- Staff Survey results in development plan

Other:

- MaST (Mandatory and Statutory Training) compliance continues to improve at 92.03%
- Medical appraisal improved and now complaint at slightly down at 91.46%

Other:

- Non-medical appraisal non complaint at remains compliant at 84.90%

Other:

- Non-medical appraisal improvement plan managed through executive performance review – expected compliance in April
- Developing capacity and capability for workforce planning

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Resources (DoF)	<ul style="list-style-type: none"> The February position was better than forecast and now shows an improved trajectory for year end. The Trust has now agreed forecast outturn positions with all commissioners which has reduced the risk to the year-end position. The Trust is now forecasting to achieve the control total for the year, through securing year end contract agreements with commissioners and therefore is eligible for the PSF funding related to quarter 3 and 4 (not the element related to ED performance due to being below trajectory). 	<ul style="list-style-type: none"> The outturn for 2018/19 relies on non-recurrent actions; therefore the underlying financial position is more challenging. The financial position of the health economy remains a challenge, any reductions in funding within Wiltshire Council to adult social care could have a material risk to the delivery of the 2019/20 operating plan. The control total for next year relies on the Trust achievement of £10m CIP programme, in the event of non delivery the Trust would need to seek additional borrowing from NHSI/Department of Health. 	<ul style="list-style-type: none"> Trust submitted draft operating plan and financial plan to NHSI at the beginning of February. Trust is working on the basis of agreeing to the control total offered for 2019/20. Further work is required in time for the final submission in April once feedback from NHSI is received.

Report to:	Trust Board (Public)	Agenda item:	15a
Date of Meeting:	04 April 2019		

Report Title:	M11 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: Patient Flow Appendix 2: Trust Board Report			

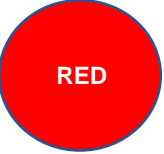


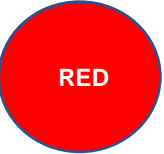
Recommendation:
The Trust Board are asked to note the Trust Performance for Month 11

Executive Summary:
The Trust did not deliver the ED standard reporting 89.4%. The RTT and Diagnostic standards were delivered. Cancer performance for month 11 is provisional.

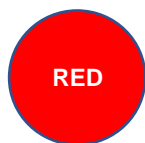
Board Assurance Framework – Strategic Priorities	Select as applicable
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Executive Summary of Key Operational Performance – January 2019

() = national targets

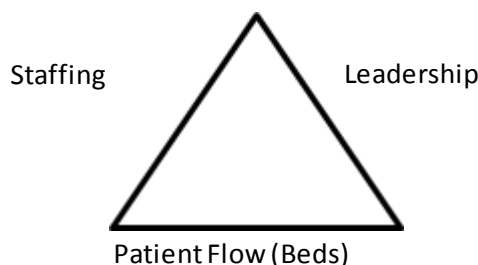
ED Performance (95%)	<u>In month (11):</u> 89.4% <u>Year to date:</u> 91%	
RTT Performance (92%)	<u>In month (11):</u> 93.41% <u>Year to date:</u> 92.55%	
Diagnostics (99%)	<u>In month (11):</u> 99.44% <u>Year to date:</u> 98.98%	
Cancer 2ww 93% 31 day 96% 62 day 85%	<u>In month (11):</u> . 2 ww = 94.4% 31 day = 95.1% 62 day = 79.1% Cancer performance is currently provisional	

Key to the delivery of operational standards, financial performance and a quality service is patient flow. A more detailed analysis is provided in Appendix 1

Emergency Pathway Performance

Since June 2018 we have experienced challenge in managing our emergency pathways and performance has been below 95%. ED went in intensive support in October, stepping back from this in January after performance improved. However following deterioration in performance this is currently being reviewed. Following a review of our flow and discharge pathways the patient flow program and wider system improvement plans have been updated. We are sighted on national discussions about changes to emergency pathways standards – timely assessment, treatment and onward flow will remain essential to the delivery of any new standards. The committee will be kept updated with any changes.

The Trust failed to deliver the ED standard in Month 11 reporting 89.4%. A more detailed analysis is provided in Appendix 1.

**Staffing**

ED Dr staffing has been challenging through January and February however from March there are no consultant vacancies.

At February 2019 nurse vacancies had reduced to circa 8WTE. Clinical Navigators (3 WTE) have been appointed, start dates to be confirmed. This will reduce the vacancies to circa 5WTE (assuming no other leavers) and cease the agency contract that is in place for the navigator roles.

Leadership

The new leadership team in ED are now established and are focused on improving the service provided. The team are very proud of the CQC report and the improvement that they have demonstrated since the last inspection. Disagreements between consultants and the medical director re job planning have caused issues and the potential impact on performance is logged on the directorate risk register.

Patient Flow

Emergency flow dashboards are now live in ED, AMU and site management. The patient flow workstream is now chaired by the CD for medicine and the COO runs a weekly patient flow delivery group to review weekly action progress.

Table 1: Performance and Activity

Month		1	2	3	4	5	6	7	8	9	10	11
Performance	Type 1 (%)	92.5	90.7	91.3	90.2	95	82.7	81.7	83	90.4	84	84.8
	Type 1 + 2 (%)	93.1	91.3	91.8	90.8	86	83.9	93	84	90.9	95	85.6
	Type 1,2 + 3 (%)	95	93.5	93.9	93.1	89.7	87.9	86.7	87.5	93.3	88.8	89.4
Trajectory	Type 1,2 + 3 (%)	95	93.5	93.9	93.1	89.7	87.9	85.9	88.6	89.1	89	91
Attendances	Plan	3993	4258	4174	4358	4112	4077	4110	3848	3859	3718	3572
	Actual	4197	4640	4559	4832	4244	4338	4427	4205	4218	4331	3987
	Variance (%)	5	9	9	11	3	6	8	9	9	17	12
Average Daily Attendance	Plan	133	137	139	141	133	136	133	128	124	120	128
	Actual	140	150	152	156	137	145	143	140	136	140	142

Table 2: Time to Triage

**Avg Median
Time to Triage
for week by
team**

	All	Major & Resus	Majors	Minors	Resus
03/02/2019	13.7	10.5	12.7	20.1	*
10/02/2019	18.0	12.1	17.1	29.7	*
17/02/2019	13.4	9.9	12.7	20.4	*
24/02/2019	10.0	7.9	11.9	14.4	*
03/03/2019	14.0	8.1	12.3	24.9	*

Table 3: Time to Treatment

**Avg Median
Time to Treat
for week by
team**

	All	Major & Resus	Majors	Minors	Resus
03/02/2019	75.8	72.3	89.0	82.7	*
10/02/2019	89.3	72.6	103.4	122.6	*
17/02/2019	79.8	67.1	96.7	105.1	*
24/02/2019	66.8	63.3	87.7	74.3	*
03/03/2019	64.4	47.6	70.3	95.6	*

* Some data discrepancies have been identified with Resus data and we are working with Informatics and Clinical teams to identify the issues to allow this data to be included going forward.

The trust performance for ambulance handover remains good within the sector and region however below the trusts aspiration to never hold an ambulance

Table 4:

Daily Ambulance Waits February 2019

Total Reported: 44

Total Breaches: 30

Breaches > 1hr: 4

Breaches < 1hr: 26

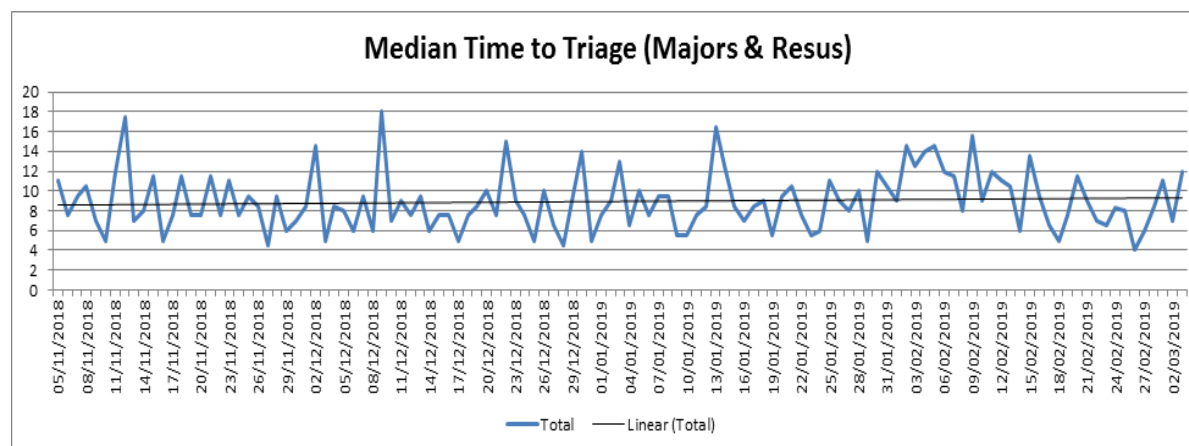
Breaches >15 mins < 30 mins (for info) 133

Total number of patients arriving by Ambulance: 1134

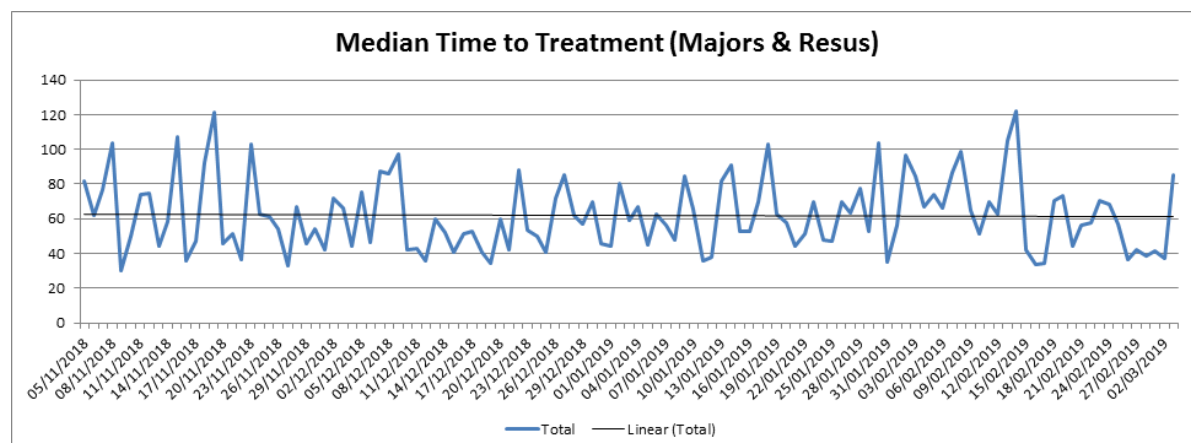
% of patients met the target: 97.35%

The trust has seen less volatility in time to triage and time to assessment in February – accurate reporting and monitoring of these metrics will be a key piece of work in the forthcoming months.

Graph 1

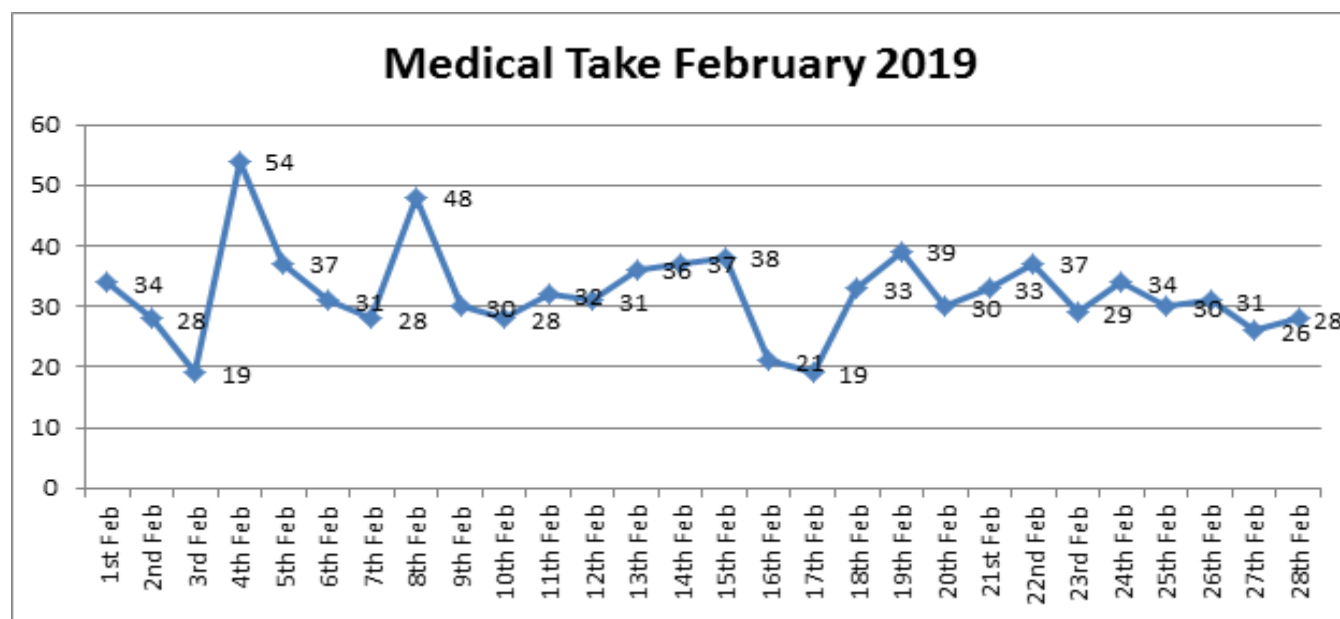


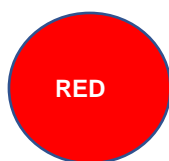
Graph 2



Medical admissions dropped in the second part of February and appear to be stabilising to a new norm around 30 – 35.

Graph 3



CANCER**Table 5: Cancer Performance**

A report to show the monthly and quarterly Cancer Target Performance figures for the current quarter. CUP patients are excluded from this report.

Description	Standard	January			February		
	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	807.0	861.0	93.73	812.0	860.0	94.42
Symptomatic Breast Two Week wait	93	40.0	43.0	93.02	39.0	44.0	88.64
31 Day Standard	96	130.0	132.0	98.48	82.0	86.0	95.35
31 Day Subsequent: Drug	98	13.0	13.0	100.00	10.0	10.0	100.00
31 Day Subsequent: Surgery	94	22.0	22.0	100.00	13.0	13.0	100.00
62 Day Standard	85	76.5	91.0	84.07	38.0	47.5	80.00
62 Day Screening Patients	90	6.0	6.0	100.00	15.0	16.0	93.75

Although not finalised, M11 is showing achievement for all standards except 62 day (80.0%) and Breast symptomatic (88.64%). Histology for potential non breached treatments is awaited which will serve to increase the denominator and improve the position. It is also possible that 2 additional breaches may be incurred once histology is received. The 62 day standard is due to 9.5 breaches across all sites but particularly 3.5 in head and neck, 2.5 in urology and 2 in colorectal. The 2WW standard continues to be achieved despite endoscopy challenges. It is "usual" for the Breast Symptomatic target to reduce in terms of performance achieved, in a month where there is a half-term. This is because patients have reduced availability so more patients choice breaches occur. Achievement of 62 day performance for Q4 is vulnerable.

- Head and neck: capacity issues due to staff shortages (new consultant now started). Late referrals due to complex diagnostics. Pathway review underway in anticipation of 28 day standard.
- Urology: delays at the tertiary centre and late referrals by us. Appointment of CNS as cancer lead (in process) will improve the pathway .
- Colorectal – increased demand due to reduced gastro service. Gastro provider starting on 1st April – should have a positive impact in Q1/Q2.
- New processes to manage tracking of 28 day taster diagnosis is needed to ensure priority of tracking those on a cancer pathway is given. Non cancer patients not yet informed of diagnosis but remaining on tracking is causing the tracking lists to be large.

Referral to Treatment



General Surgery – (Q4 target 85%) Month 11 83.5%%

Review of backlog following hernia work to identify other opportunities for additional capacity.

- Continued long term consultant sickness with no date for return
- Some outsourcing of cases to New Hall as part of CCG arrangement
- Further review of 18 week backlog to understand where pressures in pathway are.

Urology – (Q4 target = 91%) Month 11 90.4%

- Appointment made for permanent 7pa post from May 19, and further full time consultant appointment made with expected start date in Q3 2019/20. Start dates to be agreed and recovery plan with possible locum support is being developed.
- Work continuing to validate waiting list and clear long waiting patients

Trauma & Orthopaedics (T&O) (Q4 target = 90%) Month 11 89.1%

- High levels of Trauma in February
- Flexible Job Planning continues to maximise theatre useage
- 12th Consultant (Trust locum) appointed and some additional Trust locum cover secured for March
- Wiltshire activity passed to Newhall as per CCG request
- Wiltshire activity undertaken and planned for rest of Q4 to improve RTT for Wiltshire
- Improved visibility of waiting lists – realignment of waiting lists to sessions being implemented in Q4 with increased DSU activity
- Additional Limited Liability Partnership lists and additional Sunday list per month to continue for Q4

Oral and Maxillo Facial surgery (OMFS) : (Q4 target = 90%) Month 11 72.1%

- Clinic template work ongoing to improve booking
- Additional lists where possible
- Service review completed – Priority recommendations agreed with service

Dermatology – (Q4 target = 92%) Month 11 86.1%

- Performance challenges due to medical and surgical dermatologist shortages
- Maternity leave from June 2019 - Scoping – high volume locum opportunity for maternity cover – paper submitted to performance review in February
- Additional plastic lists as above

- Continued innovative and creative solution to national shortage of Dermatologists – to maintain – medical and surgical dermatology service
- Designing phase of piloting a new way of seeing rapid referrals to improve capacity management

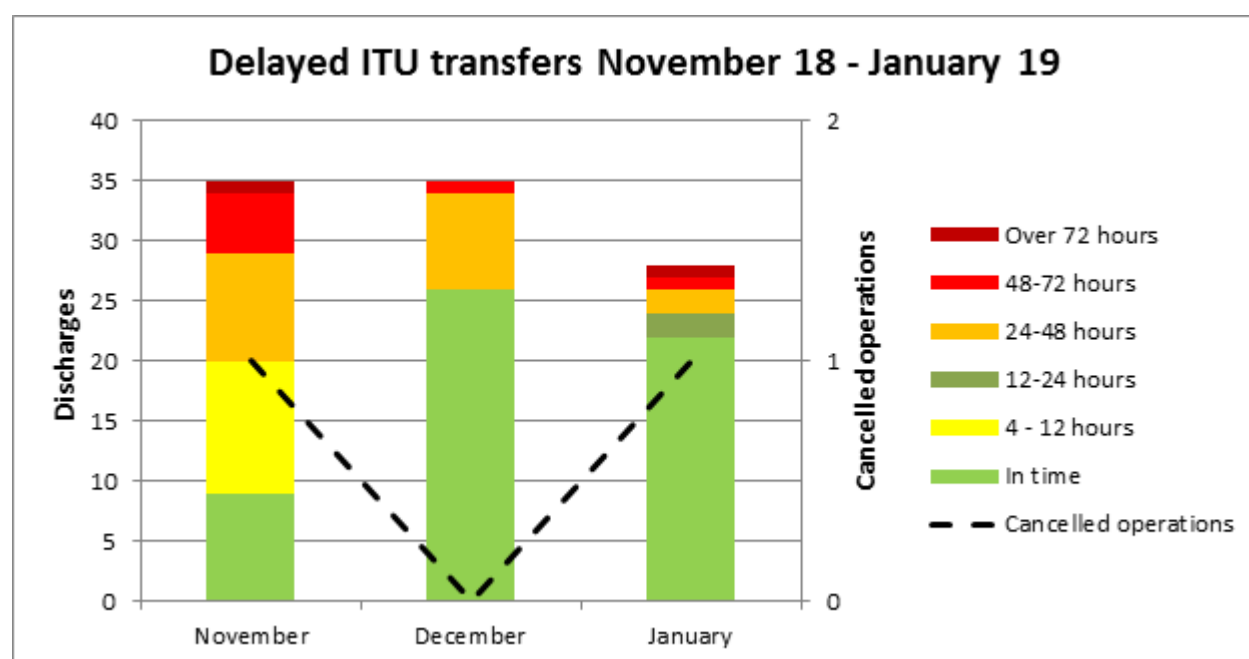
Table 6: Waiting list split by CCG

Total WL	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Dorset CCG (11J)	2,537	2,495	2,564	2,505	2,480	2,460	2,424	2,459	2,537	2,588	2,650	2,762
West Hampshire CCG (11A)	1,582	1,572	1,621	1,626	1,583	1,574	1,565	1,620	1,639	1,666	1,628	1,696
Wiltshire CCG (99N)	10,080	10,361	10,752	10,577	10,481	10,616	10,335	10,343	10,441	10,192	10,384	10,499
Other CCGs	2,839	2,886	3,024	3,138	3,135	3,016	2,989	2,834	2,526	2,411	2,180	2,106
Trust Total	17,038	17,314	17,961	17,846	17,679	17,666	17,313	17,256	17,143	16,857	16,842	17,063

Overall PTL (Patient Waiting List) has increased slightly with the biggest growth being in Ophthalmology in the cohort under 18 weeks which has increased by 245 patients. We are currently analysing referral rates by sub specialty and CCG to understand this growth in more detail.

ICU

Graph 4



----- At the time of this cancellation in January there were no wardable patients in ICU.

Diagnostic (DM01)



Following significant investment, the Trust met the diagnostic standard in February reporting 99.44%

There were 20 breaches in Endoscopy – 4 colonoscopy, 13 gastroscopy, 3 flexible sigmoidoscopy.

Endoscopy

The recovery plan implemented for February, with a heavy reliance on insourcing, has delivered significant improvement. This has been helped by the continuation of the locum endoscopist.

Current wait times are now under 6 weeks.

The previously reported lack of cover from regular Endoscopists combined with the ongoing absence of CNS cover in Colorectal continues. A tender has been awarded to an external supplier for the provision of a more robust Gastroenterology service from April 2019.

Capacity is being outsourced at weekends to mitigate the backlog in BCSP. Further activity will be undertaken to address the surveillance backlog, a requirement for JAG accreditation. This is proving challenging as it has not been possible to secure a 2nd Locum.

Radiology

The MRI waiting list is currently at 411 with the majority of patients waiting less than 5 weeks. The demand remains constant so we are therefore continuing with the use of the mobile scanner for 3/4 days per week on a regular basis.

Whilst this is a significant cost, the demand and complexity of patient cohorts require additional capacity to the standard scanner which could not be met as efficiently with ad hoc arrangements.

Local health care providers have been notified of the available capacity on the MRI van but they have not taken advantage of this opportunity. The COO has highlighted our position to both the CCG and NHSi.

The CT breaches anticipated for February as a consequence of scanner failure have been avoided owing to the additional lists implemented.

CT wait times have remained static during February as additional capacity is continuing in the evenings and at weekends, however staffing is proving to be a challenge and measures continue to be investigated to improve recruitment and retention of staff.

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

Appendix 1 Patient Flow

The four key objectives of the patient flow programme are:

- 1) To increase the number of discharges across all wards by midday from a baseline of 15% to 30%.
- 2) To ensure all patients have an accurate estimated date of discharge (EDD) recorded
- 3) Directorates to ensure a weekly review all patients with a LoS > 7 days who are not medically fit to ensure actions are taken to support prompt discharge.
- 4) Realignment of ED and ambulatory pathways.

The information below outlines the performance against key KPIs aligned to the above priorities and next steps

The trust did not deliver its trajectory of 91% reporting 89.4% however this was against an increase in attendances against plan of 12% (Table 7). There was a slight increase in conversion rates (graph 5) and a 5% increase in admissions against the average in Q1 – Q3 (Table 8)

Table 7 Performance and Activity

Month		1	2	3	4	5	6	7	8	9	10	11
Performance	Type 1 (%)	92.5	90.7	91.3	90.2	95.0	82.7	81.7	83.0	90.4	84.0	84.8
	Type 1 + 2 (%)	93.1	91.3	91.8	90.8	86.0	83.9	93.0	84.0	90.9	95.0	85.6
	Type 1,2 + 3 (%)	95.0	93.5	93.9	93.1	89.7	87.9	86.7	87.5	93.3	88.8	89.4
Trajectory	Type 1,2 + 3 (%)	95.0	93.5	93.9	93.1	89.7	87.9	85.9	88.6	89.1	89.0	91.0
Attendances	Plan	3993	4258	4174	4358	4112	4077	4110	3848	3859	3718	3572
	Actual	4197	4640	4559	4832	4244	4338	4427	4205	4218	4331	3987
	Variance (%)	5	9	9	11	3	6	8	9	9	17	12

Graph 5: ED type 1 attendances and conversion rates

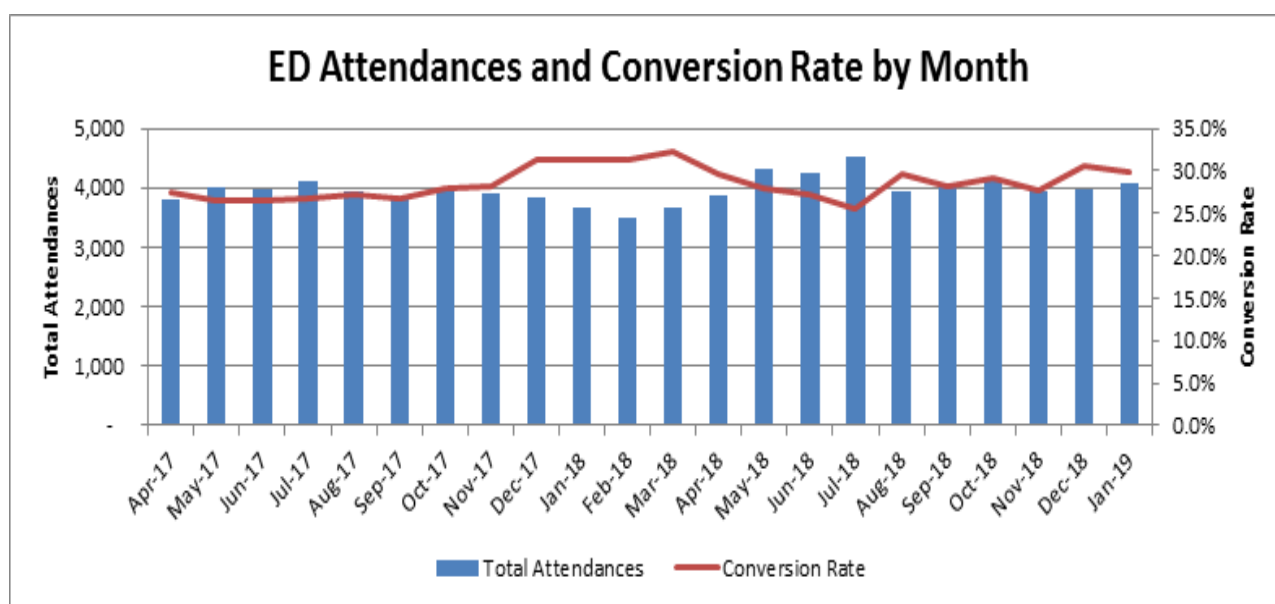
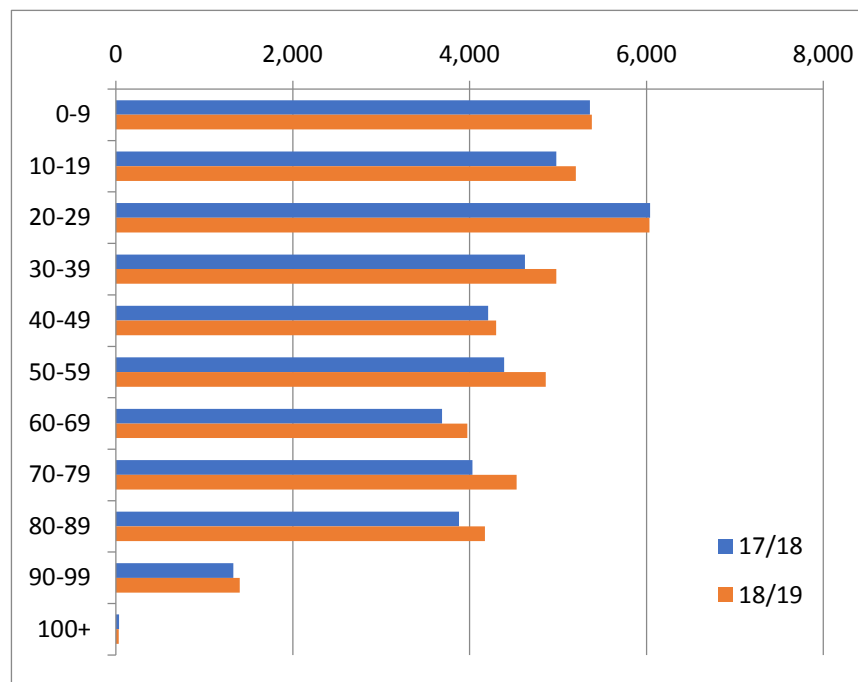


Table 8 - Admissions

Month	Total Emergency Admissions	Total Emergency Admissions / day
Mar-18	1954	63
Apr-18	1878	63
May-18	1889	61
Jun-18	1924	64
Jul-18	1943	63
Aug-18	1952	63
Sep-18	1842	61
Oct-18	2013	65
Nov-18	1876	63
Dec-18	1923	62
Jan-19	2106	68
Feb-19	1822	65

Graph 6 – age profile of admissions

Further analysis is under way to further understand the growth by condition.

Length of Stay

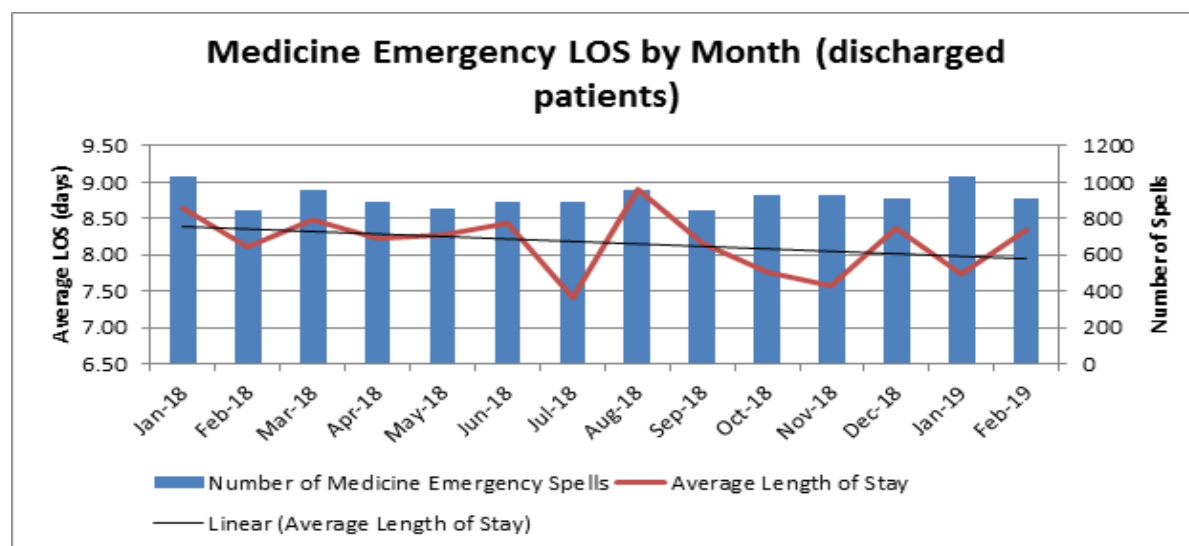
As described in last month's report the trust is moving length of stay reporting to align with model hospital definitions therefore making comparisons with benchmark trusts easier. Patient Flow and length of stay dashboards are now live and being tested. Trust performance compared to benchmark trusts at specialty is proving problematic and the trusts IT team are now in discussion with the Model Hospital team.

Graph 7 shows medicines length of stay based on discharge and shows a 0.5 day improvement in performance, this also needs to be viewed alongside the number of patients with a length of stay < 1day which are not included in the length of stay calculations (Graph 8). This improvement is down to improvements in our ambulatory pathways, rapid assessment and diagnostics. It should also be recognised that all of these patients will be returning to their normal place of home – 0 pathway patients.

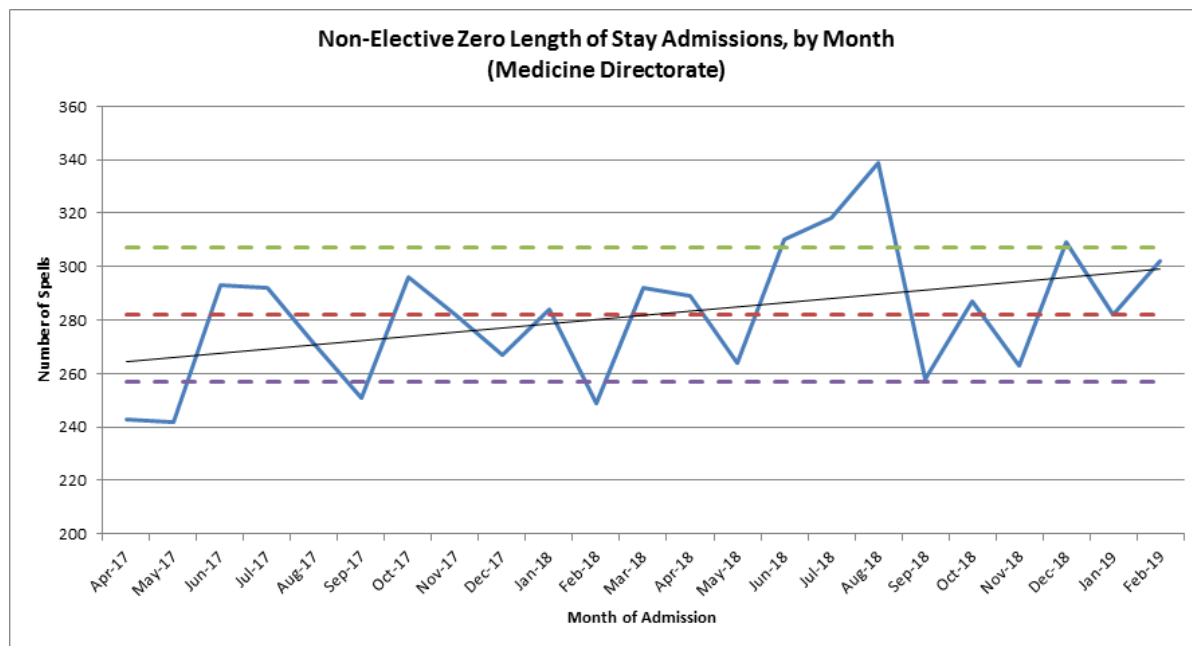
Length of stay will continue to be a key metric to monitor improvement in patient flow.

Reporting of LOS against Model hospital data is still in development and delayed due to challenges in replicating trust performance shown on the Model hospital portal. The trusts informatics team is in discussion with the Model Hospital data team.

Graph 7

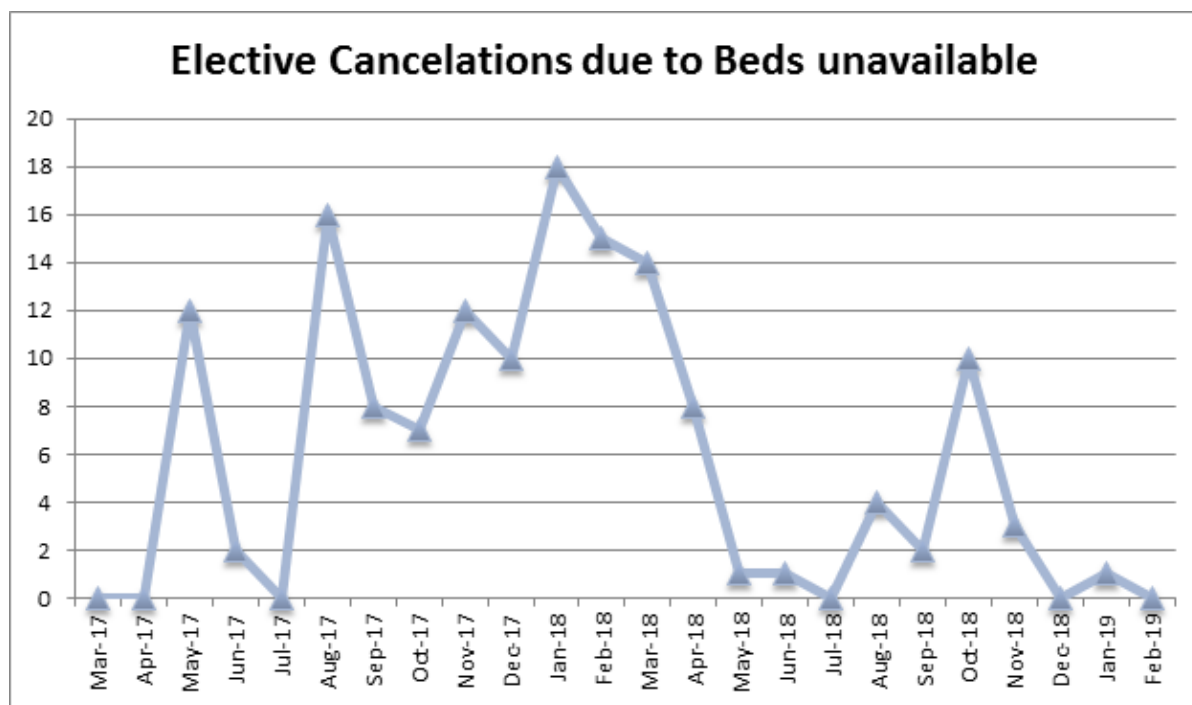


Graph 8



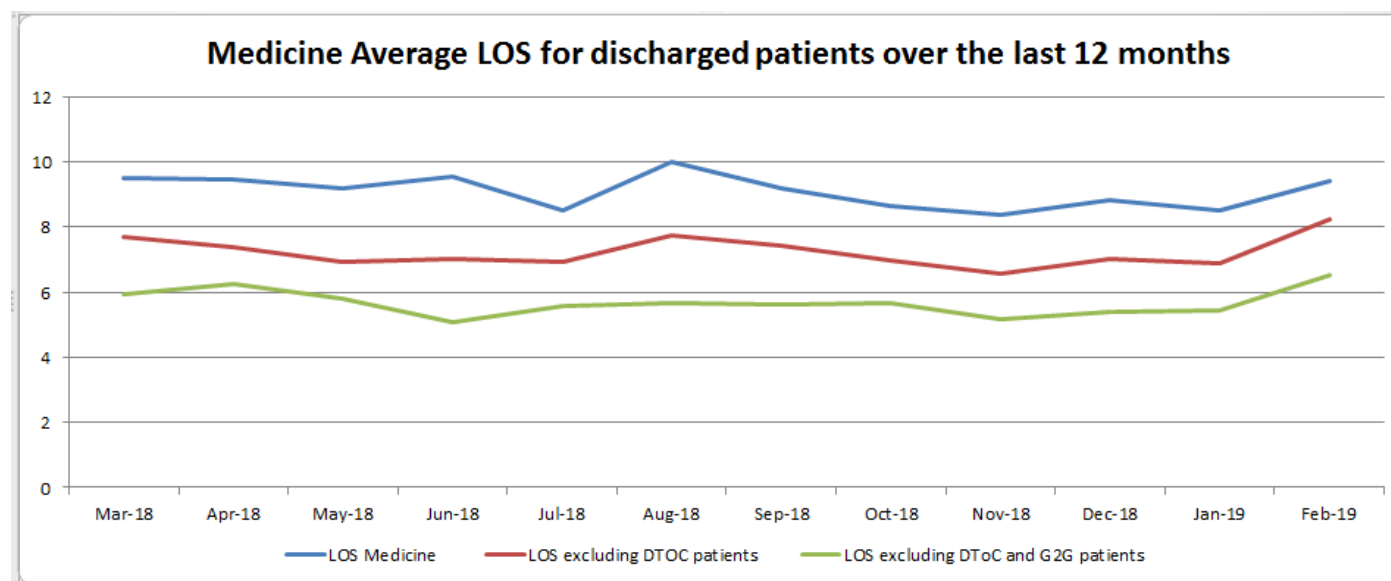
Elective cancellations due to beds continued to be at an all-time low (Graph 9). Three ward moves took place in January between 12:00 – 06:00; this will be audited in March.

Graph 9



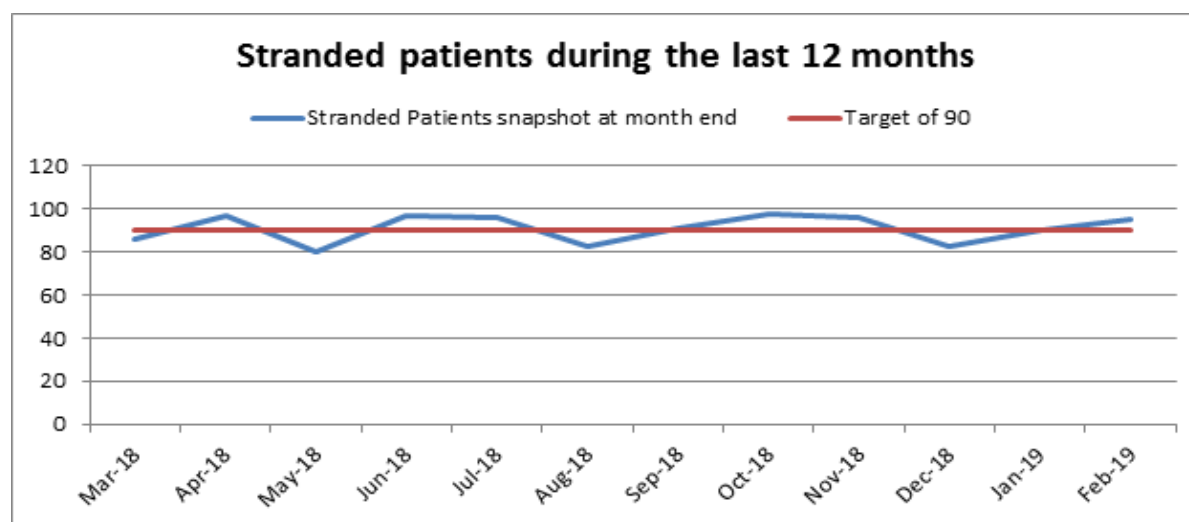
The number of patients whose discharge from hospital continues to be high with the number of patients coded as DTOCs reaching the highest level this year in February (Graph 10). The effect of delayed discharges being above target on length of stay is displayed in Graph 11.

Graph 10

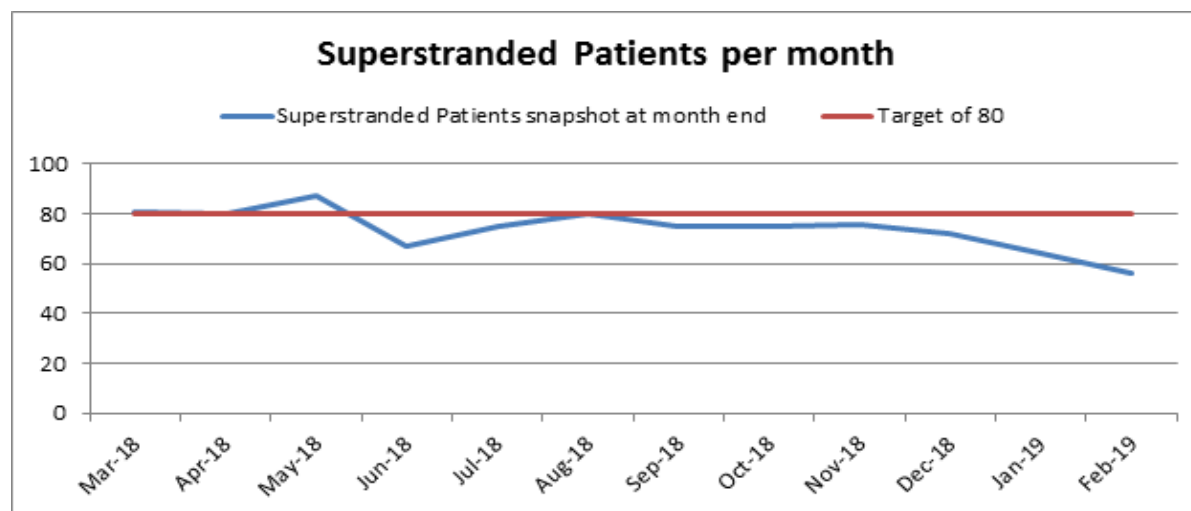
Graph 11

The number of stranded and super stranded patients are shown in Graph 12 and 13. From March all patients with a length of stay > 21 days who are not fit for discharge are reviewed by the Clinical Director for the Directorate and overseen by the COO.

In line with national requirements the target for stranded patients in 2019 will be 53.

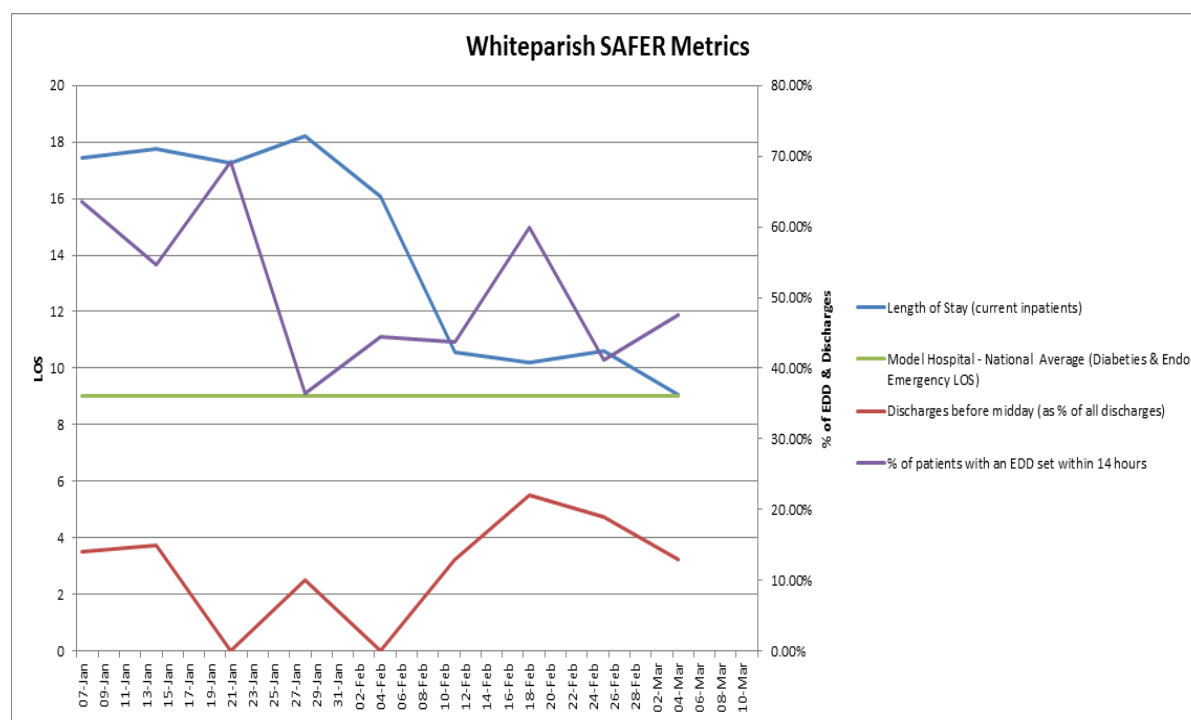
Graph 12

Graph 13



The continued embedding of SAFER in all wards continues to be raised and championed by the Directorate Management Team and Director of Nursing. The programme of work continues to respond to the different needs of the wards and teams, however, in all cases, an increased visibility, focus, challenge and coaching of staff who attend the daily e-whiteboard meetings to improve the patient journey and therefore improve 'flow' in being undertaken. MSK and Surgical wards are now being visited and supported. Improvements to key metrics on Whiteparish ward where SAFER has been implemented are shown in Graph 14. The impact on length of stay for current inpatients has shown a significant reduction, since January 2019, this will be as a result of the SAFER work, the increased availability of Doctors on a daily basis and management of speciality (endocrine) admissions/transfers into that ward.

Graph 14



Next Steps – Patient Flow

This programme of work will now be further supported by external colleagues from ECIST providing a series of 2 hour workshop sessions on the 2 and 3 May 2019 to increase awareness and education for Trust clinicians nursing, HCA, therapy teams.

The Operational delivery group monitors and reviews progress and developments on a weekly basis, with the PMB continuing to review strategic schemes and items raised from the operational group and OETB/other mtgs.

The patient flow project plan contains the Trust ECIST, system wide, MADE event actions/recommendations actions

The bed modelling tool, developed by the CSU with input from SFT and system partners is now available and will be used by the PMB and Directorate Teams to scope/test out new schemes and its impact.

A separate group is now developing patient 'bed-side' literature to educate/raise awareness and empower patients across a number of areas, including 'discharge plans/arrangements'.

The development of a specific discharge planning intranet/internet page is being pursued to provide ward staff with increased visibility and availability of necessary literature/forms/information regarding the discharge process, which is expected to further streamline the discharge processes.

The Older People and frailty group have an established strategic group, a series of smaller task and finish groups have been established to progress key areas of development (training/education, falls and implementation of the (Comprehensive geriatric assessment). The Trust submitted data as part of NHS Benchmarking, mandated by GIRFT and undertook an audit as part of the Wessex AHSN, these findings and the learning from this is being reviewed. Further meetings with local GP's will be arranged throughout March and April to develop/scope out locality based models of care.

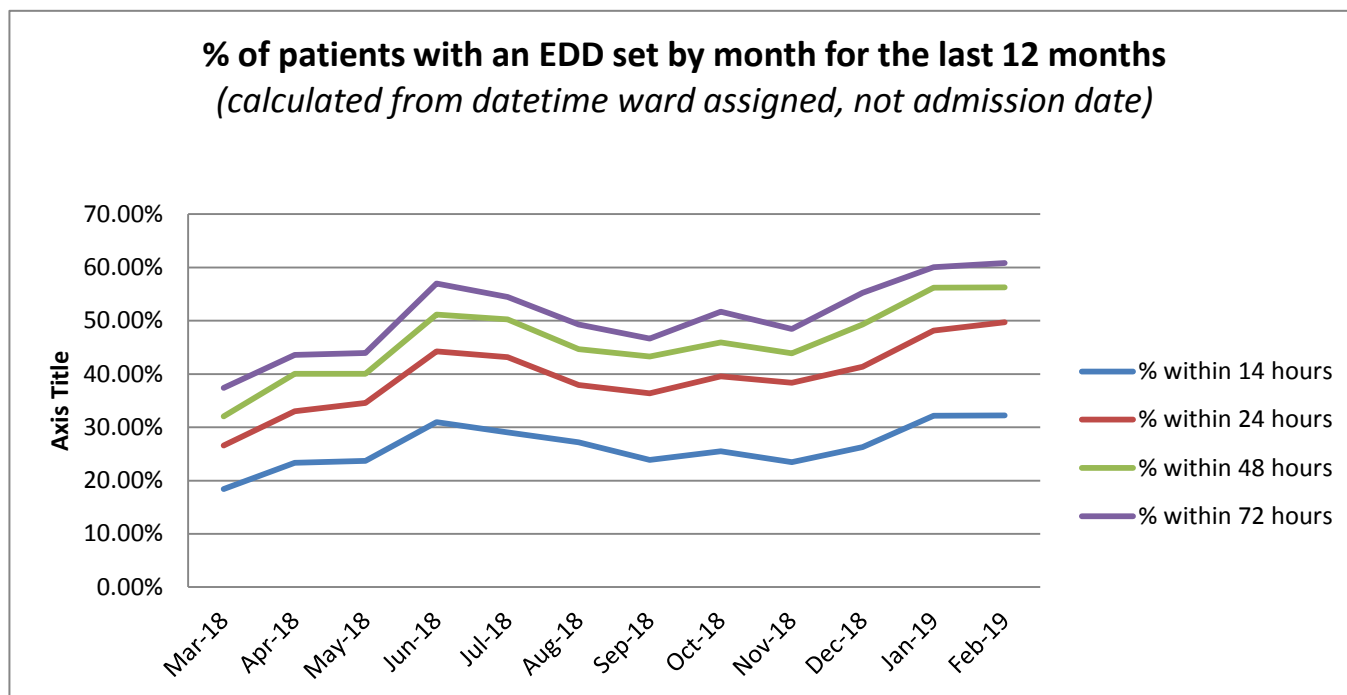
The Length of Stay for medicine continues to be monitored via the Patient Flow PMB. The target for medicine LoS (emergency and non-elective admissions) was set at 6.68 at the beginning of the financial year and the position currently stands at 8.10 with a total number of 10,052 patient spells. Compared to the same position in 17-18, length of stay was reported as 8.83 against 9,636 patient spells (graph 3). The Trust has notably reduced length of stay despite an increased number of patients being admitted.

Data analysis has shown that emergency surgery admissions LoS has reduced from 4.11 in 17/18 to 3.94 in 18/19 and within MSK LoS has slightly increased from 8.13 to 8.70.

As described in last month's report the trust is moving length of stay reporting to align with model hospital definitions therefore making comparisons with benchmark trusts easier. Patient Flow and length of stay dashboards are now live and as a result of the testing and comparison to Model Hospital metrics, further amends are required to align the dashboard to model hospital.

A key area of focus needs to be the setting of EDDs. The table below shows current performance – this data will be monitored daily for the rest of the month and a report is now available by directorate and ward to allow a targeted focus.

Graph 15



Next Steps - ED

Meeting with COO, CD and Clinical Lead to discuss next steps and action to address number of 1st Dr Breaches.

Review of process to record time to assessment and time to treatment to ensure accurate and timely recording.

Review of rotas and reasons for gaps

Re-launch of operational standards with Junior Drs

Next steps – System wide

DTOC trajectory required

Actions to deliver attendance reduction / control growth

Roll out of trusted assessor

Roll out of discharge to assess

Clear capacity visibility

Salisbury Hospital NHS Foundation Trust Board Report - February 2019

			Reporting Month		Rolling 12 months
Metric Name	National Ceiling /Standard	Local Trajectory	Feb-19	Patients Affected in Feb-19	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	93.41%	1,125	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		11 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	National Ceiling /Standard	Local Trajectory	Feb-19	Patients Affected in Feb-19	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	89.4%	573	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		99.44%	20	
Diagnostic Test Compliance***	10 out of 10		7 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Delivering same sex accommodation****	0		62		
Infection control – Clostridium difficile (YTD)	YTD: 17		YTD: 4	0	
Infection control - MRSA*	0		0		
Metric Name	National Ceiling /Standard	Local Trajectory	Feb-19	Patients Affected in Feb-19	Trend Against National Standard
All Cancer two week waits	93%		94.4%	48	
Symptomatic Breast Cancer - two week waits	93%		88.6%	5	
31 day wait standard	96%		95.6%	4	
31 day subsequent treatment : Drug	98%		100.0%	0	
31 day subsequent treatment : Surgery	94%		100.0%	0	
62 day wait standard from GP referral	85%		80.00%	9.5	
62 day screening patients	90%		93.8%	1.0	

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

****Please note MSA (Mixed sex accommodation) is now referred to as DSSA (Delivering same sex accommodation) since 01/08/2018

Report to:	Trust Board (Public)	Agenda item:	14b
Date of Meeting:	04 April 2019		

Report Title:	Quality indicator report – February 2019			
Status:	Information	Discussion	Assurance	Approval
			✓	
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 – February 2019			

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

Executive Summary:
<p>Positive indicators – further reduction in SHMI from 105 to 100 within the expected range. 100% high risk TIA performance and an increase in the SNNAP score to B. Successful appeal of a C difficile case for no lapses in care. A reduction in injurious falls in February with a forecast of an overall reduction in falls resulting in harm compared with last year.</p> <p>Of concern – rise in weekend HSMR to higher than expected. We investigated this with the help of the Dr Foster team and reported to the Clinical Governance Committee in January 2019. Time to the stroke unit within 4 hours improved slightly, but remains below target, mainly due to delays in and from ED. The number of non-clinical mixed sex accommodation breaches within ambulatory areas decreased but privacy and dignity maintained and breaches resolved very quickly.</p>

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	<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 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 type="checkbox"/>

1.0 Purpose

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

2.0 Quality indicator report

- 2.1 No cases of Trust apportioned C Difficile in February. As there were no lapses in care, of one Trust apportioned C difficile case in December, we made a successful appeal to Somerset CCG who agreed the case could be removed from the Trust's figures. The Trust's C difficile upper limit for 2019/20 is 9 cases.
- 2.2 One MSSA bacteraemia possibly line related. Investigation ongoing.
- 2.3 No MRSA bacteraemias.
- 2.4 One E Coli bacteraemia - source of infection not identified.
- 2.5 Increase in in-hospital cardiac arrests in January despite the introduction of NEWS2. This will be monitored and investigated if it persists.
- 2.6 Three new serious incident inquiries commissioned in February. YTD 32 cases.
- 2.7 A decrease in crude mortality in February. HSMR is 105.5 to November 18 and is within the expected range. SHMI is 100 to September 18 and when adjusted for palliative care is 94 and both are within the expected range. Weekend HSMR increased to 120 to November 2018 and is higher than expected range. A review of weekend HSMR was presented to the Clinical Governance Committee in January 2019. A CQC mortality outlier alert for deaths from COPD is being investigated and will be reported in the Q4 Learning from Deaths report.
- 2.8 Hip fractures operated on within 36 hours of admission reduced to 80% in February due to awaiting medical review/investigation or stabilisation (3) and theatre space (1).
- 2.9 Grade 2 pressure ulcers sustained at a low level. Share and learn meetings continue.
- 2.10 In February, 1 fall resulting in moderate harm (fractured facial bone).
- 2.11 All stroke patients received a CT scan within 12 hours. Continued to be challenged in getting patients to the stroke unit (54%) within 4 hours, mainly due to delays in first doctor assessment in ED. Continued to exceed the 80% national target of patients spending 90% of their stay on the stroke unit. In Q3, SSNAP score increased to B. In April, a new process to transfer the patient straight from the ambulance to CT will start.
- 2.12 100% of high risk TIA patients seen within 24 hours of referral.
- 2.13 Escalation beds remained open in February. Laverstock ward was opened as an escalation ward until the 31 March 2019. Ambulatory areas continued to be used overnight. Multiple ward moves increased in February. Ongoing work with multi-agency partners continues on all aspects of patient flow.
- 2.14 In February, 9 non-clinically justified mixed sex accommodation breaches affecting 62 patients in ambulatory areas occurred, of which 7 were in AMU and 2 in SAU. All were resolved within 12 – 24 hours.
- 2.15 Patients rating the quality of their care sustained at previous year average. The Q2 staff friends and family test improved compared to Q1 of those recommending the Trust as a place to work and receive care or treatment.

3.0 Summary

Positive indicators – further reduction in SHMI from 105 to 100 within the expected range. 100% high risk TIA performance and an increase in the SSNAP score to B. Successful appeal of a C difficile case for no lapses in care. A reduction in injurious falls in February with a forecast of an overall reduction in falls resulting in harm compared with last year.

Of concern – rise in weekend HSMR to higher than expected investigated with the help of the Dr Foster's team and reported to the Clinical Governance Committee in January 2019. Time to the stroke unit within 4 hours improved slightly, but remains below target, mainly due to delays in and from ED. The number of non-clinical mixed sex accommodation breaches within ambulatory areas decreased but privacy and dignity maintained and breaches resolved very quickly.

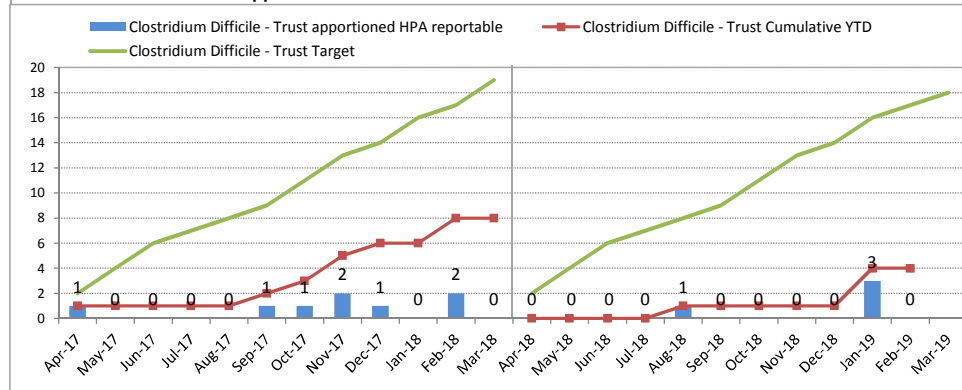
Claire Gorzanski, Head of Clinical Effectiveness, 15 March 2019.

Infection Control	2017-18 YTD	2018-19 YTD
MRSA (Trust Apportioned)	0	3

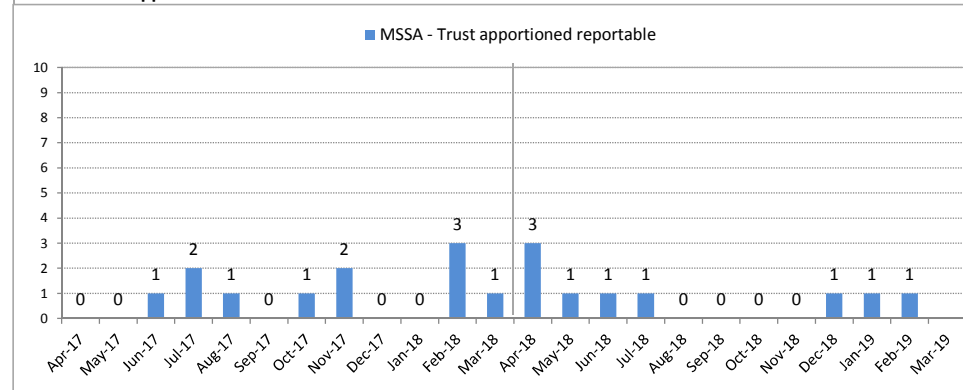
Trust Incidents	2017-18 YTD	2018-19 YTD
Never Events	3	2
Serious Incidents Requiring Investigation	25*	32

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

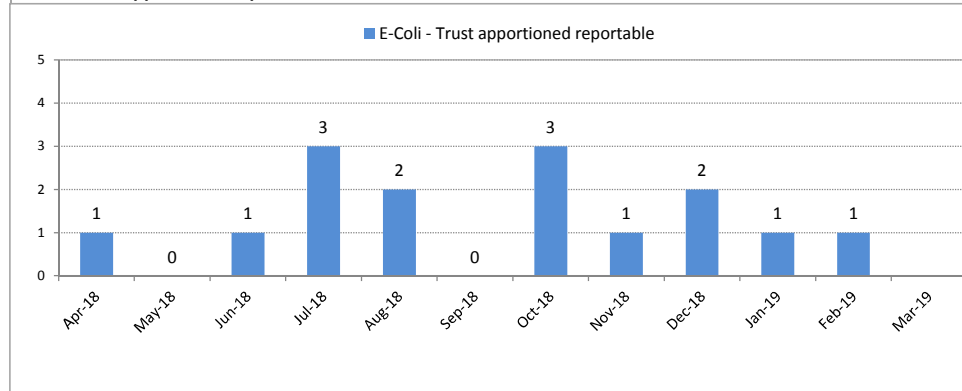
Clostridium Difficile - Trust Apportioned



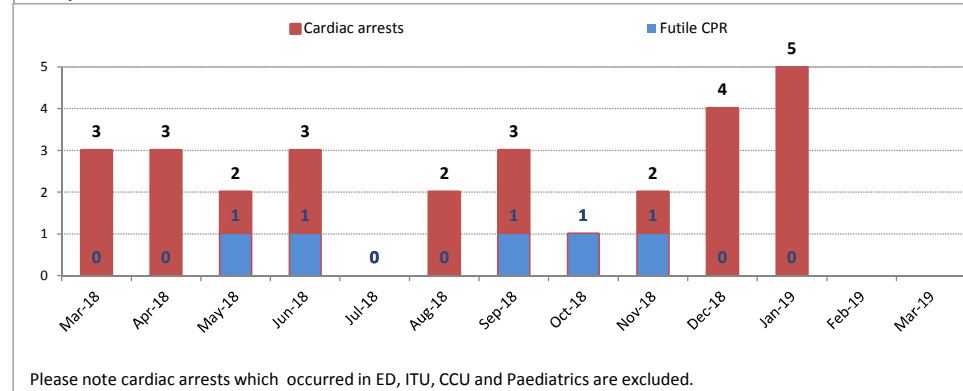
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable

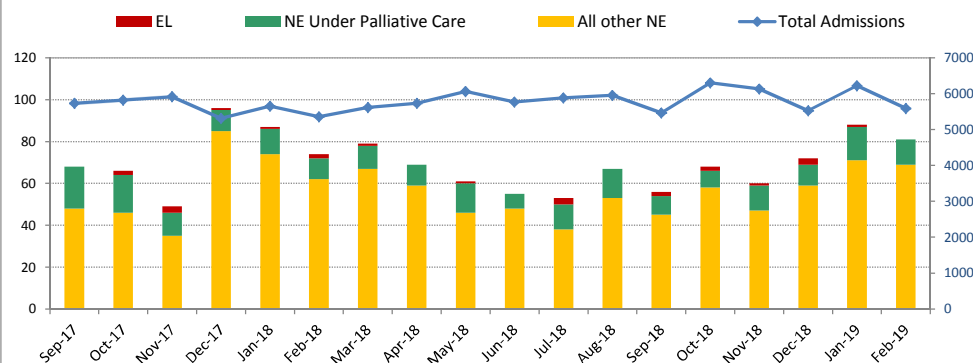


In hospital cardiac arrests and futile CPR

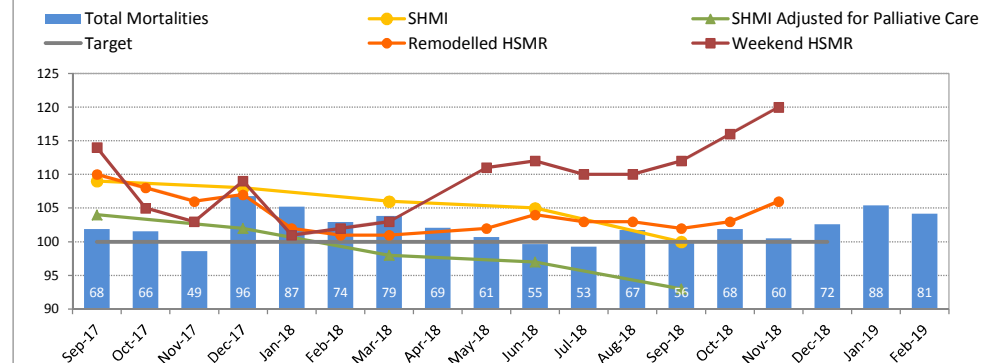


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

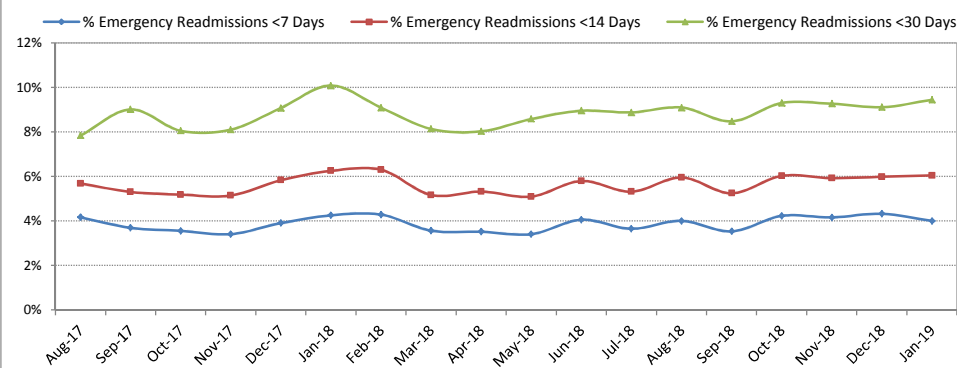
Hospital Mortalities



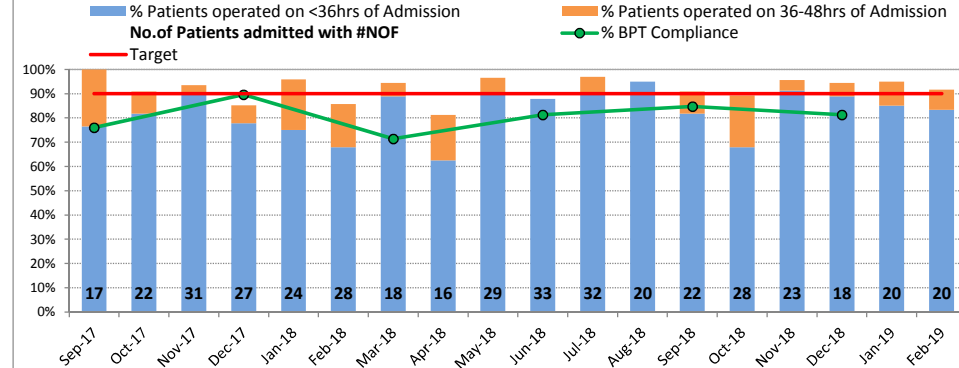
HSMR and SHMI



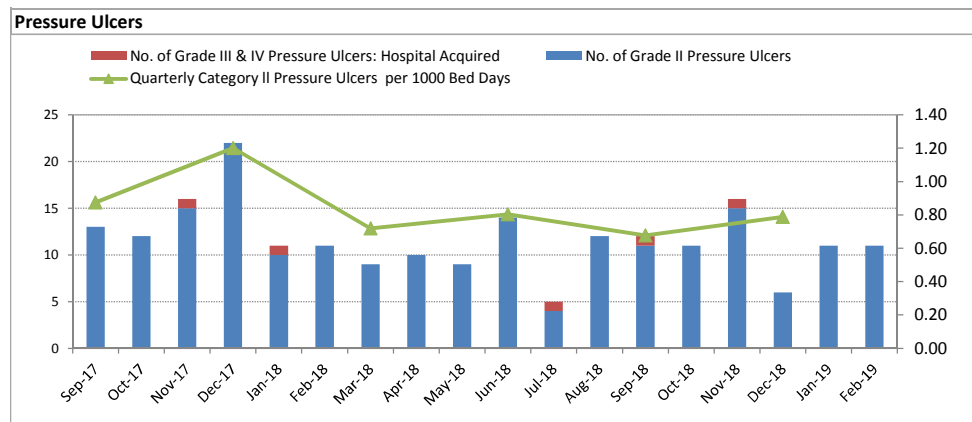
Emergency Readmissions within 7, 14 & 30 days of Discharge



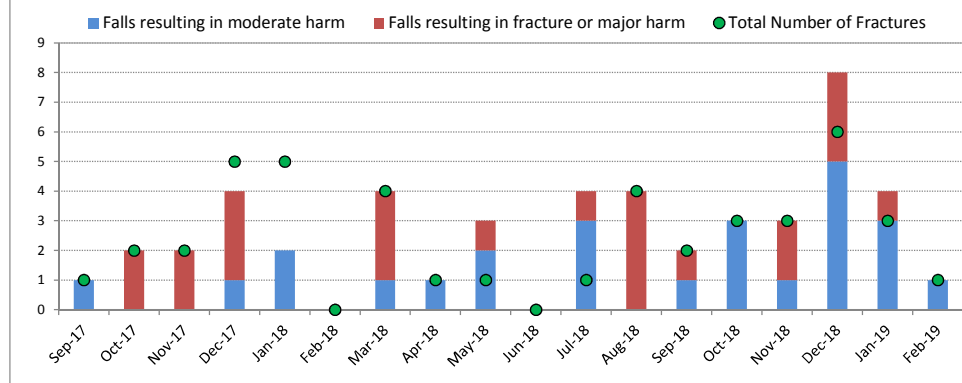
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



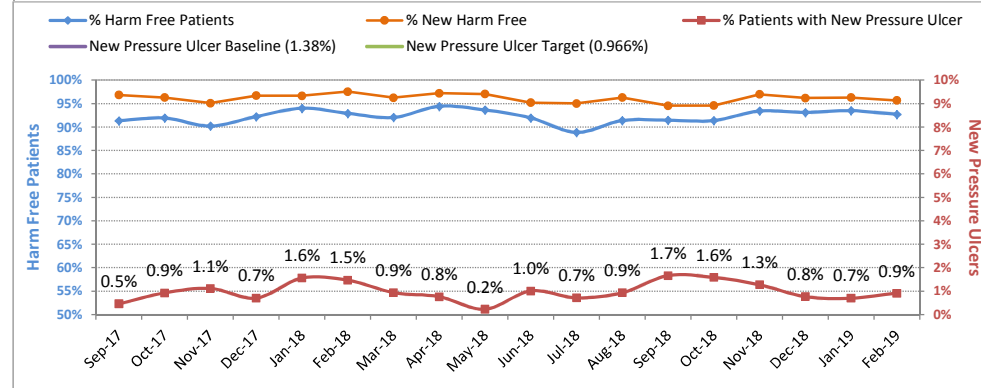
Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.



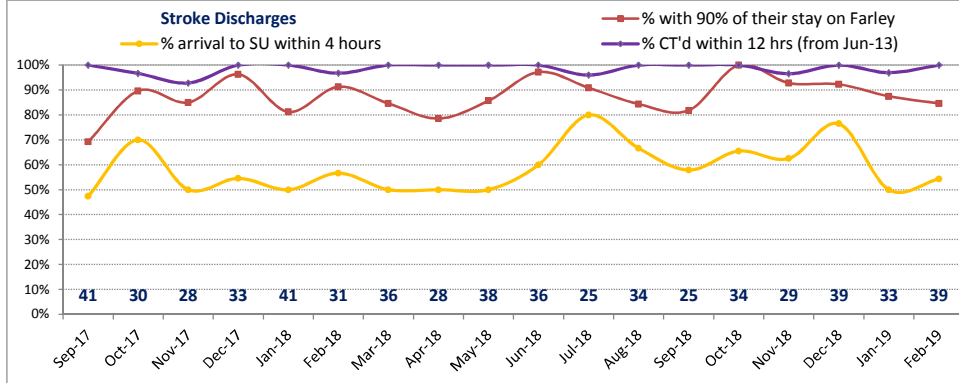
Patient Falls in Hospital



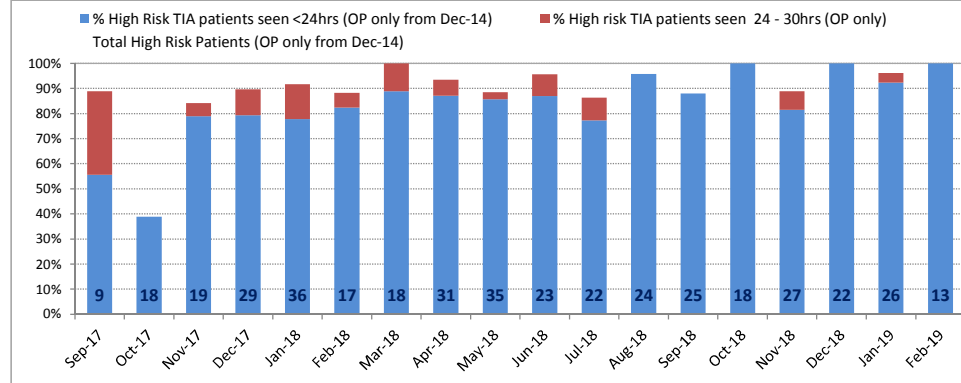
Safety Thermometer - One Day Snapshot per Month



Stroke Care



TIA Referrals



SSNAP Case Ascertainment Audit

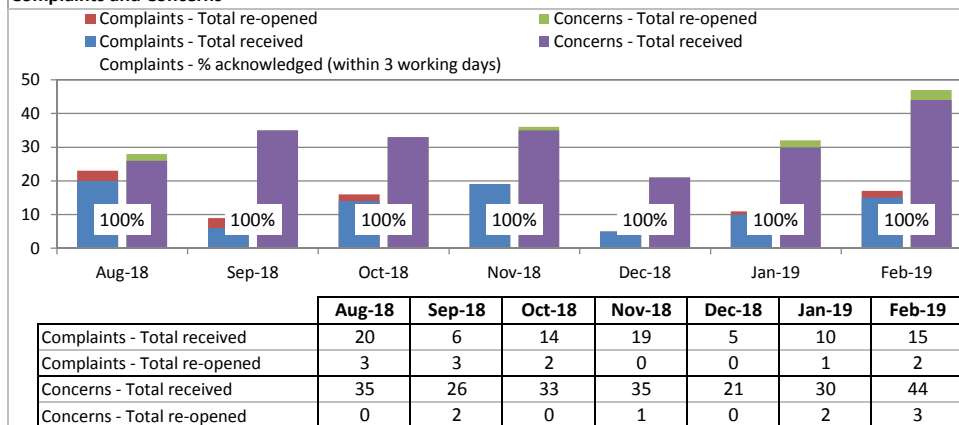
Highest level = Grade A

Lowest level = Grade E

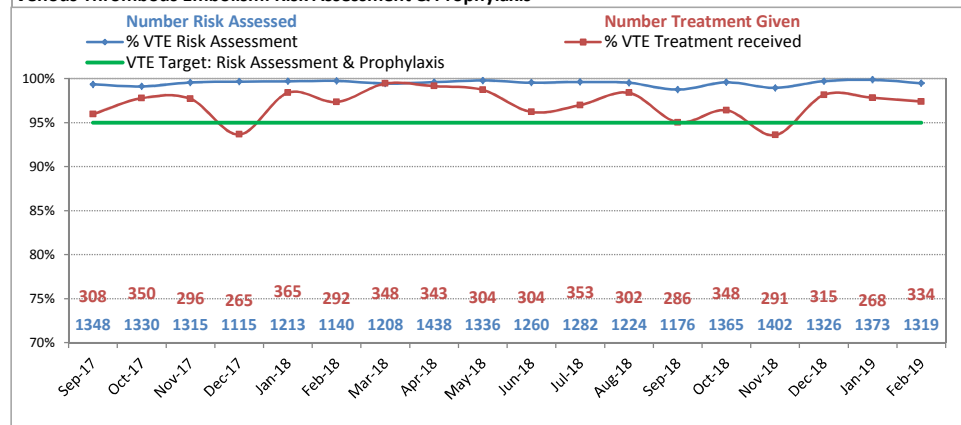
Tri-annually	Apr - Jul	Aug - Nov	Dec - Mar
2016-17	B	B	D
2017-18	C	D	C

Quarterly	Q1	Q2	Q3	Q4
2018-19	B	C	B	

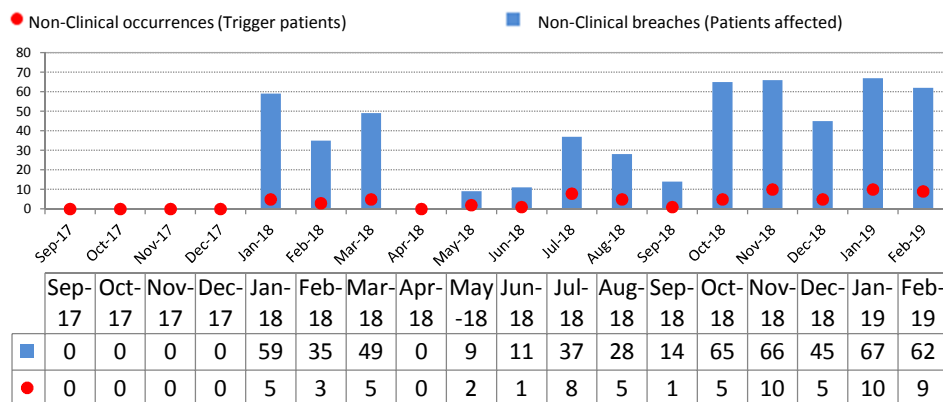
Complaints and Concerns



Venous Thrombous Embolism: Risk Assessment & Prophylaxis

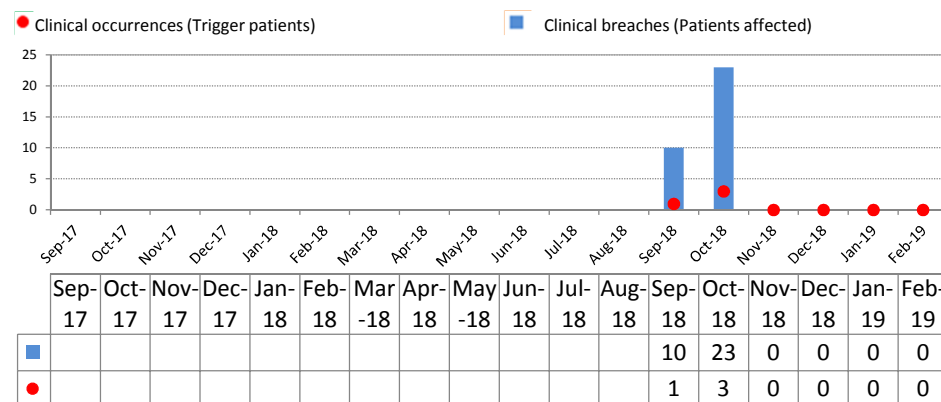


Delivering Same Sex Accommodation - Non-clinical



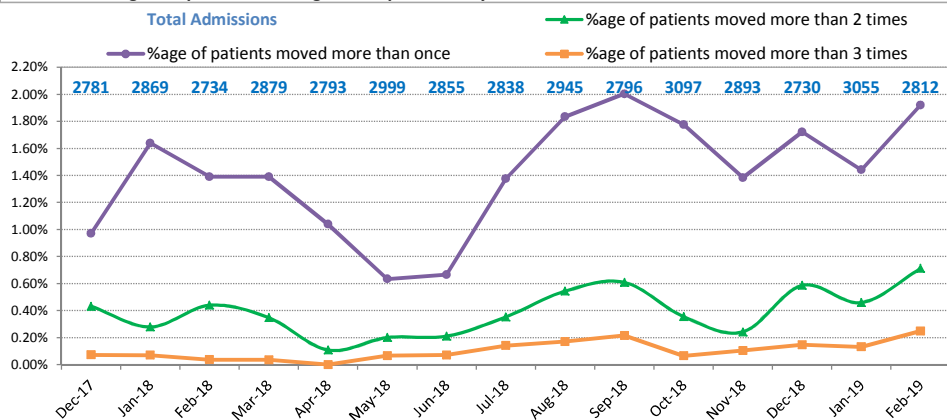
Please note MSA (Mixed sex accommodation) is now referred to as DSSA (Delivering same sex accommodation) since 01/08/2018

Delivering Same Sex Accommodation - Clinical

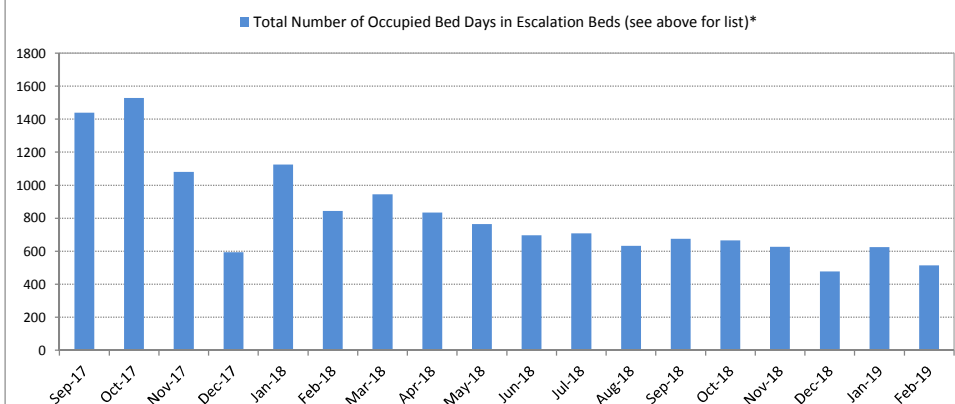


Please note Clinical DSSA figures have been collected since June 2018

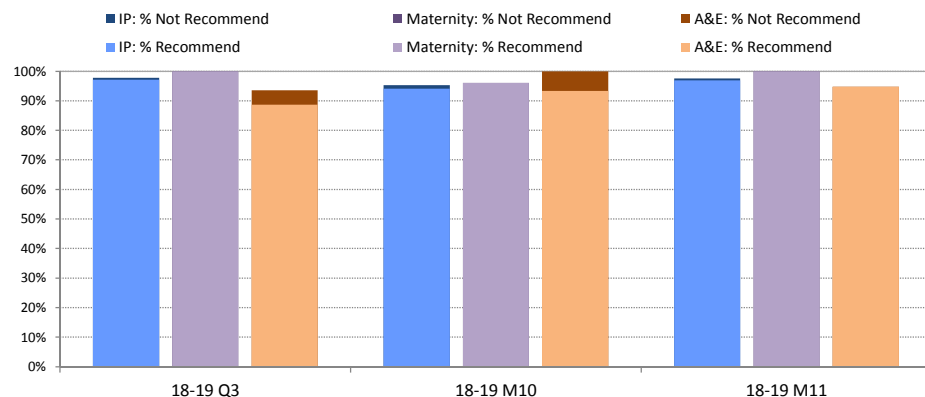
Patients moving multiple times during their Inpatient Stay



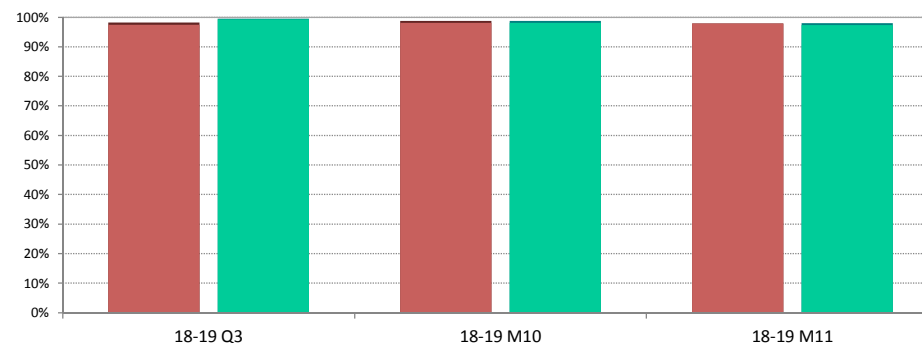
Escalation Bed Days



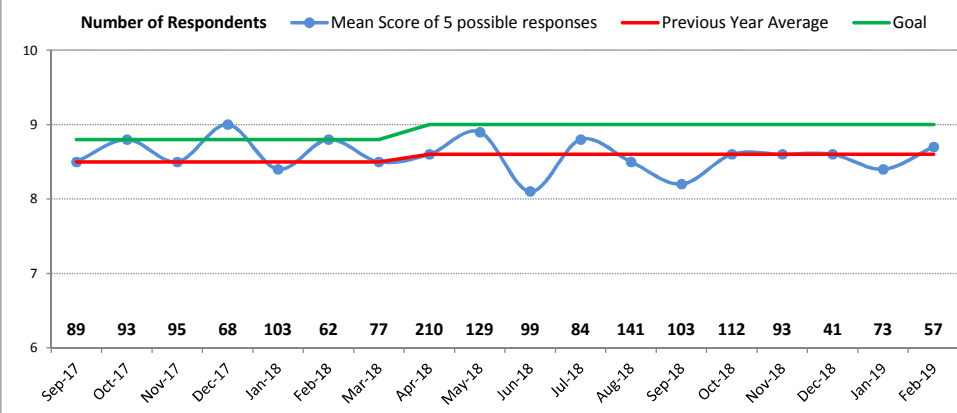
Friends & Family Test: Responses by Area



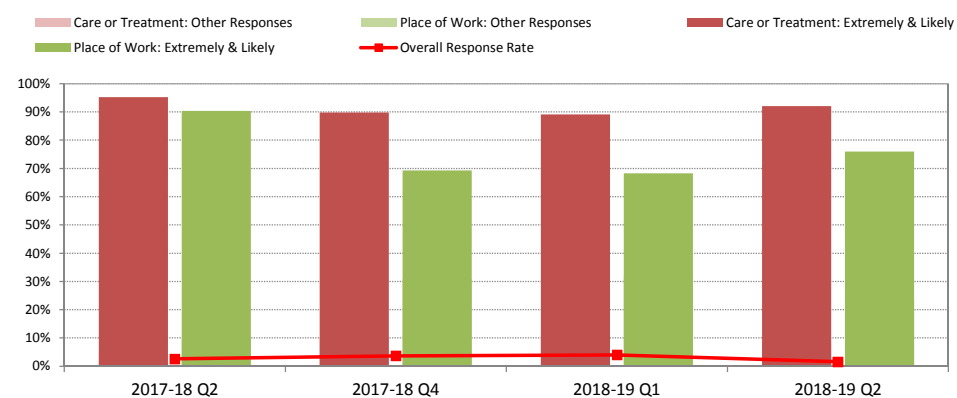
OP: % Not Recommend **DC: % Not Recommend** **OP: % Recommend** **DC: % Recommend**



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.

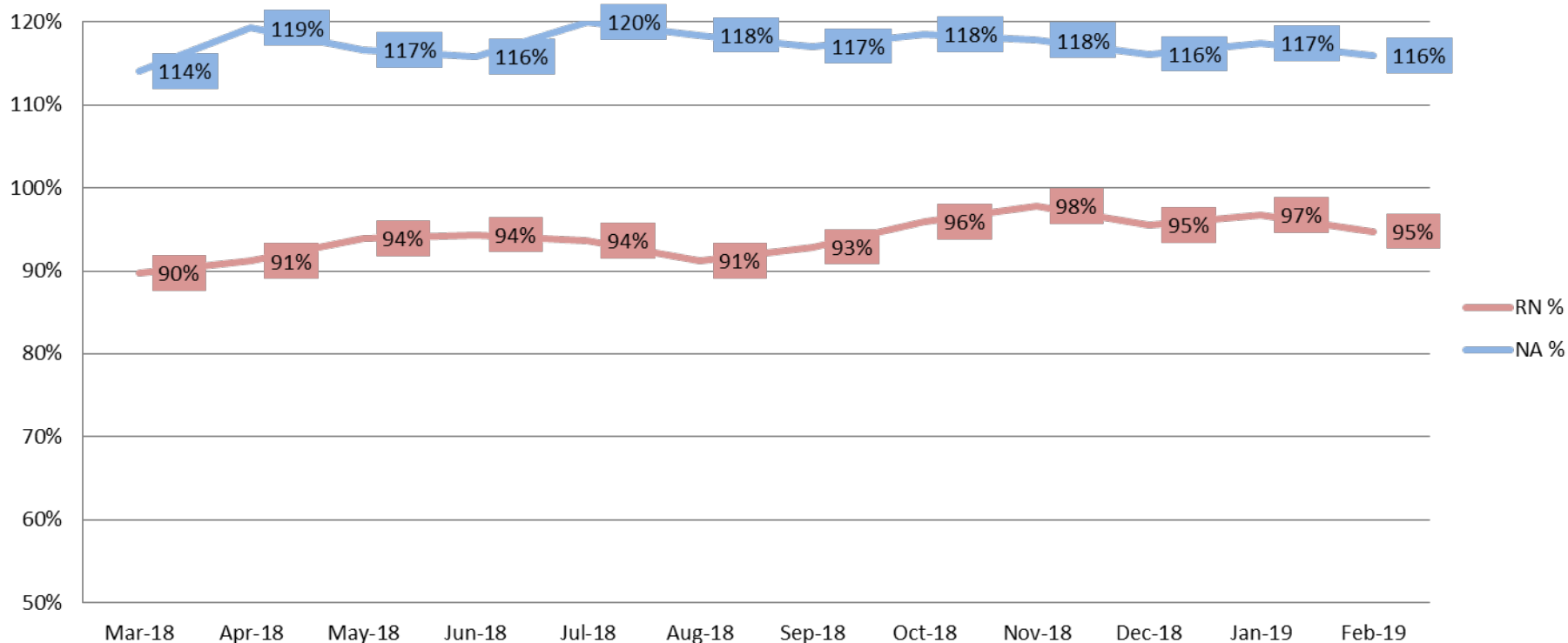
Safe Staffing NQB Report

February 2019

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
Feb-19	56672	53702	95%	30099	34885	116%	86722	88587	102%	61%	39%

Monthly Comparison - Actual Staffing Levels



Overview of Nurse Staffing Hours – February 2019

Day	RN	NA
Total Planned Hours	34518	18894
Total Actual Hours	31718	22183
Fill Rate (%)	92%	117%

Night	RN	NA
Total Planned Hours	22154	11206
Total Actual Hours	21985	12702
Fill Rate (%)	99%	113%

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	14356	13221	92%	9676	11734	118.3%
AMU	1860	1975	106%	1301	1400	108%
Durrington	1124	975	87%	809	942	116%
Farley	2059	1770	86%	1367	1759	129%
Hospice	840	845	101%	832	836	100%
Pembroke	773	763	99%	326	328	101%
Pitton	1661	1577	95%	952	1358	143%
Redlynch	1460	1250	86%	1015	1248	123%
Tisbury	1947	1812	93%	632	582	92%
Whiteparish	1216	1011	83%	924	1304	141%
Spire	1417	1245	88%	1520	1978	130%
Surgery	7000	6923	99%	2829	3062	105%
Britford	1857	1883	101%	989	1280	129%
Downton	1221	1193	98%	855	814	95%
Radnor	2777	2745	99%	323	324	100%
Breamore Short Stay	1146	1102	96%	663	646	97%
MSK	7515	6418	86%	6068	7069	122%
Amesbury	1651	1419	86%	1290	1408	109%
Avon	1514	1192	79%	1746	1875	107%
Chilmark	1553	1278	82%	1029	1232	120%
Odstock	1459	1324	91%	643	1064	165%
Tamar	1338	1204	90%	1359	1492	110%
CSFS	5648	5155	92%	322	318	100%
Maternity	2751	2427	88%	0	0	100%
NICU	1041	974	94%	0	0	100%
Sarum	1856	1754	95%	322	318	99%
Grand Total	34518	31718	92%	18894	22183	117.4%

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 ill Rate	Night NA Planned	Night NA Actual	Night NA Fill Rate
Medicine	9014	9264	102%	5411	6837	124%
AMU	1406	1612	115%	644	633	98%
Durrington	644	644	100%	644	680	106%
Farley	966	950	98%	644	1023	159%
Hospice	532	535	100%	259	323	125%
Pembroke	644	646	100%	322	323	100%
Pitton	966	1093	113%	644	902	140%
Redlynch	966	920	95%	644	943	146%
Tisbury	1280	1268	99%	322	344	107%
Whiteparish	644	644	100%	644	690	107%
Spire	966	955	99%	644	978	152%
Surgery	4654	4568	99%	2253	2366	103%
Britford	962	998	104%	644	741	115%
Downton	644	632	98%	644	702	109%
Radnor	2404	2296	95%	322	289	90%
Breamore Short Stay	644	644	100%	643	636	99%
MSK	3865	3828	100%	3542	3488	99%
Amesbury	965	964	100%	966	943	98%
Avon	840	880	105%	840	779	93%
Chilmark	533	539	101%	532	551	104%
Odstock	967	875	90%	644	666	103%
Tamar	560	570	102%	560	550	98%
CSFS	4622	4325	95%	0	12	100%
Maternity	2565	2320	90%	0	0	100%
NICU	965	967	100%	0	0	100%
Sarum	1093	1038	95%	0	12	100%
Grand Total	22154	21985	99.2%	11206	12702	113%

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

Overview of Areas Flagging Red

(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Avon	79%	√		Day	The ward has high level of vacancies and mitigated the RN gaps across the roster with support from the Respiratory shift nurse, Spinal Education Nurse and the Supervisory band 7 working on wards. NA staff were also used at times to support unfilled RN shifts.

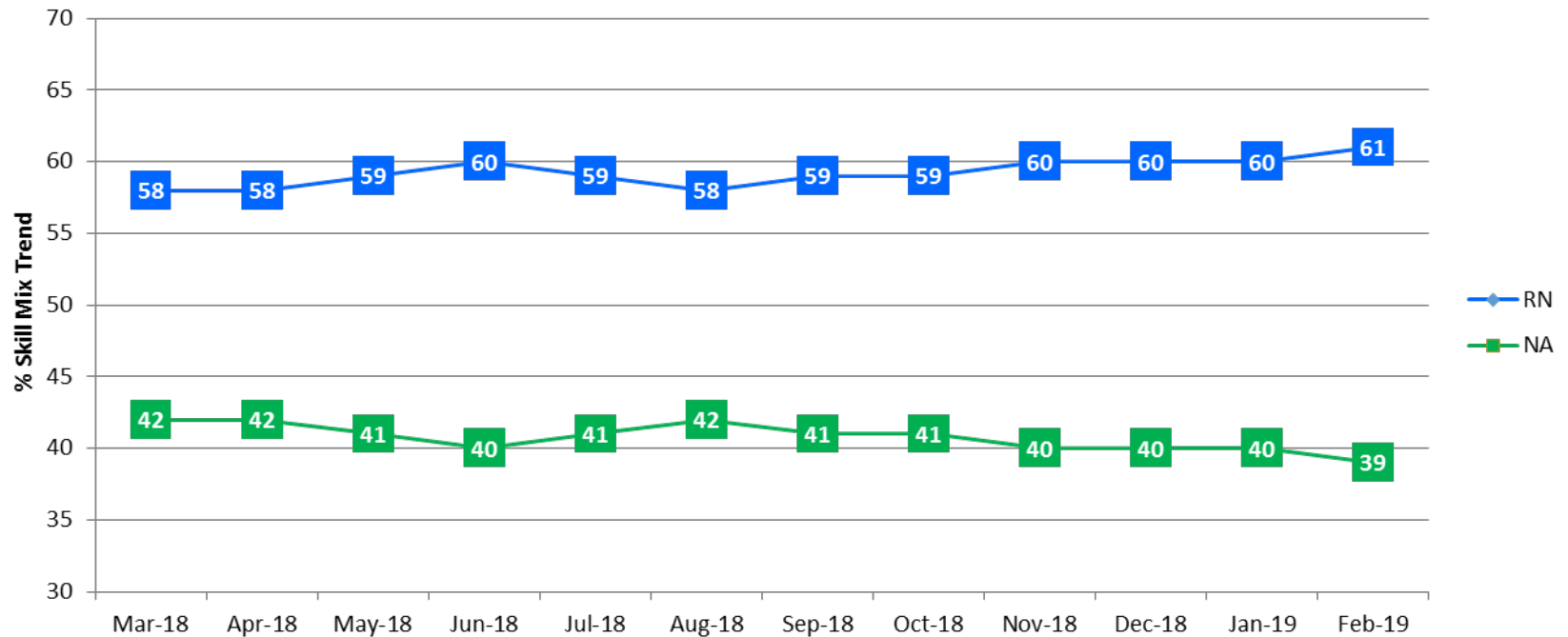
- For the second reporting month there is only one ward (Avon) flagging on the internal rating as Red .
- There are 7 wards flagging for Amber this reporting month plus Maternity
 - All are for RN /RM day shifts
 - All are for RN day shifts and (with the exception of maternity) demonstrate an uplift in NA day staffing numbers to help bolster the delivery of safe care.
 - All areas support the safe delivery of care by using other staff groups who are 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

Overall % RN/NA Skill Mix

(March 2018 – February 2019)



The skill mix trend for both RN & NA, although consistent, evidences a rise in RN level for the first time in this reporting year at its highest level of 61%.

There is a corresponding reduction of 1% within the NA skill mix.

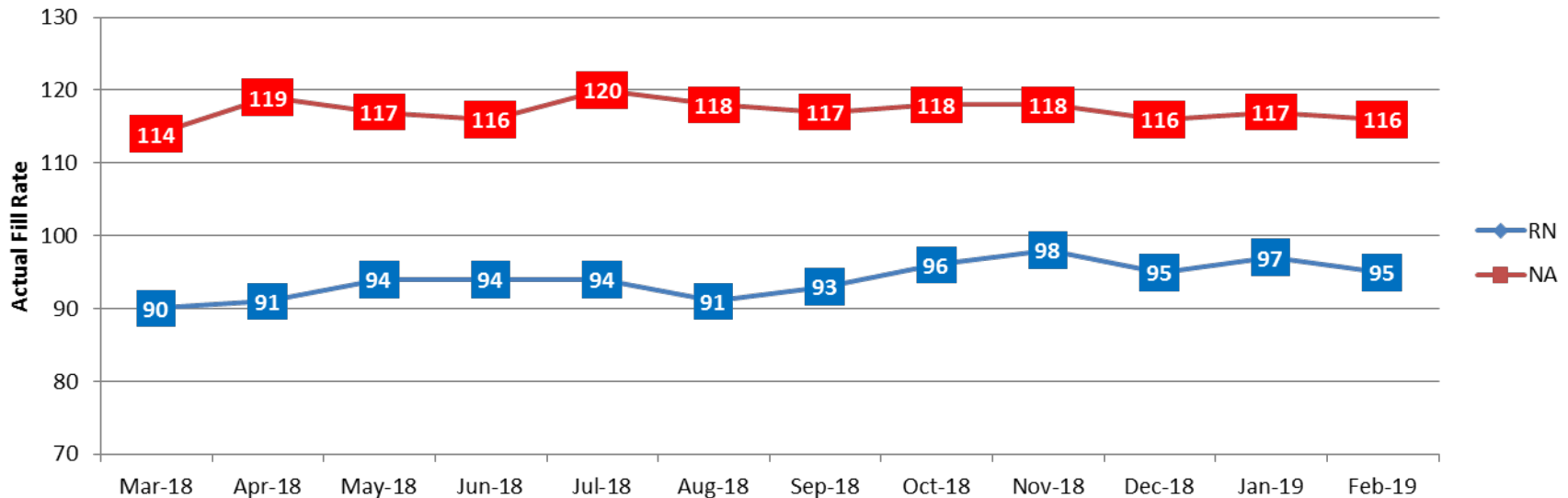
STAFFING NOTES

The reporting percentage *includes day time Ward Leader supervisory shifts* to reflect the continued demand for them to provide on-going clinical support from within this role & comply with CHPPD mandatory reporting . 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.

Themes and Trends

RN/NA Actual % Shift Fill Rate (Combined Day and Night)

(March 2018 – February 2019)



- The overall RN fill rate evidences at 95% and the NA fill rate trend remains consistent with minimal variation at 116%
- NA day shift fill rates are 117% demonstrating the higher shift fill rates where RN cover maybe reduced and/or permitted over recruitment has taken place.
- Band 4 staff continue to be used where patients need enhanced care.

RN night shifts evidence a 99% fill rate. Flexible rostering is used to ensure the focus is on the priority of RN cover at night where temporary staff may be less familiar with patient needs and cover is more challenging and expensive.

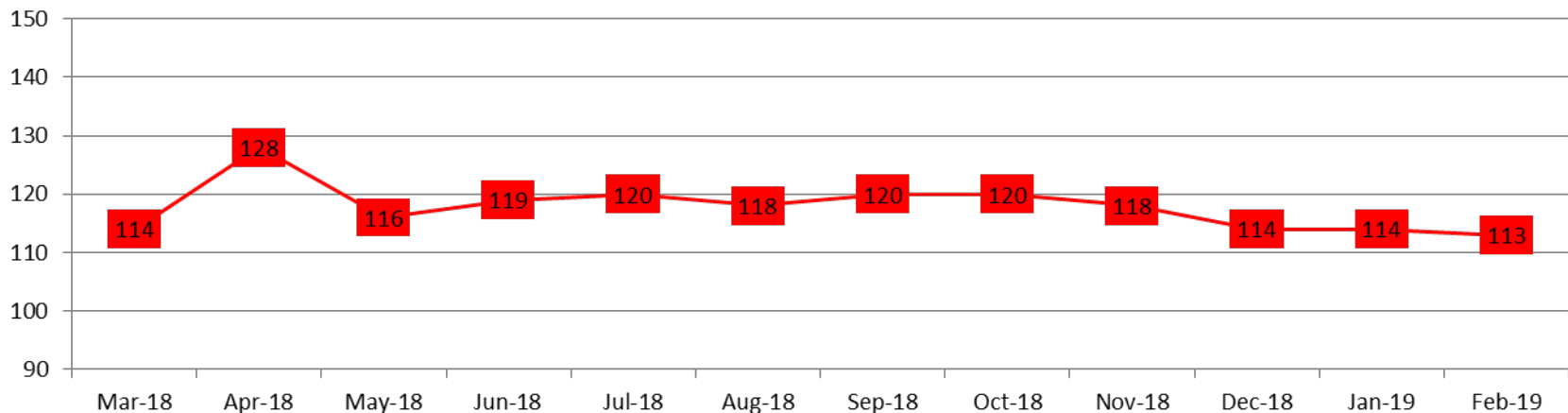
Unfilled shifts:- often there is utilisation of alternative grade cover. Some shifts may remain unfilled but are managed within the existing skills sets. All are based on assessing staffing skills & numbers against patient acuity and demand to ensure they are both manageable and the provision of safe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

Over-staffing

Most additional shifts were for NA staff except for:-

- **Pitton** which had high patient acuity levels requiring increased staffing levels
- **AMU**:- as previously reported. The figures suggests there is overstaffing within both RN & NA groups. The extra numbers are agreed interim staffing increases but due to roster processes (that are outside of our control) extra staff for a short term duration can only be added as Additional Shifts. This will self –correct in April when the staffing demand decreases and reverts back to the standard template.
- The overall trend for NA overstaffing on nights shifts evidences and even lower percentage than last month and the lowest for this reporting year. There remains uplift showing for day shifts due to some permitted NA over-recruitment accounting for increased numbers.

% NA Night Overstaffing



The reasons for NA Overstaffing remains the same Enhanced 1:1 care for patients at risk of falls, mental health needs or confusion

1. Flexing bed stock and staffing levels to meet fluctuating patient demands
2. 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.

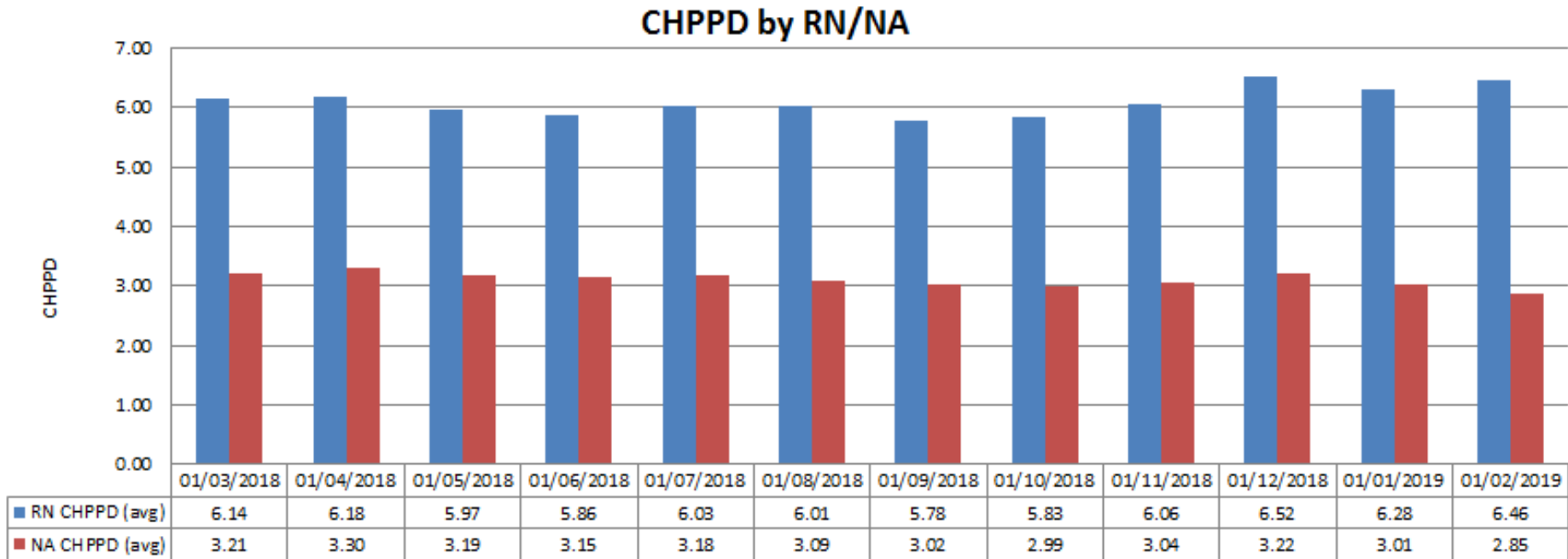
- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via SafeCare using Shelford methodology at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site 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.

Internal CHPPD Reporting



Internal CHPPD

Monthly Trust aggregated figures showing Year Trend
Period :- March 2018 – February 2019



The CHPPD calculation is made over a whole month :- total actual hours vs the total number of patients at midnight.

CHPPD

February 2019

Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
Medicine	4.06	3.16	7.22
AMU	6.26	3.55	9.81
Durrington	2.78	2.79	5.57
Farley	3.55	3.63	7.18
Hospice	5.82	4.89	10.71
Pembroke	5.12	2.37	7.49
Pitton	3.69	3.12	6.81
Redlynch	2.96	2.99	5.95
Spire	2.64	3.55	6.19
Tisbury	5.13	1.54	6.68
Whiteparish	2.66	3.20	5.86
Surgery	9.97	3.11	13.08
Britford	5.66	3.97	9.63
Breamore Short Stay	3.48	2.56	6.04
Downton	3.05	2.53	5.58
Radnor	27.70	3.36	31.06
MSK	3.39	3.45	6.83
Amesbury	2.76	2.73	5.49
Avon	3.46	4.44	7.90
Chilmark	2.95	2.89	5.83
Odstock	4.79	3.77	8.56
Tamar	2.97	3.41	6.38
CSFS	14.89	0.48	15.37
Maternity	14.39	0.00	14.39
NICU	17.97	0.00	17.97
Sarum	12.30	1.45	13.75
Grand Total	6.46	2.85	9.31

N.B.

- Comparisons need to be viewed with caution i.e. Radnor where the nurse/patient ratio is widely different

Report to:	Trust Board (Public)	Agenda item:	14d
Date of Meeting:	04 April 2019		

Report Title:	Workforce Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Mark Geraghty, Head of Workforce Information & Planning Glennis Toms, 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 11 Workforce KPIs Month 11 2018/19 Areas for Concern Month 11 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 11 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.</p> <p>The pay bill is overspent by £522k in month. This overspend is mainly in Medicine (£360k) and is due to the opening of Laverstock, and the winter incentive payments to bank workers.</p> <p>However, agency spend across the Trust has decreased in month by £204k to £505k, with reductions in Registered Nursing (£43k), NHS Infrastructure Support (£23k) and Support to Nursing Staff (£15k). There was a £139k decrease in Medical agency spend, due to a provision of £170k in the previous month for a possible claim against the Trust by HMRC due to the PlusUs model for Direct Engagement now being deemed non-compliant against HMRC VAT rules. At the time of writing this is close to resolution with a similar scheme, in terms of savings, close to agreement.</p> <p>The Trust's sickness rate is Amber, over the 3% target in this month at 3.73%, and the year to date rolling absence figure is at 3.45%. Compared to last month's figure of 3.95%, short term sickness has increased, and long term sickness has decreased.</p> <p>There were 44 starters in February, and a decrease in leaver numbers at 19. Turnover decreased slightly to 9.20%.</p>

	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 checked="" 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 pay bill is overspent by £522k in month. This overspend is mainly in Medicine (£360k) and is due to the opening of Laverstock, and the winter incentive payments to bank workers.

Agency spend has decreased by £204k to £505k, sickness absence has reduced to 3.73% and the vacancy rate has increased from 5.90% in month 10 to 6.68% in month 11, mainly as a result of a 35 FTE increase in budget establishment due to opening of additional beds on Laverstock Ward.

Mandatory training compliance remains green at 92.03%. Appraisal compliance for non-medical staff is amber at 84.90%, a deterioration on last month's compliance total of 86.30%.

Appraisal compliance for medical staff is above the 90% target at 91.46%, an improvement on last month's compliance rate of 88.16%.

3. Resourcing:

3.1. Recruitment & Retention Strategy

The Strategy is still under development and is expected to be ready for approval in April/May. It will include the use of a modelling tool able to forecast and initiatives using social media to raise our profile as an employer.

3.2. “90/10” fill across all staff groups

Nursing remains a challenging area to recruit; using the Month 11 baseline, the Trust needs to recruit 38 wte ward nurses to achieve a fill rate of 90% of establishment. Over the last year the Trust has recruited an average of 10.1 ward nurses per month, with 7.1 WTE leaving. This figure includes those who reduced to zero hours contracts.

If ward nurse recruitment remains at 10.1 wte per month (on average), it would take 13.0 months to reach our revised target of 90% establishment fill.

The recruitment pipeline for all groups of staff, from March to May 2019, shows decreasing vacancies, from the current 205 to 194, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 142 to 123, including nurses due to commence in March.

Nursing Summary

The gap between establishment and staff in post decreased in December 2018, due to a reduction in establishment of 5.56 FTE following the closure of Clarendon Ward.

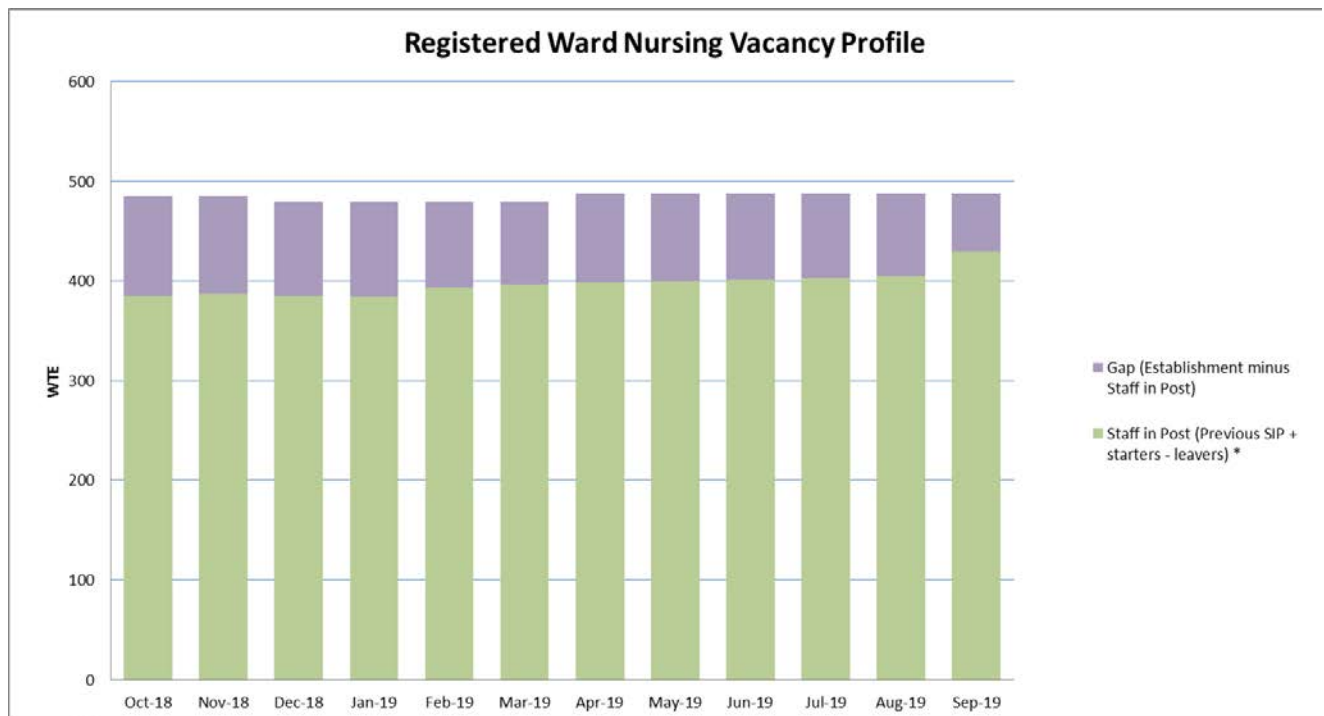
An increase in establishment by 8.59 FTE in April 2019 is planned due to the introduction of additional posts in ED, AMU, Pitton and Amesbury.

The table below excludes the temporary 12.39 FTE increase in RN budget establishment for Laverstock Ward, which is open for February and March 2019 only.

	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction	Prediction	Prediction	Prediction
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Ward Registered Nursing FTE												
Mat Leave (Actual and Predicted)	12.97	16.42	23.30	19.24	17.89	16.65	15.96	13.83	14.37	14.92	16.20	14.91
Total Ward Nursing Leavers, Transfers, Hours Reductions	7.61	6.12	9.49	7.75	2.45	6.68	6.68	6.68	6.68	6.68	6.68	6.68
International Recruits Due to Arrive	0.00	0.00	0.00	0.00	7.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
International Nurses Arrived and Pending OSCE	22.20	28.49	19.41	13.00	6.00	6.00	7.00	6.00	6.00	6.00	6.00	6.00
International Nurses Passed OSCE (in Month)	0.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Newly Qualified	12.80	0.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	20.00
Other Recruitment (from induction lists from March)	3.08	8.43	7.48	6.65	3.46	4.00	3.00	1.00	3.00	3.00	3.00	3.00
Average Recruitment from Mar 2019 (balance)	0.00	0.00	0.00	0.00	0.00	0.00	5.38	7.38	5.38	5.38	5.38	8.38
Budgeted Establishment *	484.83	484.83	479.27	479.27	479.27	479.27	487.86	487.86	487.86	487.86	487.86	487.86
Staff in Post (Previous SIP + starters - leavers) *	384.87	387.18	385.17	384.07	393.08	396.40	398.09	399.79	401.48	403.18	404.88	429.57
Gap (Establishment minus Staff in Post)	99.96	97.65	94.10	95.20	86.19	82.87	89.77	88.07	86.38	84.68	82.98	58.29

It is encouraging this month to see a reduction in leavers from the wards, the arrival of overseas nurses, and continuing OSCE passes. The above table indicates a predicted significant improvement in the vacancy gap between now and September 2019.

The vacancy profile is shown in the following table:



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

Registered Nursing	
Turnover (Rolling 12 Months)	
Nursing and Midwifery Registered	7.14%
Top 3 areas of turnover > 10.00 FTE	
Acute Medical Unit	18.91%
Plastics & Burns Unit	18.64%
Spinal - Tamar	17.76%
Vacancies	
Nursing and Midwifery Registered	15.20%
Top 3 areas of Vacancies > 10.00 Budget FTE	
DSU Clinical Staff	15.69 FTE
Radnor Ward	9.98 FTE
Spinal - Avon	9.82 FTE
Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.53%
Top 3 areas of sickness absence > 10.00 FTE	
Palliative Care/Hospice	7.81%
Theatres Recovery	6.90%
Spinal - Avon	6.65%

Voluntary Services

- The Helpforce project has been agreed, with funding secured for 18 months paid in 2 instalments of £35,500 (April and October 2019).
- Desiree Benson from Helpforce met with VSM and Sarah Homer, Engage Lead to understand the project in full and met with some Engage volunteers.
- Attended Bishop Wordsworth Grammar School Careers event. This is one of our biggest careers events, as South Wilts Grammar School for Girls, Burgate School, Trafalgar School, Godolphin School, Shaftesbury School, Avon Valley School also attend.
- Volunteering candidates secured as a result of the Helpforce and Daily Mail campaigns are due to be with us during March/April. This will increase our number of volunteers.

3.3. TRAC Implementation

We are extending the use of TRAC to the recruitment of volunteers and work experience applicants.

3.4. Retention Programmes

Staff turnover is below our 10% target, and decreased slightly at 9.20% compared to last month's 9.24%.

In addition to the work we are doing with NHSi in the 4th wave of the nursing retention programme, we are:

- Publishing staff benefits in a central booklet that has been agreed with the Staff Engagement Group.
- Monitoring the return of exit interview questionnaires and 100-day questionnaires to obtain useful individual information. Unfortunately, there are an insufficient number of returns at the present time to be able to reliably identify themes. Only 7 exit questionnaires were returned in February. The requirement of exit interviews will be re-communicated.

Workforce Committee have supported an investment bid for Recruitment and Retention and a Business Case is currently being written.

3.5. Centralisation of Bank

Month 11 agency spend has decreased to £505k which is a £242k overspend against our £263k NHSi agency control total for February. Of this overspend, £115k relates to Nursing agency spend and £74k to Medical agency spend. Compared to YTD for the same period last year (£7,611,808) the expenditure this year YTD is over £1m less, at £6,601,789.

Nursing Agency spend has reduced in the month, aided by the winter bank initiative which has enhanced payment rates for bank nurses that reduces reliance on Agency.

Opening Laverstock for winter resilience has cost £61k in Agency and medical agency has also increased as a result of additional work being done on discharges.

There was a £139k decrease in Medical agency spend, due to a provision of £170k in the previous month for a possible claim against the Trust by HMRC due to the PlusUs model for Direct Engagement now being deemed non-compliant against HMRC VAT rules.

The following table shows a breakdown of agency spend by staff group:

Excluding STL and OML	In-Month Expenditure			Year to Date Budget & Expenditure		
	Month 10 2018/19	Month 11 2018/19	Change (+ / -)	Budget	Actual	Variance
AGENCY STAFF SPEND BY STAFF GROUP						
Registered Nurses - Agency	£273,840	£231,083	-£42,757	£1,320,962	£3,363,721	£2,042,759
Allied Health Professionals - Agency	£76,046	£89,304	£13,258	£525,765	£1,029,487	£503,722
Health Care Scientists - Agency	£3,564	£5,309	£1,744	£23,405	£94,114	£70,709
Support to nursing staff - Agency	£16,629	£2,167	-£14,463	£9,163	£362,016	£352,853
Consultants - Agency	£217,900	£93,138	-£124,762	£741,377	£773,670	£32,293
Career/Staff Grades - Agency	£0	£0	£0	£122,430	£15,355	-£107,075
Trainee Grades - Agency	£76,305	£62,178	-£14,127	£176,436	£623,442	£447,006
NHS Infrastructure Support - Agency	£44,435	£21,638	-£22,797	£83,861	£339,984	£256,123
Total	£708,719	£504,816	-£203,902	£3,003,399	£6,601,789	£3,598,390

The Collaborative Locum's Nest has been extended by new members Yeovil and Poole, and their fill rate for February was 78%.

For Registered Nursing, the use of Thornbury reduced to only 5 shifts filled and this was largely due to the creative movement of staff around the Trust to avoid high costs. These movements were facilitated by the DSNs, supported by the Director of Nursing and her Deputies.

4. Education, Inclusion, Communications & Engagement:

We have been offered and accepted consultancy support from HEE to undertake an Organisational Development diagnostic, leading to a plan for culture change at Salisbury Hospital. This is also timely as it will coincide with an STP workstream I am co-leading with Clare Radley, HR Director at Bath Hospital.

Staff Engagement

Let's Get Engaged Meeting was held on 14th March with a focus on the Staff Survey results in relation to Health and Wellbeing matters. The meeting was attended by both Glennis Toms (Deputy Director of OD and People) and Alison Evans (Head of Occupational Health).

The discussion centred on the Trust's upcoming plans to refresh wellbeing services with the group providing a number of ideas as to where improvement could be made. The group were also requested to discuss this topic with their wider teams in order for further feedback to be gathered. Feedback will be fed into the Staff Survey Action Plan and the

Trust’s Health and Wellbeing group in order that any introduced programmes truly align with the needs of the wider workforce.

The meeting also discussed a number of the areas raised at the last meeting with positive progress noted in relation to catering frustrations and staff facilities.

Further progress in relation to a ‘spring Easter egg style’ hunt and the completion of the staff benefits booklet were also discussed.

The next building block for the group is to improve communications linked to the activities that are already underway and this is a topic to be considered further over the next month.

4.1. Learning & Development Infrastructure and Strategy

Mandatory training

Compliance has improved slightly this month and remains in green at 92.03%. One Directorate is taking the approach of targeting courses with low compliance in order to improve their overall results.

Appraisals

Compliance for non-medical staff has reduced to 84.90%, which is rated amber, from last month’s compliance of 86.30%. CSFS and Medicine are both below target and are holding audit days and following up with individuals in order to correct the position. The aim is to return to compliance by the end of April.

There appears to be a correlation between lower compliance and staffing/workload pressures where, for example, ward leaders are counted in the numbers and it is challenging to get time released. There are still some issues around data reliability but we do not believe that these are significant.

Medical staff appraisals are green at 91.46%, compared with last month’s compliance rate of 88.16%, against the target of 90%.

Following the introduction of monthly appraisal training sessions which explore the principles of appraisal the Spida support team are receiving a stream of requests for 1:1 Spida support. This is not sustainable and the team are looking at how to integrate Spida training into the monthly programme.

Passport to Progression

This is intended to identify the knowledge, skills, and behaviours required to navigate a path from Band 2 to Band 9 within the NHS. This will then be mapped against our current internal and external training offer, with recommendations for how to plug the gaps, to develop a comprehensive offer for all staff. This process will also form the basis of a baseline assessment of current training provision.

Practice Education Team

<u>Practice Education Team</u>	<u>Feb</u> <u>2019</u>
--------------------------------	---------------------------

<u>Students in Practice</u>	-
Pre-Registration Nurses	53
Pre-Registration Nursing Associates	10
Trainee Assistant Practitioners	14
OSCE Nurses	21
OSCE Exam passes	9
Preceptorship Nurses	28
<u>Training Programmes</u>	<u>Attended</u>
Nursing Assistant Induction	14
NG Tube Insertion and Care- Drop In	6
IV Drug Admin	10
Urinary Catheterisation	8
Venepuncture and Cannulation	9
-	-
<u>NMC Training</u>	-
Mentor Updates	18

The Practice Education Team (PET) run mentor updates for student mentors to improve compliance with the introduction of the new NMC standards. Since January 2018, 149 staff have attended these sessions. The work of the PET has resulted in mentor compliance increasing from 39% in Sept 2018 to 48% Jan 2019.

The team offer drop in sessions for mentors and are starting Practice Supervisor Preparation days. These will run from September. These will be open to all registrants that have not gone on a mentor course with a programme to roll out the training across the Trust.

The PET have been addressing some concern about the lack of Clinical Skills training and this month have added NG Tube Insertion and Care to their portfolio.

Simulation Training

In a recent report submitted to HEE to justify their investment we reported that:

“Significant alterations and upgrades to our simulation centre and service have been possible thanks to the investment from HEE for the SuppoRTT programme.

Building works have been completed to enhance the use of the space and enable larger groups of candidates to attend simulation training. The AV kit has been upgraded and we now have the facility of viewing and hearing perfectly which was severely compromised prior to the works.

The investment for upgrading has benefitted not only our staff at Salisbury NHS Foundation Trust, but we are now able to support simulation training throughout the region and have hosted various events such as the ACCS simulation day, Urology Registrars event, NOTTS course and more.

With the support from the RTT Clinical Lead, we have secured dates and events for the RTT Doctors to be hosted at Salisbury NHS Foundation Trust, such as the Human Factors course (April), RTT Conference (May) and the Clinical skills and simulation event in July. We are also planning more, which we will continue to report.

The project spend on AV upgrade and building works was approximately £40,000.

We were also awarded monies to employ a SimTech for a one year temporary contract. Our appointed Tech has been crucial to supporting the increase in delivery of simulation based education. We are able to facilitate more scenarios with tech support and deliver clinical skills training.

We have been able to establish a robust ‘point of care’ simulation training programme, which is supporting all staff (including RTT Doctors, Nurses and AHPs) in clinical practice from Paediatric, Obstetric, Medical, Surgical and Emergency Care. Feedback from the sessions have been extremely positive -increasing confidence, testing the systems under pressure and enabling teams to not only work together but ‘learn together’- valuable human factors training.

The project spend on appointing a Sim Tech was approximately £30,000. Total monies allocated were £70,000 which has all been accounted for by March 2019.

Strategy

Although complete, the training needs analysis (TNA) identified approximately £400K of training requests. This is 75% over the HEE funding allocation. We will therefore be working with the DMTs to help them to prioritise who should receive the funding. We are suggesting that where more people have requested to attend a course than we have been able to allocate places that department interview and select to ensure a transparent decision making process.

We are also aware that not everyone accessed the TNA process so the shortfall is greater than this.

This short fall in funding emphasises the need to develop our internal capability and capacity to offer training and the requirement to maximise our income generating potential

4.2. Leadership Development

Clinical Leadership Development Programme

The first three of four Clinical Leadership Development Workshops are now complete. Feedback has been very positive. The cycle of workshops will be reviewed and offered as a rolling programme. Delegates have agreed to join a WhatsApp group and have been invited to participate in regular Action Learning Sets to continue their conversations, share good practice and have the opportunity to deep dive into particular issues.

Senior Leadership Forum

The first senior leadership forum, facilitated by the OD&P directorate took place in February. 43 members of staff attended. The key results from the staff survey were presented, followed by a focussed activity exploring 'Quality of Care' within the Trust. Feedback was largely very positive but less time will be given for lunch in the future. The key now will be how the feedback informs our internal response and action.

The OD&P directorate will continue to facilitate the forum throughout the year with different members of the executive team leading the content later in year.

The Workforce Committee have supported an initial investment bid for funding to support these programmes, which is being written into a Business Case for TIG.

4.3. Apprenticeship set up & implementation

Apprenticeship Spend-	Feb 2019
Pending additional payments by April 2019	£23,062
Total spend in Feb 2019	£6,164
Total	£29,226
Average current spend into Levy	£50,000
Potential Percentage Spend by April 2019	58%
Plus potential Role on Role off	£761
Pending total spend by June 2019	£36,105
Potential Percentage Spend by June 2019	72%

There is likely to be a delay to the Senior Leaders Level 7 which is due to start in April and will affect figures.

The cost of the project management apprenticeship is about to drop from £9K to £6K which will affect our levy usage.

4.4. Communications

In addition to the regular, planned, internal and external communications activities the Communications Team progressed work on developing the Corporate Communications strategy and developing a corporate 'message house', as part of a suite of initiatives to modernise the Trust's approach to marketing and communications. Work was carried out to ensure alignment between the Transformation strategy and Digital strategy, in advance of Board-level discussion and agreement.

One member of the team had veteran aware champion training and another member of the team undertook diversity champion training. Meetings were held in February with 'Help for Heroes', with the aim of preparing for Armed Forces Weekend and arising further awareness of the Trust's 'Veteran Aware' status.

Awards

Applications for the Service Improvement Awards continued to be promoted ahead of entries closing at the end of the month. This year 20 entries were received, which is an improvement on number of entries received last year.

Maternity Services Consultation

The Public consultation closed on 24 February, following a public engagement event held in Salisbury market. During the consultation promotional materials were available across a range of locations including leaflets being provided to Salisbury library to promote the consultation; information was published through the local media.

HEAT – campus development

The Communications Team worked closely with Coast, an external communications agency, preparing for and supporting engagement initiatives for the hospital's regeneration. Internal communications delivered by the Trust's Communications team included a broadcast email to staff and information on the intranet.

Equality, Diversity and Inclusion

The team planned and executed a visit from Lord Victor Adebawale on 25 February. Over 50 members of staff attended a town hall event and questioned the Peer and a special closed event was held for our diversity champions. As a result of the Trust's media relations work, we secured positive coverage in the Salisbury Journal.

Media

Planned media relations included the start of a series of features about the hospital in the Salisbury Journal and work to improve the relationship with Spire FM.

4.5. Diversity & Inclusion

February was LGBT history month, and to celebrate the Rainbow Flag was raised on the green by the Cara Charles-Barks on 4th February. We also used this occasion to raise awareness of the Rainbow Shed, which is the support network for our LGBT staff. The Rainbow flag represents diversity in a much broader sense and our rainbow lanyards represent inclusion of all our staff from minority or protected backgrounds which were also referenced at the cascade brief on 6th February.

EDI and Freedom to Speak Up sessions now regularly appear in Monday Trust inductions every week. We are working hard to integrate both programmes as they target the same audience.

On 26th February the first Equality, Diversity & Inclusion and Freedom to Speak Up training sessions “What’s it got to do with me?” were delivered in the Lecture Theatre. 40 staff attended the two sessions and very positive feedback was received. Work is being done to streamline the training as the learning indicated that more time was required to deliver the entire contents of the workshop.

On 27th February FTSUG attended the Hospice Admin Team meeting to raise awareness of the FTSU and EDI agenda for the Trust. On the back of this, we have been invited to attend the clinical governance session for the Hospice in May.

The FTSUG is continuing to be involved in a pilot facilitated supervision programme with the Central London FTSU network, with the aim of how Guardians can be supported nationally and also locally due to the nature of the role.

The second BAME meeting took place and work is continuing to revive other established but not properly engaged staff networks and develop new networks, such as the Women’s Network.

5. Health & Wellbeing:

5.1. Staff Engagement

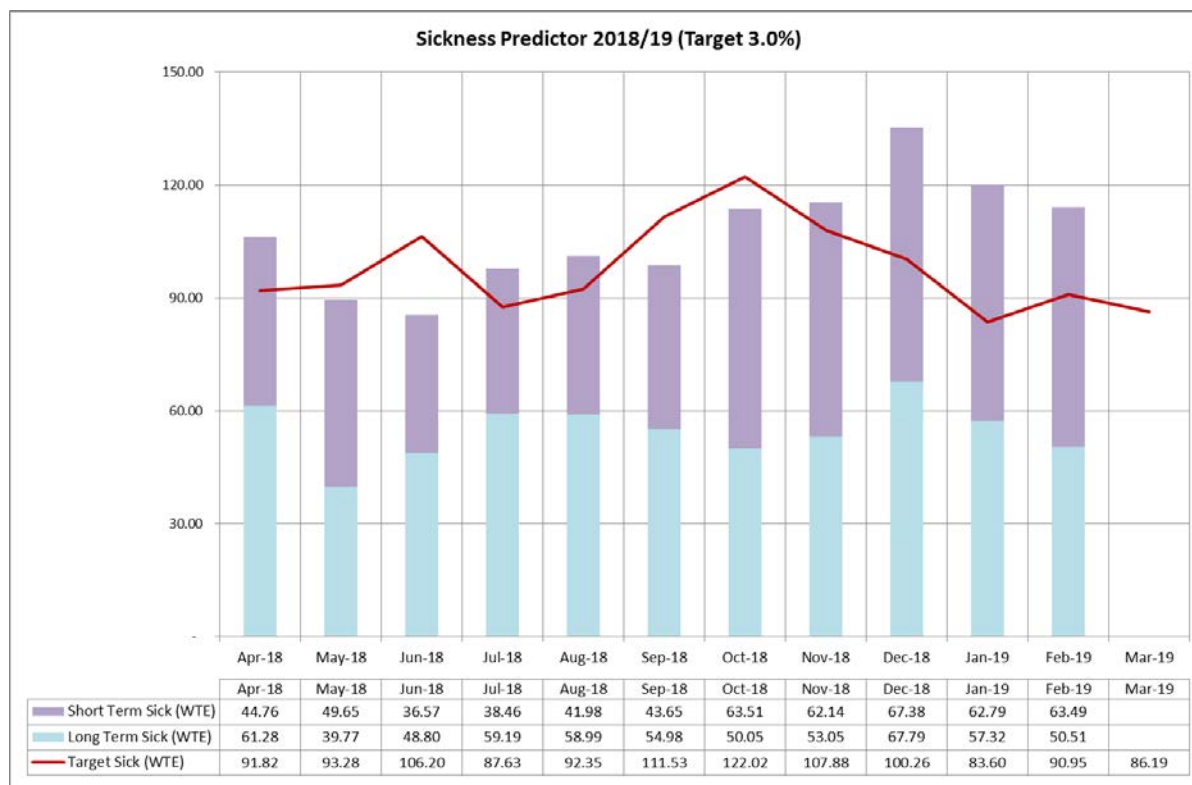
As reported in the previous section under 4.1.

5.2. Attendance Management

Our current sickness absence rate of 3.73% in month 11 is over our 3% target and a 0.22% improvement on last month. There has been a significant reduction in long term sickness and a slight increase in short term sickness.

Please note, sickness figures contain all returns input as at sickness cut-off date, and may be subject to change due to late receipt of information/corrections.

The chart below shows current and anticipated sickness absence for the year:



Only one Directorate is below target, at 2.90%, the others recording between 3.51% and 5.81%. Actions which are being taken to manage, particularly long term absences, are expected to produce results commencing in March with further reductions in long term sicknesses recorded.

Since the Head of Occupational Health has implemented some process changes, we have already seen an improvement in recruitment clearance activity and the “turn around” of this work. There are strategies and pathways being developed to further improve the OH service provision and address the Wellbeing agenda. These will be detailed once finalised and rolled out but align to mental health, MSK and general wellbeing.

There is work to be done with the current data base in order to capture data to better inform and evidence activity and outcomes. For example we are not currently able to capture and identify the difference between cancellations and DNA activity. The figures below are largely manually captured and for the last 3 months are:

Occupational Health Advisors activity

Management Referrals (New)	Dec 18 24 Cancelled/DNA (6)	Jan 19 55 Cancelled/DNA (10)	Feb 19 20 Cancelled/DNA (3)	Total 99 (19)
Self Referrals	Dec 18 (0)	Jan 19 7 (0)	Feb 19 7 (1)	Total 22 (1)

Occupational Health Physician activity

Management Referrals (1 day)	Dec 18 8 (1)	Jan 19 2 (2 days A/L)	Feb 19 3 (1 day A/L)	Total 13 (1)
Self Referrals	Dec 18 0	Jan 19 0	Feb 19 0	Total 0

The manual data capture is necessary as the Department does not currently have a fully functioning electronic system for recording activity. This has been raised as a risk and is being rectified as part of the ESR Optimisation Project.

Flu Campaign: The final figures were reported at the close of the flu campaign in February 2019 as:

65.7 actual frontline staff received vaccine
 82% of frontline staff including those who “opted out”
 The number of “opt outs” were reported as 627 of frontline staff.

There have been a number of challenges in rolling out the campaign however these will be addressed and a “wash-up” meeting is scheduled for 1st April. The agenda will focus on lessons learned and the tactics for conducting the 2019/20 flu campaign can be planned now, agreed and implemented at the appropriate time.

5.3. Stress & Mental Health issues

We currently have in post a Staff Counsellor, who mostly sees self-referrals, and a Mental Health Nurse, who responds mainly to management referrals. According to our manual records, the referrals for the last 3 months are:

Staff Counsellor (F/T) New Referrals (each referral has potential to offer 5 further sessions)	Dec 18 23	Jan 18 11 (1 wk A/L)	Feb 19 13 (A/L)	Total 47
Mental Health Nurse Management Referrals (2 day contract)	Dec 18 (Canc/DNA) 1 (1)	Jan 19 (Canc/DNA) 8 (2)	Feb19 (Canc/DNA) 6 (1)	Total 15 (4)
Self-Referrals	4 (2)	11 (4)	3 (2)	18 (8)

5.4. Ergonomic/MSK issues (Physiotherapists)

The Head of Occupational Health is considering models and practices in order to promote a proactive Occupational Health & Wellbeing service with respect to ongoing and more complex MSK needs.

In the meantime, the physiotherapy referral activity for the three months to February 2019 is:

Management Referrals (New) (F/T 1.00)	Dec 18 5	Jan 19 7	Feb 19 18	Total 30
Self Referrals	Dec 18 4	Jan 19 0	Feb 19 15	Total 19

The wide fluctuations in activity over the three months appear to be as a result combinations of:

- Annual leave
- Short periods of snow
- TB tracing activity
- Better use of clinical time due to changing processes.

The Workforce Committee have supported an initial investment bid for funding to support Attendance Management, which is being written into a Business Case for TIG.

6. Business Partnering:

Much of the work of the Business Partners centres on supporting their designated Directorates in achieving the KPI targets for the workforce. Therefore, much of what is reported here is influenced by their work, for example, resourcing (including retention and turnover), Agency spend, attendance, statutory and mandatory training, and appraisals.

6.1. ESR Optimisation

The Project Initiation Document (PID) and Business Case for this project are nearing completion and will go to TIG on 4th April 2019. This will encompass all Phases of the project from start to 2021. The Workforce Committee have supported an initial investment bid for funding to support this.

6.2. Workforce Planning

An urgent staffing review has been undertaken in Pharmacy due to high turnover of skilled pharmacists and technicians. Reasons are varied and include:

- competition from GPs and nursing homes offering better pay and bespoke hours,
- geographical isolation,
- SFT is behind other acute trusts in the implementation of modern practice such as e-prescribing,
- lean team in the bottom 10% national for WTE per 100 beds,
- fewer progression opportunities for technicians.

Authorisation has been given to recruit two extra newly-qualified band 6 pharmacists and a locum band 7 to cover immediate gap in the dispensary until the dispensary/stores restructure is complete. Permission to extend the current RRP for

band 7 pharmacists is to be requested in June. We are also looking at extending the length of student technician and pre-registration pharmacists' contracts.

The Radiology workforce paper is due for presentation on revised date of 25th March. Pathology has begun a whole service review, discipline by discipline, in order to produce a workforce plan by May 2019 aimed at mitigating/reducing the risk to service delivery and quality on the Trust risk register and highlighted by UKAS and a recent Executive safety walk-around.

Operational plans, including the workforce elements, have been submitted for all Directorates with the involvement of the Business Partners.



6.3. Policies

Our Policies, now on a rolling programme of renewal, are subject to consultation with JCC or JNG for medical policies. There are currently five medical policies with extended dates because of awaiting JNG agreement, and two general which still need JCC agreement before being approved by OMB.

6.4. Business Partner role

The Business Partners are heavily involved in all employee relations cases involving performance, discipline, grievance and bullying and harassment. We are now reporting the number of cases opened and closed so that, over time, we will be able to track completion times and create Key Performance Indicators for casework.

The following table shows new and closed activity for the past 11 months:

Employee Relations Cases - Formal										
	Performance/ Capability		Disciplinary		Grievance		Bullying and Harassment		Total Cases Opened	Total Cases Closed
Opened/closed cases within the month - Source of Data - ESR										
Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Total Cases Opened in Month	Total Cases Closed in Month
Apr-18	7	1	5	1	1	1			13	3
May-18	7			1					7	1
Jun-18	7	3	1	1					8	4
Jul-18	2	8			2	1			4	9
Aug-18	1	6		1					1	7
Sep-18	5	3							5	3
Oct-18	2	1					1		3	1
Nov-18	9				1				10	0
Dec-18	1	2			1				2	2
Jan-19	14	3	2			2			16	5
Feb-19	10	6		2					10	8
	65	33	8	6	5	4	1		79	43

In CSFS there are currently two restructures/consultations underway; reasonable adjustments made to accommodate a disability (following a stay conversation); a mediation agreed; team coaching set up; and an issue being dealt with under the Handling Concerns Policy.

In MSK an appeal was rejected, an informal disciplinary process is underway, a junior doctor banding appeal was upheld, and a registered nurse has been dismissed.

In the Medicine Directorate, a member of staff on long term sick has had an application for ill health retirement accepted and another member of staff has resigned rather than go through a disciplinary process.

A grievance has been raised concerning the outcome of the theatres consultation, which we are hoping to be able to resolve without the need for formal grievance process.

In Estates & Facilities an employee who had been on long-term suspension was dismissed for “some other substantial reason” (SOSR). Another employee was dismissed for ill-health capability on 14th March.

7. Workforce Risks

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

- Resourcing - 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, and the Directorate Register have both been updated this month and actions are ongoing to mitigate the risks recorded.

8. Summary

The situation remains challenging, although improving in most areas except Agency spend and sickness. The actions described in sections 3, 4, 5 and 6 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.

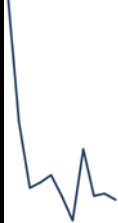





Our focus at a local level continues to be supporting both managers and staff in resolving these difficult areas while we begin to build sustainable solutions through the OD & People restructure at Salisbury. In doing this we continue to be at the centre of the workforce collaboration in the STP and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

9. 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 19 leavers (headcount), and 44 starters (headcount), compared to 29 leavers and 56 starters in the month before.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was below target at 9.20%, this compares to last months position which was 9.24%. For the rolling year to M11 2017/18, the Trust's turnover rate was 10.24%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest turnover rate for the rolling year was Facilities at 12.17%, followed by Musculo-Skeletal (11.27%) and Clinical Support & Family Services (9.30%).</p>	GREEN		10.00%
Vacancies	<p><u>In Month:</u> Vacancies have increased from 5.90% in month 10 to 6.68% in month 11.</p> <p><u>Year to Date:</u> The average vacancy rate is 7.02%, this compares to last months average position which was 7.06%. The Trust's vacancy rate for the same period last year was 6.40%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest vacancy rate for the month was Facilities at 12.11%, followed by Medicine (9.43%) and Musculo-Skeletal (8.61%).</p>	AMBER		5.00%
Temporary Spend	<p><u>In Month:</u> There has been a decrease in agency spend this month to £504,816, compared to last month's position which was £708,719.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £6,601,789, compared to the spend for the same period in the previous year which was £7,611,808.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest agency spend for the month was Medicine with £312,375, followed by Musculo-Skeletal (£70,751) and Surgery (£61,420).</p>	RED		£262,605
Sickness	<p><u>In Month:</u> There has been a decrease in the sickness rate this month at 3.73%, this compares to last months position of 3.95%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 3.45%, which compares to last months position which was 3.49%. The sickness rate for same period last year was 3.68%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest sickness rate for the month was Facilities with 5.81%, followed by Surgery (4.11%) and Medicine (4.04%).</p> <p><i>Please note: Sickness figures contain all returns input as at sickness cut-off date, and may be subject to change due to late receipt of information/corrections.</i></p>	AMBER		3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have increased this month to 92.03%, this compares to last months position of 91.32%. Compliance for the same period last year stood at 85.49%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 88.54%, this compares to last months position of 88.19%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the lowest compliance rate was Corporate with 88.55%, followed by Medicine (89.00%) and Musculo-Skeletal (92.10%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has decreased this month to 84.90%, this compares to last months position of 86.30%. Non-medical appraisal compliance for the same period last year stood at 84.40%.</p> <p><u>Year to Date:</u> The year to date average compliance is 83.78%, this compares to last months position of 83.67%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the lowest compliance rate was Medicine with 80.90%, followed by Corporate (81.60%) and Clinical Support & Family Services (84.20%).</p>	AMBER		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard																									
	Strs/Lvrs				Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(head count in month)</i>	Starters <i>(FTE in month)</i>	Leavers <i>(head count in month)</i>	Leavers <i>(FTE in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training, Tupe Transfers, Bank Staff																								
Month Trend																									
Target			29			245	10.00%			163.34	5.00%	£ 262,605	40.00%								89.55	3.00%	85.00%	90.00%	85.00%
Apr-18	49	40.13	22	18.25	2,880	296	10.28%	3,225.96	2,985.01	240.95	7.47%	£ 544,973	46.73%	£ 621,206	£ 1,166,179	Over	61.28	58%	44.76	42%	106.04	3.53%	85.59%	88.11%	84.10%
May-18	32	24.16	29	24.58	2,904	280	9.63%	3,233.45	2,984.76	248.69	7.69%	£ 609,792	52.48%	£ 552,149	£ 1,161,941	Over	39.77	44%	49.65	56%	89.42	3.01%	85.51%	89.96%	75.30%
Jun-18	31	26.29	27	23.26	2,925	271	9.27%	3,230.80	2,960.48	270.32	8.37%	£ 636,006	53.82%	£ 545,666	£ 1,181,672	Over	48.80	57%	36.57	43%	85.37	2.90%	85.29%	85.54%	76.70%
Jul-18	40	34.77	29	25.47	2,948	274	9.30%	3,247.56	2,989.67	257.89	7.94%	£ 771,812	54.55%	£ 643,158	£ 1,414,970	Over	59.19	61%	38.46	39%	97.64	3.32%	87.87%	86.31%	76.40%
Aug-18	38	36.94	35	30.85	2,970	277	9.34%	3,251.42	2,977.13	274.29	8.44%	£ 661,512	49.26%	£ 681,274	£ 1,342,786	Over	58.99	58%	41.98	42%	100.97	3.42%	88.21%	90.04%	87.80%
Sep-18	72	65.90	17	14.81	2,994	276	9.22%	3,252.88	3,021.03	231.85	7.13%	£ 594,056	49.79%	£ 599,139	£ 1,193,195	Over	54.98	56%	43.65	44%	98.64	3.32%	88.15%	91.32%	89.00%
Oct-18	79	72.72	19	16.93	3,020	275	9.09%	3,277.16	3,075.45	201.71	6.16%	£ 648,581	51.12%	£ 620,192	£ 1,268,773	Over	50.05	44%	63.51	56%	113.56	3.74%	89.27%	92.16%	88.60%
Nov-18	33	27.40	29	26.90	3,034	287	9.48%	3,266.10	3,075.89	190.21	5.82%	£ 428,578	41.11%	£ 613,830	£ 1,042,408	Over	53.05	46%	62.14	54%	115.20	3.78%	90.27%	91.20%	87.00%
Dec-18	15	12.69	26	20.35	3,043	281	9.22%	3,245.35	3,062.45	182.90	5.64%	£ 492,943	44.80%	£ 607,466	£ 1,100,409	Over	67.79	50%	67.38	50%	135.17	4.45%	90.38%	91.24%	85.50%
Jan-19	56	48.23	29	25.77	3,053	282	9.24%	3,266.78	3,073.92	192.86	5.90%	£ 708,719	51.17%	£ 676,229	£ 1,384,948	Over	57.32	48%	62.79	52%	120.11	3.95%	91.32%	88.16%	86.30%
Feb-19	44	38.59	19	16.57	3,064	282	9.20%	3,305.58	3,084.69	220.89	6.68%	£ 504,816	36.90%	£ 863,124	£ 1,367,940	Over	50.51	44%	63.49	56%	114.01	3.73%	92.03%	91.46%	84.90%
totals	489	427.82	281	243.74		Average	9.39%	Average			7.02%	£ 600,163					Rolling Year				3.45%	88.54%			

Note: Month 11 position shows an overspend on workforce of £1.03m.

Key Areas of Concern						
KPI	Overall Commentary	highest Turnover rates				
			Jan-19	Feb-19	T	
Turnover <i>(measured in a rolling year)</i> Target 10.00%	Turnover decreased this month and remains green rated. For Service Lines this month : the highest number of leavers for the year to date was from Therapy Services (23), Finance & Procurement (17) and Clinical Radiology (17). For Staff Groups this month : highest number of leavers was Administrative and Clerical (94) in the year to date. The average Headcount turnover for local Trusts is 9.46%, which we are below at 9.20% FTE.	1	Cancer	28.49%	27.90%	↓
		2	E.N.T.	25.38%	25.57%	↑
		3	Chief Executive	15.29%	22.68%	↑
		1	Musculo-Skeletal Directorate	12.43%	12.08%	↓
		1	Allied Health Professionals	14.26%	14.85%	↑
		highest number of leavers				
		1	Therapy Services	22	23	↑
		2	Finance & Procurement	17	17	→
		3	Clinical Radiology	17	17	→
		1	Clinical Support & Family Services	79	77	↓
1	Administrative and Clerical	99	94	↓		
Vacancies Target 5%	Vacancies have increased from 5.90% in month 10 to 6.68% in month 11 following an increase in establishment of 39 FTE, 35.27 of which was due to the temporary opening of additional beds on Laverstock Ward, for two months only. Recruitment Activity is detailed in Section 3 of the accompanying report.	highest Vacancy rate				
				Jan-19	Feb-19	T
		1	Adult Medical Wards	10.65%	24.96%	↑
		2	Spinal Unit	19.85%	20.49%	↑
		3	Dermatology	26.97%	20.37%	↓
		1	Facilities Directorate	10.16%	12.11%	↑
		1	Nursing and Midwifery Registered	14.95%	16.12%	↑
		highest WTE Vacant				
		1	Adult Medical Wards	14.68	43.72	↑
		2	Spinal Unit	21.00	21.97	↑
		3	Clinical Radiology	19.16	18.78	↓
1	Medicine Directorate	42.83	65.63	↑		
1	Nursing and Midwifery Registered	137.84	150.79	↑		

Key Areas of Concern						
KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency				
			Jan-19	Feb-19	T	
Temporary Spend Agency Control Total £269,105	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 : Stroke and Gastroenterology record all of their temporary spend as agency as 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	Stroke - Medical Staff	100.00%	100.00%	→
		2	Gastroenterology - Medical Staff	100.00%	100.00%	→
		3	Clin Radiology Ex Spin/CT	100.00%	100.00%	→
		1	Medicine Directorate	48.99%	46.38%	↓
		1	Professions Allied to Medicine	100.00%	100.00%	→
		highest £ spent on Agency				
		1	Laverstock Ward	£ -	£ 60,976	↑
		2	Stroke - Medical Staff	£ 36,252	£ 47,072	↑
		3	Gastroenterology - Medical Staff	£ 21,911	£ 39,534	↑
		1	Medicine Directorate	£ 250,111	£ 312,375	↑
		1	Nursing and Midwifery Registered	£ 273,840	£ 231,083	↓
		Sickness Year to date Target 3%	Sickness for February (M11) is at 3.73%. Sickness for the rolling year to date is 3.45% 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 7.55% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.42% in the rolling year to date. Please note: Sickness figures contain all returns input as at sickness cut-off date, and may be subject to change due to late receipt of information/corrections.	highest Sickness rate		
	Jan-19			Feb-19	T	
1	Main Outpatients			7.23%	7.55%	↑
2	Surgery Management			6.79%	6.81%	↑
3	Trading & Support Services			6.16%	6.22%	↑
1	Facilities Directorate			4.89%	4.87%	↓
1	Additional Clinical Services			5.39%	5.42%	↑
highest WTE sick in month						
1	Theatres			10.36	10.86	↑
2	Hotel Services			5.33	5.78	↑
3	Adult Medicine Wards			5.13	5.77	↑
1	Medicine Directorate			23.42	25.51	↑
1	Nursing and Midwifery Registered			26.98	29.37	↑

Key Areas of Concern						
KPI	Overall Commentary	lowest Mandatory training rates				
			Feb-19	Mar-19	T	
Mandatory Training <i>Target 85%</i>	Compliance has increased this month and is green rated at 92.03%. 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 - Orthopaedics	70.53%	70.00%	↓
		2	Medical Staff - Child Health	71.43%	72.85%	↑
		3	Occupational Health	94.06%	73.88%	↓
		1	Corporate Directorate	87.36%	88.55%	↑
		1	Medical and Dental	82.16%	83.16%	↑

Non-Medical Appraisals <i>Target 85%</i>	Appraisal compliance has decreased to 84.90% and is Amber rated. 49 departments are red rated and these will be the focus over the next month to reach target.	lowest appraisal rates			
			Feb-19	Mar-19	T
		1 Pitton Ward	50.00%	53.85%	↑
		2 Acute Medical Unit	65.63%	61.76%	↓
		3 Patient at Risk Team	100.00%	63.64%	↓
		1 Medicine Directorate	83.70%	80.90%	↓
		1 Add Prof Scientific and Technical	82.18%	82.22%	↑

Report to:	Trust Board (Public)	Agenda item:	15e
Date of Meeting:	04 April 2019		

Report Title:	Finance Report Month 11			
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 February 2019, the key risks and the actions being taken to mitigate them.

Executive Summary:

The purpose of this report is to set out the Trust's financial performance for the period to 28th February 2019.

The position (against the NHSI Control total) for February was a year to date deficit of £11,457k, bringing the YTD shortfall against plan to £2,738k. As a result the Trust remains unable to recognise any further PSF in the reported figures.

Although the Trust remains behind its control total it has now been signaled to NHS Improvement that this shortfall will be recovered in Q4 meaning the financial element of PSF (1.7m) will also become payable.

2018/19 has seen significant risks and issues against the delivery of the financial plan, these include:

- The on-going productivity challenge to achieve the Elective and Day Case plan, particularly in Orthopaedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery.
- The financial pressure arising from the delivery of required performance standards in Endoscopy through outsourcing.
- Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity in areas such as Endoscopy, not only in terms of direct gaps like Consultant vacancies, but also in terms of supporting clinical staff e.g. theatre workforce capacity.
- Increasing demand and pressures from Non Elective activity placing additional

CLASSIFICATION: UNRESTRICTED

pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing.

- The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3.
- Technical impairments relating to the construction of a new sterile services unit and a review of intangible assets.

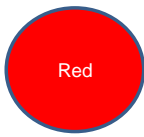
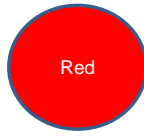
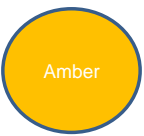

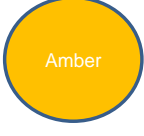
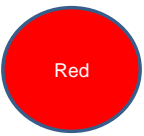

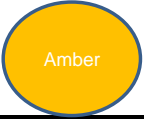
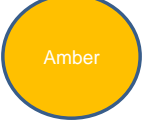
In response the Trust is:

- Detailed planning is currently underway about the potential resource impact of winter and the Trust has developed a plan to mitigate the risk of increased length of stay, underpinned by additional MRET funding from the commissioners..
- Focusing on the schemes for Theatre productivity and Patient flow, as the key schemes that underpin the financial plan this year.
- Working with the MSK directorate on weekly basis to ensure delivery of actions to improve activity and subsequent income with particular focus on Orthopaedics and Plastics.

Cash flow continues to be monitored closely in light of the financial risks to the plan, NHSI have now agreed access to working capital loans for the remainder of the financial year.

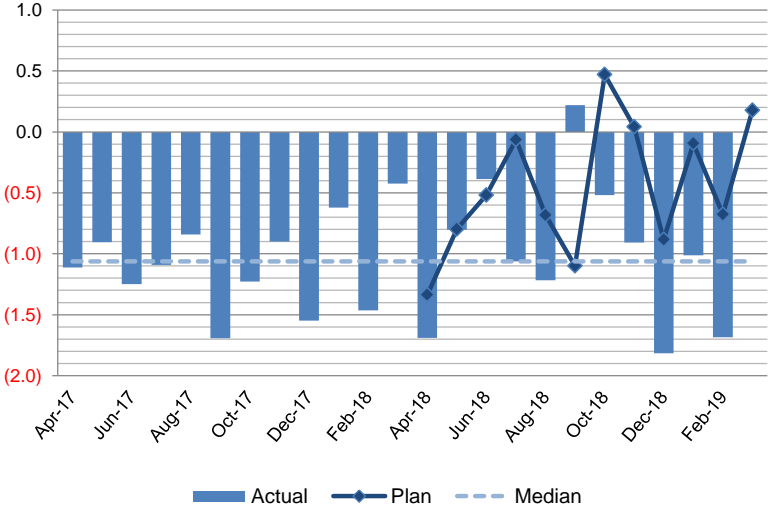
Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
Specialist Services - We will provide innovative, 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 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 Financial Performance - February 2019

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	<p>The position (against the NHSI Control total) for February was a year to date deficit of £11,457k, bringing the YTD shortfall against plan to £2,738k. As a result the Trust remains unable to recognise any further PSF in the reported figures.</p> <p>Although the Trust remains behind its control total it has now been signalled to NHS Improvement that this shortfall will be recovered in Q4 meaning the financial element of PSF (1.7m) will also become payable.</p>	
2	NHS Clinical Income	Overall income YTD was £177,043k which was £1,734k behind plan. In month actual income was £16,237k this was £622k ahead of the Trust plan. The Trust reached agreement with West Hampshire & Southampton CCGs and NHSE Military on the year end contract value which improved the position by £492k.	
3	Workforce	<p>Expenditure on Pay stood at £12,927k in the period, this includes the cost of opening Laverstock ward to cope with pressures in emergency pathways. Underlying spend is equivalent to that seen in January once the provision for the challenge by HMRC on medical agency staffing models made in January is taken into account.</p> <p>The 2018/19 CIP plan had assumed £4,015k in Pay savings in 2018/19, forecast as at February 2018/19 is that £2,160k will be delivered.</p>	
4	Non Pay	Pressures arising from growth in activity within Pathology and Genetics, as well as a shortfall in savings that had been planned through the delivery of a wholly owned subsidiary are being offset by reductions in drugs costs due to a switch to biosimilars.	
5	Efficiency - Better Care at Lower Cost	Overall CIP delivery in February is £885k (52%) short of target. YTD delivery of £9,260k represents 76% of the planned full year delivery. The level of savings delivered on a monthly basis have reached steady state and material movements in March 2019 are unlikely.	
6	Use of Resources	<p>The Trust's overall risk rating score remains at the lowest value of 4, following the deterioration distance from plan to 2.4%. This rating is forecast to return to an overall 3 by the end of the financial year as the distance from financial plan is expected to return to a 2.</p> <p>Distance from financial plan includes the impact of PSF not achieved (1.1%).</p>	
7	Capital Expenditure	Close management of the capital plan over the final quarter of the year has led to the identification of schemes which can be brought forward into the current year to replace those slipped into next year, expectation is that the recover the cumulative shortfall seen in February.	
8	Cash Management	The Trust did not achieve its control total for quarter 3 and did not receive any Provider Sustainability Funding (PSF) for that quarter. The Trust now expects to recover this shortfall against plan in the final quarter and therefore receive the £1.7m remaining financial component in early 2019/20.	
	Risk & Mitigation	<p>The key issues in the delivery of the 2018/19 financial plan are:</p> <ul style="list-style-type: none"> - The reliance on outsourcing to delivery the required performance in Endoscopy - Vacancies and the associated Agency cost of cover - Consistent delivery of the productivity gains - Controlling LOS as Non Elective demand rises - The impact on the savings plan of the NHSI 'pause' on the development of wholly owned subsidiaries. <p>These factors represent risks that have crystallised over the course of the financial year.</p>	

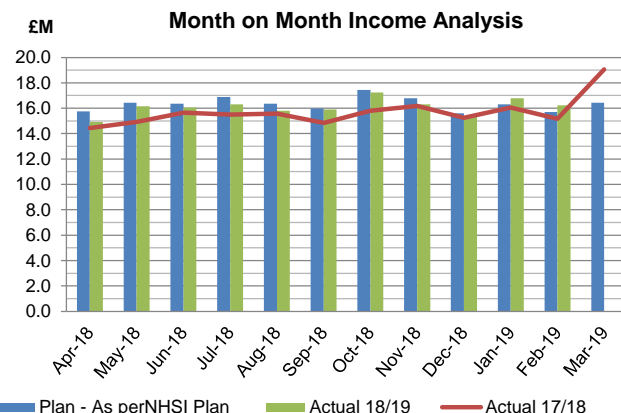
Page 1 - Income & Expenditure

Status	Position							
<div>Income & Expenditure</div>		Feb '19 In Mth			Feb '19 YTD			2018/19
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
	Operating Income							
	NHS Clinical Income	15,068	15,741	673	178,777	177,043	(1,734)	196,036
	Other Clinical Income	1,443	1,354	(89)	9,843	10,352	509	9,843
	Other Income (excl Donations)	2,349	2,420	71	24,463	25,065	602	26,922
	Total income	18,860	19,514	654	213,083	212,460	(623)	232,801
	Operating Expenditure							
	Pay	(12,375)	(12,927)	(552)	(136,506)	(138,184)	(1,678)	(148,862)
	Non Pay	(6,358)	(6,292)	66	(72,081)	(71,928)	153	(78,460)
	Total Expenditure	(18,733)	(19,220)	(487)	(208,587)	(210,112)	(1,525)	(227,322)
	EBITDA	127	295	168	4,496	2,348	(2,148)	5,479
	Financing Costs (incl Depreciation)	(1,221)	(1,945)	(724)	(13,215)	(13,804)	(589)	(14,439)
	NHSI Control Total	(1,094)	(1,650)	(556)	(8,719)	(11,457)	(2,738)	(8,960)
	Add: impact of donated assets	(25)	(34)	(9)	(275)	(421)	(146)	(300)
	Add: Impairments	0	0	0	0	0	0	0
	Add: PSF	443	0	(443)	3,353	930	(2,423)	3,795
	Surplus/(Deficit)	(676)	(1,684)	(1,008)	(5,641)	(10,948)	(5,307)	(5,465)

Trend	Variation & Action
<p>£M Month on Month I&E Surplus / (Deficit)</p>  <p>Legend: Actual (Blue bars), Plan (Blue line with diamonds), Median (Dashed blue line)</p>	<p>The position (against the NHSI Control total) for February was a year to date deficit of £11,457k, bringing the YTD shortfall against plan to £2,738k. As a result the Trust remains unable to recognise any further PSF in the reported figures. The reported deficit had been planned to increase in February due to the largely fixed cost base combined with the reduction in both working and colander days impacting activity driven clinical income.</p> <p>An in-month NHSI Control Total deficit of £1,650k was reported vs a forecast of a deficit of £2,157k. The key driver of the favourable movement was agreement over the financial outturn of the military contract held with NHSE, with £418k over and above forecast reported. This variance is expected to translate directly through to an improved outturn at year end.</p> <p>The Trust has mitigated the risk arising capacity gaps in the Endoscopy service present to cancer and diagnostic waiting time performance by outsourcing to a private provider, the cost of this increase in capacity was £42k for the period of February and £297k year to date. The Trust has reviewed alternative arrangements for providing this capacity that will be in place for 2019/20.</p> <p>Financing costs include impairments relating to assets under construction, and the development of intangible assets, this technical adjustments were included within the forecast submitted to NHSI in January.</p> <p>Although the Trust remains behind its control total it has now been signalled to NHS Improvement that this shortfall will be recovered in Q4 meaning the financial element of PSF (1.7m) will also become payable.</p>

NHS Clinical Income

Status	Position			Trend																																																						
	Income by Point of Delivery (PoD) for all commissioners	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s		<div>Month on Month Income Analysis</div> <table><thead><tr><th>Month</th><th>Plan - As perNHSI Plan</th><th>Actual 18/19</th><th>Actual 17/19</th></tr></thead><tbody><tr><td>Apr-18</td><td>15.8</td><td>14.8</td><td>14.5</td></tr><tr><td>May-18</td><td>16.5</td><td>16.2</td><td>15.0</td></tr><tr><td>Jun-18</td><td>16.2</td><td>16.0</td><td>15.5</td></tr><tr><td>Jul-18</td><td>16.8</td><td>16.5</td><td>15.8</td></tr><tr><td>Aug-18</td><td>16.2</td><td>16.0</td><td>15.2</td></tr><tr><td>Sep-18</td><td>15.8</td><td>15.8</td><td>14.8</td></tr><tr><td>Oct-18</td><td>17.2</td><td>17.0</td><td>16.5</td></tr><tr><td>Nov-18</td><td>16.5</td><td>16.2</td><td>16.0</td></tr><tr><td>Dec-18</td><td>15.2</td><td>15.0</td><td>15.5</td></tr><tr><td>Jan-19</td><td>16.2</td><td>16.5</td><td>16.0</td></tr><tr><td>Feb-19</td><td>15.5</td><td>15.5</td><td>15.2</td></tr><tr><td>Mar-19</td><td>16.5</td><td>16.5</td><td>19.5</td></tr></tbody></table>	Month	Plan - As perNHSI Plan	Actual 18/19	Actual 17/19	Apr-18	15.8	14.8	14.5	May-18	16.5	16.2	15.0	Jun-18	16.2	16.0	15.5	Jul-18	16.8	16.5	15.8	Aug-18	16.2	16.0	15.2	Sep-18	15.8	15.8	14.8	Oct-18	17.2	17.0	16.5	Nov-18	16.5	16.2	16.0	Dec-18	15.2	15.0	15.5	Jan-19	16.2	16.5	16.0	Feb-19	15.5	15.5	15.2	Mar-19	16.5	16.5	19.5
	Month	Plan - As perNHSI Plan	Actual 18/19	Actual 17/19																																																						
	Apr-18	15.8	14.8	14.5																																																						
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	Feb-19	15.5	15.5	15.2																																																						
	Mar-19	16.5	16.5	19.5																																																						
	Elective inpatients	18,082	16,052	(2,030)																																																						
	Day Case	16,198	15,810	(388)																																																						
	Non Elective inpatients	45,616	45,703	87																																																						
	Obstetrics	6,481	6,059	(422)																																																						
	Outpatients	28,951	28,470	(481)																																																						
	Excluded Drugs & Devices (inc Lucentis)	16,879	16,072	(807)																																																						
	Other	46,570	48,877	2,307																																																						
	TOTAL	178,777	177,043	(1,734)																																																						
	SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s																																																						
	Wiltshire CCG	90,659	93,397	2,738																																																						
	Dorset CCG	20,264	20,267	3																																																						
Hants CCG	14,054	14,488	434																																																							
Specialist Services	27,800	28,807	1,007																																																							
Other	26,000	20,084	(5,916)																																																							
TOTAL	178,777	177,043	(1,734)																																																							
Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year																																																					
Elective	5,285	4,694	(591)	4,565	129																																																					
Day case	20,142	19,881	(261)	19,722	159																																																					
Non Elective	24,243	23,908	(335)	23,103	805																																																					
Outpatients	232,730	231,104	(1,626)	237,771	(6,667)																																																					
A&E	44,079	44,872	793	42,502	2,370																																																					




Variation & Action

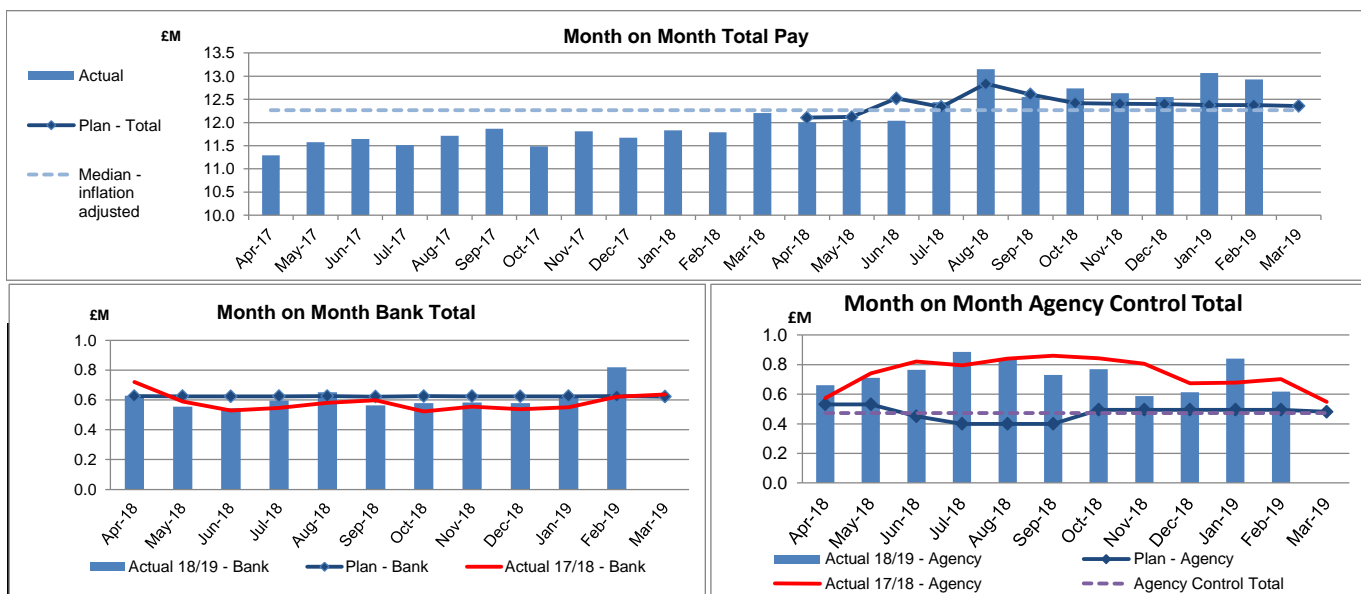
Overall income YTD was £177,043k which was £1,734k behind plan. In month actual income was £16,237k this was £622k ahead of the Trust plan. The Trust reached agreement with West Hampshire & Southampton CCGs and NHSE Military on the year end contract value which improved the position by £492k.

Looking at the productivity metrics the Trust has continued see strong productivity performance for day case, non elective, and ED activity, but the elective and outpatients performance has dropped. Elective activity was down by 58 (12.7%) mainly due to general surgery, T&O and cardiology being behind plan. Outpatients attendances were down against plan by 934 (4.7%) and this was broadly across most specialities.

Elective performance was £189k (12%) behind plan in month activity was down in general surgery, T&O and cardiology. however, T&O and cardiology over-performed on non-elective activity which partly offset this underperformance. Day Cases were above plan by £52k and this was attributable to continued outsourcing of work for endoscopy. Non Elective excluding obstetrics was down against plan by £306k but activity was on plan. The adverse financial variance was a result of the case mix and patient acuity being lower than expected. Obstetrics (births) improved with 165 birth spells which was 18 less than plan. Out patient attendances was £162k down against plan and activity was generally down across most specialities. Other activity PODs were within reasonable tolerance limits of the plan.

Status	Position			Position				
	Feb '19 YTD			Feb '19				
		Plan £000s	Actual £000s	Variance £000s		Plan WTEs	Actual WTEs	Variance WTEs
	Pay - In Post	121,325	123,044	(1,719)	Medical Staff	396.5	410.3	(13.8)
	Pay - Bank	6,800	6,607	193	Nursing	937.7	910.4	27.4
	Pay - Agency	5,189	8,018	(2,829)	HCA's	430.2	512.1	(81.9)
	Other (eg. Apprenticeship Levy)	3,192	515	2,677	Other Clinical Staff	584.3	595.5	(11.3)
	TOTAL	136,506	138,184	(1,678)	Infrastructure staff	1,108.4	1,113.5	(5.1)
	Medical Staff	36,407	37,802	(1,395)	TOTAL	3,457.1	3,541.8	(84.7)
	Nursing	35,994	34,986	1,008				
	HCA's	9,753	12,371	(2,618)				
	Other Clinical Staff	21,025	21,628	(603)				
	Infrastructure staff	30,135	30,883	(748)				
	Other (eg. Apprenticeship Levy)	3,192	515	2,677				
	TOTAL	136,506	138,184	(1,678)				

Trend



Variation & Action

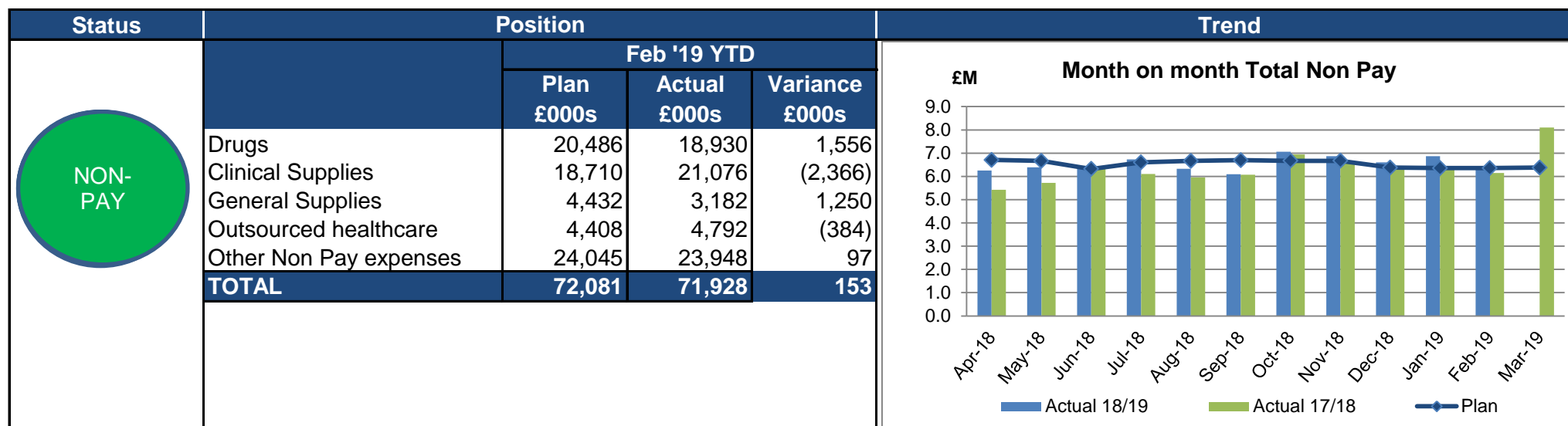
Expenditure on Pay stood at £12,927k in the period, this includes the cost of opening Laverstock ward to cope with pressures in emergency pathways. Underlying spend is equivalent to that seen in January once the provision for the challenge by HMRC on medical agency staffing models made in January is taken into account.

The charts above make clear an increase in pay Run rate over the course of the year, with the run rate increasing by circa £900k since the same period in 2017/18, key drivers of this increase are as follows:

- 2018/19 pay award: £295k (33%)
- Increases in nursing and ward staff: £207k (23%)
- Directly funded posts: £233 (26%)
- Staff previously engaged in capital projects £74k (8%)

The 2018/19 CIP plan had assumed £4,015k in Pay savings in 2018/19, forecast as at February 2018/19 is that £2,160k will be delivered.

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



Variation & Action


The 2018/19 financial plan had assumed four months of benefit of operating a wholly owned subsidiary, the pause and review of this project accounts for circa £200k in February and £900k of the year to date clinical supplies overspend. Pathology and Genetics budgets are also under pressure due to volumes of activity, driving a £100k overspend between them.

The pressures set out about are offset in the period by two key factors:

- Expenditure on excluded drugs is £180k less than plan due to a switching programme to biosimilar formulas, the associated reduction of income was already accounted for in the 2018/19 contract settlement with Wiltshire CCG.
- A provision for the costs of the final phase of the WOS implementation has been released.

Status	Position							
<div>Efficiency</div>	Directorate	Annual Plan £000s	Feb '19			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Medicine	1,845	178	100	(78)	1,666	1,248	(419)
	Musculo Skeletal	2,665	270	189	(81)	2,395	1,959	(436)
	Surgery	1,820	202	126	(76)	1,616	1,184	(432)
	Clinical Support & Family Services	2,048	229	118	(111)	1,800	1,406	(394)
	Corporate Services	1,732	178	135	(44)	1,533	1,395	(138)
	Trustwide	2,106	639	144	(496)	2,899	2,098	(800)
	TOTAL	12,217	1,696	811	(885)	11,909	9,290	(2,619)
	Position							
	Scheme	Annual Plan £000s	Feb '19			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Theatres	2,335	237	96	(141)	2,098	1,223	(875)
	Workforce	640	56	7	(49)	584	87	(497)
Outpatients	646	80	(0)	(80)	560	524	(36)	
Diagnostics	822	94	(10)	(103)	711	107	(605)	
Patient Flow	336	28	28	0	308	310	2	
Non-Pay	1,741	186	198	12	1,553	1,540	(12)	
Directorate Plans	5,397	761	388	(373)	4,517	4,649	132	
Drugs	298	25	27	2	273	125	(148)	
Sub-total	12,215	1,466	734	(732)	10,604	8,565	(2,039)	
Risk Mitigation	1,535	230	77	(153)	1,305	725	(580)	
TOTAL		1,696	811	(885)	11,909	9,290	(2,619)	

Variation & Action
<p>Overall CIP delivery in February is £885k (52%) short of target. YTD delivery of £9,260k represents 76% of the planned full year delivery. The level of savings delivered on a monthly basis have reached steady state and material movements in March 2019 are unlikely.</p> <p>Workforce continues to under deliver year to date, planned schemes had been focused on reductions in premium head count costs, but even after recent recruitment demand is still driving a need for temporary staffing. Utilisation, particularly prompt starts, remains challenging to resolve in the theatres PMB. An unrealised plan to sell MRI capacity to 3rd parties has also impacted on delivery throughout the year.</p> <p>Of the planned reductions in spend phased for the latter part of the year, the most material was that associated with the implementation of a wholly owned subsidiary, which was paused in line with NHSI guidance.</p>

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		4
		Agency rating	Distance from cap		4
		Risk rating after overrides			4

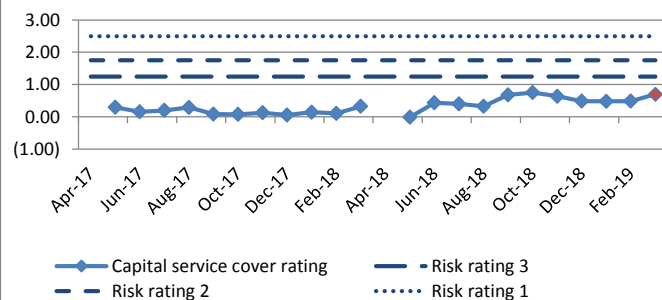
Variation & Action

The Trust's overall risk rating score remains at the lowest value of 4, following the deterioration distance from plan to 2.4%. This rating is forecast to return to an overall 3 by the end of the financial year as the distance from financial plan is expected to return to a 2.

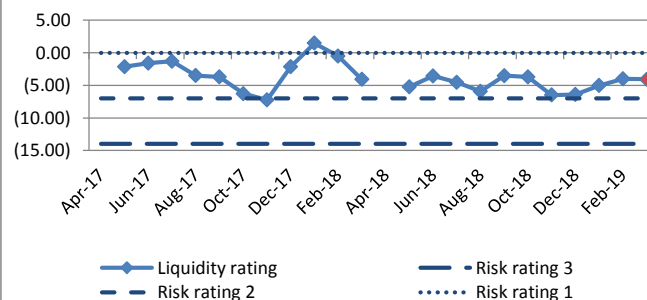
Distance from financial plan includes the impact of PSF not achieved (1.1%).

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

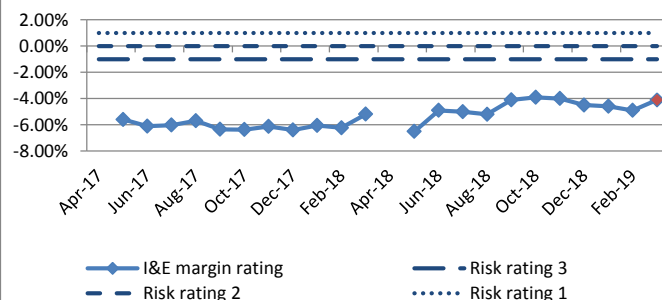
Capital service cover



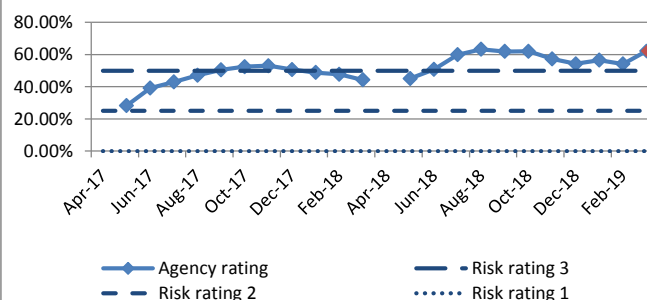
Liquidity

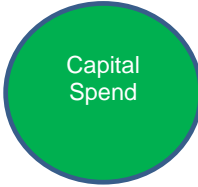


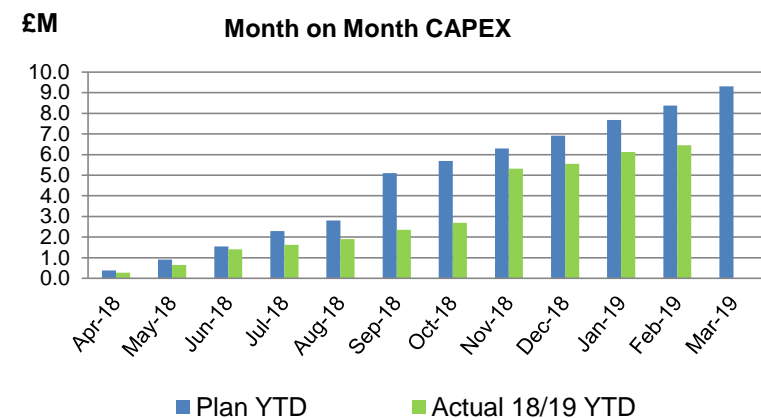
I&E margin



Agency spend over cap



Status	Position			
		Annual	Feb '19	
		Plan	Plan	Actual
	Schemes	£000s	£000s	£000s
	Building schemes	617	450	345
	Building projects	1,730	1,562	850
	IM&T	4,404	3,918	3,716
	Medical Equipment	2,755	2,105	1,210
	Other	366	335	335
	TOTAL	9,872	8,370	6,456
				Variance
		£000s	£000s	£000s
				105
				712
				202
				895
				0
				1,914



Variation & Action

Close management of the capital plan over the final quarter of the year has led to the identification of schemes which can be brought forward into the current year to replace those slipped into next year, expectation is that the recover the cumulative shortfall seen in February.

Of the £1,060k PDC received in December 2018, £500k has been identified as undeliverable within the required time frame and the Trust has signalled to NHSI that this will not be spent.

In addition, the Trust has drawn down a further £250k PDC (out of a possible £543k) from the Provider Digitalisation Fund in 2018-19 with the funds being deployed in March 2019.

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	6,808	594	594
	Debtors	15,396	15,900	15,653	(247)	257
	Cash	8,641	3,548	8,986	5,438	345
	TOTAL CURRENT ASSETS	30,251	25,662	31,447	5,785	1,196
	Creditors	(24,438)	(20,349)	(25,325)	(4,976)	(887)
	Borrowings	(1,164)	(1,488)	(1,532)	(44)	(368)
	Provisions	(292)	(292)	(292)	0	0
	TOTAL CURRENT LIABILITIES	(25,894)	(22,129)	(27,149)	(5,020)	(1,255)
	TOTAL WORKING CAPITAL	4,357	3,533	4,298	765	(59)

The Trust did not achieve its control total for quarter 3 and did not receive any Provider Sustainability Funding (PSF) for that quarter. The Trust now expects to recover this shortfall against plan in the final quarter and therefore receive the £1.7m remaining financial component in early 2019/20.

The cash flow continues to be closely monitored to ensure funds are available when required. The Trust is not planning for additional borrowing in 2019/20.

Trend

