

Report to:	Trust Board (Public)	Agenda item:	6
Date of Meeting:	17 January 2019		

Report Title:	Integrated Performance Report, November 2018 (Month 8)			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Executive Directors			
Executive Sponsor (presenting):	Executive Directors			
Appendices (list if applicable):				

Recommendation:

To note the information contained within the Integrated Performance Report for November 2019 (month 8).

Executive Summary:

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

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

Performance Summary Narrative – November Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Local Services (COO)	RTT <ul style="list-style-type: none"> Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks, highest performance since Oct 2015 Waiting list decreasing in size and in line with trajectory 	<ul style="list-style-type: none"> Particular areas of pressure in: general surgery, orthopedics, oral surgery, plastics, urology and respiratory. Impact of increase of non-elective activity on elective workload 2 theatres require closure during Q4 for urgent maintenance 	<ul style="list-style-type: none"> Weekly review of capacity fill is being undertaken for areas with biggest activity shortfall Activity Query Notice in place for increased non electivity activity Plans in place to reduce waiting list however they are dependent on additional capacity in Q4. Loss of capacity clear with plans to reallocate staff

Local Services (COO)

Diagnostics

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • The Trust was able to predict in advance the challenges to deliver the diagnostic standard and measures were put in place to mitigate the risk. • Insourcing was secured to undertake procedures in Endoscopy. • Clinical teams work has been clinically prioritised | <ul style="list-style-type: none"> • There are continued workforce challenges in Radiology resulting in the clinical prioritisation of resources. • There has been no interest from other Trusts in using the additional MRI capacity. • Issues with the Gastroenterology team are having a significant impact on the Endoscopy waiting times. • JAG accreditation requirements are ringfencing considerable time for the Lead Clinician for Endoscopy • Financial challenges face the Trust as a result of an ongoing reliance on additional capacity for Endoscopy. • DM01 will not be achievable with the current resource levels throughout Q4. | <ul style="list-style-type: none"> • Radiology workforce review is in draft, the costed and phased recommendations will be presented to the Executive Performance meeting in February 2019. • Demand and capacity modelling has been refreshed in Endoscopy to identify the shortfall. Work is ongoing around a business plan to recover the position. (by end Jan 19) • Additional Endoscopy capacity is being sought for Q4. (by end Jan 19) |
|--|---|---|

**Local
Services
(COO)**

ED

- ED Navigators in post 7 days per week to ensure safety of waiting room and navigation of patients to correct service
- Improved performance in M8 as compared to M7
- Change in clinical leadership has had a positive impact on morale within the department
- Improved internal processes resulting in better coordination from within the department
- Laverstock and Clarendon ward remains closed
- Urgent Care Senior Leads Team (SLT) meeting set up by Medicine Directorate

- Continued increases in ED attendance numbers as compared to 17/18
- ED standard not achieved in M8 (87.54% against trajectory performance of 88.6%)

- Continued gaps in nursing and medical rotas resulting in poor skill mix and junior workforce

- Winter resilience plans in place to support increased demand, patient flow and bolster workforce (from Jan 2019)
- Review ambulatory pathways to increase access to outpatient ambulatory services (away from the inpatient areas) (Feb 2019)
- First MADE (Multi Agency Discharge Event) event to take place during M9 with a second in M10 (Jan 2019)
- Project plan for SAFER re-launch agreed and to be embedded from M10 (from Jan 2019)
- Two new Consultants with confirmed start dates in February and March 2019
- Continue with recruitment of nurses to reduce vacancies
- Supervision and training of junior workforce
- Urgent Care SLT to continue bi-monthly (second meeting planned Jan 2019). Improve cross working between ED and Acute Medical Unit

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Local Services (COO)	Cancer <ul style="list-style-type: none"> Fully compliant cancer dashboard for M8 Number of 104 day long waiters reduced Projecting achievement of 62 day for Q3 	<ul style="list-style-type: none"> Endoscopy capacity to support Lower GI pathways in particular Clinical Oncology provision for Breast Services Inequalities in MDT and time constraints for volume of patients to discuss. Maintaining compliant 62 day performance following recent improvements to return to +85%. 	<ul style="list-style-type: none"> Identification of replacement for Locum Consultant in Gastroenterology to support Endoscopy (Dec/Jan 2019) Continue conversation with UHS re clinical oncology provision (Dec / Jan 2019) Cancer Lead to review all MDT meetings to ensure efficiency. (to be completed by April 2019) Maintain efficient tracking of patients on open pathways to ensure breach numbers remain low. (ongoing) React to diagnostic delays quickly through patient tracking list meetings to expedite and reduce wait time. (ongoing)

	Positives	Challenges	Plans / Forecasts
Specialist Services (COO)	<ul style="list-style-type: none"> Trust participated in national burns major incident exercise (complete) Spinal Injuries 'step down pilot underway' NHS E approved funding to extend to 31.03.19 Zero spinal patients overdue an outpatient follow up appointment. Wessex Rehabilitation pathway pilot for upper limb commenced in Q2 , to improve access and outcome for Major Trauma & plastics surgery patients Review of Cleft service management in conjunction with Oxford to improve efficiency and reduce cost (complete) Plastics network chaired by SFT COO well established. 	<ul style="list-style-type: none"> Increased waiting times for spinal rehabilitation Some progress in Spinal urology surgery waits however still a challenge Concern over VUD pathway. Short term and long term solution in place. Backlog of 51 patients will be reviewed by end of November 2018. Continue to monitor the impact of the ward reconfiguration on plastics 	<ul style="list-style-type: none"> Business case for step down service for Spinal pathway redesign to Trust Management Committee (Feb 2019) VUD - Short term mitigation in place and being addressed in wider Urology capacity and demand intensive support work (action plan by end of January 2019) Tender document in draft being prepared regarding step-down beds for Spinal Centre. (for completion Feb 2019) Business case for commissioner investment in Wessex Rehabilitation being written – (due January 2019) Consultation on phase 1 of upper limb pathway for Wessex Rehabilitation. (complete) Plans in place for regular meeting at COO/MD level between SFT and UHS to discuss pathways spanning both organisations Focused validation on the waiting list for plastic surgery to clean the waiting list, identify patients to be seen and fast track review (February 2019) Standardisation of pathways across plastics – starting with skin pathways to be completed by 1/2/19

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Innovation (MD)	<ul style="list-style-type: none"> Innovation Governance Steering Group reviewed new medical device invented by a member of staff and a new laboratory process developed in Genetics Agreed potential placement opportunities for PA students from 2021 		<ul style="list-style-type: none"> New procedure application for new interventional cardiology procedure to come to TMC in February
Care (MD/DoN)	<ul style="list-style-type: none"> Mortality rate is now at expected levels – and has been for several months Continue positive performance on c-diff infection. Best performing in SW benchmark data NHSI falls collaborative underway Achieved 100% of hip fracture patients operated on within 36 hours CQC Core services inspection completed. Well led completed 4/5 December Excellent results in national maternity survey with improved scores in areas targeted for specific improvement work (choice, emotional support and responding to concerns) : SFT scored 'better' than most other Trusts for 4 sections:- <ul style="list-style-type: none"> Antenatal check-ups Labour and birth Staff Care at home after the birth 	<ul style="list-style-type: none"> Staffing remains challenging in a number of areas, with key hotspots MSK and ED Sustained number of injurious falls across Q3 Increase being seen in category 2 pressure ulcers Remain challenged on mixed sex accommodation – exclusively when ambulatory area of AMU is used overnight SSNAP score reduced from B to C 	<ul style="list-style-type: none"> Retention workstream for registered nurses commenced in March. Nov 18 – participating in direct support with NHSI on this. Domestic and overseas recruitment continues Falls Collaborative with NHSI underway Tissue Viability (TV) team working towards changing national categories of pressure damage which relies on early and accurate documentation. SWARM share and learn sessions currently running and focusing on learning across these events Links to patient flow PMB work Reduction in SSNAP score due to therapy vacancies – plans to recruit into these with post holders commencing Feb 19

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
People (DoOD&P)	<p>Recruitment:</p> <ul style="list-style-type: none"> 83 international nurses scheduled to arrive Jan to April 2019 Increased offers made in UAE to 73 from 68 14 job offers to student nurses (Feb19 and Sept 19 qualifiers) 12 job offers made following NA event (interviews late November) Vacancy rate fallen to 5.82% from 6.16% <p>Agency Spend:</p> <ul style="list-style-type: none"> Brookson DE now at 100% (ahead of schedule) Centralised bank is transitioning from Quality to OD & People through next 3 months Locums Nest Fill Rate 91% this month North Middlesex University hospital now part of collaborative bank (Locums Nest) 	<p>Recruitment:</p> <ul style="list-style-type: none"> Overseas nursing typically has low conversion rate, although has improved slightly Lack of available domestic registered nurses Capacity to manage direct recruits (international nurses) Lack of availability of Ward Managers to interview via skype for RN's <p>Agency Spend:</p> <ul style="list-style-type: none"> Agency used to keep nursing staffing levels safe Month 8 control total exceeded. Enhance use of Locum's Nest by including senior doctors & consultants. Additional medical locums, Physios and OTs required to cover winter pressures in Q4 	<p>Recruitment:</p> <ul style="list-style-type: none"> Nursing recruitment paper being prepared for Workforce Committee to step change recruitment Advertising guidelines for managers to be produced to ensure consistency (March 2019) More emphasis on onboarding for all staff, particularly overseas. <p>Agency Spend:</p> <ul style="list-style-type: none"> Agency spend tracked in month and year to date control total Workforce PMB to be refocused on areas of non- contractual pay spend Analysis of relative use of Bank/Agency staffing proportions

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
People (DoOD&P)	Sickness: <ul style="list-style-type: none"> Short term sickness slightly decreased in month by 1.39% Flu campaign at approximately 50% uptake Engagement: <ul style="list-style-type: none"> Staff Engagement group met with new Head of Comms leadership and development strategy to workforce committee January 2019 Joining “wave 4 “ NHSI retention programme (nursing) joining OD and leadership development HEE diagnostic programme 	Sickness: <ul style="list-style-type: none"> long term sickness increased in month with an overall increase of 0.04% “anxiety/stress/depression” remaining top 20% of cases. Hotspot directorate – Surgery, staffing group – Theatres Significant resistance to flu vaccinations and completion of opt out Engagement: <ul style="list-style-type: none"> Staff morale at time of intense operational pressures Staff Engagement Group numbers and commitment to time for meetings and consequent work 	Sickness: <ul style="list-style-type: none"> Theatres working group supporting managers on a case by case basis Health and Wellbeing Board (HAWB) strategy ready for consultation end January Recruitment plans agreed for OH Engagement: <ul style="list-style-type: none"> To agree the Group workplan for the year in February 2019 Investment in reward and recognition platform including an Employee Assistance Programme as part of Operating plan “Phase 2” to be agreed at Workforce committee January 2019 Leadership Forum inaugural meeting in February 2019
	Other: <ul style="list-style-type: none"> MaST (Mandatory and Statutory Training) compliance improved at 90.27% Medical appraisal slightly down at 91.20% Non-medical appraisal remains compliant at 87% 	Other: <ul style="list-style-type: none"> Maintaining & improving compliance rates for MaST (Mandatory and Statutory Training) and appraisals 	Other: <ul style="list-style-type: none"> Embedding the Business Partner role in order to leverage added value (January 2019 and continuing) Developing capacity and capability for workforce planning

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Resources (DoF)	<ul style="list-style-type: none"> Productivity in both elective and day case activity rose to their highest levels of 2018/19. This demonstrates the improvement programmes in theatres utilisation have embedded the improvements needed. Agency expenditure has reduced in month for nursing. This reflects the successful recruitment drive, with an additional 37 nurses taking up posts since October. 	<ul style="list-style-type: none"> The ability to hit the control total remains a concern and further consideration is required as to whether the Trust should reforecast the year end position in line with the Month 9 NHSI timetable. <p>The challenges remain:</p> <ul style="list-style-type: none"> Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity. Locum consultant posts are being sought for longer term vacancies to help mitigate capacity reductions. Increasing demand and pressures from Non Elective activity combined with limited reductions in length of stay combining in pressure for additional beds. The Trust is actively working with the system to identify capacity to ensure timely discharge. 	<ul style="list-style-type: none"> The greatest risk to the achievement of the financial plan is the potential for increasing non elective demand over the winter months, in turn creating capacity demand pressures. The Trust is working on mitigations for additional capacity with partner agencies e.g. Wiltshire Council regarding domiciliary care and Wiltshire Health and Care on additional community capacity. The Trust continues to discuss with the CCG the performance, quality and financial implications of a lack of capacity across South Wiltshire.

Report to:	Trust Board	Agenda item:	6a
Date of Meeting:	17 January 2019		

Report Title:	M8 Operational Performance Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix 1: Performance & Score Card			

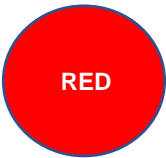

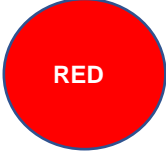

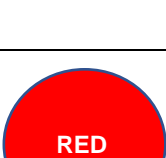
Recommendation:
The Board are asked to note the Trust Performance for Month 8

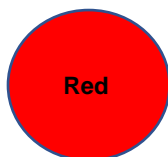
Executive Summary:
For Month 8 the Trust failed to deliver the ED standard. Whilst the diagnostic standard was not delivered, performance was ahead of trajectory. All cancer standards and the RTT standard were delivered for Month 8.

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

Executive Summary of Key Operational Performance – November 2018

() = national targets

ED Performance (95%)	<u>In month (8)</u> : National standard was not delivered reporting 87.7% <u>Year to date</u> : 91.0%	
RTT Performance (92%)	<u>In month (8)</u> : 93% <u>Year to date</u> : 92.3%	
Diagnostics (99%)	<u>In month (8)</u> : 98% - ahead of trajectory <u>Year to date</u> : 99%	
Cancer (2ww = 89.2%) (31 day = 96%) (62 day = 85%)	<u>In month (8)</u> : All cancer standards were delivered in Month 8. .	
DTOCs	<u>In month (M8)</u> : 563 bed days lost . <u>Year to date</u> 5093 bed days lost	

Emergency Pathway

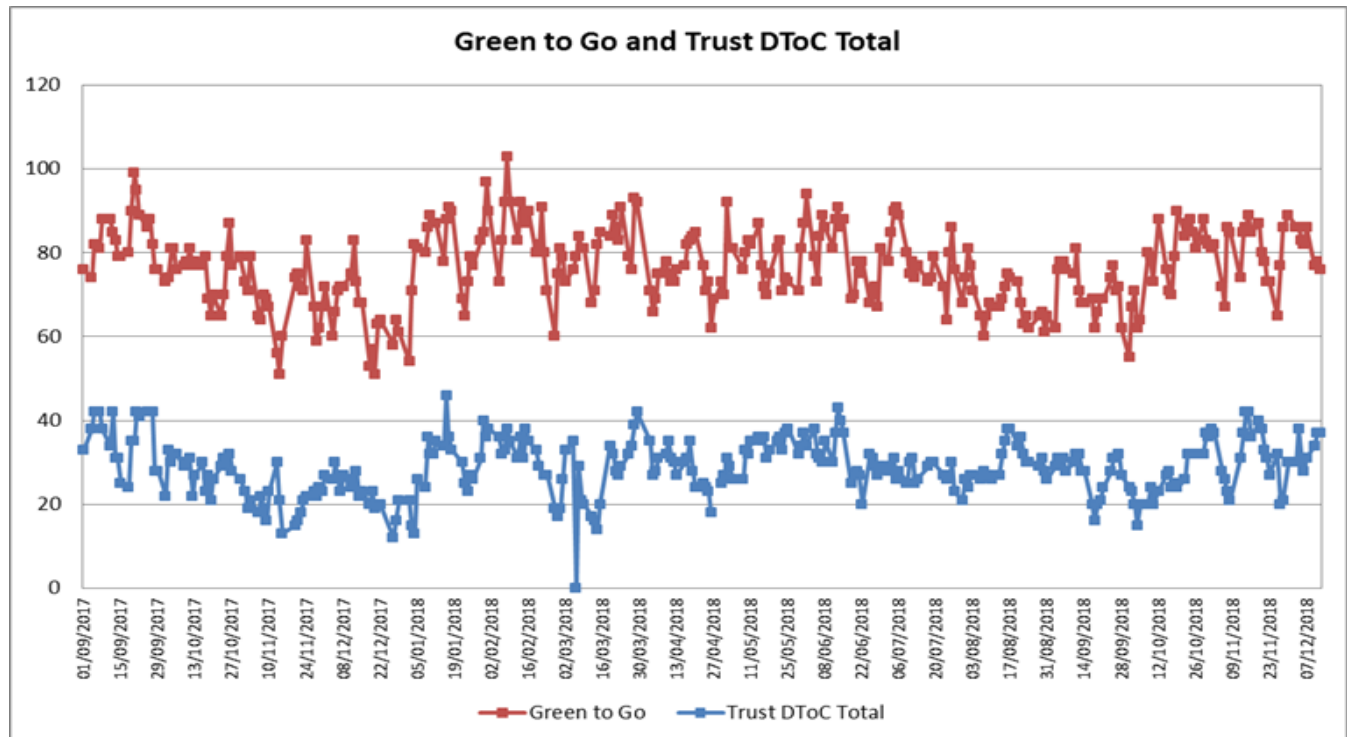
Performance	November
Type 1	82.96%
Type 1&2	84.04%
Type 1,2 &3	87.54%

Ambulance Breaches	
<60 minutes	25
>60 minutes	6

Time to Triage	All	Majors & resus	Minors
4/11/18	17.3	10.5	31.0
11/11/18	13.1	8.9	21.4
18/11/18	17.6	9.7	33.4
25/11/18	11.8	8.9	17.6

Time to Treatment	All	Majors & resus	Minors
4/11/18	73.5	71.4	77.6
11/11/18	73.4	68.4	83.4
18/11/18	81.6	68.9	75.4
25/11/18	71.0	68.9	75.4

Trajectory lines			01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12
	Expected Sign		Y1 M01 Plan	Y1 M02 Plan	Y1 M03 Plan	Y1 M04 Plan	Y1 M05 Plan	Y1 M06 Plan	Y1 M07 Plan	Y1 M08 Plan	Y1 M09 Plan	Y1 M10 Plan	Y1 M11 Plan	Y1 M12 Plan
			30/04/2018 Month 1	31/05/2018 Month 2	30/06/2018 Month 3	31/07/2018 Month 4	31/08/2018 Month 5	30/09/2018 Month 6	31/10/2018 Month 7	30/11/2018 Month 8	31/12/2018 Month 9	31/01/2019 Month 10	28/02/2019 Month 11	31/03/2019 Month 12
			#	#	#	#	#	#	#	#	#	#	#	#
			#	#	#	#	#	#	#	#	#	#	#	#
Accident and Emergency - >4 hour wait	+		290	402	373	443	593	700	752	700	780	680	520	300
Accident and Emergency - Total Patients	+		5,801	6,177	6,107	6,455	5,743	5,804	5,331	6,116	7,145	6,199	5,761	5,953
Accident and Emergency - Performance %	+		95.0%	93.5%	93.9%	93.1%	89.7%	87.9%	85.9%	88.6%	89.1%	89.0%	91.0%	95.0%
Actual Performance	Type 1		92.54%	90.72%	91.27%	90.19%	84.97%	82.72%	81.69%	82.96%				
	Type 1+2		93.09%	91.34%	91.82%	90.83%	86.03%	83.86%	83.01%	84.04%				
	Type 1,2+ 3		95.00%	93.49%	93.89%	93.14%	89.67%	87.94%	86.65%	87.54%				



Nov-18 was as follows:

November 2018 = 563 bed days

2018-19 YTD = 5093 bed days

M8 Cancer



All cancer standards were met in Month 8. Endoscopy and Urology pathways remain challenging and work is progressing to review pathways, risks and mitigations in light of staff shortfalls.

RTT



The Trust delivered the RTT standard reporting 93%.

General Surgery 86% – (Q3 target 85%)

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

- One surgeon off sick with no date for return
- Review of outpatient activity and utilisation

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

Urology 91% – (Q3 target 91%)

- Appointment made for permanent 7pa post from May 19
- No applicant for locum post from January, agency support to be considered
- Work continuing to validate waiting list and clear long waiting patients
- Biweekly meeting intensive support in place with COO, Clinical Service and Directorate

Trauma &Orthopaedics (T&O) 89% (Q3 target 90%)

- Good progress with separation of trauma and elective - lower levels of Trauma in November
- Flexible Job Planning continues
- 12th Consultant (locum) appointed – commence employment end of February. Substantive consultant resignation in November
- Improved visibility of waiting lists – realignment of waiting lists to sessions being implemented in Q3
- Additional theatre lists seen increase in activity in line with recovery plan
- Additional Limited Liability Partnership lists and additional Sunday list per month to continue for October, November & December
- Weekly meeting with Executive support to increase activity and reduced lost cases due to some ongoing issues

Plastics (Skin & Breast) Plastics & Burns 91.8% (Q3 target 89%)

- Breast reconstruction lists – continue increase in number of Dieps month on month
- Consultant return from long term sick leave in November
- Skin Plastic Surgeon – gap currently be covered by additional sessions
- Micro Plastic Surgeon - successful recruitment –commencing in October 2019 (Mat leave cover required)
- Increased capacity identified in both DSU and Minor Operations.
- Additional Rapid Referral Clinic capacity continues

Oral and Maxillo Facial surgery (OMFS) 77.5% (Q3 target = 90%)

- Grading Matrix finalised to enable improved bookings & utilisation –improvement in November
- Clinic template work ongoing to improve booking
- Additional lists where possible
- Service review to be completed by end of December

Dermatology – 91% (Q3 target = 92.0%)

- Dip in performance in due to medical and surgical dermatologist shortages – improved in November
- Maternity leave from June 2019
- Additional plastic lists as above
- Continued innovative and creative solution to national shortage of Dermatologists – to maintain – medical and surgical dermatology service
- Designing phase of piloting a new way of seeing rapid referrals to improve capacity management

Thoracic Medicine 85% (Q3 target 85%)

Performance has continued to improve. A part time Consultant has been successfully recruited starting in the New Year – this will provide 3 extra clinics per week.

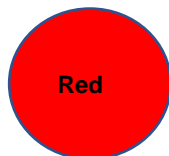
Waiting list size**Incomplete PTL Volume by CCG**

Total WL	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Dorset CCG (11J)	2,537	2,495	2,564	2,505	2,480	2,460	2,424	2,459	2,537
West Hampshire CCG (11A)	1,582	1,572	1,621	1,626	1,583	1,574	1,565	1,620	1,639
Wiltshire CCG (99N)	10,080	10,361	10,752	10,577	10,481	10,616	10,335	10,343	10,441
Other CCGs	2,839	2,886	3,024	3,138	3,135	3,017	2,989	2,834	2,526
Trust Total	17,038	17,314	17,961	17,846	17,679	17,667	17,313	17,256	17,143

Incomplete PTL Volume by Specialty

Specialty	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
General Surgery	765	733	731	685	656	557	585	608	642
Urology	1082	1115	1165	1202	1196	1199	1147	1151	1200
Trauma & Orthopaedics	1905	1901	1848	1771	1804	1933	1919	1883	1951
Ear, Nose & Throat (ENT)	911	966	1073	1068	1093	1172	1143	1128	1128
Ophthalmology	1167	1251	1274	1347	1338	1304	1259	1281	1266
Oral Surgery	1588	1586	1595	1739	1771	1708	1712	1616	1335
Neurosurgery	0	0	0	0	0	0	0	0	0
Plastic Surgery	1402	1264	1370	1318	1303	1396	1366	1395	1423
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0
General Medicine	43	43	49	48	44	43	53	48	53
Gastroenterology	865	862	902	899	887	816	847	865	893
Cardiology	773	843	901	865	881	899	909	961	961
Dermatology	742	735	792	775	727	729	708	720	710
Thoracic Medicine	394	400	412	425	420	392	399	387	376
Neurology	0	0	0	0	0	0	0	0	0
Rheumatology	270	316	337	354	371	410	376	362	335
Geriatric Medicine	150	153	166	174	183	188	181	187	173
Gynaecology	904	975	1001	987	947	1007	961	1002	1061
Other	4077	4171	4345	4189	4058	3913	3748	3662	3636
Total	17038	17314	17961	17846	17679	17666	17313	17256	17143

Diagnostic (DM01) November



In line with predictions and following clinical prioritisation of resources the trust failed to deliver the diagnostic standard in November reporting 98.01%. There were 65 breaches (63 Endoscopy). The recovery plan implemented for December is expected to show improvement as long as all lists remain covered

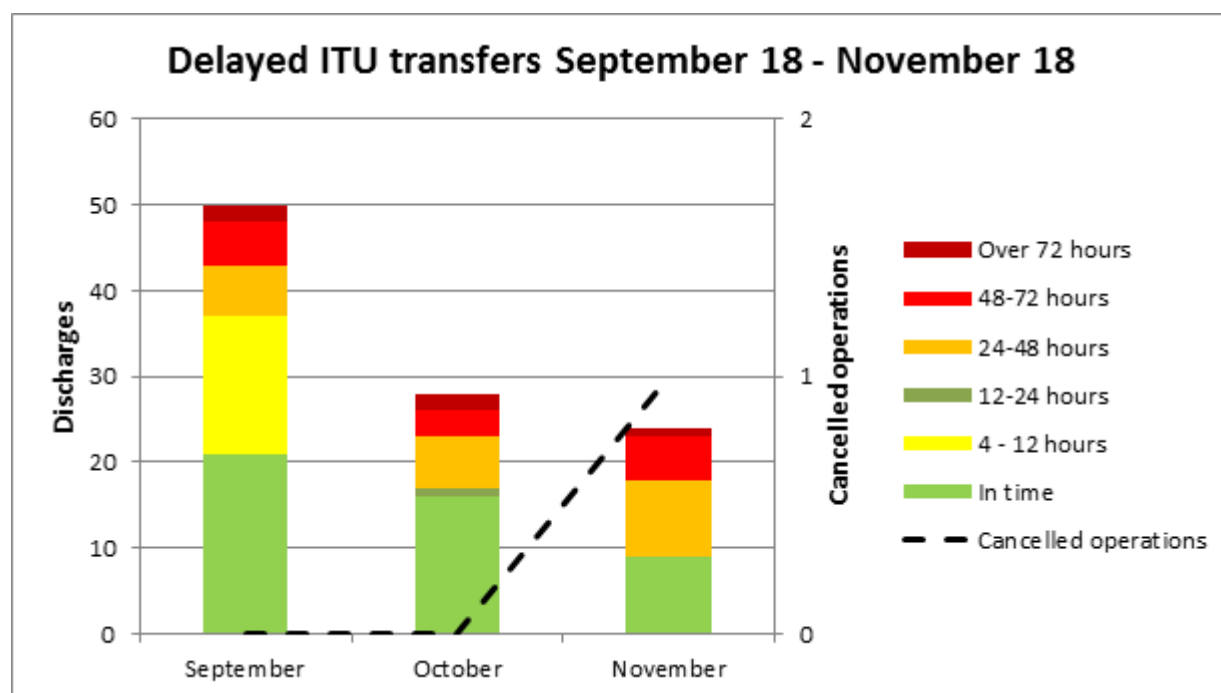
Current wait times are around 6 weeks in Radiology and, owing to the implementation of the approved recovery plan in October/November, are now back to 6-7 weeks in Endoscopy.

The recovery plan for Endoscopy covers December and is addressing the previously reported lack of cover from regular Endoscopists combined with the ongoing absence of CNS cover in Colorectal.

Capacity is being outsourced at weekends to mitigate the uncovered lists. In January and February there will be at least 35 lists vacated by Colorectal as a result of the lead Endoscopy Nurse continuing to cover gaps. Together with lists not covered by Gastroenterology Consultants because of their ward cover commitments this lost capacity creates a risk of not delivering the Diagnostic standard.

The MRI waiting list is currently at 360 with the majority of patients waiting less than 3 weeks. We are therefore continuing with the reduction in the use of the mobile scanner. Local health care providers have been notified of the available capacity but no firm arrangements have yet been made. COO has highlighted to CCG and NHSi

CT wait times were reducing but scanner failure has hampered progress. Additional capacity remains in place for regular weekend working, this will continue up to and including the Christmas period

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 - November 2018

			Reporting Month		Rolling 12 months
Metric Name	National Ceiling /Standard	Local Trajectory	Nov-18	Patients Affected in Nov-18	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	92.96%	1,207	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		9 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	National Ceiling /Standard	Local Trajectory	Nov-18	Patients Affected in Nov-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	87.7%	666	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		98.01%	65	
Diagnostic Test Compliance***	10 out of 10		7 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Delivering same sex accommodation****	0		66		
Infection control – Clostridium difficile (YTD)	YTD: 13		YTD: 1	0	
Infection control - MRSA*	0		0		
Metric Name	National Ceiling /Standard	Local Trajectory	Nov-18	Patients Affected in Nov-18	Trend Against National Standard
All Cancer two week waits	93%		94.8%	46	
Symptomatic Breast Cancer - two week waits	93%		100.0%	0	
31 day wait standard	96%		99.2%	1	
31 day subsequent treatment : Drug	98%		100.0%	0	
31 day subsequent treatment : Surgery	94%		100.0%	0	
62 day wait standard from GP referral	85%		88.5%	9.0	
62 day screening patients	90%		100.0%	0.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

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

Report to:	Trust Board (Public)	Agenda item:	6b
Date of Meeting:	17 January 2019		

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

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

Executive Summary:
<p>Positive indicators – good infection control practice sustained, weekend HSMR reduced and is within the expected range and an improvement in hip fracture patients receiving surgery within 36 hours.</p> <p>SSNAP score reduced to C due to therapy vacancies with full staffing expected in February 19. The number of non-clinical mixed sex accommodation breaches within AMU increased – at times of high demand for non-elective admissions. Privacy and dignity maintained and breaches resolved very quickly (only occur in the ambulatory bay of AMU).</p>

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

1.0 Purpose

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

2.0 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 used to establish the quality of care provided by the Trust.

3.0 Quality indicator report

- 3.1 No cases of Trust apportioned C Difficile. YTD – 1 case.
- 3.2 No MSSA bacteraemias for four months.
- 3.3 No MRSA bacteraemias. YTD – 2 cases.
- 3.4 One E Coli bacteraemia from a urinary tract infection (sporadic).
- 3.5 Five new serious incident inquiries commissioned in November. YTD 22 cases.
- 3.6 A decrease in crude mortality in November. HSMR increased to 103.1 to August 18 and is within the expected range. Weekend HSMR also decreased and is within the expected range. SHMI decreased to 105 and when adjusted for palliative care is 97.7 to June 18. Proposals for the introduction of Medical Examiners presented to the Mortality Surveillance Group in November.
- 3.7 Hip fracture patients operated on within 36 hours improved to 100%.
- 3.8 An increase in category 2 pressure ulcers. One category 3 pressure ulcer under investigation.
- 3.9 Two falls resulting in major harm (both fractured hips requiring surgery) and one fall resulting in moderate harm (fractured wrist). There has been an increase in falls resulting in moderate or major harm. The Trust is currently part of the NHSI Falls Prevention Collaborative.
- 3.10 All bar one stroke patient (late diagnosis) received a CT scan within 12 hours. A slight reduction in patients reaching the stroke unit within 4 hours. Those delayed were due to waiting to see a doctor in ED (6) and waiting for a stroke unit bed (2). 93% of patients spent 90% of their stay on the stroke unit exceeding the 80% national target. The stroke team continue to work with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway. SSNAP score reduced to C – due to therapy vacancies with full staffing expected in February 2019.
- 3.11 82% of high risk TIA patients seen within 24 hours. Three full clinics resulted in 5 patients being seen beyond 24 hours.
- 3.12 Escalation bed capacity remained static, with the ambulatory area of AMU being used overnight consistently. This has led to increased mixed sex breaches but also nursing cost in this area. Multiple ward moves decreased in November. Winter planning for Q4 is well underway and has been presented at CGC and F&PC
- 3.13 10 non-clinically justified mixed sex accommodation breaches affecting 66 patients all in the ambulatory bay on AMU.
- 3.14 Patients rating the quality of their care sustained at previous year average. The Q2 staff friends and family test improved compared to Q1 of those recommending the Trust as a place to work and receive care or treatment.

4.0 Summary

Positive indicators – good infection control practice sustained, weekend HSMR reduced and is within the expected range and an improvement in hip fracture patients receiving surgery within 36 hours.

SSNAP score reduced to C due to therapy vacancies with full staffing expected in February 19. The number of non-clinical mixed sex accommodation breaches within AMU increased, privacy and dignity maintained and breaches resolved very quickly (only occur in the ambulatory bay of AMU).

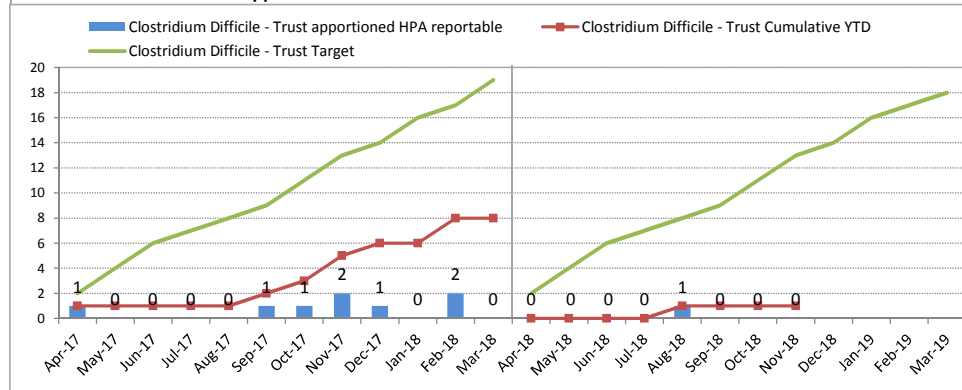
Claire Gorzanski, Head of Clinical Effectiveness, 17 December 18.

Infection Control	2017-18 YTD	2018-19 YTD
MRSA (Trust Apportioned)	0	2

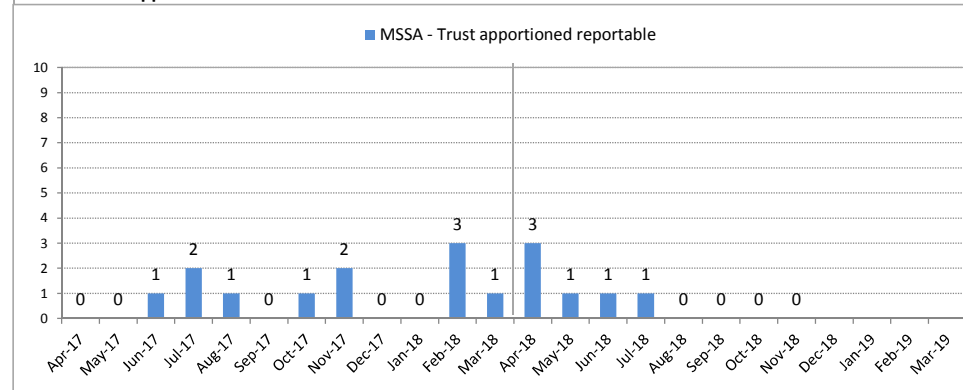
Trust Incidents	2017-18 YTD	2018-19 YTD
Never Events	3	2
Serious Incidents Requiring Investigation	25*	22

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

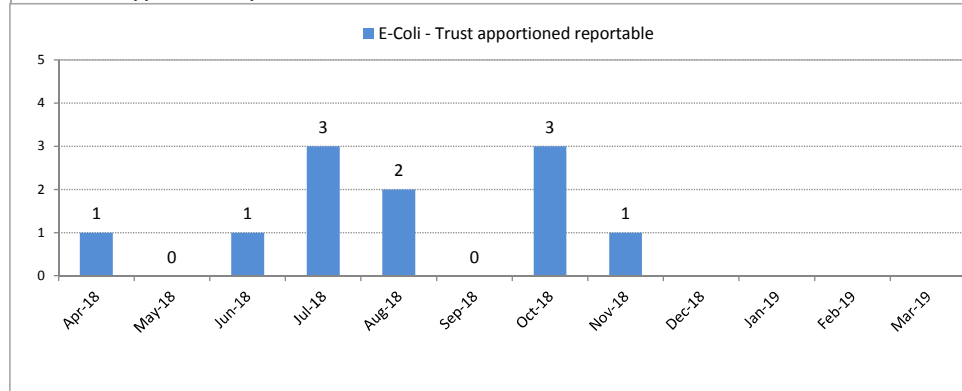
Clostridium Difficile - Trust Apportioned



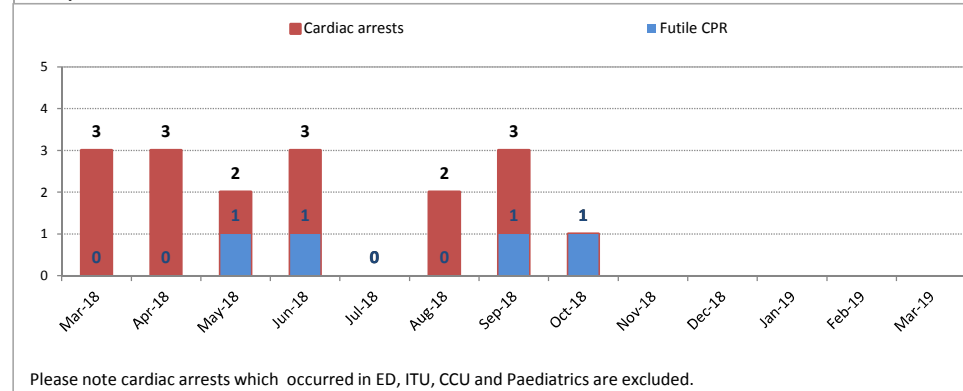
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable

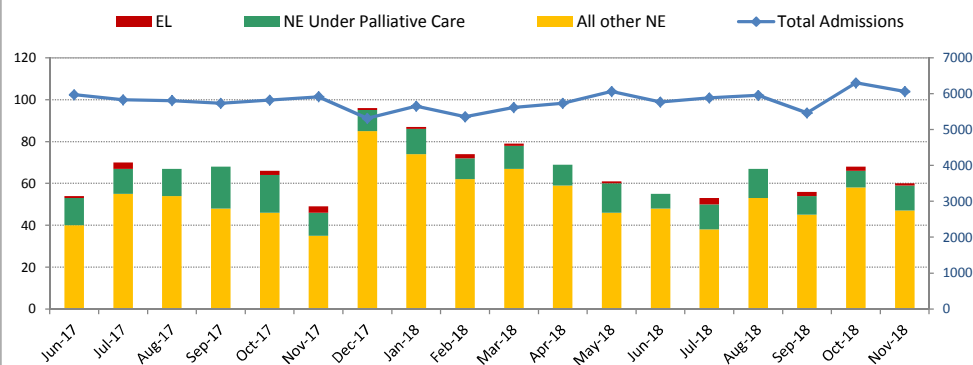


In hospital cardiac arrests and futile CPR

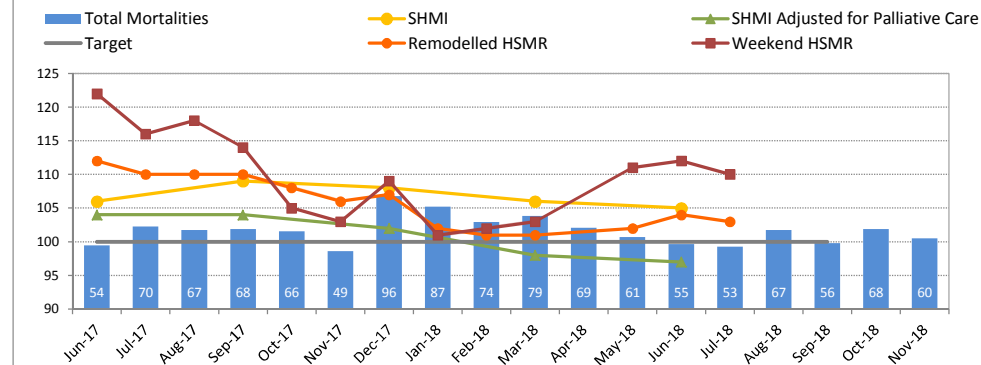


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

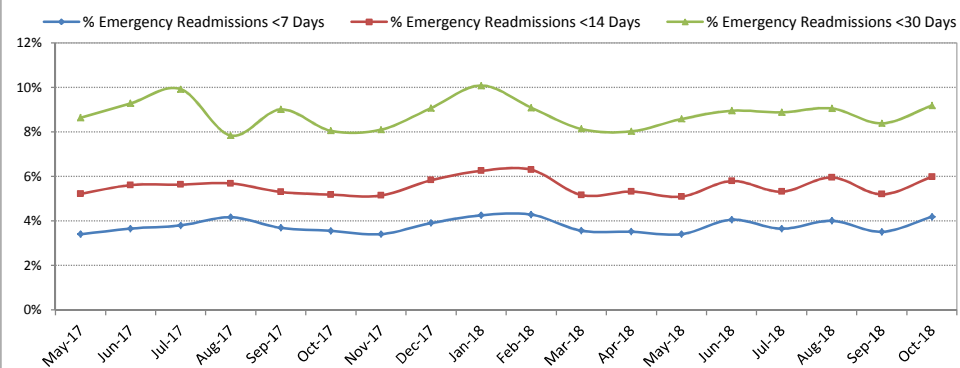
Hospital Mortalities



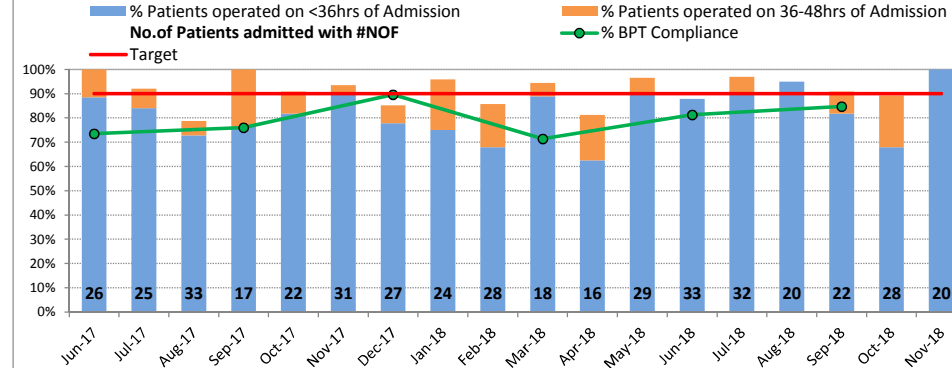
HSMR and SHMI



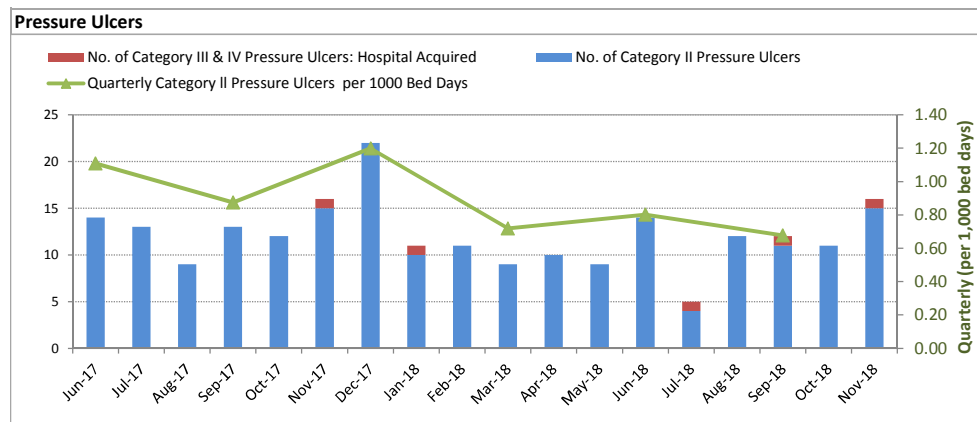
Emergency Readmissions within 7, 14 & 30 days of Discharge



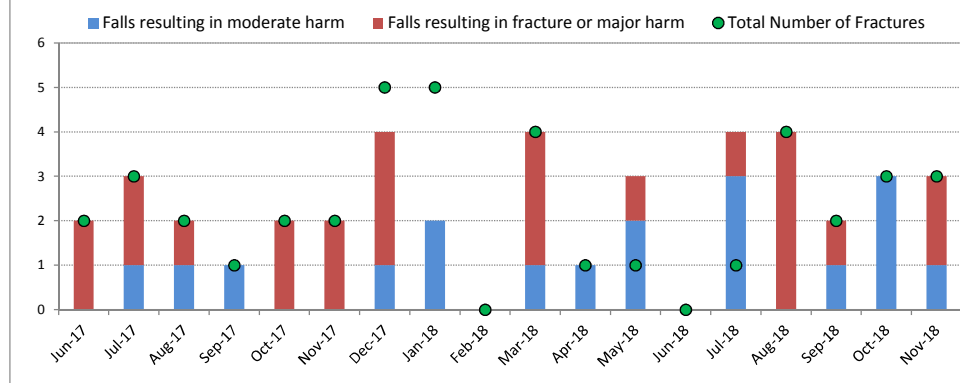
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



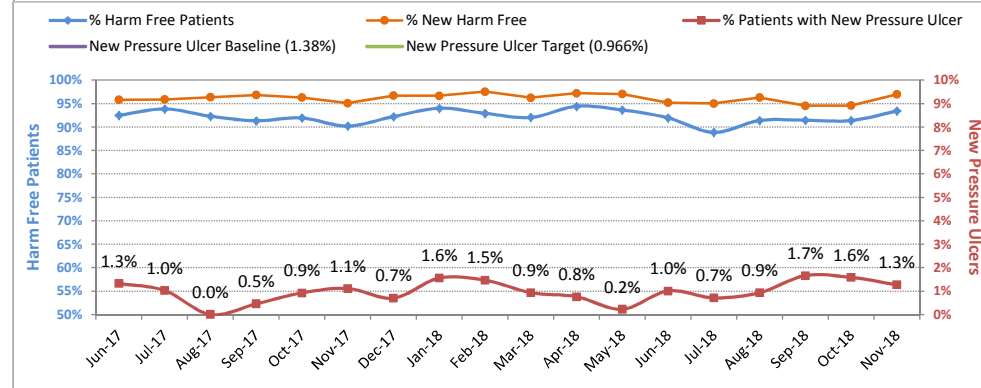
Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.



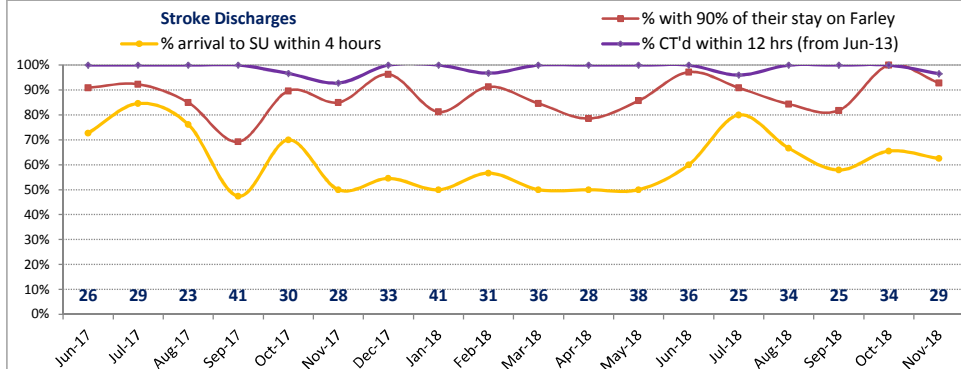
Patient Falls in Hospital



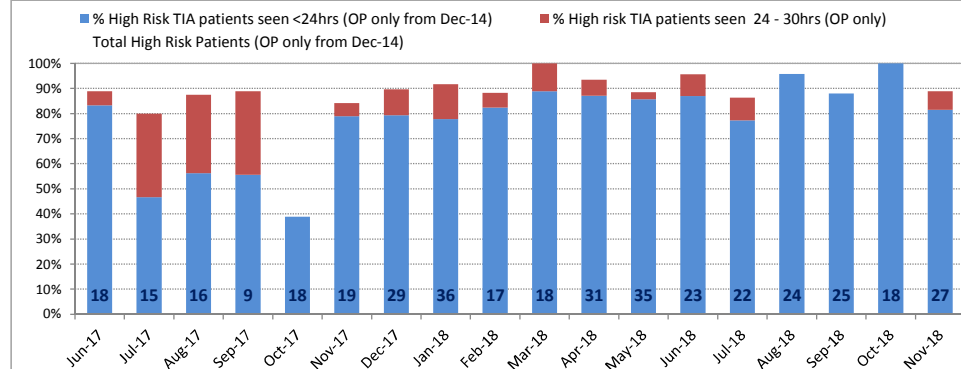
Safety Thermometer - One Day Snapshot per Month



Stroke Care



TIA Referrals



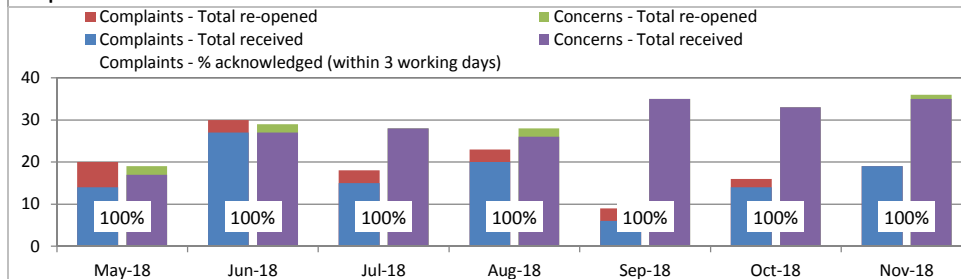
SSNAP Case Ascertainment Audit

Highest level = Grade A

Lowest level = Grade E

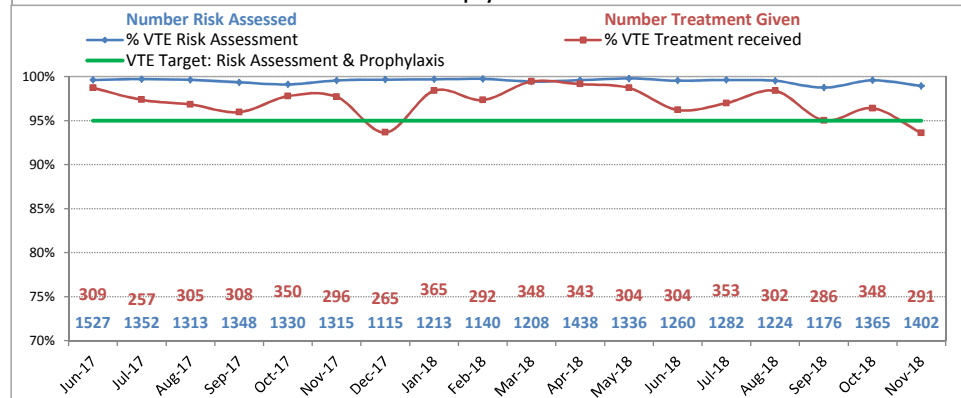
Tri-annually	Apr - Jul	Aug - Nov	Dec - Mar	
2016-17	B	B	D	
2017-18	C	D	C	
Quarterly	Q1	Q2	Q3	Q4
2018-19	B	C		

Complaints and Concerns

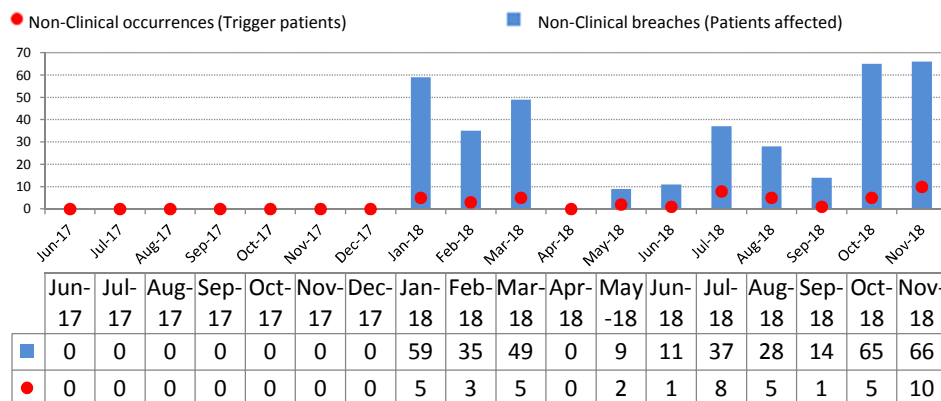


	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Complaints - Total received	14	27	15	20	6	14	19
Complaints - Total re-opened	3	6	3	3	3	2	0
Concerns - Total received	27	17	28	26	35	33	35
Concerns - Total re-opened	2	2	0	2	0	0	1

Venous Thrombous Embolism: Risk Assessment & Prophylaxis

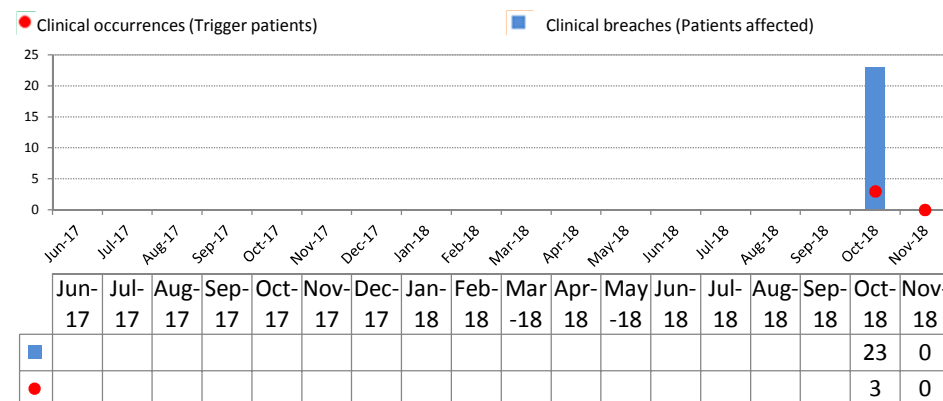


Delivering Same Sex Accommodation - Non-clinical



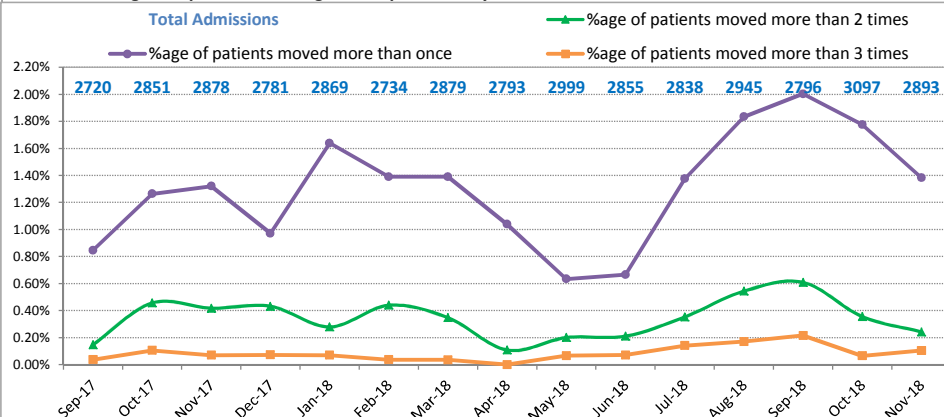
Please note MSA (Mixed sex accommodation) is now referred to as DSSA (Delivering same sex accommodation) since 01/08/2018

Delivering Same Sex Accommodation - Clinical

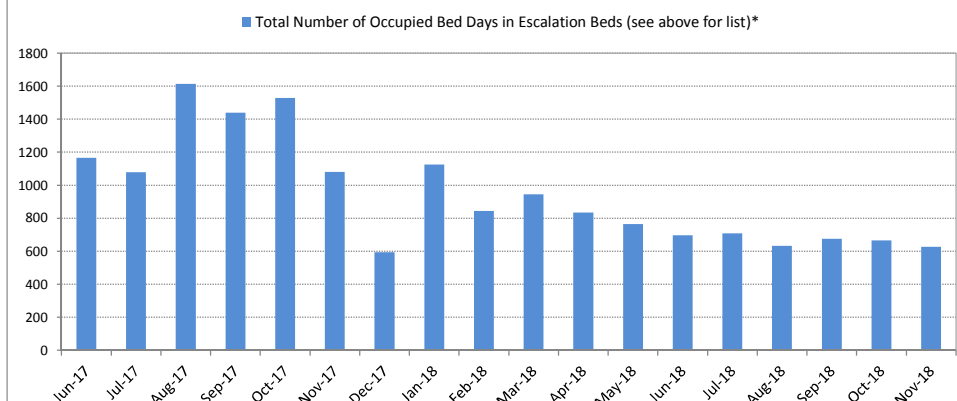


Please note Clinical DSSA figures have been collected since June 2018

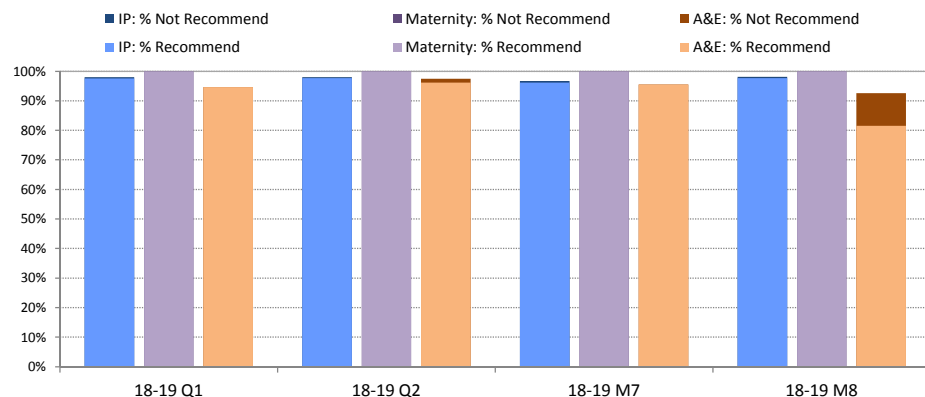
Patients moving multiple times during their Inpatient Stay



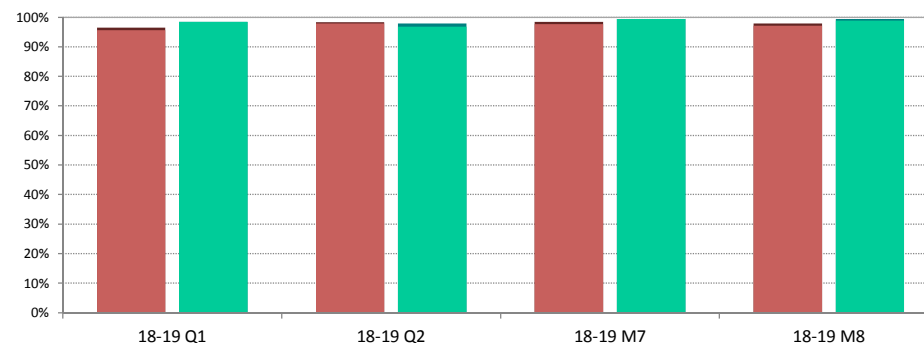
Escalation Bed Days



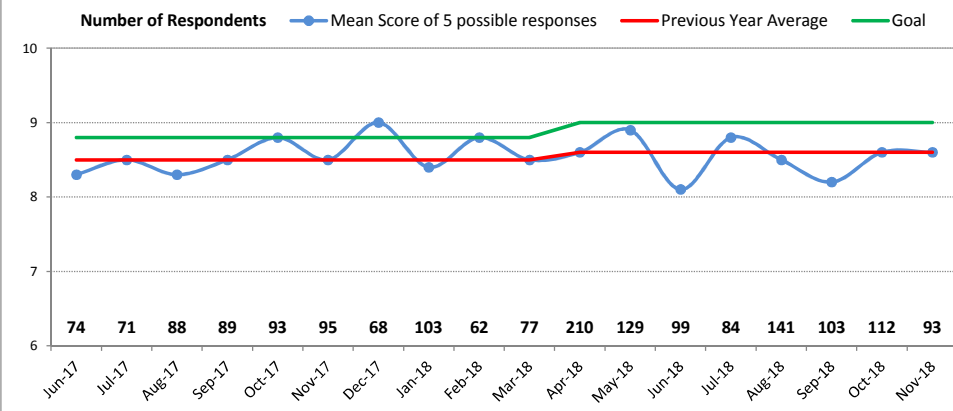
Friends & Family Test: Responses by Area



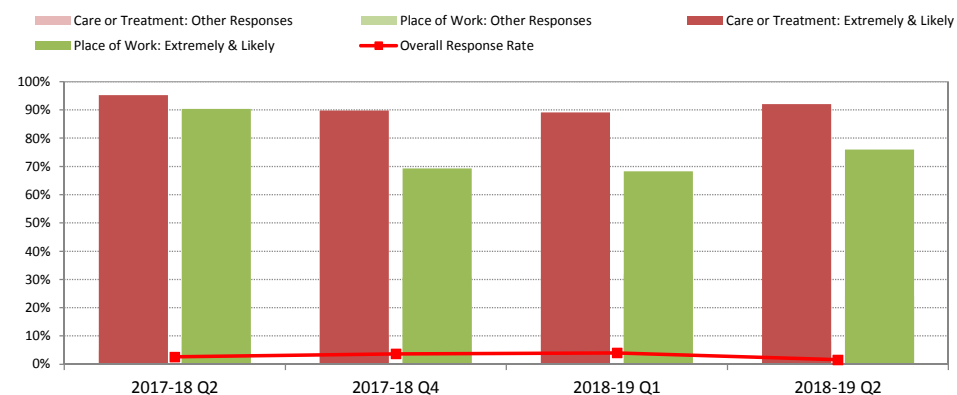
OP: % Not Recommend **DC: % Not Recommend** **OP: % Recommend** **DC: % Recommend**



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



Friends & Family Test: Staff (% Responses)



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

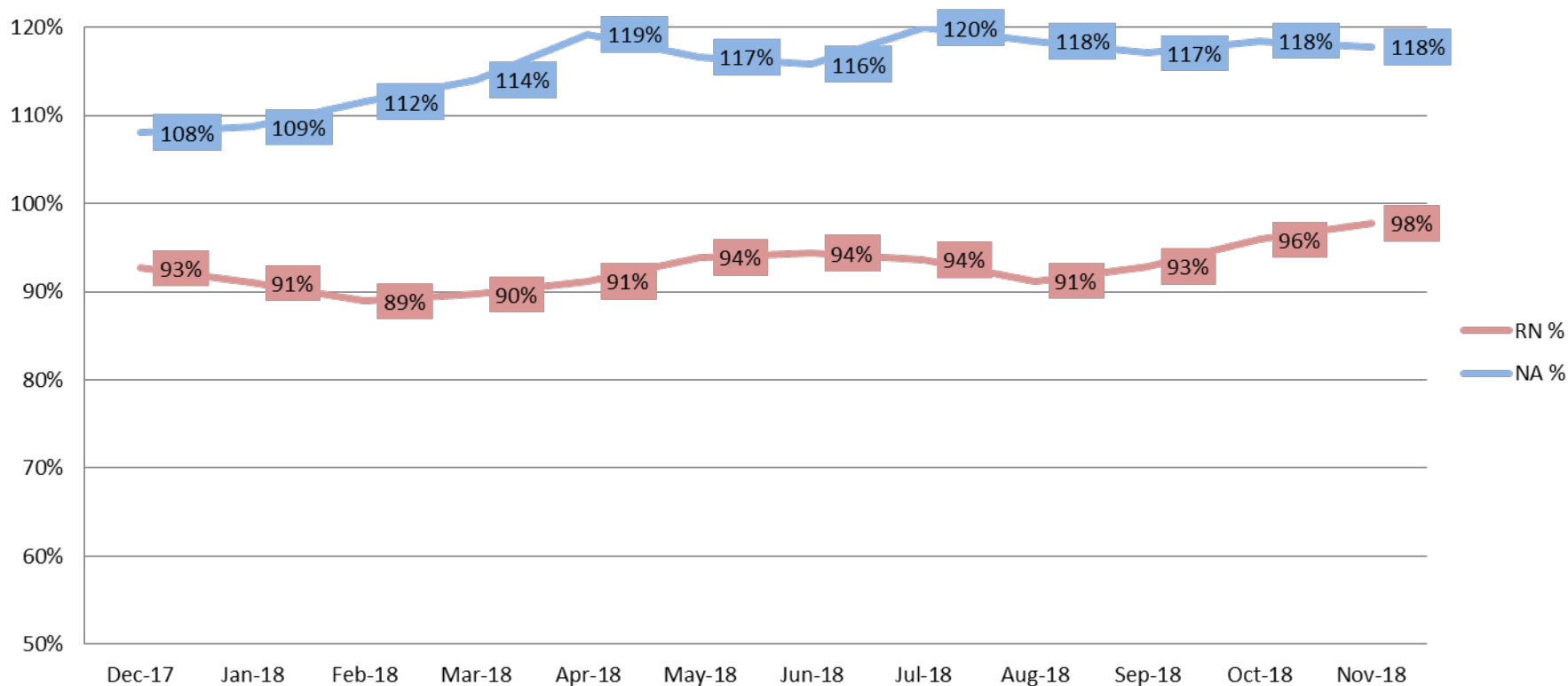
Safe Staffing NQB Report

November 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
Nov-18	60822	59450	98%	33831	39835	118%	94652	99285	105%	60%	40%

Monthly Comparison - Actual Staffing Levels



Overview of Nurse Staffing Hours – November 2018

Day	RN	NA
Total Planned Hours	36998	21139
Total Actual Hours	35317	24795
Fill Rate (%)	95%	117%

Night	RN	NA
Total Planned Hours	23824	12692
Total Actual Hours	24133	15040
Fill Rate (%)	101%	119%

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

Nursing Hours by Day Shifts

Row Labels	Day RN Planned	Day RN Actual	Day RN Fill	Day NA Planned	Day NA Actual	Day NA Fill
			Rate			Rate
Medicine	15323	14739	98%	10254	12644	120%
AMU	2003	2015	101%	1036	1494	144%
Durrington	1115	1304	117%	866	1265	146%
Farley	2208	1960	89%	1466	1965	134%
Hospice	900	911	101%	890	859	97%
Pembroke	868	953	110%	339	340	100%
Pitton	1772	1763	99%	1097	1620	148%
Redlynch	1582	1370	87%	1143	1220	107%
Tisbury	2103	1971	94%	687	568	83%
Whiteparish	1269	1171	92%	1034	1247	121%
Spire	1506	1323	88%	1698	2068	122%
Surgery	7704	7863	101%	3041	3558	114%
Britford	2065	2196	106%	1086	1303	120%
Downton	1322	1313	99%	891	1078	121%
Radnor	3129	3188	102%	333	321	96%
Breamore Short Stay	1190	1166	98%	731	857	117%
MSK	8020	6908	86%	6490	7303	117%
Amesbury	1776	1460	82%	1339	1712	128%
Avon	1616	1310	81%	1883	1752	93%
Chilmark	1656	1618	98%	1101	1393	127%
Odstock	1581	1347	85%	721	975	135%
Tamar	1391	1173	84%	1447	1471	102%
CSFS	5951	5807	102%	1355	1291	97%
Maternity	2863	2624	92%	1010	952	94%
NICU	1053	1269	120%	0	0	100%
Sarum	2034	1914	94%	345	339	98%
Grand Total	36998	35317	95%	21139	24795	117%

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

Nursing Hours by Night Shifts

Row Labels	Night RN Planned	Night RN Actual	Night RN Fill Rate	Night NA Planned	Night NA Actual	Night NA Fill Rate
Medicine	9669	10275	106%	5447	7586	137%
AMU	1509	1737	115%	345	687	199%
Durrington	690	759	110%	690	863	125%
Farley	1035	1070	103%	690	1081	157%
Hospice	570	573	101%	276	277	100%
Pembroke	690	690	100%	345	357	103%
Pitton	1035	1381	133%	687	1184	172%
Redlynch	1035	1012	98%	690	863	125%
Tisbury	1380	1357	98%	345	368	107%
Whiteparish	690	708	103%	690	704	102%
Spire	1035	989	96%	689	1204	175%
Surgery	5060	5053	99%	2415	2570	106%
Britford	1035	1024	99%	690	845	122%
Downton	690	678	98%	690	690	100%
Radnor	2645	2673	101%	345	345	100%
Breamore Short Stay	690	678	98%	690	690	100%
MSK	4141	4011	97%	3795	3944	104%
Amesbury	1035	1012	98%	1035	1098	106%
Avon	899	860	96%	900	919	102%
Chilmark	572	559	98%	570	646	113%
Odstock	1035	976	94%	690	690	100%
Tamar	600	603	101%	600	591	99%
CSFS	4954	4795	98%	1035	942	97%
Maternity	2749	2574	94%	1035	942	91%
NICU	1032	1047	101%	0	0	100%
Sarum	1173	1174	100%	0	0	100%
Grand Total	23824	24133	101%	12692	15040	119%

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

Overview of Areas Flagging Red

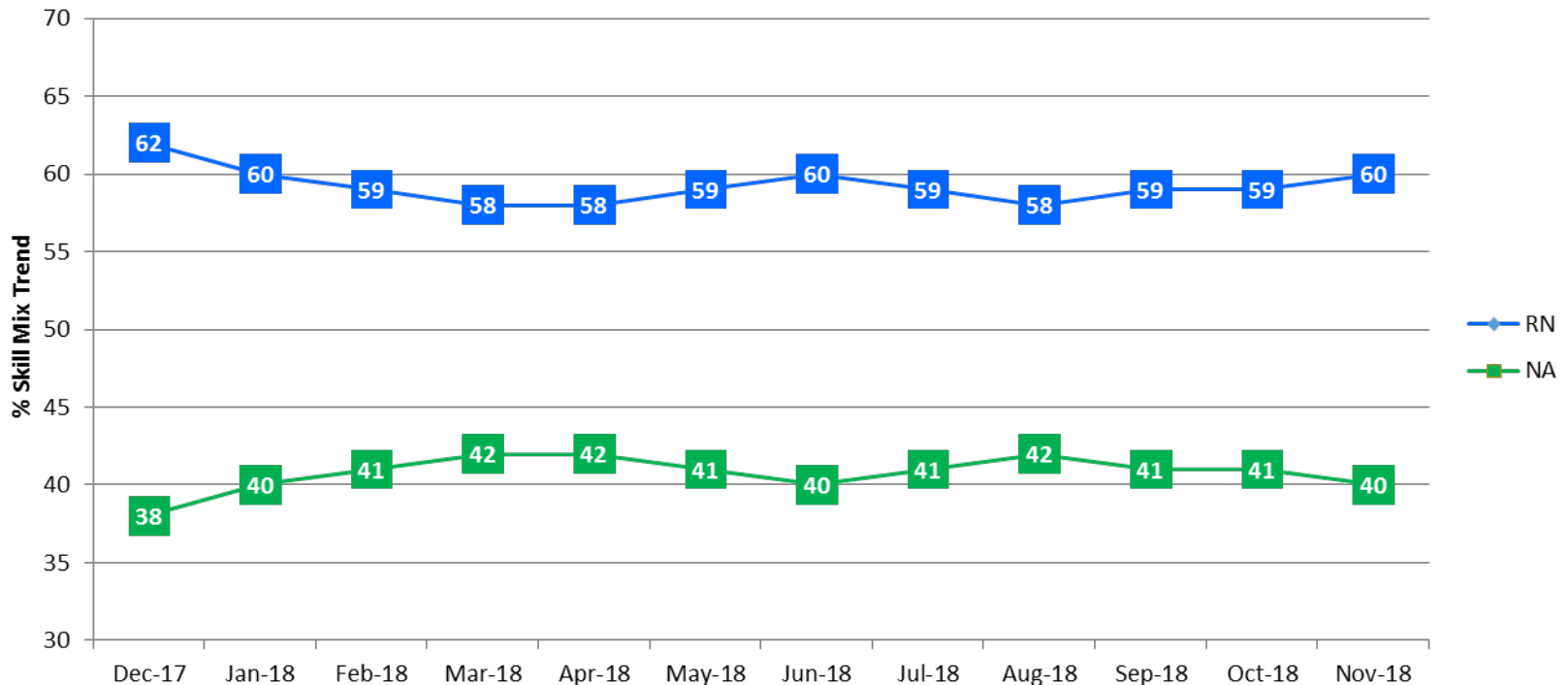
(Internal Rating Below 80%)

- There are no wards flagging Red for this reporting month.
- There are 7 wards flagging for Amber as per last month. A high proportion of these are within the MSK directorate which has a high number of vacancies. All are for RN day shifts with 6 of the wards demonstrating an uplift in NA day staffing numbers to bolster the delivery of safe care.
- All areas bolster the safe delivery of care by using other staff groups who are available during the day on an ad-hoc basis.



Trends and Themes

Overall % RN/NA Skill Mix



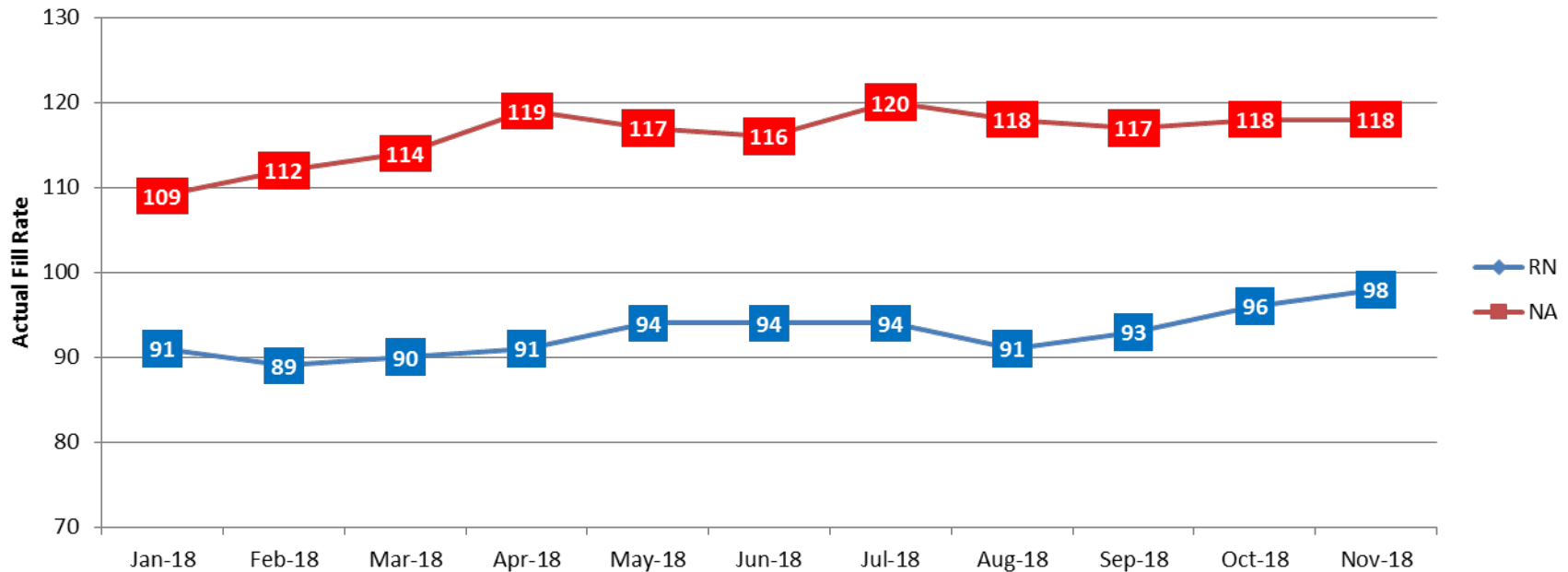
The overall demonstrates a gentle but sustained upward trend for RN since August 2018 with a corresponding downward trend for NA staff now at 60/40

STAFFING NOTES

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

Themes and Trends

RN/NA Actual % Shift Fill Rate (Combined Day and Night)
January – November 2018



- The overall RN fill rate still continues to improve with a 7% uplift since August 2018 uplift averaging a 2-3% improvement each month. This is the highest fill rate for RN levels for 2018 to date
- The NA overall fill rate remains consistent since August 2018. These staff bolster shift numbers particularly where skilled Band 4 staff are used or where patients need enhanced care.

RN night shifts have sustained a 100% fill rate. Continued focus remains to ensure RN cover is prioritised at night where temporary staff cover is more challenging and expensive.

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

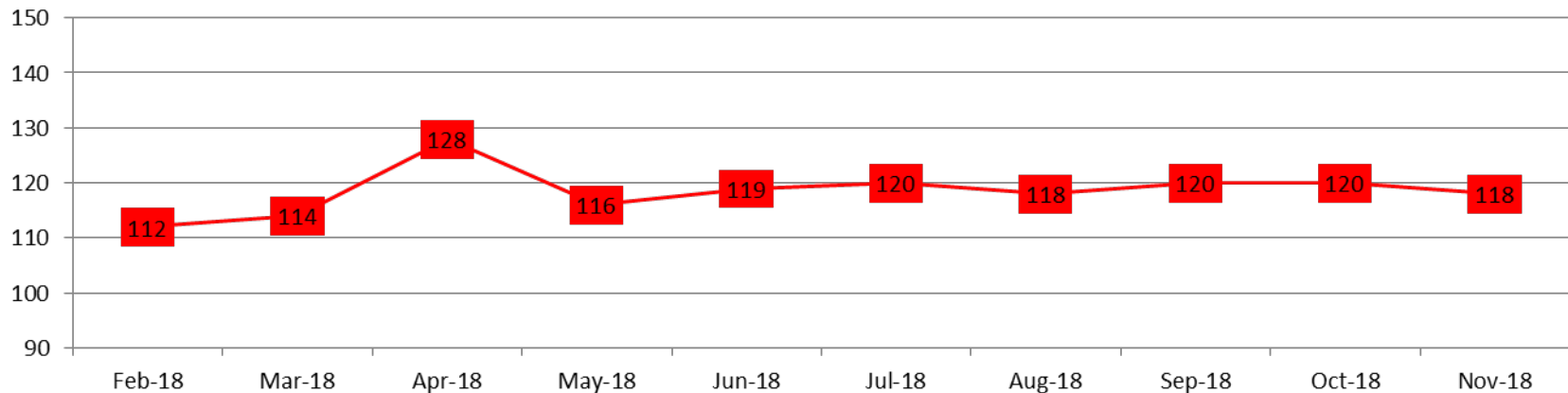
Over-staffing

All additional shifts were for NA staff except for:-

- Pitton which had high patient acuity levels requiring increased staffing levels and new Band 5 Preceptee Nurses

The trend has remained consistent since May 2018.

% NA Night Overstaffing



The reasons for NA Overstaffing remains the same as all previous months and were for either:

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

Actions taken to mitigate risk

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

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

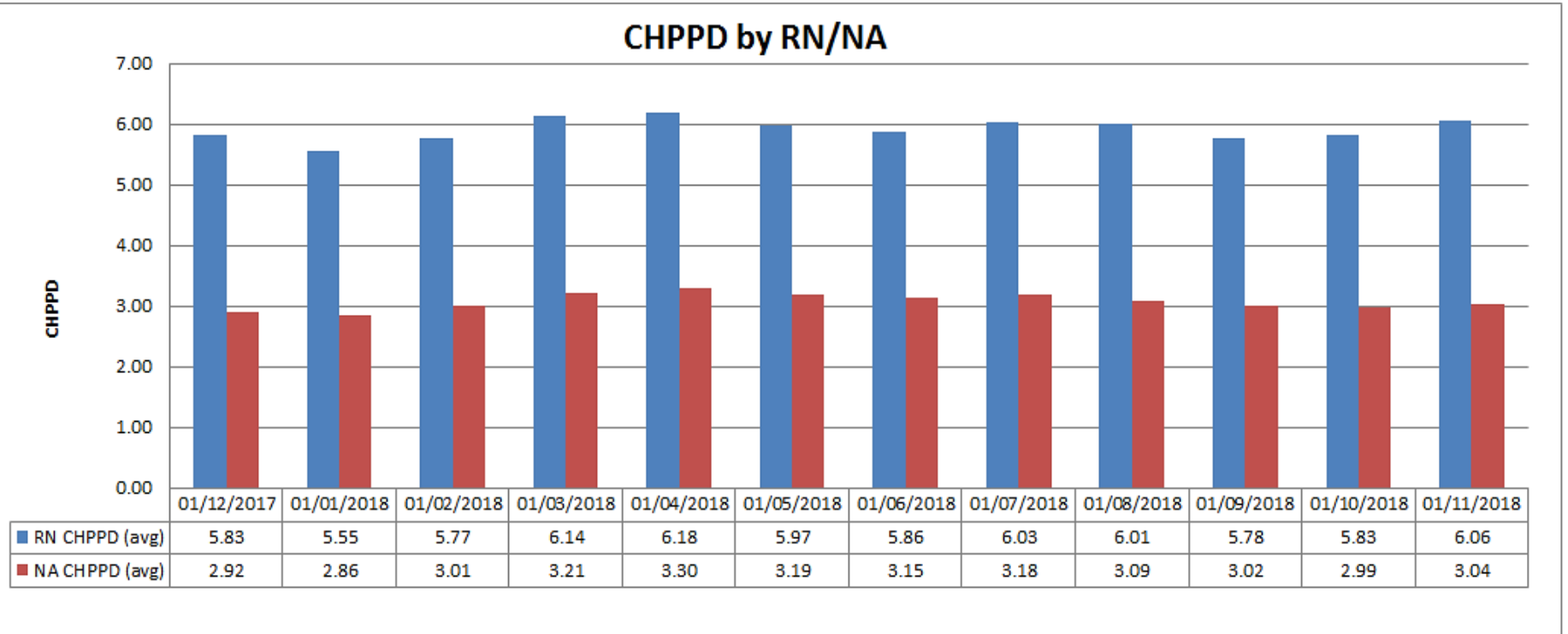
Internal CHPPD Reporting



Internal CHPPD

Monthly Trust aggregated figures showing Year Trend

Period :- **December 2017- November 2018**



CHPPD

November 2018

Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
Medicine	4.2	3.2	7.4
AMU	5.7	3.3	9.0
Durrington	3.1	3.2	6.3
Farley	3.6	3.6	7.3
Hospice	6.5	5.0	11.5
Pembroke	5.6	2.4	8.0
Pitton	4.0	3.5	7.5
Redlynch	3.0	2.6	5.6
Spire	2.6	3.7	6.4
Tisbury	5.1	1.4	6.5
Whiteparish	2.8	2.9	5.6
Surgery	9.1	2.9	12.0
Britford	5.6	3.8	9.4
Breamore Short Stay	3.0	2.5	5.6
Downton	2.9	2.6	5.5
Radnor	24.8	2.8	27.7
MSK	3.4	3.4	6.8
Amesbury	2.6	3.0	5.6
Avon	3.4	4.2	7.7
Chilmark	3.4	3.2	6.6
Odstock	4.6	3.3	7.9
Tamar	2.8	3.2	6.0
CSFS	12.7	2.2	14.9
Maternity	14.5	5.3	19.8
NICU	12.1	0.0	12.1
Sarum	11.5	1.3	12.7
Grand Total	6.1	3.0	9.1

N.B.

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

Report to:	Trust Board (Private)	Agenda item:	6d
Date of Meeting:	17 January 2019		

Report Title:	Workforce Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Mark Geraghty, Head of Workforce Information & Planning Glennis Toms, Deputy Director of OD and People			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):	Executive Summary of Key Workforce Performance Month 8 Workforce KPIs Month 8 2018/19 Areas for Concern Month 8 2018/19			

Recommendation:

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

Executive Summary:

The Executive Summary of Key Workforce Performance and the Month 8 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.

Continuing the report in revised format introduced last month, we have excluded subsidiaries (Laundry, SDU and OML) although these continue to be reported as required to NHSI. These exclusions affect only the vacancies and temporary spend.

The pay bill is underspent by £124k year to date. Agency spend has decreased in month by £220k to £429k, with major reductions in Medical spend (£148k), and Registered Nursing spend (£49k). £128k of the £148k reduction in Medical agency spend was due to the reversal of previous month's accruals.

The Trust's sickness rate is amber, over the 3% target in this month at 3.78%, and the year to date rolling absence figure is at 3.53%. Compared to last month, short term sickness has reduced, while long term sickness has increased.

Recruitment remains challenging, with 33 starters in November and a marked increase in leaver numbers at 29, turnover has deteriorated to 9.5%.

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

Month 8 data shows a £124k underspend on the pay bill year to date. Underspend on substantive staff e.g. Nursing due to vacancy levels, is offset by an overspend on temporary staffing.

Agency spend has decreased by £220k to £429k, sickness absence has increased to 3.78% and the vacancy rate has decreased from 6.16% in month 7 to 5.82% in month 8, as a result of a 10 FTE reduction in vacancies.

Mandatory training compliance remains green at 90.27%. Appraisal compliance for non-medical staff is green at 87.00%, a slight deterioration on last month's compliance total of 88.60%.

Appraisal compliance for medical staff is above the new 90% target at 91.20%, slightly down on last month's compliance rate of 92.16%.

3. Resourcing:**3.1. Recruitment & Retention Strategy**

The Strategy is under development and will be informed by programmes and initiatives currently being trialled, for delivery in early 2019.

3.2. 95/5 fill across all staff groups

Nursing remains a challenging area to recruit; using the Month 8 baseline, the Trust needs to recruit 50 wte ward nurses to achieve a fill rate of 90% of establishment. Over the last year the Trust has recruited an average of 6.7 ward nurses per month, with 8.4 WTE leaving. This figure includes those who reduced to zero hours contracts.

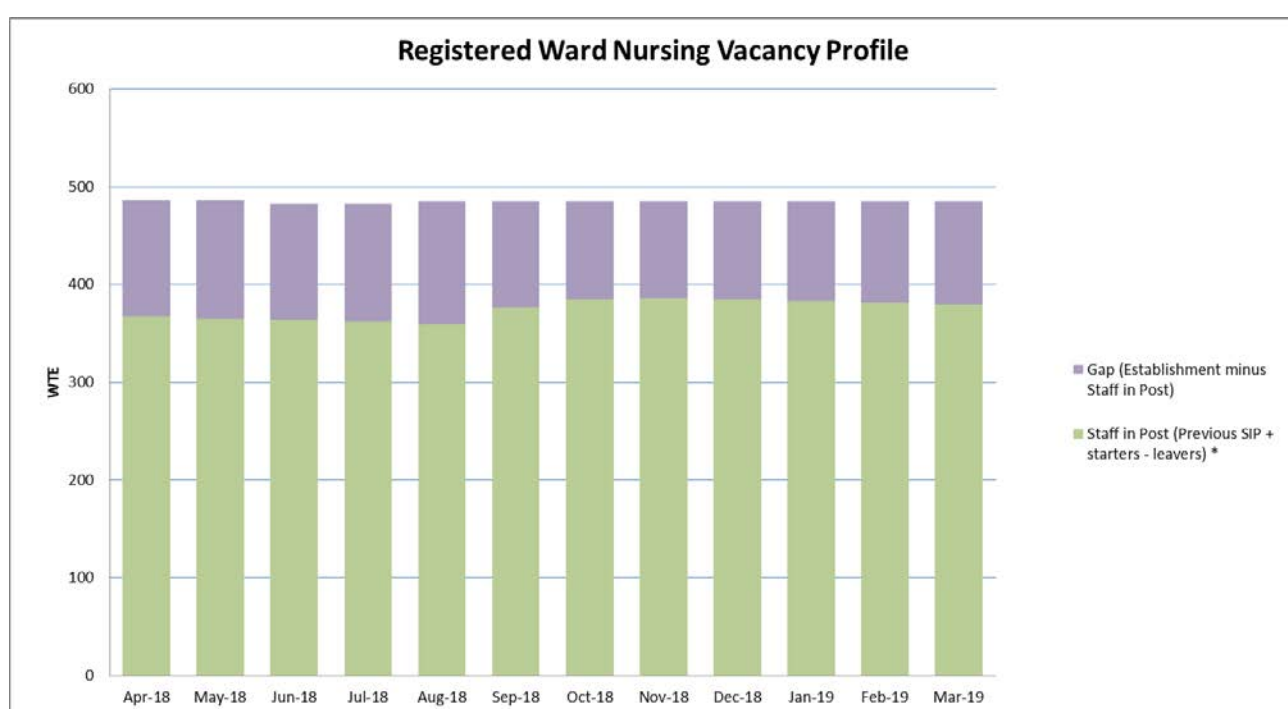
If ward nurse recruitment was increased to 12 wte per month (on average), it would take 14 months to reach our revised target of 90% establishment fill.

The recruitment pipeline for all groups of staff, from December to February 2019, shows decreasing vacancies, from the current 190 to 184, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 125 to 118, including nurses due to commence in December.

Nursing Summary

The budgeted establishment drops from 485.61 wte in April 2018 to 484.83 in December 2018, and the gap between establishment and staff in post decreased in November, due to newly qualified starters and the recruitment pipeline.

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Ward Registered Nursing FTE												
Mat Leave (Actual and Predicted)	15.20	13.07	13.47	13.82	14.37	13.18	13.12	19.98	22.70	19.76	17.88	16.48
Sickness (Actual and Predicted)	12.63	14.57	12.56	17.27	12.83	11.05	14.68	11.71	17.35	19.01	16.11	14.33
Total Ward Nursing Leavers, Transfers, Hours Reductions	12.87	8.75	8.55	10.01	8.75	3.88	7.61	6.92	8.42	8.42	8.42	8.42
International Nurses awaiting PINs, see B4 and B3 tabs	13.00	13.00	15.20	11.20	28.20	28.41	22.20	28.49	28.49	28.49	28.49	28.49
International Recruits Due to Arrive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	40.00	18.00
Other Recruitment (from induction lists from December)	1.68	5.81	8.63	8.61	5.33	12.24	3.08	8.43	1.00	4.00	1.00	0.00
Newly Qualified	0.00	0.00	0.00	0.00	0.00	9.00	12.80	0.00	0.00	0.00	0.00	0.00
Average Recruitment from Dec 2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.73	2.73	5.73	6.73
Budgeted Establishment *	485.61	485.61	482.58	482.58	484.83	484.83	484.83	484.83	484.83	484.83	484.83	484.83
Staff in Post (Previous SIP + starters - leavers) *	367.24	365.02	364.06	362.66	359.24	376.60	384.87	386.38	384.69	383.00	381.31	379.62
Gap (Establishment minus Staff in Post)	118.37	120.59	118.52	119.92	125.59	108.23	99.96	98.45	100.14	101.83	103.52	105.21



There are 83 international nurses in the pipeline planned to arrive at SDH between January and April 2019. A significant proportion of these have been allocated to Medicine, with similar numbers for MSK and Surgery and 14 yet to be allocated.

The numbers can only ever be estimated as they change with each passing report from the agents. Candidates decide to withdraw their interest, delay their start date for personal reasons, or do not navigate the NMC process as quickly as anticipated, all of which will have an impact on numbers and availability.

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

Registered Nursing	
Turnover (Rolling 12 Months)	
Nursing and Midwifery Registered	7.31%
Top 3 areas of turnover >10.00 FTE	
Burns and Plastics	24.70%
Sarum Ward	11.80%
DDU Endoscopy	10.57%
Vacancies	
Nursing and Midwifery Registered	15.81%
Top 3 areas of Vacancies >10.00 Budget FTE	
DSU Clinical Staff	17.09 FTE
Emergency Department	10.71 FTE
Avon Ward	10.42 FTE
Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.76%
Top 3 areas of sickness absence > 10.00 FTE	
Palliative Care/Hospice	10.01%
Theatres Recovery	7.34%
Tisbury Ward	7.21%

Voluntary Services

- Jo Jarvis was shortlisted for Volunteer Leader of the Year in the HelpForce Awards and attended the final Award Ceremony at which she came third, a very significant achievement which she should be proud of.
- The Trust's submission has passed through to the second round of the HelpForce Innovation Project and submitted its project plans as required by the December deadline. A panel interview is the next stage in this process.
- 8 potential volunteers and 22 work experience students interviewed and 7 new volunteers started during the month.
- Demand continues to outstrip supply of volunteers across our wards and departments.
- Volunteers have supported much activity in the Hospital over Christmas, including a visit from Father Christmas on 24th December.

3.3. TRAC Implementation

Following the implementation of TRAC in June/July this year, we are now able to keep the details of numbers of vacancies through the system, and the eventual outcomes from each of those vacancies.

Reliable data is available from August 2018, and is as follows:

Month	General	Total No of Offers processed	% Conversion
August	90	55	61%
September	95	55	58%
October	135	48	36%
November	78	45	50%

We need to increase the success of our advertising and the conversion rate. Reasons for recruitment activity not being successful include:

- No applicants for the post
- No applicants shortlisted
- No shortlisted applicants appointable
- Offer declined
- Offer accepted, subsequently post not taken up.

In the coming months, we will be reporting on the reasons and relative proportions of these, and action planning to mitigate at each stage of the process.

The time it takes to recruit (Time to Recruit – TTR) is also now more readily available through the TRAC system. We originally benchmarked this, using manual data collection and calculation, in May 2018 using the definition of vacancy authorisation to acceptance of offer.

On reflection, and in comparison with other Trusts, we have decided that a more accurate measure would be from vacancy authorisation to commencement of employment. The original May benchmark is currently being revised and will be available for next month's report.

In the meantime, the last four months are as follows:

Month	Average Number of Days (authorisation to acceptance)	% improvement	Average Number of Days (authorisation to commencement)
May 2018 (original benchmarking)	42		To be confirmed
August 2018	37	12%	65
September 2018	38	10%	101
October 2018	37	12%	60
November 2018	33	21%	46

3.4. Retention Programmes

Staff turnover is below our new 10% target, at 9.5% compared to last month's 9.1%.

We need to take further actions to improve retention in all disciplines within the Trust, but particularly nursing.

We are:

- Instigating “stay conversations” this month, with responses already received.

- Improving the leaver process, with the aim of every (voluntary) leaver having either an exit interview or completing an exit questionnaire.
- Improving the use of the intelligence gathered from this process in two ways:
 - Taking up issues raised by individual responses immediately with managers as appropriate; and
 - Reporting on themes or areas which cause particular concern.
- Participating in the 4th Wave of Trusts engaged in the NHSI retention programme which commenced on 22nd November. Although this is a nursing based programme, we hope to learn new tools and techniques which are transferable across the whole workforce.
- Promoting staff benefits through a booklet which will be available both in paper form and on the Intranet.
- Planning a “Great Place to Work” event in February 2019.

3.5. Centralisation of Bank

Month 8 agency spend has reduced to £429k which is a £160k overspend against our £269k NHSI agency control total for November. Of this overspend, £180k relates to Nursing Agency spend and £48k to Support to Nursing spend.

Nursing Agency spend has reduced in the month, as has Medical overall, with increased use of DE and Locum's Nest arrangements, whilst AHPs usage has decreased in the month, due to filling vacancies. £128k of the £148k reduction in Medical agency spend was due to the reversal of previous month's accruals for the payment of invoices.

Excluding STL and OML	In-Month Expenditure			Year to Date Budget & Expenditure		
	Month 7 2018	Month 8 2018	Change (+ / -)	Budget	Actual	Variance
AGENCY STAFF SPEND BY STAFF GROUP						
Registered Nurses - Agency	£355,595	£307,001	-£48,595	£957,504	£2,609,533	£1,652,029
Allied Health Professionals - Agency	£91,771	£76,575	-£15,196	£383,008	£800,394	£417,386
Health Care Scientists - Agency	£7,622	£5,293	-£2,329	£18,552	£81,598	£63,046
Support to nursing staff - Agency	£44,541	£49,065	£4,524	£6,664	£325,405	£318,741
Consultants - Agency	£72,772	-£20,993	-£93,766	£562,496	£389,009	-£173,487
Career/Staff Grades - Agency	-£5,905	£3,705	£9,610	£84,849	£15,355	-£69,494
Trainee Grades - Agency	£49,884	-£13,461	-£63,345	£135,198	£459,234	£324,036
NHS Infrastructure Support - Agency	£32,301	£21,394	-£10,907	£67,313	£214,783	£147,470
Total	£648,581	£428,578	-£220,003	£2,215,584	£4,895,311	£2,679,727

The Nursing Bank will move from Quality to the OD & People Directorate through a managed transition period commencing on 1st January 2019, to be completed by 31st March. Thereafter, all other banks in the Trust will be consolidated so that management of bank workers can be consistent throughout the Trust.

4. Education, Inclusion, Communications & Engagement:

4.1. Staff Engagement

A small number of the Group met with Justine McGuinness this month, as part of her Stakeholder audit, and to share their views on the challenges of internal communications. It was also acknowledged that the meeting planned for January will not go ahead as all non-essential meetings across the Trust have been cancelled in January in order to allow all staff to concentrate on the additional 'winter pressures' that we are likely to encounter.

We have restated our desire to support change and harness the enthusiasm of the Group in the New Year which will enable us to embark on a series of projects that will catch the imagination of the wider workforce.

The next meeting is on Tuesday 5th February at which we hope to agree upon a workplan for the next 6-12 months. With the agreement of the Group, we are intending to go back out to the Directorates to seek their support for this meeting in terms of attendance. Members of the Group have also been asked to promote it to their work colleagues in the New Year.

4.2. Learning & Development Infrastructure and Strategy

Mandatory training

Compliance has improved slightly this month and remains in green at 90.27%.

Appraisals

Compliance for non-medical staff has deteriorated to 87.00%, which is rated green, from last month's compliance of 88.60%.

Medical staff appraisals are green at 91.20%, compared with last month's compliance rate of 92.16%, against the target of 90%.

4.3. Leadership Development

The main focus during this month has been on delivering the outputs defined in Phase 2 of the Operational Plan. Highlights include:

A workshop was held in early December with 12 senior clinicians which was very helpful in defining the content for the initial phase of a Clinical Leadership Programme. A 2 day programme has been developed which is being socialised with key leaders and will be presented to Workforce Committee in January. Subject to availability of key contributors this programme will commence in March and further dates will be offered in Q1 next year.

Over the past few weeks we have successfully rationalised the person centred coaching and coaching to lead programmes as there was a significant overlap of content. Further rationalisation of content is planned for January when we expect a fully combined programme to be launched. To date 207 people have been trained in coaching and a further 75 are scheduled for Q4.

A senior leadership engagement forum approach has been agreed by the Executive Team and a programme of 10 events per year will commence in February, monthly except January and August.

During January we will continue to focus on delivery of phase 2 outputs as well as developing a strategic approach for the next 2 years which will be presented to Workforce Committee in January

4.4. Apprenticeship set up & implementation

Of current intelligence available, if we are able to recruit all who have shown interest in the apprenticeships that are due to commence in the next few months then we would be on track to deliver 50% of levy spend and potentially more.

There seems to be a general lack of awareness of how apprenticeships work and how they can be used, particularly as part of workforce planning. We will be discussing how this situation can be improved through working with Business Partners and the DMTs.

We may also plan to use National Apprenticeship Week (4th to 8th March) for awareness events.

4.5. Communications

In addition to the regular internal and external communications activities, in this month the Communications team supported preparations for CQC's inspection, a King's Fund presentation given by the CEO, Hospital preparations for Winter and Christmas, encouraging staff to have a flu jab, initiated liaison with other Communications professionals with the NHS regionally, supported Star's Appeal initiatives and the hospital site going 'smoke-free' from January 2019.

The public consultation on Transforming Maternity Services continued. Other ongoing activities included evidence gathering for a review of the Trust's Corporate Communications Strategy and dealing with continued interest in the hospital following last year's major Incident.

4.6. Diversity & Inclusion

This month we completed an annual Equality, Diversity and Inclusion report which was presented to the Trust Board on the 6th December 2018. The report contained draft actions including a draft Workplace Race Equality Standard (WRES) action plan.

Initial work was commenced to identify Diversity Champions for BAME, LGBT, Disability, EU Nationals and Women and to re-establish and set up relevant support networks. We worked with the EU Diversity Champions to promote the settled status pilot scheme within the Trust.

We began a review of the Equality, Diversity and Inclusion training within the Trust.

5. Health & Wellbeing:

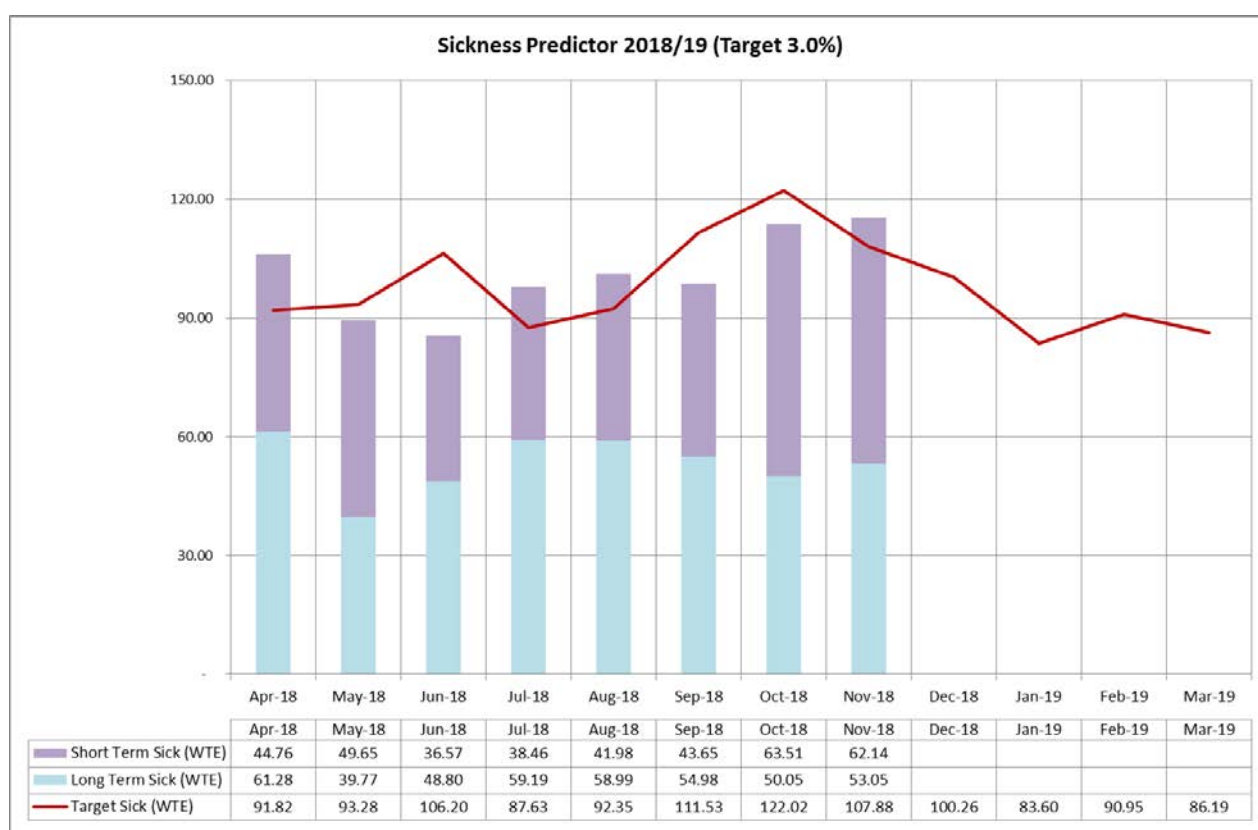
5.1. Staff Engagement

As reported under 4.1 previously.

5.2. Attendance Management

Our current sickness absence rate of 3.78% in month 8 is over our 3% target and a 0.04% deterioration on last month. There has been an increase in long term sickness and a decrease in short term sickness.

The following table shows current and anticipated sickness absence for the year:



5.3. Stress & Mental Health issues

Within Occupational Health we have one Mental Health trained nurse and a Staff Counsellor who also provides some resilience training across the Trust. There are also currently pockets of other resilience training taking place which need to be brought together and consolidated into a structured, planned programme.

The new Head of Occupational Health is considering this now and we will be in a position to report progress in next month's report.

5.4. Ergonomic/MSK issues

There are two Physiotherapists within Occupational Health who are available to help staff with these issues, through management or self-referral. We need to consider ways of making this service more proactive and preventative and to reach a greater number of our staff in a timely way.

6. Business Partnering:

6.1. ESR Optimisation

There is an ESR Optimisation Group, with members from OD & People, Payroll, Finance, and IT, which has been meeting for several months. There is an agreement, supported by Executive Directors, to optimise our use of ESR such that it provides self-service for all managers and employees, electronic payslips and expenses, and the implementation of modules which support training, appraisal, Occupational Health, etc., that are currently managed via other systems. The aim is to make ESR the single integrated workforce system that it is intended to be.

A paper went to the last Trust Investment Group seeking support for Phase 1 of the project which will require additional resources (costing approximately £7.5k) to complete. Unfortunately the proposal was rejected although we are now intending to fund Phase 1 through the OD & People budget. A complete plan and business case is being prepared for TIG to approve the investment required for the entire Project.

6.2. Workforce Planning

There are currently a number of workforce reviews taking place across the Trust, and in some discrete areas (eg. Radiology), workforce planning is beginning to take shape. The People Business Partners currently have limited exposure to Trust-wide workforce planning and we need to build this capability in order to develop a sustainable Workforce Plan.

Although not strictly workforce planning, there are a number of initiatives which have been underway during November, including a consultation about changes to working hours/shifts in Theatres, and others concerning roles and workload in the Laser Department and Clinical Psychology. We are also introducing Apprenticeships into Estates as part of our "grow your own" strategy, in order to enhance skills and aid retention.

In accordance with the National Pay Deal agreed this year, we are also in the process of closing down the Band 1 payscale as we have not been able to recruit to this Band since 1st December 2018. There are just over 100 existing staff employed at Band 1, all in Facilities with the exception of one Ward Support Worker. There is a plan to communicate with them, and the rest of the Trust, with a view to moving most to a Band 2 job description which fits their role. They can decide to stay on Band 1 if they wish although we are obliged to discuss with them the option and consequences.

This must be done sensitively as we would wish to avoid any possibility of a potential knock on effect, where claims are received from existing Band 2 staff that they should also move a Band (to 3), and so on.



6.3. Policies

Through some very intensive work in the last six months, all of the OD & People Policies are now current. We are now in the process of allocating specific policies to individual leads who will be responsible for flagging up any legislative changes and triggering review at the appropriate time. Leads will also be responsible for policy review including consultation, development of related toolkits, and manager guidance.

6.4. Business Partner role

Previous reports on Employee Relations activity have been limited to reporting the total of current activity. We are now reporting cases opened and closed so that, over time, we will be able to track completion times and create Key Performance Indicators for casework.

The following table shows new and closed activity for the past 8 months:

Employee Relations Cases - Formal										
	Performance/ Capability		Disciplinary		Grievance		Bullying and Harassment		Total Cases Opened	Total Cases Closed
	Opened/closed cases within the month - Source of Data - ESR									
Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Total Cases Opened in Month	Total Cases Closed in Month
Apr-18	7	1	5	1	1	1			13	3
May-18	7			1					7	1
Jun-18	7	3	1	1					8	4
Jul-18	2	8			2	1			4	9
Aug-18	1	6		1					1	7
Sep-18	3	3							3	3
Oct-18	2	1					1		3	1
Nov-18	4								4	0
	33	22	6	4	3	2	1		43	28

We continue to develop the Business Partner role in the Trust, and the individuals in these roles, and embed it into the designated Directorates.

7. Workforce Risks

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

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

The Corporate Risk Register, and the Directorate Register have both been updated this month and actions are ongoing to mitigate the risks recorded.

8. Summary

The situation remains challenging, although generally improving. The actions described in sections 3, 4, 5 and 6 will ensure that the workforce is appropriately engaged and managed to maximise patient care and experience. However, it is acknowledged that the key areas of pressure remain recruitment, temporary staffing overspend and sickness absence.

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

9. Recommendations

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

Paul Hargreaves

Director of Organisational Development and People

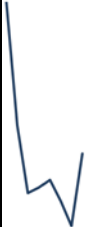





Key Areas of Concern						
KPI	Overall Commentary	highest Turnover rates				
			Oct-18	Nov-18	T	
Turnover <i>(measured in a rolling year)</i> Target 10.00%	Turnover increased this month but remains green rated. For Service Lines this month : the highest number of leavers for the year to date was from Therapy Services (25), Pathology (18), and Clinical Radiology (18). For Staff Groups this month : highest number of leavers was Administrative and Clerical (99) in the year to date. The average Headcount turnover for local Trusts is 9.46%, which we are slightly above at 9.48% FTE.	1	Estates Technical Services	24.55%	29.93%	↑
		2	Rheumatology	22.39%	28.35%	↑
		3	E.N.T.	24.48%	24.81%	↑
		1	Facilities Directorate	12.25%	13.10%	↑
		1	Add Prof Scientific and Technical	16.73%	15.29%	↓
		highest number of leavers				
		1	Therapy Services	24	25	↑
		2	Pathology	16	18	↑
		3	Clinical Radiology	17	18	↑
		1	Clinical Support & Family Services	79	82	↑
		1	Administrative and Clerical	88	99	↑
Vacancies Target 5%	Vacancies have decreased from 6.16% in month 7 to 5.82% in month 8 following additional recruitment. Recruitment Activity is detailed in Section 3 of the accompanying report.	highest Vacancy rate				
				Oct-18	Nov-18	T
		1	Spinal Unit	24.35%	22.66%	↓
		2	Dermatology	14.68%	20.29%	↑
		3	Intensive Care Unit	17.00%	18.15%	↑
		1	Musculo-Skeletal Directorate	12.53%	12.04%	↓
		1	Nursing and Midwifery Registered	16.55%	15.04%	↓
		highest WTE Vacant				
		1	Spinal Unit	26.23	23.97	↓
		2	Elderly Care	18.83	21.50	↑
		3	Clinical Radiology	15.21	18.85	↑
		1	Musculo-Skeletal Directorate	65.22	62.87	↓
1	Nursing and Midwifery Registered	153.86	138.71	↓		

Key Areas of Concern						
KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency				
			Oct-18	Nov-18	T	
Temporary Spend <i>Agency Control Total £269,105</i>	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. For Service Lines this month : Stroke, Acute Medicine and Spinal record all of their temporary spend as agency as this was in Medical & Dental (locum cover) covering difficult to recruit to vacancies. The agency usage is also required to avoid breaches of access/waiting times. For Staff Groups this month : The highest spend is on Nursing and Midwifery Registered.	1	Stroke - Medical Staff	100.00%	100.00%	→
		2	Acute Medicine - Medical Staff	100.00%	100.00%	→
		3	Spinal Unit - Medical Staff	100.00%	100.00%	→
		1	Facilities Directorate	77.18%	67.32%	↓
		1	Professions Allied to Medicine	100.00%	100.00%	→
		highest £ spent on Agency				
		1	Emergency Department - Nursing	£ 75,799	£ 55,067	↓
		2	Clin Radiology Ex Spin/CT	£ 50,965	£ 40,905	↓
		3	Amesbury Ward	£ 34,529	£ 38,964	↑
		1	Medicine Directorate	£ 323,955	£ 148,338	↓
		1	Nursing and Midwifery Registered	£ 355,595	£ 307,001	↓
Sickness Year to date <i>Target 3%</i>	Sickness for November (M8) is at 3.78%. Sickness for the rolling year to date is 3.53% which is average for the surrounding Local Acute hospital Trusts. Our sickness project team are working with departments to identify those individuals whose sickness absence remains problematic (both short and long term). Ensuring the above individuals are managed in an appropriate manner which will either support their return to work or see them being escalated through the Management of Attendance Policy. For Service Lines this month: the highest sickness rate was Main Outpatients at 8.04% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.47% in the rolling year to date.	highest Sickness rate				
			Oct-18	Nov-18	T	
		1	Main Outpatients	8.32%	8.04%	↓
		2	Surgery Management	6.55%	6.85%	↑
		3	Theatres	6.52%	6.39%	↓
		1	Facilities Directorate	4.63%	4.66%	↑
		1	Additional Clinical Services	5.52%	5.47%	↓
		highest WTE sick in month				
		1	Theatres	11.31	11.45	↑
		2	Hotel Services	4.85	5.03	↑
		3	Adult Medicine Wards	4.31	4.90	↑
		1	Surgery Directorate	24.19	24.76	↑
		1	Nursing and Midwifery Registered	27.73	28.88	↑

Key Areas of Concern						
KPI	Overall Commentary	lowest Mandatory training rates				
			Nov-18	Dec-18	T	
Mandatory Training <i>Target 85%</i>	Compliance has increased this month and is green rated at 90.27%. A focus on hand hygiene Training is required for Clinical staff as this is the subject with the least compliance. Focus needs to be on employees completing training before they come out of compliance.	1	Medical Staff - Oral Surgery	53.85%	55.56%	⬆️
		2	Clinical Haematology	59.38%	66.67%	⬆️
		3	Medical Staff - Medicine	66.57%	67.42%	⬆️
		1	Corporate Directorate	82.14%	83.15%	⬆️
		1	Medical and Dental	78.86%	79.77%	⬆️

Non-Medical Appraisals <i>Target 85%</i>	Appraisal compliance has decreased to 87.00% but remains green rated. 43 departments are red rated and these will be the focus over the next month to reach target.	lowest appraisal rates			
			Nov-18	Dec-18	T
		1 Pitton Ward	31.25%	36.36%	↑
		2 Burns and Plastics	74.07%	58.06%	↓
		3 Acute Medical Unit	51.85%	58.62%	↑
		1 Corporate Directorate	82.30%	83.90%	↑
		1 Add Prof Scientific and Technical	84.57%	80.00%	↓

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p>In Month: In month there were 29 leavers (headcount), and 33 starters (headcount), compared to 19 leavers and 79 starters in the month before.</p> <p>Year to Date: For the rolling year to date, the turnover rate was above target at 9.48%, this compares to last months position which was 9.09%. For the rolling year to M8 2017/18, the Trust's turnover rate was 9.69%.</p> <p>Top 3 Hotspots: The Directorate with the highest turnover rate for the rolling year was Facilities at 13.48%, followed by Musculo-Skeletal (11.94%) and Corporate (10.46%).</p>	GREEN		10.00%
Vacancies	<p>In Month: Vacancies have decreased from 6.16% in month 7 to 5.82% in month 8.</p> <p>Year to Date: The average vacancy rate is 7.38%, this compares to last months average position which was 7.60%. The Trust's vacancy rate for the same period last year was 6.62%.</p> <p>Top 3 Hotspots: The Directorate with the highest vacancy rate for the month was Musculo-Skeletal at 12.04%, followed by Corporate (8.69%) and Medicine (7.00%).</p>	AMBER		5.00%
Temporary Spend	<p>In Month: There has been a decrease in agency spend this month to £428,578, compared to last month's position which was £648,581.</p> <p>Year to Date: The financial year to date total agency spend is £4,895,311, compared to the spend for the same period in the previous year which was £5,787,671.</p> <p>Top 3 Hotspots: The Directorate with the highest agency spend for the month was Medicine with £148,338, followed by Musculo-Skeletal (£109,917) and Surgery (£92,400).</p>	RED		£269,105
Sickness	<p>In Month: There has been an increase in the sickness rate this month at 3.78%, this compares to last months position of 3.74%.</p> <p>Year to Date: The year to date rolling sickness rate is at 3.53%, which compares to last months position which was also 3.53%. 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 Facilities with 6.20%, followed by Medicine (4.75%) and Musculo-Skeletal (3.83%).</p>	AMBER		3.00%
Training	<p>In Month: Mandatory training compliance levels have increased this month to 90.27%, this compares to last months position of 89.27%. Compliance for the same period in 2017 stood at 86.22%.</p> <p>Year to Date: The year to date average compliance level is 87.52%, this compares to last months position of 87.13%.</p> <p>Top 3 Hotspots: The Directorate with the lowest compliance rate was Corporate with 83.15%, followed by Medicine (87.71%) and Facilities (88.99%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p>In Month: Non-Medical Appraisal compliance has decreased this month to 87.00%, this compares to last months position of 88.60%. Non-medical appraisal compliance for the same period last year stood at 84.60%.</p> <p>Year to Date: The year to date average compliance is 83.11%, this compares to last months position of 82.56%.</p> <p>Top 3 Hotspots: The Directorate with the lowest compliance rate was Corporate with 83.90%, followed by Medicine (84.30%) and Clinical Support & Family Services (86.70%).</p>	GREEN		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard																									
	Strs/Lvrs				Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(head count in month)</i>	Starters <i>(FTE in month)</i>	Leavers <i>(head count in month)</i>	Leavers <i>(FTE in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training, Tupe Transfers, Bank Staff																								
Month Trend																									
Target			29			245	10.00%			163.86	5.00%	£ 269,105	40.00%								89.55	3.00%	85.00%	90.00%	85.00%
Apr-18	49	40.13	22	18.25	2,880	296	10.28%	3,225.96	2,985.01	240.95	7.47%	£ 544,973	46.73%	£ 621,206	£ 1,166,179	Over	61.28	58%	44.76	42%	106.04	3.53%	85.59%	88.11%	84.10%
May-18	32	24.16	29	24.58	2,904	280	9.63%	3,233.45	2,984.76	248.69	7.69%	£ 609,792	52.48%	£ 552,149	£ 1,161,941	Over	39.77	44%	49.65	56%	89.42	3.01%	85.51%	89.96%	75.30%
Jun-18	31	26.29	27	23.26	2,925	271	9.27%	3,230.80	2,960.48	270.32	8.37%	£ 636,006	53.82%	£ 545,666	£ 1,181,672	Over	48.80	57%	36.57	43%	85.37	2.90%	85.29%	85.54%	76.70%
Jul-18	40	34.77	29	25.47	2,948	274	9.30%	3,247.56	2,989.67	257.89	7.94%	£ 771,812	54.55%	£ 643,158	£ 1,414,970	Over	59.19	61%	38.46	39%	97.64	3.32%	87.87%	86.31%	76.40%
Aug-18	38	36.94	35	30.85	2,970	277	9.34%	3,251.42	2,977.13	274.29	8.44%	£ 661,512	49.26%	£ 681,274	£ 1,342,786	Over	58.99	58%	41.98	42%	100.97	3.42%	88.21%	90.04%	87.80%
Sep-18	72	65.90	17	14.81	2,994	276	9.22%	3,252.88	3,021.03	231.85	7.13%	£ 594,056	49.79%	£ 599,139	£ 1,193,195	Over	54.98	56%	43.65	44%	98.64	3.32%	88.15%	91.32%	89.00%
Oct-18	79	72.72	19	16.93	3,020	275	9.09%	3,277.16	3,075.45	201.71	6.16%	£ 648,581	51.12%	£ 620,192	£ 1,268,773	Over	50.05	44%	63.51	56%	113.56	3.74%	89.27%	92.16%	88.60%
Nov-18	33	27.40	29	26.90	3,034	287	9.48%	3,266.10	3,075.89	190.21	5.82%	£ 428,578	41.11%	£ 613,830	£ 1,042,408	Over	53.05	46%	62.14	54%	115.20	3.78%	90.27%	91.20%	87.00%
						</																			

Note: Month 8 position shows an underspend on workforce of £124k.

Report to:	Trust Board (Public)	Agenda item:	6e
Date of Meeting:	17 th January 2018		

Report Title:	Finance Report Month 8			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Mark Ellis, Deputy Director of Finance			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

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

Executive Summary:
<p>The purpose of this report is to set out the Trust's financial performance for the period to 30th November 2018.</p> <p>The position (against the NHSI Control total) for November was a year to date deficit of £7,059k, doubling the YTD shortfall against plan to £1,184k. As a result the Trust remains unable to recognise any further PSF in the reported figures.</p> <p>Productivity in both Elective and Day Case activity rose to their highest levels of 2018/19 (both 11% higher than the year to date run rate) although Elective remained c£100k below plan, this upturn in activity drove with it increased spend on medical and surgical consumables. This was offset by a c10% reduction in the birth rate within Maternity, the tariff for which carries a high contribution to overheads component, driving a £238k adverse variance for the department.</p> <p>Challenges faced by the Trust continue to include:</p> <ul style="list-style-type: none"> • Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing; • The risk of increased length of stay for emergency admissions over the winter period, further escalation has the potential to impede flow through Elective and Day Case settings as well as driving additional temporary staffing costs; • The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3; • The ongoing productivity challenge to achieve the Elective and Day Case plan; and

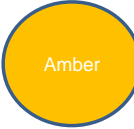
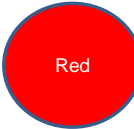
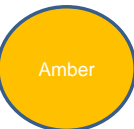

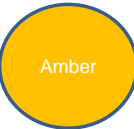
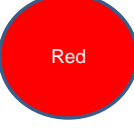


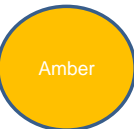
- Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity, not only in terms of direct gaps like Consultant vacancies , but also in terms of supporting clinical staff e.g. theatre workforce capacity.

In response the Trust is:

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

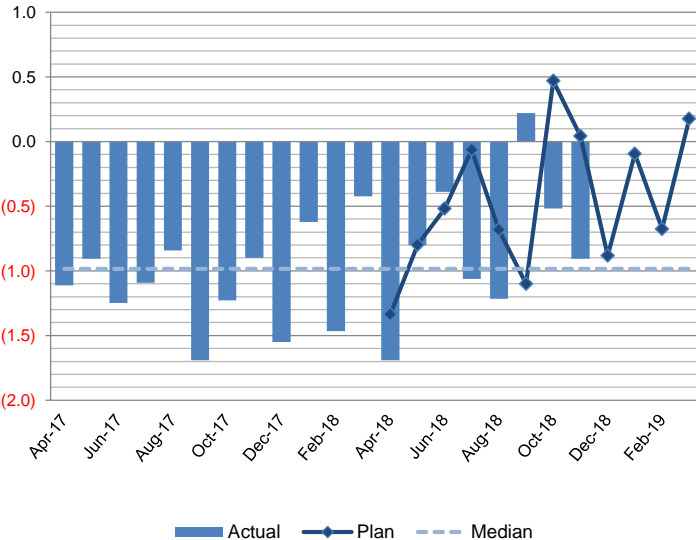
Cash flow continues to be monitored closely in light of the financial risks to the plan, NHSI have been notified that additional borrowing will be required in January 2019.


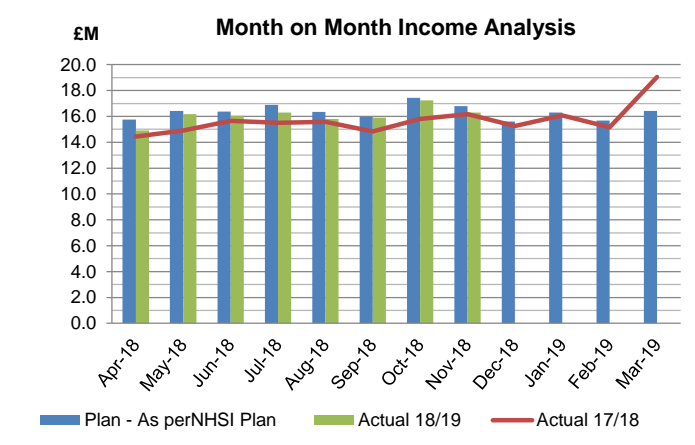
Executive Summary of Key Financial Performance - November 2018

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	<p>The position (against the NHSI Control total) for November was a year to date deficit of £7,059k, doubling the YTD shortfall against plan to £1,184k. As a result the Trust remains unable to recognise any further PSF in the reported figures.</p> <p>Productivity in both Elective and Day Case activity rose to their highest levels of 2018/19 (both 11% higher than the year to date run rate) although Elective remained c£100k below plan, this upturn in activity drove with it increased spend on medical and surgical consumables. This was offset by a c10% reduction in the birth rate within Maternity, the tariff for which carries a high contribution to overheads component, driving a £238k adverse variance for the department.</p>	
2	NHS Clinical Income	<p>Overall income YTD was £128,661k and £16,309k in month which was £2,749k and £411k behind plan respectively. Income continues to be ahead of commissioner's contract plans and the STP expectation is for forecast outturns on contracts to be confirmed by the end of December.</p> <p>High activity levels mean that the Trust is now over performing against the Dorset managed contract, and the Trust is working with the commissioners to understand external factors</p>	
3	Workforce	<p>Pay pressures of recent months continued, although underlying agency expenditure has dropped by £100k (11%) month on month, with a further benefit of a release of aged accruals to the value of £120k. The reduction in underlying agency usage is enabled by successful nursing recruitment, with an additional 37 taking up posts across the Directorates since the beginning of October.</p> <p>Agency costs exceed the NHSI cap by 57% with the Trust incurring a premium cost of c£2.1m YTD.</p>	
4	Non Pay	<p>Increases in clinical activity have been sustained, leading to continued clinical supplies expenditure in excess of plan. Areas showing overspend on clinical supplies have in general delivered on their financial plans once clinical income is taken into account.</p> <p>Expenditure within Pathology is increasing, a trend that is expected to continue through the winter months.</p>	
5	Efficiency - Better Care at Lower Cost	<p>Overall CIP delivery in November is £641k (39%) short of target, dropping YTD delivery behind plan. YTD delivery of £6,327k represents 57% of the planned full year delivery. The in month delivery actually exceeds YTD run rate by c30%, however the phasing of the plan is weighted towards the second half of the year.</p>	
6	Use of Resources	<p>The Trust's overall risk rating score remains at 3. Liquidity has reduced as the Trust's cash balances reduce, the Trust has signalled to NHSI that additional borrowing will be required in January 2019.</p>	
7	Capital Expenditure	<p>The Trust is behind the planned capital spend at 30 November 2018. The network refresh project was capitalised in the month reducing the under spend shown last month. Work is being undertaken to confirm planned schemes will be completed in the year and to identify schemes which could be brought forward from next year's capital programme, should the need arise.</p>	
8	Cash Management	<p>The Trust's acceptance of a control total for 2018-19 enables it to access up to £3.8m Provider Sustainability Funding (PSF) in the year. On this basis, the planned borrowing requirements have reduced to £5.2m.</p> <p>The cash flow is constantly reviewed to identify any potential future shortfalls. Additional funding will be required in January 2019 and the remainder of the year as the trust is no longer forecasting the achievement of its control total in Q3 or Q4. Cash flows are submitted to NHS Improvements on a monthly basis and so they are aware of this forecast additional revenue support requirement.</p>	
	Risk & Mitigation	<p>The key risks to the delivery of the 2018/19 financial plan remain:</p> <ul style="list-style-type: none"> - Vacancies and the associated Agency cost of cover - Consistent delivery of the productivity gains - Controlling LOS as Non Elective demand rises - The impact on the savings plan of the NHSI 'pause' on the development of wholly owned subsidiaries. <p>Each risk above is directly mitigated by actions managed through the Outstanding Every Time process.</p>	

Page 1 - Income & Expenditure

Status	Position							
<div>Income & Expenditure</div>		Nov '18 In Mth			Nov '18 YTD			2018/19
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
	Operating Income							
	NHS Clinical Income	16,076	15,814	(262)	131,410	128,661	(2,749)	196,036
	Other Clinical Income	1,536	1,498	(38)	7,155	7,629	474	9,843
	Other Income (excl Donations)	2,370	2,435	65	17,453	17,848	395	26,922
	Total income	19,982	19,747	(235)	156,018	154,138	(1,880)	232,801
	Operating Expenditure							
	Pay	(12,406)	(12,632)	(226)	(99,355)	(99,639)	(284)	(148,862)
	Non Pay	(6,668)	(6,865)	(197)	(52,986)	(52,163)	823	(78,460)
	Total Expenditure	(19,074)	(19,497)	(423)	(152,341)	(151,802)	539	(227,322)
	EBITDA	908	250	(658)	3,677	2,336	(1,341)	5,479
	Financing Costs (incl Depreciation)	(1,221)	(1,163)	58	(9,552)	(9,396)	156	(14,439)
	NHSI Control Total	(313)	(913)	(600)	(5,875)	(7,059)	(1,184)	(8,960)
	Add: impact of donated assets	(25)	(10)	15	(200)	(304)	(104)	(300)
	Add: Impairments	0	0	0	0	0	0	0
	Add: PSF	380	0	(380)	2,088	929	(1,159)	3,795
	Surplus/(Deficit)	42	(923)	(965)	(3,987)	(6,435)	(2,448)	(5,465)


Trend	Variation & Action
<p>£M Month on Month I&E Surplus / (Deficit)</p>  <p>Legend: Actual (Blue Bar), Plan (Blue Line with Diamond), Median (Dashed Blue Line)</p>	<p>The position (against the NHSI Control total) for November was a year to date deficit of £7,059k, doubling the YTD shortfall against plan to £1,184k. As a result the Trust remains unable to recognise any further PSF in the reported figures.</p> <p>An in-month NHSI Control Total deficit of £913k was reported, and increase of c£400k on the previous month owing to the reduction of one working day. The reported deficit also compares favourably with the £9m deficit reported for the same period in 2017/18.</p> <p>Productivity in both Elective and Day Case activity rose to their highest levels of 2018/19 (both 11% higher than the year to date run rate) although Elective remained c£100k below plan, this upturn in activity drove with it increased spend on medical and surgical consumables. This was offset by a c10% reduction in the birth rate within Maternity, the tariff for which carries a high contribution to overheads component., driving a £238k adverse variance for the department.</p> <p>Despite meeting the NHSI Control Total for Q2, there are significant risks against the delivery of the financial plan, these include:</p> <ul style="list-style-type: none"> - The on-going productivity challenge to achieve the Elective and Day Case plan, particularly in Orthopaedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery. - Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity, not only in terms of direct gaps like Consultant vacancies, but also in terms of supporting clinical staff e.g. theatre workforce capacity. - Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing. <p>The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3.</p>

Status	Position	Trend				
	Income by Point of Delivery (PoD) for all commissioners		Nov '18 YTD			
		Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s		
	Elective inpatients	13,794	12,079	(1,715)		
	Day Case	12,133	11,547	(586)		
	Non Elective inpatients	32,787	33,519	732		
	Obstetrics	4,769	4,514	(255)		
	Outpatients	21,339	20,998	(341)		
	Excluded Drugs & Devices (inc Lucentis)	12,433	11,855	(578)		
	Other	34,155	34,149	(6)		
	TOTAL	131,410	128,661	(2,749)		
	SLA Income Performance of Trusts main NHS commissioners		Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s	
	Wiltshire CCG	66,595	68,623	2,028		
	Dorset CCG	14,905	14,934	29		
	Hants CCG	10,330	10,692	362		
	Specialist Services	20,402	21,238	836		
	Other	19,178	13,174	(6,004)		
	TOTAL	131,410	128,661	(2,749)		
Activity levels by Point of Delivery (POD)		YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
Elective		4,032	3,531	(501)	3,468	63
Day case		15,087	14,527	(560)	14,932	(405)
Non Elective		17,446	17,272	(174)	16,603	669
Outpatients		171,538	170,325	(1,213)	172,581	(2,256)
A&E		32,930	33,080	150	31,515	1,565

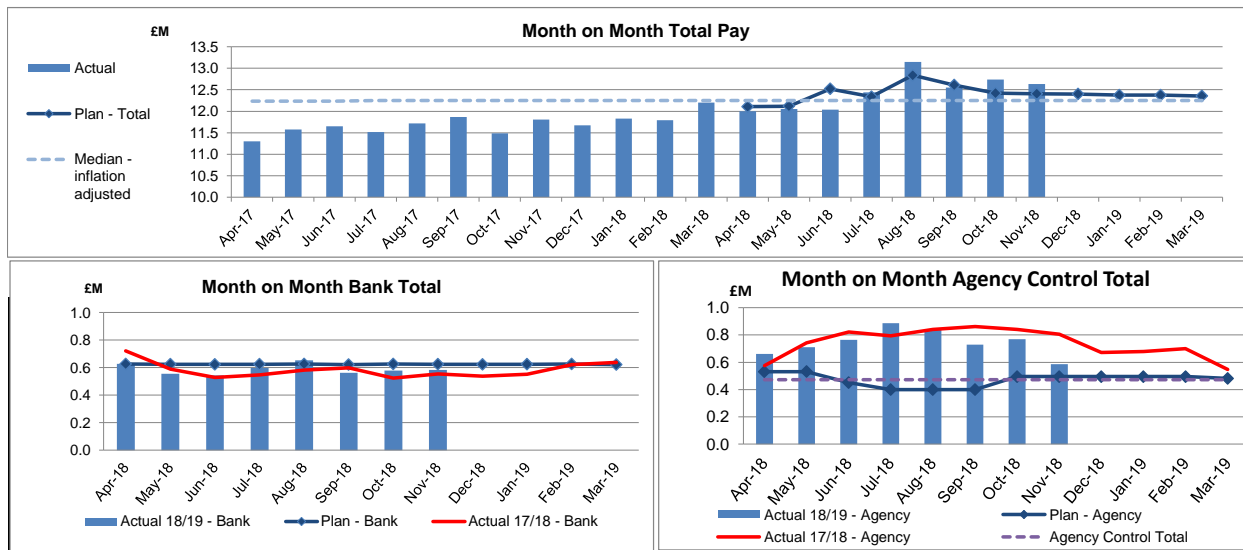
Variation & Action

Overall income YTD was £128,661k and £16,309k in month which was £2,749k and £411k behind plan respectively. In month Elective activity was £129k behind plan but we treated more patients (highest monthly total for the year to date) and the monthly variance against plan was £85k better than the average monthly adverse variance of £214k. Day Case activity and income was above the monthly plan by 136 cases and £96k. Non Elective (excluding Obstetrics) was on plan, however, Obstetrics (births) was 167 (lowest in the year) and therefore under plan by 46 resulting in a shortfall of income by £152k. Drugs and devices pass-through income was £134k lower than expected but this was matched by reduced expenditure and therefore a net zero impact on the bottom-line. Outpatients, A&E attendances and Critical Care were broadly on plan. The adverse variance on 'Other' can be mainly attributed to an increase in the provision for challenges from commissioners following further discussions with NHSE about payment of uncoded spinal cord injury patients activity (£86k) for periods passed the contractual freeze dates for reporting.

Income continues to be ahead of commissioner's contract plans and the STP expectation is for forecast outturns on contracts to be confirmed by the end of December. The actual income for Dorset has been adjusted to reflect the agreed acute managed contract figure. The year to date adjustment was a reduction of income by £297k which was an increase of £47k in month as there was over-performance on elective and non-elective activity.

Status	Position				Position			
	Nov '18 YTD				Nov '18			
		Plan £000s	Actual £000s	Variance £000s		Plan WTEs	Actual WTEs	Variance WTEs
	Pay - In Post	88,414	88,740	(326)	Medical Staff	395.5	395.0	0.5
	Pay - Bank	4,933	4,584	349	Nursing	924.3	904.5	19.8
	Pay - Agency	3,704	5,947	(2,243)	HCA's	407.3	517.9	(110.6)
	Other (eg. Apprenticeship Levy)	2,304	368	1,936	Other Clinical Staff	585.0	589.2	(4.2)
	TOTAL	99,355	99,639	(284)	Infrastructure staff	1,103.9	1,109.8	(5.8)
	Medical Staff	26,585	27,079	(494)	TOTAL	3,416.0	3,516.4	(100.4)
	Nursing	26,173	25,278	895				
	HCA's	7,048	9,041	(1,993)				
	Other Clinical Staff	15,337	15,772	(435)				
	Infrastructure staff	21,908	22,101	(193)				
	Other (eg. Apprenticeship Levy)	2,304	368	1,936				
	TOTAL	99,355	99,639	(284)				

Trend



Variation & Action

Underlying agency expenditure has dropped by £100k (11%) month on month, with a further benefit of a release of aged accruals to the value of £120k. The reduction in underlying agency usage is enabled by successful nursing recruitment, with an additional 37 taking up posts across the Directorates since the beginning of October.

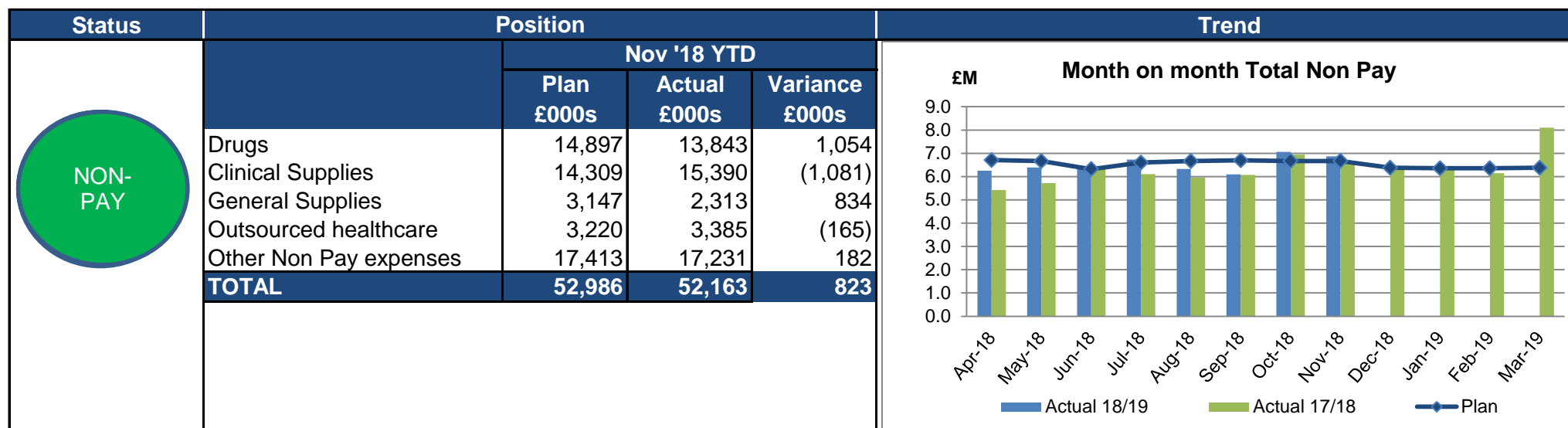
Further progress has been made on agency reduction with the benefits from the recruitment highlighted above expected from M08, but agency costs continue to exceed the NHSI cap by 57% with the Trust incurring a premium cost of c£2.1m YTD.

STL has seen increased pay costs of £70k, this comes as the subsidiary continues to increase its market share, with the company reporting its higher surplus to date at £96k for the period.

Payments for additional consultant payments are static at £160k per month, primary drivers are additional theatre sessions and covering gaps in rotas on the emergency pathway.

The Trust continues to adopt a strategy of mitigating the risk of Nursing vacancies through the over recruiting of Healthcare Assistants (HCAs), thereby enabling the provision of effective and safe patient care, as well as supporting the internal training and development programme for registered nurses. The overall overspend of £1.0m between the two staffing groups can be explained by additional staffing required for 'specialising', the agency premium incurred over and above substantive or bank rates on agency nursing shifts, and the impact of the pay award (£0.5m, offset in 'Other').

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



Variation & Action

Increases in clinical activity have been sustained, leading to continued clinical supplies expenditure in excess of plan. Key areas showing an increase are:

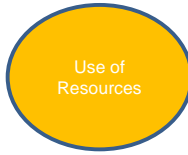
- Orthopaedics, £60k over plan following a sustained increase in productivity as the Directorate seeks to recover the YTD shortfall.
- Genetics, £66k over plan, offset by a £96k over performance in activity chargeable to NHS providers.
- Endoscopy, £17k over plan following the utilisation of 18 weeks in order to ensure diagnostic targets are delivered, internal analysis shows weekend lists using 18 weeks deliver a 6% contribution to overheads.
- Microbiology, £27k driven by increased testing driven by demand throughout the hospital is leading to increased consumables costs. This is expected to continue throughout the winter.

The favourable variance in Other Non Pay is driven by the Trust's inflation reserve.

Status	Position						
Directorate	Annual Plan £000s	Nov '18			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Medicine	1,845	173	165	(8)	1,137	862	(275)
Musculo Skeletal	2,663	259	227	(31)	1,588	1,348	(240)
Surgery	1,820	196	158	(38)	1,016	830	(185)
Clinical Support & Family Services	2,048	219	169	(50)	1,124	998	(126)
Corporate Services	1,732	181	148	(33)	1,000	972	(28)
Trustwide	2,106	625	144	(481)	1,050	1,317	267
TOTAL	12,215	1,652	1,011	(641)	6,914	6,327	(587)

Position						
Scheme	Annual Plan £000s	Nov '18			YTD	
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s
Theatres	2,335	237	157	(79)	1,389	949
Workforce	640	56	24	(32)	417	66
Outpatients	646	63	73	11	337	398
Diagnostics	822	90	14	(76)	434	113
Patient Flow	336	28	28	0	224	226
Non-Pay	1,741	175	198	23	996	951
Directorate Plans	5,396	754	434	(320)	2,296	3,090
Drugs	298	25	6	(19)	197	41
Sub-total	12,213	1,427	934	(493)	6,289	5,833
Risk Mitigation	1,535	225	77	(148)	625	494
TOTAL	13,748	1,652	1,011	(641)	6,914	6,327

Variation & Action
<p>Overall CIP delivery in November is £641k (39%) short of target, dropping YTD delivery behind plan. YTD delivery of £6,327k represents 57% of the planned full year delivery. The in month delivery actually exceeds YTD run rate by c30%, however the phasing of the plan is weighted towards the second half of the year.</p> <p>Workforce continues to under deliver year to date, planned schemes had been focused on reductions in premium head count costs, but even after recent recruitment demand is still driving a need for temporary staffing.</p> <p>Utilisation, particularly prompt starts, remains challenging to resolve in the theatres PMB.</p> <p>Year to date shortfalls in planned programmes have been offset to date by Directorate level plans, although as the CIP target has increased for the second half of the year. The plan for November had assumed a saving relating to the wholly owned subsidiary project as well as the delivery of a number of headcount reduction plans.</p>

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

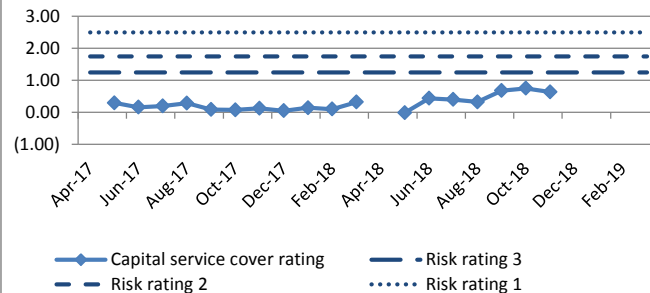
Variation & Action

The Trust's overall risk rating score remains at 3. Liquidity has reduced as the Trust's cash balances reduce, the Trust has signalled to NHSI that additional borrowing will be required in January 2019.

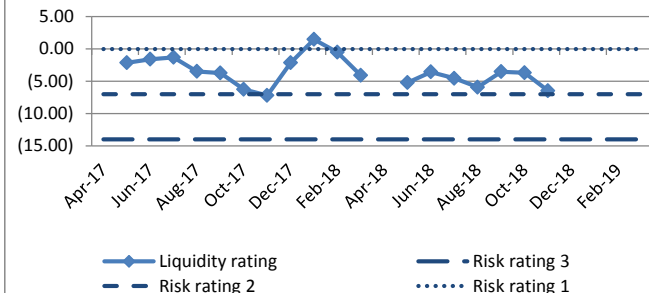
The agency rating has remained at a 4 although the YTD spend has seen a modest reduction versus the NHSI cap, dropping to 57% (previously 61%). This is as a result of successful nursing recruitment and a release of aged accruals.

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

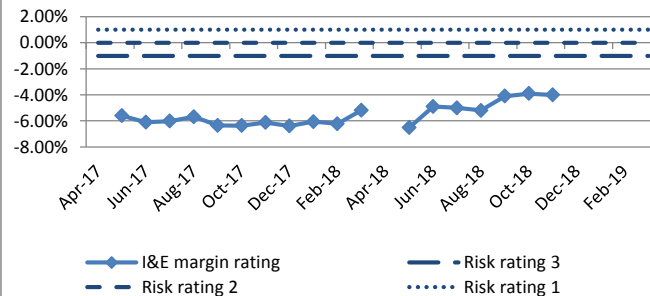
Capital service cover



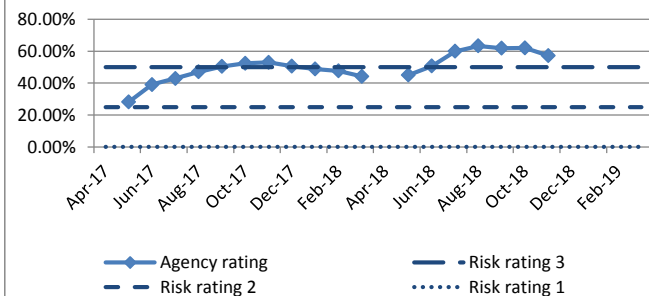
Liquidity



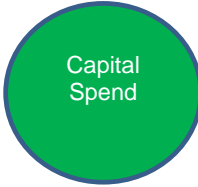
I&E margin

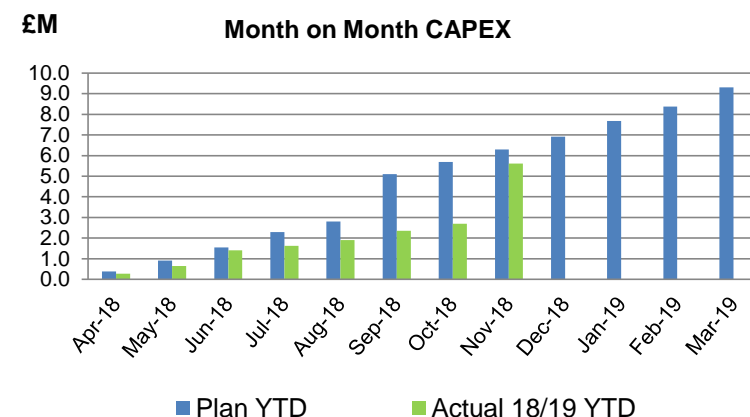


Agency spend over cap



Page 7 - Capital Expenditure

Status	Position			
 Capital Spend		Annual	Nov '18	
		Plan	Plan	Actual
	Schemes	£000s	£000s	£000s
	Building schemes	617	300	329
	Building projects	1,730	1,160	620
	IM&T	4,904	3,293	3,488
	Medical Equipment	2,755	1,300	941
	Other	366	242	242
	TOTAL	10,372	6,295	5,620
				Variance
				£000s
				(29)
				540
				(195)
				359
				0



Variation & Action

The Trust is behind the capital plan for the year and work is being undertaken to confirm planned schemes will be completed in the year. The Trust capitalised the purchase of hardware (£1.9m) required for a substantial upgrade to its IT network, which is being acquired through a finance lease. HMRC are currently drafting new guidance on the recovery of Vat under Contracted-Out Services heading 14 - Computer Services and our advisors have recommended the Trust does not recover any Vat until this is issued.

The Trust received confirmation it will be forwarded PDC in December 2018 of £127k to provide free on-site wifi and £933k to purchase a bed management system, replace the pharmacy robot and improve patient flows in ED and patient discharge. The capital annual plan figure above has been increased to reflect this additional funding.

The Trust is now compiling its capital programme for 2019-20, but the requirements will substantially exceed the funding available and some difficult decisions to prioritise the schemes will be required.

Status	Position					Variation & Action
Cash and working		Opening Balance April 2018 £000s	Plan £000s	Current Month Balance £000s	Variance £000s	Actual In Year Movement £000s
	Inventories (Stock)	6,214	6,214	6,422	208	208
	Debtors	15,396	15,836	14,672	(1,164)	(724)
	Cash	8,641	3,490	4,567	1,077	(4,074)
	TOTAL CURRENT ASSETS	30,251	25,540	25,661	121	(4,590)
	Creditors	(24,438)	(19,783)	(21,473)	(1,690)	2,965
	Borrowings	(1,164)	(1,488)	(1,510)	(22)	(346)
	Provisions	(292)	(292)	(292)	0	0
	TOTAL CURRENT LIABILITIES	(25,894)	(21,563)	(23,275)	(1,712)	2,619
	TOTAL WORKING CAPITAL	4,357	3,977	2,386	(1,591)	(1,971)

The Trust submitted a 2018-19 plan to borrow £5.2m to cover the revenue deficit for the year. The Trust was eligible for Provider Sustainability Funding (PSF) of up to £3.8m in 2018-19 provided it remained on target to achieve its planned deficit and A & E performance targets.

The Trust did not draw down any funds in the month. The cash flow continues to be closely monitored to ensure funds are available when required. A cash shortfall is being identified in January 2019 and NHS Improvements have been made aware. The cash flow submission to NHSI on 4 December 2018 highlighted the anticipated revenue support required for the remainder of the year, based on the revised 2018-19 forecast.

Trend

Month on Month Cash Balance

