Report to:	Trust Board (Public)	**Agenda item:**	12
Date of Meeting:	7 March 2019		

Report Title:	Integrated Performance Report, January 2019 (Month 10)			
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 January 2019 (month 10).

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

Salisbury NHS Foundation Trust

Performance Summary Narrative – January Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Local Services (COO)	**RTT** • Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks, highest performance since Nov 2015 • Plastics achieved 92% at specialty level not achieved since May 2016. • Waiting list decreasing in size and in line with trajectory. Total waiting list maintained below March 2018 target	• Particular areas of pressure in: general surgery, orthopedics, oral surgery, urology and respiratory. • Impact of increase of non-elective activity on elective workload	• 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 impact of non-elective demand.

Local Services (COO)	**Diagnostics** • 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	• There are continued workforce challenges in Radiology resulting in the clinical prioritisation of resources. These have been compounded by the unexpected failure of both CT scanners during the end of January / beginning of February. • Issues with the Gastroenterology team are having a significant impact on the Endoscopy waiting times. This has been mitigated by the successful introduction of a locum doing solely endoscopy work • JAG accreditation requirements are ringfencing considerable time for the Lead Clinician & Lead Nurse for Endoscopy. There are 2 main areas of concern around meeting the action plan for JAG accreditation. 1. IT to deliver the waiting time data and NED (National Endoscopy Database). 2. Surveillance backlog • Financial challenges face the Trust as a result of an ongoing reliance on additional capacity for Endoscopy and BSCP.	• Radiology workforce review is in draft, the costed and phased recommendations will be presented to the Executive Performance meeting in March 2019. • Demand and capacity modelling has been refreshed in Endoscopy to identify the shortfall. A recovery plan was submitted to the Trust Board who supported the need for insourcing during February to meet the Cancer targets • Both are being addressed with a task & finish group supported by the COO • Additional Endoscopy capacity has been approved.

	Positives	Challenges	Plans / Forecasts
Local Services (COO)	**ED** • ED 4 hour performance below trajectory for M10 (88.75% vs 89.1%) • ED Navigators in post 7 days per week to ensure safety of waiting room and navigation of patients to correct service • Change in clinical leadership has had a positive impact on morale within the department • Clarendon ward remains closed • Urgent Care Senior Leads Team (SLT) meeting set up by Medicine Directorate • 2 wte Consultants to join (one in M11 and one in M12) • Recruitment of experienced substantive middle grade doctor.	• Continued increases in ED attendance numbers as compared to 17/18 • Record number of medical admissions in M10 (busiest month recorded) • Regular above average ED attendances. • Continued gaps in nursing and medical rotas resulting in poor skill mix and junior medical workforce.	• Winter resilience plans in place to support increased demand, patient flow and bolster workforce (until end of March 2019) • Review ambulatory pathways to increase access to outpatient ambulatory services (away from the inpatient areas) (Feb 2019) • Project plan for SAFER re-launch agreed and to be embedded from M10 (from Jan 2019) • Continue with recruitment of nurses to reduce vacancies • Supervision and training of junior workforce • Urgent Care SLT to continue bi-monthly (second meeting planned Jan 2019). Improve cross working between ED and Acute Medical Unit

Salisbury NHS Foundation Trust

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Local Services (COO)	**Cancer** • Compliant cancer performance for M10 2ww, 31 day • Number of 104 day long waiters reducing • Q3 all targets achieved • Expecting Q4 all targets to achieve as well	• Endoscopy capacity to support Lower GI pathways in particular • Clinical Oncology provision for Breast Services • Inequalities in MDT and time constraints for volume of patients to discuss. • Maintaining compliant 62 day performance following recent improvements to return to +85%. • Increasing waits to treatment at tertiary centers	• Locum Consultant recruited in Gastroenterology to support Endoscopy (Jan 2019) & 2nd Locum from end of Feb 2019 • Continue conversation with UHS re clinical oncology provision (Feb 2019) • Cancer Lead to review all MDT meetings to ensure efficiency. (to be completed by April 2019) • Maintain efficient tracking of patients on open pathways to ensure breach numbers remain low. (ongoing) • React to diagnostic delays quickly through patient tracking list meetings to expedite and reduce wait time. (ongoing) • Readiness for 28 FDS standard and implementing and implementing process to support this for SFT patients

	Positives	Challenges	Plans / Forecasts
Specialist Services (COO)	**MSK** • 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.	• 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	• Business case for step down service for Spinal pathway redesign to Trust Management Committee (Feb 2019) – delay to March as Tender delayed. • VUD - Short term mitigation in place and being addressed in wider Urology capacity and demand intensive support work. VUD practitioner post advertised. • Tender document in draft being prepared regarding step-down beds for Spinal Centre. (for completion Feb 2019). Tender launched 1st Feb 2019 and awarded early April 2019 – see above. • Business case for commissioner investment in Wessex Rehabilitation being written . Delayed to end of February 19. • Plans in place for regular meeting at COO/MD level between SFT and UHS to discuss pathways spanning both organisations • Focused validation on the waiting list for plastic surgery to clean the waiting list, identify patients to be seen and fast track review (February 2019)

Salisbury NHS Foundation Trust

Performance Summary Narrative – December Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

	Positives	Challenges	Plans/forecast
Innovation (MD)	• Continuing excellent R & D performance – funding will be maintained or increased next year • New cardiology procedure approved – first case successful • Review of two new procedures in Urology (Uroloy and Rezum) came to CMB and further review in six months	• Brexit impact on R & D activity – scoping paper produced	
Care (MD/DoN)	• Mortality rate remains as expected • SHMI has decreased to 100 and is as expected		
		• Staffing remains challenging in a number of areas, with key hotspots MSK and ED	• Retention workstream for registered nurses commenced in March. Nov 18 – participating in direct support with NHSI on this. Domestic and overseas recruitment continues.
	• 100% hip fracture patients operated on within 36 hours for three consecutive months		
		• 3 hospital associated C-Difficile infections January 2019 – on different wards	• Investigations underway to be concluded Feb 2019 alongside ribotyping
	• NHSI fall collaborative continues		

Care (MD/DoN)	Positives	Challenges	Plans/forecast
	• TIA performance on target • CQC Inspection completed, concluding with Well Led component on 4/5 December. Draft report received Feb 19 – factual accuracy checking submitted with report due to be published in March	• Delays in transferring stroke patients to Farley from ED	
		• Remain challenged on mixed sex accommodation – exclusively when ambulatory area of AMU is used overnight • Ambulatory areas still used on occasions	• Links to patient flow PMB work. Winter ward opened Feb 2019, up to 16 beds. Patient flow workstreams continue with renewed focus on SAFER and action focussed daily whiteboard rounds. Weekly multi agency expert panel reviewing all stranded/superstranded patients continues
	• Winter ward opened with good patient and staff feedback and reduction in medical outliers • Excellent results in national maternity survey		

Salisbury NHS Foundation Trust

Performance Summary Narrative – January Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

	Positives	Challenges	Plans/forecast
People (DoOD & P)	**Recruitment:**	**Recruitment:**	**Recruitment:**
	• Overseas nursing typically has low conversion rate, although has improved slightly	• Lack of available domestic registered nurses	• More emphasis on onboarding for all staff, particularly overseas
	• 14 job offers to student nurses (February 2019 and September 2019 qualifiers)	• Lack of availability of Ward Managers to interview via skype for RN's	• Talent pool will be open on TRAC from 1st March 2019
	• 12 job offers made following NA event (interviews late November)	•	• Service Level Agreements (SLAs) will be available on TRAC with associated KPI reporting from April 2019.
	Agency Spend:	**Agency Spend:**	**Agency Spend:**
	• Decreased Agency spend in CSFS although there are still pockets of concern	• HMRC have challenged DE model used by Brookson DE, which may have retrospective cost impact.	• Agency spend tracked in month and year to date control total
	• Although there are increases in the other Directorates, DMTs have identified where they are and making action plans to deal with them	• Locums Nest Fill Rate has dropped to 73% this month	• Centralised bank is transitioning from Quality to OD & People through next 3 months
	• The balance of Bank/Agency usage and spend has been identified as an issue.	• Enhance use of Locum's Nest by including senior doctors & consultants	• Analysis of relative use of Bank/Agency staffing proportions
	Sickness:	**Sickness:**	**Sickness:**
	• Both short and long term sickness have decreased this month.	• Long term sickness increased in month with an overall increase of 0.04% "anxiety/stress/depression" remaining top 20% of cases	• Input to case conferences by Head of Occupational Health

• Flu campaign at over 63% of actual front line vaccinations	• Significant resistance to flu vaccinations and completion of opt out	• "Wash up" meeting of the campaign planned for early March
Engagement:	**Engagement:**	**Engagement:**
• Staff engagement group increased numbers in early February	• Staff morale at time of intense operational pressures	• To agree the group workplan for the year in February 2019 including feedback on staff survey results
• Workforce Committee supported investment proposals	• Maintaining improvement in Staff Engagement Group numbers and commitment to time for meetings and consequent work	• 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
• Joining "wave 4" NHSI retention programme (nursing)	• Staff Survey results received	• Senior Leadership Forum inaugural meeting in February 2019
Other:	**Other:**	**Other:**
• MaST (Mandatory and Statutory Training) compliance continues to improve at 91.32%	• Maintaining and improving compliance rates for MaST (Mandatory and Statutory Training) and appraisals	• Embedding the Business Partner role in order to leverage added value (January 2019 and continuing)
• Non-medical appraisal remains compliant at 86.3%	• Medical appraisal slightly down at 91.2%	• Developing capacity and capability for workforce planning

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Resources (DoF)	• In month position better than forecast by £0.3m. Trust opened theatre capacity earlier than planned (closed due to planned maintenance work) and was able to increase patient activity supporting Wiltshire CCG improved waiting list position. . • Trust agreed with Wiltshire CCG and NHSE Specialist commissioning forecast outturn for 2019/20, in turn reducing the risk to the year-end forecast.	• Trust did not achieve control total and therefore has not achieved further provider sustainability funding (PSF). • The capacity shortfall in the community and care sector (predominately due to workforce constraints) bears a significant risk to the Trust being able to achieve the forecast position. The Trust Length of stay remains an outlier, due to patients requiring ongoing support packages following discharge. • Not achieving the control total, has significant impacts for cash, and increases the level of borrowing from DoHSC. This places risk to the Trust being able to deliver its long term vision and address the challenges to the aging estate.	• The Trust has formally reforecast to NHSI a £10.6m forecast deficit for 2018/19, compared to a plan of £9m deficit, £1.6m adverse variance. • The Trust continues to work through mitigating actions to improve on the forecast, including ensuring escalation capacity and subsequent temporary staffing is minimised. • Trust submitted draft operating plan and financial plan to NHSI at the beginning of February. Trust is working on the basis of agreeing to the control total offered for 2019/20. Further work is required in time for the final submission in April once feedback from NHSI is received.

Salisbury NHS Foundation Trust

Report to:	Trust Board - Public	**Agenda item:**	12a
Date of Meeting:	26 February 2019		

Report Title:	M10 Operational Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Peter Holloway, Deputy Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix 1: Performance & Score Card No Directorate Executive Performance Review Meetings in January therefore there is no escalation report			

Recommendation:
The Committee are asked to note the Trust Performance for Month 10

Executive Summary:
The Trust failed to deliver the 4 hour performance target achieving 88.75% marginally under revised trajectory. The Trust continued to deliver a strong RTT performance of 93.5%. Diagnostic performance as predicted fell short of 99% coming in at 98.95%. Cancer performance was achieved for all standards apart from 62 day achieving 84.1%.

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

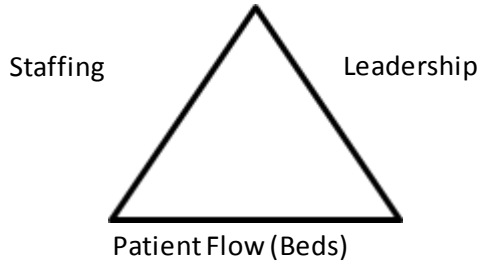
( ) = national targets

ED Performance (95%)	**In month (10)**: National standard was not delivered reporting 89% **Year to date: 91%**	RED
RTT Performance (92%)	**In month (10): 93.6%** **Year to date: 92.5%**	GREEN
Diagnostics (99%)	**In month (10): 98.95%** **Year to date: 98.93%**	RED
Cancer **2ww 93%** **31 day 96%** **62 day 85%**	**In month (10):** . **2 ww = 93.4% YTD 93.7%** **31 day = 98.3% YTD 97.9%** **62 day = 84.1% YTD 84.7%**	RED
DTOCs	**In month (M10): 369** **Year to date 5876**	

Emergency Pathway RED

The trajectory for 18/19 4 hour performance is illustrated in graph 1 below. In January (M10), trajectory was short of delivery, achieving 88.75% against a target performance of 89%. The trajectory is inclusive of Type 1, 2 and 3 attendances. Target performance for February (M11) is 91%.

There remain three core elements that ensure delivery of the 4 hour performance standard within the role that ED has to influence this. These are patient flow, leadership and staffing. All three of these elements need to be functioning and in balance to ensure delivery of the standard.



Once one of these core elements is not functioning then delivery of the 4 hour standard is at risk. A number of actions were agreed during November (M8) to ensure prompt improvement of performance and to ensure stability of staffing, patient flow and leadership within the Department.

Update on Actions Being Taken to address 4 hour performance within ED:

Delivery of ED Action Plan:
A number of actions within the ED Action Plan have been completed. It has been challenging to sustain progress with this due to limited clinical cover in the rota it has been difficult for the ED Leadership team to meet to review the action plan. A review of the action plan and its priorities will occur in February 2019 with ongoing communication to the clinical team in the meantime to ensure they remain engaged with the action needed.

Management of the performance of junior doctor workforce:
Three middle grade doctors within ED have been undergoing (supportive) performance management since September 2018 when it became clear that they did not have the expected skillset to independently work as a middle grade doctor. One of these has concluded their performance management process with agreement to step down to SHO level, the remaining two remain on the process having made some improvements in performance. The Lead Clinician has this under review with the supervising Consultants. All of these middle grades are on fixed term one year contracts until August 2019. In January 2019 the appointment of a substantive, experienced middle grade was achieved which will provide improved senior cover at nights in particular.

Ongoing recruitment of nursing staff to close the 12WTE vacancy gap:
Nurse recruitment remains challenging within the Department. There have been some successes in identifying new starters but these are often balanced with future leavers or staff taking maternity leave. Opportunities are advertised ongoing and new ways to attract and retain candidates are being explored by the Head of Nursing for Medicine. At January 2019 vacancies had reduced to circa 10WTE. An advert is currently out to replace the agency Navigator roles with fixed term appointments – if these appointments can be confirmed then the nursing vacancies will reduce to circa 7WTE. A high volume of maternity leave is also exacerbating the nursing workforce resilience.

DMT direct involvement/support:
The Directorate Manager for Medicine is providing daily support to the Department and to the ED Business Manager to ensure that operational issues that can be proactively managed are being resolved in advance so as not to add pressure to the day to day demand on the Department. The Clinical Director for Medicine is actively involved in managing the medical workforce issues in the Department, supporting with job planning etc.

Closer working between ED and Acute Medical Unit:
'Urgent Care SLT' has been implemented by the Medicine Directorate Management Team. This meeting will occur bimonthly with representation from ED and AMU Clinical Leads, operational management teams and nursing. The agenda will follow the same format as the Directorate Management Committee as part of the Accountability Framework but will also focus on identifying opportunities for pathway redesign, joint working and service improvement.

Intensive support from COO and DoN:
Weekly intensive support has now concluded, replaced by a once a month meeting to ensure progress is sustained.

Publication of ED dashboard:
Dashboard is live and on display within Majors and used as part of site meetings on at least twice daily basis.

Publication of KPIs to all ED staff :
Managed by the Department to ensure communication with staff is maintained and all are informed of position and aims.

Increase administrative support within SSEU and Majors:
ED Majors Administrators are now in post. There are general challenges with the administrative workforce in ED (sickness, vacancies) which are all being managed but are slowing some progress on the implementation of improved administrative support to SSEU. This remains an aim with a plan to resolve by end of Q4.

Recruitment into ED Consultant vacancies:
One new full time Consultant has started in post on the 11th February and a second new Consultant is due to join on the 4th March. Both come from previous NHS roles in the region, one from a senior role.

Source Locum Consultant for winter:
Due to a long term sickness from November 2018 to late January 2019 and due to the vacancies in the Consultant team, all Locums known (and of good quality) to the Department have been utilised to cover shifts within the rota. It has, therefore, not been possible to source a Locum in addition to this to provide extra support for Winter. The Locums that are already covering shifts within the Department will remain doing so until late February 2019.

Robust job planning of all Consultants:
Workforce review and job planning is underway, supported by the Clinical Director for Medicine. Anticipate that this will be concluded by end of February 2019.

Consider alternative roles to mitigate workforce gaps, e.g. Paramedics.:
Paramedics are currently fulfilling the Navigator role within ED and this has proven to be very successful. They are fulfilling this role on a temporary agency basis at present whilst nursing workforce issues are improved. As the pilot of this has been so successful these roles have now been advertised and shortlisted for a one year fixed term opportunity for three posts. These roles will also extend into triage and begin to provide some support to Minors and Majors when demand is high. The Leadership Team in ED recognises

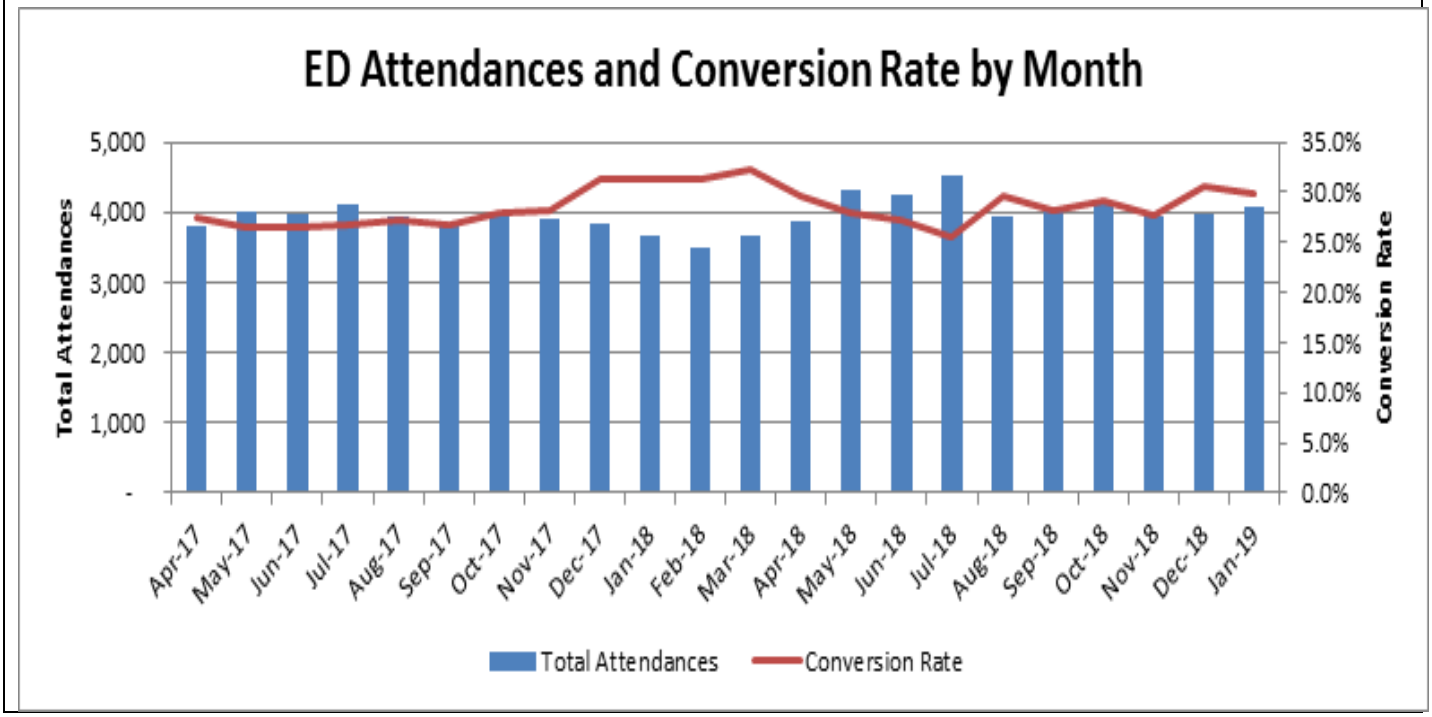
a need to diversify the workforce to meet workforce challenges and this is supported by the Medicine Directorate Management Team.

Analysis

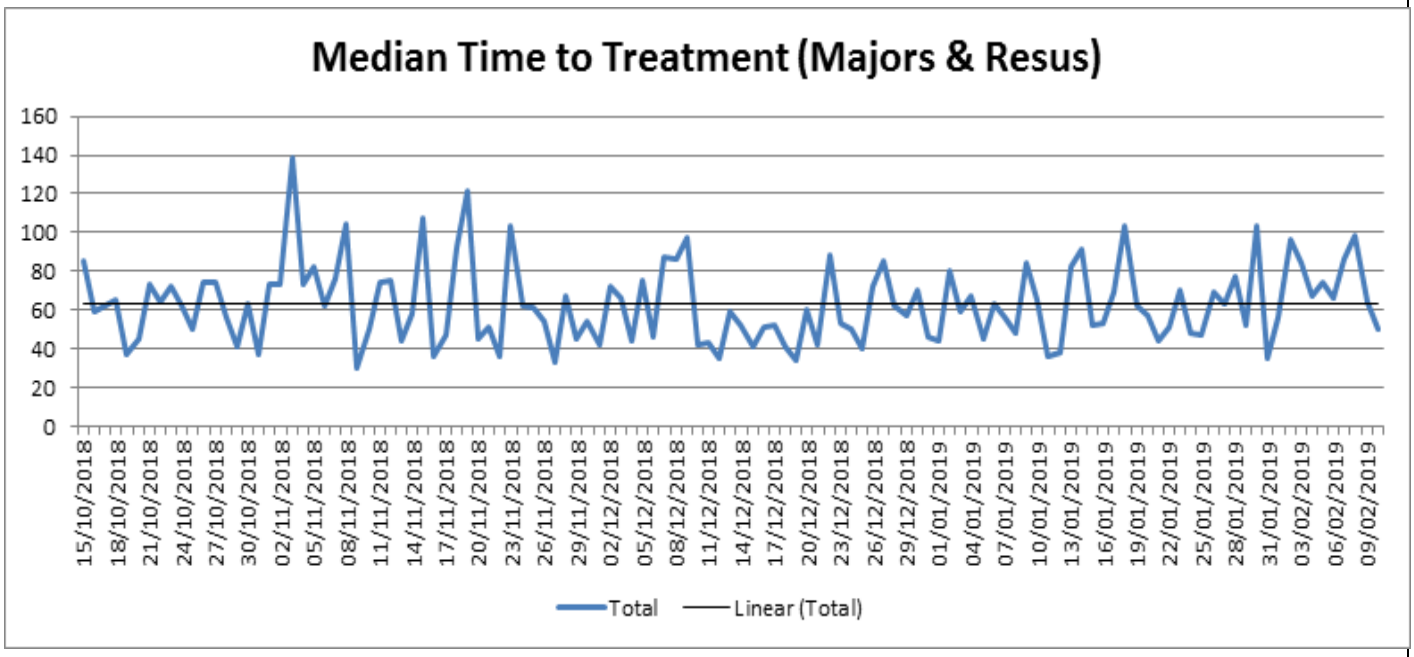
Graph 1 – Performance Trajectory

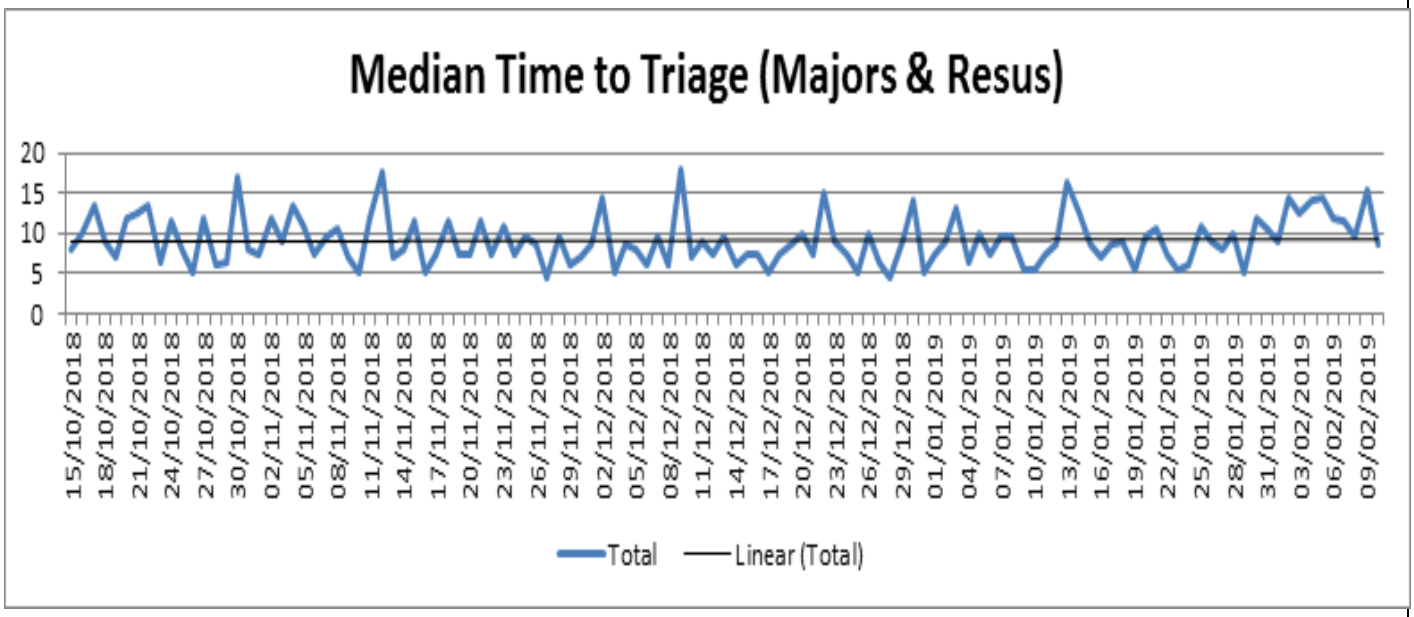
Trajectory lines	Expected Sign		01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12
			Y1 M01 Plan 30/04/2018 Month 1 #	Y1 M02 Plan 31/05/2018 Month 2 #	Y1 M03 Plan 30/06/2018 Month 3 #	Y1 M04 Plan 31/07/2018 Month 4 #	Y1 M05 Plan 31/08/2018 Month 5 #	Y1 M06 Plan 30/09/2018 Month 6 #	Y1 M07 Plan 31/10/2018 Month 7 #	Y1 M08 Plan 30/11/2018 Month 8 #	Y1 M09 Plan 31/12/2018 Month 9 #	Y1 M10 Plan 31/01/2019 Month 10 #	Y1 M11 Plan 28/02/2019 Month 11 #	Y1 M12 Plan 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	6116	7145	6199	5761	5953
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%	90.35%	83.96%		
		Type 1+2	93.09%	91.34%	91.82%	90.83%	86.03%	83.86%	83.01%	84.04%	90.90%	84.95%		
		Type 1,2+3	**95.00%**	**93.49%**	**93.89%**	**93.14%**	**89.67%**	**87.94%**	**86.65%**	**87.54%**	**93.29%**	**88.75%**		

Graph 2. – ED type 1 attendances and conversion rates



Graph 4 – ED time to triage and time to assessment





Time to Triage:

Time to Triage	All	Majors	Minors
6/1/19	9.6	11.3	12.1
13/1/19	11.7	12.1	17.3
20/1/19	12.8	11.6	21.1
27/01/19	12.4	11.9	20.7

Time to Treatment;

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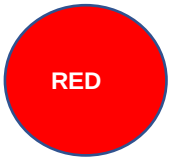
Time to Treatment	All	Majors	Minors
6/1/19	60.4	67.0	65.4
13/1/19	62.9	81.9	71.4
20/1/19	80.5	81.4	101.9
27/1/19	73.9	79.0	109.1

Cancer



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

Description	Standard	January			February			March			Q4 2018-19		
	%	In target	Total	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	807.0	864.0	93.40	528.0	570.0	92.63	0.0	0.0	-	1335.0	1434.0	93.10
Symptomatic Breast Two Week wait	93	40.0	43.0	93.02	38.0	42.0	90.48	0.0	0.0	-	78.0	85.0	91.76
31 Day Standard	96	114.0	118.0	96.61	15.0	15.0	100.00	0.0	0.0	-	129.0	133.0	96.99
31 Day Subsequent: Drug	98	13.0	13.0	100.00	7.0	7.0	100.00	0.0	0.0	-	20.0	20.0	100.0
31 Day Subsequent: Surgery	94	16.0	16.0	100.00	0.0	0.0	-	0.0	0.0	-	16.0	16.0	100.0
62 Day Standard	85	72.5	87.0	83.33	5.0	10.0	50.00	0.0	0.0	-	77.5	97.0	79.90
62 Day Screening Patients	90	6.0	6.0	100.00	2.0	2.0	100.00	0.0	0.0	-	8.0	8.0	100.0

Although not finalised, M10 is showing as achieved for all standards except 62 (14.5 breaches – 7.5 of which are in urology mainly due to long wait for UHS). Considering the ongoing challenges in endoscopy, we have managed to mitigate very well and still maintained the 2ww and 31 day standard. M11 and M12 may be more difficult to achieve although M11 2WW is looking good.

A B7 Cancer Service Manager has been appointed, due to start on 1st April. This will complete the new cancer management structure.

RTT

***General Surgery – (Q4 target 85%)* Month 10 84.3%**

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

- Continued long term consultant sickness with no date for return
- Some outsourcing of cases to New Hall as part of CCG arrangement

Urology – (Q4 target = 91%) Month 10 91.2%

- Appointment made for permanent 7pa post from May 19, and further full time consultant appointment made with expected start date in Q3 2019/20
- 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) (Q4 target = 90%) Month 10 89.4%

- Significant levels of Trauma in January
- Reduce capacity due to replacement of Air Handling Units in 2 T&O theatres
- Flexible Job Planning continues
- 12th Consultant (locum) appointed – commence employment end of February. Substantive consultant contract end of January – contingency plans in place
- Wiltshire activity passed to Newhall as per CCG request
- Wiltshire activity undertaken and planned for rest of Q4 to improve RTT for Wiltshire
- Improved visibility of waiting lists – realignment of waiting lists to sessions being implemented in Q4 with increased DSU activity
- Additional Limited Liability Partnership lists and additional Sunday list per month to continue for Q4
- Assurance provided so step down from Weekly meeting with Executive support to increase activity and reduced lost cases

Plastics (Skin & Breast) Plastics & Burns: (Q4 target = 90%) Month 10 92.5%

- Breast reconstruction lists – continue increase in number of Dieps month on month
- Skin Plastic Surgeon – gap currently be covered by additional sessions
- Micro Plastic Surgeon - successful recruitment –commencing in October 2019 (Mat leave being advertised in January)
- Increased capacity identified in both DSU and Minor Operations.
- Additional Rapid Referral Clinic capacity continues

Oral and Maxillo Facial surgery (OMFS) : (Q4 target = 90%) Month 10 73.2%

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

Dermatology – (Q4 target = 92%) Month 10 89.1%

- Performance challenges due to medical and surgical dermatologist shortages
- Maternity leave from June 2019 - Scoping – high volume locum opportunity for maternity cover – paper for discussed at performance review in February
- Additional plastic lists as above
- Continued innovative and creative solution to national shortage of Dermatologists – to maintain – medical and surgical dermatology service
- Designing phase of piloting a new way of seeing rapid referrals to improve capacity management

Thoracic Medicine (Q4 target = 90%) Month 10 89.4%

RTT performance for Thoracic Medicine continues to improve and reached the Q3 target of 85%. There are currently 73 patients above 18 weeks on their pathway – the Directorate are validating those and will focus attention on bringing forward appointments and diagnostics to improve the performance to at least 90% by end of Q4 (or sooner). A part time Consultant (to 'job share; with the existing part time Consultant) has been appointed and is due to start in post on the 14/3/19. This will increase outpatient capacity enabling the wait to first seen to reduce

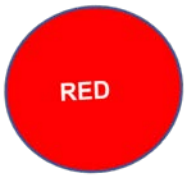
Waiting list

Breakdown by CCG

Total WL	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Dorset CCG (11J)	2,537	2,495	2,564	2,505	2,480	2,460	2,424	2,459	2,537	2,588	2,651
West Hampshire CCG (11A)	1,582	1,572	1,621	1,626	1,583	1,574	1,565	1,620	1,639	1,666	1,628
Wiltshire CCG (99N)	10,080	10,361	10,752	10,577	10,481	10,616	10,335	10,343	10,441	10,192	10,384
Other CCGs	2,839	2,886	3,024	3,138	3,135	3,017	2,989	2,834	2,526	2,411	2,181
Trust Total	**17,038**	**17,314**	**17,961**	**17,846**	**17,679**	**17,667**	**17,313**	**17,256**	**17,143**	**16,857**	**16,844**

Overall PTL (Patient Waiting List) is down 194 from March 2018 17038 to January 2019 16844. However increase in Wiltshire CCG +304, additional activity being undertaken to reduce the year end PTL for Wiltshire.

Diagnostic (DM01) January



Following clinical prioritisation of resources and the increase seen in deferrals as a result of patient choice around the Christmas period the trust failed to deliver the diagnostic standard in January reporting 98.95 %.

There were 38 breaches (30 in Endoscopy, 8 in Audiology).

Endoscopy

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

Current wait times are now back to 6 weeks.

The previously reported lack of cover from regular Endoscopists combined with the ongoing absence of CNS cover in Colorectal continues. A tender is being undertaken for the provision of a more robust Gastroenterology service from April 2019.

Capacity is being outsourced at weekends to mitigate the uncovered lists. Further activity will be undertaken to address the surveillance backlog, a requirement for JAG accreditation.

Radiology

The MRI waiting list is currently at 362 with the majority of patients waiting less than 4 weeks. The demand remains constant so we are therefore continuing with the use of the mobile scanner. Whilst this is a significant cost, the demand and complexity of patient cohorts require additional capacity to the standard scanner which could not be met as efficiently with ad hoc arrangements.

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

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

CT breaches are expected in February as a consequence of scanner failure resulting in patient cancellations.

Patient Flow and Length of Stay

Patient Flow Programme, delivery of the four key objectives.
The four key objectives of the patient flow programme are:

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

The continued embedding of SAFER in all wards continues to be raised and championed by the Directorate Management Team and Director of Nursing, with increased visibility and focus at whiteboard meetings to challenge and improve the patient journey, resulting in earlier and timely discharges and therefore improved 'flow'. This programme of work is now to be further supported by external colleagues from ECIST visiting to provide increased awareness and education for Trust clinicians and nursing/ward teams. MSK and Surgical wards are now being visited and supported.

The patient flow project plan continues to be reviewed and now contains all of the ECIST, MADE event actions/recommendations and system wide actions. The Operational delivery group and PMB continue to monitor progress against these actions on weekly and monthly basis.

The EOLC/Fast track programme of work is now also reporting into the patient flow PMB. This project group are working with internal and external partners to improve the pathway for patients and their families to ensure that they are discharged in a timely and appropriate manner.

The Older People and frail group have an established strategic group, which now meets every 4-6 weeks, with internal/external stakeholders and patient representation involved. This strategic group is reviewing the offering of services for patients in South Wiltshire and feeding learning and approaches into the wider STP group. This programme of work, is supported by smaller task and finish groups, made up of key individuals from within the Trust and external partners when appropriate.

The Trust Induction Programme now includes information on patient flow for all new starters. Discussions are now in place to develop this further with the nursing workforce and preceptorship nursing workforce.

The formation of a weekly patient flow delivery group, to oversee the patient flow programme is now established, with this group feeding into the wider Patient flow PMB that continues to meet monthly and review/progress strategic level schemes.

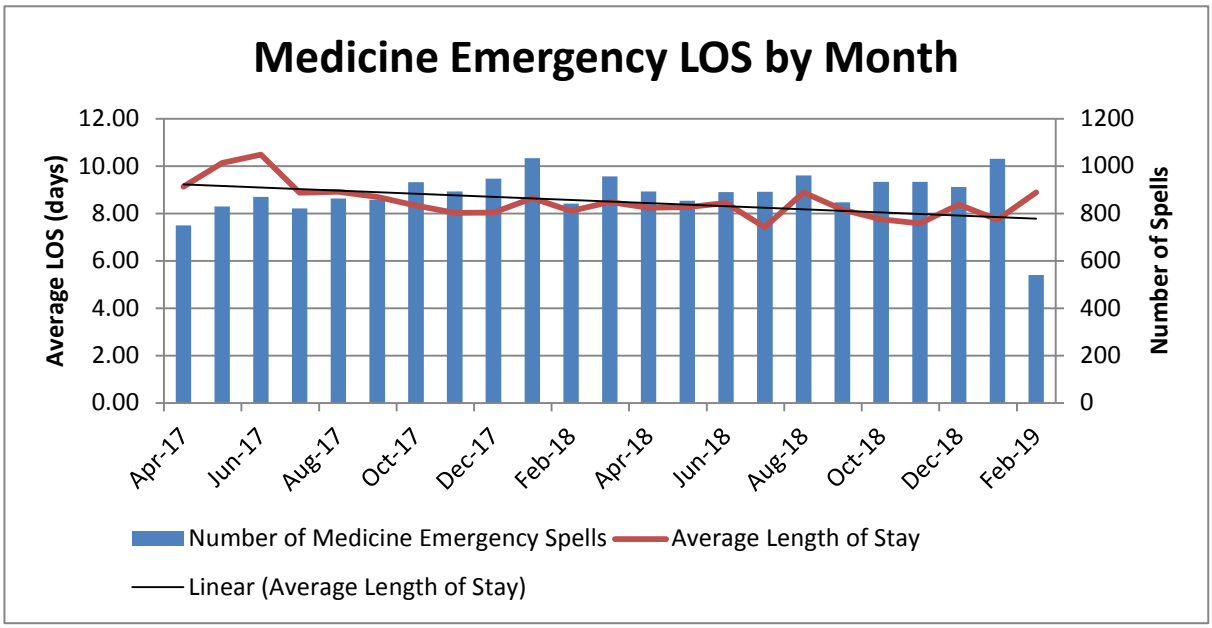
The Length of Stay for medicine continues to be monitored via the Patient Flow PMB. The target for medicine LoS (emergency and non-elective admissions) was set at 6.68 at the beginning of the financial year and the position currently stands at 8.08 with a total number of 9,144 patient spells. Compared to the same position in 17-18, length of stay was reported as 8.90 against 8,794 patient spells (graph 3). The Trust has notably reduced length of stay despite an increased number of patients being admitted.

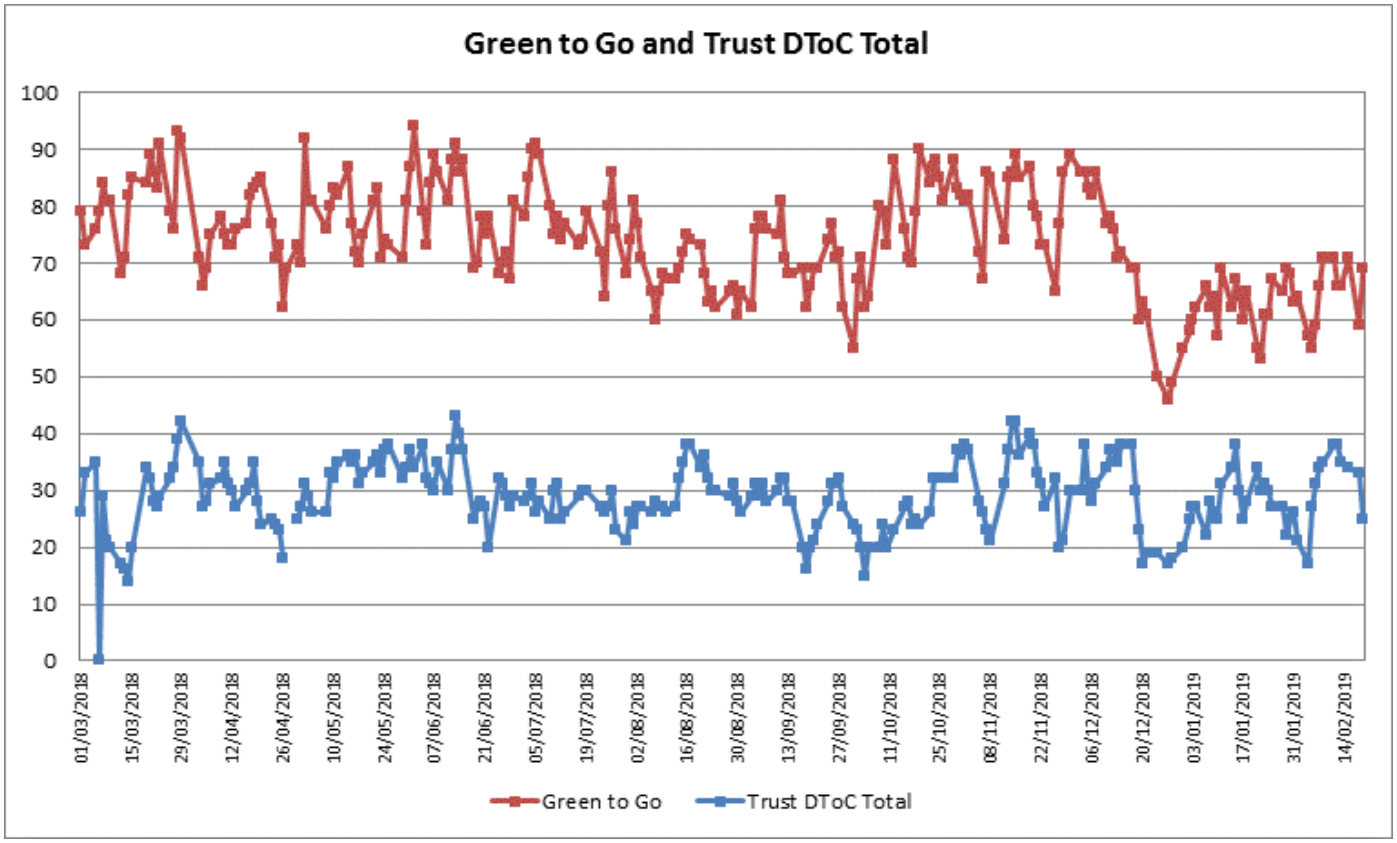
Data analysis has shown that emergency surgery admissions LoS has reduced from 4.10 in 17/18 to 3.97 in 18/19 with an increased number of admissions from 2,939 to 3,528.
MSK LoS has slightly increased from 8.25 to 8.69 with number of spells increasing from 2,540 to 2,640.

The Patient Flow dashboard has now been further reviewed and extended to report on daily, weekly and monthly metrics. This will be available for all operational managers and ward staff to review performance.

Graph 3 – Length of Stay

As described in last month's report the trust is moving length of stay reporting to align with model hospital definitions therefore making comparisons with benchmark trusts easier. Patient Flow and length of stay dashboards are now live and being tested. Trust performance compared to benchmark trusts at specialty level will be included next month.




Green to Go and Trust DToC Total
100
90
80
70
60
50
40
30
20
10
0
01/03/2018
15/03/2018
29/03/2018
12/04/2018
26/04/2018
10/05/2018
24/05/2018
07/06/2018
21/06/2018
05/07/2018
19/07/2018
02/08/2018
16/08/2018
30/08/2018
13/09/2018
27/09/2018
11/10/2018
25/10/2018
08/11/2018
22/11/2018
06/12/2018
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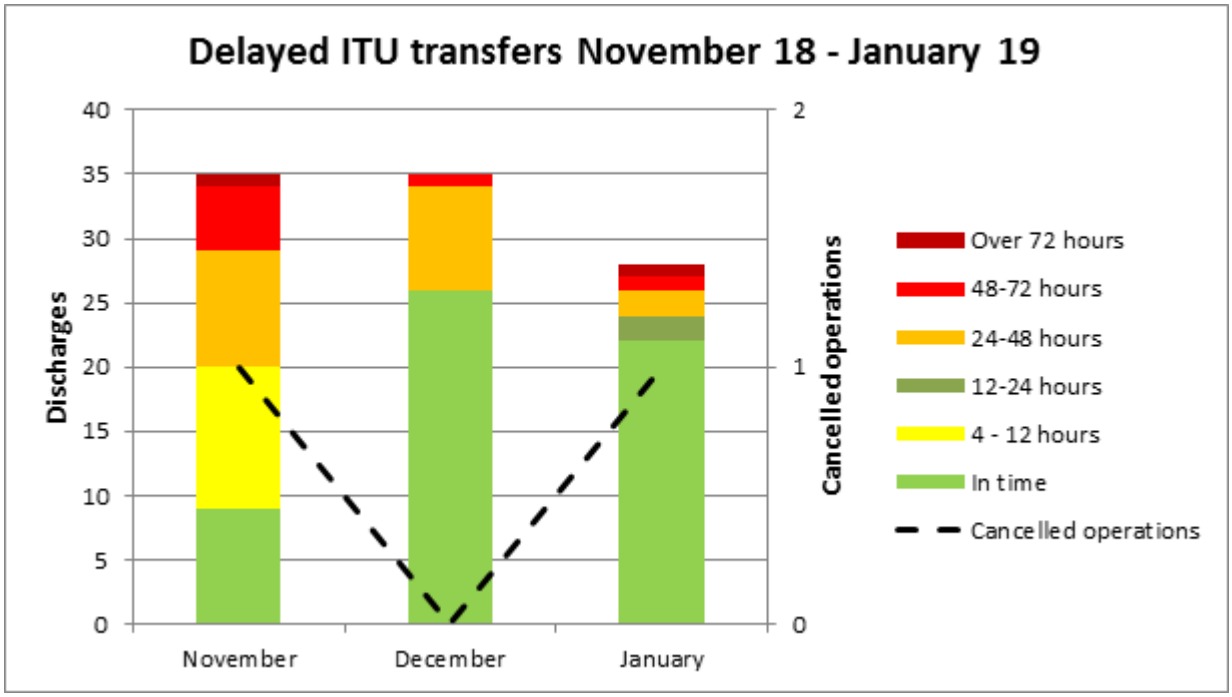
03/01/2019
17/01/2019
31/01/2019
14/02/2019
Green to Go
Trust DToC Total

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 - January 2019

NHS Salisbury NHS Foundation Trust

			Reporting Month		Rolling 12 months
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Jan-19**	**Patients Affected in Jan-19**	**Trend Against National Standard**
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	93.58%	1,082	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		10 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Jan-19**	**Patients Affected in Jan-19**	**Trend Against National Standard**
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	**88.7%**	652	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		98.95%	38	
Diagnostic Test Compliance***	10 out of 10		6 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Delivering same sex accommodation****	0		**67**		
Infection control – Clostridium difficile (YTD)	YTD: 16		YTD: 5	3	
Infection control - MRSA*	0		0		
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Jan-19**	**Patients Affected in Jan-19**	**Trend Against National Standard**
All Cancer two week waits	93%		93.4%	57	
Symptomatic Breast Cancer - two week waits	93%		93.0%	3	
31 day wait standard	96%		98.3%	2	
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%		84.12%	13.5	
62 day screening patients	90%		100.0%	0.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

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

CLASSIFICATION
Unrestricted

Salisbury NHS Foundation Trust

Report to:	Trust Board - Public	**Agenda item:**	**12b**
Date of Meeting:	07 March 2019		

Report Title:	Quality indicator report – January 2019			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Prepared by:	Claire Gorzanski, Head of Clinical Effectiveness			
Executive Sponsor (presenting):	Dr Christine Blanshard, Medical Director Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Quality indicator report – January 2019			

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

Executive Summary:
Positive indicators – further reduction in SHMI from 105 to 100 within the expected range. High risk TIA performance and hip fracture patients operated on within 36 hours of admission sustained at target. Of concern, were 3 cases of hospital acquired C.difficile with actions identified for improvement. Injurious falls (moderate or major) reduced in January. Underlying causes and learning being aggregated through the SWARM meetings. Time to the stroke unit within 4 hours decreased mainly due to delays in and from ED. The number of non-clinical mixed sex accommodation breaches within ambulatory areas increased but privacy and dignity maintained and breaches resolved very quickly.

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

1.0 Purpose

1.1 To provide the Board with the Trust's quality indicators.

2.0 Quality indicator report

2.1 Three cases of Trust apportioned C Difficile. All cases on separate wards. All investigated and ribotyping underway.

2.2 One MSSA bacteraemia likely to be line related. Investigation ongoing.

2.3 No MRSA bacteraemias.

2.4 One E Coli bacteraemia likely to be a catheter associated infection. Investigation ongoing.

2.5 Four new serious incident inquiries commissioned in January. YTD 29 cases.

2.6 An increase in crude mortality in January. HSMR increased to 103.1 to October 18 and is within the expected range. SHMI decreased to 100 to September 18 and is within the expected range. Weekend HSMR increased and remains within the expected range. A review of weekend HSMR was presented to the Clinical Governance Committee in January 2019.

2.7 Hip fractures operated on within 36 hours of admission sustained at 90% since November 18.

2.8 An increase in category 2 pressure ulcers. Share and learn meetings continue.

2.9 In January, 1 fall resulting in major harm (a fractured hip) and 3 falls resulting in moderate harm (1 fractured pubic rami, 1 fractured elbow and 1 head injury). Underlying causes and learning being aggregated through the SWARM meetings.

2.10 All bar one stroke patient received a CT scan within 12 hours. A decrease to 50% of inpatients reaching the stroke unit within 4 hours. Delays due to waiting to see first doctor in ED (4), late referral (4), in ED for more than 4 hours (3), waiting for a stroke unit bed (1) or admitted to AMU (1). Continued to exceed the 80% national target of patients spending 90% of their stay on the stroke unit. The stroke team continue to work with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway. In Q2, SSNAP score reduced to C – due to therapy vacancies with full staffing expected in February 2019.

2.11 Sustained improvement in high risk TIA patients seen within 24 hours.

2.12 Escalation beds increased in January and Laverstock ward was opened in February as an escalation ward. Ambulatory areas continue to be consistently used overnight. Multiple ward moves decreased in January. Ongoing work with multi-agency partners continues on all aspect of patient flow.

2.13 In January, 10 non-clinically justified mixed sex accommodation breaches affecting 67 patients in ambulatory areas (AMU & SAU).

2.14 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. 1 of 14 patients who commented in response to the A&E Friends and Family test would not recommend the department due the attitude of some staff. The remaining comments were all positive.

3.0 Summary

Positive indicators – further reduction in SHMI from 105 to 100 within the expected range. High risk TIA performance and hip fracture patients operated on within 36 hours of admission sustained at target.

Of concern, were 3 cases of hospital acquired C.difficile with actions identified for improvement. Injurious falls (moderate or major) reduced in January. Underlying causes and learning being aggregated through the SWARM meetings. Time to the stroke unit within 4 hours decreased mainly due to delays in and from ED. The number of non-clinical mixed sex accommodation breaches within ambulatory areas increased but privacy and dignity maintained and breaches resolved very quickly.

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

NHS Salisbury NHS Foundation Trust

Trust Quality Indicators - January 2019

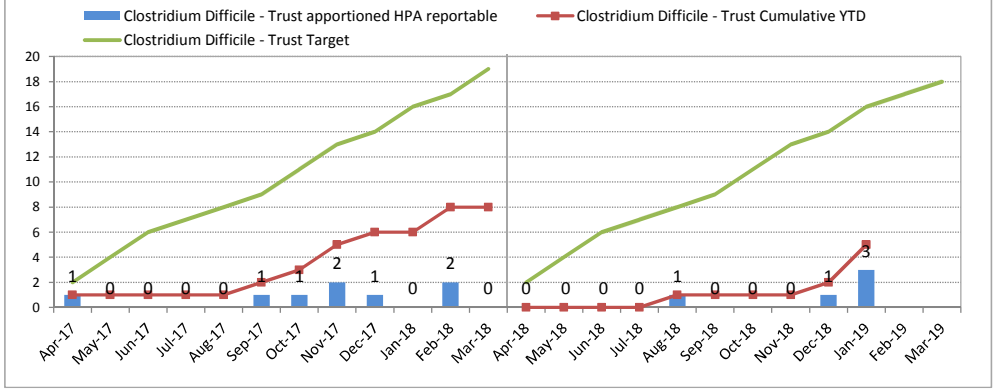
Quality Measures

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

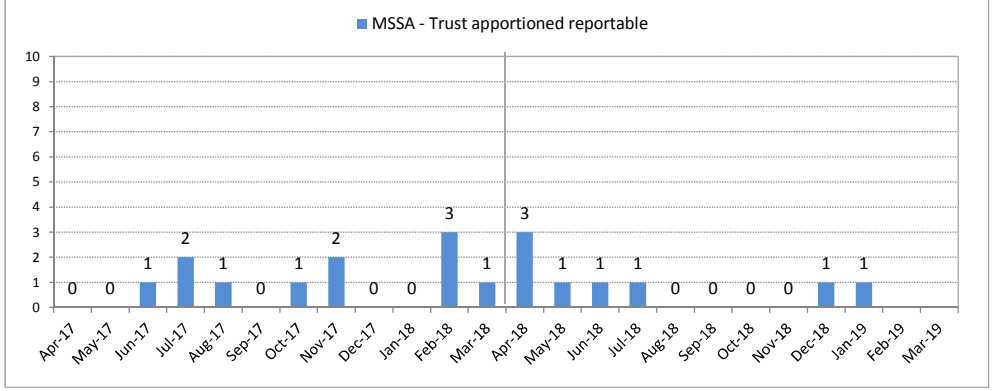
Trust Incidents	*2017-18 YTD*	*2018-19 YTD*
Never Events	3	2
Serious Incidents Requiring Investigation	25*	29

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

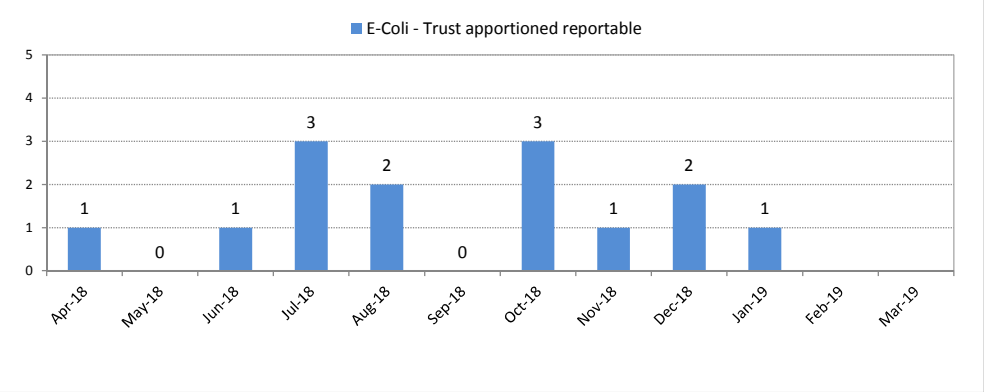
Clostridium Difficile - Trust Apportioned



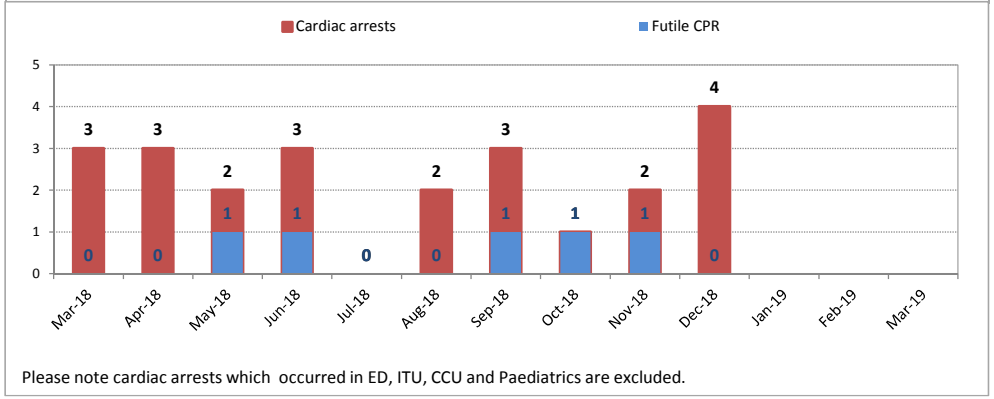
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable



In hospital cardiac arrests and futile CPR



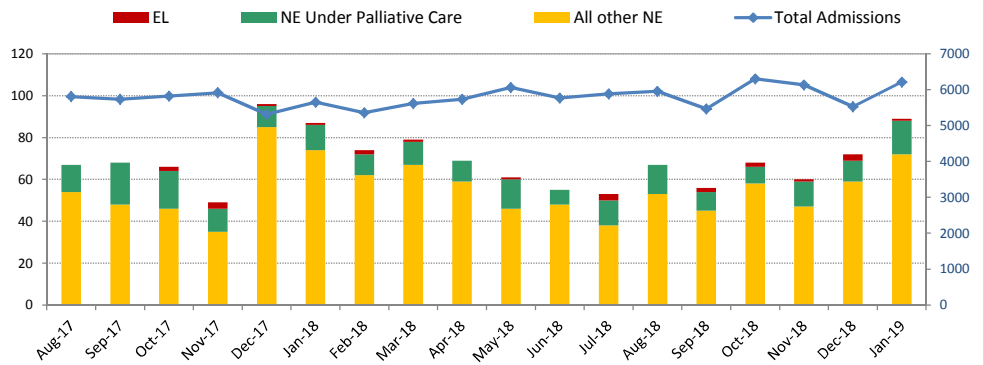
Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

NHS Salisbury NHS Foundation Trust

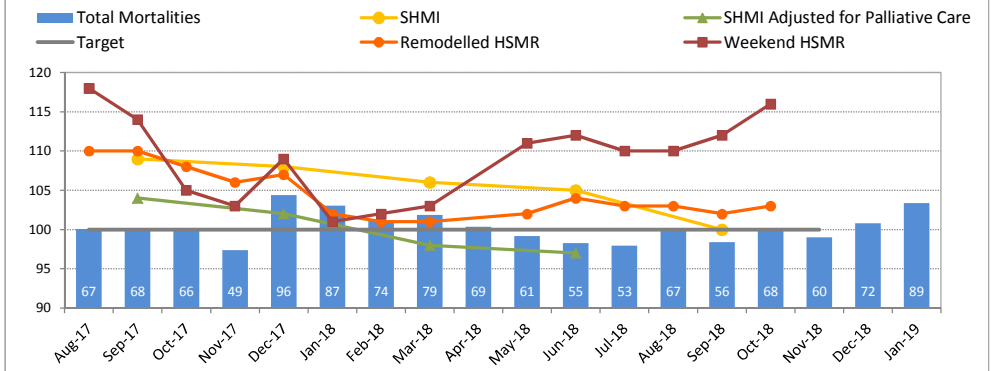
Trust Quality Indicators - January 2019

Quality Measures

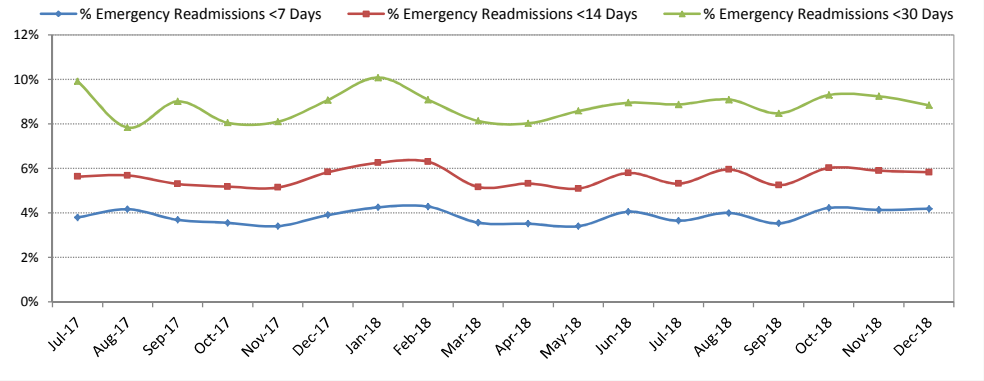
Hospital Mortalities



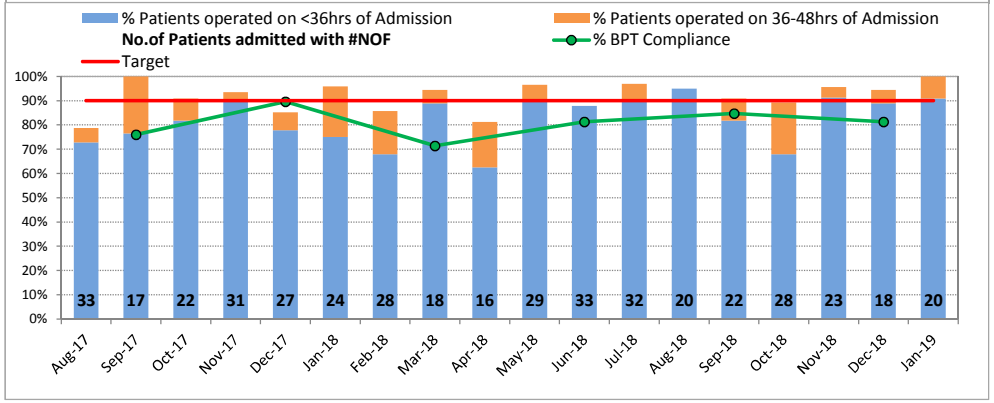
HSMR and SHMI



Emergency Readmissions within 7, 14 & 30 days of Discharge

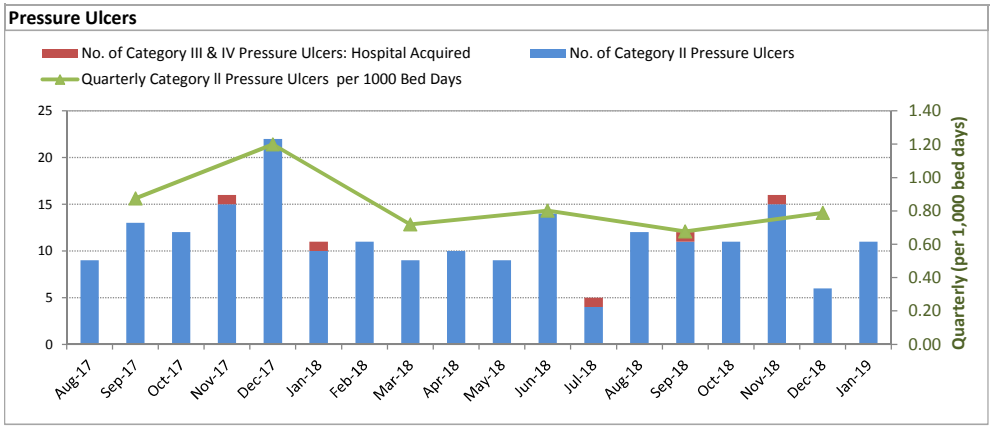


Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)

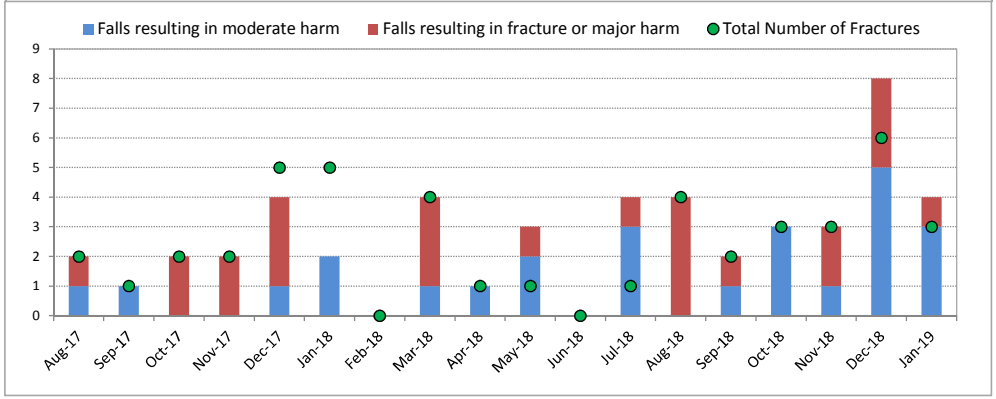


Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

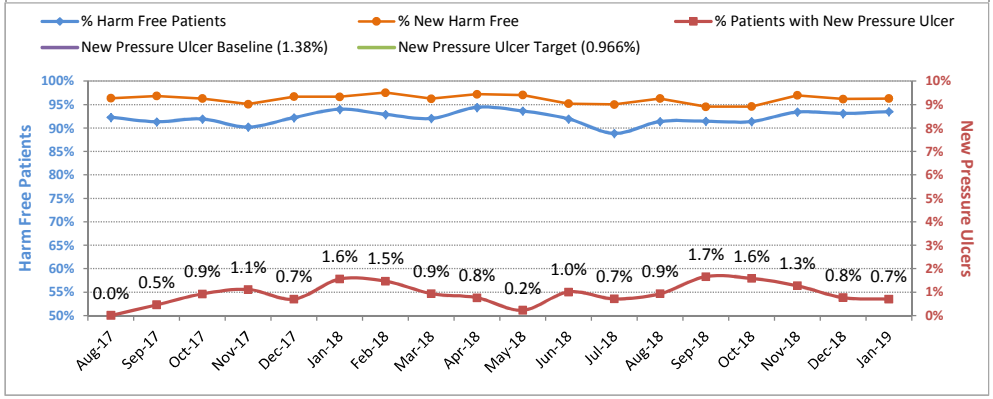
Pressure Ulcers



Patient Falls in Hospital



Safety Thermometer - One Day Snapshot per Month

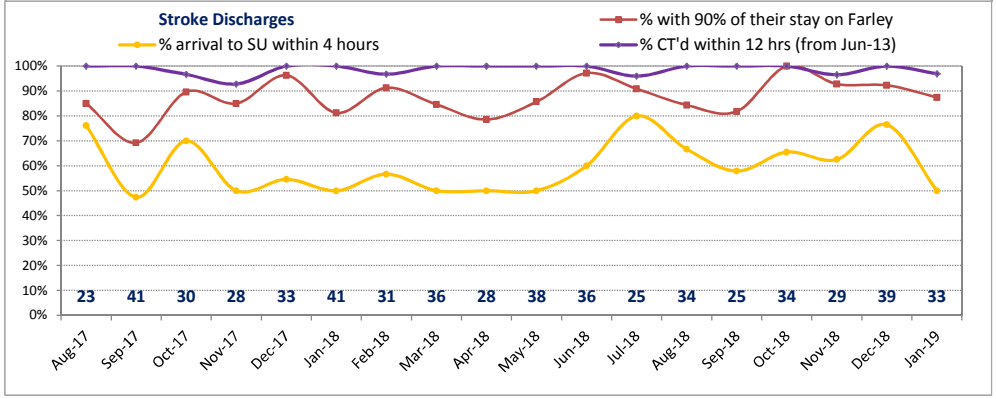


NHS Salisbury NHS Foundation Trust

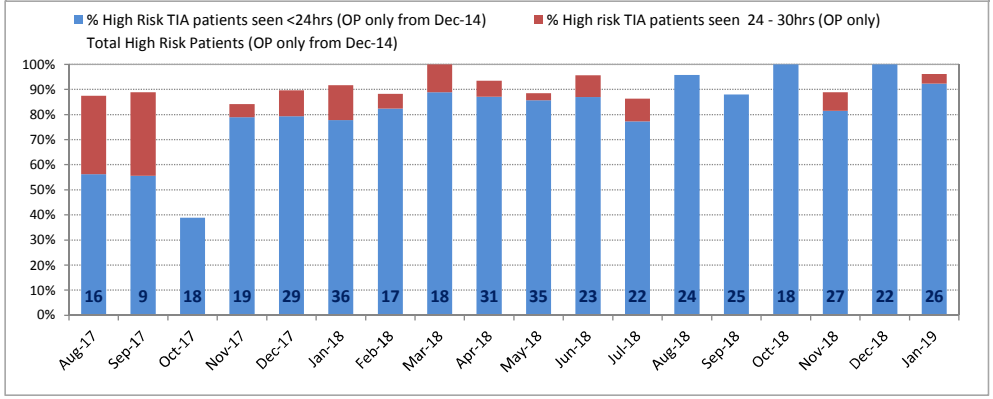
Trust Quality Indicators - January 2019

Quality Measures

Stroke Care



TIA Referrals



SSNAP Case Ascertainment Audit

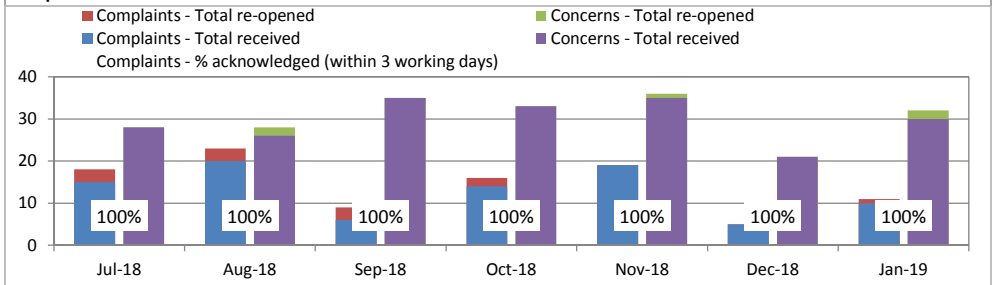
Highest level = Grade A

Lowest level = Grade E

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

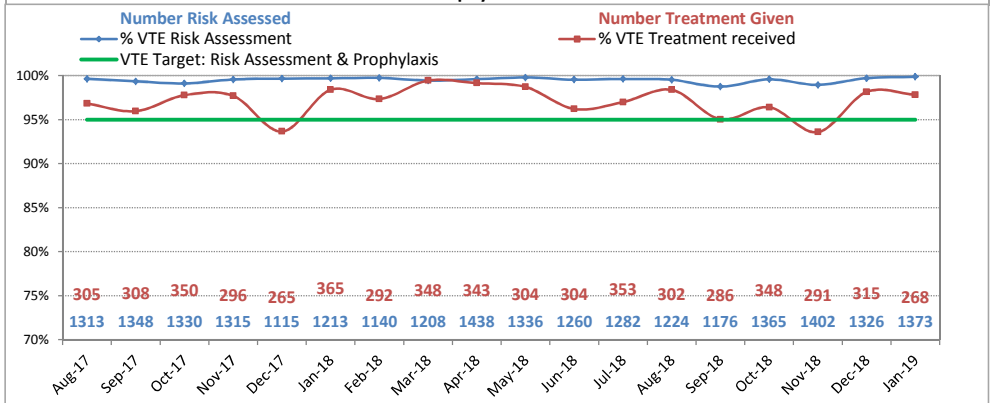
Quarterly	Q1	Q2	Q3	Q4
2018-19	B	C		

Complaints and Concerns



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Complaints - Total received	15	20	6	14	19	5	10
Complaints - Total re-opened	3	3	3	2	0	0	1
Concerns - Total received	26	28	35	33	35	21	30
Concerns - Total re-opened	2	0	0	0	1	0	2

Venous Thrombous Embolism: Risk Assessment & Prophylaxis



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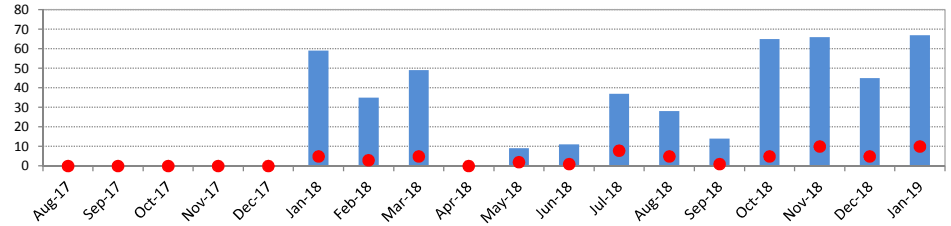
Trust Quality Indicators - January 2019

Quality Measures

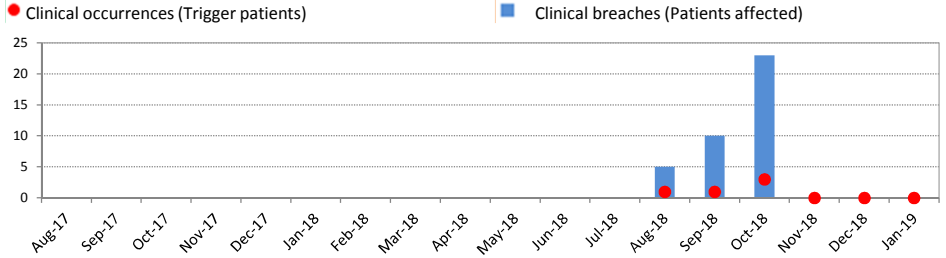
Delivering Same Sex Accommodation - Non-clinical



	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
■	0	0	0	0	0	59	35	49	0	9	11	37	28	14	65	66	45	67
●	0	0	0	0	0	5	3	5	0	2	1	8	5	1	5	10	5	10

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

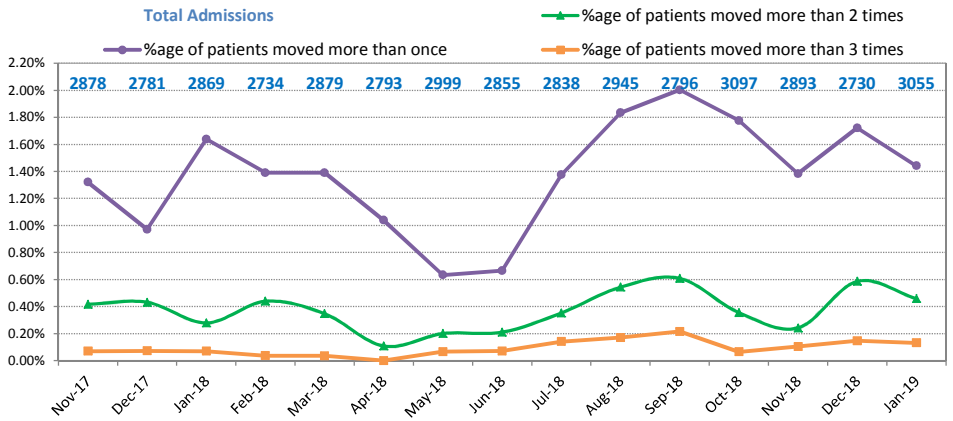
Delivering Same Sex Accommodation - Clinical



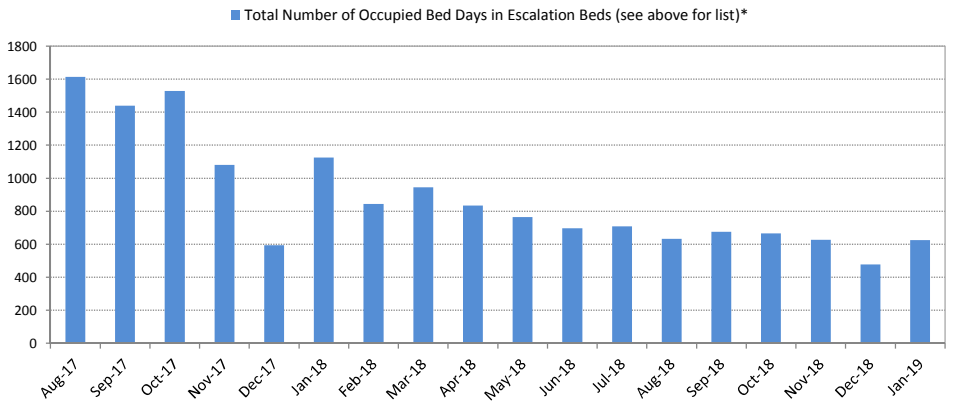
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
■													5	10	23	0	0	0
●													1	1	3	0	0	0

Please note Clinical DSSA figures have been collected since June 2018

Patients moving multiple times during their Inpatient Stay



Escalation Bed Days

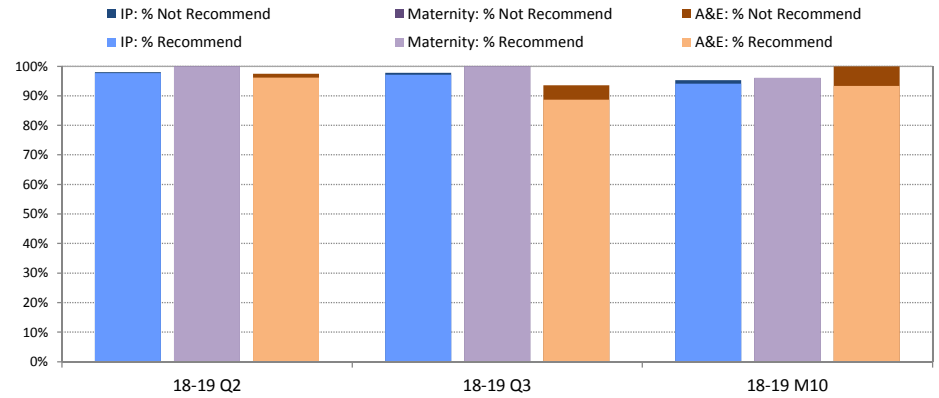


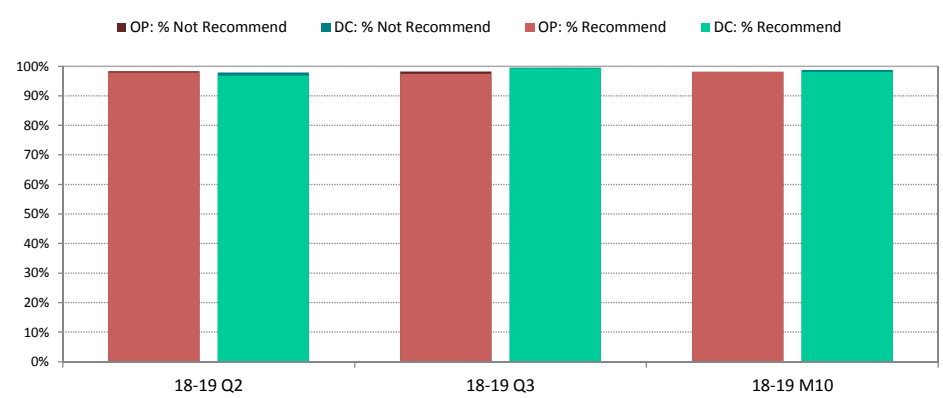
NHS Salisbury NHS Foundation Trust

Trust Quality Indicators - January 2019

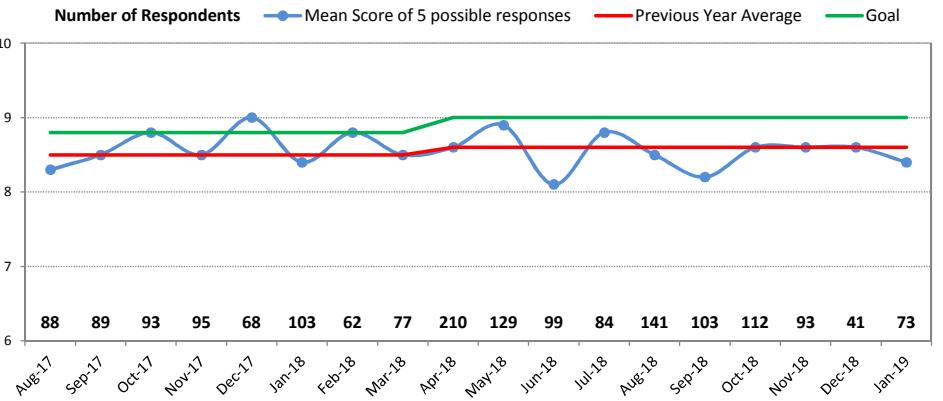
Quality Measures

Friends & Family Test: Responses by Area

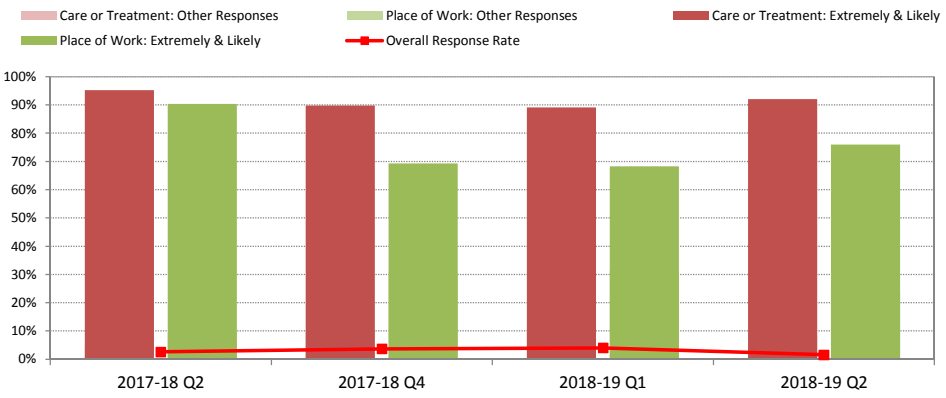




Real Time Feedback: Overall how would you rate the quality of care you received?



Friends & Family Test: Staff (% Responses)



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

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NHS
Salisbury
NHS Foundation Trust

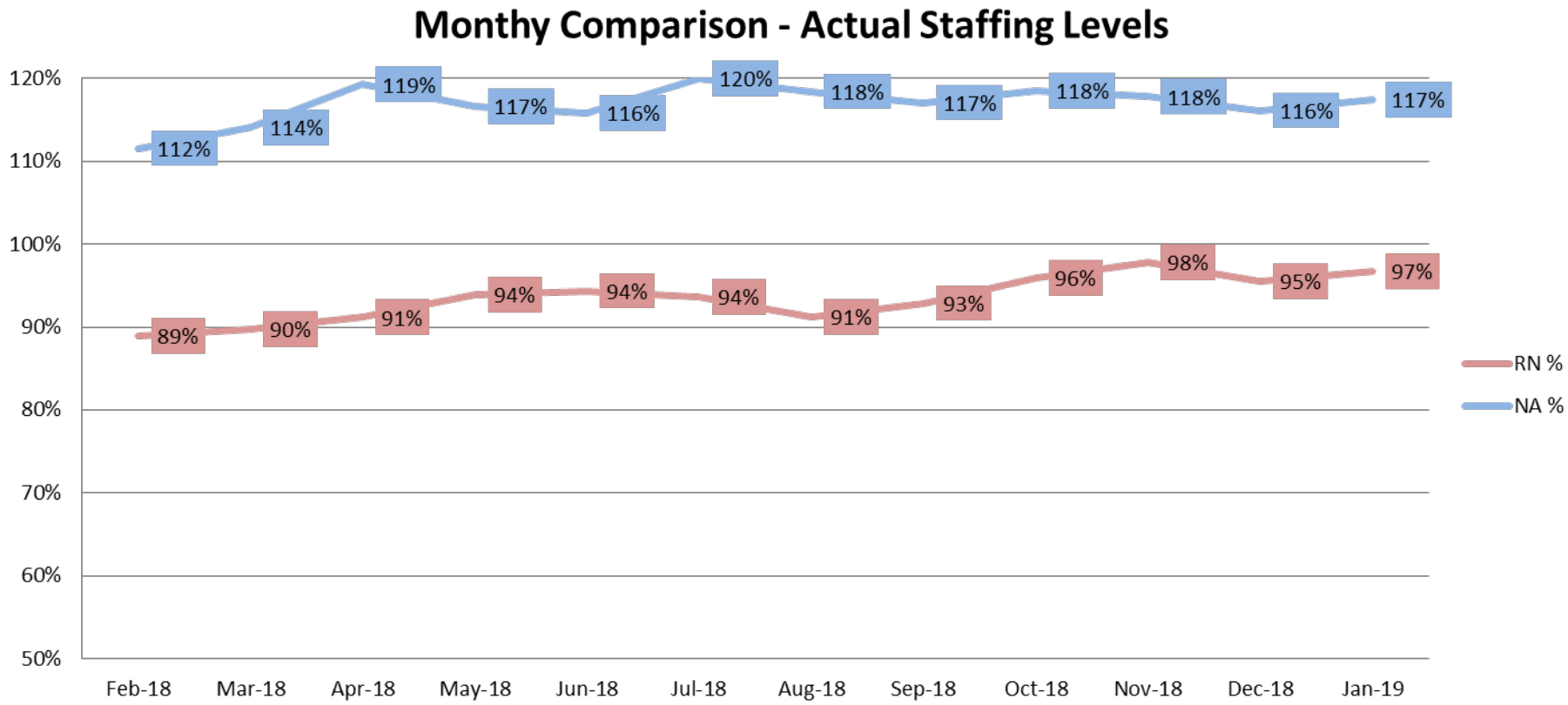
Safe Staffing NQB Report

January 2019

An outstanding experience for every patient

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**
Jan-19	63745	61631	97%	34586	40605	117%	98331	102237	104%	60%	40%



Overview of Nurse Staffing Hours – January 2019

Day	RN	NA
Total Planned Hours	38801	21568
Total Actual Hours	36299	25818
Fill Rate (%)	94%	120%

Night	RN	NA
Total Planned Hours	24943	13018
Total Actual Hours	25332	14787
Fill Rate (%)	102%	114%

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

Nursing Hours by Day Shifts

Row Labels	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned	Day NA Actual	Day NA Fill Rate
Medicine	**15889**	**14883**	**94%**	**10437**	**13520**	**128%**
AMU	2045	2047	100%	1121	1570	140%
Durrington	1234	1211	98%	863	1310	152%
Farley	2313	2162	93%	1535	1859	121%
Hospice	930	935	100%	928	876	94%
Pembroke	849	835	98%	366	378	103%
Pitton	1837	1844	100%	1052	1743	166%
Redlynch	1623	1494	92%	1123	1259	112%
Tisbury	2134	1934	91%	705	916	130%
Whiteparish	1314	1108	84%	1019	1350	133%
Spire	1611	1316	82%	1727	2260	131%
Surgery	**8327**	**8486**	**101%**	**3103**	**3474**	**108%**
Britford	2122	2121	100%	1094	1415	129%
Downton	1367	1358	99%	931	970	104%
Radnor	3582	3791	106%	353	332	94%
Breamore Short Stay	1257	1215	97%	726	757	104%
MSK	**8366**	**7062**	**84%**	**6756**	**7597**	**117%**
Amesbury	1788	1628	91%	1423	1573	111%
Avon	1676	1254	75%	1950	2020	104%
Chilmark	1739	1525	88%	1143	1437	126%
Odstock	1680	1385	82%	728	1042	143%
Tamar	1484	1270	86%	1512	1525	101%
CSFS	**6220**	**5869**	**97%**	**1272**	**1228**	**98%**
Maternity	2981	2619	88%	916	879	96%
NICU	1116	1185	106%	0	0	100%
Sarum	2124	2065	97%	357	349	98%
Grand Total	**38801**	**36299**	94%	**21568**	**25818**	120%

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	**9953**	**10445**	**104%**	**5677**	**7308**	**130%**
AMU	1532	1832	120%	403	729	181%
Durrington	713	759	106%	713	735	103%
Farley	1070	1070	100%	713	1127	158%
Hospice	589	590	100%	295	295	100%
Pembroke	713	713	100%	357	368	103%
Pitton	1058	1340	127%	713	869	122%
Redlynch	1070	1047	98%	713	746	105%
Tisbury	1426	1370	96%	357	587	165%
Whiteparish	713	702	98%	713	748	105%
Spire	1070	1024	96%	702	1106	158%
Surgery	**5600**	**5880**	**103%**	**2496**	**2662**	**106%**
Britford	1070	1084	101%	713	810	114%
Downton	713	714	100%	713	793	111%
Radnor	3106	3372	109%	357	358	100%
Breamore Short Stay	712	711	100%	713	702	98%
MSK	**4278**	**4200**	**98%**	**3920**	**4024**	**102%**
Amesbury	1070	1058	99%	1068	1185	111%
Avon	930	905	97%	930	905	97%
Chilmark	589	580	98%	589	580	98%
Odstock	1070	1034	97%	713	734	103%
Tamar	620	623	100%	620	621	100%
CSFS	**5113**	**4808**	**96%**	**927**	**794**	**95%**
Maternity	2836	2549	90%	927	794	86%
NICU	1058	1060	100%	0	0	100%
Sarum	1219	1199	98%	0	0	100%
Grand Total	**24943**	**25332**	102%	**13018**	**14787**	114%

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

Overview of Areas Flagging Red

(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Avon	80%	√		Day	The ward has high level of vacancies and mitigated the RN gaps across the roster with support from the Respiratory shift nurse, Spinal Education Nurse and the Supervisory band 7 working on wards. NA staff were also used at times to support unfilled RN shifts.

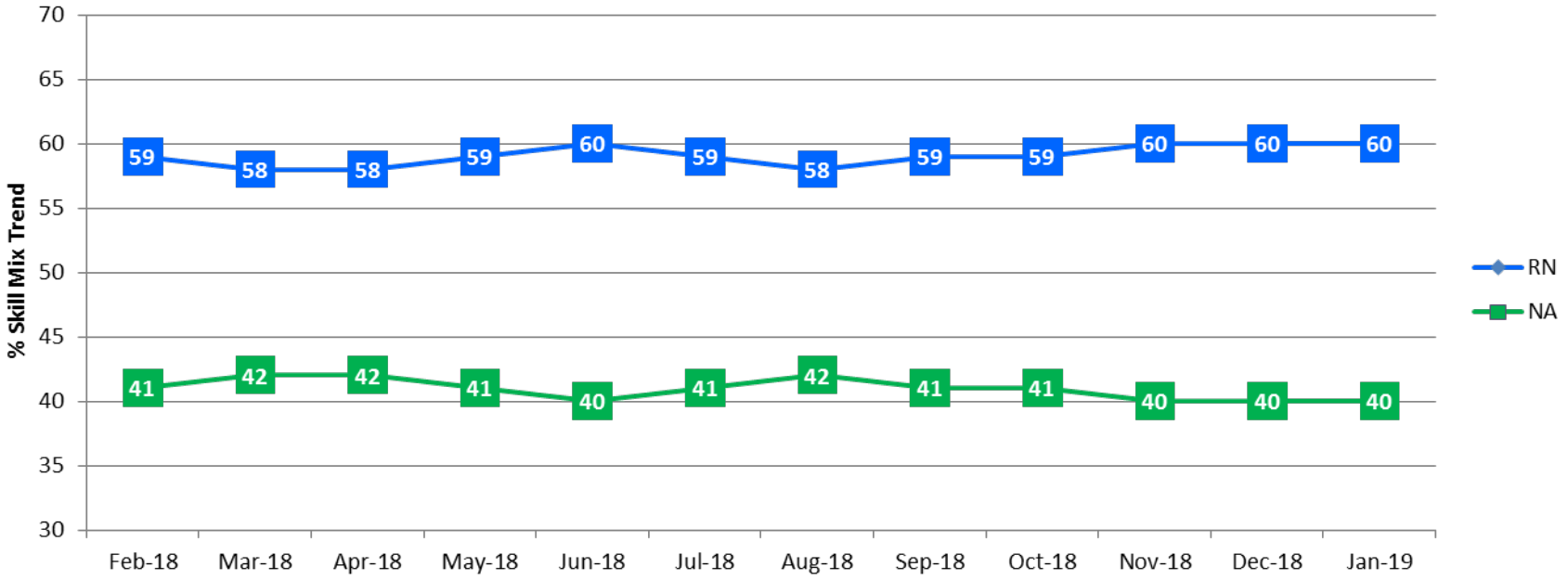
- Only Avon Ward is flagging on the internal rating as Red as opposed to 5 areas and maternity during the last reporting month
- There are 5 wards flagging for Amber plus Maternity
  - All are for RN /RM day shifts
  - These are for RN day shifts with an uplift in NA day staffing numbers to help bolster the delivery of safe care.
  - All areas support the safe delivery of care by using other staff groups who are available during the day on an ad-hoc basis.
  - Maternity is also flagging Amber for NA night shift cover (86% internal rating) but the small numbers involved exaggerate the %

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

Trends and Themes

Overall % RN/NA Skill Mix

(February 2018 –January 2019)



The skill mix trend for both RN & NA remains consistent at 60/40 since November 2018.

Over the year both staffing trends have remained regular with only a 2% variation for each staff group

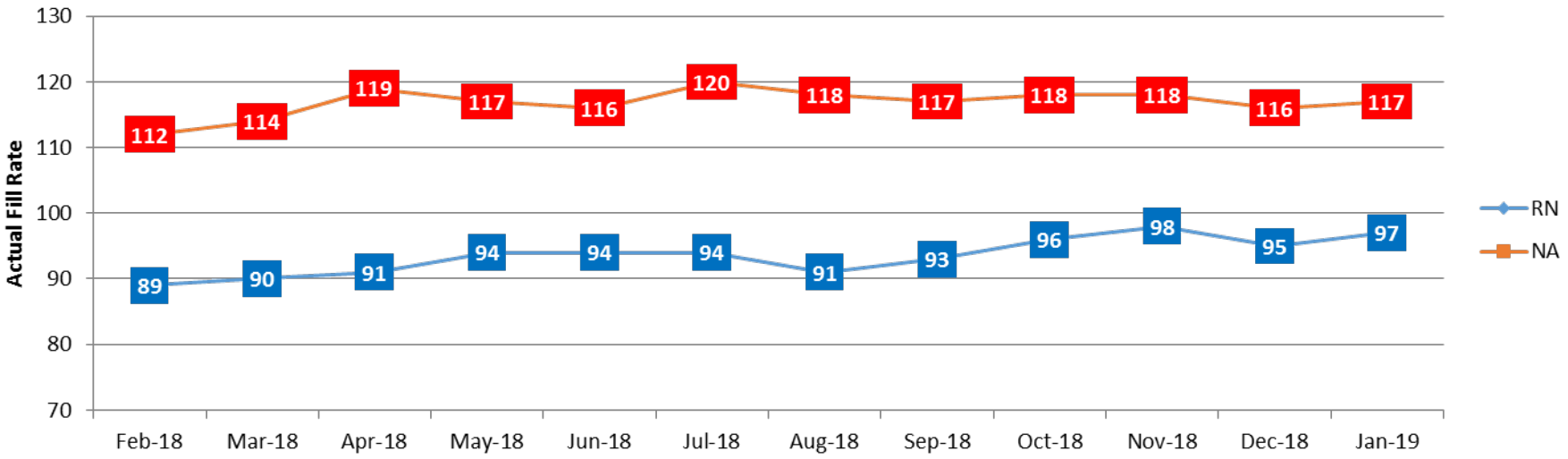
STAFFING NOTES

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)

(February 2018 – January 2019)



- The overall RN fill rate of 97% is stabilising again having picked up by 2%
- The NA overall fill rate trend remains consistent with minimal variation
- Band 4 staff continue to be used where patients need enhanced care.

RN night shifts continue to sustain a 100% fill rate. Flexible rostering is used to ensure the focus is on the priority of RN cover at night where temporary staff may be less familiar with patient needs and cover is more challenging and expensive.

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

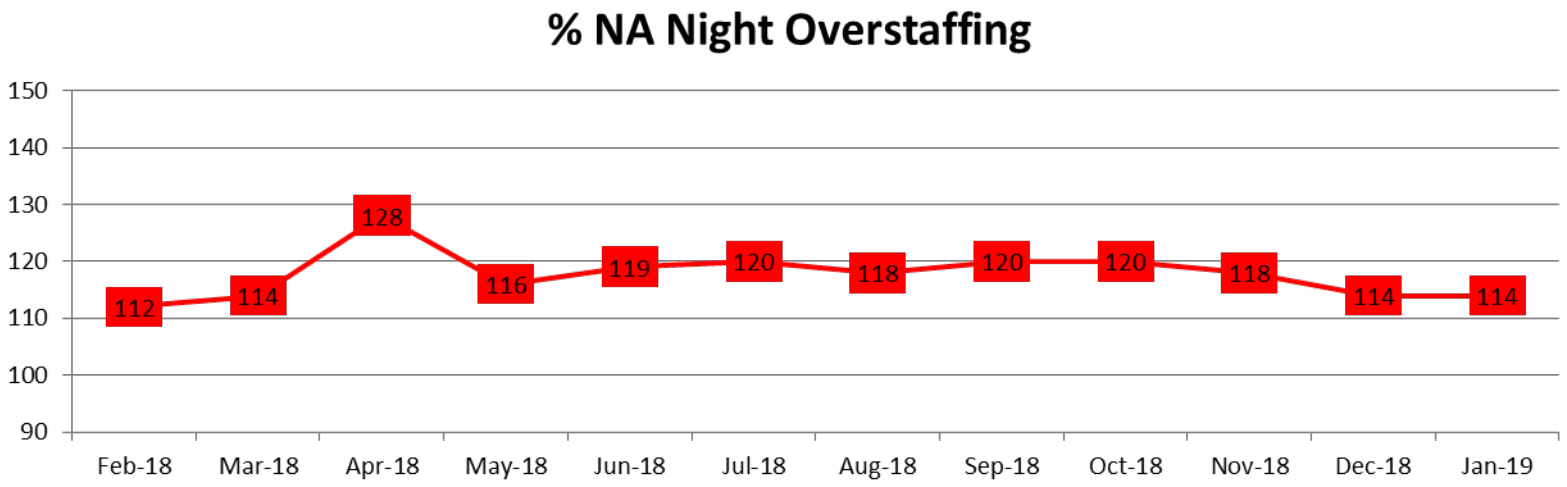
Over-staffing

Most additional shifts were for NA staff except for:-

- **Pitton** which had high patient acuity levels requiring increased staffing levels

- **AMU**:- as previously reported. The figures suggests there is overstaffing within both RN & NA groups. The extra numbers are agreed interim staffing increases but due to roster processes (that are outside of our control) extra staff for a short term duration can only be added as Additional Shifts. This will self –correct in April when the staffing demand decreases and reverts back to the standard template.

- The overall trend for NA overstaffing on nights shifts has remained stable (at the lowest level since March 2018) for the last 2 reporting months. There remains uplift showing for day shifts due to some permitted NA over-recruitment accounting for increased numbers.



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

1. Flexing bed stock and staffing levels to meet fluctuating patient demands
2. Supporting RN shifts (*Day shifts only*) .

Actions taken to mitigate risk

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

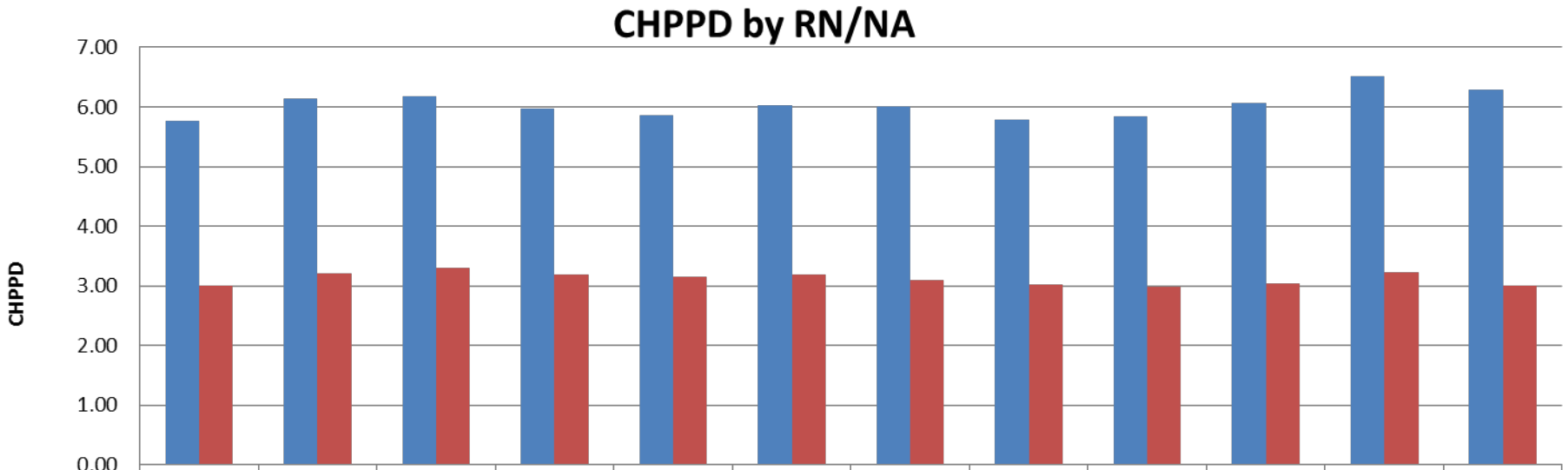
- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via SafeCare using Shelford methodology at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site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

Internal CHPPD Reporting

Internal CHPPD

Monthly Trust aggregated figures showing Year Trend

Period :- **February 2018 – January 2019**



	01/02/2018	01/03/2018	01/04/2018	01/05/2018	01/06/2018	01/07/2018	01/08/2018	01/09/2018	01/10/2018	01/11/2018	01/12/2018	01/01/2019
RN CHPPD (avg)	5.77	6.14	6.18	5.97	5.86	6.03	6.01	5.78	5.83	6.06	6.52	6.28
NA CHPPD (avg)	3.01	3.21	3.30	3.19	3.15	3.18	3.09	3.02	2.99	3.04	3.22	3.01

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

CHPPD
January 2019

Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
Medicine	**4.11**	**3.2**	**7.3**
AMU	5.5	3.3	8.8
Durrington	2.8	2.9	5.7
Farley	3.7	3.4	7.1
Hospice	7.0	5.4	12.4
Pembroke	5.1	2.5	7.6
Pitton	3.9	3.2	7.0
Redlynch	3.1	2.5	5.6
Spire	2.5	3.7	6.2
Tisbury	4.8	2.2	7.0
Whiteparish	2.6	3.0	5.6
Surgery	**10.0**	**2.9**	**12.9**
Britford	5.7	3.9	9.6
Breamore Short Stay	3.2	2.5	5.7
Downton	3.0	2.6	5.6
Radnor	28.0	2.7	30.7
MSK	**3.4**	**3.4**	**6.8**
Amesbury	2.8	2.9	5.7
Avon	3.2	4.4	7.6
Chilmark	3.2	3.0	6.2
Odstock	4.7	3.5	8.2
Tamar	2.9	3.3	6.2
CSFS	**13.5**	**1.8**	**15.3**
Maternity	13.1	4.2	17.4
NICU	15.2	0.0	15.2
Sarum	12.1	1.3	13.4
Grand Total	**6.3**	**3.0**	**9.3**

N.B.

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

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	12d
Date of Meeting:	07 March 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 10 Workforce KPIs Month 10 2018/19 Areas for Concern Month 10 2018/19 Pending Apprenticeships Plan			

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 10 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators. The pay bill is overspent by £560k year to date. Agency spend has increased in month by £216k to £709k, with reductions in Support to Nursing Staff (£1k) and NHS Infrastructure Support (£15k). There was a £195k increase in Medical agency spend, £170k of which was a provision for a possible claim against the Trust by HMRC due to the PlusUs model for Direct Engagement now being deemed non-compliant against HMRC VAT rules. The Trust's sickness rate is Amber, over the 3% target in this month at 3.95%, and the year to date rolling absence figure is at 3.49%. Compared to last month's high figure of 4.45%, both short and long term sickness have significantly decreased. Recruitment remains challenging, although boosted by a huge 56 starters in January (breakdown of these in the body of the report), a slight increase in leaver numbers at 29, has nevertheless increased turnover to 9.24%.

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

1. Purpose

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

2. Background

Month 10 data shows a £560k overspend 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 increased by £216k to £709k, sickness absence has reduced to 3.95% and the vacancy rate has increased from 5.64% in month 9 to 5.90% in month 10, as a result of a 10 FTE increase in vacancies.

Mandatory training compliance remains green at 91.32%. Appraisal compliance for non-medical staff is green at 86.30%, a slight improvement on last month's compliance total of 85.50%.

Appraisal compliance for medical staff is below the new 90% target at 88.16%, down on last month's compliance rate of 91.24%.

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 during 2019. This is likely to contain reference to continued careers events, improving contacts with our military colleagues, other collaborations, and continuing commitment to the "grow your own" principle.

3.2. 95/5 fill across all staff groups

Nursing remains a challenging area to recruit; using the Month 10 baseline, the Trust needs to recruit 47 wte ward nurses to achieve a fill rate of 90% of establishment. Over the last year the Trust has recruited an average of 11.1 ward nurses per month, with 7.7 WTE leaving. This figure includes those who reduced to zero hours contracts.

If ward nurse recruitment remains at 11 wte per month (on average), it would take 13.5 months to reach our revised target of 90% establishment fill.

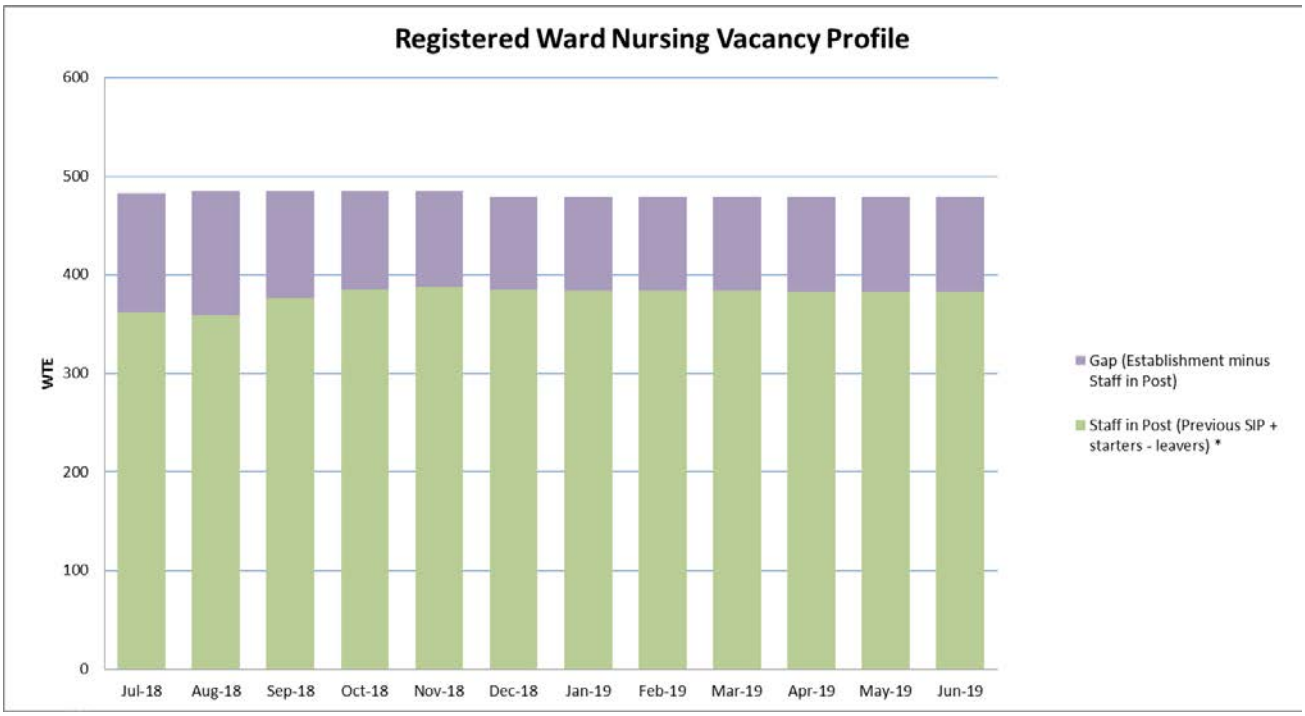
The recruitment pipeline for all groups of staff, from February to April 2019, shows decreasing vacancies, from the current 194 to 188, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 129 to 112, including nurses due to commence in February.

Starters for the month totalled 56 headcount, 48.23 wte which, although a significant number, unfortunately did not have a significant impact on Registered Nursing (5 hc, 3.52 wte) or Medical (7 hc, 3.65 wte). The two categories in double figures were Additional Clinical Services (Nursing Assistants – 19.72 wte) and Administrative & Clerical (14.39 wte).

Nursing Summary

The budgeted establishment dropped from 482.58 wte in July 2018 to 479.27 in December 2018. The gap between establishment and staff in post decreased in December, due to a reduction in establishment of 5.56 FTE following the closure of Clarendon Ward.

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction	Prediction
Ward Registered Nursing FTE	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**
Mat Leave (Actual and Predicted)	13.42	14.37	13.07	12.97	16.42	23.30	19.24	17.46	16.11	15.37	13.25	13.70
Sickness (Actual and Predicted)	16.63	12.64	10.87	14.36	16.40	17.28	18.55	15.90	14.06	12.21	14.25	12.18
Total Ward Nursing Leavers, Transfers, Hours Reductions	10.01	8.75	3.88	7.61	6.12	9.49	7.75	7.66	7.66	7.66	7.66	7.66
International Nurses awaiting PINs, see B4 and B3 tabs	**11.20**	**28.20**	**28.41**	**22.20**	**28.49**	**19.41**	**13.00**	**13.00**	**13.00**	**13.00**	**13.00**	**13.00**
International Recruits Due to Arrive	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**7.00**	**8.00**	**0.00**	**0.00**	**0.00**
Other Recruitment (from induction lists from February)	**8.61**	**5.33**	**12.24**	**3.08**	**8.43**	**7.48**	**6.65**	**2.00**	**2.00**	**2.00**	**1.00**	**0.00**
Newly Qualified	**0.00**	**0.00**	**9.00**	**12.80**	**0.00**	**0.00**	**0.00**	**0.00**	**2.00**	**0.00**	**0.00**	**0.00**
Average Recruitment from Feb 2019 (balance)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**5.40**	**3.40**	**5.40**	**6.40**	**7.40**
Budgeted Establishment *	482.58	484.83	484.83	484.83	484.83	479.27	479.27	479.27	479.27	479.27	479.27	479.27
Staff in Post (Previous SIP + starters - leavers) *	362.66	359.24	376.60	384.87	387.18	385.17	384.07	383.81	383.56	383.30	383.04	382.78
Gap (Establishment minus Staff in Post)	119.92	125.59	108.23	99.96	97.65	94.10	95.20	95.46	95.71	95.97	96.23	96.49



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

Registered Nursing	
Turnover (Rolling 12 Months)	
Nursing and Midwifery Registered	6.97%
Top 3 areas of turnover > 10.00 FTE	
Burns and Plastics	25.93%
Patient at Risk Team	22.33%
Spinal - Tamar	17.82%
Vacancies	
Nursing and Midwifery Registered	15.43%
Top 3 areas of Vacancies >10.00 Budget FTE	
DSU Clinical Staff	16.29 FTE
Spinal - Avon	9.82 FTE
Emergency Department	9.42 FTE
Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.60%
Top 3 areas of sickness absence > 10.00 FTE	
Palliative Care/Hospice	8.51%
Theatres Recovery	7.51%
Spinal - Avon	6.19%

Voluntary Services

- Voluntary Services Manager attended in-depth Helpforce Project interview, with other colleagues from the Trust in January, which was well received.
- The recent Helpforce and Daily Mail volunteers campaigns have raised the profile of volunteering and increased the number of direct applications being received.
- We continue to produce Newsletters for our volunteers and, with an increasing number joining, the workload will also increase.

3.3. TRAC Implementation

In putting the recruitment figures together this month, an anomaly has been discovered relating to the numbers and how they are recorded. This relates to the inclusion (or otherwise) of bank contracts, zero hours etc, and the numbers of wte recorded for each vacancy. We need to ensure that this is correct before we continue to report.

The time it takes to recruit (Time to Recruit – TTR) is calculated on the basis of vacancy authorisation to commencement of employment. The original May benchmark was based on authorisation to acceptance and unfortunately the authorisation to commencement figure is not available.

The last six months are as follows:

Month	Average Number of Days (authorisation to acceptance)	Average Number of Days (authorisation to commencement)
May 2018 (original benchmarking)	42	
August 2018	37	65
September 2018	38	101
October 2018	37	60
November 2018	33	46
December 2018	38	66
January 2019	36	46

We are intending to agree targets for number of recruits in month, and time to recruit number of days, in time for the new financial year.

3.4. Retention Programmes

Staff turnover is below our new 10% target, and increased slightly at 9.24% compared to last month's 9.22%.

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

We are:

- Improving the leaver process, with the aim of every (voluntary) leaver having either an exit interview or completing an exit questionnaire. There has been a decrease in questionnaires received during January, from 3 in October, 4 in November and 13 in December, to only 7 in this month.
- Promoting the stay conversation process, with some positive results so far.
- Identifying workstreams for the nursing retention plan to be submitted to NHSi on 22nd March 2019. A work group has been set up to test out these work streams prior to submission of the final plan.

3.5. Centralisation of Bank

Month 10 agency spend has increased to £709k which is a £446k overspend against our £263k NHSI agency control total for January. Of this overspend, £158k relates to Nursing Agency spend and £158k to Consultant Medical Agency Spend.

Nursing Agency spend has increased in the month, as has AHPs, due to seasonal pressures. There was also a £195k increase in Medical agency spend. £170k of this was a provision for a possible claim against the Trust by HMRC due to the PlusUs model of Direct Engagement now being deemed non-compliant against HMRC VAT rules. PlusUs are challenging the HMRC ruling and have also contested any right the HMRC might have for retrospective claims.

Agency spend has decreased in CSFS, although there remain issues in O&G, Pharmacy, Radiology and Pathology which are being addressed with the help of the Business Partner and Resourcing team. Within Medicine, the shifting balance of Bank to Agency spend has resulted in an overall increase in the main to cover vacancies but also maternity leave. MSK have also increased Agency spend as a result of shortfalls in Registered Nursing and Therapies. In Surgery there has been a significant use of agency in ICU, which the DMT are looking into.

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

Excluding STL and OML	In-Month Expenditure			Year to Date Budget & Expenditure		
AGENCY STAFF SPEND BY STAFF GROUP	Month 9 2018/19	Month 10 2018/19	Change (+ / -)	Budget	Actual	Variance
Registered Nurses - Agency	£249,265	£273,840	£24,575	£1,203,352	£3,132,167	£1,928,815
Allied Health Professionals - Agency	£63,742	£76,046	£12,304	£457,086	£940,653	£483,567
Health Care Scientists - Agency	£3,644	£3,564	-£79	£19,617	£88,806	£69,189
Support to nursing staff - Agency	£17,816	£16,629	-£1,186	£8,330	£359,850	£351,520
Consultants - Agency	£73,622	£217,900	£144,278	£681,750	£680,532	-£1,218
Career/Staff Grades - Agency	£0	£0	£0	£131,387	£15,355	-£116,032
Trainee Grades - Agency	£25,726	£76,305	£50,579	£161,055	£561,264	£400,209
NHS Infrastructure Support - Agency	£59,129	£44,435	-£14,694	£614,916	£1,489,976	£875,060
Total	**£492,943**	**£708,719**	**£215,775**	**£3,277,493**	**£7,268,603**	**£3,991,110**

4. Education, Inclusion, Communications & Engagement:

4.1. Staff Engagement

The staff engagement group met again in early February. We were encouraged by the increase in numbers attending, following promotion of the event through broadcasts and targeted DMT promotion. The re-invigorated group were invited to:

- understand the Trust's vision for 'Let's Get Engaged'
- tell us what's important to staff and what we might do better
- listen to progress so far based on the previous 4 meetings
- help shape the workplan for 2019.

The Deputy Director of OD & People and the Projects & Policy Lead led the meeting which appeared to gain some positive support in the following areas:

a) Staff Facilities

The impact that a lack of heating has on staff morale can be quite significant. We agreed to raise this with estates and agreed that members of the group would provide some specific examples.

b) Staff Only Areas

This becomes an issue particularly in restaurants/canteens when staff have only limited break time. We are raising this issue with Facilities and also flagging at Executives.

c) 'Local Benefits'

Development of an 'area'/page where 'local benefits' can be displayed – this could also be linked to better advertising of national offerings. We will again contact Salisbury Bid to discuss the possibility of 'benefits' to Trust Employees

d) Development of a 'Let's Get Engaged' Event

Ideas converged around the possibility of an event around Easter (an Easter Egg Hunt was suggested) and a stand in Springs Restaurant/Front Entrance etc.

We hope to harness this new energy and encourage the group to become more proactive. The next meeting is scheduled for 14th March.

4.2. Learning & Development Infrastructure and Strategy

Mandatory training

Compliance has improved slightly this month and remains in green at 91.32%.

Appraisals

Compliance for non-medical staff has improved to 86.30%, which is rated green, from last month's compliance of 85.50%. Medical staff appraisals are amber at 88.16%, compared with last month's compliance rate of 91.24%, against the target of 90%.

In CSFS, both Medical and non-Medical appraisal rates are below target and there will be an appraisal audit day in early March for the DMT to follow this up with clinical leads and heads of service. Within Medicine, the picture is variable especially where ward leaders are included in the numbers and where there have been changes in leadership.

Infrastructure

There have been a number of new developments and achievements this month. We are delighted that 9 nurses passed their OSCE exams first time.

A manual handling training programme has been developed for student nurses in Bournemouth.

The practice education team are upskilling to ensure that they can all carry out key clinical training to avoid the 'single point of failure' situation that we have had to date and to build our internal training capacity more broadly.

The team continue to work across the Trust to ensure that all nursing staff are aware of the new NMC standards.

The Clinical Skills team welcomed 'Vivienne' and baby. These new manikins are produced at Elstree studios. They are very lifelike and have already been used in a simulation session run for volunteers.

Our Dementia lead and her team carry out daily ward rounds to see newly admitted patients with cognitive impairment. They contact the family for collateral history, contact memory services and GP services to check whether patients have a confirmed diagnosis of a type of dementia.

The Carer's Café continues to be well utilised.

Strategy

The Training Needs Analysis was completed and requests submitted to HEE for the Preferred Providers. Significant input will be required for this process to be equitable and streamlined next year particularly as some departmental managers seem to have no knowledge of the process.

4.3. Leadership Development

Uptake to date for our Clinical Leadership Programme has been disappointing to date. An invitation will now also be sent to non-clinical leaders and a reminder email sent to Clinical leads. Our plan is to run the programme as designed for the first time through, evaluate it and then modify the content and scheme accordingly.

The first senior leadership engagement forum has been advertised to delegates and will take place on 28 February. The forum will focus on the outcome of the staff survey and following a summary of the staff survey results, take part in an activity which explores in more detail the responses to the 'Quality of Patient Care' and how this might be improved.

Six internal candidates have been selected to complete the Senior Leadership Apprenticeship level 7 programme. Three additional candidates have been identified from consortia partners which will make the group viable.

The Leadership Development strategy was welcomed by the Workforce Committee and associated request for funding supported. A business case will now be developed to underpin this request and taken to the Trust investment Group.

4.4. Apprenticeship set up & implementation

We have fallen slightly below our target 50% spend for the end of March, due to a significant drop in take up from Expressions of Interest in Associate Project Manager Level 4. (we had 18 EOI's so we estimated 10 to start but have only had 5). The reasons why people do not proceed are starting to be collected and so far the following comments have been received: varied but quite reflective of verbal feedback to date.

- *I will not be submitting to apply for this apprenticeship as I have made the decision to go for another (higher level) one*
- *I do not feel I have the capacity or commitment needed for the length of the course*
- *Unfortunately my line management cannot see the benefits to me doing the course so they do not support me doing it.*

At Senior Leaders Level 7, we increased our internal uptake from 5 to 6 and have also agreed to Partnership Fund 3 from local GP surgeries to expand the breadth of input within the group.

We are developing strategies to increase awareness of apprenticeships and have a week of events planned for National Apprenticeship Week from 4th- 8th March. These are somewhat limited by our current communication resources, which may also put at risk an effective recruitment strategy for internal staff.

4.5. Communications

In addition to the regular, planned, internal and external communications activities in January 2019, such as CEO weekly messages (four in January), the Communications team responded to reactive or urgent media inquiries, communicated agreed messages

related to Winter pressures, drafted the CEO presentation to Bishops' Wordsworth School and delivered communications activities to support the hospital site going 'smoke-free' from 1 January 2019.

Some additional activities included:

- New Year's Day Birth, media relations
- Adverse Weather communications
- communications team delivered support outside normal working hours
- 8 broadcast messages delivered during snow period (mostly on 1 February but also some at end of January)
- Norovirus
    - internal communications to staff and message on hospital website to advise patients of ward restrictions and how to prevent spread of norovirus
- Flu
    - 2 x flu broadcast messages, highlighting current prevalence of flu to staff to encourage uptake of flu jabs
- World Data Protection Day, media relations to support Information Governance
- Maternity Services Review consultation
    - letter included in postnatal packs to encourage new mothers to provide feedback, Foamex board displays put up in antenatal areas and social media activities continued
    - consultation closed on 24 February 2019
- Armed Forces weekend (June 2019) task and finish group initiated
- Preparations for Annual Report process
- Preparations for CQC report
- Preparation for external VIP visit to the hospital, on 25 February

The Communication team has started preparations for the Trust's migration to NHSmail and a communications plan has been drafted, with a toolkit developed in February.

4.6. Diversity & Inclusion

We held the first meeting of the BAME staff network in January. Those present agreed to hold the network on a monthly basis and consider a revised TOR. They will also look at nominating a lead BAME Diversity Champion at the next meeting.

A review and action plan for EDI and Freedom to Speak Up has been produced in response to the CQC Inspection. This is being considered by the Executive team in February.

On the 4th February 2019, Rainbow Shed members, Allies, the Chief Executive, Chairman of the Trust and other Executives gathered on the green to celebrate LGBT History month by raising the Rainbow Flag outside the Trust Offices.
Working with the #LoveOurEUStaff Diversity Champions we are building on the work we did in December 2018 involving the pilot settled status programme. We have contacted all staff who took part in the programme and are in the process of reviewing the results of a survey sent to them.

Arrangements have been made for #LoveOurEUStaff network to meet on the 6th March 2019 to explore what further support might be needed.
Together with the #LoveOurEUStaff Diversity Champions and Deputy Director of OD and People an Impact Assessment of the effects of Brexit on our EU People and the Trust is in progress.

Details of the Workplace Disability Equality Standard have just been circulated. A briefing document is being prepared for the Workforce Committee with an action plan for participating.

Work has begun to collate all EDI and Freedom to Speak Up actions across the Trust. Two training sessions are taking place on the 26th February 2019 concerning EDI/FTSU – What's it got to do with me? If successful, these sessions will continue on a rolling basis.

5. Health & Wellbeing:

5.1. Staff Engagement

As reported under 4.1 in the previous section.

5.2. Attendance Management

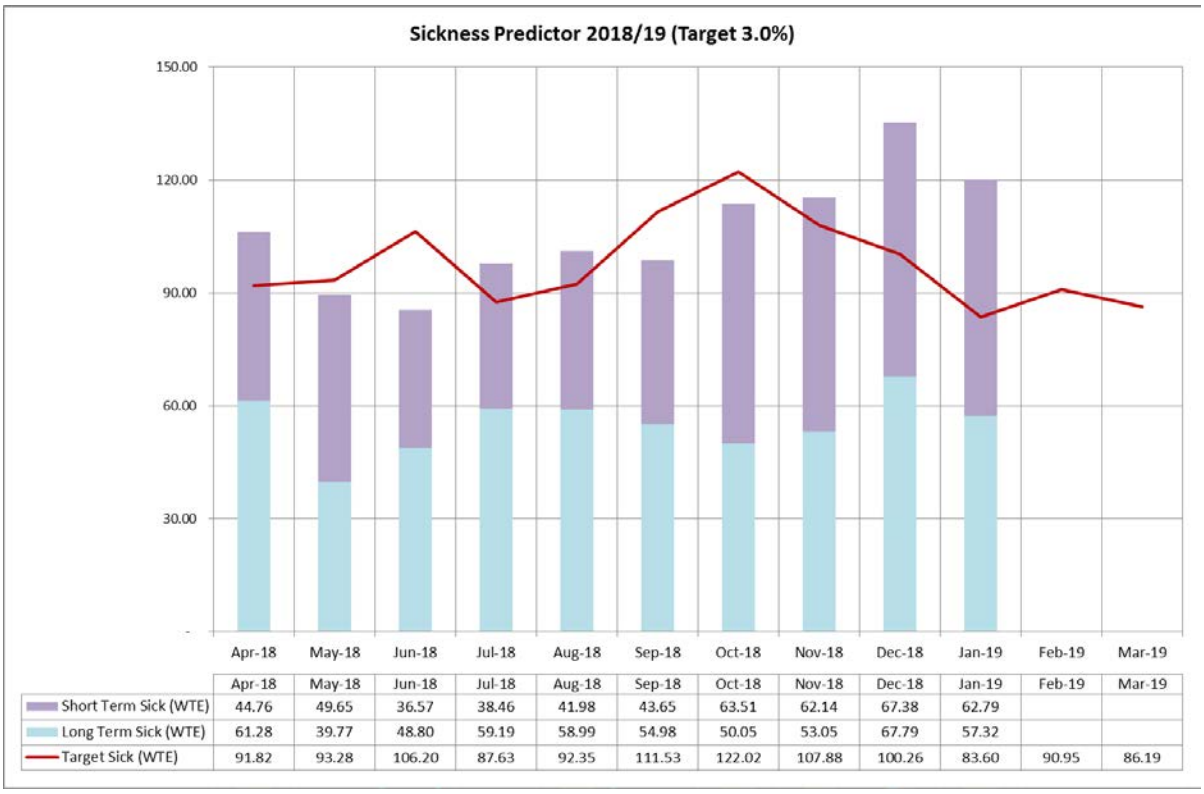
Our current sickness absence rate of 3.95% in month 10 is over our 3% target and a 0.50% improvement on last month. There has been a significant reduction in long term sickness and a smaller reduction in short term sickness.

In Surgery, month 10 sickness decreased as expected with the return of several staff from LTS due to planned surgery, and this trend is expected to continue. There was also a decrease in MSK following the high rate in December which was mostly single day absences. There may be an upturn again in February however.

A decrease in Medicine was largely due to long term absence decreasing, as short term increased with coughs, colds and respiratory reasons. Within MSK the DMT feel that sickness is well managed overall but do recognise the possible impact of vacancies on workload and attendance.

Business Partners are engaging positively with the new Head of Occupational Health in order to provide best practice support to their DMTs.

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



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Short Term Sick (WTE)	44.76	49.65	36.57	38.46	41.98	43.65	63.51	62.14	67.38	62.79		
Long Term Sick (WTE)	61.28	39.77	48.80	59.19	58.99	54.98	50.05	53.05	67.79	57.32		
Target Sick (WTE)	91.82	93.28	106.20	87.63	92.35	111.53	122.02	107.88	100.26	83.60	90.95	86.19

Occupational Health Advisors activity

Management Referrals (New)	Nov 18 62 cancelled/DNA (9)	Dec 18 24 cancelled/DNA (6)	Jan 19 55 cancelled/DNA (10)	Total 141 (25)
Self Referrals	Nov 18 11 (3)	Dec 18 8 (0)	Jan 19 7 (0)	Total 26 (3)

Occupational Health Physician activity

Management Referrals (1 day)	Nov 18 9 (3)	Dec 18 8 (1)	Jan 19 2 (2 days A/L)	Total 19 (4)
Self Referrals	Nov 18 2	Dec 18 0	Jan 19 0	Total 2

Flu Campaign: The quadravalent influenza vaccine was procured for the 2019/20 campaign. At the time of writing the frontline vaccinated percentage is 81.9% inclusive of opt out forms and our front line staff figure who have actually received vaccine is 63.9%.

When reporting to Immform is should be noted that the figures captured are only the percentage of actual vaccinated front line staff. Essentially though we have a wide margin which will ensure we remain within the Wiltshire 2019/20 CQUIN target, although the Hampshire CQUIN will be a partial compliance as there is no allowance for opt-out.

There have been a number of difficulties in rolling out the campaign however these can be addressed and a "wash-up" meeting is scheduled for March. The agenda will focus on lessons learned and the tactics for conducting the 2019/20 flu campaign which can be agreed and implemented at the appropriate time.

5.3. Stress & Mental Health issues

The new Head of Occupational Health is currently scoping the Occupational Health service and analysing all processes and practice with a plan to standardise all practice, promote best and safe practice and provide a timely and cost efficient service provision.

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

Staff Counsellor (F/T) New Referrals (each referral has potential to offer 5 further sessions)	Nov 18 23	Dec 18 13 (1 wk A/L)	Jan 19 11 (1 wk A/L)	Total 47
Mental Health Nurse Management Referrals (2 day contract) Self-Referrals	Nov 18 (Canc/DNA) 8 (3) 2 (0)	Dec 18 (Canc/DNA) 1 (1) 4 (2)	Jan 19 (Canc/DNA) 8 (2) 11 (4)	Total 17 (6) 17 (6)

5.4. Ergonomic/MSK issues (Physiotherapists)

There are two Physiotherapists within Occupational Health who provide one whole time equivalent. Currently they provide a mix of assessment and treatment via self and management referrals. The new Head of Occupational Health is considering models and practices in order to promote a proactive Occupational Health & Wellbeing service.

Physio referral activity for the three months to January 2019 is:

Management Referrals (New)	Nov 18 10	Dec 18 5	Jan 19 7	Total 22

(F/T 1.00)				
Self Referrals	Nov 18 11	Dec 18 4	Jan 19 0	Total 15

6. Business Partnering:

6.1. ESR Optimisation

Phase 1 of this project, the build of a robust hierarchy and organisational structure with correct coding and reporting lines, is to be funded through the OD & People budget and will commence shortly. The project plan and business case including all Phases is planned to go to TIG on 7th March, with the aim of gaining approval for the investment which will be required to complete the entire Project.

6.2. Workforce Planning

The Radiology workforce review is now completed and a paper is to be presented to Executive Performance Review on 1st March following approval at the CSFS DMC. The Directorate are also planning workforce reviews of Pathology, Clinical Psychology, and Endoscopy, which will all be supported by the People Business Partner.

The NHSi Workforce returns have been completed by DMTs with input from the BPs. This year is the first time there has been a Trust-wide approach to completing this return.

6.3. Policies

There are four general OD & People Policies currently under review and five Medical Workforce Policies which have had review dates extended because they have not been able to be agreed at the JNG.

We now have a rolling programme in place to review policies well before the due date. The aim is to enable meaningful discussions at JCC and JNG meetings to take place before policies become out of time.

6.4. Business Partner role

We continue to develop the Business Partner role in the Trust, and have now made the final appointment to the third Business Partner role in the structure.

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

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

The following table shows new and closed activity for the past 10 months:

Employee Relations Cases - Formal										
	Performance/ Capability		Disciplinary		Grievance		Bullying and Harassment		Total Cases Opened	Total Cases Closed
	Opened/closed cases within the month - Source of Data - ESR									
Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Total Cases Opened in Month	Total Cases Closed in Month
Apr-18	7	1	5	1	1	1			13	3
May-18	7			1					7	1
Jun-18	7	3	1	1					8	4
Jul-18	2	8			2	1			4	9
Aug-18	1	6		1					1	7
Sep-18	5	3							5	3
Oct-18	2	1					1		3	1
Nov-18	9				1				10	0
Dec-18	1	2			1				2	2
Jan-19	14	3	2			2			16	5
	55	27	8	4	5	4	1		69	35

7. Workforce Risks

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

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

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

8. Summary

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

workforce is appropriately engaged and managed to maximise patient care and experience. However, it is acknowledged that the key areas of pressure remain recruitment, temporary staffing overspend and sickness absence.

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

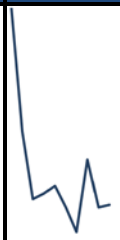
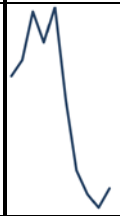
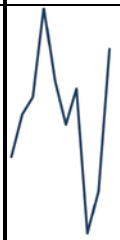
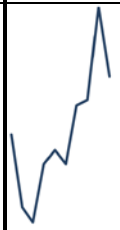
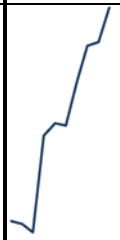
9. Recommendations

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

Paul Hargreaves

Director of Organisational Development and People

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 29 leavers (headcount), and 56 starters (headcount), compared to 26 leavers and 15 starters in the month before. **Year to Date:** For the rolling year to date, the turnover rate was below target at 9.24%, this compares to last months position which was 9.22%. For the rolling year to M10 2017/18, the Trust's turnover rate was 10.27%. **Top 3 Hotspots:** The Directorate with the highest turnover rate for the rolling year was Facilities at 12.46%, followed by Musculo-Skeletal (11.69%) and Corporate (9.57%).	GREEN		10.00%
Vacancies	**In Month:** Vacancies have increased from 5.64% in month 9 to 5.90% in month 10. **Year to Date:** The average vacancy rate is 7.06%, this compares to last months average position which was 7.18%. The Trust's vacancy rate for the same period last year was 6.06%. **Top 3 Hotspots:** The Directorate with the highest vacancy rate for the month was Facilities at 10.16%, followed by Musculo-Skeletal (9.67%) and Corporate (7.16%).	AMBER		5.00%
Temporary Spend	**In Month:** There has been an increase in agency spend this month to £708,719, compared to last month's position which was £492,943. **Year to Date:** The financial year to date total agency spend is £6,096,973, compared to the spend for the same period in the previous year which was £6,982,044. **Top 3 Hotspots:** The Directorate with the highest agency spend for the month was Medicine with £250,111, followed by Surgery (£120,949) and Musculo-Skeletal (£75,168).	RED		£262,605
Sickness	**In Month:** There has been a decrease in the sickness rate this month at 3.95%, this compares to last months position of 4.45%. **Year to Date:** The year to date rolling sickness rate is at 3.49%, which compares to last months position which was 3.57%. The sickness rate for same period last year was 3.68%. **Top 3 Hotspots:** The Directorate with the highest sickness rate for the month was Facilities with 5.44%, followed by Medicine (4.48%) and Surgery (4.15%).	AMBER		3.00%
Training	**In Month:** Mandatory training compliance levels have increased this month to 91.32%, this compares to last months position of 90.38%. Compliance for the same period last year stood at 86.76%. **Year to Date:** The year to date average compliance level is 88.19%, this compares to last months position of 87.84%. **Top 3 Hotspots:** The Directorate with the lowest compliance rate was Corporate with 87.36%, followed by Medicine (87.96%) and Clinical Support & Family Services (92.04%).	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has increased this month to 86.30%, this compares to last months position of 85.50%. Non-medical appraisal compliance for the same period last year stood at 84.40%. **Year to Date:** The year to date average compliance is 83.67%, this compares to last months position of 83.38%. **Top 3 Hotspots:** The Directorate with the lowest compliance rate was Corporate with 83.60%, followed by Medicine (83.70%) and Clinical Support & Family Services (84.20%).	GREEN		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard

	Strs/Lvrs				Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters *(head count in month)*	Starters *(FTE in month)*	Leavers *(head count in month)*	Leavers *(FTE in month)*	Average Heads *(in year)*	Number of Leavers *(in year)*	Turnover *(rolling year)*	Budget Wte (Ledger)	Staff In Post Wte *(Ledger - month end)*	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency *(in month)*	spend on Bank	Total Temp Spend		Long Term Sick WTE lost *(in month)*	%	Short Term Sick WTE lost *(in month)*	%	Total WTE lost to Sickness *(in month)*	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	*Data excludes: Docs in Training, Tupe Transfers, Bank Staff*																								
Month Trend																									
Target			29			245	10.00%			163.34	5.00%	£ 262,605	40.00%								89.55	3.00%	85.00%	90.00%	85.00%
Apr-18	49	40.13	22	18.25	2,880	296	10.28%	3,225.96	2,985.01	240.95	7.47%	£ 544,973	46.73%	£ 621,206	£ 1,166,179	Over	61.28	58%	44.76	42%	106.04	3.53%	85.59%	88.11%	84.10%
May-18	32	24.16	29	24.58	2,904	280	9.63%	3,233.45	2,984.76	248.69	7.69%	£ 609,792	52.48%	£ 552,149	£ 1,161,941	Over	39.77	44%	49.65	56%	89.42	3.01%	85.51%	89.96%	75.30%
Jun-18	31	26.29	27	23.26	2,925	271	9.27%	3,230.80	2,960.48	270.32	8.37%	£ 636,006	53.82%	£ 545,666	£ 1,181,672	Over	48.80	57%	36.57	43%	85.37	2.90%	85.29%	85.54%	76.70%
Jul-18	40	34.77	29	25.47	2,948	274	9.30%	3,247.56	2,989.67	257.89	7.94%	£ 771,812	54.55%	£ 643,158	£ 1,414,970	Over	59.19	61%	38.46	39%	97.64	3.32%	87.87%	86.31%	76.40%
Aug-18	38	36.94	35	30.85	2,970	277	9.34%	3,251.42	2,977.13	274.29	8.44%	£ 661,512	49.26%	£ 681,274	£ 1,342,786	Over	58.99	58%	41.98	42%	100.97	3.42%	88.21%	90.04%	87.80%
Sep-18	72	65.90	17	14.81	2,994	276	9.22%	3,252.88	3,021.03	231.85	7.13%	£ 594,056	49.79%	£ 599,139	£ 1,193,195	Over	54.98	56%	43.65	44%	98.64	3.32%	88.15%	91.32%	89.00%
Oct-18	79	72.72	19	16.93	3,020	275	9.09%	3,277.16	3,075.45	201.71	6.16%	£ 648,581	51.12%	£ 620,192	£ 1,268,773	Over	50.05	44%	63.51	56%	113.56	3.74%	89.27%	92.16%	88.60%
Nov-18	33	27.40	29	26.90	3,034	287	9.48%	3,266.10	3,075.89	190.21	5.82%	£ 428,578	41.11%	£ 613,830	£ 1,042,408	Over	53.05	46%	62.14	54%	115.20	3.78%	90.27%	91.20%	87.00%
Dec-18	15	12.69	26	20.35	3,043	281	9.22%	3,245.35	3,062.45	182.90	5.64%	£ 492,943	44.80%	£ 607,466	£ 1,100,409	Over	67.79	50%	67.38	50%	135.17	4.45%	90.38%	91.24%	85.50%
Jan-19	56	48.23	29	25.77	3,053	282	9.24%	3,266.78	3,073.92	192.86	5.90%	£ 708,719	51.17%	£ 676,229	£ 1,384,948	Over	57.32	48%	62.79	52%	120.11	3.95%	91.32%	88.16%	86.30%
totals	445	389.23	262	227.17		Average	9.40%			Average	7.06%	£ 609,697									Rolling Year	3.49%	88.19%		

Note: Month 10 position shows an overspend on workforce of £560k.

Key Areas of Concern

KPI	Overall Commentary	highest Turnover rates			
				Dec-18	Jan-19	T
Turnover *(measured in a rolling year)* ***Target 10.00%***	Turnover decreased this month and remains green rated. ***For Service Lines this month*** : the highest number of leavers for the year to date was from Therapy Services (22), Pathology (18), and Finance & Procurement (17). ***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 below at 9.24% FTE.	1	Cancer	21.19%	28.49%	↑
		2	E.N.T.	25.15%	25.38%	↑
		3	Estates Technical Services	23.72%	23.80%	↑
		1	Musculo-Skeletal Directorate	12.18%	12.43%	↑
		1	Add Prof Scientific and Technical	15.03%	14.40%	↓
		highest number of leavers				
		1	Therapy Services	24	22	↓
		2	Pathology	18	18	→
		3	Finance & Procurement	16	17	↑
		1	Clinical Support & Family Services	83	79	↓
		1	Administrative and Clerical	98	99	↑

KPI	Overall Commentary	highest Vacancy rate			
				Dec-18	Jan-19	T
Vacancies ***Target 5%***	Vacancies have increased from 5.64% in month 9 to 5.90% in month 10 following an increase in establishment. Recruitment Activity is detailed in Section 3 of the accompanying report.	1	Dermatology	24.51%	26.97%	↑
		2	Spinal Unit	20.77%	19.85%	↓
		3	OD and People	15.52%	16.66%	↑
		1	Facilities Directorate	8.86%	10.16%	↑
		1	Nursing and Midwifery Registered	14.92%	14.95%	↑
		highest WTE Vacant				
		1	Spinal Unit	21.97	21.00	↓
		2	Clinical Radiology	16.53	19.16	↑
		3	Orthopaedics	15.67	16.62	↑
		1	Musculo-Skeletal Directorate	60.41	50.47	↓
		1	Nursing and Midwifery Registered	137.46	137.84	↑

Key Areas of Concern

KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency			
				Dec-18	Jan-19	T
Temporary Spend ***Agency Control Total £269,105***	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. ***For Service Lines this month*** : Stroke 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 Medical and Dental.	1	Stroke - Medical Staff	100.00%	100.00%	→
		2	Clin Radiology Ex Spin/CT	100.00%	100.00%	→
		3	Theatre Staff ODP's	98.25%	100.00%	↑
		1	Surgical Directorate	40.89%	62.50%	↑
		1	Professions Allied to Medicine	100.00%	100.00%	→
		highest £ spent on Agency				
		1	I.C.U.	£ 27,070	£ 56,168	↑
		2	Emergency Department - Nursing	£ 53,203	£ 39,474	↓
		3	Stroke - Medical Staff	£ 19,938	£ 36,252	↑
		1	Medicine Directorate	£ 223,508	£ 250,111	↑
		1	Medical and Dental	£ 99,348	£ 294,205	↑

KPI	Overall Commentary	highest Sickness rate			
				Dec-18	Jan-19	T
Sickness Year to date ***Target 3%***	Sickness for January (M10) is at 3.95%. Sickness for the rolling year to date is 3.49% which is average for the surrounding Local Acute hospital Trusts. Our sickness project team are working with departments to identify those individuals whose sickness absence remains problematic (both short and long term). Ensuring the above individuals are managed in an appropriate manner which will either support their return to work or see them being escalated through the Management of Attendance Policy. For Service Lines this month: the highest sickness rate was Main Outpatients at 7.23% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.39% in the rolling year to date.	1	Main Outpatients	7.67%	7.23%	↓
		2	Surgery Management	6.61%	6.79%	↑
		3	Trading & Support Services	6.10%	6.16%	↑
		1	Facilities Directorate	4.90%	4.89%	↓
		1	Additional Clinical Services	5.38%	5.39%	↑
		highest WTE sick in month				
		1	Theatres	10.71	10.36	↓
		2	Hotel Services	5.29	5.33	↑
		3	Adult Medicine Wards	5.03	5.13	↑
		1	Medicine Directorate	23.78	23.42	↓
		1	Nursing and Midwifery Registered	28.03	26.98	↓

Key Areas of Concern

KPI	Overall Commentary	lowest Mandatory training rates			
				Jan-19	Feb-19	T
Mandatory Training ***Target 85%***	Compliance has increased this month and is green rated at 91.32%. A focus on hand hygiene Training is required for Clinical staff as this is the subject with the least compliance. Focus needs to be on employees completing training before they come out of compliance.	1	Medical Staff - Orthopaedics	70.90%	70.53%	↓
		2	Medical Staff - Child Health	73.37%	71.43%	↓
		3	Medical Staff - Oral Surgery	58.12%	72.73%	↑
		1	Corporate Directorate	82.55%	87.36%	↑
		1	Medical and Dental	80.82%	82.16%	↑

Non-Medical Appraisals *Target 85%*	Appraisal compliance has increased to 86.30% and remains green rated. 45 departments are red rated and these will be the focus over the next month to reach target.	**lowest appraisal rates**				
				Jan-19	**Feb-19**	**T**
		1	Pitton Ward	39.13%	50.00%	⇧
		2	IVF	61.54%	57.14%	⇩
		3	Director of Operations	58.62%	60.71%	⇧
		1	Corporate Directorate	84.10%	83.60%	⇩
		1	Add Prof Scientific and Technical	78.57%	82.18%	⇧

Apprenticeships:

Pending Apprenticeships which are due to start before the end of the financial year

Start Date	course	Level	length (months)	cost	Numbers Enrolled	total	Monthly cost per person **	Total Monthly cost
Jan-19	Chartered Management Degree	6	48	£27,000	1	£27,000.00	47 months = £459.57	£460
Jan-19	Healthcare Support Worker	2	12	£3,000	1	£3,000.00	11 months = £218.18	£218
Feb-19	Healthcare Assistant Practitioners	5	18	£12,000	11	£156,000.00	17 months = £564.71	£6,212
Feb/March 19	Senior Healthcare	3	18	£5,000	10 expected	£50,000.00	17 months = £235.29	£2,352.94
Mar-19	Associate Project Manager	4	24	£9,000	5	£90,000.00	23 months = £313.04	£1,565.20
Mar-19	Nursing Associates	5	24	£15,000	14	£210,000.00	23 months = £521.74	£7,304
2019/20								
Apr-19	Senior Leader	7	24	£18,000	7	£126,000	23 months = £626.09	£4,382.63
	Senior Leader- Partnership funding	7	24	£18,000	3	£54,000	23 months = £626.09	£1,878.27

	course		length (months)	cost	interest	total	Monthly cost per person **	Total Monthly cost
Jun-19	Team Leader	3	12	£5,000	12	£60,000	11 months = £363.64	£4,363
Jun-19	Operational Department Manager	5	30	£9,000	12	£108,000	29 months = £248.28	£2,979

In addition we have the following role on Role off programmes which are recruited to in small numbers

Course		length (months)	cost	Potential Numbers Starting before Apr 2019		** Monthly cost per person	Total Monthly Cost in March 2019
Business Admin	3	18	£5,000	2		17 months = £235.29	£470.58
Customer Service	2	12	£4,000	1		11 months = £290.91	£290.91

Pending total by April 2019	£18,112
Average Current Spend	£7,700
Total	£25,812
Less amount for apprenticeships which will have been completed by End of March 2019	£3,123
Potential Total Spend	£22,689
Average current spend into Levy	£50,000
Potential Percentage Spend by April 2019	45%
Plus potential Role on Role off	£761
Pending total spend by June 2019	£13,604
Potential Percentage Spend by June 2019	74%

** 20% of withdra
therefore t
cost divide

We have fallen slightly below our target 50% spend for the end of March, due to a significant drop in take up from Expressions of Interest in Associate Project Manager Level 4. (we had 18 EOI's so we estimated 10 to start but have only had 5). Nic has started to collate reasons why people do not proceed and so far have received the following comments: varied but quite reflective of what has been received verbally to date.

- *I will not be submitting to apply for this apprenticeship as I have made the decision to go for another (higher level) one*
- *I do not feel I have the capacity or commitment needed for the length of the course*
- *Unfortunately my line management cannot see the benefits to me doing the course so they do not support me doing it.*

Senior Leaders Level 7, we increased our internal uptake from 5 to 6 and have also agreed to Partnership Fund 3 from local GP surgeries to expand the breadth of input within the group.

We are developing strategies to increase awareness of apprenticeships and have a week of events planned for National Apprenticeship Week from 4th- 8th March. Having discussed options with Sarah Evans, we remain limited by our current communication resources. Implementation of an effective recruitment strategy for internal staff will be hindered by this. We have already had concerns raised by some NA's who were not aware of the opportunity to apply for the TNA and TAP roles, despite broadcasts being sent and all line managers made aware.

The Training needs analysis was completed and requests submitted to HEE for the Preferred Providers. Significant input will be required for this process to be equitable and streamlined next year particularly as some departmental managers seem to have no knowledge of the process.

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Salisbury NHS Foundation Trust

Report to:	Trust Board - Public	**Agenda item:**	12e
Date of Meeting:	07 March 2019		

Report Title:	Finance Report Month 10			
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 January 2019, the key risks and the actions being taken to mitigate them.

Executive Summary:

The purpose of this report is to set out the Trust's financial performance for the period to 31st January 2019.

The position (against the NHSI Control total) for December was a year to date deficit of £9,806k, bringing the YTD shortfall against plan to £2,181k. As a result the Trust remains unable to recognise any further PSF in the reported figures.

An in-month NHSI Control Total deficit of £982k was reported, in line with that forecast to NHSI for the period. Planned shutdown of Elective capacity for maintenance was completed ahead of schedule, meaning the reduction against run rate was limited to 20%, rather than 35% as anticipated.

The Trust has not met its control total for Q3, and is signaling to NHS Improvement that this shortfall will not be recovered in Q4 owing to significant risks and issues against the delivery of the financial plan, these include:

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

workforce capacity.

- Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing.
- The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3.
- Technical impairments relating to the construction of a new sterile services unit and a review of intangible assets.

In response the Trust is:

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

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

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

Executive Summary of Key Financial Performance - January 2019

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	The position (against the NHSI Control total) for December was a year to date deficit of £9,806k, bringing the YTD shortfall against plan to £2,181k . As a result the Trust remains unable to recognise any further PSF in the reported figures. An in-month NHSI Control Total deficit of £982k was reported, in line with that forecast to NHSI for the period. Planned shut down of Elective capacity for maintenance was completed ahead of schedule, meaning the reduction against run rate was limited to 20%, rather than 35% as anticipated.	Red
2	NHS Clinical Income	Overall income YTD was £160,806k which was £2,355k behind plan. In month actual income was £16,781k this was £552k ahead of the Trust plan and £760k better than forecast. The Trust has now agreed a value for the contractual outrun with Wiltshire CCG, significantly reducing the risk against delivering the financial forecast submitted to NHSI for 2018/19.	Red
3	Workforce	Expenditure on Pay reduced to £13,068k in the period, this includes a provision of £170k against a challenge made by HMRC against the 3rd party that sources Medical agency staffing on behalf of the Trust. £357k of Non Elective marginal rate reinvestment was agreed with Wiltshire CCG for the final quarter of 2018/19, this is inclusive of an additional £45k in medical agency spend and a further £30k across other staffing groups in January, the cost has been offset by income	Amber
4	Non Pay	The 2018/19 financial plan had assumed four months of benefit of operating a wholly owned subsidiary, the pause and review of this project accounts for circa £200k in January and £700k of the year to date clinical supplies overspend. Pathology and Genetics budgets are also under pressure due to volumes of activity.	Green
5	Efficiency - Better Care at Lower Cost	Overall CIP delivery in January is £674k (40%) short of target. YTD delivery of £8,479k three quarters of the way through the year represents 69% of the planned full year delivery. The level of savings delivered on a monthly basis have reached steady state and material movements between now and March 2019 are unlikely.	Amber
6	Use of Resources	The Trust's overall risk rating score has dropped to the lowest value of 4, following the deterioration distance from plan to 2.2%. This rating is forecast to return to an overall 3 by the end of the financial year as the distance from financial plan returns to a 3. Distance from financial plan includes the impact of PSF not achieved (1.1%).	Red
7	Capital Expenditure	The Trust is behind the planned capital spend at 31 January 2019. Work is underway to ensure as many schemes as possible complete in the current year but schemes have also been identified from the 2019-20 programme which can be brought forward into the current year to replace those slipped into next year.	Green
8	Cash Management	Following the submission of a 2018-19 revised plan in Month 9, the Trust 's cash requirements are now being monitored against the forecast revised revenue deficit for the year. Cash flows continue to be submitted to NHS Improvements on a monthly basis, which reflect the cash support required by the Trust in the remainder of 2018-19 in order to achieve its revised deficit.	Amber
	Risk & Mitigation	The key risks to the delivery of the 2018/19 financial plan are: - The reliance on outsourcing to delivery the required performance in Endoscopy - Vacancies and the associated Agency cost of cover - Consistent delivery of the productivity gains - Controlling LOS as Non Elective demand rises - The impact on the savings plan of the NHSI 'pause' on the development of wholly owned subsidiaries. Each risk above is directly mitigated by actions managed through the Outstanding Every	Amber

Page 1 - Income & Expenditure

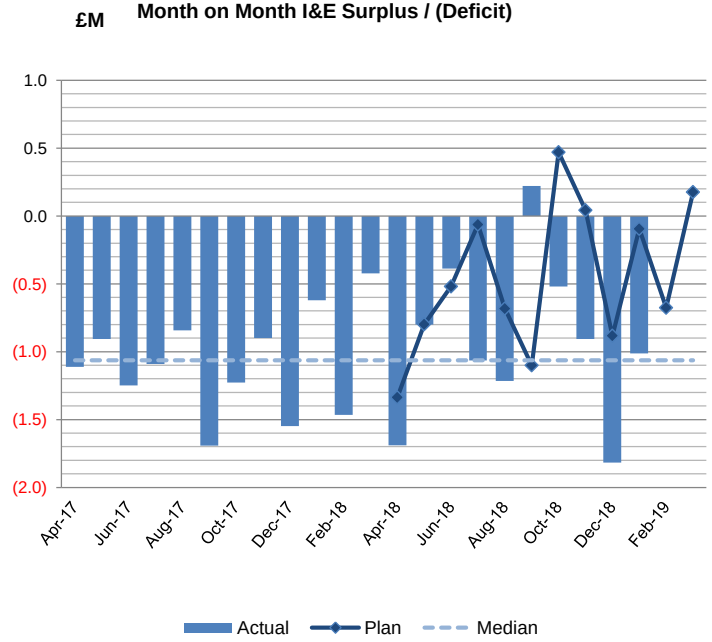
Status

Income & Expenditure

Position

	Jan '19 In Mth			Jan '19 YTD			2018/19
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical Income	15,609	16,229	620	163,161	160,806	(2,355)	196,036
Other Clinical Income	1,514	1,437	(77)	8,948	9,494	546	9,843
Other Income (excl Donations)	2,317	2,489	172	22,114	22,645	531	26,922
Total income	**19,440**	**20,155**	**715**	**194,223**	**192,945**	**(1,278)**	**232,801**
Operating Expenditure							
Pay	(12,375)	(13,068)	(693)	(124,131)	(125,257)	(1,126)	(148,862)
Non Pay	(6,357)	(6,865)	(508)	(65,723)	(65,635)	88	(78,460)
Total Expenditure	**(18,732)**	**(19,933)**	**(1,201)**	**(189,854)**	**(190,892)**	**(1,038)**	**(227,322)**
EBITDA	**708**	**221**	**(487)**	**4,369**	**2,053**	**(2,316)**	**5,479**
Financing Costs (incl Depreciation)	(1,221)	(1,203)	18	(11,994)	(11,859)	135	(14,439)
NHSI Control Total	**(513)**	**(982)**	**(469)**	**(7,625)**	**(9,806)**	**(2,181)**	**(8,960)**
Add: impact of donated assets	*(25)*	*(31)*	*(6)*	*(250)*	*(388)*	*(138)*	*(300)*
Add: Impairments	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Add: PSF	*443*	*0*	*(443)*	*2,910*	*930*	*(1,980)*	*3,795*
Surplus/(Deficit)	***(95)***	***(1,013)***	***(918)***	***(4,965)***	***(9,264)***	***(4,299)***	***(5,465)***

Trend



Variation & Action

The position (against the NHSI Control total) for December was a year to date deficit of £9,806k, bringing the YTD shortfall against plan to £2,181k . As a result the Trust remains unable to recognise any further PSF in the reported figures.

An in-month NHSI Control Total deficit of £982k was reported, in line with that forecast to NHSI for the period. Planned shut down of Elective capacity for maintenance was completed ahead of schedule, meaning the reduction against run rate was limited to 20%, rather than 35% as anticipated.

The Trust has mitigated the risk arising capacity gaps in the Endoscopy service present to cancer and diagnostic waiting time performance by outsourcing to a private provider, the cost of this increase in capacity was £52k for the period of January and £421k year to date. The Trust is reviewing is reviewing alternative options for delivering this capacity requirement.

The Trust remains behind its control total and has formally signalled to NHS Improvement that this shortfall will not be recovered in Q4 owing to significant risks and issues against the delivery of the financial plan, these include:

- The on-going productivity challenge to achieve the Elective and Day Case plan, particularly in Orthopaedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery.
- Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity in areas such as Endoscopy, not only in terms of direct gaps like Consultant vacancies, but also in terms of supporting clinical staff e.g. theatre workforce capacity.
- Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing.
- The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3.
- Technical impairments relating to the construction of a new sterile services unit and a review of intangible assets.

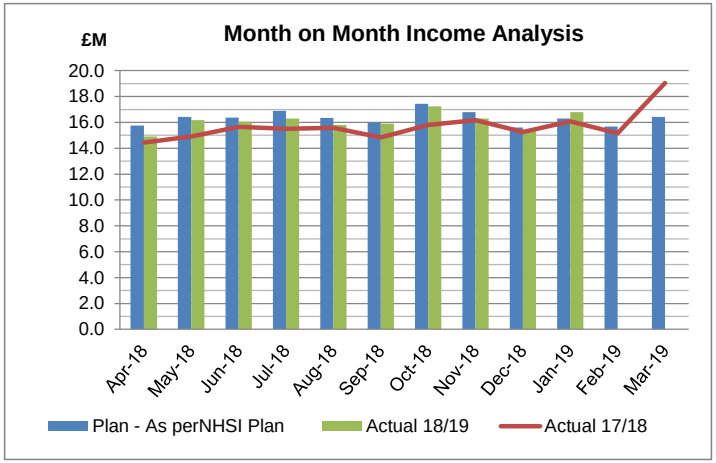
Page 2 - NHS Commissioner Income

Status	Position	Trend

NHS Clinical Income

Income by Point of Delivery (PoD) for all commissioners	Jan '19 YTD Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Elective inpatients	16,517	14,623	(1,894)
Day Case	14,856	14,438	(418)
Non Elective inpatients	41,415	41,713	298
Obstetrics	5,933	5,563	(370)
Outpatients	26,455	26,100	(355)
Excluded Drugs & Devices (inc Lucentis)	15,422	14,793	(629)
Other	42,563	43,576	1,013
TOTAL	**163,161**	**160,806**	**(2,355)**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Wiltshire CCG	82,715	85,376	2,661
Dorset CCG	18,489	18,582	93
Hants CCG	12,823	13,249	426
Specialist Services	25,403	26,347	944
Other	23,731	17,252	(6,479)
TOTAL	**163,161**	**160,806**	**(2,355)**



Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
Elective	4,828	4,302	(526)	4,174	128
Day case	18,473	18,142	(331)	18,100	42
Non Elective	22,020	21,779	(241)	21,003	776
Outpatients	212,667	211,626	(1,041)	215,219	(3,593)
A&E	40,507	41,117	610	39,007	2,110

Variation & Action

Overall income YTD was £160,806k which was £2,355k behind plan. In month actual income was £16,781k this was £552k ahead of the Trust plan and £760k better than forecast.

Looking at the productivity metrics the Trust has seen strong productivity performance for day case, non elective, outpatients and ED activity, but the elective performance dropped due to the planned theatre closure in January affecting performance in T&O and plastic surgery in particular. However, elective performance against the Trust plan remained good.

January saw some challenges with the planned theatre closures affecting elective activity and the pressures on ED and non elective activity. Outpatient activity recorded high levels of outpatient attendances with only October being higher.

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 £473k which was an increase of £191k in month.

Page 3 - Workforce

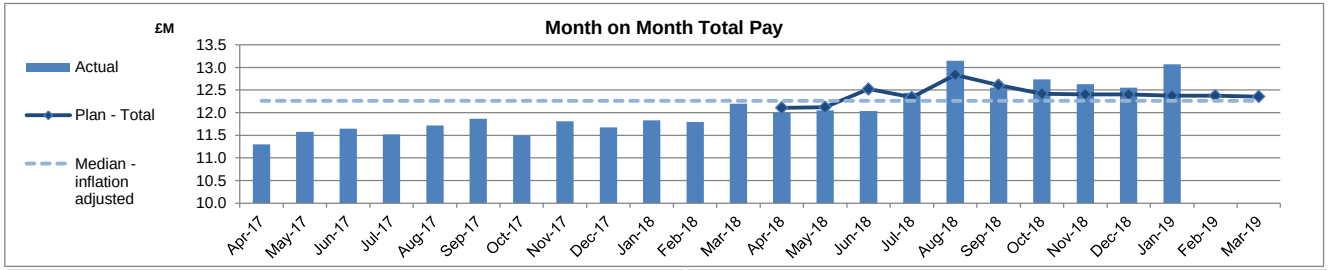
Status	Position	Position

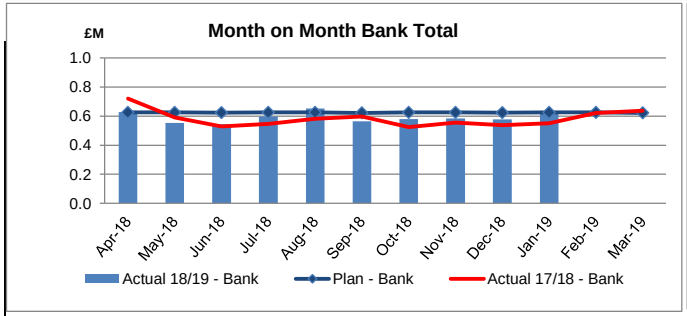
PAY

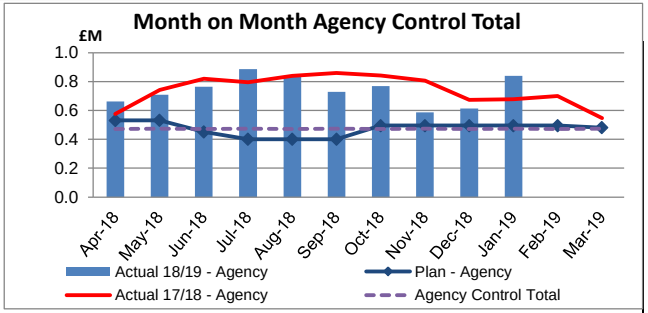
	Jan '19 YTD Plan £000s	Actual £000s	Variance £000s
Pay - In Post	110,363	111,604	(1,241)
Pay - Bank	6,178	5,788	390
Pay - Agency	4,694	7,400	(2,706)
Other (eg. Apprenticeship Levy)	2,896	465	2,431
TOTAL	**124,131**	**125,257**	**(1,126)**
Medical Staff	33,135	34,251	(1,116)
Nursing	32,724	31,675	1,049
HCAs	8,852	11,240	(2,388)
Other Clinical Staff	19,130	19,658	(528)
Infrastructure staff	27,394	27,968	(574)
Other (eg. Apprenticeship Levy)	2,896	465	2,431
TOTAL	**124,131**	**125,257**	**(1,126)**

	Jan '19 Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	396.5	406.3	(9.8)
Nursing	924.0	891.7	32.3
HCAs	407.3	485.8	(78.5)
Other Clinical Staff	583.3	592.9	(9.6)
Infrastructure staff	1,107.1	1,124.3	(17.2)
TOTAL	**3,418.1**	**3,501.0**	**(82.9)**

Trend







Variation & Action

Expenditure on Pay reduced to £13,068k in the period, this includes a provision of £170k against a challenge made by HMRC against the 3rd party that sources Medical agency staffing on behalf of the Trust.

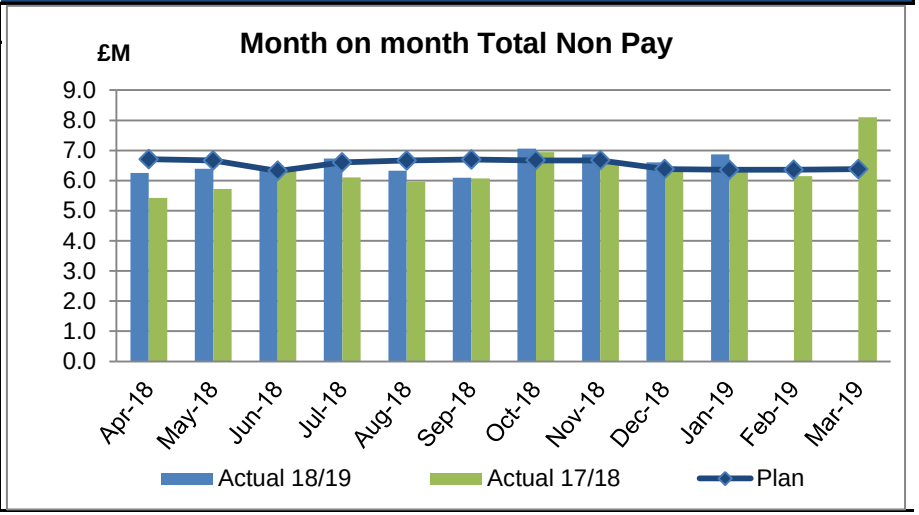
Underlying agency expenditure has increased by 10% (£60k) as anticipated following the reduction seen over the Christmas period, this increase is most prominent in ICU where it is mirrored by the highest number of bed days since July 2018 at 296 (10% up on run rate).

£357k of Non Elective marginal rate reinvestment was agreed with Wiltshire CCG for the final quarter of 2018/19, this is inclusive of an additional £45k in medical agency spend and a further £30k across other staffing groups in January, the cost has been offset by income received.

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 'specialing', 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)

Status	Position				Trend
		Jan '19 YTD			
		Plan £000s	Actual £000s	Variance £000s	
NON-PAY	Drugs	18,623	17,249	1,374	
	Clinical Supplies	17,293	19,254	(1,961)	
	General Supplies	3,962	2,872	1,090	
	Outsourced healthcare	4,009	4,302	(293)	
	Other Non Pay expenses	21,836	21,958	(122)	
	TOTAL	**65,723**	**65,635**	**88**	



Variation & Action

The 2018/19 financial plan had assumed four months of benefit of operating a wholly owned subsidiary, the pause and review of this project accounts for circa £200k in January and £700k of the year to date clinical supplies overspend. Pathology and Genetics budgets are also under pressure due to volumes of activity.

The favourable variance on drugs is as a result of reduced expenditure on tariff-excluded drugs, this means that the favourable variance from plan is offset by an under-recovery of income. From a system perspective, this does mean a favourable outcome for commissioners.

The Trust has mitigated the risk arising capacity gaps in the Endoscopy service present to cancer and diagnostic waiting time performance by outsourcing to a private provider, the cost of this increase in capacity was £52k for the period of January and £421k year to date. The Trust is reviewing is reviewing alternative options for delivering this capacity requirement.

Page 5 - Efficiency - Better Care at Lower Cost

Status	Position							
	Directorate	Annual Plan £000s	Jan '19			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Medicine	1,845	177	175	(2)	1,489	1,148	(341)
	Musculo Skeletal	2,665	269	243	(26)	2,125	1,770	(355)
	Surgery	1,820	200	141	(59)	1,414	1,058	(356)
	Clinical Support & Family Services	2,048	227	170	(57)	1,572	1,288	(283)
	Corporate Services	1,732	186	147	(39)	1,355	1,261	(94)
Efficiency	Trustwide	2,104	634	144	(491)	2,259	1,955	(305)
	TOTAL	**12,215**	**1,693**	**1,019**	**(674)**	**10,213**	**8,479**	**(1,734)**

Position							
Scheme	Annual Plan £000s	Jan '19			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Theatres	2,335	237	125	(112)	1,862	1,127	(735)
Workforce	640	56	7	(49)	528	80	(448)
Outpatients	646	74	99	25	480	524	44
Diagnostics	822	94	16	(78)	618	116	(501)
Patient Flow	336	28	28	0	280	282	2
Non-Pay	1,741	186	197	11	1,367	1,342	(25)
Directorate Plans	5,397	769	419	(350)	3,756	4,261	505
Drugs	298	25	51	26	247	98	(150)
Sub-total	**12,215**	**1,468**	**942**	**(526)**	**9,138**	**7,831**	**(1,307)**
Risk Mitigation	1,535	225	77	(148)	1,075	648	(427)
TOTAL		**1,693**	**1,019**	**(674)**	**10,213**	**8,479**	**(1,734)**

Variation & Action

Overall CIP delivery in January is £674k (40%) short of target. YTD delivery of £8,479k three quarters of the way through the year represents 69% of the planned full year delivery. The level of savings delivered on a monthly basis have reached steady state and material movements between now and March 2019 are unlikely.

Workforce continues to under deliver year to date, planned schemes had been focused on reductions in premium head count costs, but even after recent recruitment demand is still driving a need for temporary staffing. Utilisation, particularly prompt starts, remains challenging to resolve in the theatres PMB. An unrealised plan to sell MRI capacity to 3rd parties has also impacted on delivery throughout the year.

Of the planned reductions in spend phased for the latter part of the year, the most material was that associated with the implementation of a wholly owned subsidiary, which was paused in line with NHSI guidance.

Page 6 - Use of Resources

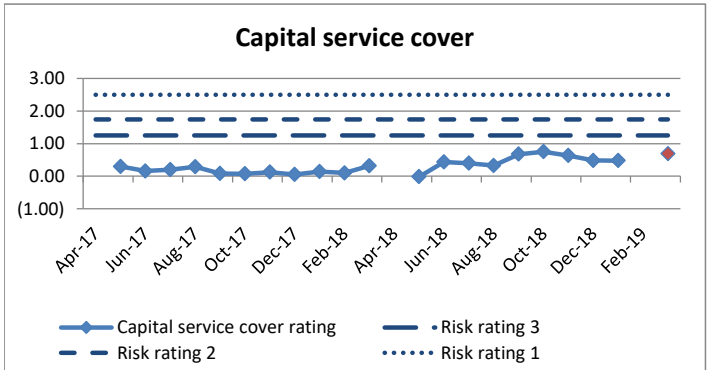
Status	Description	Position			
		Metric	Definition	YTD Plan Number	YTD Actual Number
Use of Resources	NHSI measures an organisation's use of resources on a scale of 1-4 with 4 being the highest risk and 1 the lowest risk	Capital service cover rating	Degree to which income covers financial obligations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

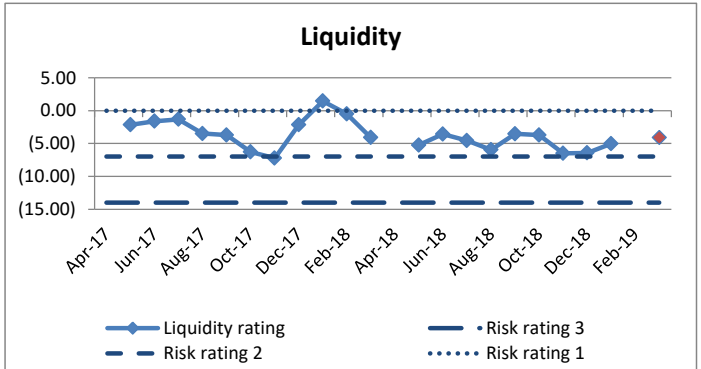
Variation & Action

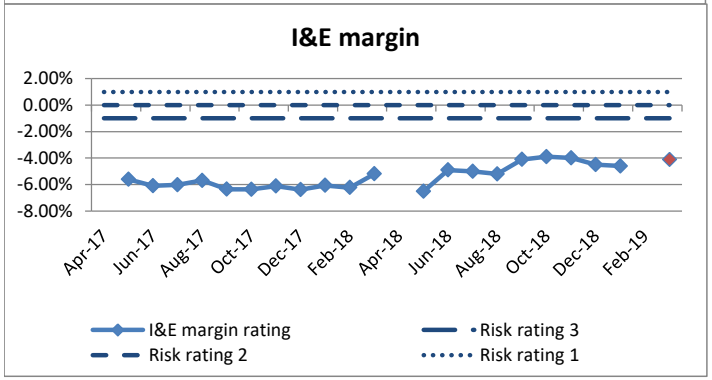
The Trust's overall risk rating score has dropped to the lowest value of 4, following the deterioration distance from plan to 2.2%. This rating is forecast to return to an overall 3 by the end of the financial year as the distance from financial plan returns to a 3.

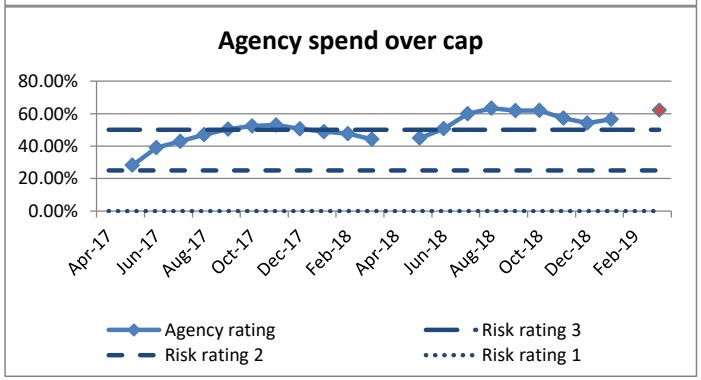
Distance from financial plan includes the impact of PSF not achieved (1.1%).

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



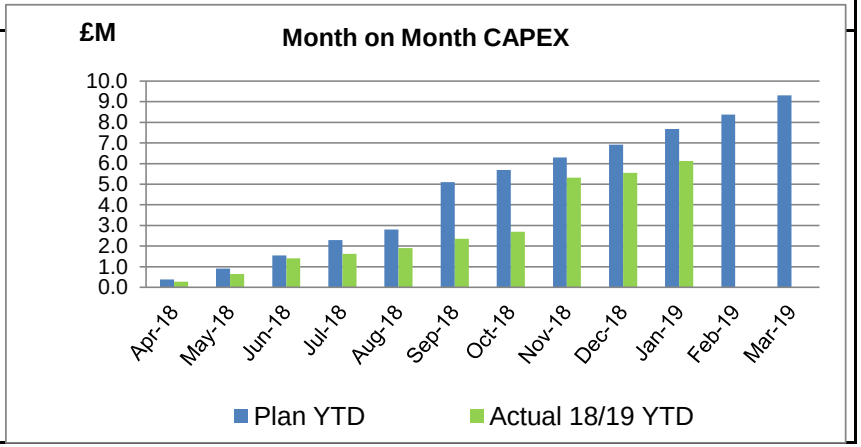






Page 7 - Capital Expenditure

Status	Position				
	Schemes	Annual Plan £000s	Jan '19 Plan £000s	Jan '19 Actual £000s	Jan '19 Variance £000s
Capital Spend	Building schemes	617	400	344	56
	Building projects	1,730	1,429	725	704
	IM&T	4,404	3,743	3,512	231
	Medical Equipment	2,755	1,805	1,235	570
	Other	366	304	304	0
	TOTAL	**9,872**	**7,681**	**6,120**	**1,561**



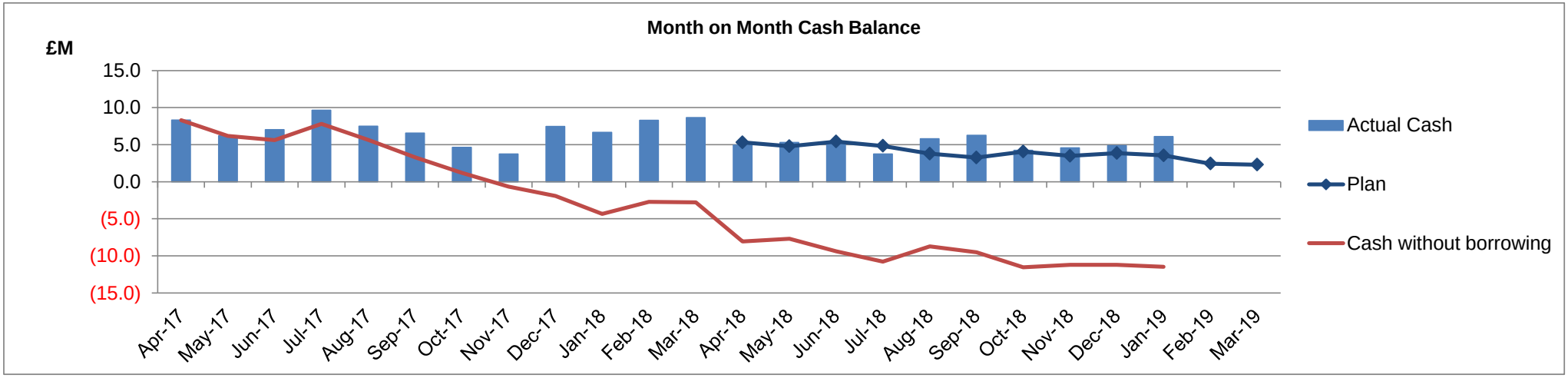
Variation & Action

The Trust is behind the capital plan for the year. Schemes have been identified which can be brought forward into the current year to replace those slipped into next year.

The Trust received £1,060k PDC in December 2018. £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 adjusted to reflect the anticipated spend for the year.

There is potential to draw down a further £543k PDC from the Provider Digitalisation Fund in 2018-19 and the Trust will seek to do so provided it is confident of spending the funds before the year end.

Page 8 - Cash & Working Capital

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	The Trust did not achieve its control total for quarter 3 and will not receive any Provider Sustainability Funding (PSF) for that quarter. No PSF is expected for the final quarter either. The cash flow continues to be closely monitored to ensure funds are available when required. A revised plan was submitted in December 2018 and the Trust will draw down funds in accordance with the revised deficit for the remainder of the year.
	Inventories (Stock)	6,214	6,214	6,913	699	699	
	Debtors	15,396	15,900	15,338	(562)	(58)	
	Cash	8,641	3,548	6,099	2,551	(2,542)	
	TOTAL CURRENT ASSETS	**30,251**	**25,662**	**28,350**	**2,688**	**(1,901)**	
	Creditors	(24,438)	(20,349)	(22,747)	(2,398)	1,691	
	Borrowings	(1,164)	(1,488)	(1,532)	(44)	(368)	
	Provisions	(292)	(292)	(292)	0	0	
	TOTAL CURRENT LIABILITIES	**(25,894)**	**(22,129)**	**(24,571)**	**(2,442)**	**1,323**	
	TOTAL WORKING CAPITAL	**4,357**	**3,533**	**3,779**	**246**	**(578)**	

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