

Report to:	Trust Board (Public)	Agenda item:	SFT 4021
Date of Meeting:	12 th April 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 – February Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Local Services (COO)	<ul style="list-style-type: none"> Trust achieved month end target of more than 92% of patients waiting for treatment having waited less than 18 weeks. New consultant appointments made in: obstetrics and gynaecology, radiology and paediatrics 	<ul style="list-style-type: none"> Pressures on referral to treatment times in some sub-specialty areas often as a result of emergency pressures. Particular areas of pressure in: general surgery, orthopaedics, oral surgery and plastics 	<ul style="list-style-type: none"> Directorates produced specialty level planning to determine capacity required to achieve 18 weeks. Discussions with independent sector underway
	<ul style="list-style-type: none"> Diagnostic waits at >99% within 6 weeks On site temporary static MRI in place and making an immediate difference. 		
	<ul style="list-style-type: none"> Within the top quartile of Trusts in the country for ED performance for February at 92.6% New expanded Acute Medical Unit continues to work well 	<ul style="list-style-type: none"> Emergency pressures particularly intense in December and January reflecting both changing levels of demand, including increased acuity, and internal and external capacity. High levels of delayed transfers of care Staff shortages affecting effective patient flow challenged 	<ul style="list-style-type: none"> Steering group set up to lead the internal improvement of emergency clinical pathways (work ongoing) Community wide focus on long staying patients though Emergency Local Delivery Board.
Local Services (COO)	<ul style="list-style-type: none"> February cancer waiting time performance not achieved but on target to deliver for quarter 	<ul style="list-style-type: none"> High levels of demand in a number of cancer pathways, eg breast High number of patient choice related breaches Small numbers and specific pathway challenges leading to breaches 	<ul style="list-style-type: none"> National Cancer Improvement Team due to visit Trust (Q4) All cancer standards being monitored on an individual patient basis for 62 day pathway. Additional endoscopy capacity in place to mitigate shortfall

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Specialist Services (COO)	<ul style="list-style-type: none"> • Reviewing ward and outpatient footprint required and monitoring plastics outliers onto other wards • Work underway to review cleft and maxilla-facial pathways – including complex case to be operated on jointly with UHS • Working with UHS to appoint a plastic surgeon to focus on skin cancer work 	<ul style="list-style-type: none"> • High number of outliers due to winter pressures affecting all specialties 	<ul style="list-style-type: none"> • Plans in place for regular meeting at COO/MD level to discuss future working between SFT and UHS
	<ul style="list-style-type: none"> • Short stay inpatient assessment service for non-acute spinally injured patients established as a pilot • Step down pilot commissioned with positive feedback – opportunity to increase capacity • Preliminary work underway being developed in Wessex 	<ul style="list-style-type: none"> • Value of the spinal contract with commissioners • Pilot still to be tested with more complex patients • Increased numbers of delayed transfers of care 	<ul style="list-style-type: none"> • Developing business case to specialist commissioners for spinal services to be completed following appointment of lead (Q4)
Innovation (MD)	<ul style="list-style-type: none"> • Successful bid for two NIHR funded research fellow posts • Research recruitment 98.5% of target 		
Care (MD/DoN)	<ul style="list-style-type: none"> • Services maintained throughout major in incident • Mortality rate is now at expected levels • Excellent performance continues in infection control – in upper quartile. One of most improved organisations in reducing e-coli bacteremias • Working up the programme design for the 'requires improvement to good' initiative - first meeting held with core services with 	<ul style="list-style-type: none"> • Stroke performance operationally remains challenging – SSNAP score of D • Staffing remains challenging in a number of ward areas • 35 incidents of mixed sex breaches, impacting 35 patients – all within AMU and at times of peak pressure 	<ul style="list-style-type: none"> • Nurses retention workstream commenced in March • We will continue to monitor MSA in real time to ensure position is recovered

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Care (MD/DoN)	<ul style="list-style-type: none"> good engagement Excellent results in the National Institute for Cardiovascular Outcomes Research (NICOR) heart rhythm audit and NICOR PCI audit: 488 cases in 2015 – 90% via radial route and a complication rate of 0.5%. National Emergency Laparotomy Audit shows improving mortality and quality indicators Well led review by Deloitte’s near completion and reporting in April New nursing documentation launched in February Very successful Pride in Practice event held 		
People (DoHR)	Recruitment: <ul style="list-style-type: none"> Domestic and international campaigns continue for nursing (Australia, India and UAE) Student nurses offered a guaranteed values based interview (13 offers of employment made, 9 accepted to date) – September joiners Purchase of TRAC recruitment system. launch project initiated – provisional launch date June Integrating TRAC with marketing through social media, microsite, park and ride bus etc TMP business case for branding Park and ride bus 	Recruitment: <ul style="list-style-type: none"> Vacancy rate increased to 6.40%, due to increase in budgeted establishment for new ward (nursing and nursing assistants) Overseas nursing candidates withdrawing from accepted offer Lack of available domestic registered nurses Agency Spend: <ul style="list-style-type: none"> Slight increase in agency spend in month Month 11 control total exceeded Fall in medical bank fill (Locums Nest) – 74% (January) to 54% (February) 	Recruitment: <ul style="list-style-type: none"> Longer term recruitment - “grow your own” plan to achieve fill to 95% for ward based nursing Investment in candidate management system (TRAC) to improve recruitment processes Improve advertising locally (physically) and social media presence Agency Spend: <ul style="list-style-type: none"> Forecast remains as previous month, £2.2m overspend against £6.2m control total Workforce pay control group to review outcomes from audit report

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
People (DoHR)	<p>Agency Spend:</p> <ul style="list-style-type: none"> • NHSI Diagnostic Tool (self-assessment) on reducing agency spend complete • Audit report (Reasonable assurance - 4 areas to improve) • Temporary staffing paper approved at Workforce committee for business case • Collaboration with external hospitals with Locums nest <p>Sickness:</p> <ul style="list-style-type: none"> • Theatres group established and on-going • Initial stages of STP wide collaboration for health and wellbeing underway • Flu update has met CQUIN target <p>Engagement:</p> <ul style="list-style-type: none"> • OD and Engagement plan • positive staff survey results – engagement score in top 20% in the country 	<p>Sickness:</p> <ul style="list-style-type: none"> • Long term sickness remains challenging and is 60% of cases • Hotspot area remains Theatres • Hotspot staff group remains nursing <p>Engagement:</p> <ul style="list-style-type: none"> • Staff morale at time of intense operational pressures • Areas of concern in staff survey <p>Other:</p> <ul style="list-style-type: none"> • Appraisal challenging to hit 85% (currently 84.4% better performance than last year) 	<p>Sickness:</p> <ul style="list-style-type: none"> • Theatres working group supporting managers on a case by case basis • Managing attendance policy and managers toolkit planned for implementation April • Loughborough university data available <p>Engagement:</p> <ul style="list-style-type: none"> • Engagement strategy under development • Staff engagement group to be established • Long term retention strategy for all staff groups
Resources (DoF)	<ul style="list-style-type: none"> • Trust position on track for delivery of re-forecast position for year end. • Improvement in monthly run rate due to reduction in non-pay expenditure. Pay costs remain a challenge. 	<ul style="list-style-type: none"> • The main challenge to achieving year end forecast is challenges from Dorset CCG and NHSE specialist commissioning. • Impact of major incident still being quantified, and source of funding to be confirmed by NHSI/NHSE. • Trust continues to borrow cash to support deficit position in year. 	<ul style="list-style-type: none"> • Operating Plan for 2018/19 to presented to Board of Directors April. • Financial recovery plan with STP being developed for April submission to NHSE. • Trust developing Recovery plan for June submission.

Report to:	Trust Board	Agenda item:	SFT 4021a
Date of Meeting:	12 th April 2018		

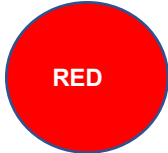



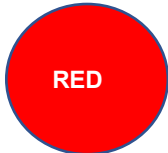
Report Title:	Month 11 Operational Performance Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix: 1 Performance & Score Card			

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

Executive Summary:
The Trust delivered the RTT and diagnostic standards for Month 11. Unfortunately the ED standard was not delivered reporting 92.6%

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	Yes
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	Yes
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	Yes
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	Yes

Executive Summary of Key Operational Performance – March 2018

Area of Review	Key Highlights	Status
ED Performance	<p><u>In month (11):</u> National standard was not delivered in month with performance at 92.6%</p> <p><u>Year to date:</u> Improved ED performance through 2017/18. YTD performance 93.5%</p>	
RTT Performance	<p><u>In month (11):</u> National standard delivered in month with performance at 92.1%</p> <p><u>Year to date:</u> The standard has been delivered for eight consecutive months</p>	
Diagnostics	<p><u>In month (11):</u> National standard was delivered reporting 99.26%. There were 25 breaches of which 20 were awaiting MRI</p> <p><u>Year to date:</u> The standard has been delivered for eight consecutive months. YTD 98.67%.</p>	
Cancer	<p><u>In month (11) unvalidated:</u> Standard delivered for 2 week wait at 95.94% 62 day with performance at 77.5%</p> <p><u>Reporting Quarter 3:</u> 62 day standard performance improved in December however this was not sufficient to delivery Q3 performance</p>	
DTOCs	<p><u>In month (11):</u> 538 bed days lost due to patients awaiting discharge coded as a delayed transfer of care.</p> <p><u>Year to date:</u> 6877 bed days lost due to patients awaiting discharge coded as a delayed transfer of care</p>	

Emergency Pathway

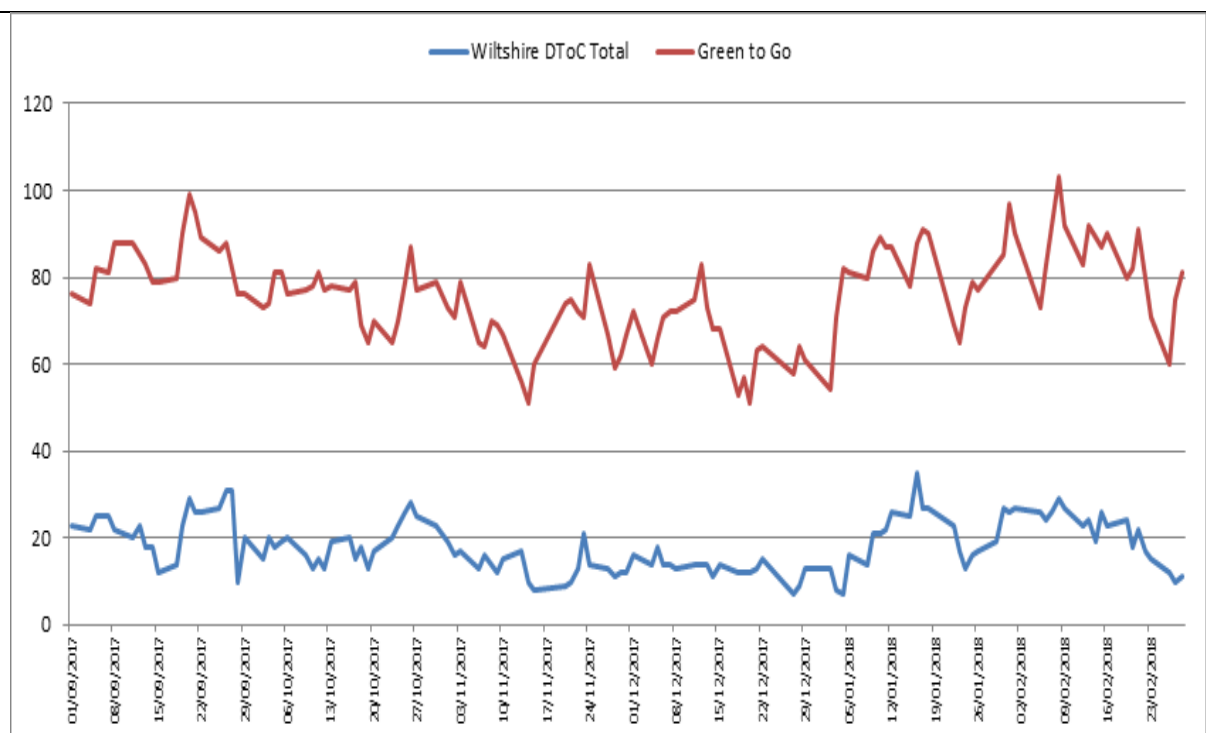
4 hour performance for February was delivered at 92.61% (Type 1,2 &3)

Ambulance breaches: Total 29
 Breaches > 1hr = 2
 Breaches <1hr = 14

No 12 hour trolley waits in February.

Time to triage - Feb
16.1 minutes
Time to Treatment -Feb
61.7 minutes

Date	Type 1+2+3 Performance
29/01/2018 - 04/02/2018	89.49%
05/02/2018 - 11/02/2018	94.29%
12/02/2018 - 18/02/2018	93.88%
19/02/2018 - 25/02/2018	91.53%
26/02/2018 - 04/03/2018	90.64%



RTT

RTT Incomplete by Unify Specialty	Total <18 weeks	Total	% <18 weeks
General Surgery	579	764	75.79%
Urology	1020	1118	91.23%
Trauma & Orthopaedics	1677	1961	85.52%
Ear, Nose & Throat (ENT)	852	902	94.46%
Ophthalmology	1090	1099	99.18%
Oral Surgery	1407	1627	86.48%
Neurosurgery	0	0	
Plastic Surgery	1182	1429	82.72%
Cardiothoracic Surgery	0	0	
General Medicine	47	47	100.00%
Gastroenterology	805	851	94.59%
Cardiology	704	704	100.00%
Dermatology	664	712	93.26%
Thoracic Medicine	333	374	89.04%
Neurology	0	0	
Rheumatology	238	238	100.00%
Geriatric Medicine	139	140	99.29%
Gynaecology	845	860	98.26%
Other	3896	3983	97.82%
Total	15478	16809	92.08%

General Surgery

- Reviewing waiting list and ensuring waits are evenly spread. Most of backlog is hernias. Wiltshire CCG have 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

- Reviewing consultant recruitment opportunities as locum leaving in March. Review of non admitted pathways to ensure as efficient as possible.

Trauma and Orthopaedics

- Additional staff in Ortho Outpatients from January 2018 to increase capacity (evening & weekend)
- Additional theatre lists

Oral Surgery

- Additional outpatient lists Oral & Maxillofacial Surgery
- Saturday paediatric snatch lists being planned

Additional theatre lists

- Additional capacity to be identified for Cleft to maintain performance against KPI's

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.
- Additional Clinic capacity in March
- Additional breast reconstruction lists planned

Diagnostic

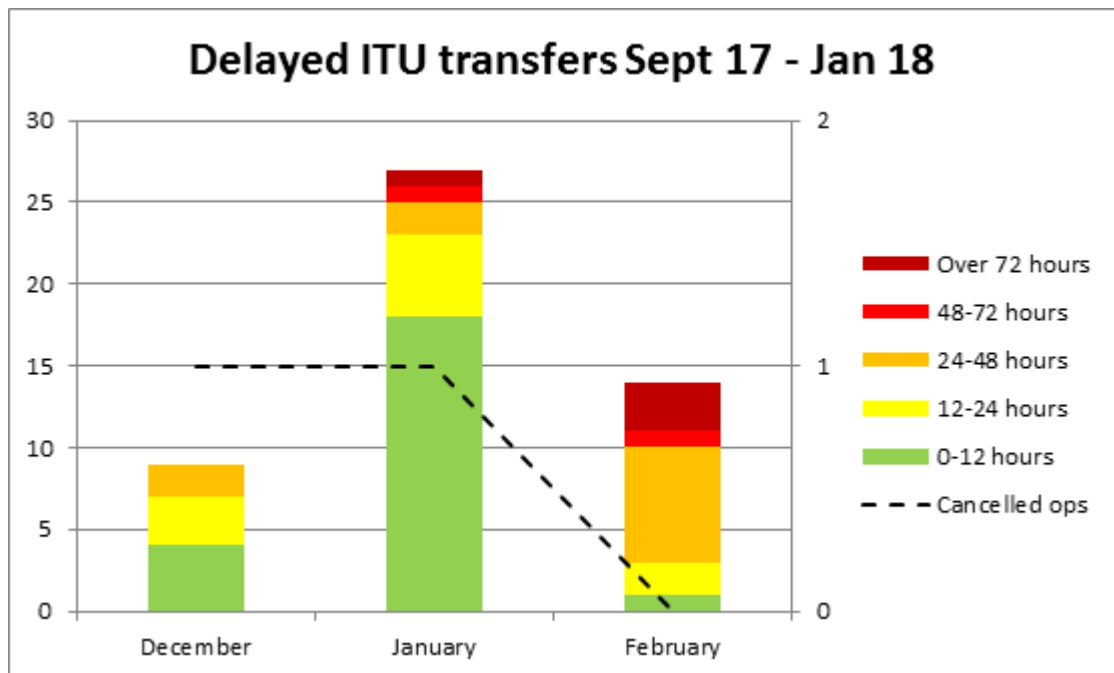
In February 99.26% of patients were seen within 6 weeks. There were 25 breaches (20 MRI, 5 Endoscopy). Current wait times are still around 6 weeks in Radiology and 6 weeks in Endoscopy.

This position was maintained by outsourcing MRI and Endoscopy work, however outsourcing of Endoscopy has been significantly being reduced. A business case was developed and approved by the Board in February to prevent the outsourcing of MRI work. As a result we have a new Static mobile scanner permanently on site. This service is now underway and is expected to be fully operational from April following progress on recruitment.

Cancer

At the time of writing this report all cancer standards were still being validated – a verbal update will be provided to the board

ICU



Links to Assurance Framework/ Strategic Plan:

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

Salisbury Hospital NHS Foundation Trust Board Report February 2018



			Reporting Month		Rolling 12 months
Metric Name	National Ceiling /Standard	Local Trajectory	Feb-18	Patients Affected in Feb-18	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%			
Referral to Treatment Incomplete Specialty Compliance	16 out of 16				
Zero tolerance RTT waits > 52 weeks	0	0			
Metric Name	National Ceiling /Standard	Local Trajectory	Feb-18	Patients Affected in Feb-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	92.6%	387	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		99.2%	25	
Diagnostic Test Compliance***	9 out of 9		7 out of 9		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Mixed Sex Accommodation Breaches	0		35		
Infection control – Clostridium difficile (YTD)	YTD: 17		YTD: 8	2	
Infection control - MRSA*	0		0		
Metric Name	National Ceiling /Standard	Local Trajectory	Feb-18	Patients Affected in Feb-18	Trend Against National Standard
All Cancer two week waits	93%		96.1%	26	
Symptomatic Breast Cancer - two week waits	93%		98.8%	1	
31 day wait standard	96%		87.5%	9	
31 day subsequent treatment : Surgery	94%		100.0%	0	
31 day subsequent treatment : Drug	98%		100.0%	0	
62 day wait standard	85%		77.2%	9.0	
62 day screening patients	90%		88.9%	0.5	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

Report to:	Trust Board	Agenda item:	SFT4021b
Date of Meeting:	12 April 2018		

Report Title:	Quality indicator report – February 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 – February 2018			

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

Executive Summary:
Positive indicators - HSMR is now within the expected range, no falls resulting in fracture or major harm in February and a reduction in non-clinical mixed sex accommodation breaches with the use of Quick screens in the AMU ambulatory bay. Sustained improvement in high risk TIA performance but the latest SSNAP score has reduced to D. Of concern, is a reduction in the number of hip fracture patients being operated on within 36 hours mitigated by an orthopaedic trauma only list starting in April along with the 'golden patient' initiative.

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	
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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

- 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 Two never events associated with surgery, currently under investigation.
- 3.2 Four serious incidents requiring investigation.
- 3.3 Two cases of C difficile on different wards.
- 3.4 Three MSSA bacteraemias – none were line related.
- 3.5 Five E Coli bacteraemias – two cases on one ward.
- 3.6 A reduction in the crude mortality rate in February. HSMR decreased to 105.6 to November 17 and is within the expected range. SHMI increased to 109 to September 17 and is as expected. SFT provided NHSI with a response on our progress with Learning from Deaths.
- 3.7 A reduction in the number of patients with a hip fracture receiving surgery within 36-48 hours of admission due to waiting for theatre (8), cancelled due to overruns (3), further investigation (1). From 1 April an orthopaedic trauma only list will be available during the week with reinstatement of the 'golden patient' initiative.
- 3.8 A decrease in grade 2 pressure ulcers.
- 3.9 In February there were no falls resulting in fracture or harm.
- 3.10 Time to CT scan sustained. Time to reach the stroke unit within 4 hours improved slightly. Those that missed the standard were due to late transfers from ED (4) and waiting for a stroke bed (6). An improvement in patients spending 90% of their stay on the stroke unit. The latest SSNAP score is D to November 17, a reduction from C in July 17, due to RN stroke specialist vacancies and therapy turnaround times. Ongoing improvement work is in place led by the Stroke Strategy group along with a Trust wide recruitment campaign.
- 3.11 Further improvement in high risk TIA patients seen within 24 hours as an impact of the 3rd stroke consultant, twice daily weekday clinics and networked weekend clinics.
- 3.12 Escalation bed capacity decreased. Patients experiencing multiple ward moves remained at a low level.
- 3.13 Three non-clinical mixed sex accommodation breaches affecting 35 patients. These occurred in the ambulatory care bay on AMU of patients who remained as inpatients. Quick screens are now in use to maintain patient's privacy and dignity. A CCG quality assurance visit will take place on 18 April.
- 3.14 Real time feedback for patients rating the quality of their care improved. The Friends and Family test of patients who would recommend all areas was sustained. Q2 staff friends and family test improved.

4.0 Summary

Positive indicators - HSMR is now within the expected range, no falls resulting in fracture or major harm in February and a reduction in non-clinical mixed sex accommodation breaches with the use of Quick screens in the AMU ambulatory bay. Sustained improvement in high risk TIA performance but the latest SSNAP score has reduced to D. Of concern, is a reduction in the number of hip fracture patients being operated on within 36 hours mitigated by an orthopaedic trauma only list starting in April along with the 'golden patient' initiative.

5.0 Recommendation

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

Claire Gorzanski, Head of Clinical Effectiveness, 15 March 2018

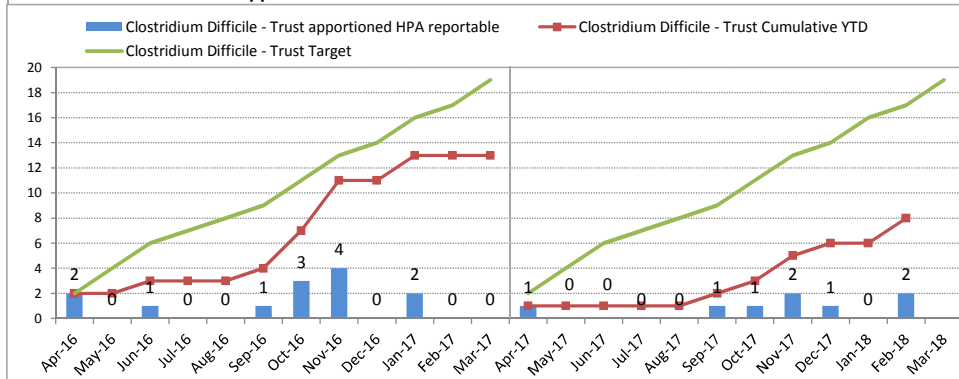
Infection Control	2016-17 YTD	2017-18 YTD
MRSA (Trust Apportioned)	0	0

Trust Incidents	2016-17 YTD	2017-18 YTD
Never Events	2	3
Serious Incidents Requiring Investigation	47*	20**

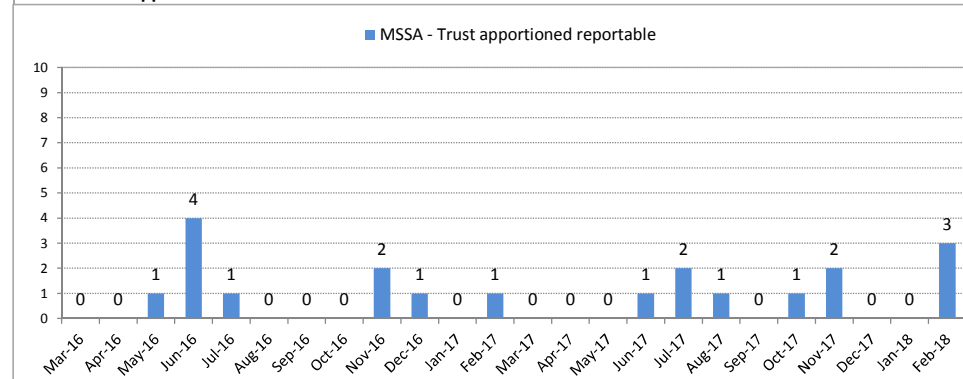
* Of these commissioned, 1 has been downgraded following a formal agreement with the CCG, as it did not meet the SI definition

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

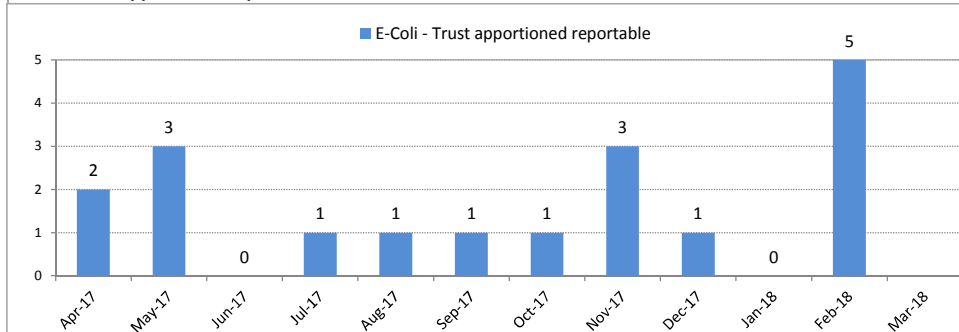
Clostridium Difficile - Trust Apportioned



MSSA - Trust Apportioned

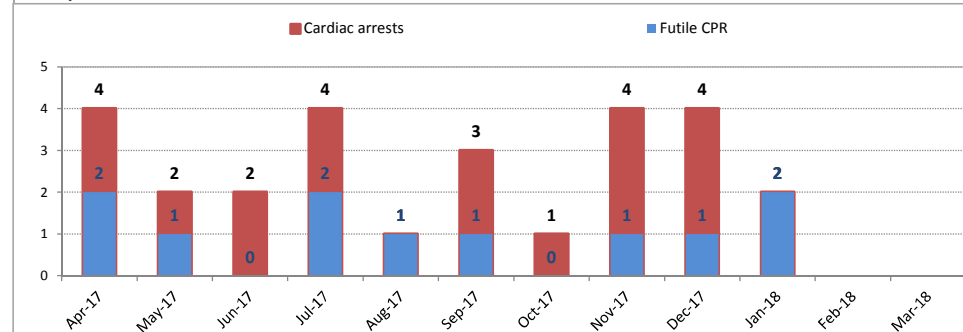


E-Coli - Trust apportioned reportable



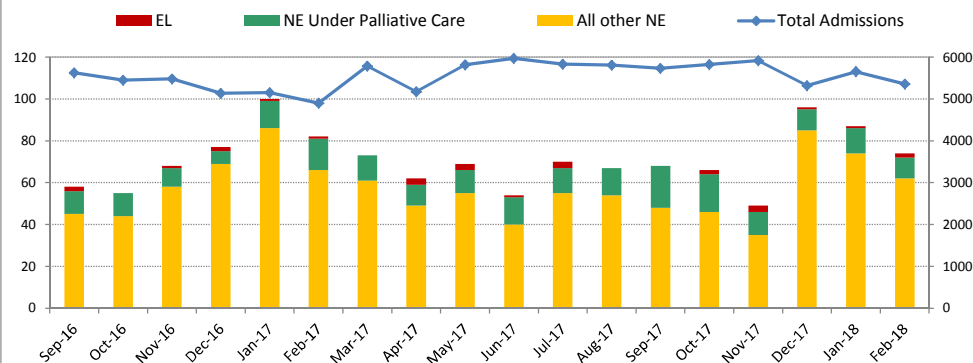
Data from April 2017 onwards

In hospital cardiac arrests and futile CPR

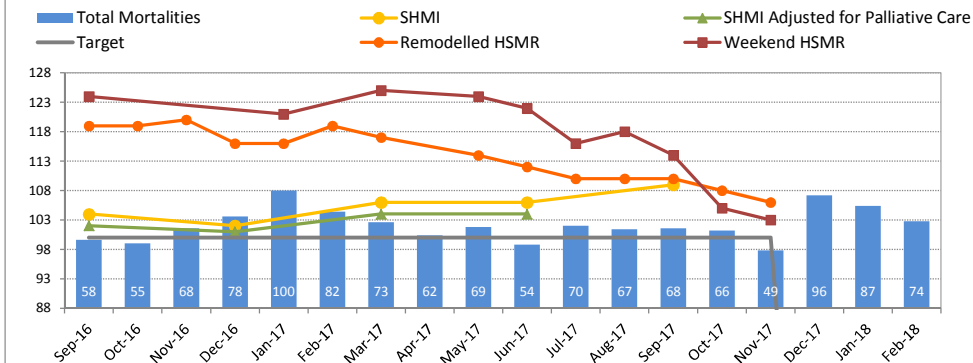


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

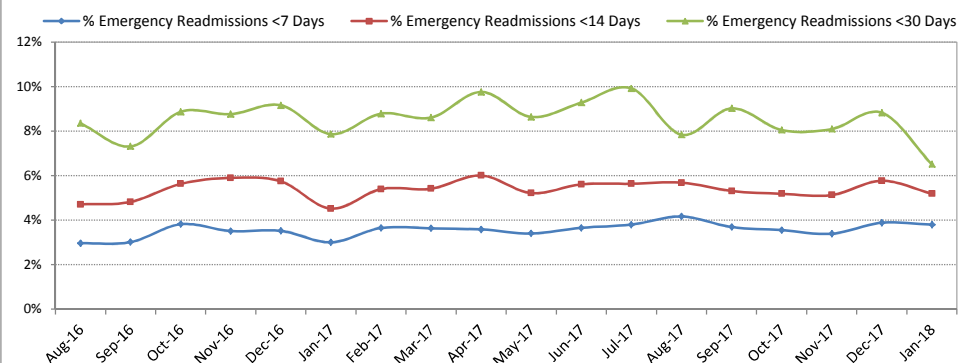
Hospital Mortalities



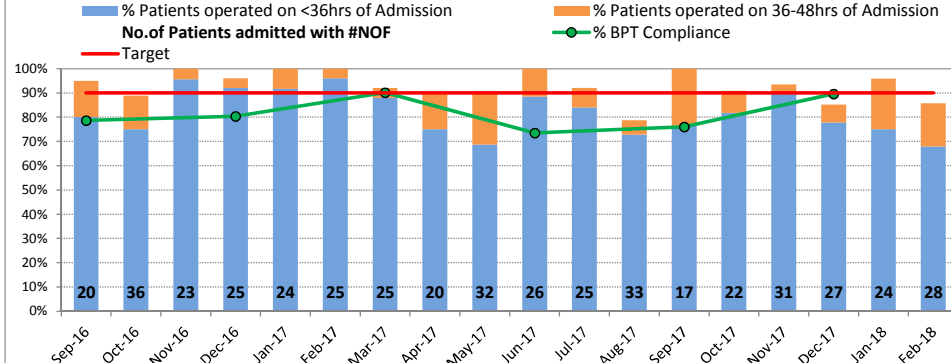
HSMR and SHMI



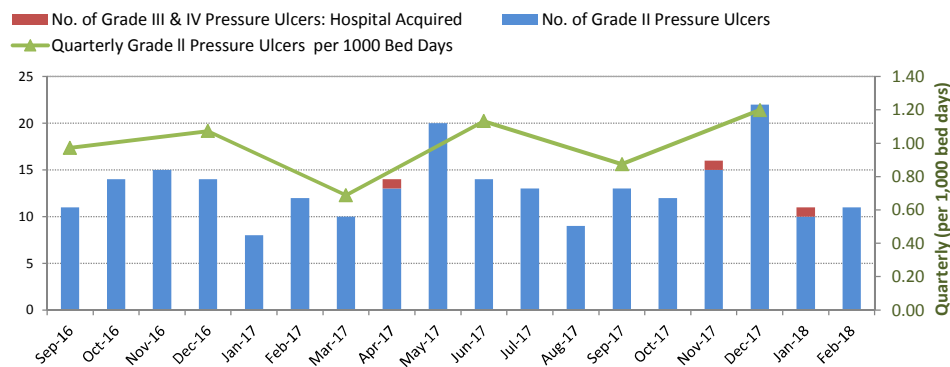
Emergency Readmissions within 7, 14 & 30 days of Discharge



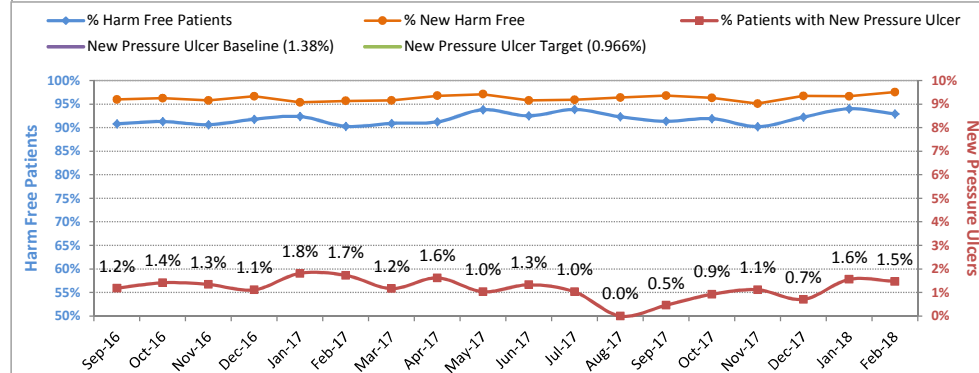
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



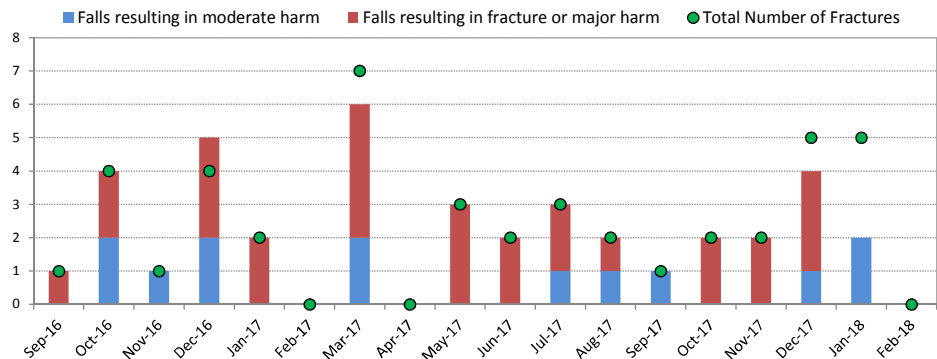
Pressure Ulcers



Safety Thermometer - One Day Snapshot per Month

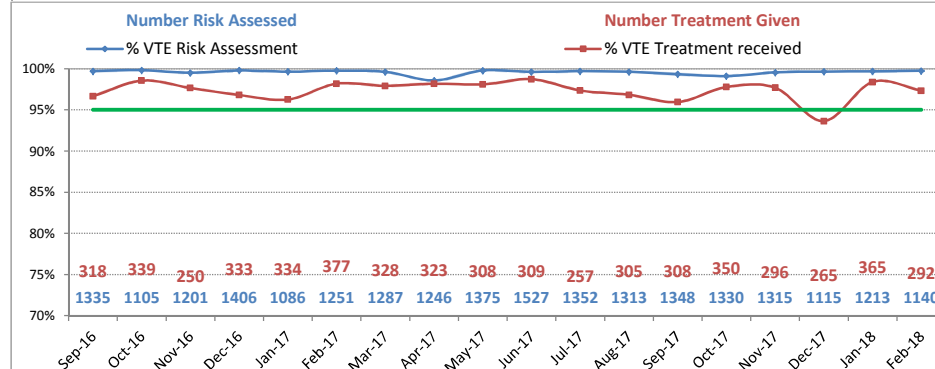


Patient Falls in Hospital



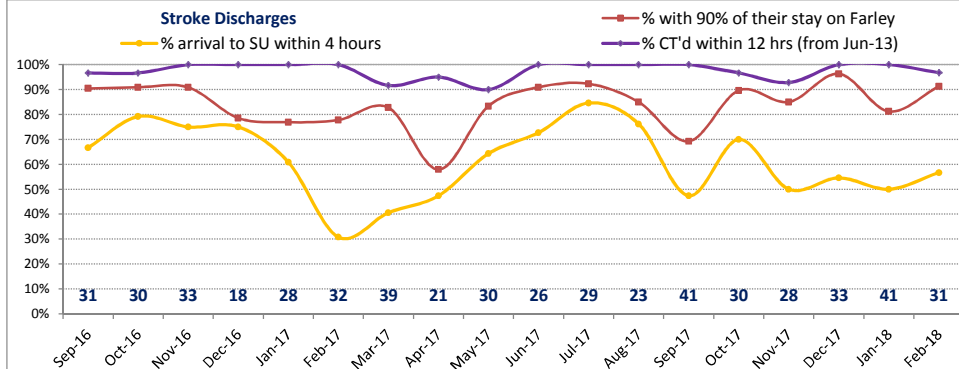
Please note, in Mar-17 1 patient has 2 fractures.

Venous Thrombous Embolism: Risk Assessment & Prophylaxis

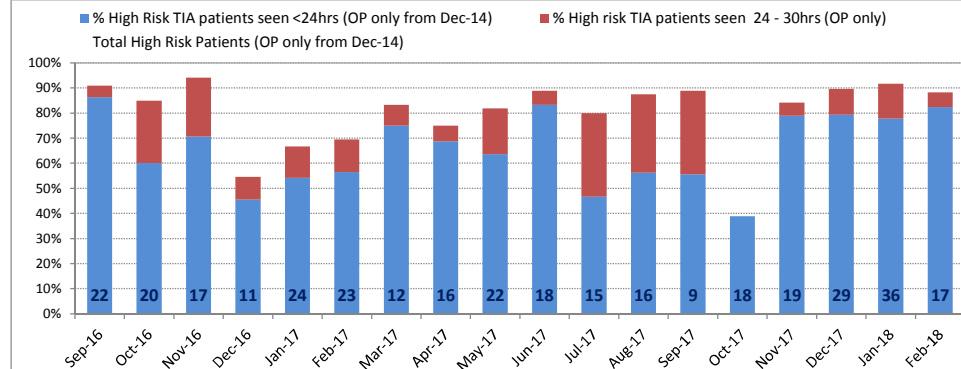


Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

Stroke Care



TIA Referrals



SSNAP Case Ascertainment Audit

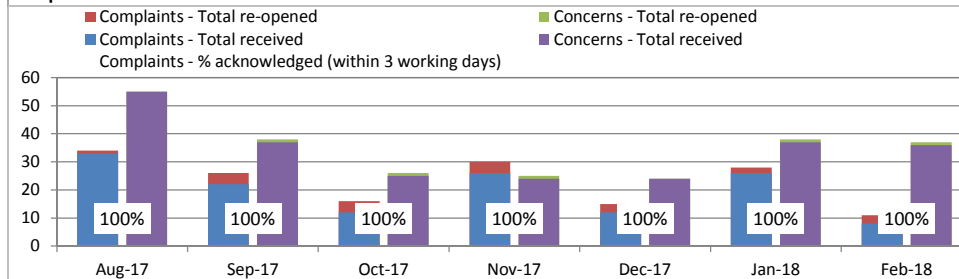
Highest level = Grade A

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		

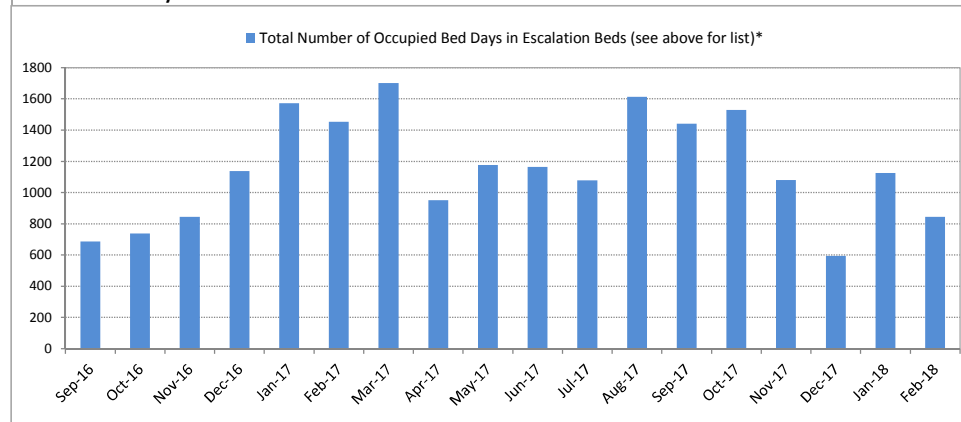
*From April 2016 escalation capacity includes beds on Breamore, DSU, Clarendon, Endoscopy, Avon, Britford SAU overnight stays, Whiteparish AMU overnight stays, Clarendon NHS, Pembroke Suite and Burns assessment room.

Complaints and Concerns

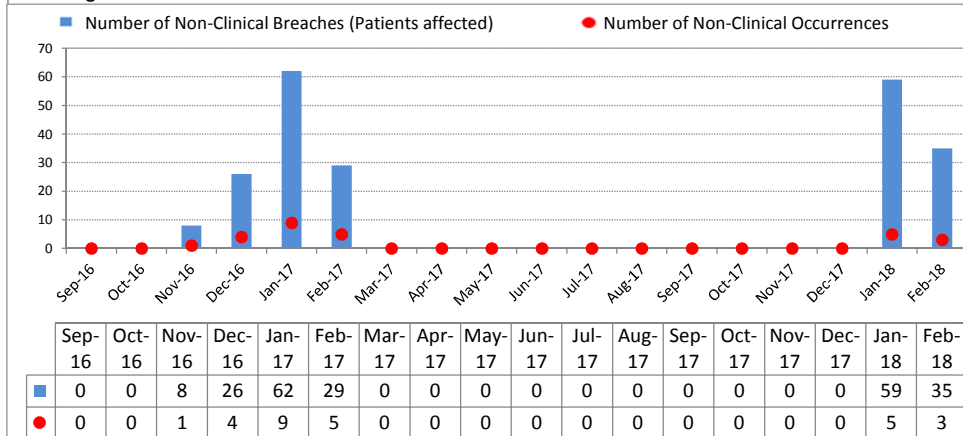


	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Complaints - Total received	33	22	12	26	12	26	8
Complaints - Total re-opened	4	1	4	4	3	2	3
Concerns - Total received	37	55	25	24	24	37	36
Concerns - Total re-opened	1	0	1	1	0	1	1

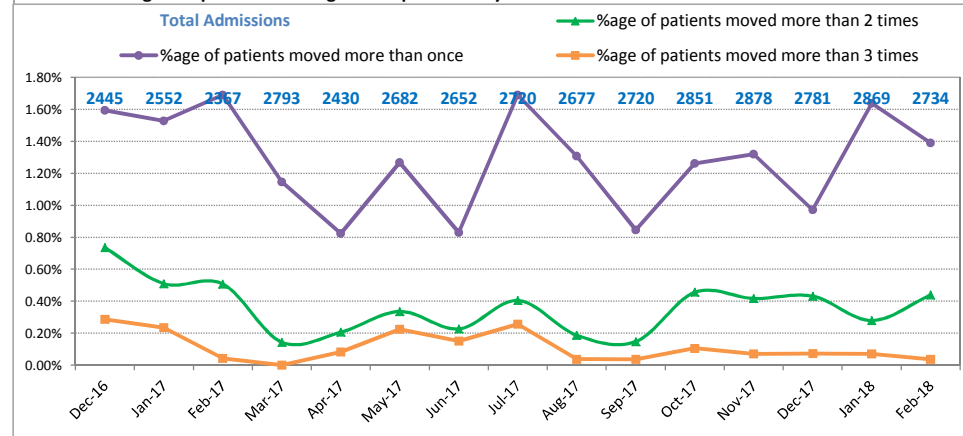
Escalation Bed Days



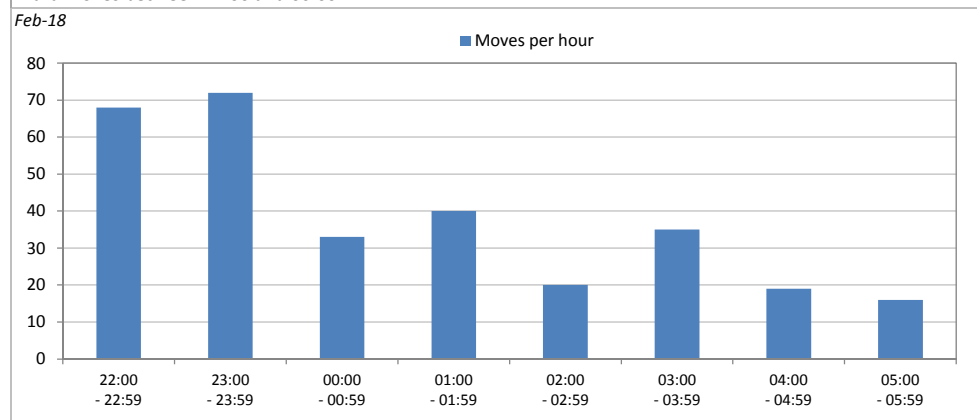
Delivering Same Sex Accommodation



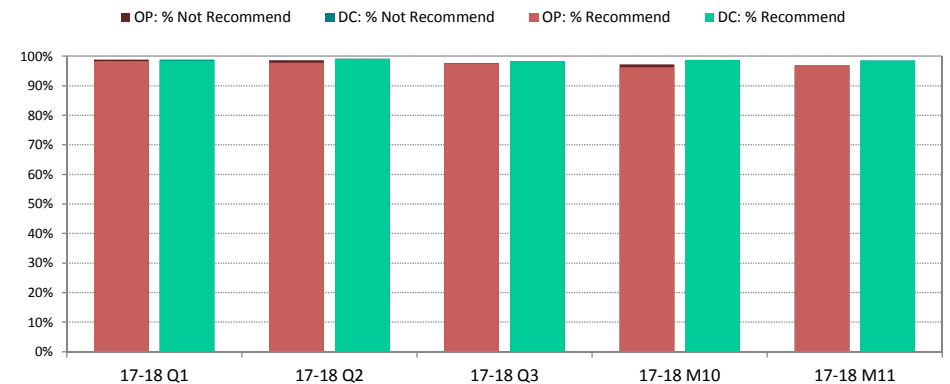
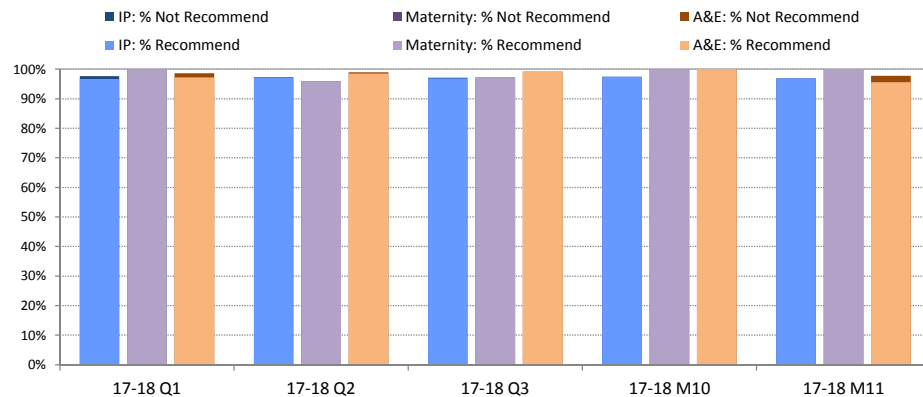
Patients moving multiple times during their Inpatient Stay



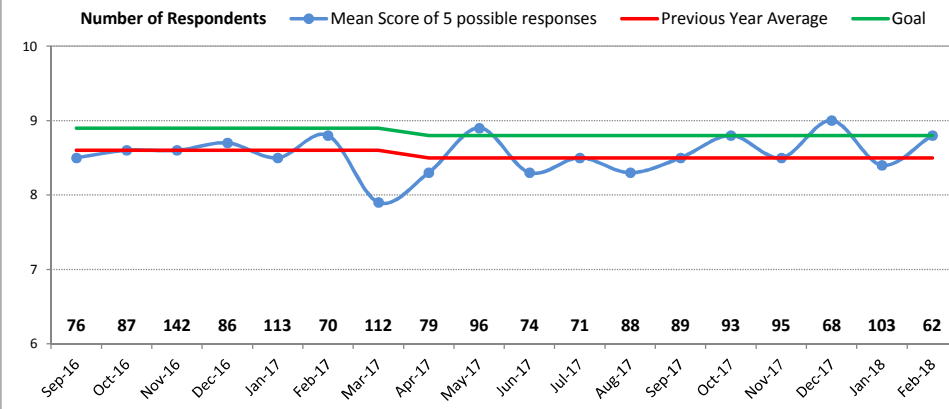
Ward moves between 22:00 and 06:00



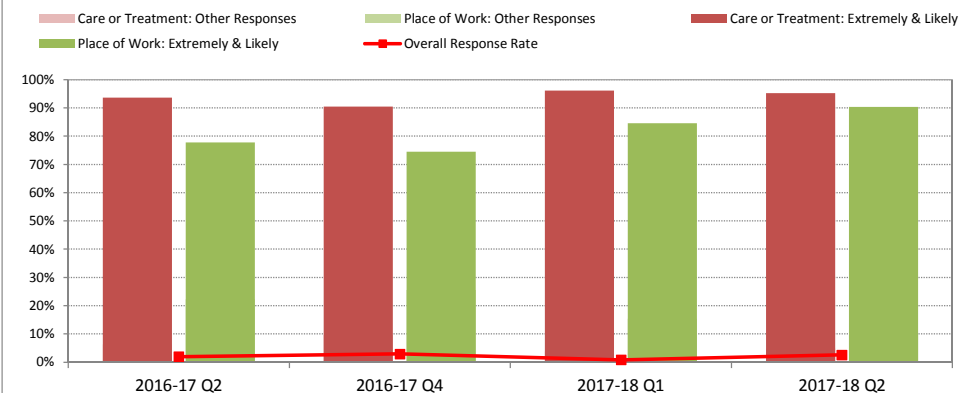
Friends & Family Test: Responses by Area



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



Friends & Family Test: Staff (% Responses)



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

Report to:	Trust Board	Agenda item:	SFT4021c
Date of Meeting:	12 April 2018		

Report Title:	Workforce Report Month 11 2017/18			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Mark Geraghty, Head of Workforce Information & Planning Helen Cridland, Deputy Director of OD and People			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):	Executive Summary of Key Workforce Performance Month 11 Workforce KPIs Month 11 2017/18 Areas for Concern Month 11 2017/18			

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

Executive Summary:
<p>The Executive Summary of Key Workforce Performance and the Month 11 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.</p> <p>The pay bill is overspent by £954k (0.76%) year to date. Agency spend has increased slightly in month by £22k with trajectories currently predicting a year end position of £2.1m overspend against our £6.2m NHSI agency control. Medicine, Corporate and CSFS Directorates have all reported a reduction in agency use this month.</p> <p>Recruitment remains challenging; however we are taking proactive measures to recruit both domestically and internationally, as detailed in the paper. We are currently sourcing Trac (electronic recruitment system).</p> <p>The Trust's sickness rate has reduced overall this month by 0.5% to 3.9%. As part of the OD & People restructure, work is underway on the health and wellbeing strategy, as part of the People strategy combined with local sickness management action plans.</p> <p>The new OD & People structure will be effective 3rd April 2018. There are a number of new starters (substantive and interim) who have joined the team in order to build on the positive work already underway and develop the respective strategies.</p>

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 11 data shows a £954k (0.76%) 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 £22k, sickness absence has reduced to 3.90% and the vacancy rate has increased slightly by 0.34% to 6.4%.

Mandatory training compliance is green at 85.49%, however has decreased from last month (86.76%). It is, however, an improved position from this time last year (when compliance was 81%). Appraisal compliance for non-medical staff remains amber at 84.40% and again is an improved position from this time last year (when compliance was 80%), whilst appraisal compliance for medical staff is above target at 89%.

3. Resourcing

3.1 Recruitment

Nursing remains a challenging area to recruit; using the Month 11 baseline, the Trust needs to recruit 135 wte nurses to achieve a fill rate of 95% of establishment. Over the last year the Trust has recruited an average of 6.08 wte nurses per month, however an average of 5.77 wte are leaving.

Recent New Starters:

Staff Group	M10 2017/18	M11 2017/18	Change
Add Prof Scientific and Technical	8	7	-1
Nursing Assistants	25	8	-17
Administrative and Clerical	15	6	-9
Allied Health Professionals	3	0	-3
Estates and Ancillary	4	5	1
Healthcare Scientists	1	1	0
Medical and Dental	6	1	-5
Nursing and Midwifery Registered	12	9	-3
Grand Total	74	37	-37

If nurse recruitment was doubled to 12 wte per month (on average), it would take 21 months to reach our target of 95% establishment fill.

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

- Following up on the Nursing Assistant recruitment event held on the 20th January 2018 with 73 job offers made.
- Recruiting registered nurses following the recruitment event held on the 24th February 2018 (7 offers made). To increase exposure of this event, we organised a radio campaign with Spire FM which commenced 10 days before the event and a targeted Facebook campaign along with using the Trust's own social media platforms.
- Continuing our international nursing recruitment campaigns:

- 37 offers made from the Australia campaign, with 9 offers accepted to date. 11 candidates have withdrawn for various reasons. To note, the Trust was at the event with other Trusts, including London Trusts. Our first recruit arrived in February; second recruit likely to join in May.
- Recruitment event held in Perth on 10th March (SFT specific event). Again, a radio advert was used to promote the event the week prior along with a Facebook Campaign. A total of 9 offers were made with a further 7 skype interviews to be arranged.
- Additional recruitment event (SFT specific event) to be held in Perth on 2nd June 2018.
- Arranging to attend Career events for 3rd year nursing students at 2 large universities in Perth (Edith Cowan and Murdoch Universities).
- The Trust is returning to India (Kochin and Mumbai) with Medacs from 26th April to 4th May 2018.
- The Trust is attending recruitment events in Brisbane, Sydney and Melbourne in June (9th, 13th and 16th) with Health Sector Jobs.
- The Trust is attending recruitment events in Dubai and Abu Dhabi in November (9th and 10th) with Health Sector Jobs.
- Continuing to attend domestic recruitment events:
 - Salisbury Job Centre – 27th March 2018.
 - Salisbury Journal Job Fair – 10th April 2018.
 - British Forces Relocation Services Event, Tidworth – 9th 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.
- Offering a guaranteed 'values based' interview to all current 3rd year Nursing students – 13 offers of employment made with 9 acceptances to date (September 2018 starters).
- Improving our marketing, including a recruitment micro site (www.worklife.salisbury.nhs.uk), Facebook campaigns for the open days and recruitment events, advertising on one of the Salisbury Park and Ride buses, launching the @SDHRecruitment Twitter account and the #joinsalisburynhs hashtag campaign, advertising on online job boards (other than NHS Jobs).
- Library of photographs now available to use in all aspects of recruitment advertising.
- Re-launched our "refer a friend" initiative in February (for hard to fill posts).
- Purchasing a new applicant tracking system - expectation that the contract is awarded in March.

3.2 Retention

Staff turnover is above target at 10.24% and is 0.84% higher than this time last year. In order to improve turnover rates and alleviate the difficulties in recruiting nurses, a short term nursing retention plan was developed and implemented during January - March 2018 and included:

- Developing a two year Graduate Development Programme for newly qualified Nurses commencing employment at the Trust
- Holding a pilot career clinic session for Registered Nurses to provide nurses the opportunity to discuss their career aspirations and be signposted to opportunities that currently exist. Lessons learnt from this event will be used to provide further events in the future, for nursing and other staff groups.

- Launching an internal 'Transfer Scheme' for Registered Nurses which aims to reduce the number of leavers from the Trust by simplifying the process to move to an alternative role.

A long term retention plan will now be devised for nursing and other staff groups with appropriate engagement and input from the Directorates to ensure we focus on the right priorities and using lessons learnt from the short term nursing retention plan.

3.3 Temporary Staffing

Month 11 agency spend has increased in month by £21,647 with trajectories predicting a year end position of £2.1m overspend against our £6.2m NHSI agency control, if agency spend levels to date were to continue. Medicine, Corporate and CSFS Directorates have reported a reduction in agency use this month.

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

- Continuing to use the revised medical agency request process (requiring Executive Director approval). Our Master Vend supplier is reporting a reduced number of requests.
- Continuing to performance manage our Master Vend agency supplier. The current supplier contract is due to end mid-2018 and discussions are taking place through the Workforce Pay Control Group (WPCG) to determine appropriate future provision.
- Continuing to use Locums Nest for bank medical locums following approval at WPCG. Fill rates for medical locum shifts booked through Locums Nest have increased from 35% between August and December 2017, to 74% for January 2018 (the latest reported figures). This has resulted in a reduction in requests to agency for junior medical staff and correlates with the information we are receiving from our Master Vend supplier.
- Developing an action plan following completion of the NHSI Diagnostic Tool self-assessment - RAG ratings were agreed at WPCG on 26th January 2018 for each of the 43 questions in the self-assessment. The assessment has identified some key areas for improvement and the action plan is to be approved at WPCG in February 2018.
- We have appointed a Medical Workforce Transformation Lead (for six months) to identify solutions to enable an efficient, well managed medical workforce. In addition, objectives will include the future options for medical bank and agency and implementation of job planning and e-rostering for medical staff.
- As part of the STP Local Workforce Action Board there is a working group reviewing options for temporary staffing collaboration.

4. Health & Wellbeing

4.1 Sickness Absence

Our current sickness absence rate of 3.90% represents a cost of £4.5m annually, based on an annual pay bill of £116.5m. A reduction in our sickness rate of 0.90% (to reach the 3% target) would mean a reduction in sickness by 23.23wte (£1.1m based on an average salary cost).

The following table describes the trajectory for them main reasons for sickness absence.

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

- Undertaken a focussed piece of work in Theatres to support the management of both short and long term sickness absence. The sustainability of this piece of work is limited by management capacity.
- Supported managers across the Trust to manage outstanding long term sickness absence cases. To date, 12 employees have left the organisation since September 2017 (a mix of dismissals and resignations) through the refreshed approach to absence management. Another hearing is scheduled for March.
- Ensured that performance reviews include a dedicated section on sickness absence position and trajectory for each directorate.
- Finalising the Management of Attendance Policy for implementation in April. We are ensuring that the policy aligns with the proactive health and wellbeing strategy under development.
- Developing a manager's training package and toolkit setting out clear expectations for the promotion of health and wellbeing/management of sickness absence to ensure consistent approach across the organisation.
- Recording all new sickness cases in ESR from the 1st February 2018 to improve data quality and reporting. This information will improve action at performance review.

5. Organisational Development & Engagement

5.1 Learning & Development

Mandatory training

Compliance has decreased again this month and remains green at 85.49% (compared to compliance for same period in 2016 at 81%). All directorates except Medicine and Corporate are within target. In order to achieve the 85% target compliance, Medicine Directorate would need 31 staff to complete their mandatory training and Corporate would need 15.

Appraisals

Compliance for non-medical staff remains amber at 84.4% (compliance for same period in 2016 was 80%).

Surgery, CSFS and Facilities are above target. Whilst achieving the target is important, it is equally important for the development and retention of staff for everyone to have the

opportunity to have an appraisal and discussion with their line manager. In order to achieve target, the Directorates below would need to complete the following number of appraisals:

Corporate – 21

Medicine – 52

MSK – 6

Line managers are being sent a list of staff by exception to target staff who are non-compliant. This managed through Executive performance review.

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

We have a risk on the risk register relating to the upgrade of ESR and compatibility with our browsers. We are currently working with the national ESR Team and our internal partners to resolve the issues. We are awaiting a confirmed date from the national team of the switch to the upgrade which has been deferred to August 2018 at the earliest.

We are progressing with actions against the previously raised DBS risk. The re-checking exercise has been approved by the Executive Directors and will commence in April 2018; this follows the recommendation to re-check the areas agreed by the Integrated Safeguarding Committee (Sexual Health, Maternity, NICU, ED and Paediatrics). The number of records to be re-checked has now been identified and accurate costings will be submitted to the Executive Directors for authorisation of spend before exercise commences. An audit (spot check) of a number of records was completed in January and confirmed that pre-employment checks are transferring from NHS Jobs to ESR.

7. OD & People Structure

The consultation has concluded for the restructure of the OD & People Directorate and the new structure will be implemented from the 3rd April. We will ensure there are communications to the wider Trust and Directorates on the structure and explain how services will be delivered going forward.

8. Conclusion

The situation remains challenging. 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










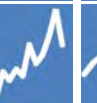

















The Trust Board note the report, areas of concern and actions underway.

Paul Hargreaves

Director of Organisational Development and People

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p>In Month: In month there were 41 leavers and 37 starters (headcount) compared to 59 leavers and 74 starters in the month before. This figure includes bank and locum staff.</p> <p>Year to Date: For the rolling year to date, the turnover rate was above target at 10.24%, this compares to last months position which was 10.27%. For the rolling year to M11 2016/17, the Trust's turnover rate was 9.4%.</p> <p>Top 3 Hotspots: The Directorate with the highest turnover rate for the rolling year was Corporate at 13.32%, followed by Medicine (10.34%) and Clinical Support and Family Services (10.14%).</p>	AMBER		8.50%
Vacancies	<p>In Month: There was an increase in the vacancy rate this month, 6.40%, compared to 6.06% last month.</p> <p>Year to Date: The year to date vacancy rate is 7.51%, this compares to last months YTD position which was 7.63%. The Trust's vacancy rate for the same period last year was 5.99%.</p> <p>Top 3 Hotspots: The Directorate with the highest vacancy rate for the month was Musculo-Skeletal at 18.95%, followed by Medicine (10.58%) and Surgery (4.71%).</p>	AMBER		5.00%
Temporary Spend	<p>In Month: There has been an increase in agency spend this month to £629,765, compared to last month's position which was £608,118. This remains above the Trusts' NHSI control total target for the year to date.</p> <p>Year to Date: The financial year to date total agency spend is £7,611,807, compared to the spend for the same period in the previous year which was £6,859,486.</p> <p>Top 3 Hotspots: The Directorate with the highest agency spend for the month was Medicine with £361,918, followed by Surgery (£177,129) and Musculo-Skeletal (£92,411).</p>	RED		£513,333
Sickness	<p>In Month: There has been a decrease in the sickness rate this month at 3.90%, this compares to last months position of 4.42%.</p> <p>Year to Date: The year to date rolling sickness rate is at 3.68%, which compares to last months position of 3.68%. The sickness rate for same period last year was 3.43%.</p> <p>Top 3 Hotspots: The Directorate with the highest sickness rate for the month was Surgery with 5.08%, followed by Medicine (4.69%) and Facilities (4.28%).</p>	RED		3.00%
Training	<p>In Month: Mandatory training compliance levels have decreased this month to 85.49%, this compares to last months position of 86.76%. Compliance for the same period in 2017 stood at 81%.</p> <p>Year to Date: The year to date average compliance level is 85.58%, this compares to last months position of 85.59%.</p> <p>Top 3 Hotspots: The Directorate with the lowest compliance rate was Medicine with 79.29%, followed by Corporate (81.07%) and Clinical Support and Family Services (85.24%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p>In Month: Non-Medical Appraisal compliance has remained this month at 84.40%. Non-medical appraisal compliance for the same period last year stood at 80%.</p> <p>Year to Date: The year to date average compliance is 82.48%, this compares to last months position of 82.29%.</p> <p>Top 3 Hotspots: The Directorate with the lowest compliance rate was Medicine with 72.30%, followed by Corporate (79.00%) and Musculo-Skeletal (82.80%).</p>	AMBER		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard																												
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal		Employee Relations - For				
	Starters <i>(head count in month)</i>	Leavers <i>(head count in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	Spend on Agency	% Temp Spend on Agency <i>(in month)</i>	Spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff	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		240	8.50%			154.06	5.00%	£ 513,333	40.00%								84.70	3.00%	85.00%	85.00%	85.00%					0
Apr-17	71	43	2,827	250	8.85%	3,081.27	2,823.20	214.76	6.97%	£ 513,765	41.61%	£ 720,840	£ 1,234,605	Over	52.11	59%	36.92	41%	89.03	3.18%	84.12%	91.00%	80.40%	-	3	-	-	3
May-17	59	54	2,824	243	8.61%	3,078.73	2,777.53	268.47	8.72%	£ 692,515	53.84%	£ 593,693	£ 1,286,208	Over	56.60	58%	40.26	42%	96.86	3.51%	84.76%	93.00%	81.00%	2	-	-	-	2
Jun-17	52	56	2,822	257	9.09%	3,078.14	2,786.46	261.33	8.49%	£ 746,142	58.41%	£ 531,232	£ 1,277,374	Over	56.51	62%	35.28	38%	91.79	3.39%	85.14%	93.00%	81.40%	3	-	-	-	3
Jul-17	67	46	2,820	256	9.07%	3,052.55	2,782.64	269.91	8.84%	£ 731,460	57.20%	£ 547,400	£ 1,278,860	Over	60.94	62%	36.85	38%	97.79	3.55%	86.63%	95.00%	81.90%	3	3	2	1	9
Aug-17	54	55	2,816	266	9.45%	3,075.03	2,778.67	296.36	9.64%	£ 762,217	56.70%	£ 582,156	£ 1,344,373	Over	60.84	61%	38.49	39%	99.34	3.45%	85.79%	95.00%	81.90%	1	4	1	2	8
Sep-17	62	49	2,814	274	9.73%	3,045.93	2,807.27	238.66	7.84%	£ 804,575	57.36%	£ 598,145	£ 1,402,720	Over	73.43	65%	39.67	35%	113.10	3.90%	83.07%	94.00%	82.10%	1	2	3	1	7
Oct-17	85	44	2,816	268	9.53%	3,113.36	2,872.77	240.59	7.73%	£ 786,207	60.02%	£ 523,734	£ 1,309,941	Over	67.67	73%	25.65	27%	93.32	3.63%	85.91%	93.00%	81.30%	1	2	4	-	7
Nov-17	88	59	2,825	274	9.69%	3,121.15	2,914.48	206.67	6.62%	£ 750,791	57.48%	£ 555,334	£ 1,306,125	Over	45.33	46%	53.02	54%	98.35	3.75%	86.22%	91.00%	84.60%	1	5	2	-	8
Dec-17	46	56	2,835	282	9.94%	3,117.45	2,950.43	167.02	5.36%	£ 586,255	52.23%	£ 536,208	£ 1,122,463	Over	69.34	58%	49.45	42%	118.78	4.02%	87.53%	92.00%	83.90%	3	4	1	-	8
Jan-18	74	59	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%	89.00%	84.40%	4	4	1	-	9
Feb-18	37	41	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%	89.00%	84.40%	6	4	1	-	11
Mar-18																												
totals	695	562		Average	9.50%				Average	7.51%	£ 691,983								Rolling Year	3.68%	85.58%			25	31	15	4	208

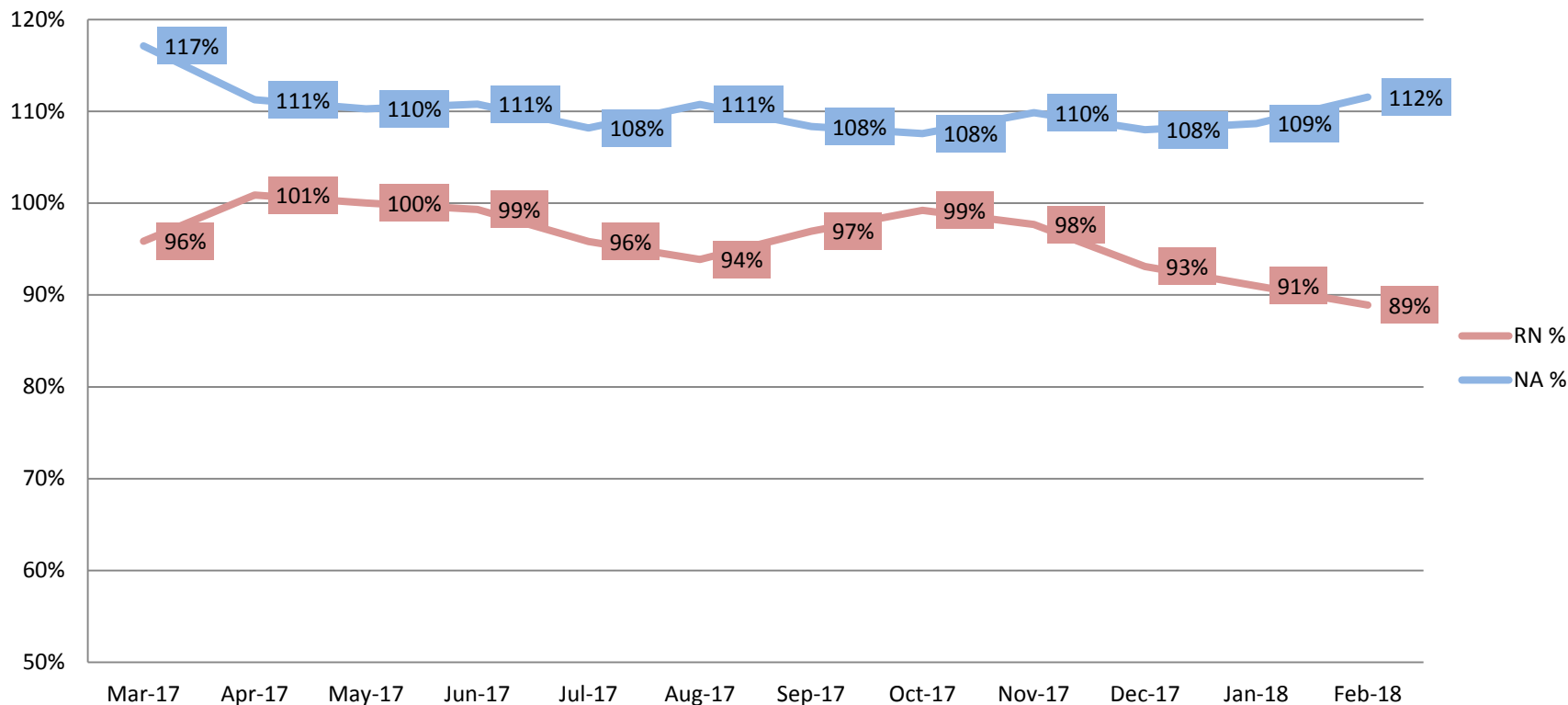
Note: Month 11 position shows an overspend on workforce of £954k (0.77%).

Safe Staffing NQB Report – February 2018

Monthly Comparisons – Actual Staffing Levels

	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
Month	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
Feb-18	56950	50635	89%	31760	35423	112%	88710	86058	97%	59%	41%

Monthly Comparison - Actual Staffing Levels



Overview of Nurse Staffing Hours – February 2018

Day	RN	NA
Total Planned Hours	34523	20041
Total Actual Hours	29023	22346
Fill Rate (%)	84%	112%

Night	RN	NA
Total Planned Hours	22426	11719
Total Actual Hours	21612	13077
Fill Rate (%)	96%	112%

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	14401	11606	82%	9518	11079	115%
AMU	1732	1719	99%	965	1340	139%
Durrington	1080	932	86%	787	925	118%
Farley	2045	1513	74%	1369	1546	113%
Hospice	825	781	95%	639	611	96%
Pembroke	818	844	103%	679	713	105%
Pitton	1804	1199	66%	1096	1093	100%
Redlynch	1481	1138	77%	1089	1177	108%
Tisbury	1946	1609	83%	642	673	105%
Whiteparish	1216	840	69%	941	1290	137%
Winterslow	1456	1033	71%	1313	1714	131%
Surgery	7391	6876	93%	2926	3316	111%
Britford	1918	1858	97%	1034	1121	108%
Downton	1186	1151	97%	852	1130	133%
Radnor	3156	2903	92%	342	340	100%
Breamore Short Stay	1132	965	85%	698	725	104%
MSK	7397	5796	78%	6344	6734	108%
Amesbury	1508	1439	95%	1288	1298	101%
Avon	1524	1023	67%	1817	1799	99%
Burns	1466	1050	72%	851	929	109%
Chilmark	1576	1188	75%	1021	1296	127%
Tamar	1324	1097	83%	1367	1412	103%
CSFS	5335	4745	91%	1254	1218	99%
Maternity	2934	2498	85%	932	889	95%
NICU	1116	1074	96%	0	0	100%
Sarum	1285	1173	91%	322	329	102%
Grand Total	34523	29023	84%	20041	22346	111%

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	8993	8757	98%	5270	6247	125%
AMU	1411	1346	95%	322	650	202%
Durrington	644	633	98%	633	736	116%
Farley	966	983	102%	644	679	105%
Hospice	532	532	100%	463	449	97%
Pembroke	644	662	103%	311	587	189%
Pitton	966	954	99%	644	736	114%
Redlynch	967	940	97%	644	656	102%
Tisbury	1288	1203	93%	322	354	110%
Whiteparish	644	633	98%	644	667	104%
Winterslow	932	874	94%	644	735	114%
Surgery	4938	4783	97%	2254	2343	102%
Britford	966	920	95%	644	700	109%
Downton	644	644	100%	644	697	108%
Radnor	2684	2586	96%	322	279	87%
Breamore Short Stay	644	634	98%	644	667	104%
MSK	3855	3574	94%	3219	3475	109%
Amesbury	966	851	88%	643	723	113%
Avon	840	823	98%	840	880	105%
Burns	955	817	86%	644	655	102%
Chilmark	534	524	98%	532	657	123%
Tamar	560	560	100%	560	560	100%
CSFS	4641	4498	97%	976	1013	299%
Maternity	2571	2483	97%	965	932	97%
NICU	966	955	99%	0	0	100%
Sarum	1104	1061	96%	12	81	700%
Grand Total	22426	21612	97%	11719	13077	141%

Reporting Reminders

- Laverstock 2 is reported as *Winterslow*
- Breamore Short Stay (opened January 2018) replacing DSU Inpatient Unit

Overview of Areas with Red

(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Farley	74%	√		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	Pitton	66%	√		Day	As above
Red	Redlynch	77%	√		Day	As per Farley and Pitton
Red	Whiteparish	63%	√		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	62%	√		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	72%	√		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 3 rd RN shift may remain unfilled and not put out for escalation.
Red	Chilmark	75%	√		Day	Alternative grade cover using skilled staff (who are banded within NA numbers) supported safe staffing levels.

- Using the SafeCare system, patient acuity and dependency is assessed at least three times a day on a shift by shift basis.
- All Unfilled shifts are reviewed and risk assessed at twice daily operational staffing meetings in conjunction with patient acuity and demand.
- Shifts are reassessed if the patient acuity and demand alters.

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

Overview of Areas with Amber

(Internal Rating 80-90%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Amber	Durrington	86%	√		Day	Additional NA shifts were implemented to support staffing gaps and ensure safe staffing
Amber	Tisbury	83%	√		Day	Unit covered shifts by managing with 5 RN staff instead of the planned 6 . Additional support of 45 hours was provided by the ward leader from within the supervisory role
Amber	Breamore Short Stay	85%	√		Day	Band 4 within in the nursing mix that has acted at the 3 rd nurse on shift.
Amber	Tamar	83%	√		Day	Late shifts may be unfilled and are managed by utilising skilled Band 4 staff and managed safely within the existing skills sets
Amber	Maternity	85%	√		Day	All staffing levels were good for February. It is thought that these were unrequired shifts that should have been cancelled from the system giving a false impression of understaffing.
Amber	Amesbury	88%	√		Night	Using alternative grade cover to support unfilled shifts and ad-hoc support from Chilmark as required.
Amber	Burns	86%	√		Night	As per Red Flag narrative. 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 3 rd RN shift may remain unfilled and not put out for escalation
Amber	Radnor	87%		√	Night	An overarching approach in surgery is used to help Radnor should acuity of patient be high. Hence some shift not filled as professional judgement deemed not necessary- Senior nurses always made aware. Only 1 NA on per shift so small changes make large % difference

Trends and Themes

TRENDS

There is a shift in the wards flagging red and another drop in RN fill rate with a compensatory uplift of additional NA numbers demonstrating a sustained widening gap between RN /NA fill rates

The continued downward trend for RN fill rates evidences a 9% reduction between November 2017 and this reporting month. This 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
RN	98%	93%	91%	89%
NA	110%	108%	109%	112%

The staffing trends are reflected within the skill mix which RN/NA 62/38 (Dec 17) 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.

Overview of Overstaffed Areas >115%

Ward	%	RN	NA	Shift	Comments
AMU	139%		√	Day	Additional NA 24 hour a day to bolster staffing levels when using the ambulatory bay for inpatients
AMU	202%		√	Night	
Durrington	118%		√	Day	Additional NA staff were used to support gaps within RN day shifts
Durrington	116%		√	Night	These were for 1:1 enhanced care needs of patients for patients at risk of falls, mental health needs or confusion
Pembroke	189%		√	Night	Extra NA staff supported high patient acuity and provided 1:1 enhance care for patients at risk of falls, mental health needs or confusion
Whiteparish	137%		√	Day	Additional NA staff were used to support gaps within RN day shifts
Winterslow	131%		√	Day	Additional NA staff were used to support gaps within RN day shifts
Downton	133%		√	Day	Additional NA was used to cover unfilled B5 positions. There were a lot of medical patients during this month and where required extra NA were used to ensure quality of care
Chilmark	127%		√	Day	Additional NA staff (alternative grade cover) with appropriate skills sets were utilised to cover unfilled RN shifts to ensure the provision of safe care.
Chilmark	123%		√	Night	These were for 1:1 enhanced care needs of patients at risk of falls, mental health needs or confusion. Some staff supported unfilled night shifts on Amesbury on an ad-hoc basis.
Sarum	700%		√	Night	Only 4 night shifts per roster period so small numbers grossly exaggerate the % of any extra staffing. Band 5 shifts x 2 were unfilled and numbers were bolstered by local highly skilled NA staff. Other shifts were to increase numbers due to high patient acuity.

Over-staffing

All additional shifts were for NA staff with over-staffing evidencing at 112% 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.

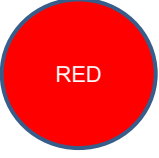
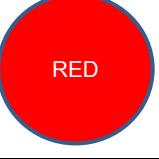
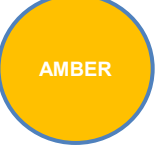

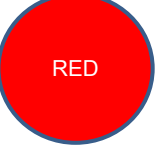
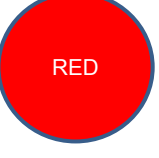


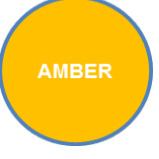
NA day shifts account for 55% of overstaffing with the vast majority used to support numbers where there were unfilled RN shifts. The remaining 45% were used to cover night shifts where the enhanced care demand tends to be higher.

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.

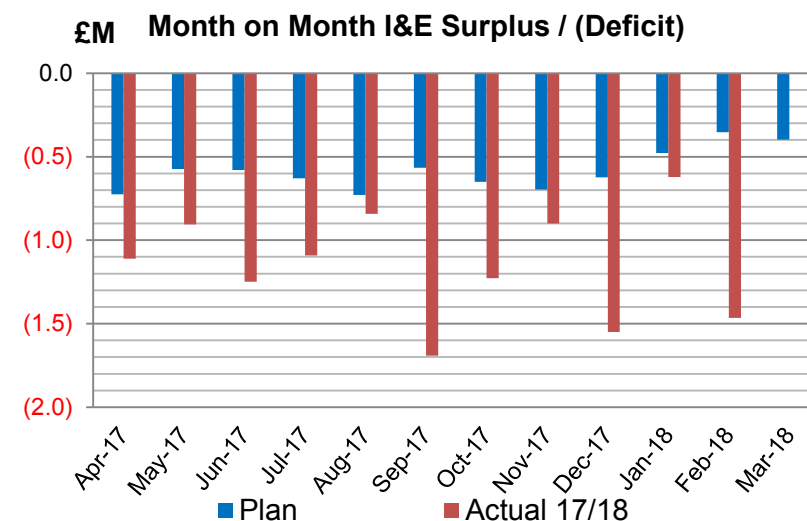
- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via safecare at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site Team as required. This ensures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

Executive Summary of Key Financial Performance - February 2018

Page	Area of Review	Key Highlights	Status
1	Income & Expenditure	<p><u>In Month:</u> The in-month deficit was £1,465k which was £89k below the re-forecast plan. Pay spend continues to exceed forecast due to agency costs being higher than expected as a result of higher levels of sickness and vacancies. Overall the substantive paybill has reduced on last month.</p> <p><u>Year to Date:</u> The main causes of the YTD deficit of £12,654k was the under delivery of NHS clinical income and not all savings being fully delivered. 40% of savings identified were non-recurring.</p>	
2	NHS Clinical Income	<p><u>In Month:</u> Overall clinical income was broadly in line with the re-forecast plan.</p> <p><u>Year to Date:</u> The most significant areas of underperformance relate to outpatients and elective work. Excluded drugs and devices were behind plan but offset by lower expenditure.</p>	
3	Workforce	<p><u>In Month:</u> Overall pay expenditure has not changed when compared to last month, most notably agency costs were greater than anticipated due to higher than expected levels of sickness and vacancies, and continuing winter pressure escalation.</p> <p><u>Year to Date:</u> Pay costs have exceeded plan and the adverse variance against the agency control total remains a concern. Laundry pay spend was £683k more than plan but was matched by additional income.</p>	
4	Non Pay	<p><u>In Month:</u> Overall non pay costs have decreased by £145k when compared to the previous month. Stock levels remain a focus to ensure appropriate cash management.</p> <p><u>Year to Date:</u> Non Pay spend overall was greater than plan, particularly on purchase of healthcare from non-NHS bodies, consultancy expenses and supplies and services - general.</p>	
5	Efficiency - Better Care at Lower Cost	<p><u>In Month:</u> Actual savings were behind plan by £423k (43%) and this mainly relates to the non-delivery of strategic schemes. Strategic schemes were phased in plan for the last quarter of the year.</p> <p><u>Year to Date:</u> Savings were behind plan by £1,385k (21%), mainly due to income generation and strategic schemes not delivering in line with plan.</p>	
6	Use of Resources rating	<p>The Trust's overall risk rating score was a 3 which was improvement on the previous period. The key changes were; The liquidity rating has improved but this has to be viewed with some caution as the Trust has now borrowed cash of £11m to support working capital. The agency risk rating has improved as spend has just fallen below the 50% threshold (actual spend as a % of plan) for the highest risk rating.</p> <p>NHSI have issued an enforcement notice and an action plan is being developed to address issues raised in the notice.</p>	
7	Cash Management	<p><u>In Month:</u> Cash is ahead of the planned figure, partly due to the Trust receiving payment of its year end settlement with Wiltshire CCG, the receipt of Winter Pressure funding and a delay in payment of an overdue disputed annual EPR invoice and slippage on the capital programme.</p> <p><u>Year to Date:</u> The Cash position is being carefully monitored. However the Trust has now borrowed £10.996m to support its working capital position, all of which is repayable and will impact on future years investment plans. No further borrowings were made in February 2018.</p>	
8	Capital Expenditure	<p><u>In Month:</u> Spend was behind plan, mainly due to slippage on the programme and the Capital Control Group approved essential Medical Equipment to be brought forward from next year's programme to cover some of this. In addition the Trust received notification it had been successful in a bid for £1.9m Public Dividend Capital for Cyber Security schemes, which needs to be spent by the end of the financial year.</p> <p><u>Year to Date:</u> The capital programme will be closely monitored to ensure the Trust remains on target to achieve the current revised plan.</p>	
9	Performance against Forecast	<p>The overall adverse variance against the revised YTD forecast was £132k and this can be mainly attributed to the loss of elective income due winter pressure escalation and higher agency pay costs which were partly offset by improved non-clinical income.</p> <p>The Directorates in-month adverse variance from forecast can be explained by the additional cost of agency staff on medical and surgical wards due to increased number of vacancies, greater levels of sickness and including 3 beds on Whiteparish used as escalation. For CSFS continued cost in Paediatrics for acting down payments of £20k and non-pay cost pressures.</p>	

Page 1 - Income & Expenditure

Status	Position			Trend
		YTD (Cumulative)		
		Plan £000s	Actual £000s	Variance £000s
	Operating Income			
	NHS Clinical Income	172,520	169,400	(3,120)
	Other income	27,512	27,748	236
	Total income	200,032	197,148	(2,884)
	Operating Expenditure			
	Pay	126,649	128,205	(1,556)
	Non Pay	66,733	68,056	(1,323)
	Total Expenditure	193,382	196,261	(2,879)
	EBITDA	6,650	887	(5,763)
	Financing Costs	13,252	13,541	(289)
	Surplus/(Deficit)	(6,602)	(12,654)	(6,052)



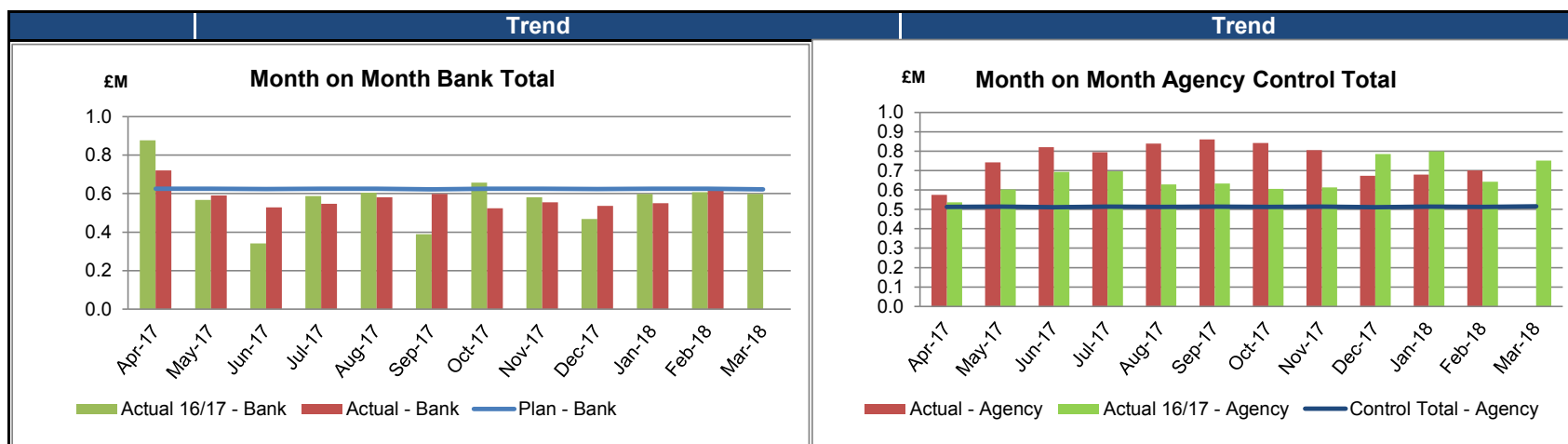
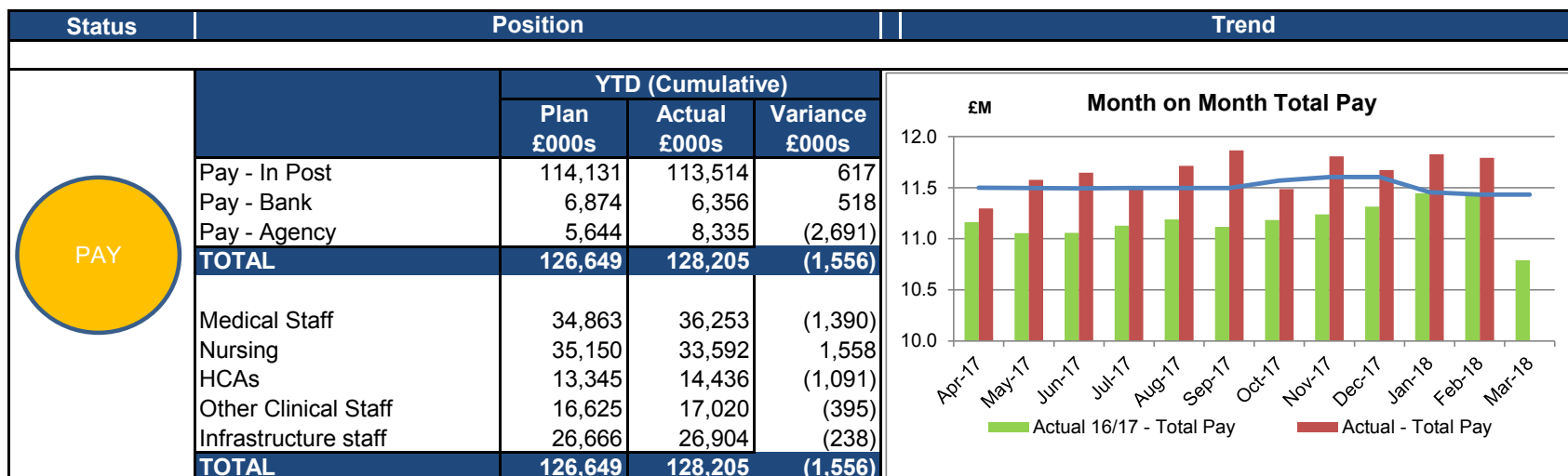
Variation & Action

In Month: The in-month deficit was £1,465k which was £89k below the re-forecast plan. Pay spend continues to exceed forecast due to agency costs being higher than expected as a result of higher levels of sickness and vacancies, and winter pressure escalation.

Year to Date: The year to date deficit was £12,654k, giving an adverse variance against the original plan of £6,052k. However the variance against the revised forecast was adverse variance of £132k and this can be mainly attributed to the loss of elective income and increasing pay costs which were partly offset by improved non-clinical income.

Action: There continues to be on-going dialogue with the relevant commissioners and NHSI to resolve contractual issues. Directorates are focusing on delivering their forecast outturn positions agreed at month 8 and ensuring workforce controls are embedded to ensure pay costs are under control and agency costs are minimised. The high levels of workforce shortfalls, combined with the risk to staff escalation areas pose the key risk in the achievement of the year end forecast.

Status	Position			Trend
<div> <div>NHS Clinical Income</div> </div>	YTD (Cumulative)			<div> <div>£M</div> <div>Month on Month Income Analysis</div> <div> <div>■ Plan</div> <div>■ Actual 17/18</div> </div> </div>
	By Point of Delivery	Plan £000s	Actual £000s	Variance £000s
	Day Case	16,200	15,354	(846)
	Elective inpatients	14,929	14,343	(586)
	Non Elective inpatients	57,333	57,416	83
	Outpatients	25,047	24,175	(872)
	Excluded Drugs & Devices	16,286	15,238	(1,048)
	Other	42,726	42,874	148
	TOTAL	172,520	169,400	(3,120)
	SLA performance			
	Wiltshire CCG	86,454	87,471	1,017
	Dorset CCG	17,801	19,332	1,531
	Hants CCG	14,209	14,120	(89)
	Other Commissioners	27,263	20,040	(7,223)
	Specialist Services	26,793	28,437	1,644
	TOTAL	172,520	169,400	(3,120)
	YTD (Cumulative)			
	By Point of Delivery - Actual Activity	Last Year	This Year	Variance
	Elective - EL	4,522	4,484	(38)
	Day case - DC	19,095	19,623	528
	Non Elective - NEL	24,659	26,040	1,381
	A&E	42,443	42,574	131
Variation & Action				
<p>In Month: Overall clinical income of £15,170k was broadly in line with the re-forecast plan.</p> <p>Year to Date: Clinical Income was behind forecast by £249k due the cancellation of elective activity in January as part of national directive to manage emergency winter pressures. The over performance for Dorset CCG has been adjusted for the risk share agreement and NHSE Specialist Services position includes over-performance, the funding of the aseptic unit in full and the agreed payment for cancer MDTs.</p> <p>Action: There continues to be on-going dialogue with Dorset CCG to resolve payment of the over-performance. NHSE specialist commissioning and the Trust have failed to agree on the projected outturn for 2017/18 therefore the Trust is in the process of responding in line with the formal process, clearly this is important to ensure clarity of our expected year end position and mitigation of any risk.</p>				




Variation & Action

In Month: Overall pay expenditure has not changed significantly when compared to last month, most notably agency costs were greater than anticipated due to higher than expected levels of sickness and vacancies, and continuing winter pressure escalation.

Year to Date: Pay costs are exceeding forecast and the adverse variance against the agency control total remains a concern.

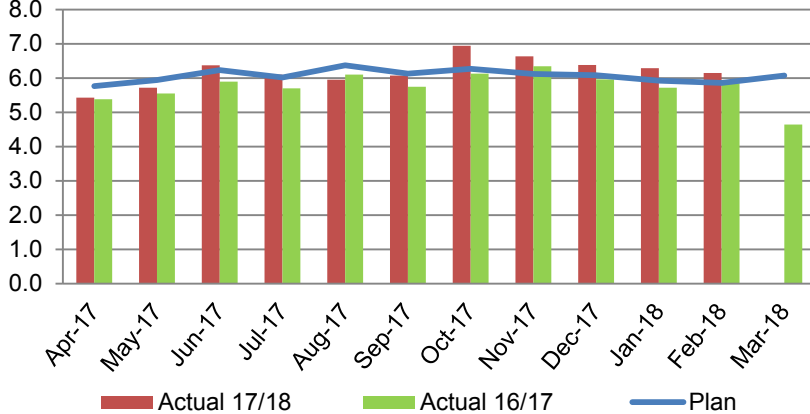
Action: The Directorates have been asked to review their pay position against forecast, with a view to produce a mitigation plan to ensure the position is delivered in line with expectations. The underlying issue with the high level of vacancies across the Trust continues to be a prime focus for recruitment and retention strategies.

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

Status	Position			Trend
		YTD (Cumulative)		
		Plan £000s	Actual £000s	Variance £000s
	Drugs	18,789	18,750	39
	Clinical Supplies	19,714	19,246	468
	General Supplies	4,589	4,832	(243)
	Outsourced healthcare	4,090	4,778	(688)
	Other Non Pay expenses	19,551	20,450	(899)
	TOTAL	66,733	68,056	(1,323)

£M

Month on month Total Non Pay




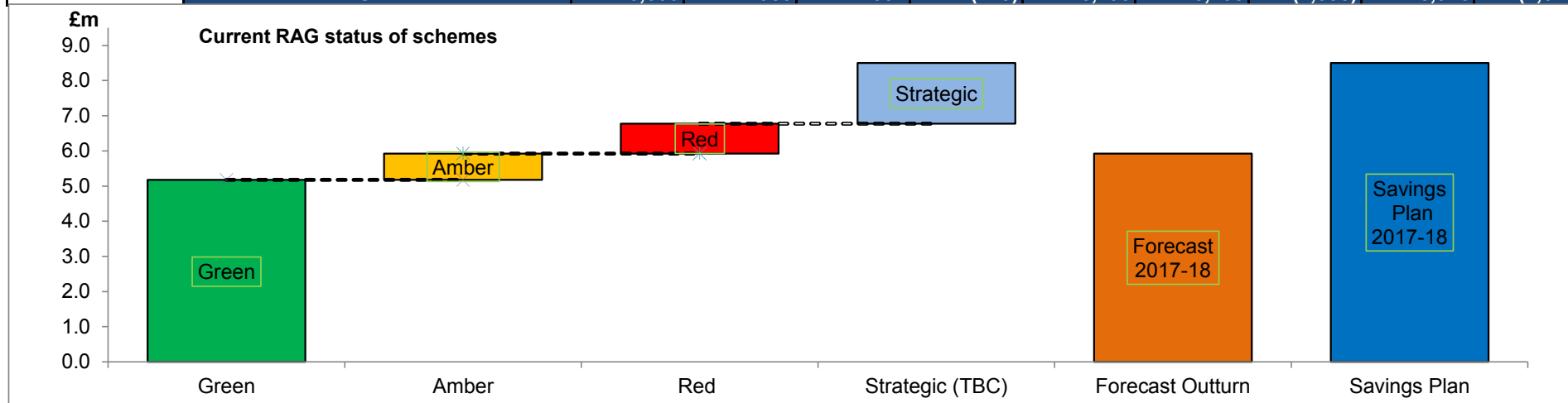
Actual 17/18 Actual 16/17 Plan

Variation & Action

In Month: Overall non pay costs have decreased by £145k when compared to the previous month, the main drivers of non pay continues to be the marginal cost of additional activity and any changes in drugs costs. The Trust is reviewing stock levels, particularly in the context of the impending year end. The Trust continues to ensure stock levels are appropriate given the requirement to borrow cash to support the Trust's operational expenditure.

Year to Date: Overall the non pay spend YTD is overspent against plan and this is mainly due use of outsourced healthcare providers to achieve additional capacity and performance trajectories. This predominately been diagnostics and orthopaedics activity. Plans are in place to mitigate this spend to ensure the Trust maximises its internal capacity and reduces cost overall.

Status	Directorate	Annual Plan £000s	Position							
			In Month			Year to Date			Forecast	
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Outturn £000s	Variance £000s
	Medicine	1,089	120	93	(27)	991	566	(425)	672	(417)
	Musculo Skeletal	933	103	101	(2)	837	862	25	991	58
	Surgery	1,425	131	52	(79)	1,273	563	(710)	683	(742)
	Clinical Support & Family Services	1,823	168	163	(5)	1,658	1,527	(131)	1,693	(130)
	Corporate Services	1,230	120	132	12	1,118	1,433	315	1,614	384
	Strategic Schemes	2,000	338	16	(322)	616	157	(459)	273	(1,727)
	TOTAL	8,500	980	557	(423)	6,493	5,108	(1,385)	5,926	(2,574)



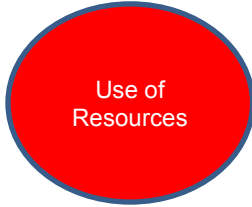
Variation & Action

In Month: Actual savings were behind plan this month by £423k and this mainly relates to non-delivery of strategic schemes.

Year to Date: Overall savings were behind plan by £1385k due to income generation schemes not being delivered. Of the YTD savings delivered 40% were reported as non-recurring no change when compared to last month.

Forecast: Forecast savings in Medicine have increased by £49k due to over-performing income generation schemes. However, the CSFS forecast has reduced by £78k due to underperforming income schemes. A reassessment of procurement plans in progress affecting MSK, Facilities and Strategic schemes has led to a downgrading of the forecast across these three areas by £84k, and consequently the total the year end forecast achievement has reduced by £152k.

Action: The Directorates continue to look at schemes identified for next financial year, and how these schemes might be brought forward to deliver in this financial year.

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

Variation & Action

The Trust's overall risk rating score was a 3 and the individual KPI scores are the same as last month.

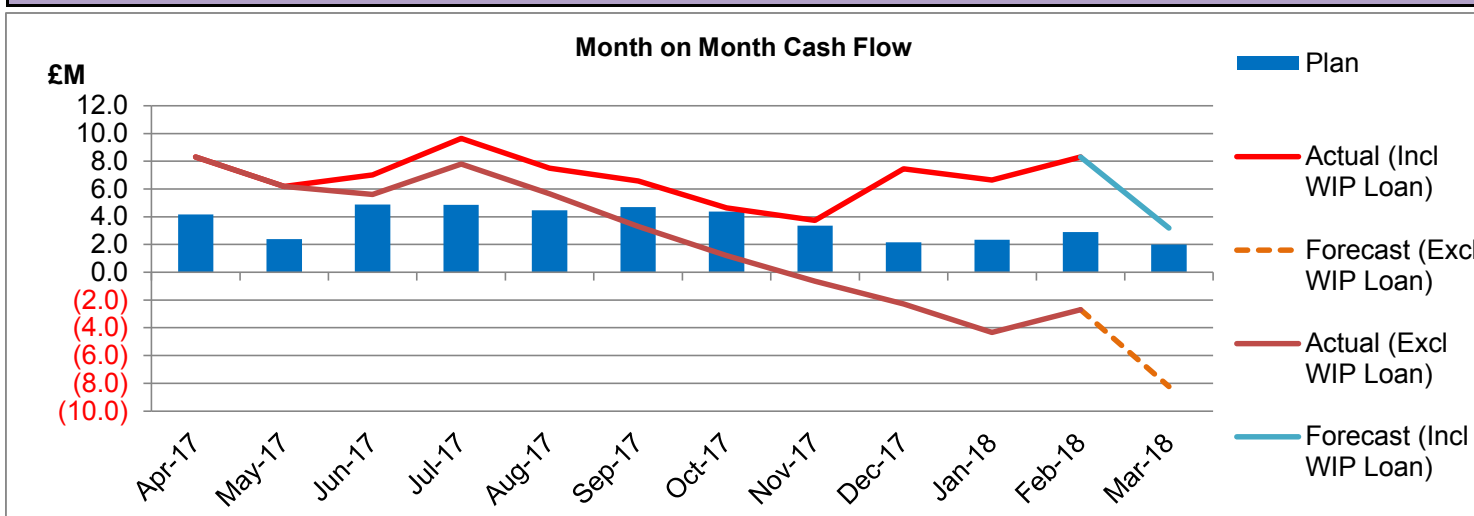
NHSI have issued an enforcement notice and an action plan is being developed to address issues raised in the notice.

Status	Position					Variation & Action
<div style="background-color: yellow; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;"> Cash and working </div>		Opening Balance April 2017 £000s	Plan £000s	Current Month Balance £000s	Variance £000s	Actual In Year Movement £000s
	Inventories (Stock)	4,950	2,950	5,550	2,600	600
	Debtors	14,968	13,569	13,952	383	(1,016)
	Cash	7,660	2,897	8,297	5,400	637
	TOTAL CURRENT ASSETS	27,578	19,416	27,799	8,383	221
	Creditors	(20,515)	(18,288)	(21,016)	(2,728)	(501)
	Borrowings	(1,140)	(1,159)	(1,190)	(31)	(50)
	Provisions	(344)	(214)	(344)	(130)	0
	TOTAL CURRENT LIABILITIES	(21,999)	(19,661)	(22,550)	(2,889)	(551)
	TOTAL WORKING CAPITAL	5,579	(245)	5,249	5,494	(330)

In Month: The Trust's cash position was assisted by the receipt of the year end settlement from Wiltshire CCG of £1,459k and winter pressure funding of £555k. There was a query regarding a large annual payment relating to the EPR system, which has delayed payment. This will now be paid in March. Capital expenditure remains below the planned level.

Year to Date: Monthly cash flows are being submitted to the NHSI highlighting cash flow requirements for a three month period moving forward. Close scrutiny is being undertaken on the cash position to ensure sufficient funds are available to meet the Trust's requirements. Revenue support loans of £10,996k have been received to date. No further borrowings were required in February 2018.

Trend



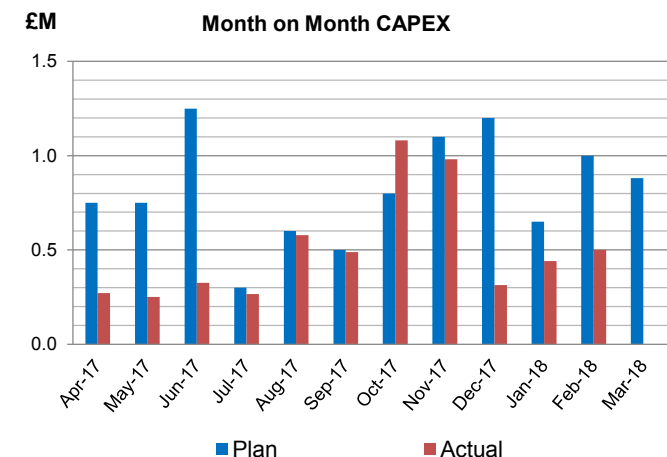
Other Indicators

BPPC % of bills paid in target	Current Month	Previous Month	Movement
- By number	81.6%	81.3%	0.4%
- By value	85.6%	85.2%	0.3%
Creditor days	103	98	5
Debtor days	24	26	-3

Status	Position						Capital Expenditure
Schemes	Annual Plan £000s	YTD (Cumulative)			Forecast £000s	Variance £000s	
		Plan £000s	Actual £000s	Variance £000s			
Breast Unit	89	85	85	0	85	4	
Other	155	155	155	0	223	(68)	
Donated: TOTAL	244	240	240	0	308	(64)	
Estates - Ward Relocation Project	2,364	2,206	2,043	163	2,000	364	
Other Estates Projects	1,328	999	487	512	667	661	
Estates: TOTAL	3,692	3,206	2,530	676	2,667	1,025	
IM&T - EPR / Data Warehouse	2,356	2,356	1,101	1,255	1,208	1,148	
IM&T - Other	1,496	1,504	519	985	2,480	(984)	
IM&T: TOTAL	3,852	3,860	1,620	2,240	3,688	164	
Medical Equipment: TOTAL	1,353	1,127	522	605	1,961	(608)	
Other: TOTAL	561	467	585	(118)	616	(55)	
Contingency	79	0	0	0	0	79	
TOTAL	9,781	8,900	5,497	3,403	9,240	541	

Month on Month CAPEX

Month	Plan (£M)	Actual (£M)
Apr-17	0.75	0.25
May-17	0.75	0.25
Jun-17	1.25	0.35
Jul-17	0.30	0.25
Aug-17	0.60	0.55
Sep-17	0.50	0.50
Oct-17	0.80	1.05
Nov-17	1.10	0.95
Dec-17	1.20	0.30
Jan-18	0.65	0.45
Feb-18	1.00	0.50
Mar-18	0.90	0.00



Variation & Action

In Month: Capital expenditure increased by £313k in the month. At the end of the month the Trust received notification it had been successful in a bid for £1.911m Public Dividend Capital (PDC) relating to IT Cyber Security. This sum was received in March and has to be spent by the end of the financial year. Funds for this expenditure would have been a call on future years capital programmes and the PDC will have relieved a little pressure on capital requirements, but these will continue to far exceed the available source of funds.

Year to Date: The latest forecast of estimated spend on planned capital schemes is indicating a spend below the annual plan figure due to slippage on schemes in the year. The Capital Control Group has brought forward approximately £1m of essential Medical Equipment from 2018-19 to replace some schemes slipped into next year.

Action: The Trust will continue to monitor monthly the programme via the Capital Control Group. Any deterioration in the financial position is likely to have a direct impact on the availability of cash to support the capital programme. The Trust is finalising work identifying a longer term 3-5 year capital programme to capture the current level of risk and backlog associated with limited capital funds historically. This will allow the Trust to prioritise and plan for the longer term and ensure the capital programme is targeted at the areas with the greatest risks.

Status	Position				
<div>Forecast</div>					
		YTD (Feb 2018)			Forecast 2017-18 £000s
		Forecast £000s	Actual £000s	Variance £000s	
	Operating Income				
	NHS Clinical Income	169,649	169,400	(249)	186,510
	Other income	27,398	27,748	350	30,234
	Total income	197,047	197,148	101	216,744
	Operating Expenditure				
	Pay	127,657	128,205	(548)	139,243
	Non Pay	68,257	68,056	201	75,250
	Total Expenditure	195,914	196,261	(347)	214,493
	EBITDA	1,133	887	(246)	2,251
Financing Costs	13,655	13,541	114	14,621	
Surplus/(Deficit)	(12,522)	(12,654)	(132)	(12,370)	

	In-Month (Feb 2018)		
	Forecast £000s	Actual £000s	Variance £000s
CSFS	3,379	3,460	(81)
Medicine	3,740	3,996	(256)
MSK	2,397	2,331	66
Surgery	3,310	3,286	24
Corporate Services	2,209	2,196	13

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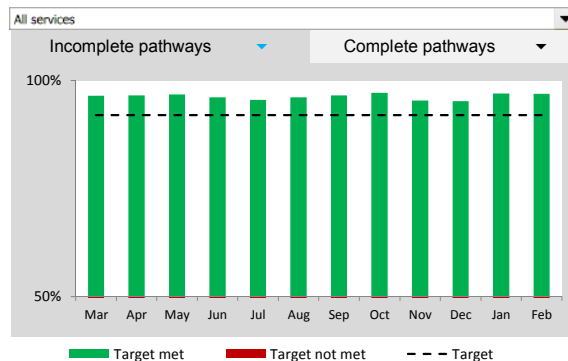
Variation & Action

In Month (Directorates): The Directorates adverse variance from forecast can be explained mainly by the additional cost of agency staff on medical and surgical wards due to increased number of vacancies, greater levels of sickness, and the use of 3 beds on Whiteparish for escalation. For CSFS the variance is due to continued costs in Paediatrics for acting down payments of £20k, and non-pay cost pressures of £104k due to high use of flu kits and greater than anticipated charges in child health from Virgin.

Year to Date (Trust): The adverse variance against the revised forecast was £132k and this can be mainly attributed to the loss of elective income and increasing pay costs which were partly offset by improved non-clinical income.

Actions: Actions identified in Month 10 are continuing, including on-going review of pay and non-pay expenditure and pulling forward CIP schemes from 18-19, in order to mitigate the position and meet the overall forecast out-turn figure of £12.370m.

RTT

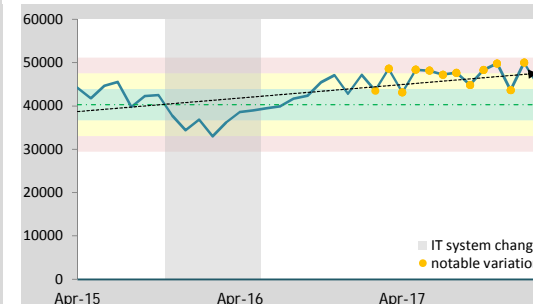


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	89%	107
Continence - Adult	99%	2
LD	76%	12
Outpatient Physio	99%	53
Podiatry	100%	3
Wheelchair service	93%	14
WON	96%	18

LD service remains an area of concern - previously flagged to commissioners. There are 2 LD breaches over 52 weeks - these are Psychology referrals and are receiving care by other members of the team so are not being treated as breaches by the CCG.

Activity



Referrals	↑ 13%	Contacts	↑ 8%
Bed Based Intermediate Care	↑ 90%		
Diabetes	↑ 56%		
Speech and Language Therapy	↑ 25%		
MIU	↓ -12%		
Fracture Clinic	↓ -9%		
Dietetics	↓ -9%		

LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Old Wheelchair service system recorded each work request as a separate referral. See explanatory notes for notable variation guidance. No longer reporting Inpatient therapy contacts as agreed with commissioners.

Inpatient assessments

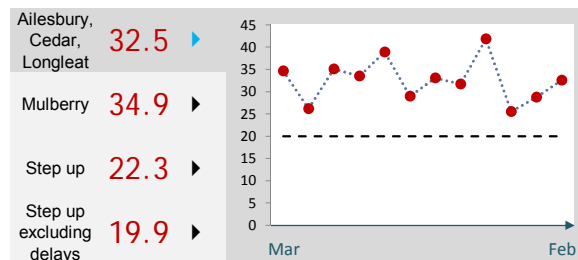
All wards

MRSA	✓	98%
VTE	✓	99%
VTE prophylaxis	✓	100%
MUST	✓	96%
PURAT	✓	95%
Falls	✓	98%
Dementia	✓	97%

Overall targets met

Overall targets met

Mean Inpatient Length of Stay

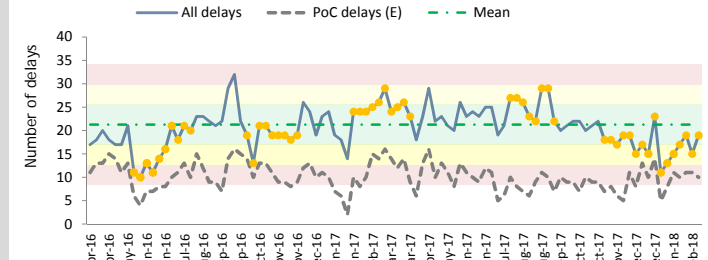


LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity. For more detail around our LoS see the inpatient data sheet.

Discharge timings

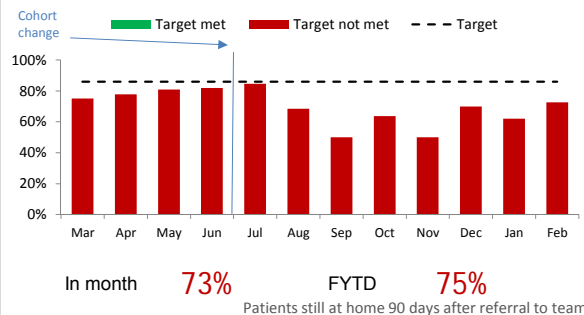


Delayed Transfers of Care



Following DToC counting workshop we may see increase in POC (E) delays that would previously have counted as Housing delays. See explanatory notes Activity for notable variation guide.

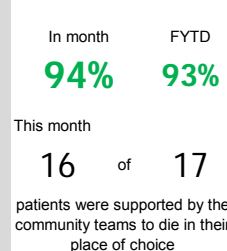
Community teams 90 day reablement



Data quality concerns

It is an ongoing challenge to identify the correct cohort for this data - now looking at Home First patients. Very low numbers since cohort change - slow to increase

End of life support



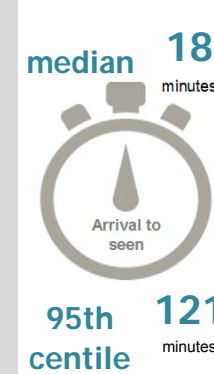
Strong performance year to date

Funding reviews*

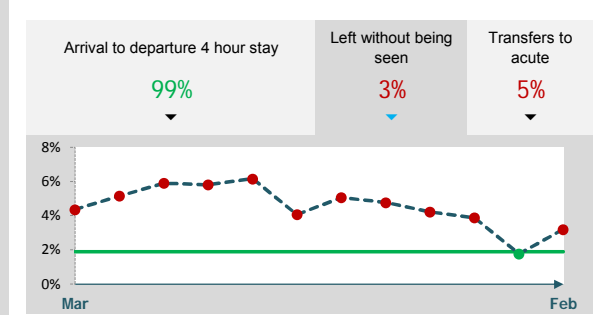
In month	FYTD
CHC 3 month	
Completed 0	N/A
Due 0	
CHC Annual	
Completed 9	100%
Due 9	
FNC	
Completed 0	N/A
Due 0	
No list received from CCG re CHC/FNC reviews due	

No list received from CCG re CHC/FNC reviews due

MIU waiting times



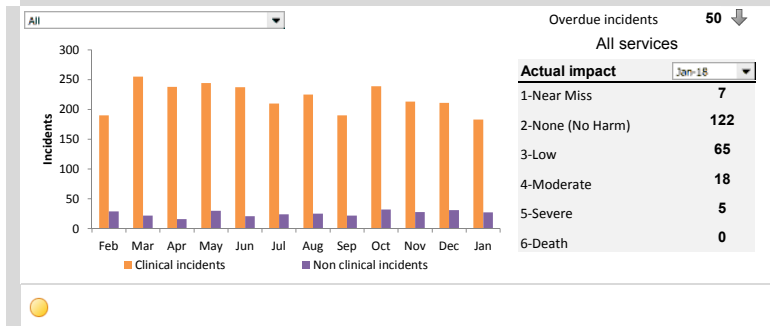
MIU performance



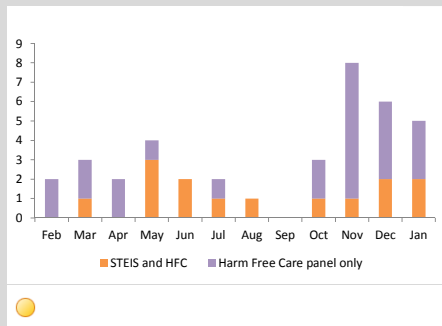
Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data. LWBS improvement seen in January.

*reported one month in arrears

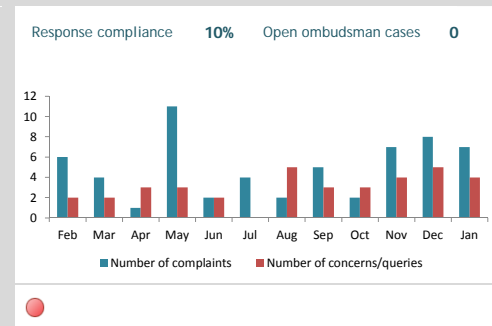
Incidents



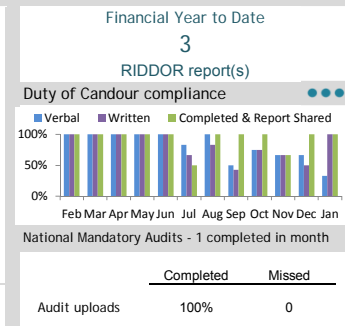
Incidents Requiring Further Investigation



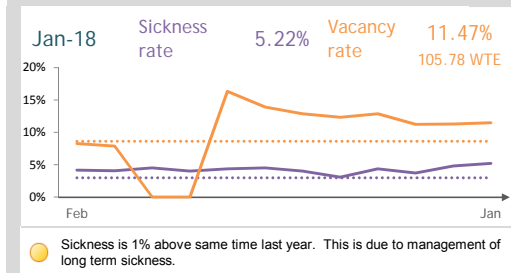
Complaints/Concerns



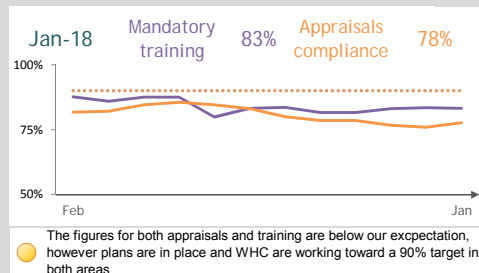
RIDDOR



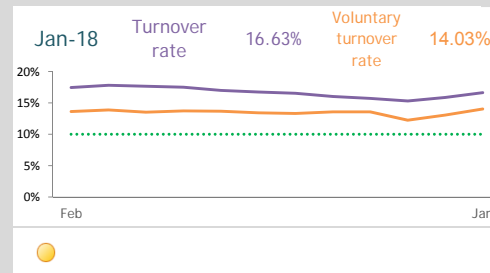
Sickness/Vacancy



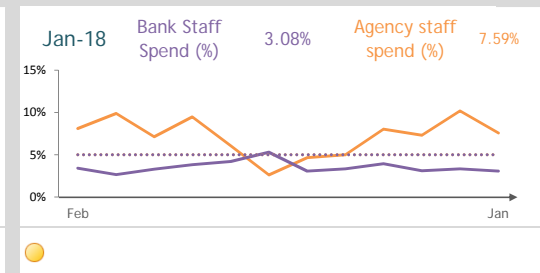
Training/Appraisals



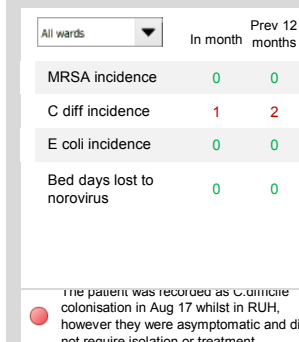
Turnover



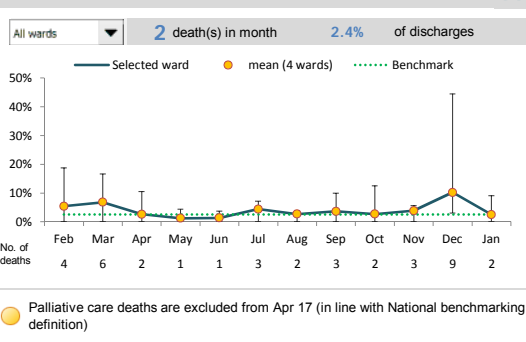
Bank/Agency spend %



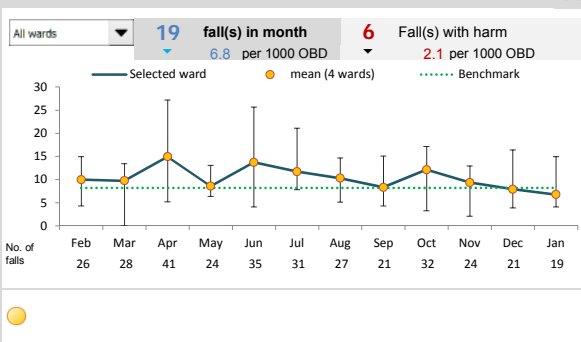
Infection Prevention & Control



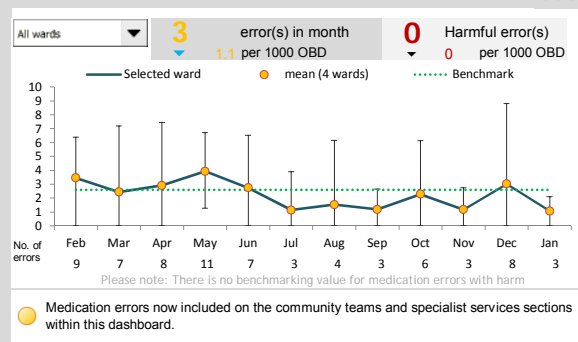
Deaths



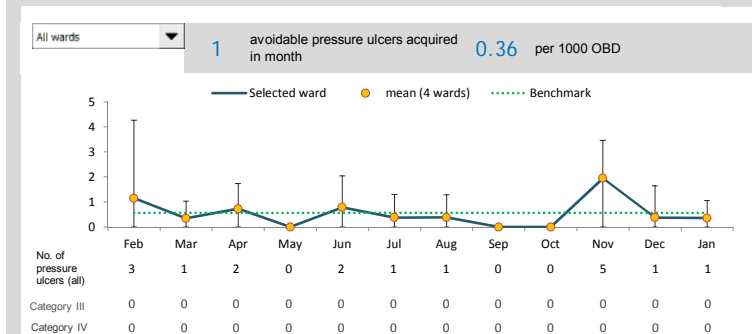
Falls



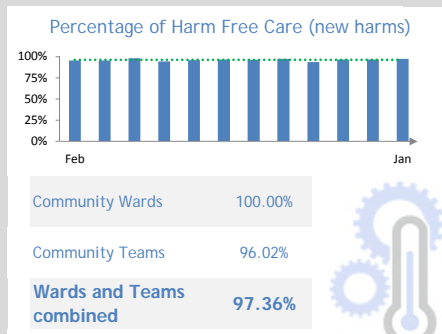
Medication errors



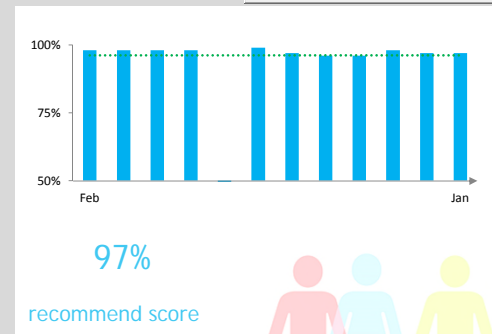
Avoidable Pressure Ulcers



Safety Thermometer



Friends and Family Test



Inpatient assessments

