NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board	Agenda item:	SFT 4048
Date of Meeting:	7th June 2018		

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

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

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

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

Performance Summary Narrative – April Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Local Services (COO)	• Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks. • New consultants starting in obs & gynaecology	• Pressures on referral to treatment times in some sub-specialty areas often as a result of emergency pressures. Particular areas of pressure in: general surgery, orthopaedics, oral surgery and plastics	• Directorates produced specialty level planning to determine capacity required to achieve 18 weeks. Mapping effect that transformation improvements will have, eg orthopaedics reducing waits for first C • Weekly review of capacity fill is being undertaken on a weekly basis – for outpatients, main theatres and day surgery
	• On site temporary static MRI in place and making an immediate difference – achieved the diagnostic target at 99.2%.	• Capacity impacts are significant with substantial impact on performance.	• Fixed permanent solution will provide the required capacity
	• Achieved the 4 hour target for ED in April – improved performance on April '17. • Gaps in nursing and medical rotas leading to problems with 1st doctor assessment – internal medicine recovery plan within 2 weeks.	• Variance in emergency pressures with particularly intense high volume and acuity days.	• Steering group set up to lead the internal improvement of emergency clinical pathways (work ongoing) • Medicine DMT pulling together an internal recovery plan within a fortnight
	• Substantial reduction in use of escalation capacity during April • Improvements in medicine length of stay	• High levels of long staying patients and patients whose onward care is delayed • Staff shortages affecting effective patient flow	• Community wide focus on long staying patients though Emergency Local Delivery Board. All areas of system being pushed to make improvements – meeting on 4th June to review progress • Patient flow transformation programme

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
			refreshed and directed to focus on medical length of stay with clear actions and delivery trajectory
Local Services (COO)	• Challenging in month but will achieve standards for quarter	• High levels of demand in a number of cancer pathways, eg breast, and ability to deliver on 31 day target • High number of patient choice related breaches • Small numbers and specific pathway challenges leading to breaches	• All cancer standards being monitored on an individual patient basis for 62 day pathway. • Focussed improvement on 2ww pathways to address increases in referrals especially for in breast and urology pathways • New Pembroke unit opened in mid May
Specialist Services (COO)	• Setting up plastics network for Wessex area – to be launched in June • National burns major incident exercise rescheduled – SFT to be major participant	• Continue to monitor the impact of the ward reconfiguration on plastics	• Plans in place for regular meeting at COO/MD level to discuss future working between SFT and UHS • Focussed validation on the waiting list for plastic surgery
	• Continued improvements in spinal rehabilitation pathways - recent review undertaken by COO, MD and DoN • Waiting list reduced for patients for admission to the spinal unit	• Value of the spinal contract with commissioners • Increased demand for spinal rehabilitation • Increased numbers of delayed transfers of care • Commissioner support for new pathways	• Closely monitoring improvements and action plan, including pre and post hospital pathways
Innovation (MD)	• Research recruitment 98.5% of target		

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Care (MD/DoN)	• Mortality rate is now at expected levels – for third month in a row • No c-diff, zero MRSAs. • No instances of mixed sex accommodation breaches in April • Improvements in review of high risk referrals of patients with suspected transient ischaemic attack (TIA) • Moving to good programme continues with good engagement across four core services • Well led review by Deloitte's completed	• Stroke performance operationally remains challenging – SSNAP score of D • Staffing remains challenging in a number of ward areas • Two new serious incident inquiries • Reduction in patients with hip fracture having surgery within 36-48 hours	• Retention workstream for registered nurses commenced in March. Domestic and overseas recruitment continues • Twice daily staffing reviews utilising safe care data continue • Dedicated trauma lists introduced in May, with new theatre timetable providing a daily trauma list • Intensive support programme instigated in theatres, with executive oversight • Incidents under investigation. Task and finish group chaired by Deputy COO assessing immediate actions to tumour site pathways where required
People (DoOD&P)	**Recruitment:** • Domestic and international campaigns continue for nursing (Australia, India and UAE) 109 offers made in India. 4 nurses have passed IELTs/OET already with 1 who already has NMC decision letter and should arrive in June. Additional event held in Perth on 26 May 2018, 8 offers made. • Student nurses offered a guaranteed values	**Recruitment:** • Vacancies have increased from 5.90% in month 12 to 7.90% in month 1. This increase is due to the movement of subsidiary companies (OML, STL) with above average vacancy levels into the Trust's consolidated account, general movement of capital FTE to revenue (GS1, Informatics, etc), creation of a	**Recruitment:** • Longer term recruitment - "grow your own" plan to achieve fill to 95% for ward based nursing • Recruitment microsite will be live at TRAC implementation. • Noticeboards and banners to improve physical marketing • Guardian advertisement placed in the NHS

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
People **(DoOD&P)**	based interview (13 offers of employment made, 12 offers accepted, 1 yet to accept due to issue with preceptorship start date – Deputy Director of Nursing leading. • 10 OSCE passes in the past month, releasing new RNs to the wards. • Closed Facebook group set up for international nurses to improve onboarding. **Agency Spend:** • Workforce pay control group manages process and monitors spend • Overtime review next area of deep dive • Audit report (Reasonable assurance - 4 areas to improve) • Collaboration with external hospitals Collaborative bank now live with Hampshire, Royal Surrey and Ashford and St Peters Hospitals, via Locums Nest	reserve to fund posts when they come on stream and permanent funding of other initiatives including enhanced cleaning, OD and People transformation. • Overseas nursing has low conversion rate • Lack of available domestic registered nurses **Agency Spend:** • Agency used to keep nursing staffing levels safe, continuing • Month 1 control total exceeded, increased by £222k from £439k in month 12 to £661k in month 1. The staff group with the largest increase was Registered Nurses which was up by £116k compared with Month 12. Spend for Allied Health Professionals increased due to the re-coding of ODPs from ST&T to AHPs from Month 1. • Spend for NHS Infrastructure Support increased due to the inclusion of Laundry agency spend (£117k) in the figures from Month 1 for the first time.	70th birthday edition **Agency Spend:** • Agency spend tracked in month versus 2018/19 control total • Workforce committee business case proposal for Managed Service Provider requiring further detail and analysis. • Workforce pay control group to review additional areas of non-contractual pay spend

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
	Sickness: • Theatres group established and on-going • Initial stages of STP wide collaboration for health and wellbeing underway • HAWB strategy in development • Sickness fallen slightly to 3.53%, compared to local Trusts average of 3.59%. **Engagement:** • OD and Engagement plan launched & has great response throughout May. • positive staff survey results – engagement score in top 20% in the country **Other:** • MaST compliance stands at 85.59% • Medical appraisal rates are 87.7%	**Sickness**: • Long term sickness decreased slightly this month, "anxiety/stress/depression" remaining top 20% of cases. • Hotspot area remains Theatres • Hotspot staff group remains nursing **Engagement:** • Staff morale at time of intense operational pressures • Areas of concern in staff survey **Other:** • Appraisal challenging to hit 85% (Non-medical rates currently at 84.1%)	**Sickness:** • Theatres working group supporting managers on a case by case basis • Managing attendance policy (now approved) and managers toolkit to be implemented in June. • OH service redesign, HAWB strategy • Head of HAWB post to be advertised **Engagement:** • Staff engagement group to be established (May 18) M2 of engagement plan • Long term retention strategy for all staff groups is in progress
Resources (DoF)	• The Trust has been offered revised control total which would allow the Trust to access PSF and mitigate further risks.	• The Trust is behind £0.3M in month, predominately due to an under delivery of activity particularly in elective orthopaedics. • Trust has ongoing work to agree Dorset contract for 2018/19, steps in place to agree data accuracy audit to underpin contract (June).	• Trust is developing a plan to consider proposed revised control total. (June) • Trust engaged with STP financial recovery plan, with a focus on reducing Length of stay and the associated costs of capacity at SFT.

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Report to:	Trust Board (Private)	Agenda item:	SFT4048
Date of Meeting:	07 June 2018		
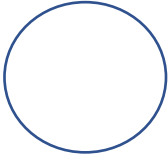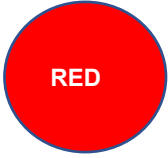
Report Title:	Month 1 Operational Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix : 1 Performance & Score Card Appendix: 2 EPR Meeting overview report			

Recommendation:
The committee are asked to note the Trust Performance for Month 1

Executive Summary:
The Trust delivered the ED, RTT and Diagnostic standards for Month 1. At the time of writing this report, Cancer performance was still being validated.

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	☒
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☒
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☐
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☐
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☐
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☒

Executive Summary of Key Operational Performance – April 2018

ED Performance	**In month (1):** National standard was delivered in month 1 with performance at **95%** **Year to date**: YTD performance **95%**	Green
RTT Performance	**In month (1):** National standard was delivered in month with performance at **92%** **Year to date:** YTD performance **92%**	GREEN
Diagnostics	**In month (1):** National standard was delivered reporting **92.2%.** **Year to date:** The standard has been delivered for M1	GREEN
Cancer	**In month (1):** At the time of writing this report, final cancer performance was not available – a verbal update will be provided at the meeting**.**	
DTOCs	**In month (1):** 590 bed days **Year to date:** 590 bed days	RED

Emergency Pathway

4 hour performance for April 2018 :

Type 1   **92.58%**
Type 1, 2 and 3   **95%**

Ambulance breaches: Total 3 (none over 60 minutes)

No 12 hour trolley waits in April

Time to triage – April
14.8 minutes (Majors & Resus patients)
Time to Treatment - April
53.1 minutes (Majors & Resus patients)
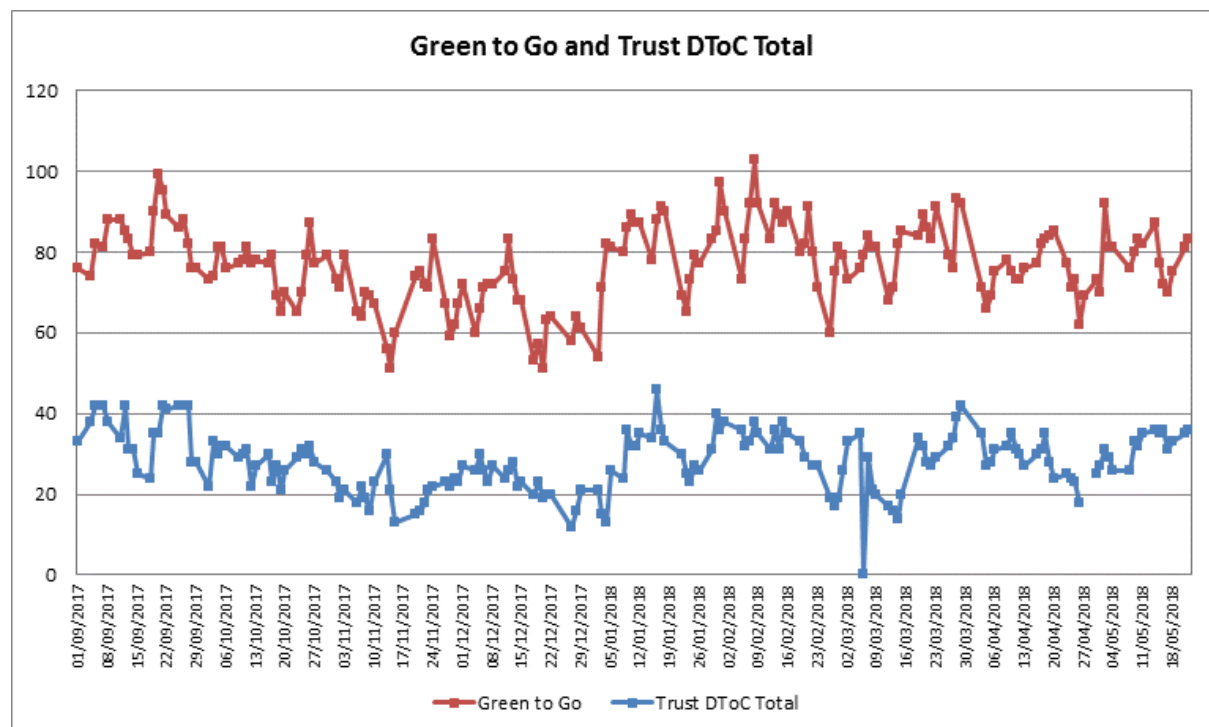
RTT

RTT Incomplete by Unify Specialty	Total <18 weeks	Total	% <18 weeks
General Surgery	577	733	78.72%
Urology	1006	1115	90.22%
Trauma & Orthopedics	1643	1901	86.43%
Ear, Nose & Throat (ENT)	920	966	95.24%
Ophthalmology	1233	1251	98.56%
Oral Surgery	1331	1586	83.92%
Neurosurgery	0	0	
Plastic Surgery	1046	1264	82.75%
Cardiothoracic Surgery	0	0	
General Medicine	42	43	97.67%
Gastroenterology	818	862	94.90%
Cardiology	842	843	99.88%
Dermatology	689	735	93.74%
Thoracic Medicine	339	400	84.75%
Neurology	0	0	
Rheumatology	313	316	99.05%
Geriatric Medicine	148	153	96.73%
Gynaecology	949	975	97.33%
Other	4038	4171	96.81%
Total	**15934**	**17314**	**92.03%**

General Surgery
- Reviewing waiting list is on-going to ensure waits are evenly spread. Most of backlog is hernias. Wiltshire CCG commissioned a community hernia pathway from April 18 so expect to see an impact of that. Managing waiting list in house and monitoring demand impact before reviewing outsourcing opportunities

Urology
- Meeting clinical team on 20th April to agree action to see long waiters and follow up's. Weekly meetings are in place with the COO and CD. Consultants are reviewing patients on the backlog weekly and appropriate action is being taken.

Trauma and Orthopaedics
- Additional staff in Ortho Outpatients from January 2018 to increase capacity (evening & weekend), 100 additional patients seen in April.
- Additional theatre lists linked to Theatre utilisation and delivery of orthopaedic business case : 8 sessions in April
- 2 additional Consultants appointed to support business case delivery.

Oral Surgery
- Additional outpatient lists Oral & Maxillofacial Surgery
- Saturday paediatric snatch lists being planned dependent upon volunteers
- Additional Orthodontic Consultant appointed in May 2018 to support increased capacity to improve waiting times.

Plastic Surgery
- Additional theatre lists
- Additional Malignant Melanoma & Squamous Cell Carcinoma lists. Increased capacity during March identified in both Day Surgery Units and Minor Operations, ongoing in April
- Additional Clinic capacity in March, ongoing in April
- Additional breast reconstruction lists planned, ongoing in April

Diagnostic (DM01)

In April 99.23% of patients were seen within 6 weeks. There were 27 breaches (16 MRI,4 CT, 4 Endoscopy and 3 Audiology).

Cancer

April has been a particularly challenging month with us failing the 2WW target which is very unusual. We had breaches in the following specialties: haem, lung, upper GI, breast and colorectal (34 in April). The colorectal team have now set up a weekly meeting with the Booking Team to look at capacity issues with the 2WW. Currently the colorectal team is short-staffed due to sickness.

62 day performance is tight but we are confident that we can reach 85% for the month.

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

Description	Standard	April			May			June			Q1 2018-19		
	%	In target	Total	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	694.0	777.0	89.32	716.0	793.0	90.29	21.0	31.0	67.74	1431.0	1601.0	89.38
Symptomatic Breast Two Week wait	93	68.0	97.0	70.10	52.0	64.0	81.25	1.0	1.0	100.00	121.0	162.0	74.69
31 Day Standard	96	95.0	98.0	96.94	47.0	49.0	95.92	0.0	3.0	0.00	142.0	150.0	94.67
31 Day Subsequent: Drug	98	9.0	10.0	90.00	5.0	6.0	83.33	0.0	0.0	-	14.0	16.0	87.50
31 Day Subsequent: Surgery	94	11.0	11.0	100.00	7.0	7.0	100.00	0.0	0.0	-	18.0	18.0	100.00
62 Day Standard	85	49.0	58.0	84.48	30.5	38.5	79.22	0.5	2.5	20.00	80.0	99.0	80.81
62 Day Screening Patients	90	1.0	1.0	100.00	1.0	1.0	100.00	0.0	0.0	-	2.0	2.0	100.00
Link to: Cancer Target Breaches By Month													

ICU

Delayed ITU transfers Feb - Apr 18
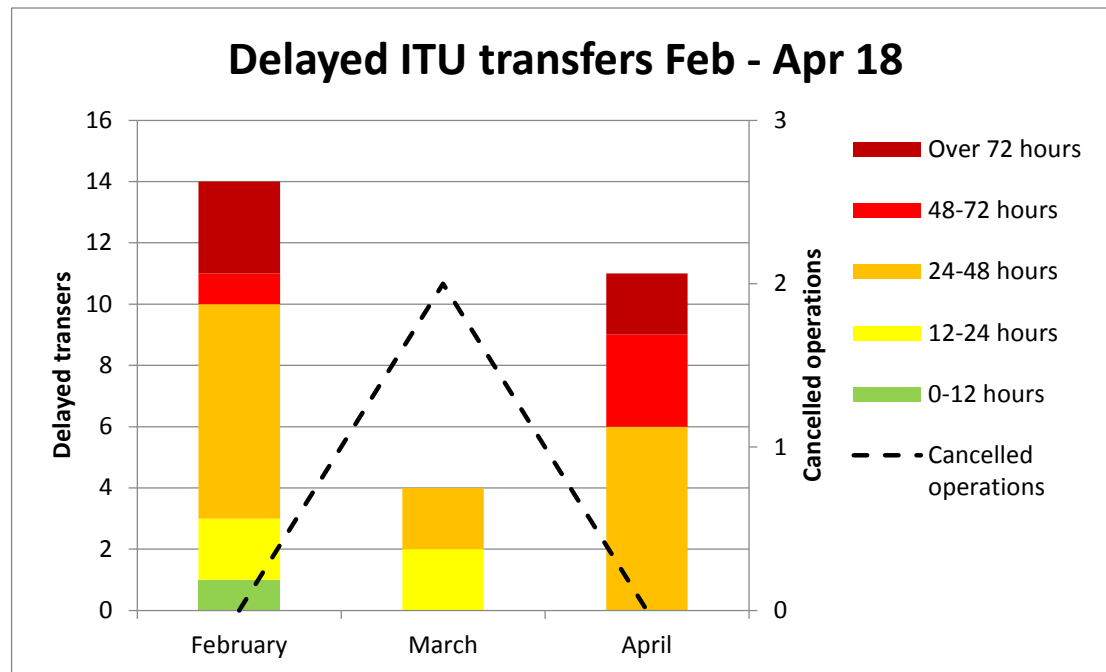
Links to Assurance Framework/ Strategic Plan:

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

Salisbury Hospital NHS Foundation Trust Board Report - April 2018

Metric Name	National Ceiling /Standard	Local Trajectory	Reporting Month Apr-18	Patients Affected in Apr-18	Rolling 12 months Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	92.0%	1,381	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		10 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		

Metric Name	National Ceiling /Standard	Local Trajectory	Apr-18	Patients Affected in Apr-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	95.0%	290	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		99.2%	27	
Diagnostic Test Compliance***	10 out of 10		6 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		1		
Mixed Sex Accommodation Breaches	0		0		
Infection control – Clostridium difficile (YTD)	YTD: 2		YTD: 0	0	
Infection control - MRSA*	0		0		

Metric Name	National Ceiling /Standard	Local Trajectory	Apr-18	Patients Affected in Apr-18	Trend Against National Standard
All Cancer two week waits	93%		89.2%	84	
Symptomatic Breast Cancer - two week waits	93%		70.1%	29	
31 day wait standard	96%		96.9%	3	
31 day subsequent treatment : Drug	98%		90.0%	1	
31 day subsequent treatment : Surgery	94%		100.0%	0	
62 day wait standard from GP referral	85%		84.7%	9.0	
62 day screening patients	90%		100.0%	0.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

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Report to:	Trust Board	Agenda item:	SFT4048
Date of Meeting:	7 June 2018		

Report Title:	Quality indicator – April 2018			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Claire Gorzanski, Head of Clinical Effectiveness			
Executive Sponsor (presenting):	Dr Christine Blanshard, Medical Director Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Quality indicator report – April 2018			

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

Executive Summary:
Positive indicators show good infection prevention and control outcomes and no non-clinical mixed sex accommodation breaches. HSMR is within the expected range for the third consecutive month and high risk TIA performance has been sustained.   Of concern, is a reduction in the number of hip fracture patients being operated on within 36 hours. The introduction of the orthopaedic dedicated trauma lists was delayed until May and daily lists will be available in June. Stroke indicators are also an area for improvement with the team engaged with other acute Trusts in the STP and stroke network to determine how performance can be sustainably improved.

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	
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	✓
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	

1.0 Purpose

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

2.0 Background

2.1   The Accountability Framework sets out the performance function which oversees the delivery of all elements of Trust performance throughout the year, including service performance and quality of care linked to the delivery of the Trust's transformational and financial plans.

2.2   The Performance Framework sets out the metrics that each directorate will be held accountable for. The quality indicator report provides the metrics that the Trust uses to establish the quality of care provided by the Trust.

3.0 Quality indicator report

3.1   No cases of hospital apportioned C Difficile in April. Upper limit in 18/19 reduced to 18 cases.

3.2   Three MSSA bacteraemias. None were line related and all were on different wards.

3.3   One E Coli bacteraemia. Currently being investigated.

3.4   Two new serious incident inquiries. The Trust is seeking a downgrade from the CCG of one never event that occurred in 17/18 as following the investigation it is felt it did not meet the criteria for a never event.

3.5   A decrease in the crude mortality rate in April. HSMR decreased to 102.8 to January 18 and is within the expected range. SHMI increased to 109 to September 17 and when adjusted for palliative care is 104.4 and is as expected. SFT has made good progress in Learning from Deaths and will be reporting Q3 and Q4 17/18 figures to the Board in June 18.

3.6   A decrease of patients with a hip fracture receiving surgery within 36-48 hours of admission. The introduction of orthopaedic dedicated trauma lists was delayed until May and daily lists will be available in June.

3.7   There was 1 fall resulting in moderate harm (fractured nose). The falls improvement work continues.

3.8   Time to CT scan 100%. The time to reach the stroke unit within 4 hours missed the standard due to late transfers from ED (6) and admission to AMU instead of the stroke unit (3). 80% of patients spent 90% of their stay on the stroke unit.

3.9   Sustained improvement in the performance of high risk TIA patients seen within 24 hours.

3.10   Escalation bed capacity and multiple ward moves reduced.

3.11   No non-clinical mixed sex accommodation breaches.

3.12   A significant increase in the number of patients giving real time feedback about the quality of their care as helpdesk managers now go to the wards to speak with patients directly. The Q4 staff friends and family test showed a decrease in those recommending the Trust as a place to work.

4.0 Summary

Positive indicators show good infection prevention and control outcomes and no non-clinical mixed sex accommodation breaches. HSMR is within the expected range for the third consecutive month and high risk TIA performance has been sustained.

Of concern, is a reduction in the number of hip fracture patients being operated on within 36 hours. The introduction of the orthopaedic dedicated trauma lists was delayed until May and daily lists will be available in June. Stroke indicators are also an area for improvement with the team engaged with other acute Trusts in the STP and stroke network to determine how performance can be sustainably improved.

5.0 Recommendation

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

Claire Gorzanski, Head of Clinical Effectiveness, 14 May 2018

Trust Quality Indicators - April 2018

Quality Measures

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

Trust Incidents		2017-18 YTD		2018-19 YTD
Never Events	🔴	3	🟢	0
Serious Incidents Requiring Investigation	🔴	25*	🟢	2

* 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

Legend: Clostridium Difficile - Trust apportioned HPA reportable; Clostridium Difficile - Trust Cumulative YTD; Clostridium Difficile - Trust Target

MSSA - Trust Apportioned

Legend: MSSA - Trust apportioned reportable

E-Coli - Trust apportioned reportable
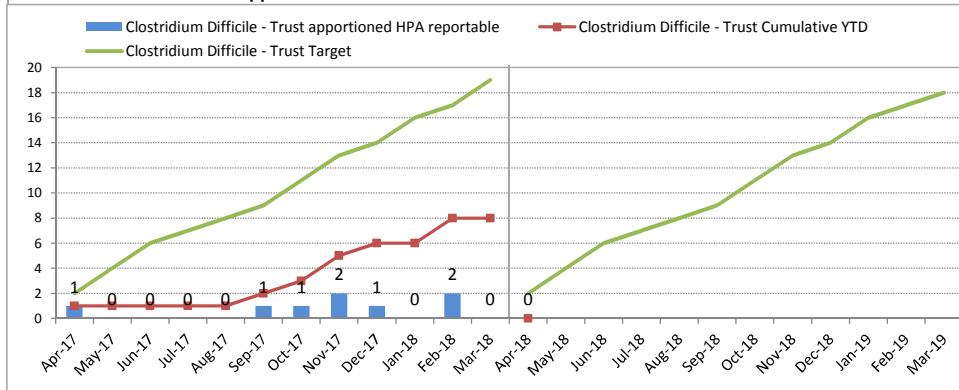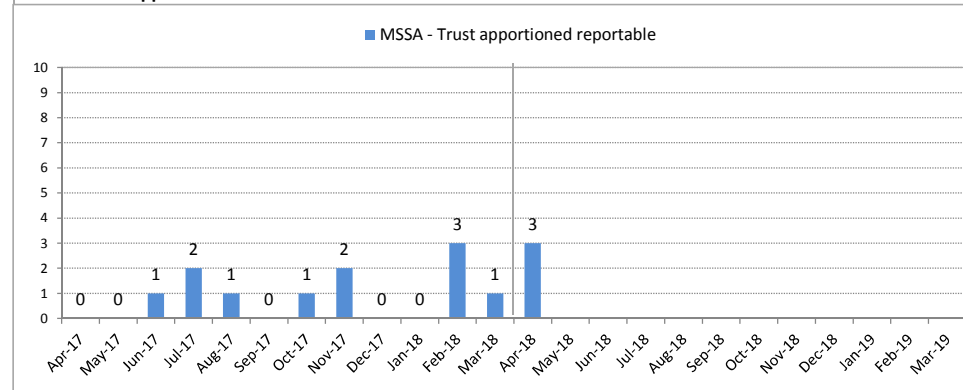
Legend: E-Coli - Trust apportioned reportable

In hospital cardiac arrests and futile CPR

Legend: Cardiac arrests; Futile CPR

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

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Hospital Mortalities

Legend: EL | NE Under Palliative Care | All other NE | Total Admissions

X-axis: Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18

HSMR and SHMI

Legend: Total Mortalities | SHMI | SHMI Adjusted for Palliative Care | Target | Remodelled HSMR | Weekend HSMR

Total Mortalities values: 68, 78, 100, 82, 73, 62, 69, 54, 70, 67, 68, 66, 49, 96, 87, 74, 79, 69

X-axis: Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18

Emergency Readmissions within 7, 14 & 30 days of Discharge

Legend: % Emergency Readmissions <7 Days | % Emergency Readmissions <14 Days | % Emergency Readmissions <30 Days

X-axis: Oct-16, Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18
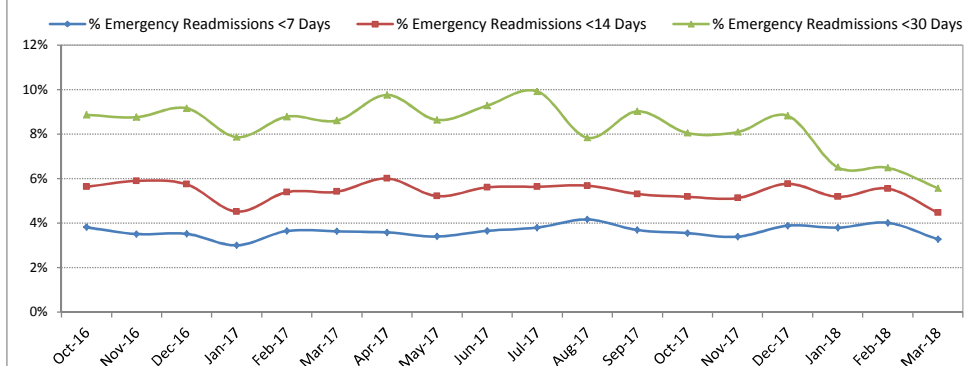
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)

Legend: % Patients operated on <36hrs of Admission | % Patients operated on 36-48hrs of Admission | No.of Patients admitted with #NOF | % BPT Compliance | Target

No.of Patients admitted with #NOF values: 23, 25, 24, 25, 25, 20, 32, 26, 25, 33, 17, 22, 31, 27, 24, 28, 18, 14

X-axis: Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18

Trust Quality Indicators - April 2018

Quality Measures

Pressure Ulcers

- No. of Grade III & IV Pressure Ulcers: Hospital Acquired
- No. of Grade II Pressure Ulcers
- Quarterly Grade ll Pressure Ulcers per 1000 Bed Days

Safety Thermometer - One Day Snapshot per Month

- % Harm Free Patients
- % New Harm Free
- % Patients with New Pressure Ulcer
- New Pressure Ulcer Baseline (1.38%)
- New Pressure Ulcer Target (0.966%)

Values: 1.3% 1.1% 1.8% 1.7% 1.2% 1.6% 1.0% 1.3% 1.0% 0.0% 0.5% 0.9% 1.1% 0.7% 1.6% 1.5% 0.9% 0.8%
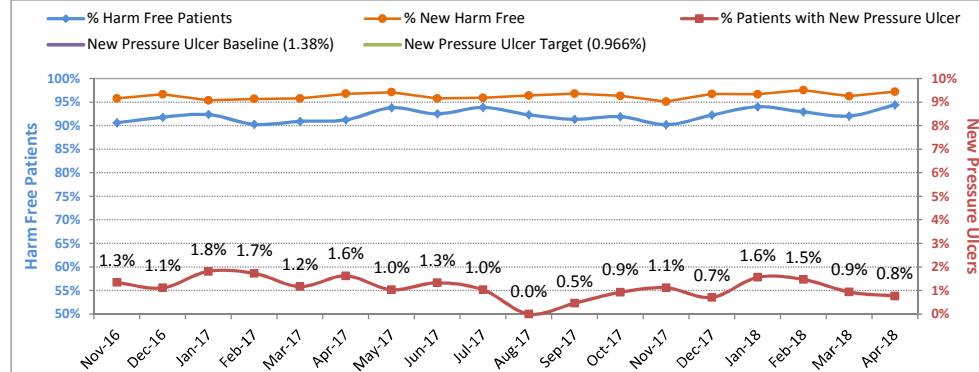
Patient Falls in Hospital

- Falls resulting in moderate harm
- Falls resulting in fracture or major harm
- Total Number of Fractures
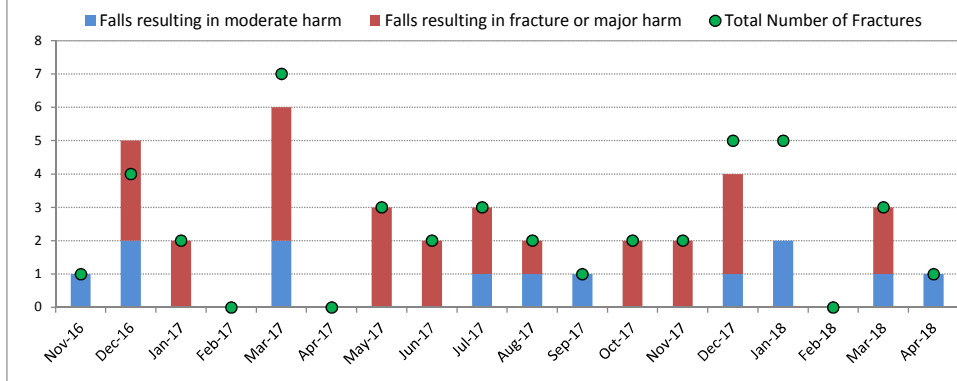
Please note, in Mar-17 1 patient has 2 fractures.

Venous Thrombous Embolism: Risk Assessment & Prophylaxis

Number Risk Assessed   **Number Treatment Given**

- % VTE Risk Assessment
- % VTE Treatment received

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Treatment Given	250	333	334	377	328	323	308	309	257	305	308	350	296	265	365	292	348	343
Risk Assessed	1201	1406	1086	1251	1287	1246	1375	1527	1352	1313	1348	1330	1315	1115	1213	1140	1208	1438

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

Stroke Care

Stroke Discharges — % with 90% of their stay on Farley — % arrival to SU within 4 hours — % CT'd within 12 hrs (from Jun-13)

Values: 33, 18, 28, 32, 39, 21, 30, 26, 29, 23, 41, 30, 28, 33, 41, 31, 36, 26 (Nov-16 to Apr-18)

TIA Referrals

■ % High Risk TIA patients seen <24hrs (OP only from Dec-14) ■ % High risk TIA patients seen 24 - 30hrs (OP only)
Total High Risk Patients (OP only from Dec-14)

Values: 17, 11, 24, 23, 12, 16, 22, 18, 15, 16, 9, 18, 19, 29, 36, 17, 18, 31 (Nov-16 to Apr-18)
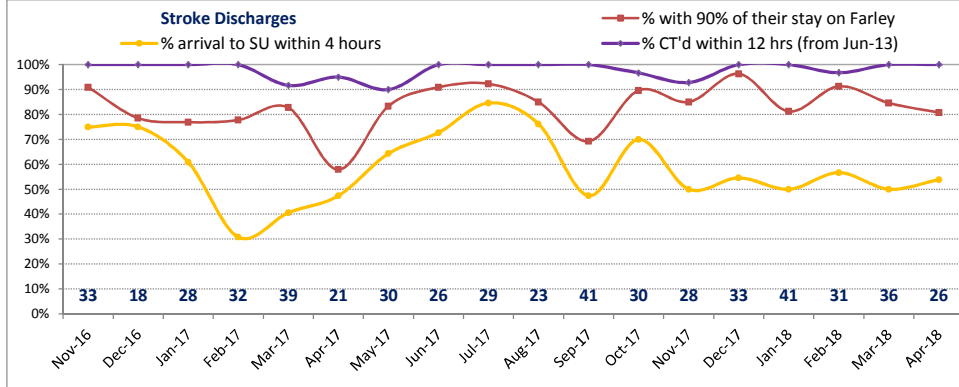
SSNAP Case Ascertainment Audit

Highest level = Grade A

Lowest level = Grade E

Quarterly	Q1	Q2	Q3	Q4
2015-16	D	C	C	C

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

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

Complaints and Concerns

■ Complaints - Total re-opened   ■ Concerns - Total re-opened
■ Complaints - Total received   ■ Concerns - Total received
Complaints - % acknowledged (within 3 working days)

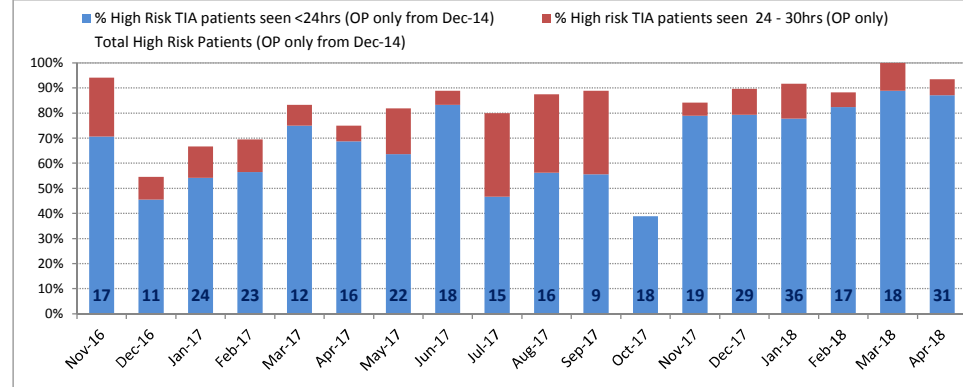|	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Complaints - Total received	12	26	12	26	8	17	12
Complaints - Total re-opened	4	4	3	2	3	3	3
Concerns - Total received	24	25	24	37	36	29	20
Concerns - Total re-opened	1	1	0	1	1	2	2

Escalation Bed Days

■ Total Number of Occupied Bed Days in Escalation Beds (see above for list)*

NHS Salisbury NHS Foundation Trust

Delivering Same Sex Accommodation

■ Number of Non-Clinical Breaches (Patients affected) ● Number of Non-Clinical Occurrences

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
■	8	26	62	29	0	0	0	0	0	0	0	0	0	0	59	35	49	0
●	1	4	9	5	0	0	0	0	0	0	0	0	0	0	5	3	5	0
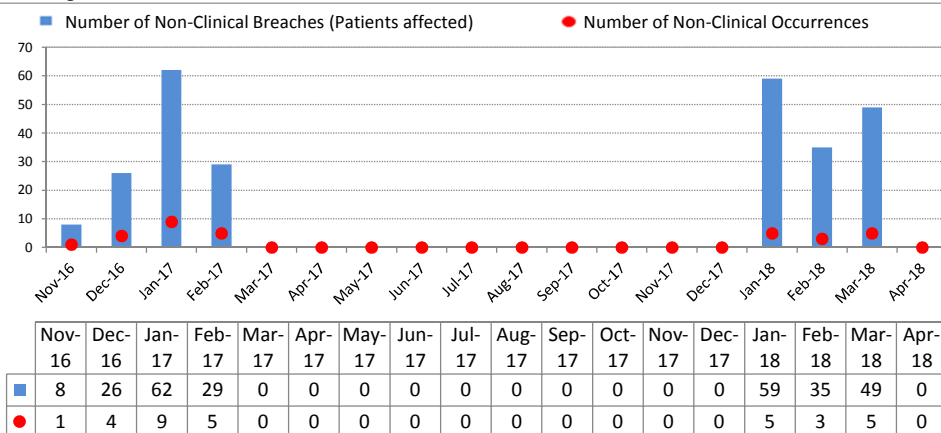
Patients moving multiple times during their Inpatient Stay

Total Admissions — %age of patients moved more than 2 times — %age of patients moved more than once — %age of patients moved more than 3 times

Total Admissions: 2357, 2793, 2430, 2682, 2652, 2720, 2677, 2720, 2851, 2878, 2781, 2869, 2734, 2879, 2793
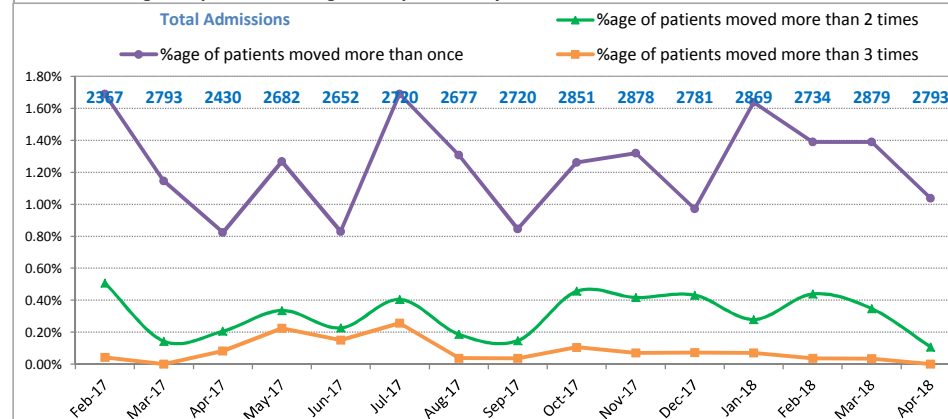
Ward moves between 22:00 and 06:00

Apr-18

■ Moves per hour
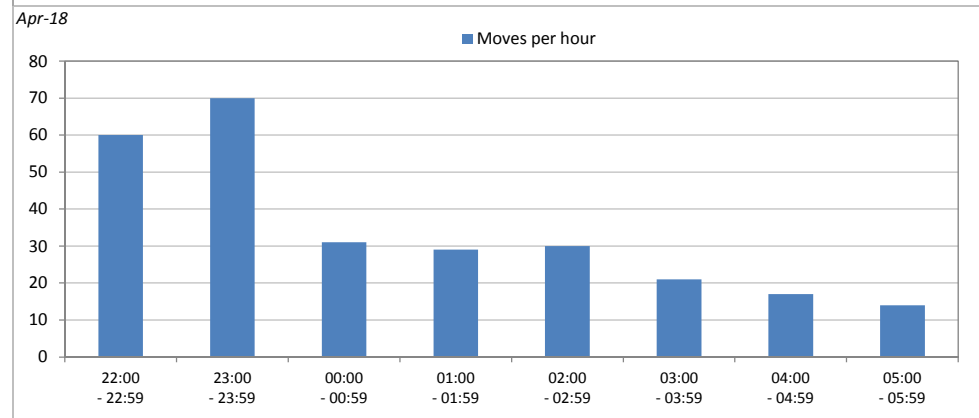
Friends & Family Test: Responses by Area

- IP: % Not Recommend
- Maternity: % Not Recommend
- A&E: % Not Recommend
- IP: % Recommend
- Maternity: % Recommend
- A&E: % Recommend

- OP: % Not Recommend
- DC: % Not Recommend
- OP: % Recommend
- DC: % Recommend
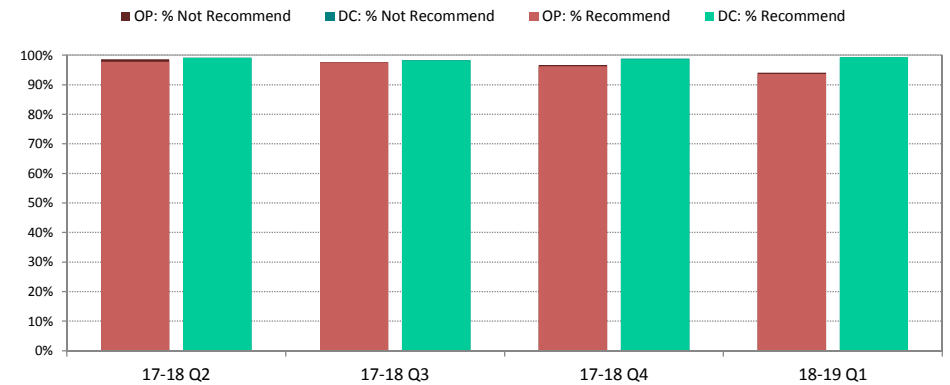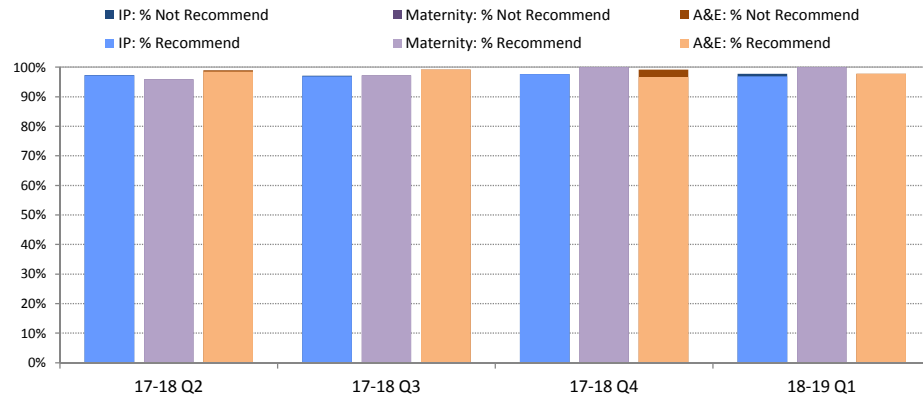
Real Time Feedback: Overall how would you rate the quality of care you received?

Number of Respondents — Mean Score of 5 possible responses — Previous Year Average — Goal

142	86	113	70	112	79	96	74	71	88	89	93	95	68	103	62	77	210

Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18
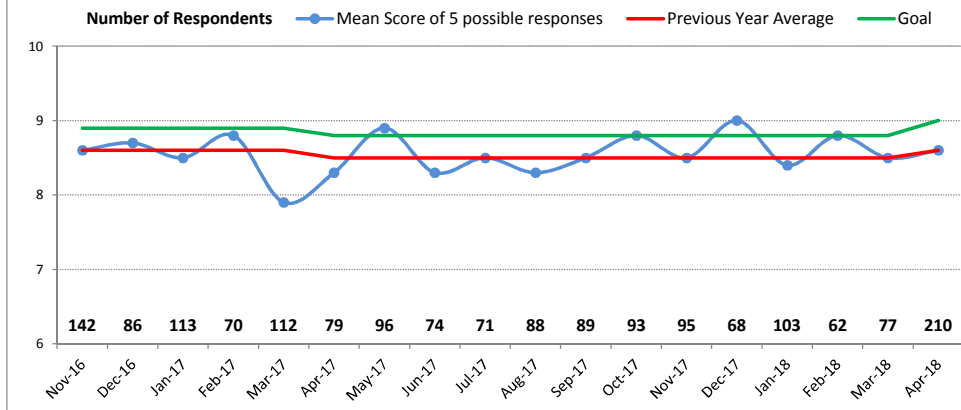
Friends & Family Test: Staff (% Responses)

- Care or Treatment: Other Responses
- Place of Work: Other Responses
- Care or Treatment: Extremely & Likely
- Place of Work: Extremely & Likely
- Overall Response Rate
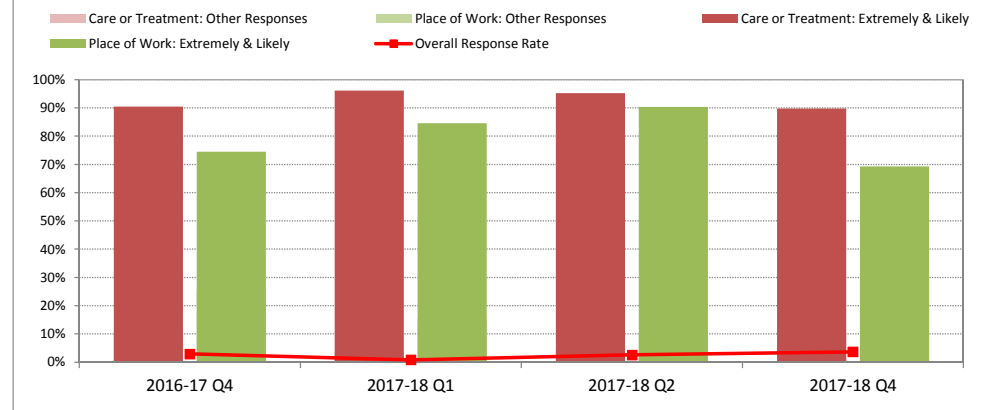
The new score measures the % Recommended (Likely + Extremely Likely) and the % Not Recommended (Unlikely + Extremely Unlikely) to show the percentage of responses that would or wouldn't recommend the Trust.
Don't Know and Neither Likely or Unlikely responses are excluded from this measure.

Safe Staffing NQB Report

April 2018

Monthly Comparisons – Actual Staffing Levels

Month	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
April -2018	61045	55646	91%	33609	4007	119%	94653	95716	101%	58%	42%

Monthy Comparison - Actual Staffing Levels
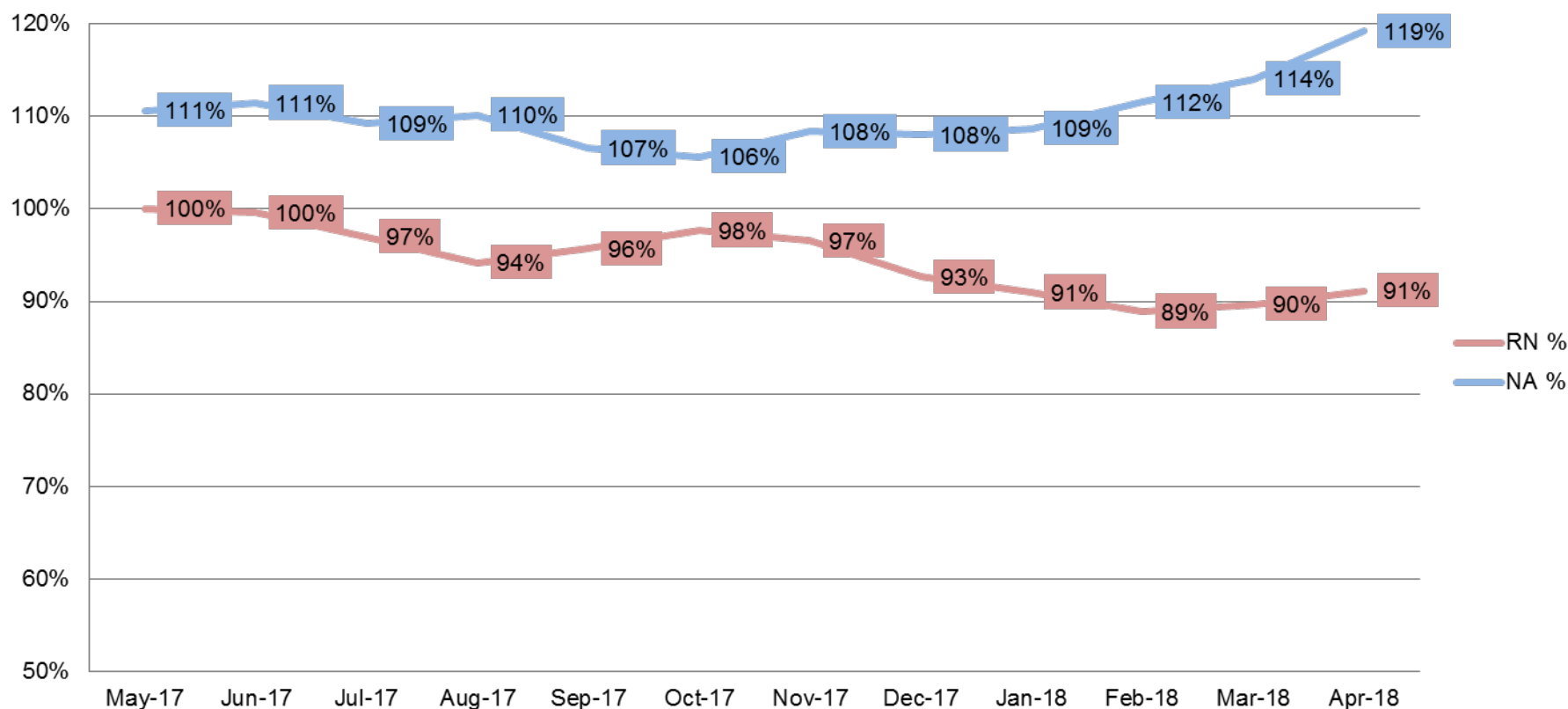
Overview of Nurse Staffing Hours – April 2018

Day	RN	NA
Total Planned Hours	36932	21072
Total Actual Hours	32477	25322
Fill Rate (%)	88%	119%

Night	RN	NA
Total Planned Hours	24113	12537
Total Actual Hours	23169	14748
Fill Rate (%)	97%	128%

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	**15481**	**13065**	**86%**	**10135**	**12869**	**125%**
AMU	1979	1773	90%	1038	1654	159%
Durrington	1153	1108	96%	819	1226	150%
Farley	2220	1858	84%	1431	1967	137%
Hospice	895	915	102%	667	844	127%
Pembroke	868	895	103%	726	740	102%
Pitton	1829	1445	79%	1185	1258	106%
Redlynch	1589	1312	83%	1100	1318	120%
Tisbury	2105	1817	86%	688	642	93%
Whiteparish	1324	858	65%	1021	1329	130%
Winterslow	1520	1085	71%	1464	1894	129%
Surgery	**8034**	**7854**	**98%**	**3123**	**3849**	**122%**
Britford	2080	1982	95%	1095	1242	113%
Downton	1263	1305	103%	910	1118	123%
Radnor	3447	3353	97%	423	412	97%
Breamore Short Stay	1244	1213	98%	696	1078	155%
MSK	**7893**	**6465**	**82%**	**6489**	**7353**	**117%**
Amesbury	1605	1487	93%	1348	1489	110%
Avon	1648	1285	78%	1884	1812	96%
Burns	1560	1226	79%	737	1006	136%
Chilmark	1685	1321	78%	1076	1416	132%
Tamar	1395	1147	82%	1443	1631	113%
CSFS	**5524**	**5094**	**95%**	**1326**	**1251**	**98%**
Maternity	3112	2750	88%	987	913	93%
NICU	1046	1077	103%	0	0	100%
Sarum	1367	1267	93%	339	338	100%
Grand Total	**36932**	**32477**	**88%**	**21072**	**25322**	**119%**

Key:	Less than 80%	Between 80 - 90%	Between 90 - 115%	Greater than 115%

Nursing Hours by Night Shifts

Row Labels	Night RN Planned	Night RN Actual	Night RN Fill Rate	Night NA Planned	Night NA Actual	Night NA Fill Rate
Medicine	**9623**	**9338**	**98%**	**5671**	**7422**	**135%**
AMU	1507	1419	94%	345	748	217%
Durrington	690	691	100%	690	909	132%
Farley	1035	1047	101%	690	1001	145%
Hospice	570	575	101%	510	729	143%
Pembroke	690	692	100%	334	431	129%
Pitton	1035	1116	108%	690	713	103%
Redlynch	1035	932	90%	690	771	112%
Tisbury	1371	1258	92%	345	432	125%
Whiteparish	690	679	98%	688	745	108%
Winterslow	1001	932	93%	690	945	137%
Surgery	**5449**	**5284**	**98%**	**2402**	**2817**	**115%**
Britford	1035	967	93%	679	826	122%
Downton	690	688	100%	690	741	107%
Radnor	3045	2943	97%	345	334	97%
Breamore Short Stay	679	686	101%	689	917	133%
MSK	**4086**	**3822**	**95%**	**3417**	**3500**	**102%**
Amesbury	1035	932	90%	686	755	110%
Avon	900	852	95%	870	911	105%
Burns	989	852	86%	690	654	95%
Chilmark	572	575	101%	572	600	105%
Tamar	590	612	104%	600	580	97%
CSFS	**4957**	**4727**	**96%**	**1047**	**1010**	**165%**
Maternity	2760	2577	93%	1035	976	94%
NICU	1035	1035	100%	0	0	100%
Sarum	1162	1115	96%	12	35	300%
Grand Total	**24113**	**23169**	**97%**	**12537**	**14748**	**128%**

Key:	Less than 80%	Between 80 - 90%	Between 90 - 115%	Greater than 115%

Overview of Areas with Red
(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Pitton	79	√		Day	Uncovered shifts were reviewed throughout the day based on patient acuity and dependency & managed within the available skills sets to ensure safe care.
Red	Whiteparish	65	√		Day	Additional NA shifts were implemented to support staffing gaps and ensure safe staffing supported by the remaining qualified staff on shift
Red	Winterslow	71	√		Day	Overstaffing of NA shifts enabled bolstering of staffing numbers to support safe staffing as above
Red	Avon	78	√		Day	Unfilled shifts are reviewed on a shift by shift basis . If there are no respiratory patients or unfilled shifts are not causing concern , patient acuity and demand demonstrates the shift is manageable and safe then they are not escalated for temporary staff fill. Some shifts are covered by a locally skilled Band 3
Red	Burns and Plastics	79	√		Day	The unit has high vacancy rates and utilises Band 3 staff to assist with cover . If there is no plastic surgery flap patient then the 3rd RN shift may remain unfilled and not put out for escalation.
Red	Chilmark	78	√		Day	Alternative grade cover used on to bolster staffing gaps and support safe staffing.

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

Trends and Themes

Although the shift in the wards flagging red continues the number of wards doing so has reduced from 8 to 6.

The RN fill rate continued to be low during April at 91% with a compensatory uplift of additional NA numbers demonstrating a sustained widening gap between RN /NA fill rates

The downward trend for RN fill rates now evidences a 7% reduction between November 2017 and this reporting month. This still appears to be a result of the increasing RN vacancy rate despite a concerted recruitment drive and on-going recruitment/retention initiatives.

	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018
RN	98%	93%	91%	89%	90%	91%
NA	110%	108%	109%	112%	114%	119%

The staffing trends remain reflected within the skill mix but this has been static for the last 2 months RN/NA are 58/42 for March & April compared to 59/41 for February.

STAFFING NOTES

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

There is also the ability to bolster unfilled RN day shifts using other staff groups available during the day on an ad-hoc basis.

These methods ensure focus is given to safe levels of RN cover at night where obtaining temporary staff cover is more challenging and expensive. By using flexible rostering this ensures good skills sets are provided.

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

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

Over-staffing

All additional shifts were for NA staff with over-staffing evidencing at 123% fill rate for both Day and Night shifts.

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

1. Enhanced 1:1 care for patients at risk of falls, mental health needs or confusion

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

3. Supporting RN shifts.

Actions taken to mitigate risk

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

- The accounting of the staff skills set when deciding on the band of staff needed.

- Staffing is discussed via safecare at least twice daily with senior nurses in attendance.

- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site Team as required. This ensures safe levels of care are maintained whilst trying to reduce reliance on expensive temporary staff

- Staffing levels are reduced when beds empty/ procedure lists reduced whilst maintaining appropriate staffing ratios

- Shifts that are difficult to cover (nights and weekends) are prioritised.

- If all of the above measures have been taken there may be a requirement that staff on training days are brought back to work clinically as required and / or Sisters on supervisory shifts work clinically.

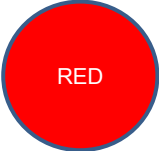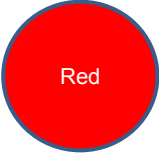- CCOT team support wards where acuity of patients high.
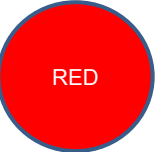
Report to:	Trust Board	Agenda item:	SFT4048
Date of Meeting:	7th June 2018		

Report Title:	Finance Report Month 1			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			x	
Prepared by:	Mark Collis, Deputy Director of Finance			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):	Report attached			

Recommendation:

Trust Board is asked to note the financial position for April 2018, 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 30th April 2018.

The deficit of £1,690k is £354k behind plan and this is mainly attributable to the clinical income plan not being achieved and is partly offset by underspends on pay and non-pay. The key clinical specialities which have material elective income variances are Orthopaedics £320k (44%) which is 50 elective spells behind plan; and Plastics £103k (33%) which is 15 elective spells. Both specialities are within the MSK directorate who has been asked to develop a recovery plan and are being monitored weekly.

All of the main commissioner's contract financial envelopes have been agreed other than Dorset CCG and it has been recommended that a system audit is undertaken before any agreement can be reached on the baseline 2018/19.

Executive Summary of Key Financial Performance - April 2018

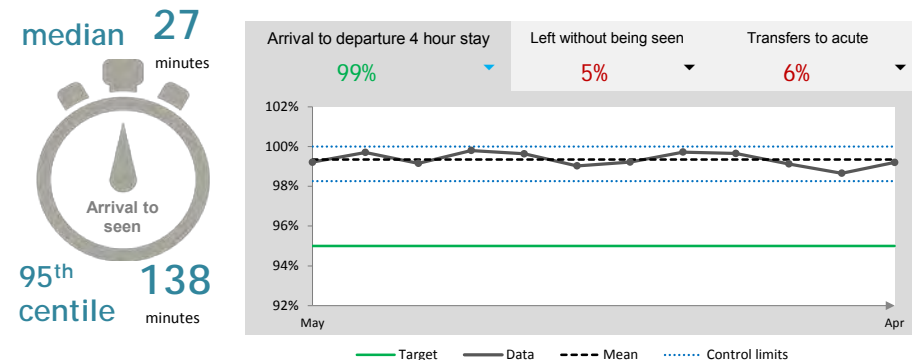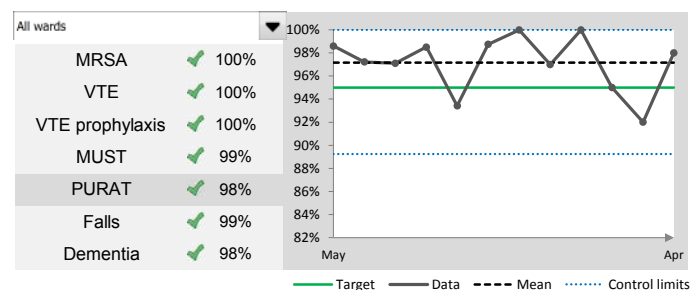| Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	The deficit of £1,690k is £354k behind plan and this is mainly attributable to the clinical income plan not being achieved and is partly offset by underspends on pay and non-pay. The key clinical specialities which have material elective income variances are Orthopaedics £320k (44%) which is 50 elective spells behind plan; and Plastics £103k (33%) which is 15 elective spells. Both specialities are within the MSK directorate who has been asked to develop a recovery plan and are being monitored weekly.	RED
2	NHS Clinical Income	The majority of activity under-performance against plan of £834k relates to elective activity (£612k) and excluded drugs & devices (£112k). Excluded drugs & devices are a pass-through cost and as such offset by underspends on expenditure. The key clinical specialities which have material elective income variances are Orthopaedics £320k (44%) which is 50 elective spells behind plan; Plastics £103k (33%) 15 elective spells and Urology £50k (36%) 8 elective spell behind plan. All of the main commissioner's contract financial envelopes have been agreed other than Dorset CCG and it has been recommended that a system audit is undertaken before any agreement can be reached on the baseline 2018/19.	Red
3	Workforce	Overall pay is underspent £103k but agency costs have exceeded plan by £130k due to the continuing high levels of vacancies and absence rates. Over half of the overspend on agency relates to the laundry using additional temporary staff to deliver new contracts. The overspend on Healthcare Assistants (HCAs) is partly offset by an underspend on registered nurses and it is acknowledged that this staff group is over-established in most ward areas to provide effective and safe patient care . The overspend on infrastructure costs relates to the laundry winning several new contracts and the associated increase costs of delivering the new service. This has been matched by additional income and therefore net zero impact on the bottom-line.	Green
4	Non Pay	Drugs have a favourable variance of £175k, and this is offset by an under-recovery of income relating to excluded drugs. The adverse variance on clinical supplies mainly relates to the fact that non-pay savings targets sit in this non-pay grouping and have not been achieved. The overspend on outsourced healthcare is due to the continuing use of 18ww to deliver the endoscopy waiting times target. Within other non-pay variance, £265k relates to phased budget held in reserves.	Green
5	Efficiency - Better Care at Lower Cost	The adverse variance against the plan of £381k is mainly driven by the poor performance of income schemes, particularly theatres - adverse £136k of which £99k is the additional orthopaedic activity. The remainder mainly relates to theatre utilisation and reduction in DNAs and cancellations not being achieved.	RED
6	Capital Expenditure	The Trust is £122k behind the capital plan for the year but is expected to catch up in future months. The plan includes the purchase of hardware required for a substantial upgrade to the Trust's IT network. This work is expected to complete in September 2018 and the source of funds will be a finance lease. Otherwise, the source of capital funds for 2018-19 will be the Trust's planned depreciation charge for the year. The risks of capital schemes not being prioritised for 2018/19 will be shared with clinical governance committee.	Green
6	Cash Management	The Trust's cash balance at the end of April was £4,943k which is £372k behind plan. The Trust borrowed £1.5m to help fund the anticipated deficit for the month. The Trust has submitted a 2018-19 plan to borrow £11.8m to cover the revenue deficit for the year. Debtors are slightly higher than plan as there is an outstanding invoice owed by Dorset CCG of £1.4m relating to over performance in 2017-18 and agreement in principle for payment of £1.2m has been reached with the expert determination panel.	Amber

RTT

All services

Incomplete pathways | Complete pathways

Target — Data — Mean ---- Control limits ·····

Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	**88%**	114
Continence service	**99%**	1
LD	**63%**	17
Outpatient Physio	**99%**	31
Podiatry	**99%**	1
Wheelchair service	**96%**	9
WON	**98%**	10
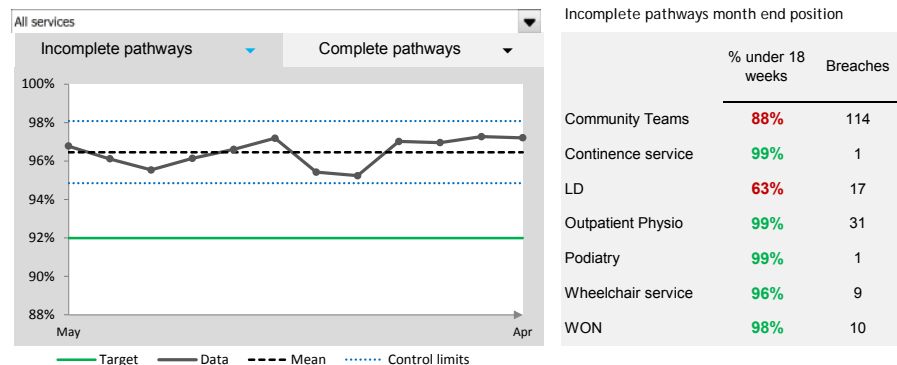
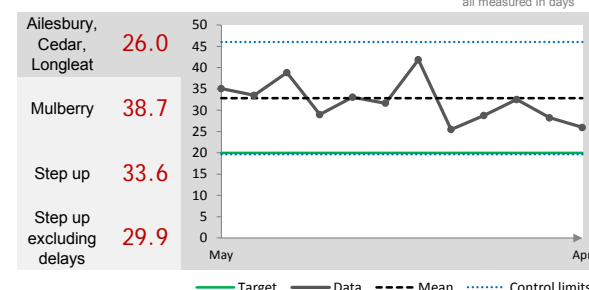| In Control	On target	Action	
✓	✓	◯ No action needed	LD service remains an area of concern - previously flagged to commissioners. Community Teams flagging as not in control with declining performance - likely to include some data quality errors - system design work ongoing to lessen likelihood of this in future.

MIU

median **27** minutes

Arrival to seen

95th centile **138** minutes

Arrival to departure 4 hour stay	Left without being seen	Transfers to acute
99%	**5%**	**6%**

Target — Data — Mean ---- Control limits ·····

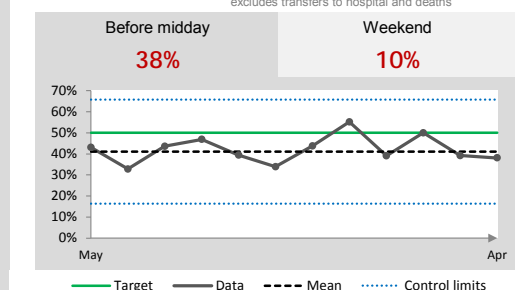| In Control	On target	Action	
✓	✓	◯ No action needed	Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around left without being seen and transfers to acute - action to put MIU on SystmOne to address this; project ongoing. Significant operational pressures are not reflected in the data.

Inpatient assessments

All wards

MRSA	✓	100%
VTE	✓	100%
VTE prophylaxis	✓	100%
MUST	✓	99%
PURAT	✓	98%
Falls	✓	99%
Dementia	✓	98%

Target — Data — Mean ---- Control limits ·····

In Control	On target	Action	
✓	✓	◯ No action needed	All overall targets in control and on target.

Mean Inpatient Length of Stay

all measured in days

Ailesbury, Cedar, Longleat	**26.0**
Mulberry	**38.7**
Step up	**33.6**
Step up excluding delays	**29.9**

Target — Data — Mean ---- Control limits ·····

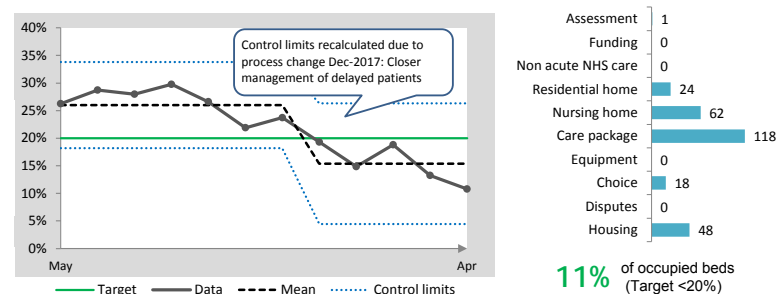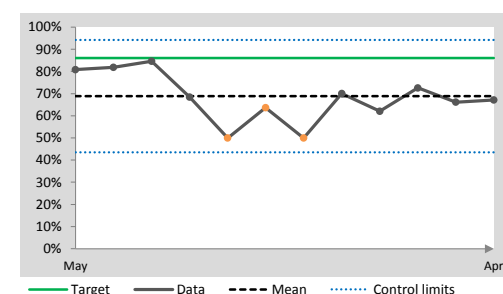| In control	On target	Action	
✓	✗	● Action needed	Progress on DToCs has not yet translated into significant LoS reduction. Action ongoing - focus to incorporate stranded patients.

Discharge timings

excludes transfers to hospital and deaths

Before midday	Weekend
38%	**10%**

Target — Data — Mean ---- Control limits ·····

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

Delayed Transfers of Care - bed days lost

Control limits recalculated due to process change Dec-2017: Closer management of delayed patients

Target — Data — Mean ---- Control limits ·····

Assessment	1
Funding	0
Non acute NHS care	0
Residential home	24
Nursing home	62
Care package	118
Equipment	0
Choice	18
Disputes	0
Housing	48

11% of occupied beds (Target <20%)

In Control	On target	Action	
✓	✓	◯ No action needed	Process changes in December 2017 have had a significant impact on the number of days lost to delays each month. Care package delays continue to be the biggest cause of lost days each month.

Community teams 90 day reablement

Target — Data — Mean ---- Control limits ·····

April **67%**

🚩 Data quality concerns

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

End of life support

patients supported by the community teams to die in place of choice

April **92%**

Target — Data — Mean ----
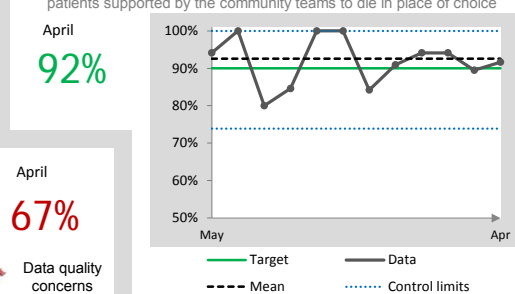
In control	On target	Action	
✓	✓	◯ No action needed	Excellent performance continues.

Incidents

All ▾

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |

Clinical incidents   Non clinical incidents

Overdue incidents   37

All services

Actual impact	Mar-18
1-Near Miss	7
2-None (No Harm)	122
3-Low	95
4-Moderate	15
5-Severe	3
6-Death	0

Incidents Requiring Further Investigation

STEIS and HFC   Harm Free Care panel only

Complaints/Concerns

Response compliance   50%   Open ombudsman cases   0

Number of complaints   Number of concerns/queries

RIDDOR
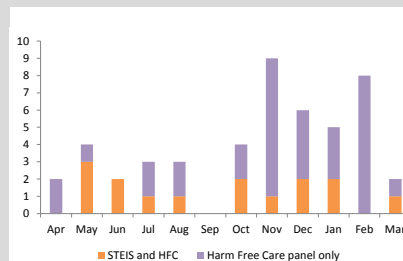
Financial Year to Date
3
RIDDOR report(s)

Duty of Candour compliance

Verbal   Written   Completed & Report Shared

National Mandatory Audits - 1 completed in month

	Completed	Missed
Audit uploads	100%	0

Sickness/Vacancy

Mar-18   Sickness rate   3.61%   Vacancy rate   10.50%   96.83 WTE

Sickness is 1% above same time last year. This is due to management of long term sickness.

Training/Appraisals

Mar-18   Mandatory training   83%   Appraisals compliance   76%

The figures for both appraisals and training are below our excpectation, however plans are in place and WHC are working toward a 90% target in both areas

Turnover

Mar-18   Turnover rate   15.96%   Voluntary turnover rate   13.78%

Bank/Agency spend %

Mar-18   Bank Staff Spend (%)   #N/A   Agency staff spend (%)   #N/A

Infection Prevention & Control

All wards ▾

	In month	Prev 12 months
MRSA incidence	0	0
C diff incidence	0	2
E coli incidence	0	0
Bed days lost to norovirus	0	0

The patient was recorded as C.difficile colonisation in Aug 17 whilst in RUH, however they were asymptomatic and did not require isolation or treatment, although

Deaths

All wards ▾   4 death(s) in month   4.2% of discharges

Selected ward   mean (4 wards)   Benchmark

No. of deaths	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2	1	1	3	1	3	2	3	9	2	2	4

Palliative care deaths are excluded from Apr 17 (in line with National benchmarking definition)

Falls

All wards ▾   12 fall(s) in month   4.4 per 1000 OBD   4 Fall(s) with harm   1.5 per 1000 OBD

Selected ward   mean (4 wards)   Benchmark

No. of falls	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	41	24	35	31	27	21	32	24	21	18	31	12

Medication errors

All wards ▾   13 error(s) in month   4.8 per 1000 OBD   0 Harmful error(s)   0 per 1000 OBD

Selected ward   mean (4 wards)   Benchmark

Please note: There is no benchmarking value for medication errors with harm

No. of errors	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	8	11	5	2	3	1	1	2	4	2	3	13

Medication errors now included on the community teams and specialist services sections within this dashboard.

Avoidable Pressure Ulcers

All teams ▾   7 avoidable pressure ulcers acquired in month   1.03 per 1000 caseload

Selected team   mean (11 teams)   Benchmark

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of pressure ulcers (all)	16	12	9	10	15	15	14	11	10	9	12	7
Category III	0	0	0	0	1	1	1	2	0	0	1	1
Category IV	1	1	1	0	1	1	0	0	1	0	1	0

This graph shows the total verified Category III and IV avoidable pressure ulcers.

Safety Thermometer

Percentage of Harm Free Care (new harms)

Community Wards	97.70%
Community Teams	90.06%
Wards and Teams combined	92.64%

Decrease in return for March, see community teams and inpatients tabs. The quality team continue to work with teams to improve compliance.

Friends and Family Test

Show response numbers

% recommend score

Picker are currently not sending us through any data and so we have nothing to report. WHC are planning to bring the FFT in house in the future and are developing ways to manage this.

Inpatient assessments

All wards ▾

	Feb-18	Mar-18
Early Warning Score	100%	100%
VTE assessment	99%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	0	0
Falls assessment	98%	98%
MUST assessment	96%	98%

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	Agenda item:	SFT4048
Date of Meeting:	07 June 2018		

Report Title:	Workforce Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Mark Geraghty, Head of Workforce Information & Planning Glennis Toms, Interim Deputy Director of OD and People			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):	Executive Summary of Key Workforce Performance Month 12 Workforce KPIs Month 12 2017/18 Areas for Concern Month 12 2017/18 Phase 2 People Strategy template example			

Recommendation:

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

Executive Summary:

The Executive Summary of Key Workforce Performance and the Month 1 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.

The pay bill is overspent by £11k (0.09%) year to date. Agency spend has increased in month by £222k to £661k, with significant increases in Registered Nursing & Midwifery of £116k and the addition of NHS Infrastructure Support of £117k agency spend for Laundry which has not previously been included.

Recruitment remains challenging; however we are taking proactive measures to recruit both domestically and internationally, as detailed in the paper. The implementation plan for TRAC electronic recruitment system this week is in place.

The Trust's sickness rate has reduced slightly again this month to 3.53%. With local sickness management action plans underway, long term sickness has decreased although there has been an upturn in short term absence.   "Anxiety/stress/depression" remains the top reason for absence, accounting for 20% of the total.

NHS Salisbury NHS Foundation Trust

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	☐
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☐
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☐
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☐
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☒
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☒

1. Purpose

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

2. Background

The Month 1 data shows a £11k (0.09%) overspend on the pay bill year to date, which remains to be, in part, due an over-reliance on agency as a result of recruitment difficulties and sickness absence levels.

Agency spend has increased by £222k to £661k, sickness absence has reduced to 3.53% and the vacancy rate has increased by 2% to 7.9%. This increase is due to the movement of subsidiary companies (OML, STL) with above average vacancy levels into the Trust's consolidated account, general movement of capital FTE to revenue (GS1, Informatics, etc), creation of a reserve to fund posts when they come on stream and permanent funding of other initiatives including enhanced cleaning, OD and People transformation. Agency usage in this area will create a significant challenge to spend.

Mandatory training compliance is green at 85.59%, however has increased slightly from last month's 85.39%). Appraisal compliance for non-medical staff remains amber at 84.10% whilst appraisal compliance for medical staff is above target at 88.11%.

3. Resourcing

3.1 Recruitment

Nursing remains a challenging area to recruit; using the Month 1 baseline, the Trust needs to recruit 116 wte nurses to achieve a fill rate of 95% of establishment. Over the last year the Trust has recruited an average of 6 wte nurses per month, with the same number leaving.

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

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

- Contracting with MSI who provide IELT's/OET passed international nurses for interview via Skype. This means that the arrival time can be as quick as 8 weeks or up to 8 months. First skype interviews will be held in June. Aim is to interview at least 10 per month for a duration of 6 – 8 months.
- Arranging to attend Career events for 3rd year nursing students at 2 large universities in Perth (Edith Cowan and Murdoch Universities).
- Attending the recruitment events in Brisbane, Sydney and Melbourne in June (9th, 13th and 16th) with Health Sector Jobs.
- Attending recruitment events in Dubai and Abu Dhabi in November (9th and 10th) with Health Sector Jobs.
- Attending Military Event, Tidworth – 20 June 2018
- British Forces Relocation Services Event, Tidworth – 13 September 2018. To note, the Trust has arranged for a 1 year advertising booked with Pathfinder (magazine for military, 25,000 copies in circulation with 12 month shelf life) which is circulated free to all armed forces service leavers.
- University of South Wales, Cardiff - attended the Careers Events for Nursing students at on 10 April 2018. 47 contacts to be followed up.
- Nursing Assistant Careers Event – rescheduled to 16 June 2018

Nursing Summary

Turnover (year to date)	
Nursing and Midwifery Registered	10.24%
Top 3 areas of turnover (year to date) > 5.00 FTE	
Rheumatology Clinic	36.83%
Pitton Ward	29.35%
Downton Ward	25.38%

Vacancies M1	
Nursing and Midwifery Registered	17.58%
Top 3 areas of Vacancies >10.00 FTE	
DSU Clinical Staff	16.80 FTE
Farley Ward	10.72 FTE
Avon Ward	8.82 WTE

Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.90%

Top 3 areas of sickness absence > 10.00 FTE	
Theatres Recovery	8.68%
Tisbury Ward	8.05%
Palliative Care/Hospice	7.06%

Voluntary services

Work Experience interviews taking place with placement offers being sent out early July.

- Met with HelpForce on Wednesday 9th May at 11.00am. Very positive meeting from which we are hoping SDH will be recruited to work with them on improving service delivery. Future meetings being set up in late June/early July
- Attended Leadership Development Programme meeting in London on 30th May 2018 held by HelpForce to discuss what training/development volunteer leads should have, what it should look like, how long it should take, and whether it would be a degree/masters level.
- Volunteers Week 1 – 7th June. Notice boards in Springs
- Volunteers Day as part of Volunteers Week, to include the presentation of Service Awards to volunteers on Wednesday 6th June 2018 from 2.00pm – 5.00. Afternoon tea to be served with Nick Marsden presenting volunteers with their awards.
- Physiotherapy Study Day planning for event 10th July 2018.
- Volunteering Policy approved and ratified by OMB and sent to SMARTCARDS
- Planning next Volunteers Trust Induction for early July 2018

3.2 Retention

Staff turnover is above target at 10.28% and a slight improvement on last month's 10.62%. Work is ongoing to improve retention generally, and particularly for nurses, including:

- Revised Exit questionnaire and 100 day process refreshed with process agreed now live.
- Review of the Trust Induction Programme has now commenced to encompass delivery of sessions, extent of programme and MLE.
- 3rd year student nurses, 13 were interviewed and 13 offers made – 1 yet to accept
- Scoping and development of a 2 year Graduate Development Programme for newly qualified Nurses commencing employment at the Trust
- Development of Careers Clinics for Registered Nurses; following mixed success of pilot (due to weather conditions), a second session was held on 24 May 2018 which 4 individuals attended.   Intended to use this format for "road show" across the Trust.
- The Internal 'Transfer Scheme' for Registered Nurses is now live and in future we will report on uptake of this arrangement.

3.3 Temporary Staffing

Month 1 agency spend has increased to £661k which is a £229k overspend against our £432k NHSI agency control total. Of this overspend, £117k relates to Laundry Agency spend which has not previously been included in the Trust total. This represents a significant challenge since STL rely on Agency staff to service their required flexibility and their method of working is outside of the Trust's control.

However, Registered Nursing has also increased by £116k and we are focussing on recruitment and reducing sickness absence in order to address this element.

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

- The Workforce Committee meeting on 21st May discussed the potential for a Managed Service Provider and further work is required on this prior to a decision. In the meantime, the contract with current supplier ends in July and Brookson had been engaged on an interim basis to manage medical, AHP and HCS locum requirements.
- Continuing to use Locums Nest for bank medical locums and implemented collaborative working with Hampshire, Royal Surrey and Ashford and St Peters Hospitals from 1st May.

4. Health & Wellbeing

4.1 Sickness Absence

Our current sickness absence rate of 3.53% in month 1 is a slight improvement over last month and lower than the average rate for local Acute NHS Trusts at 3.59%. A reduction in our sickness rate of 0.53% (to reach the 3% target) would mean a reduction in sickness by 15.45wte (£637k based on an average salary cost). There has been a decrease in long term sickness and an upturn in short term sickness in the month, with anxiety/stress/depression still accounting for over 20% of the total absence.

We aim to bring sickness absence back to target. **We are:**

- The Management of Attendance Policy and manager toolkit is being implemented in week commencing 4th June. At least 15 management teams across the Trust have requested a briefing session on the toolkit which will roll out throughout June.
- People Business Partners will be working closely with their Directorates to create individual action plans for those absent long term and those with frequent short term absences.
- Refreshing the focussed piece of work in Theatres to support the management of both short and long term sickness absence. Additional support from Occupational Health for this piece of work has been agreed.
- Evaluating the results of recent resilience work/training undertaken separately by Clinical Psychology and Occupational Health to determine the potential positive effects of rolling out this approach, given the high levels of stress/anxiety/depression within the absence profile.

5. Organisational Development & Engagement

5.1 Learning & Development
<u>Mandatory training</u>

Compliance has slightly increased this month and remains green at 85.59%. Following conversations with other Trusts who use MLE supported by Kallidus it has become clear that our IT infrastructure may be a contributing factor to issues with MLE. IT are running a series of checks on the MLE packages to try and identify whether the issues are around, browsers, plug-ins, java script etc. Once the checks have been completed an action plan will need to follow to address the issues. In the meantime a trouble shooting guide has been produced which will help users to overcome some of the compatibility issues.

<u>Appraisals</u>

Compliance for non-medical staff remains amber at 84.1%, a slight reduction on last month's compliance of 84.7%. Medical staff appraisals are green at 88.11% compared with last month's compliance of 91%.

5.2 Engagement
The "Let's Get Engaged" plan was launched in April and over a hundred ideas and suggestions put forward so far. A good number and range of people have volunteered or been nominated to join the staff engagement group which will be inaugurated in June.

5.3 Apprenticeships

The latest apprenticeship standards have been circulated and this will be updated on a monthly basis. Drop in sessions for prospective apprentices are being run regularly and there is an increasing amount of interest with recognition that coaching, leadership, management and the development of clinical skills can all be accessed via this route. For example, the recent broadcast about a Senior Leadership Master Apprenticeship has resulted in 10 expressions of interest in 24 hours.

6. Workforce Risks

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

- Resourcing and Talent Management - Failure to recruit and retain staff will result in SFT being unable to deliver safe, sustainable services for patients.
- Business Partnering – Inaccurate workforce information will result in misalignment between the organisational and workforce strategies.
- Health and Wellbeing - Failure to achieve an outstanding experience for every patient because staff do not feel valued and able to contribute fully to work as a consequence of low morale.

- Organisational Development and Engagement - Failure to deliver excellence for all patients if the workforce is not appropriately skilled and staffed to the right level

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

7. Future Workforce Plan

The plan for the remainder of this year is to implement Phase 2 of the People Strategy within the four pillars mentioned in the previous section. The scope, interventions, and target savings required for each of these are being worked up currently and the completed example for Health and WellBeing is included in the Appendices to this Report.

8. Summary

The situation remains challenging, although generally improving. The actions described in section 3, 4 and 5 will ensure that the workforce is appropriately engaged and managed to maximise patient care and experience. However, it is acknowledged that the key areas of pressure remain recruitment, temporary staffing overspend and sickness absence. Our focus at a local level continues to be supporting both managers and staff in resolving these difficult areas while we begin to build sustainable solutions through the OD & People restructure at Salisbury whilst we continue to be at the centre of the workforce collaboration in the STP.

9. Recommendations

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

Paul Hargreaves

Director of Organisational Development and People
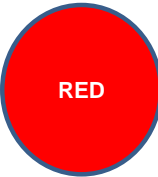
Executive Summary of Key Workforce Performance
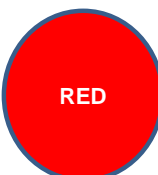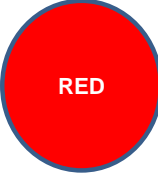
Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 67 leavers and 70 starters (headcount) compared to 52 leavers and 71 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 10.28%, this compares to last months position which was 10.62%. For the rolling year to M1 2017/18, the Trust's turnover rate was 10.98%. **Top 3 Hotspots:** The Directorate with the highest turnover rate for the rolling year was Corporate at 13.41%, followed by Medicine (10.18) and Clinical Support and Family Services (9.94%).	AMBER		8.50%
Vacancies	**In Month:** Vacancies have increased from 5.90% in month 12 to 7.90% in month 1. This increase is due to the movement of subsidiary companies (OML, STL) with above average vacancy levels into the Trust's consolidated account, general movement of capital FTE to revenue (GS1, Informatics, etc), creation of a reserve to fund posts when they come on stream and permanent funding of other initiatives including enhanced cleaning, OD and People transformation. **Year to Date:** The average vacancy rate is 6.56%, this compares to last months average position which was 7.38%. The Trust's vacancy rate for the same period last year was 6.97%. **Top 3 Hotspots:** The Directorate with the highest vacancy rate for the month was Corporate at 13.69%, followed by Musculo-Skeletal (10.80%) and Medicine (9.58%).	RED		5.00%
Temporary Spend	**In Month:** There has been an increase in agency spend this month to £661,496, compared to last month's position which was £438,670. There was a technical adjustment in M12 (there was an over accrual in M11) totalling £114K. **Year to Date:** The financial year to date total agency spend is £661,496, compared to the spend for the same period in the previous year which was £513,765. **Top 3 Hotspots:** The Directorate with the highest agency spend for the month was Medicine with £279,639, followed by Surgery (£126,119) and Musculo-Skeletal (£57,357).	RED		£513,333
Sickness	**In Month:** There has been a decrease in the sickness rate this month at 3.53%, this compares to last months position of 3.56%. **Year to Date:** The year to date rolling sickness rate is at 3.64%, which compares to last months position of 3.61%. The sickness rate for same period last year was 3.42%. **Top 3 Hotspots:** The Directorate with the highest sickness rate for the month was Facilities with 5.69%, followed by Surgery (4.52%) and Musculo-Skeletal (4.20%).	RED		3.00%
Training	**In Month:** Mandatory training compliance levels have increased this month to 85.59%, this compares to last months position of 85.39%. Compliance for the same period in 2017 stood at 84%. **Year to Date:** The year to date average compliance level is 85.81%, this compares to last months position of 85.57%. **Top 3 Hotspots:** The Directorate with the lowest compliance rate was Medicine with 79.36%, followed by Corporate (79.40%) and Clinical Support and Family Services (86.35%).	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has decreased this month to 84.10%. Non-medical appraisal compliance for the same period last year stood at 80%. **Year to Date:** The year to date average compliance is 84.40%, this compares to last months position of 82.67%. **Top 3 Hotspots:** The Directorate with the lowest compliance rate was Medicine with 71.70%, followed by Corporate (74.40%) and Musculo-Skeletal (82.90%).	AMBER		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard

	Strs/Lvrs				Turnover (FTE)			Vacancies				Temporary Spend					Sickness						Training	Appraisal		Employee Relations - Formal				
	Starters (head count in month)	Starters (FTE in month)	Leavers (head count in month)	Leavers (FTE in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend	Agency Budget	Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff	Performance	Disciplinary	Grievance	Bullying and Harassment	Total Caseload
YTD Trend	Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff																													
Month Trend							⬇					⬆	⬆	⬆	⬇	⬆		⬇		⬆		⬇	⬇	⬆	⬇	⬇				
Target			29			242	8.50%			157.20	5.00%	£ 513,333	40.00%								88.60	3.00%	85.00%	85.00%	85.00%					0
Jan-18	74	35.17	59	29.81	2,845	292	10.27%	3,143.94	2,953.46	190.48	6.06%	£ 608,118	52.46%	£ 550,985	£ 1,159,103	Over	69.19	53%	60.76	47%	129.95	4.42%	86.76%	89.41%	84.40%	4	4	1	-	9
Feb-18	37	29.11	41	20.04	2,854	292	10.24%	3,148.92	2,947.53	201.39	6.40%	£ 629,765	50.30%	£ 622,370	£ 1,252,135	Over	68.88	60%	46.01	40%	114.89	3.90%	85.49%	88.57%	84.40%	6	4	1	-	11
Mar-18	71	36.81	52	29.78	2,862	304	10.62%	3,150.10	2,964.36	185.74	5.90%	£ 438,670	40.79%	£ 636,797	£ 1,075,467	Under	63.73	60%	43.04	40%	106.77	3.56%	85.39%	91.06%	84.70%	6	5	1	-	12
Apr-18	70	40.13	67	18.25	2,880	296	10.28%	3,300.81	3,040.14	260.67	7.90%	£ 661,496	52.70%	£ 593,631	£ 1,255,127	Over	61.28	58%	44.76	42%	106.04	3.53%	85.59%	88.11%	84.10%	10	6	4	-	20
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totals	252	141.22	219	97.88	Average		10.35%			Average	6.56%	£ 584,512									Rolling Year	3.64%	85.81%			26	19	7	-	52

Note: Month 1 position shows an overspend on workforce of £11k (0.09%).

Musculo Skeletal Directorate Workforce Dashboard

	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters (headcount in month)	Leavers (headcount in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend		Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff				⌐				⌐	⌐	∨	∧	∧		⋀		√		√	√	⌐	⋀	⋀
Month Trend					⬇				⬇	⬇	⬆	⬇	⬇		⬇		⬆		⬆	⬆	⬇	⬇	⬇
Target		3		29	8.50%			21.07	5.00%		40.00%								9.55	2.75%	85.00%	85.00%	85.00%
Jan-18	5	3	346	30	8.65%	421.39	347.26	74.13	17.59%	£ 76,453	47.11%	£ 85,835	£ 162,288		7.93	58%	5.76	42%	13.69	3.91%	88.65%	86.54%	84.10%
Feb-18	2	5	344	33	9.62%	422.19	342.20	79.99	18.95%	£ 92,411	41.78%	£ 128,769	£ 221,180		6.86	60%	4.51	40%	11.37	3.31%	89.79%	82.69%	82.80%
Mar-18	12	4	343	35	10.17%	420.39	344.07	76.32	18.15%	£ 70,380	29.45%	£ 168,600	£ 238,980		8.36	58%	6.12	42%	14.48	4.10%	89.86%	88.46%	86.70%
Apr-18	4	3	352	34	9.80%	516.61	460.82	55.79	10.80%	£ 57,357	41.51%	£ 80,813	£ 138,170		6.95	47%	7.84	53%	14.79	4.20%	89.80%	84.62%	82.90%
totals	23	15	Average		9.56%		Average		16.37%	£ 74,150					Rolling Year		3.90%				89.53%		

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 3 leavers and 4 starters (headcount) compared to 4 leavers and 12 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 9.80%, this compares to last months position which was 10.17%.	GREEN		8.50%
Vacancies	**In Month:** There was an decrease in the vacancy rate this month, 10.80%, compared to 18.15% last month. **Year to Date:** The average vacancy rate is 16.37%, this compares to last months average position which was 15.65%.	RED		5.00%
Temporary Spend	**In Month:** There has been a decrease in agency spend this month at £57,357, compared to last month's position which was £70,380. **Year to Date:** The financial year to date total agency spend is £57,357, compared to the spend for the same period in the previous year which was £94,814.	RED		
Sickness	**In Month:** There has been an increase in the sickness rate this month at 4.20%, this compares to last months position of 4.10%. **Year to Date:** The year to date rolling sickness rate is at 3.90%, which compares to last months position of 3.83%.	RED		2.75%
Training	**In Month:** Mandatory training compliance levels have decreased this month to 89.80%, this compares to last months position of 89.86%. **Year to Date:** The year to date average compliance level is 89.53%, this compares to last months position of 88.72%.	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has decreased this month to 82.90%, from last months position of 86.70%. **Year to Date:** The year to date average compliance is 84.13%, this compares to last months position of 80.86%.	AMBER		85.00%

Medicine Directorate Workforce Dashboard

	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters (headcount in month)	Leavers (headcount in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend		Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff																						
Month Trend					⬇				⬇	⬇	⬆	⬇	⬇		⬇		⬆		⬇	⬇	⬆	⬇	⬆
Target		5		46	8.50%			32.49	5.00%		40.00%								19.42	3.40%	85.00%	85.00%	85.00%
Jan-18	12	5	545	59	10.82%	649.75	571.10	78.65	12.10%	£ 375,835	63.76%	£ 213,662	£ 589,497		18.65	63%	10.86	37%	29.51	5.24%	78.82%	87.93%	73.50%
Feb-18	7	-	549	57	10.34%	649.70	580.97	68.73	10.58%	£ 361,918	62.42%	£ 217,860	£ 579,778		19.23	72%	7.48	28%	26.71	4.69%	79.29%	82.54%	72.30%
Mar-18	9	3	552	58	10.50%	651.97	583.54	68.43	10.50%	£ 282,229	51.70%	£ 263,642	£ 545,871		17.64	69%	8.03	31%	25.67	4.34%	78.93%	89.23%	71.20%
Apr-18	9	5	555	56	10.18%	650.29	588.00	62.29	9.58%	£ 279,639	55.81%	£ 221,452	£ 501,091		12.71	55%	10.19	45%	22.90	3.84%	79.36%	87.69%	71.70%
totals	37	13	Average		10.46%		Average		10.69%	£ 324,905					Rolling Year					4.00%	79.10%		

Executive Summary of Key Workforce Performance

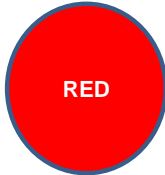| Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 5 leavers and 9 starters (headcount) compared to 3 leavers and 9 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 10.18%, this compares to last months position which was 10.50%.	AMBER		8.50%
Vacancies	**In Month:** There was a decrease in the vacancy rate this month, 9.58%, compared to 10.50% last month. **Year to Date:** The average vacancy rate is 10.69%, this compares to last months average position which was 12.94%.	RED		5.00%
Temporary Spend	**In Month:** There has been a decrease in agency spend this month at £279,639, compared to last month's position which was £282,229. **Year to Date:** The financial year to date total agency spend is £279,639, compared to the spend for the same period in the previous year which was £255,248.	RED		
Sickness	**In Month:** There has been a decrease in the sickness rate this month at 3.84%, this compares to last months position of 4.34%. **Year to Date:** The year to date rolling sickness rate is at 4.00%, which compares to last months position of 3.94%.	RED		3.40%
Training	**In Month:** Mandatory training compliance levels have increased this month to 79.36%, this compares to last months position of 78.93%. **Year to Date:** The year to date average compliance level is 79.10%, this compares to last months position of 78.49%.	RED		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has increased this month to 71.70%, from last months position of 71.20%. **Year to Date:** The year to date average compliance is 72.18%, this compares to last months position of 71.12%.	RED		85.00%

Surgical Directorate Workforce Dashboard

	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters (headcount in month)	Leavers (headcount in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend		Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	*Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff*			√																			
Month Trend					⬆				⬆	⬇	⬆	⬇	⬇		⬆		⬆		⬆	⬆	⬆	⬇	⬇
Target		5		48	8.50%			30.73	5.00%		40.00%								20.14	3.40%	85.00%	85.00%	85.00%
Jan-18	10	4	564	50	8.84%	614.69	592.23	22.46	3.65%	£ 175,873	61.75%	£ 108,935	£ 284,808		19.43	64%	10.98	36%	30.41	5.24%	90.44%	91.55%	86.60%
Feb-18	4	4	567	49	8.58%	616.82	587.79	29.03	4.71%	£ 177,129	60.40%	£ 116,148	£ 293,277		16.17	55%	13.48	45%	29.64	5.08%	89.50%	93.33%	87.60%
Mar-18	12	10	571	53	9.22%	617.13	600.40	16.73	2.71%	£ 131,007	45.80%	£ 155,009	£ 286,016		13.32	57%	9.97	43%	23.29	3.92%	90.08%	94.67%	90.40%
Apr-18	14	14	576	56	9.66%	629.37	607.38	21.99	3.49%	£ 126,119	51.36%	£ 119,433	£ 245,552		15.31	57%	11.78	43%	27.09	4.52%	90.23%	93.15%	89.30%
totals	40	32	Average		9.08%		Average		3.64%	£ 152,532									Rolling Year	4.68%	90.06%		

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 14 leavers and 14 starters (headcount) compared to 10 leavers and 12 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 9.66%, this compares to last months position which was 9.22%.	GREEN		8.50%
Vacancies	**In Month:** There was an increase in the vacancy rate this month, 3.49%, compared to 2.71% last month. **Year to Date:** The average vacancy rate is 3.64%, this compares to last months YTD position which was 4.96%.	GREEN		5.00%
Temporary Spend	**In Month:** There has been a decrease in agency spend this month at £126,119, compared to last month's position which was £131,007. **Year to Date:** The financial year to date total agency spend is £126,119, compared to the spend for the same period in the previous year which was £58,608.	RED		
Sickness	**In Month:** There has been an increase in the sickness rate this month at 4.52%, this compares to last months position of 3.92%. **Year to Date:** The year to date rolling sickness rate is at 4.68%, which compares to last months position of 4.86%.	RED		3.40%
Training	**In Month:** Mandatory training compliance levels have increased this month to 90.23%, this compares to last months position of 90.08%. **Year to Date:** The year to date average compliance level is 90.06%, this compares to last months position of 87.44%.	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has decreased this month to 89.30%, from last months position of 90.40%. **Year to Date:** The year to date average compliance is 88.48%, this compares to last months position of 83.82%.	GREEN		85.00%

Clinical Support and Family Services Directorate Workforce Dashboard

	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters (headcount in month)	Leavers (headcount in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend		Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	*Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff*																						
Month Trend					⬇				⬆		⬇		⬆		⬇	⬇		⬆		⬇	⬇	⬆	⬇	⬆
Target		7		67	8.50%			41.43	5.00%		40.00%								20.62	2.50%	85.00%	85.00%	85.00%
Jan-18	17	19	788	82	10.45%	828.55	824.85	3.70	0.45%	£ 49,066	45.55%	£ 58,646	£ 107,712		10.86	38%	17.47	62%	28.33	3.53%	86.10%	90.91%	86.70%
Feb-18	7	10	792	80	10.14%	831.31	818.75	12.56	1.51%	£ 22,842	24.74%	£ 69,496	£ 92,338		12.58	54%	10.62	46%	23.20	2.89%	85.24%	94.55%	87.70%
Mar-18	10	11	795	84	10.51%	830.14	818.87	11.27	1.36%	£ 27,503	24.28%	£ 85,750	£ 113,253		9.07	46%	10.77	54%	19.84	2.45%	85.12%	90.74%	87.10%
Apr-18	13	9	790	79	9.94%	722.96	699.41	23.55	3.26%	£ 23,642	27.06%	£ 63,716	£ 87,358		11.58	60%	7.70	40%	19.28	2.38%	86.35%	85.19%	88.50%
totals	47	49	Average		10.26%		Average		1.64%	£ 30,763									Rolling Year	2.61%	85.70%		

Executive Summary of Key Workforce Performance

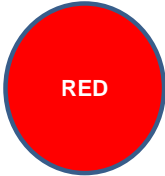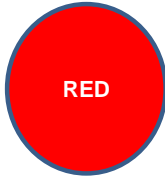| Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 9 leavers and 13 starters (headcount) compared to 11 leavers and 10 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 9.94%, this compares to last months position which was 10.51%.	GREEN		8.50%
Vacancies	**In Month:** There was an increase in the vacancy rate this month, 3.26%, compared to 1.36% last month. **Year to Date:** The average vacancy rate is 1.64%, this compares to last months average position which was 2.38%.	GREEN		5.00%
Temporary Spend	**In Month:** There has been a decrease in agency spend this month at £23,642, compared to last month's position which was £27,503. **Year to Date:** The financial year to date total agency spend is £23,642, compared to the spend for the same period in the previous year which was £90,975.	RED		
Sickness	**In Month:** There has been a decrease in the sickness rate this month at 2.38%, this compares to last months position of 2.45%. **Year to Date:** The year to date rolling sickness rate is at 2.61%, which compares to last months position of 2.59%.	GREEN		2.50%
Training	**In Month:** Mandatory training compliance levels have increased this month to 86.35%, this compares to last months position of 85.12%. **Year to Date:** The year to date average compliance level is 85.70%, this compares to last months position of 85.91%.	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has increased this month to 88.50%, from last months position of 87.10%. **Year to Date:** The year to date average compliance is 87.50%, this compares to last months position of 85.59%.	GREEN		85.00%

Corporate Directorates Workforce Dashboard

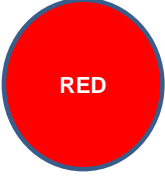|	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters (headcount in month)	Leavers (headcount in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend		Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	*Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff*																						
Month Trend					⬇				⬆	⬇	⬇	⬆	⬇		⬇		⬇		⬇	⬇	⬇		⬇
Target		7		32	8.50%			20.25	5.00%		40.00%								267.24	3.00%	85.00%	85.00%	85.00%
Jan-18	25	24	377	50	13.37%	405.01	387.31	17.70	4.37%	£ 9,792	21.06%	£ 36,705	£ 46,497		8.85	47%	9.84	53%	18.69	4.32%	88.93%	N/A	79.10%
Feb-18	13	27	377	50	13.32%	404.35	389.42	14.93	3.69%	£ 9,258	20.57%	£ 35,758	£ 45,016		9.23	62%	5.69	38%	14.92	3.47%	81.07%	N/A	79.00%
Mar-18	29	24	376	54	14.45%	405.92	389.79	16.13	3.97%	£ 58,469	62.13%	£ 35,639	£ 94,108		8.16	63%	4.82	37%	12.98	3.14%	80.14%	N/A	78.00%
Apr-18	27	38	378	51	13.41%	471.49	406.94	64.55	13.69%	£ 33,221	41.07%	£ 47,674	£ 80,895		5.39	55%	4.49	45%	9.88	2.43%	79.40%	N/A	74.40%
																							N/A
																							N/A
																							N/A
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																							N/A
																							N/A
totals	94	113	Average		13.64%			Average	6.43%	£ 27,685									Rolling Year	2.88%	82.39%		

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 38 leavers and 27 starters (headcount) compared to 24 leavers and 29 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 13.41%, this compares to last months position which was 14.45%.	RED		8.50%
Vacancies	**In Month:** There was an increase in the vacancy rate this month, 13.69%, compared to 3.97% last month. This increase is due to the movement of capital FTE to revenue (GS1, Informatics) and creation of a reserve to fund Trust wide posts when they come on stream. **Year to Date:** The average vacancy rate is 6.43%, this compares to last months average position which was 5.43%.	RED		5.00%
Temporary Spend	**In Month:** There has been a decrease in agency spend this month at £33,221, compared to last month's position which was £58,469. **Year to Date:** The financial year to date total agency spend is £33,221, compared to the spend for the same period in the previous year which was £3,361.	RED		
Sickness	**In Month:** There has been a decrease in the sickness rate this month at 2.43%, this compares to last months position of 3.14%. **Year to Date:** The year to date rolling sickness rate is at 2.88%, which compares to last months position of 2.85%.	GREEN		3.00%
Training	**In Month:** Mandatory training compliance levels have decreased this month to 79.40%, this compares to last months position of 80.14%. **Year to Date:** The year to date average compliance level is 82.39%, this compares to last months position of 84.42%.	RED		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has decreased this month to 74.40%, from last months position of 78.00%. **Year to Date:** The year to date average compliance is 77.63%, this compares to last months position of 79.13%.	RED		85.00%

Facilities Directorate Workforce Dashboard

	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters (headcount in month)	Leavers (headcount in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend		Long Term Sick WTE lost (in month)	%	Short Term Sick WTE lost (in month)	%	Total WTE lost to Sickness (in month)	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	*Data excludes: Docs in Training & Tupe Transfers. Data includes: Bank Staff*																						
Month Trend					→				↑	↑	↓	↑	↑		↑		↓		↑	↑	↓		↓
Target		3		19	8.50%			11.23	5.00%		40.00%								8.00	3.50%	85.00%	85.00%	85.00%
Jan-18	4	6	222	21	9.32%	224.55	228.48	-3.93	-1.75%	£ 16,787	76.13%	£ 5,263	£ 22,050		3.46	37%	5.79	63%	9.25	4.39%	95.58%	N/A	97.80%
Feb-18	3	-	223	20	8.89%	224.55	226.17	-1.62	-0.72%	£ 24,563	70.04%	£ 10,509	£ 35,072		4.81	53%	4.23	47%	9.05	4.28%	94.29%	N/A	97.30%
Mar-18	2	6	223	20	9.07%	224.55	225.46	-0.91	-0.41%	£ 23,362	68.63%	£ 10,680	£ 34,042		7.17	68%	3.33	32%	10.50	4.97%	95.05%	N/A	96.90%
Apr-18	5	1	223	20	9.07%	235.19	220.23	14.96	6.36%	£ 25,953	68.36%	£ 12,011	£ 37,964		9.34	77%	2.75	23%	12.10	5.69%	94.33%	N/A	96.50%
																							N/A
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																							N/A
																							N/A
totals	14	13	Average		9.09%		Average		0.87%	£ 22,666									Rolling Year	4.90%	94.81%		

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there was 1 leaver and 5 starters (headcount) compared to 6 leavers and 2 starters in the month before. This figure includes bank and locum staff. **Year to Date:** For the rolling year to date, the turnover rate was above target at 9.07%, this compares to last months position which was 9.07%.	GREEN		8.50%
Vacancies	**In Month:** The vacancy rate this month is at 6.36%, compared to -0.41% last month. **Year to Date:** The average vacancy rate is 0.87%, this compares to last months average position which was 0.76%.	GREEN		5.00%
Temporary Spend	**In Month:** There has been an increase in agency spend this month at £25,953, compared to last month's position which was £23,362. **Year to Date:** The financial year to date total agency spend is £25,953, compared to the spend for the same period in the previous year which was £10,759.	RED		
Sickness	**In Month:** There has been an increase in the sickness rate this month at 5.69%, this compares to last months position of 4.97%. **Year to Date:** The year to date rolling sickness rate is at 4.90%, which compares to last months position of 4.85%.	RED		3.50%
Training	**In Month:** Mandatory training compliance levels have decreased this month to 94.33%, this compares to last months position of 95.05%. **Year to Date:** The year to date average compliance level is 94.81%, this compares to last months position of 93.63%.	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has decreased this month to 96.50%, from last months position of 96.90%. **Year to Date:** The year to date average compliance is 97.13%, this compares to last months position of 96.88%.	GREEN		85.00%

KPI Targets/RAG Rating Parameters

KPI	Target	Green Range	Amber Range	Red Range
Turnover Rate	8.50%	10% and under	Between 10% and 12%	Over 12%
Vacancy Rate	5.00%	5% and under	Between 5% and 7%	Over 7%
Monthly Agency Spend	£513,333	Under target	-	Over target
Sickness Rate	3.00%	Under target	-	Over target
Training Compliance	85%	85% and over	Between 80% and 85%	Under 80%
Appraisal Compliance	85%	85% and over	Between 80% and 85%	Under 80%

KPI	Target	Green Range	Amber Range	Red Range
Turnover Rate	8.50%	10% and under	Between 10% and 12%	Over 12%
Vacancy Rate	5.00%	5% and under	Between 5% and 7%	Over 7%
Monthly Agency Spend	£513,333	Under target		Over target

Key Areas of Concern					
KPI	**Overall Commentary**	**highest Turnover rates**			
			Mar-18	**Apr-18**	**T**
Turnover *(measured in a rolling year)* **Target 8.5%**	Turnover increased slightly this month and is amber rated. *For Service Lines this month* : the highest number of leavers for the year to date was from Obstetrics & Gynaecology (27), Theatres (24) and Adult Medical Wards (21). *For Staff Groups this month:* highest number of leavers was Nursing and Midwifery Registered (93) in the year to date. The average Headcount turnover for local Trusts is 12.42%, which we remain below at 10.28% FTE.	1 Rheumatology	29.68%	30.22%	⬆
		2 Ophthalmology	23.70%	23.52%	⬇
		3 Urology	20.23%	20.08%	⬇
		1 Corporate Directorate	14.29%	13.37%	⬇
		1 Add Prof Scientific and Technical	13.80%	13.03%	⬇
		highest number of leavers			
		1 Obstetrics & Gynaecology	26	27	⬆
		2 Theatres	20	24	⬆
		3 Adult Medical Wards	23	21	⬇
		1 Clinical Support & Family Services	102	96	⬇
		1 Nursing and Midwifery Registered	88	93	⬆
		highest Vacancy rate			
			Mar-18	**Apr-18**	**T**
Vacancies **Target 5%**	Vacancies have increased from 5.90% in month 12 to 7.90% in month 1. This increase is due to the movement of subsidiary companies (OML, STL) with above average vacancy levels into the Trust's consolidated account, general movement of capital FTE to revenue (GS1, Informatics, etc), creation of a reserve to fund posts when they come on stream and permanent funding of other initiatives including enhanced cleaning, OD and People transformation. 109 offers have been made following the recent trip to India. 25 International Nurses are scheduled to arrive between June and August 18, a further 3 are starting in May. **Steps we are taking to fill our vacancies include international recruitment campaigns, local radio and social media advertising campaigns, linking with Educational establishments in Salisbury, and**	1 Spinal Unit	19.16%	21.16%	⬆
		2 Dermatology	14.88%	20.15%	⬆
		3 Rheumatology	20.01%	19.59%	⬇
		1 Musculo-Skeletal Directorate	18.15%	10.80%	⬇
		1 Nursing and Midwifery Registered	18.52%	17.58%	⬇
		highest WTE Vacant			
		1 Adult Medical Wards	17.96	22.84	⬆
		2 Spinal Unit	19.91	22.84	⬆
		3 Elderly Care	30.23	22.20	⬇
		1 Medicine Directorate	68.43	62.29	⬇
		1 Nursing and Midwifery Registered	173.58	162.34	⬇

Key Areas of Concern					
KPI	**Overall Commentary**	**Highest proportion of temporary spend spent on Agency**			
			Mar-18	**Apr-18**	**T**
Temporary Spend *Agency Control Total £6,200,000*	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. *For Service Lines this month* : Elderly Care and Medicine record all of their temporary spend as agency this was in Medical & Dental (locum cover) covering difficult to recruit to vacancies. The agency usage is also required to avoid breaches of access/waiting times. *For Staff Groups this month* : The highest spend is on Nursing and Midwifery Registered.	1 Laundry		100.00%	⬆
		2 Elderly Care - Medical Staff	100.00%	100.00%	➡
		3 Medicine - Medial Staff	100.00%	100.00%	➡
		1 Facilities	68.63%	68.36%	⬇
		1 Professions Allied to Medicine	100.00%	100.00%	➡
		highest £ spent on Agency			
		1 Laundry		£ 116,522	⬆
		2 Emergency Department Nursing	£ 43,352	£ 42,914	⬇
		3 Winterslow Ward	£ 30,480	£ 22,198	⬇
		1 Medicine Directorate	£ 282,229	£ 279,639	⬇
		1 Nursing and Midwifery Registered	£ 153,878	£ 270,142	⬆
		highest Sickness rate			
			Mar-18	**Apr-18**	**T**
Sickness Year to date *Target 3%*	Sickness for April (M1) is at 3.53%. Sickness for the rolling year to date is 3.64% 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 16.00%. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.70% in the rolling year to date.	1 Main Outpatients	15.24%	16.00%	⬆
		2 Dermatology	10.59%	9.83%	⬇
		3 Theatres	7.01%	6.91%	⬇
		1 Facilities Directorate	4.85%	4.90%	⬆
		1 Additional Clinical Services	5.63%	5.70%	⬆
		highest WTE sick in month			
		1 Theatres	13.26	13.57	⬆
		2 Hotel Services	6.10	6.44	⬆
		3 Corporate Development	4.77	5.14	⬆
		1 Surgery Directorate	26.53	27.67	⬆
		1 Nursing and Midwifery Registered	29.60	30.81	⬆

Key Areas of Concern					
KPI	**Overall Commentary**	**lowest Mandatory training rates**			
			Apr-18	**May-18**	**T**
Mandatory Training *Target 85%*	Compliance has increased this month and remains green rated at 85.59%. 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 - Child Health	61.75%	60.00%	⬇
		2 Medical Staff - Medicine	66.55%	64.67%	⬇
		3 Clinical Haematology	67.47%	65.85%	⬇
		1 Medicine Directorate	78.93%	79.36%	⬆
		1 Medical and Dental	76.48%	77.31%	⬆
		lowest appraisal rates			
			Apr-18	**May-18**	**T**
Non-Medical Appraisals *Target 85%*	Appraisal compliance has slightly decreased to 84.10% and is amber rated. 52 Departments are red rated and these will be the focus over the next month to reach target.	1 Elderly Care Wards	50.00%	48.44%	⬇
		2 Director of Operations	46.15%	50.00%	⬆
		3 Pembroke Unit	50.00%	51.52%	⬆
		1 Medicine	71.20%	71.70%	⬆
		1 Allied Health Professionals	81.70%	78.85%	⬇

Workforce Plan example

Focus area	Estimated cost to Trust	Interventions	Target	Anticipated saving
Staff engagement	Financial & patient care costs	• Staff activity challenges e.g **the KAIKO programme** www.kaido.co.uk • Support for work-life balance e.g carers • New Staff Engagement Group	• 95% engaged in programme • Staff able to focus at work	NIL financial although enhanced psychological contract
Attendance management (Sickness absence)	**£1,504,331 per annum (based on 10% of temporary staff spend)**	• Supportive management of absence • Manager training & support • Flexibility around adjustments • Directorate OH BP's • Improved use of OH • Use of COHORT module • OH clinical audit & peer review	• **30 %** reduction in absence • 1 day off over 7 day absence = **640 days** • 1 day off all absence = **5507 days** • Improved manager control	• **£451,229** per annum • **£66,341** per annum • **£206,455** per annum • Presenteeism costs
Stress & mental health issues	**£347,500 per annum**	• Team resilience programme: e.g **Team Dialogue** from Robertson Cooper • https://www.robertsoncooper.com/team-dialogue • EAP • Manager training & support • Shift patterns & fatigue analysis • Targeted support: e.g carers, menopause	• **10%** reduction in absence & presenteeism due to stress/anxiety • Reduction in presenteeism due to personal responsibilities • More people having a "Good day at Work"	• **£34,750** per annum
Ergonomic/ Musculoskeletal issues	**£201,580 per annum**	• Increase training & intervention resource • Remove "single point of failure" • Target hotspots *e.g Facilities* • Targeted physio input to risk assessments • Analysis of investigation data	• **10%** reduction in absence & presenteeism due to ergonomic issues	• **£20,158** per annum