

Report to:	Trust Board (Public)	Agenda item:	SFT 4115
Date of Meeting:	4 th October 2018		

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

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

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

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

Performance Summary Narrative – August Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Local Services (COO)	<ul style="list-style-type: none"> Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks. New theatre timetable has gone live, giving more separation between elective and trauma sessions. Waiting list size continues to reduce 	<ul style="list-style-type: none"> Pressures on referral to treatment times in some sub-specialty areas often as a result of emergency pressures. Particular areas of pressure in: general surgery, orthopaedics, oral surgery, plastics and urology. Impact of increase of non-elective activity on elective workload Waiting list size is above target size. 	<ul style="list-style-type: none"> Two contract performance notices issued re increase in non-elective activity Weekly review of capacity fill is being undertaken on a weekly basis for areas with biggest activity shortfalls Plans in place to reduce waiting list however they are dependent on additional capacity in Q3.
	<ul style="list-style-type: none"> The Trust continues to perform well against the diagnostic standard reporting 99.5% 	<ul style="list-style-type: none"> Continued workforce challenges in Radiology 	<ul style="list-style-type: none"> Fixed permanent solution for MRI will provide the required capacity and case mix. Trust progressing selling MRI capacity to other providers.
	<ul style="list-style-type: none"> On site temporary static MRI in place and making an immediate difference – achieved the diagnostic target at 99.2%. 	<ul style="list-style-type: none"> Continued workforce challenges in audiology 	<ul style="list-style-type: none"> Fixed permanent solution will provide the required capacity Trust progressing selling capacity to other providers.
	<ul style="list-style-type: none"> Despite significant pressure of ED in Q1 due to Major Incidents, the Department continued to provide a full service to all patients. Despite significant increases in attendances 	<ul style="list-style-type: none"> ED standard not achieved in month 4, with high number of first doctor breaches 9% increase in ED attendance compared to 17/18, with a high number of 	<ul style="list-style-type: none"> Steering group set up to lead the internal improvement of emergency clinical pathways (work ongoing) Medicine DMT pulling together an internal recovery plan within four weeks – bi weekly

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	Positives	Challenges	Plans / Forecasts
	<p>the ED team have continued to deliver a high standard of care</p> <ul style="list-style-type: none"> • Gaps in nursing and medical rotas leading to problems with 1st doctor assessment – internal medicine recovery plan within 4 weeks. • Substantial reduction in use of escalation capacity during Q1. Laverstock ward remains closed. • Improvements in medicine length of stay 	<p>admissions reflecting high patient acuity</p> <ul style="list-style-type: none"> • Variance in emergency pressures with particularly intense high volume and acuity days. May was 7% up on attendance compared to 17/18. • High levels of long staying patients and patients whose onward care is delayed • Staff shortages affecting effective patient flow • Number of patients whose onward care is delayed have not decreased and are significantly above the target. 	<p>meeting between execs and medicine directorate to drive actions</p> <ul style="list-style-type: none"> • Patient flow transformation programme refreshed and directed to focus on medical length of stay with clear actions and delivery trajectory – all actions on track • Trajectories have been approved by the Local Delivery Board.
Local Services (COO)	<ul style="list-style-type: none"> • 31 day and 2 week wait targets being delivered. • Improved performance in breast cancer and skin cancer pathways. 	<ul style="list-style-type: none"> • Oncology capacity due to Doctor shortages could impact on services going forward. • Urology is an on-going cause of concern due to shortages within the Consultant workforce and pathway difficulties with tertiary providers. 	<ul style="list-style-type: none"> • Conversations are taking place with UHS to see if they can provide support. • A review of Urology pathways has commenced.
Specialist Services (COO)	<ul style="list-style-type: none"> • Wessex Plastics network launched, first meeting held. Good representation from Wessex area and support from Wessex MTC Network • National burns major incident exercise to be rescheduled – SFT to be major participant • Spinal Injuries ‘step down pilot underway’ 	<ul style="list-style-type: none"> • Continue to monitor the impact of the ward reconfiguration on plastics • Increased waiting times for spinal rehabilitation • Discussions ongoing re genomics tender – have been successful in being appointed, but commercial 	<ul style="list-style-type: none"> • Plans in place for regular meeting at COO/MD level to discuss future working between SFT and UHS • Focussed validation on the waiting list for plastic surgery • Full step down rehabilitation pathway business case being written. • Business case for commissioner investment

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	Positives	Challenges	Plans / Forecasts
	<p>NHS E approved funding for 2 month extension.</p> <ul style="list-style-type: none"> • Wessex Rehabilitation pathway pilot for upper limb to commence in Q2 , to improve access and outcome for Major Trauma & plastics surgery patients • Zero spinal patients overdue an outpatient follow up appointment. • Reduced waiting times for spinal rehabilitation admission • Review of Cleft service management in conjunction with Oxford to improve efficiency and reduce cost 	<p>decisions still to be had</p> <ul style="list-style-type: none"> • 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. 	<p>in Wessex Rehabilitation being written</p> <ul style="list-style-type: none"> • Business case for step down service with NHSE and going through Trust approval process. • Tender document in draft being prepared. • Consultation on phase 1 of clinical pathway. • Approval for 2/12 extension guaranteed. Waiting for NHSE final decision of funding for 2018/19. • Workforce – Cleft redesign complete. Recruiting to Manager post 28.09.18.
Innovation (MD)	<ul style="list-style-type: none"> • Q1 research report shows 2/5 standards met and exceeded. For the standards where the target has not been met, 1 standard is in line with national performance, 1 standard exceeds national performance, and 1 standard is below national performance. • Top small acute Trust for the number of patients recruited when adjusted for trial complexity 	<ul style="list-style-type: none"> • Very challenging recruitment target for this year – 1582 participants compared to 1288 this year • QI business case unaffordable so alternative model required 	<ul style="list-style-type: none"> • Scoping of QI activity and capability being completed which will inform revised approach (Nov '18)
	<ul style="list-style-type: none"> • Mortality rate is now at expected levels – and has been for several months • Continue positive performance on reduced healthcare associated infections • Stroke SSNAP audit improved to score of B • NHSI falls collaborative underway 	<ul style="list-style-type: none"> • Staffing remains challenging in a number of ward areas, with key hotspots of medicine, orthopaedics and ED 	<ul style="list-style-type: none"> • Retention workstream for registered nurses commenced in March. Domestic and overseas recruitment continues • Twice daily staffing reviews utilising safe care data continue • Meeting with all ward leaders to generate

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	Positives	Challenges	Plans / Forecasts
Care (MD/DoN)		<ul style="list-style-type: none"> • Remain challenged on mixed sex accommodation – exclusively when ambulatory area of AMU is used overnight • Increasing use of escalation areas 	<p>new ideas / solutions to reduce falls</p> <ul style="list-style-type: none"> • Looking to neighbouring trusts for schemes that could be replicated • Issue links into whole system approach on reducing acute bed base • Walk through concluded with CCG. Satisfied with mitigation and executive sign off required when decision is made to use with all other options exhausted • Running real time feedback of patients in September to gather their experiences
People (DoOD&P)	<p>Recruitment:</p> <ul style="list-style-type: none"> • 5 offers of employment made to the Radiographers who attended the Radiographer recruitment event. Planning to hold an additional event in January/February 2019. • Attending the Healthcare Science Career Fair at Southampton University on 1 November 2018. • Vacancies are now being posted on to Trac within 5 hours from authorisation. • Conditional offers of employment are being sent out within 24 hours from receiving notification through Trac. 	<p>Recruitment:</p> <ul style="list-style-type: none"> • Overseas nursing has low conversion rate • Lack of available domestic registered nurses • Capacity to manage direct recruits (international nurses). • Lack of availability of Ward Managers to interview via skype for RN's. • Vacancy rate increased to 9.65% 	<p>Recruitment:</p> <ul style="list-style-type: none"> • First reports from Trac will be available by mid-October. • RN recruitment event arranged for 3 November 2018. • NA recruitment event arranged for 1 November 2018 to be held in the Red Lion in the centre of town. • UAE Recruitment Event 10 and 11 November 2018. • Working with Medical HR to merge Medical Staffing Recruitment (administration) across into the Recruitment Team.

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	Positives	Challenges	Plans / Forecasts
People (DoOD&P)	<ul style="list-style-type: none"> Attended the Careers Event hosted by the BFRS in Tidworth on 13 September 2018. SDH Recruitment Instagram account set up. Working with Comms to ensure it is used within Trust policies and procedures. Recruitment Team now being allocated vacancies to manage from start to finish enabling build up of rapport with the Recruiting Manager and start to pro-actively manage vacancies. <p>Agency Spend:</p> <ul style="list-style-type: none"> Brookson DE now at 99% (ahead of schedule). Dorset County Hospital now part of collaborative via Locums Nest. Workforce committee business case proposal for centralised bank function was agreed for business case proposal scheduled for next Workforce committee meeting in November. Agency spend and bank spend have reduced slightly 	<p>Agency Spend:</p> <ul style="list-style-type: none"> Agency used to keep nursing staffing levels safe. Month 5 control total exceeded. (60% exceeded YTD) 	<p>Agency Spend:</p> <ul style="list-style-type: none"> Agency spend tracked in month versus 2018/19 control total –grip and control through PMB and vacancy control panel Workforce PMB to reduce areas of non-contractual pay spend MI from Brookson scheduled to be available in October 2018. Supplier day for Locum Agencies to be scheduled by Brookson's for November 2018.

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	Positives	Challenges	Plans / Forecasts
	<p>Sickness:</p> <ul style="list-style-type: none"> Theatres group established and on-going. Additional target areas in play STP wide collaboration for health and wellbeing project group established HAWB strategy in development <p>Engagement:</p> <ul style="list-style-type: none"> Staff Engagement group continues to meet Potential “Quick Wins” identified positive staff survey results – engagement score in top 20% in the country <p>Other:</p> <ul style="list-style-type: none"> MaST compliance improved and stands at 88.21% Medical appraisal improved and at 90.04% Non-medical appraisal now complaint at 87.80% 	<p>Sickness:</p> <ul style="list-style-type: none"> Long term sickness decreased this month, whilst short term sickness increased. “anxiety/stress/depression” remaining top 20% of cases. Hotspot directorate – MSK Head of HAWB post remains vacant as recent interviews unsuccessful <p>Engagement:</p> <ul style="list-style-type: none"> Staff morale at time of intense operational pressures Areas of concern in staff survey <p>Other:</p> <ul style="list-style-type: none"> Maintaining & improving compliance rates for MaST and appraisals Establishing a shared understanding and expectation of the Business Partner role in Directorates 	<p>Sickness:</p> <ul style="list-style-type: none"> Theatres working group supporting managers on a case by case basis Head of HAWB post is being re-advertised <p>Engagement:</p> <ul style="list-style-type: none"> Long term retention strategy for all staff groups is in progress Engagement plan in development Exploring reward and recognition schemes which include an Employee Assistance Programme <p>Other:</p> <ul style="list-style-type: none"> Embedding the Business Partner role in order to leverage added value.
Resources	<ul style="list-style-type: none"> Month 5 is an improvement on month 4 reported position. Elective and Daycase 	<ul style="list-style-type: none"> The achievement of the financial plan for 2018/19 has significant risks, 	<ul style="list-style-type: none"> Recovery plans for specialities underperforming against activity plans

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
(DoF)	<p>activity has increased, still not to planned levels but shows a sustained improvement on the first quarter of the year.</p> <ul style="list-style-type: none"> Financial recovery plan developed outlining direction to improving financial performance for next 2-3 years. 	<p>particularly in the context of increased non-elective activity and the impending winter months ahead.</p> <ul style="list-style-type: none"> Increase in agency staffing reflecting increased annual leave in august and very challenging position on workforce gaps. Cash position needs careful monitoring due to shortfall against I&E plan. 	<p>(September)</p> <ul style="list-style-type: none"> Development of Subsidiary Governance framework (October).

Report to:	Trust Board (Public)	Agenda item:	SFT4115
Date of Meeting:	04 October 2018		

Report Title:	M5 Operational Performance Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix 1: Performance & Score Card			

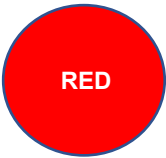



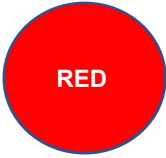
Recommendation:
The Board are asked to note the Trust Performance for Month 5

Executive Summary:
For Month 5 the Trust delivered the diagnostic standard, 31 day cancer and 2ww standards. The Trust did not deliver the ED standard reporting 89.7%.

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

Executive Summary of Key Operational Performance – August 2018

() = national targets

ED Performance (95%)	<p><u>In month (5):</u> National standard was not delivered in month 5 with performance at 89.7%</p> <p><u>Year to date:</u> 93.1%</p>	
RTT Performance (92%)	<p><u>In month (5):</u> The Trust continues to consistently deliver the RTT standard.</p> <p><u>Year to date:</u> 92.2%</p>	
Diagnostics (99%)	<p><u>In month (5):</u> The Trust continues to consistently deliver the standard reporting 99.5% for M5.</p> <p><u>Year to date:</u> 99.3%</p>	
Cancer (2ww = 89.2%) (31 day = 96%) (62 day = 85%)	<p><u>In month (5):</u> The Trust delivered the 2ww standard, reporting 93.5% and 31 day standard reporting 98.7%. The Trust did not deliver the 62 day standard reporting 82.6%.</p>	
DTOCs	<p><u>In month (M5):</u> 16 NHS, 6 Social Services. However increasing at the time of writing this report.</p> <p><u>Year to date</u> 3468</p>	

Emergency Pathway

4 hour performance for August was delivered at :

	Total Breaches	Total Attendances	Performance (%)
Type 1 (via ED)	593	3945	84.97%
Type 2 (via OP)	0	299	100%
Total Type 1+2	593	4244	86.03%
Type 3 (via WIC)	0	1499	100%
Total Type 1+2+3	593	5743	89.67%

No 12 hour trolley waits in August

Ambulance breaches

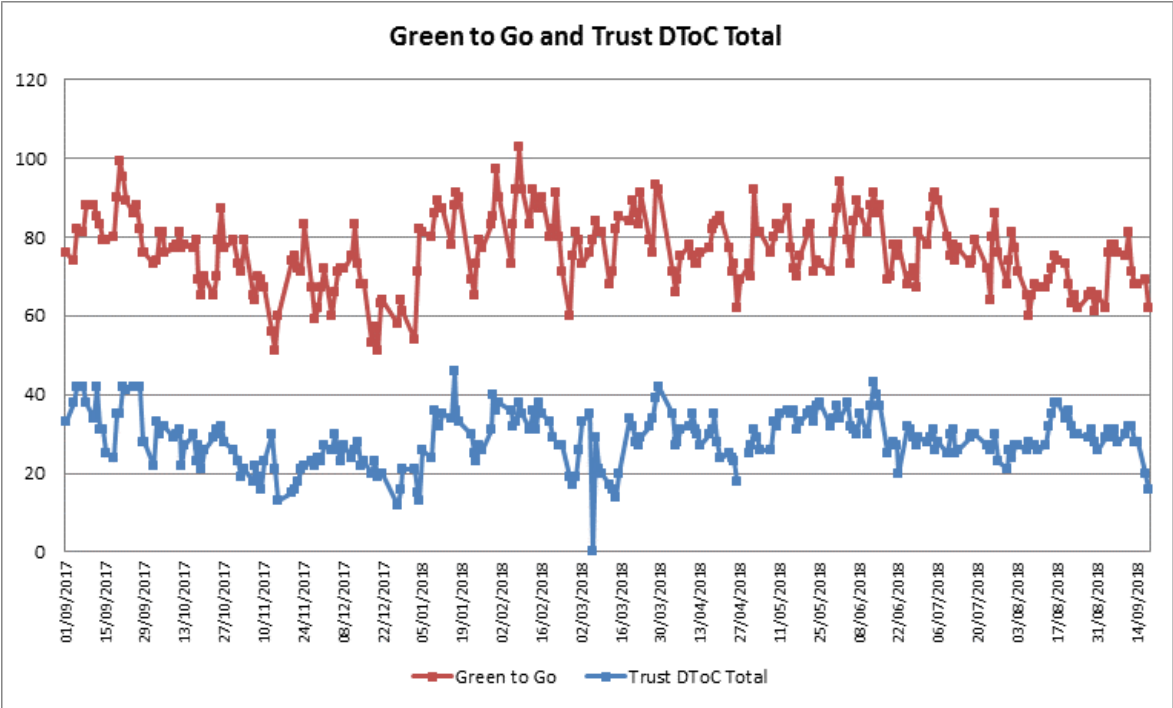
>1hr = 2

<1hr = 28

Time to triage: 12.1min (22.7min for minors)

Time to treatment: 65.3 min (76.8mins Minors)

A detailed presentation on ED performance and patient flow was provided to the Trust's Finance & Performance Committee.



RTT

August figures are as follows :

RTT Incomplete by Unify Specialty	Total <18 weeks	Total	% <18 weeks
General Surgery	458	557	82.23%
Urology	1058	1199	88.24%
Trauma & Orthopedics'	1705	1933	88.20%
Ear, Nose & Throat (ENT)	1150	1172	98.12%
Ophthalmology	1245	1304	95.48%
Oral Surgery	1374	1708	80.44%
Neurosurgery			
Plastic Surgery	1264	1396	90.54%
Cardiothoracic Surgery			
General Medicine	43	43	100.00%
Gastroenterology	782	816	95.83%
Cardiology	897	899	99.78%
Dermatology	675	729	92.59%
Thoracic Medicine	313	392	79.85%
Neurology			
Rheumatology	408	410	99.51%
Geriatric Medicine	187	188	99.47%
Gynaecology	967	1007	96.03%
Other	3733	3913	95.40%
Total	16259	17666	92.04%

General Surgery – 83.2% (Q2 target = 83.23%, Q3 target 85%)

General Surgery – Additional lists in place for August, September and October to reduce long waiting patients and equalize wait times for hernia patients. Consultants also asked to review patients and 'pool' cases for other consultants to do.

Trauma &Orthopaedics (T&O) – 87.4% (Q2 target = 89%, Q3 target = 90%)

- Good progress with separation of trauma and elective - High levels of Trauma continued in August
- Flexible Job Planning continues
- Improved visibility of waiting lists – realignment of waiting lists to sessions being planned for Q3
- Additional theatre lists where possible
- Additional Limited Liability Partnership lists and additional Sunday list per month
- Weekly meeting with Executive support to increase activity and reduced lost cases due to some ongoing issues

Plastics (Skin) – 87.9% (Plastics & Burns: Q2 target Q2 88%, Q3 target 89%)

- Breast reconstruction lists – continue increase in number of Dieps in August
- Skin Plastic Surgeon – interviews 24th September
- Micro Plastic Surgeon - interviews 24th September
- Additional Malignant Melanoma & Squamous Cell Carcinoma lists.
- Increased capacity identified in both DSU and Minor Operations.
- Additional Rapid Referral Clinic capacity

Oral and Maxillo Facial surgery (OMFS) – 84.02% (Q2 target = 90%, Q3 target = 90%)

- Grading Matrix finalised to enable improved bookings & utilisation
- Clinic template work ongoing to improve booking
- Additional lists where possible

Urology – 87.96% (Q2 target = 87.96%, Q3 target = 91.0%)

Urology Locum started on 18th September, flexible timetable in place to allow cover for urology capacity. Locum to concentrate on long waiting elective patients and new patient clinics.

Respiratory- 80% (Q2 target 83%, Q3 target 80%)

Review of the Respiratory service is being undertaken to review clinical prioritisation of services to be provided. The Chief Operating Officer and Director of Finance have begun discussions with Wiltshire CCG.

Diagnostic (DM01) August

In August 99.5% of patients were seen within 6 weeks. There were 14 breaches (1 U/S, 3 Audiology, 2 Cardiology and 8 Endoscopy.)

The MRI waiting list had shrunk to under 300 by the end of July and remains that way. We are therefore reducing some of the capacity on the van whilst we look to outsource capacity to other providers. Local health care providers have been notified of the available capacity. We are in advanced talks with GWH to reach an agreement.

CT wait times continue to reduce as we have been able to put capacity in place for regular weekend working.

Waiting List Size

Specialty	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Variance
General Surgery	765	733	731	685	656	557	-27.19%
Urology	1082	1115	1165	1202	1196	1199	10.81%
Trauma & Orthopaedics	1905	1901	1848	1771	1804	1933	1.47%
Ear, Nose & Throat (ENT)	911	966	1073	1068	1093	1172	28.65%
Ophthalmology	1167	1251	1274	1347	1338	1304	11.74%
Oral Surgery	1588	1586	1595	1739	1771	1708	7.56%
Neurosurgery	0	0	0	0	0	0	0.00%
Plastic Surgery	1402	1264	1370	1318	1303	1396	-0.43%
Cardiothoracic Surgery	0	0	0	0	0	0	0.00%
General Medicine	43	43	49	48	44	43	0.00%
Gastroenterology	865	862	902	899	887	816	-5.66%
Cardiology	773	843	901	865	881	899	16.30%
Dermatology	742	735	792	775	727	729	-1.75%
Thoracic Medicine	394	400	412	425	420	392	-0.51%
Neurology	0	0	0	0	0	0	0.00%
Rheumatology	270	316	337	354	371	410	51.85%
Geriatric Medicine	150	153	166	174	183	188	25.33%
Gynaecology	904	975	1001	987	947	1007	11.39%
Other	4077	4171	4345	4189	4058	3913	-4.02%
Total	17038	17314	17961	17846	17679	17666	3.69%

RTT Total Waiting Lists for last 6 months split by CCG's

Total WL	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Dorset CCG (11J)	2,537	2,495	2,564	2,505	2,480	2,460
West Hampshire CCG (11A)	1,582	1,572	1,621	1,626	1,583	1,574
Wiltshire CCG (99N)	10,080	10,361	10,752	10,577	10,481	10,610
Other CCGs	2,839	2,886	3,024	3,138	3,135	3,017
Trust Total	17,038	17,314	17,961	17,846	17,679	17,661

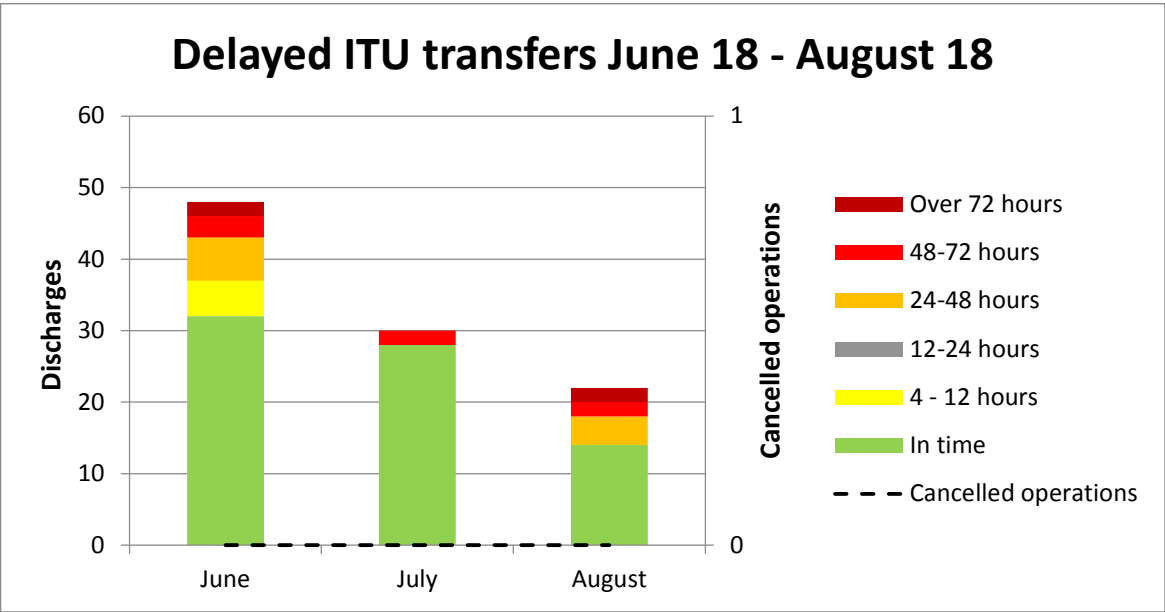
Cancer

- Cancer 2ww and 31 day have been delivered. Unfortunately 62 day standard was not achieved.
- August has proved challenging. However, we have achieved most targets and are currently still working on 62 day.
- We have seen a significant benefit in terms of radiology and pathology reporting as a result of our weekly PTL meetings.
- Urology is an ongoing cause of concern due to shortages within the Consultant workforce and pathway difficulties with tertiary providers. A pathway review has commenced to ensure patients are referred to tertiary providers by day 32.
- Oncology capacity has been adversely affected by shortages within medical staffing, though should improve in September. Discussions with UHS have commenced requesting their support to cover some of the gaps.
- A computer upgrade has been completed which will allow 28 day reporting.

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

Description	Standard	July			August			Q2 2018-19		
	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	876.0	932.0	93.99	816.0	873.0	93.47	2449.0	2595.0	94.37
Symptomatic Breast Two Week wait	93	20.0	21.0	95.24	14.0	15.0	93.33	52.0	54.0	96.30
31 Day Standard	96	106.0	110.0	96.36	147.0	149.0	98.66	314.0	324.0	96.91
31 Day Subsequent: Drug	98	6.0	6.0	100.00	5.0	5.0	100.00	23.0	23.0	100.00
31 Day Subsequent: Surgery	94	27.0	27.0	100.00	24.0	25.0	96.00	53.0	54.0	98.15
62 Day Standard	85	53.5	64.0	83.59	76.5	93.5	81.82	162.5	198.5	81.86
62 Day Screening Patients	90	5.5	6.0	91.67	9.5	11.5	82.61	25.0	28.0	89.29
Link to: Cancer Target Breaches By Month										

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 - August 2018



			Reporting Month		Rolling 12 months
Metric Name	National Ceiling /Standard	Local Trajectory	Aug-18	Patients Affected in Aug-18	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	92.0%	1,407	
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	Aug-18	Patients Affected in Aug-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	89.7%	593	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		99.49%	14	
Diagnostic Test Compliance***	10 out of 10		5 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Delivering same sex accommodation****	0		28		
Infection control – Clostridium difficile (YTD)	YTD: 8		YTD: 1	1	
Infection control - MRSA*	0		0		
Metric Name	National Ceiling /Standard	Local Trajectory	Aug-18	Patients Affected in Aug-18	Trend Against National Standard
All Cancer two week waits	93%		93.5%	57	
Symptomatic Breast Cancer - two week waits	93%		93.3%	1	
31 day wait standard	96%		98.7%	2	
31 day subsequent treatment : Drug	98%		100.0%	0	
31 day subsequent treatment : Surgery	94%		96.0%	1	
62 day wait standard from GP referral	85%		81.8%	17.0	
62 day screening patients	90%		82.6%	2.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

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

Report to:	Trust Board (Public)	Agenda item:	SFT4115
Date of Meeting:	4th October 2018		

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

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

Executive Summary:
<p>Positive indicators – low infection rates sustained and HSMR remains within the expected range. Hip fracture patients receiving surgery within 36 – 48 hours and high risk TIA sustained performance above target. SSNAP score increased to B following the move to the new ward.</p> <p>Falls resulting in moderate or major harm are being closely monitored and improvement work continues.</p> <p>As the use of escalation decreases we have seen recurrence of mixed sex accommodation breaches within AMU. Privacy and dignity is maintained and the breaches are resolved very quickly (only occur in the ambulatory bay of AMU). No patient complaints or concerns feedback as a result.</p>

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

1.0 Purpose

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

2.0 Background

- 2.1 The Accountability Framework sets out the performance function which oversees the delivery of all elements of Trust performance throughout the year, including service performance and quality of care linked to the delivery of the Trust's transformational and financial plans.
- 2.2 The Performance Framework sets out the metrics that each directorate will be held accountable for. The quality indicator report provides the metrics used to establish the quality of care provided by the Trust.

3.0 Quality indicator report

- 3.1 1 case of Trust apportioned C Difficile.
- 3.2 Two cases of Trust apportioned E Coli bacteraemias both on different wards. One was catheter related.
- 3.3 Four new serious incident inquiries commissioned in August.
- 3.4 An increase in the crude mortality rate in August. HSMR increased to 102.2 to May 18 and is within the expected range. SHMI decreased to 106 to March 18. Q1 Learning from Deaths report to be presented to the Clinical Governance Committee in September.
- 3.5 Hip fracture patients receiving surgery within 36-48 hours of admission sustained at 90% target.
- 3.6 An increase in category 2 pressure ulcers.
- 3.7 Two falls resulting in major harm (fractured femurs required surgery). The falls improvement work continues.
- 3.8 *Please note August data is provisional.* 100% of patients received a CT scan within 12 hours. A decrease in patients reaching the stroke unit within 4 hours due to waiting to see a doctor in ED (8). 84% of patients spent 90% of their stay on the stroke unit, better than the national average of 80%. The stroke team continue to work with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway. Work is focused on improving thrombolysis door to needle times, time to the stroke unit and boosting the early supported discharge scheme. SSNAP score increased to B in Q1.
- 3.9 Good performance in high risk TIA patients seen within 24 hours.
- 3.10 Escalation bed capacity reduced but multiple ward moves increased in August.
- 3.11 5 non-clinically justified mixed sex accommodation breaches affecting 28 patients all in the ambulatory bay on AMU. 1 clinically justified mixed sex accommodation breach affecting 5 patients in AMU in August.
- 3.12 Patients rating the quality of their care sustained at previous year's average. The Q1 staff friends and family test showed a marginal decrease from Q4 on those recommending the Trust as a place to work and receive care or treatment.

4.0 Summary

Positive indicators – low infection rates sustained and HSMR remains within the expected range. Hip fracture patients receiving surgery within 36 – 48 hours and high risk TIA sustained performance above target. SSNAP score increased to B following the move to the new ward.

Falls resulting in moderate or major harm are being closely monitored and improvement work continues.

As the use of escalation decreases we have seen recurrence of mixed sex accommodation breaches within AMU. Privacy and dignity is maintained and the breaches are resolved very quickly (only occur in the ambulatory bay of AMU). No patient complaints or concerns fed back as a result.

5.0 Recommendation

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

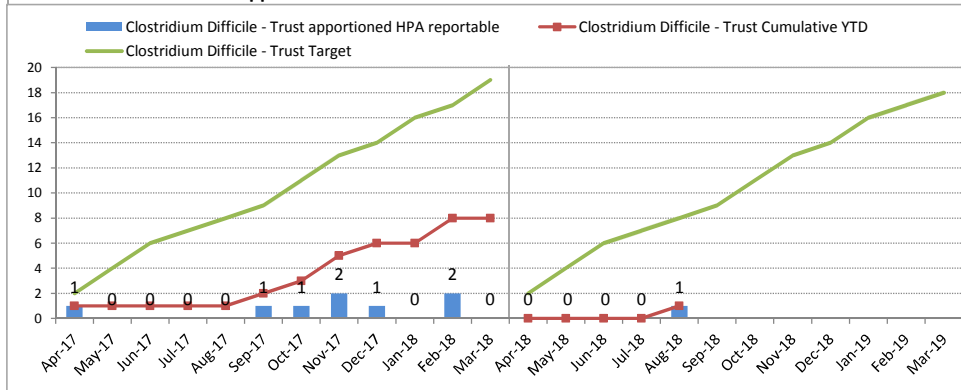
Claire Gorzanski, Head of Clinical Effectiveness, 14 September 2018.

Infection Control	2017-18 YTD	2018-19 YTD
MRSA (Trust Apportioned)	0	1

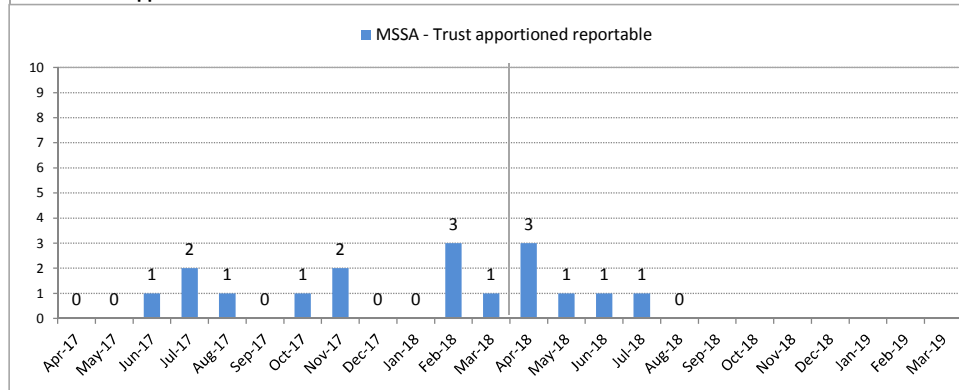
Trust Incidents	2017-18 YTD	2018-19 YTD
Never Events	3	0
Serious Incidents Requiring Investigation	25*	12

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

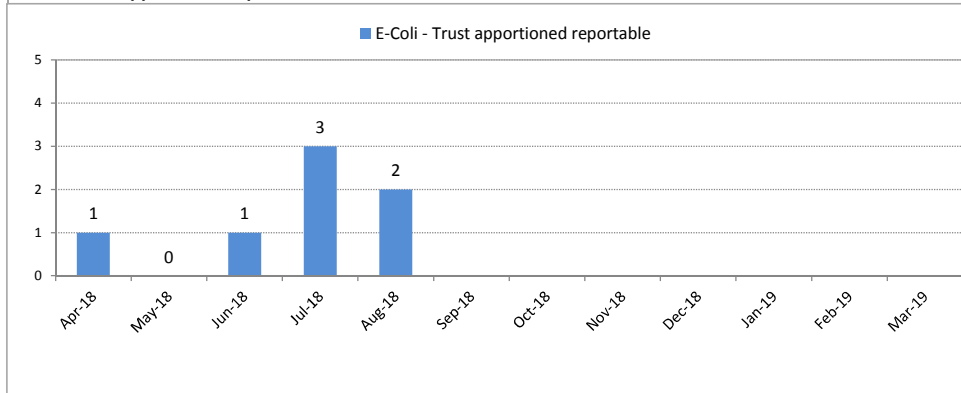
Clostridium Difficile - Trust Apportioned



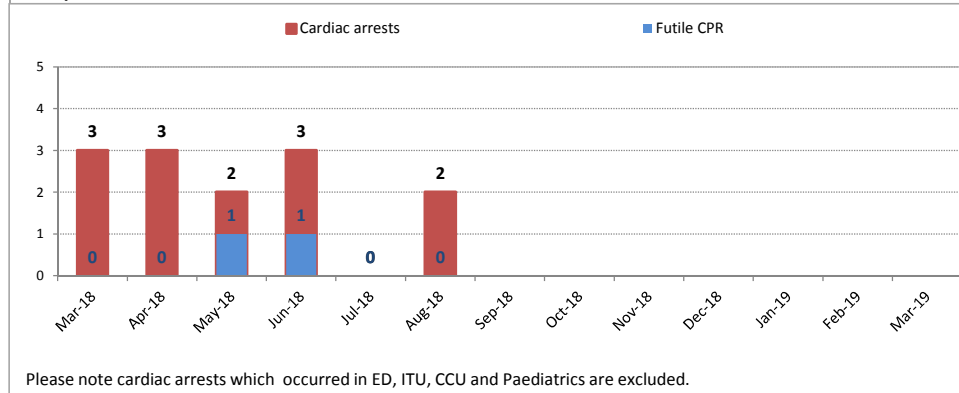
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable

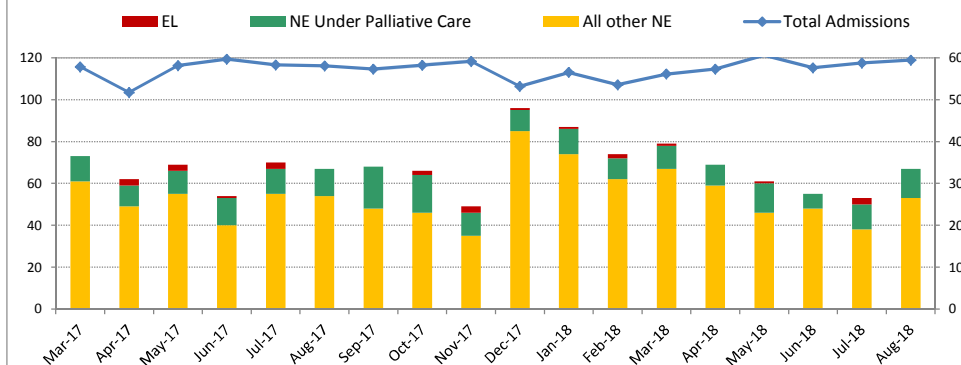


In hospital cardiac arrests and futile CPR

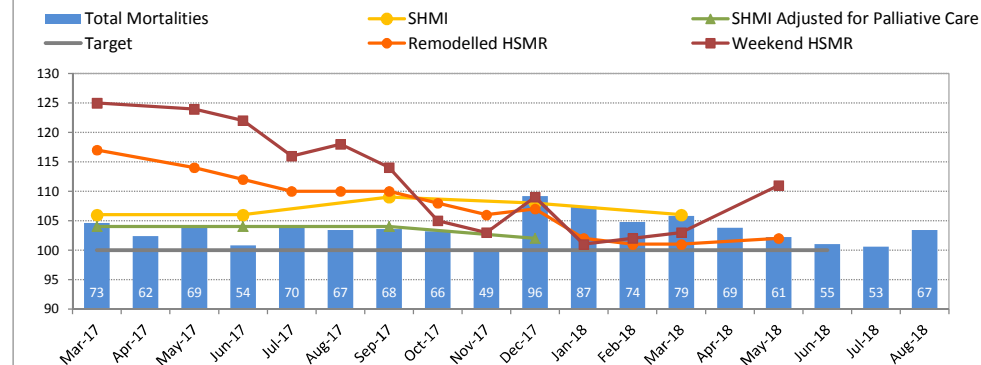


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

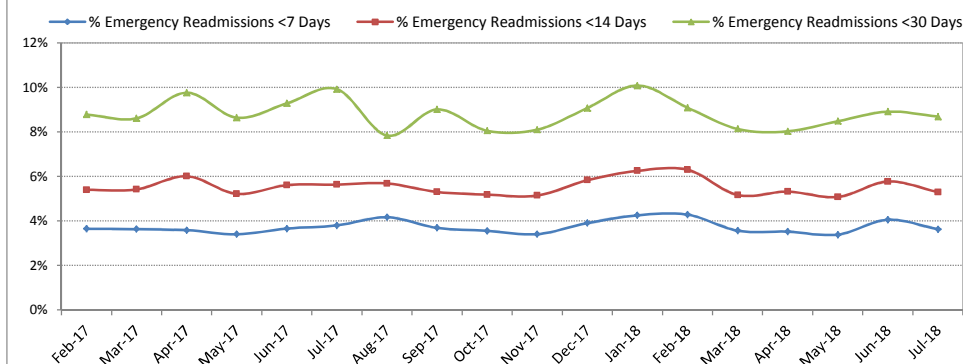
Hospital Mortalities



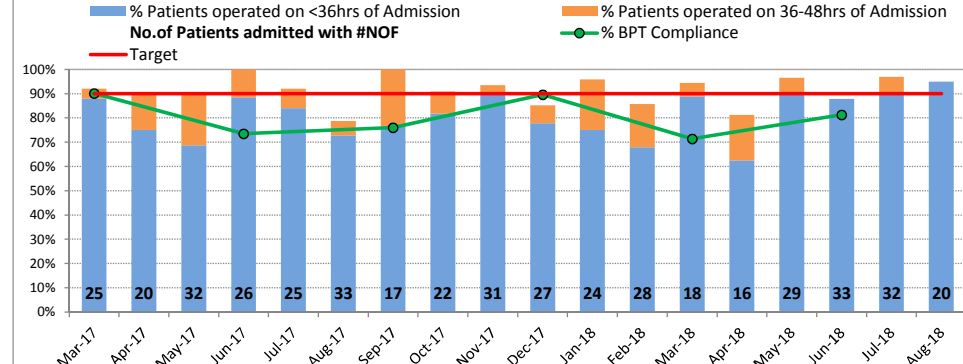
HSMR and SHMI



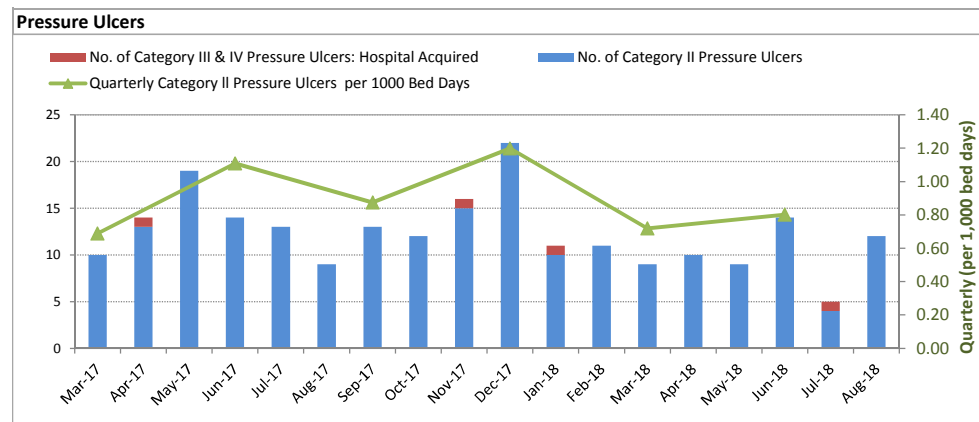
Emergency Readmissions within 7, 14 & 30 days of Discharge



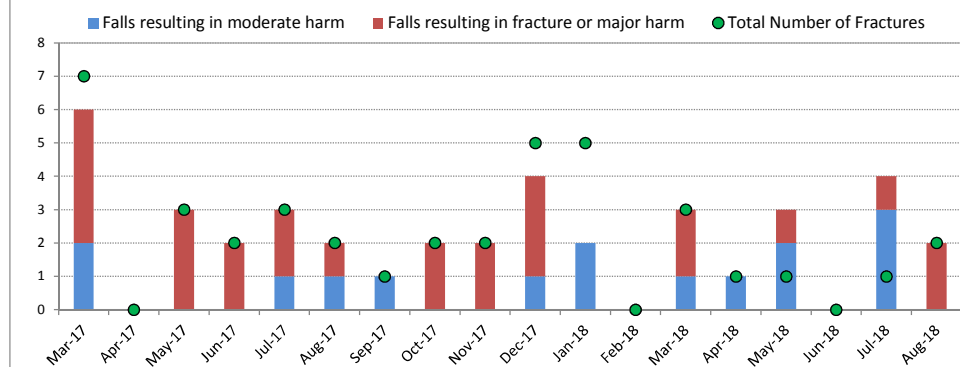
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



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

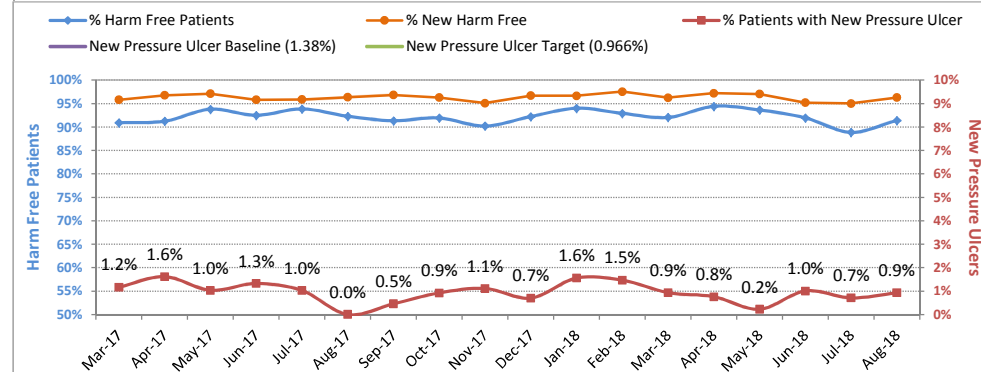


Patient Falls in Hospital

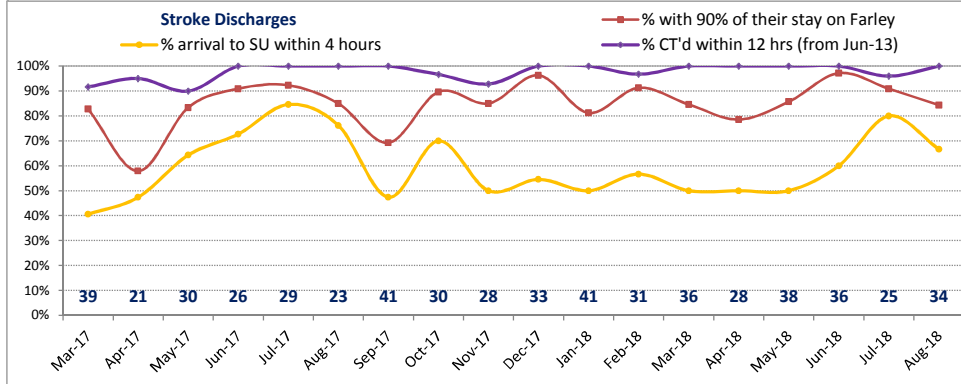


Please note, in Mar-17 1 patient has 2 fractures.

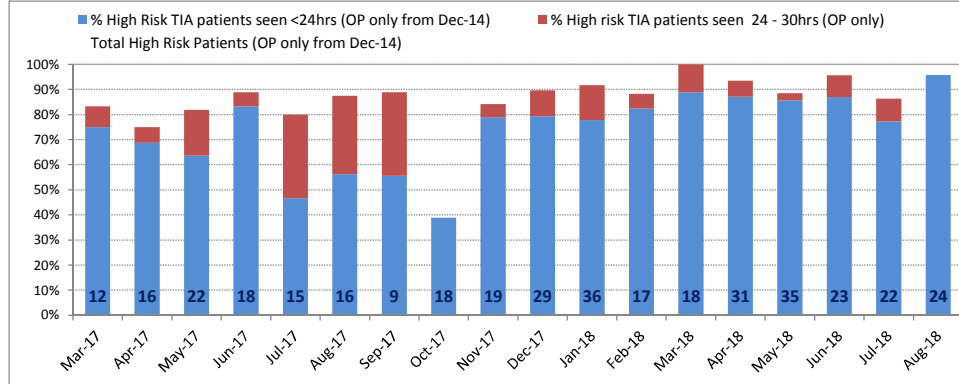
Safety Thermometer - One Day Snapshot per Month



Stroke Care



TIA Referrals



Please note, August 2018 data is currently provisional.

SSNAP Case Ascertainment Audit

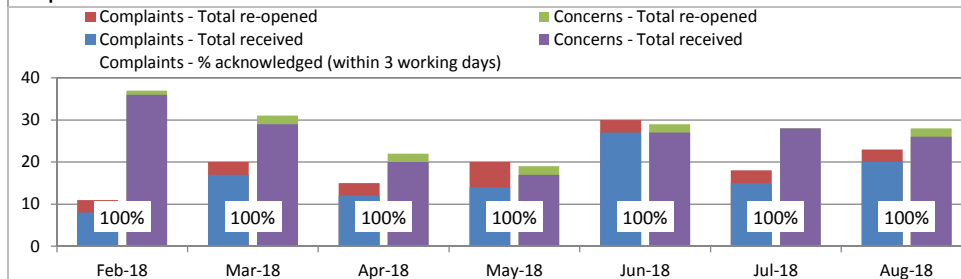
Highest level = Grade A

Lowest level = Grade E

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

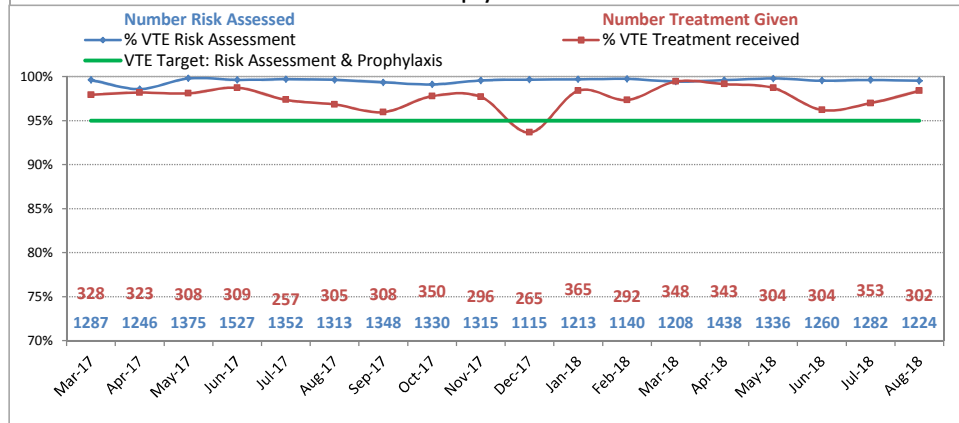
Quarterly	Q1	Q2	Q3	Q4
2018-19	B			

Complaints and Concerns

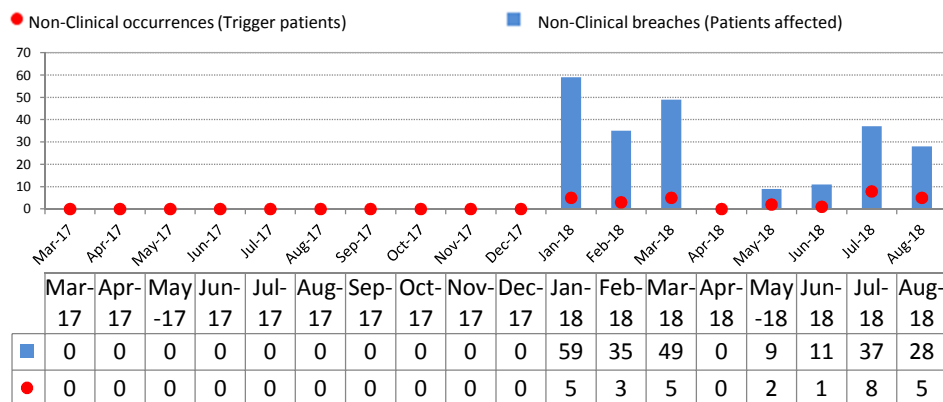


	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Complaints - Total received	8	17	12	14	27	15	20
Complaints - Total re-opened	3	3	3	6	3	3	3
Concerns - Total received	29	36	20	17	27	28	26
Concerns - Total re-opened	2	1	2	2	2	0	2

Venous Thrombous Embolism: Risk Assessment & Prophylaxis

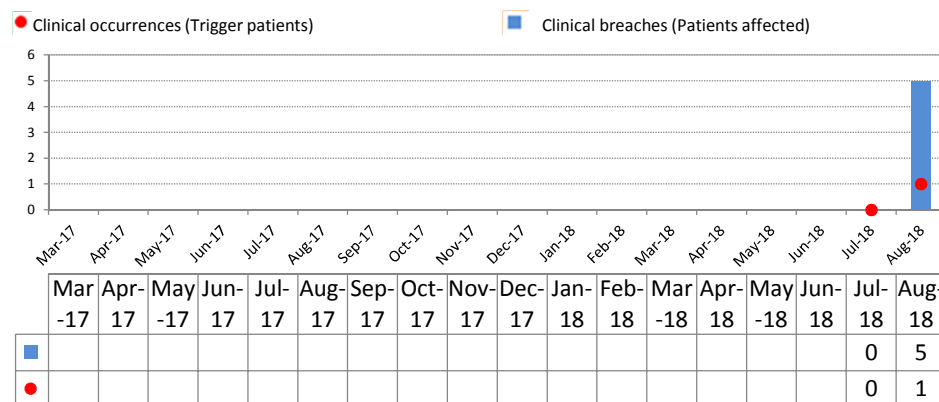


Delivering Same Sex Accommodation - Non-clinical



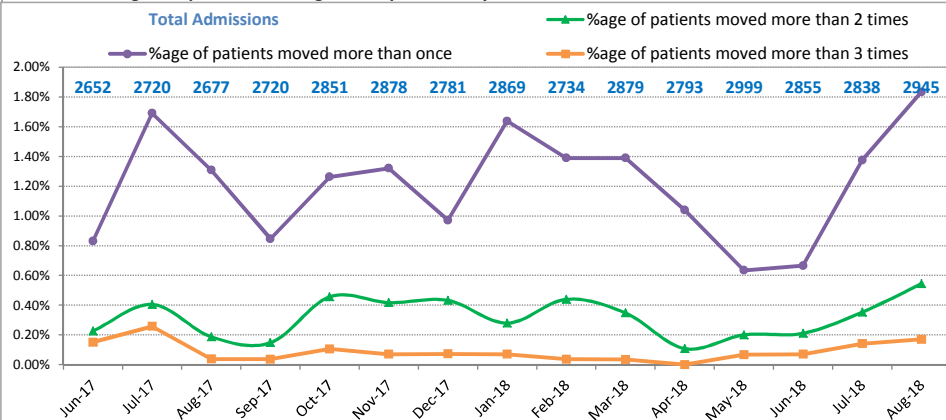
Please note MSA (Mixed sex accommodation) is now referred to as DSSA (Delivering same sex accommodation) since 01/08/2018

Delivering Same Sex Accommodation - Clinical

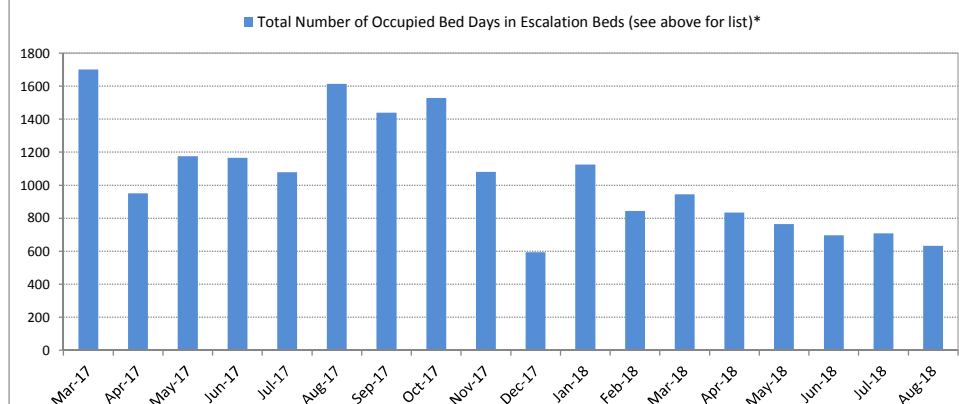


Please note Clinical DSSA figures have been collected since June 2018

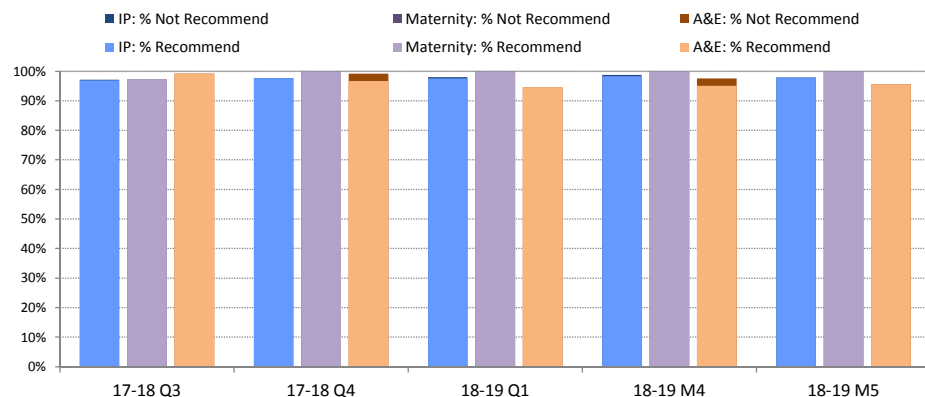
Patients moving multiple times during their Inpatient Stay



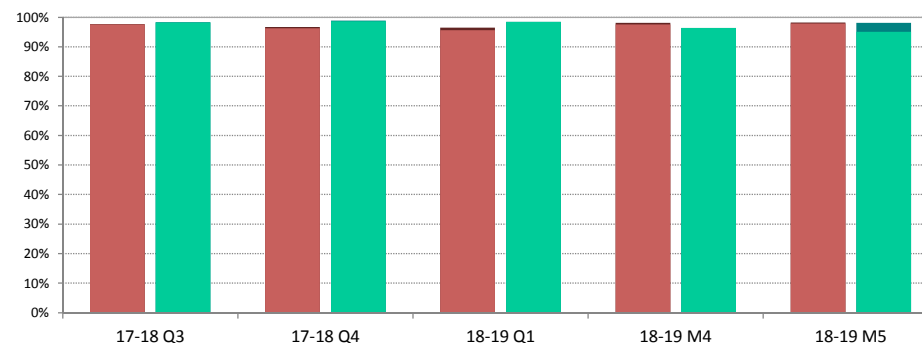
Escalation Bed Days



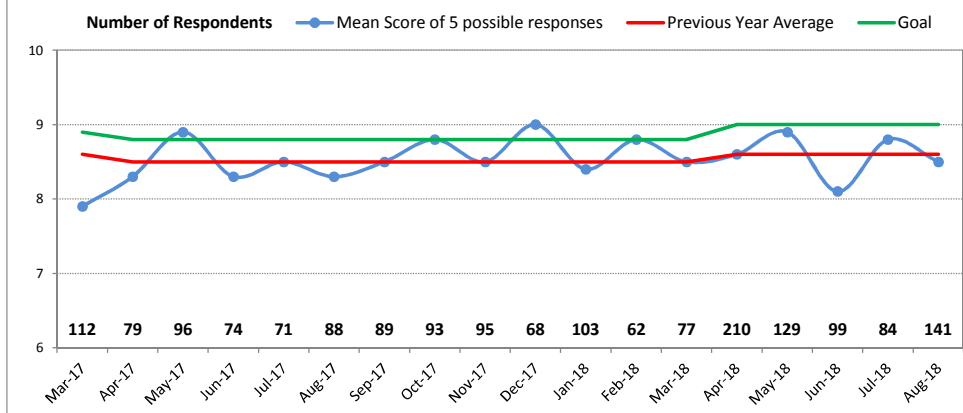
Friends & Family Test: Responses by Area



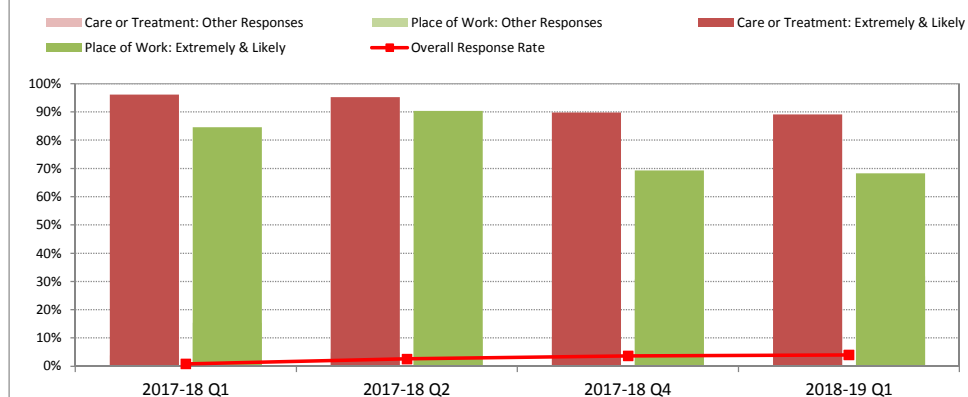
OP: % Not Recommend, DC: % Not Recommend, OP: % Recommend, DC: % Recommend



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



Friends & Family Test: Staff (% Responses)



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

Report to:	Trust Board (Public)	Agenda item:	SFT4115
Date of Meeting:	04 October 2018		

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 5 Workforce KPIs Month 5 2018/19 Areas for Concern Month 5 2018/19			

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

Executive Summary:
<p>The Executive Summary of Key Workforce Performance and the Month 5 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators</p> <p>The pay bill is underspent by £204k year to date. Agency spend has decreased in month by £50k to £838k, with a major reduction in Registered Nursing spend (£121k). There was a significant increase in Laundry, Admin and Ancillary staff spend (£73k).</p> <p>The Trust's sickness rate is red, over the 3% target in this month at 3.42%, and the year to date rolling absence figure is at 3.59%. Compared to last month, short term sickness has increased, while long term sickness has reduced.</p> <p>Recruitment remains challenging although pipeline forecasts show an improving picture from August to October 2018. The TRAC electronic recruitment system is now becoming embedded and first reports will be available from the system in October.</p>

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

1. Purpose

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

2. Background

Month 5 data shows a £204k underspend on the pay bill year to date, which is a result of underspend on substantive staff e.g. Nursing due to vacancy levels, which have not been offset by our temporary spend. NHS Infrastructure support underspend includes Laundry.

Agency spend has decreased by £50k to £838k, sickness absence has increased to 3.42% and the vacancy rate has increased from 7.64% in month 4 to 9.65% in month 5, as a result of the Laundry establishment increasing by 53.0 WTE, following the securing of additional contracts.

Mandatory training compliance is green at 88.2%. Appraisal compliance for non-medical staff is green at 87.8%, this is a significant improvement on last month's compliance total of 76.4%.

Appraisal compliance for medical staff is above the 85% target at 90.0%, slightly improved on last month's compliance of 86.3%.

3. Resourcing

3.1 Recruitment

Nursing remains a challenging area to recruit; using the Month 5 baseline, the Trust needs to recruit 101 wte ward nurses to achieve a fill rate of 95% of establishment. Over the last year the Trust has recruited an average of 5.2 ward nurses per month, with 8.5 WTE leaving. This figure includes those who reduced to zero hours contracts.

If ward nurse recruitment was increased to 12 wte per month (on average), it would take 28 months to reach our target of 95% establishment fill.

The recruitment pipeline for all groups of staff, from August to October 2018, shows reducing vacancies, from the current 319 to 276, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 166 to 132, including newly qualified nurses due to commence in September.

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

- Trac is improving time to recruit through faster turnaround at several stages in the recruitment process; for example, initial posting of vacancy and conditional offers.
- Attending and/or arranging targeted careers events, for example for Military personnel, for Radiographers, for Nursing Assistants, for Registered Nurses.
- The next overseas event is for UAE recruitment event for RNs in November.
- As part of recruitment service review combining our Medical and Non-Medical recruitment teams for economies of scale and synergy.
- Increasing the arrival rate for overseas nurses, although this brings the challenge of capacity to manage those direct recruits.
- Continuing to interview RNs via Skype although this is hampered by the availability of Ward Managers for the interviews.
- Working with Divisions to create specific campaigns for hard to recruit to vacancies and/or where there are large volumes, e.g. ED
- Challenging ward managers to consider how we could work differently or use different skills in the continuing provision of safe care.

Nursing Summary

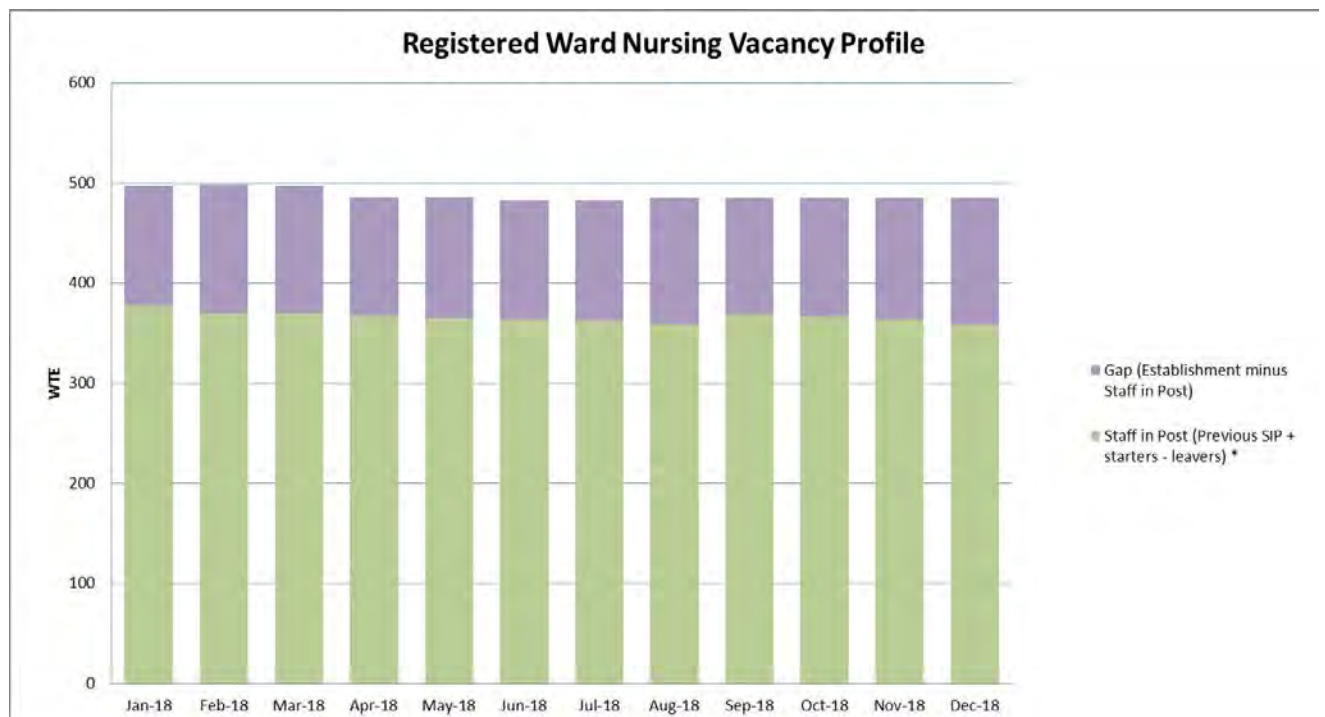
The following table, developed for the Safer Staffing Group, shows the past, current and predicted ward nursing profile based on known detail as follows:

- Maternity leave
- Sickness
- Recruitment pipeline
- Leavers forecast
- Internal movements

The budgeted establishment drops from 497.35 wte in January to 482.58 in December 2018, and the gap between establishment and staff in post decreases in September, due to newly qualified starters in September.

CLASSIFICATION

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Ward Registered Nursing FTE												
Mat Leave (Actual and Predicted)	18.95	16.84	15.56	14.73	12.67	13.03	13.45	15.38	17.92	16.63	18.31	20.61
Sickness (Actual and Predicted)	17.46	14.87	13.15	11.46	13.33	11.39	15.56	11.96	15.12	11.89	10.63	15.77
Total Ward Nursing Leavers, Transfers, Hours Reductions	8.09	5.44	5.40	12.87	8.75	8.55	10.01	8.75	8.48	8.48	8.48	8.48
International Nurses awaiting PINs, see B4 and B3 tabs	10.00	10.00	10.00	13.00	13.00	15.20	11.20	28.20	35.20	36.20	36.20	36.20
Other Recruitment (from induction lists from September)	2.09	5.51	4.16	1.68	5.81	8.63	8.61	5.33	8.00	6.00	0.00	0.00
Newly Qualified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00	0.00
2017/18 Recruitment from Nov 2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.21	3.60
Budgeted Establishment *	497.35	498.35	497.98	485.61	485.61	482.58	482.58	484.83	484.83	484.83	484.83	484.83
Staff in Post (Previous SIP + starters - leavers) *	377.40	370.05	369.60	367.24	365.02	364.06	362.66	359.24	368.76	366.28	364.00	359.12
Gap (Establishment minus Staff in Post)	119.95	128.30	128.38	118.37	120.59	118.52	119.92	125.59	116.07	118.56	120.83	125.71



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

Registered Nursing	
Turnover (Rolling 12 Months)	
Nursing and Midwifery Registered	8.29%
Top 3 areas of turnover > 10.00 FTE	
Burns and Plastics	24.94%
Chilmark Ward	16.55%
Pitton Ward	16.48%
Vacancies	
Nursing and Midwifery Registered	20.86%
Top 3 areas of Vacancies > 10.00 FTE	
DSU Clinical Staff	19.91 FTE
Avon Ward	10.86 FTE
Emergency Department	10.68
Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.90%
Top 3 areas of sickness absence > 10.00 FTE	
Palliative Care/Hospice	9.60%
Theatres Recovery	9.42%
Tisbury Ward	8.23%

3.2 Voluntary Services

- Visited Wilshire College Salisbury and Bishop Wordsworth School to discuss volunteering options and the benefits in helping them gain placements at university or secure job offers
- Neil Churchill from NHSE visited the Trust on 21st August 2018 this is following on from Sir Thomas Hughes-Hallett and Paddy Hanrahan's visit back in May. Neil is currently supporting and working closely with HelpForce.
- Made nomination to the HelpForce National Health Awards
- Five new volunteers started during the month of August with three new volunteers interviewed.

3.3 Retention

Staff turnover remains above target, at 9.34% compared to last month's 9.30%. We are taking further actions to improve retention in all disciplines within the Trust, but particularly nursing.

We are:

- Promoting the internal transfer scheme on all RN vacancies
- Analysing data from the exit questionnaires that have been returned.
- Analysing data from the 100 days questionnaires that have been returned – these will directly influence the on-boarding and retention work.
- Refining both sets of questionnaires to improve quality and quantity of responses
- Initiating "stay conversation" process from October.

3.4 Temporary Staffing

Month 5 agency spend has decreased to £838k which is nevertheless a £535k overspend against our £316k NHSI agency control total for August. Of this overspend, £235k relates to Nursing Agency spend and £138k to NHS Infrastructure Support Agency spend.

	Month 4 July 2018	Month 5 August 2018	Change (+ / -)
AGENCY STAFF SPEND BY STAFF GROUP	£	£	£
Registered Nurses - Agency	435,496	314,655	-120,841
Allied Health Professionals - Agency	95,767	113,883	18,116
Health Care Scientists - Agency	16,978	1,325	-15,653
Support to nursing staff - Agency	41,456	48,915	7,459
Consultants - Agency	74,530	71,505	-3,025
Career/Staff Grades - Agency	0	0	0
Trainee Grades - Agency	88,926	79,869	-9,057
NHS Infrastructure Support - Agency	133,898	207,367	73,469
Total	887,049	837,519	-49,531

Although this is an improvement on the previous month, we clearly need to take further actions in order to reduce spend closer to the control total. We are:

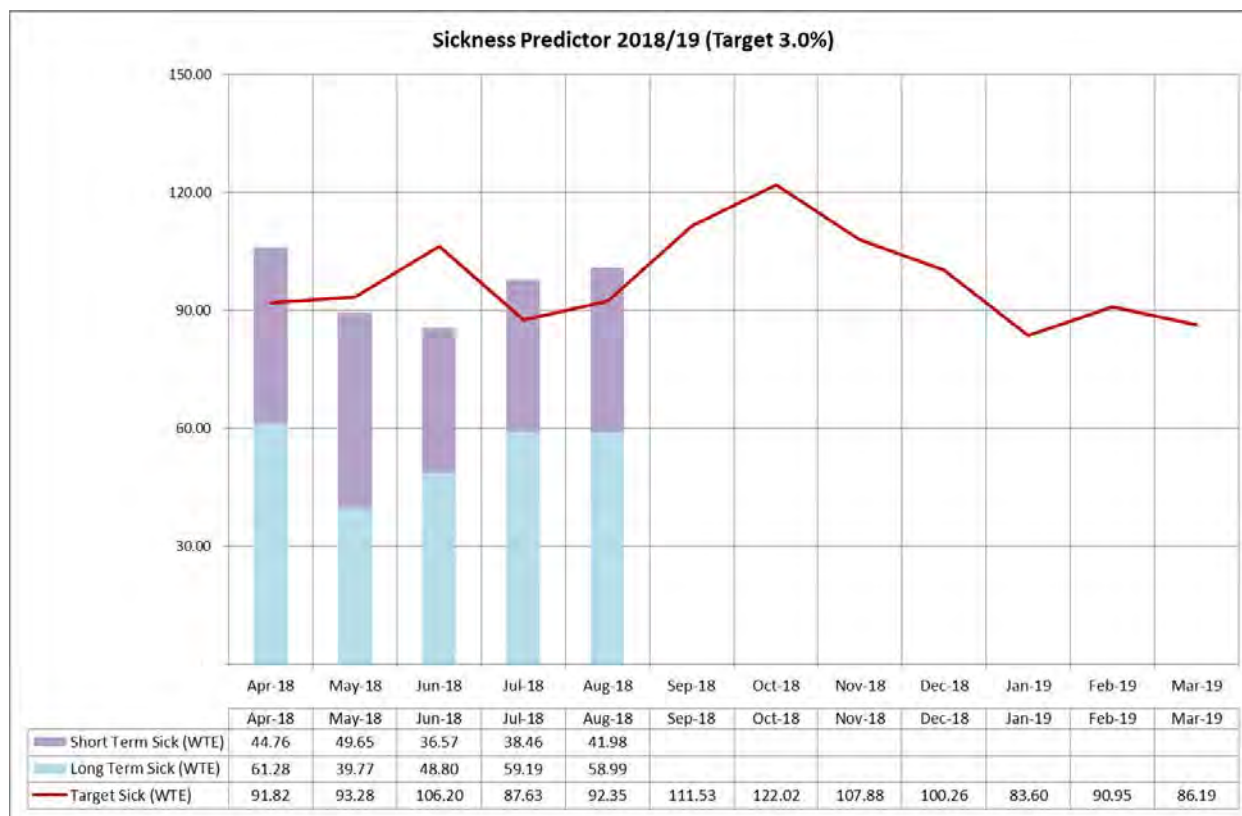
- Ahead of schedule for direct engagement with locums via Brooksons, now at 99%
- Undertaking further work with Locum's Nest to improve fill rates at all levels
- Integrating all bank workers through a single route managed within OD & People Directorate from November 2018
- Working on an options appraisal paper for Workforce Committee to consider whether the bank should remain in-house, be outsourced to a Managed Service Provider, or a "hybrid" arrangement.

4. Health & Wellbeing

4.1 Sickness Absence

Our current sickness absence rate of 3.42% in month 5 is over our 3% target and a 0.10% deterioration on last month. There has been an increase in short term sickness and a decrease in long term sickness.

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



Surgery Directorate have reduced their sickness absence month on month for the past 4 months and are evaluating two initiatives put in place that may have facilitated this reduction. There is potential for adopting these practices to other Directorates to similar effect.

People Business Partners are continuing with work in their Directorates to target individuals on both long and short term sickness with proactive plans to bring them back into work as soon as possible or resolve their attendance in alternative ways.

5. Education, Inclusion, Communications and Engagement

5.1 Learning & Development

Mandatory training

Compliance has improved this month and remains in green at 88.21%.

Appraisals

Compliance for non-medical staff has improved to 87.8%, which is rated green, from last month's compliance of 76.4%. A number of inactive records were removed from the Trust's appraisal system following data cleansing by People Business Partners, which along with positive actions to close individual appraisals, has contributed to this improvement.

Medical staff appraisals are green at 90.04%, compared with last month's compliance rate of 86.31%, against the target of 85%.

5.2 Engagement – “Let’s Get Engaged”

We gave a presentation at the last private Board on the progress of the Staff Engagement Group, which met again on 10th September 2018.

At this meeting, we mainly discussed “quick wins” from the programme, including:

- Catering – opening times, availability of hot food, staff only services
- Development of outside spaces
- Communications & awareness

We had also arranged for presentations from two potential suppliers of staff benefits platforms, both of which include an Employee Assistance Programme, which were generally well received.

The overriding issue from staff is communications. With a new Head of Communications now appointed and commencing next month, there will be “fresh eyes” look at how our internal communications are delivered.

5.3 Apprenticeships

A “deep dive” of our progress in relation to apprenticeships was presented to the Workforce Committee on 20th September 2018, including interventions planned to reach the target of 50% spend of levy by March 2019. The Committee heard that a Training needs analysis (TNA) for the whole Trust is due to be rolled out, with the levy (currently £670k per year for SFT) being apportioned to each area to support training. The Associate Director of Education, Diversity, Inclusion and Communications will meet with each area to agree the plan and this will be fed into the Trust workforce plan, in commissioning stages at the moment.

5.4 Workforce Race Equality Standard (WRES)

The Trust return has been published on the Trust internet as required, by 28th September. We are awaiting our report back from the national team following submission, and for benchmarking against national targets.

A full report with the subsequent action plan will be published following approval from Board once this is received by which time our newly appointed Head of Diversity and Inclusion will be in post.

6. Workforce Risks

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

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

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

7. Future Workforce Plan

The Operational Plan, designed to deliver the agreed People strategy, has been developed and is in discussion with the CEO and wider Executive. There are resource implications to deliver elements of the strategy and plan arising from the ambition to overcome the longstanding structural workforce challenges and will require investment and development work over and above “business as usual”. As we move into delivering our Operational Plan, our report will be increasingly focussed on the four pillars of the People Strategy and the interventions contained within the plan for the remainder of this financial year. Although the KPIs will remain the cornerstone of our reporting, there are likely to be additions and some revision to existing targets and RAG rating parameters.

8. Summary

The situation remains challenging. The actions described in section 3, 4 and 5 will ensure that the workforce is appropriately engaged and managed to maximise patient care and experience. However, it is acknowledged that the key areas of pressure remain recruitment, temporary staffing volume usage, retention in key areas 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 directorate 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.







CLASSIFICATION



Paul Hargreaves

Director of Organisational Development and People

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 35 leavers (headcount), and 38 starters (headcount), compared to 29 leavers and 40 starters in the month before.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was above target at 9.34%, this compares to last months position which was 9.30%. For the rolling year to M5 2017/18, the Trust's turnover rate was 9.42%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest turnover rate for the rolling year was Musculo-Skeletal at 13.05%, followed by Facilities (12.33%) and Clinical Support & Family Services (9.36%).</p>	GREEN		8.50%
Vacancies	<p><u>In Month:</u> Vacancies have increased from 7.64% in month 4 to 9.65% in month 5, due to an increase in the Laundry establishment of 53.0 WTE, following the securing of additional contracts.</p> <p><u>Year to Date:</u> The average vacancy rate is 7.39%, this compares to last months average position which was 7.06%. The Trust's vacancy rate for the same period last year was 9.64%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest vacancy rate for the month was Corporate at 20.66%, followed by Musculo-Skeletal (14.35%) and Medicine (10.72%).</p>	RED		5.00%
Temporary Spend	<p><u>In Month:</u> There has been a decrease in agency spend this month to £837,519, compared to last month's position which was £887,049.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £3,861,052, compared to the spend for the same period in the previous year which was £3,446,097.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest agency spend for the month was Medicine with £326,070, followed by Surgery (£128,153) and Musculo-Skeletal (£121,796).</p>	RED		£302,859
Sickness	<p><u>In Month:</u> There has been an increase in the sickness rate this month at 3.42%, this compares to last months position of 3.32%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 3.59%, which compares to last months position which was 3.58%. The sickness rate for same period last year was 3.52%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the highest sickness rate for the month was Musculo-Skeletal with 4.39%, followed by Medicine (3.98%) and Facilities (3.90%).</p>	RED		3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have increased this month to 88.21%, this compares to last months position of 87.87%. Compliance for the same period in 2017 stood at 85.79%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 86.26%, this compares to last months position of 85.99%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the lowest compliance rate was Corporate with 82.94%, followed by Medicine (84.09%) and Clinical Support & Family Services (87.92%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has increased this month to 87.80%, this compares to last months position of 76.40%. Non-medical appraisal compliance for the same period last year stood at 81.90%.</p> <p><u>Year to Date:</u> The year to date average compliance is 81.73%, this compares to last months position of 80.86%.</p> <p><u>Top 3 Hotspots:</u> The Directorate with the lowest compliance rate was Corporate with 81.40%, followed by Medicine (83.00%) and Musculo-Skeletal (88.40%).</p>	GREEN		85.00%

Key Areas of Concern						
KPI	Overall Commentary	highest Turnover rates				
			Jul-18	Aug-18	T	
Turnover <i>(measured in a rolling year)</i> Target 8.5%	Turnover increased slightly this month and is green rated. For Service Lines this month : the highest number of leavers for the year to date was from Therapy Services (25), Obstetrics & Gynaecology (24), and Pathology (17). For Staff Groups this month : highest number of leavers was Administrative and Clerical (87) in the year to date. The average Headcount turnover for local Trusts is 9.46%, which we are below at 9.34% FTE.	1 Estates Technical Services	19.06%	24.29%	↑	
		2 Rheumatology	26.38%	22.27%	↓	
		3 Therapy Services	17.51%	19.59%	↑	
		1 Musculo-Skeletal Directorate	11.36%	12.15%	↑	
		1 Add Prof Scientific and Technical	14.13%	15.38%	↑	
		highest number of leavers				
		1 Therapy Services	22	25	↑	
		2 Obstetrics & Gynaecology	24	24	⇒	
		3 Pathology	17	17	⇒	
		1 Clinical Support & Family Services	84	87	↑	
1 Administrative and Clerical	83	87	↑			
Vacancies Target 5%	Vacancies have increased from 7.64% in month 4 to 9.65% in month 5 due to an increase in the Laundry establishment of 53.0 WTE, following the securing of additional contracts. Recruitment event for NA's arranged for 1 November at the Red Lion in the city centre. Recruitment event for RN's arranged for 3 November. Attending Healthcare Science Careers Event at Southampton University on 1 November. Great Place to Work event arranged for February 2019. UAE recruitment event for RN's 9 and 10 November 2018. 3rd Australian nurse arriving 24 September. 15 bank NA's and 11 substantive NA contracts offered following the last NA recruitment event. 5 offers made to Radiographers who are due to qualify in 2019 following the recruitment event held at the beginning of September. Trac - 26 candidates have been offered a revised start date due to pre-employment checks being completed early. 10 accepted, remainder declined due to notice period, holiday or moving to area. Instagram account set up for Recruitment. Working with comms on how to utilise and ensure use is within Trust policies and procedures.	highest Vacancy rate				
			Jul-18	Aug-18	T	
		1 Laundry	-7.33%	44.90%	↑	
		2 Spinal Unit	26.25%	25.35%	↓	
		3 Orthopaedics	26.44%	24.18%	↓	
		1 Corporate Directorate	9.34%	20.66%	↑	
		1 Nursing and Midwifery Registered	19.52%	19.96%	↑	
		highest WTE Vacant				
		1 Laundry	-	4.10	48.90	↑
		2 Orthopaedics	30.98	28.33	↓	
3 Adult Medical Wards	28.76	28.15	↓			
1 Corporate Directorate	46.84	114.63	↑			
1 Nursing and Midwifery Registered	180.79	185.41	↑			

Key Areas of Concern					
KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency			
			Jul-18	Aug-18	T
Temporary Spend <i>Agency Control Total £6,200,000</i>	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. For Service Lines this month : Gastroenterology record all of their temporary spend as agency as this was in Medical & Dental (locum cover) covering difficult to recruit to vacancies. The agency usage is also required to avoid breaches of access/waiting times. For Staff Groups this month : The highest spend is on Nursing and Midwifery Registered.	1 Laundry	100.00%	100.00%	➡
		2 Gastroenterology - Medical Staff	100.00%	100.00%	➡
		3 Clinical Radiology Ex. Spin/CT	98.17%	100.00%	⬆
		1 Medicine Directorate	63.42%	55.49%	⬇
		1 Professions Allied to Medicine	100.00%	100.00%	➡
		highest £ spent on Agency			
		1 Laundry	£ 115,237	£ 176,007	⬆
		2 Gastroenterology - Medical Staff	£ 32,918	£ 59,804	⬆
		3 Emergency Department - Nursing	£ 45,813	£ 45,681	⬇
		1 Medicine Directorate	£ 393,444	£ 326,070	⬇
1 Nursing and Midwifery Registered	£ 435,496	£ 314,655	⬇		
Sickness Year to date <i>Target 3%</i>	Sickness for August (M5) is at 3.42%. Sickness for the rolling year to date is 3.59% 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 12.99% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.71% in the rolling year to date.	highest Sickness rate			
			Jul-18	Aug-18	T
		1 Main Outpatients	14.80%	12.99%	⬇
		2 Dermatology	9.32%	8.93%	⬇
		3 Theatres	6.81%	6.98%	⬆
		1 Facilities Directorate	4.69%	4.64%	⬇
		1 Additional Clinical Services	5.57%	5.71%	⬆
		highest WTE sick in month			
		1 Theatres	11.87	12.14	⬆
		2 Hotel Services	5.66	5.38	⬆
		3 Obstetrics & Gynaecology	4.57	4.62	⬆
		1 Surgery Directorate	25.61	24.86	⬇
		1 Nursing and Midwifery Registered	29.26	28.93	⬇

Key Areas of Concern						
KPI	Overall Commentary	lowest Mandatory training rates				
			Aug-18	Sep-18	T	
Mandatory Training <i>Target 85%</i>	Compliance has increased this month and remains green rated at 88.21%. 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	Clinical Haematology	62.35%	61.33%	↓
		2	Medical Staff - Child Health	67.63%	63.58%	↓
		3	Medical Staff - Medicine	62.18%	67.38%	↑
		1	Corporate Directorate	87.35%	82.94%	↓
		1	Medical and Dental	76.55%	78.58%	↑

Non-Medical Appraisals <i>Target 85%</i>	Appraisal compliance has increased to 87.80% and is green rated. 39 departments are red rated and these will be the focus over the next month to reach target.	lowest appraisal rates				
			Aug-18	Sep-18	T	
		1	Director of Operations	47.06%	59.26%	↑
		2	Pitton Ward	57.14%	61.54%	↑
		3	Head of Facilities	64.29%	63.64%	↓
		1	Corporate Directorate	69.60%	81.40%	↑
		1	Additional Clinical Services	73.52%	85.65%	↑

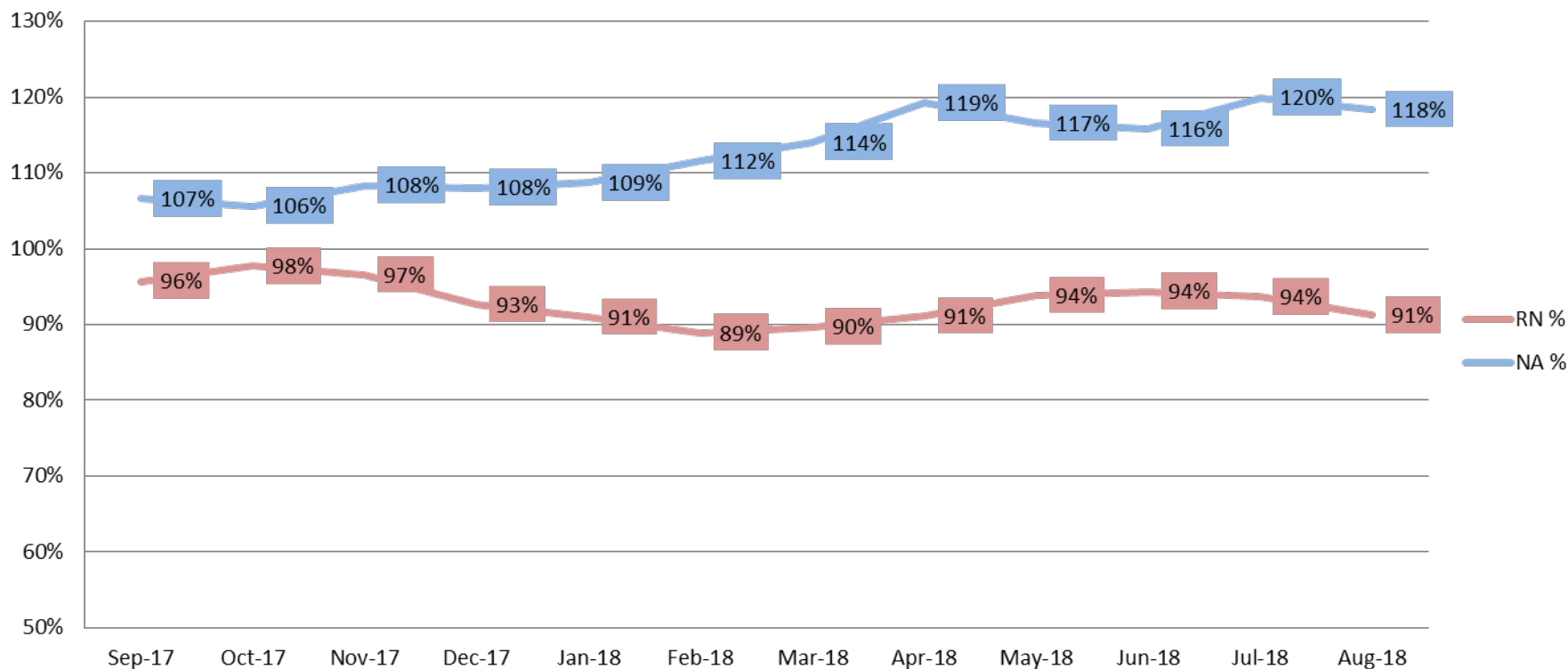
Safe Staffing NQB Report

August 2018

Monthly Comparisons – Actual Staffing Levels

	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
Month	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
Aug-2018	63030	57485	91%	34606	40962	118%	97634	98446	101%	58%	42%

Monthly Comparison - Actual Staffing Levels



Overview of Nurse Staffing Hours – August 2018

Day	RN	NA
Total Planned Hours	38149	21719
Total Actual Hours	33512	25712
Fill Rate (%)	88%	118%

Night	RN	NA
Total Planned Hours	24881	12887
Total Actual Hours	23973	15250
Fill Rate (%)	96%	118%

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

Please note:-

- Winterslow ward is reported as Spire from July 2018

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	16051	13948	89%	10437	13068	122%
AMU	2027	2025	100%	1071	1411	132%
Durrington	1147	1241	108%	891	1053	118%
Farley	2361	1939	82%	1543	1819	118%
Hospice	929	921	99%	835	739	89%
Pembroke	909	996	110%	356	356	100%
Pitton	1917	1490	78%	1199	1623	135%
Redlynch	1642	1304	79%	1132	1379	122%
Tisbury	2192	1809	83%	703	828	118%
Whiteparish	1332	1051	79%	1048	1658	158%
Spire	1597	1173	73%	1659	2203	133%
Surgery	8310	7705	93%	3107	3661	113%
Britford	2079	1914	92%	1060	1490	141%
Downton	1385	1272	92%	933	1070	115%
Radnor	3586	3281	91%	357	357	100%
Breamore Short Stay	1261	1238	98%	758	745	98%
MSK	8073	6625	82%	6756	7665	118%
Amesbury	1622	1512	93%	1364	1592	117%
Avon	1655	1182	71%	1968	1951	99%
Burns	1613	1285	80%	742	1041	140%
Chilmark	1716	1455	85%	1119	1447	129%
Tamar	1469	1191	81%	1563	1634	105%
CSFS	5714	5235	94%	1420	1318	97%
Maternity	3055	2706	89%	1070	968	90%
NICU	1096	1156	106%	0	0	100%
Sarum	1564	1373	88%	350	350	100%
Grand Total	38149	33512	89%	21719	25712	116%

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	9962	9934	100%	5730	7872	135%
AMU	1530	1530	100%	357	712	200%
Durrington	713	702	98%	711	812	114%
Farley	1070	1087	102%	713	1047	147%
Hospice	589	589	100%	385	385	100%
Pembroke	713	702	98%	357	357	100%
Pitton	1070	1334	125%	713	1069	150%
Redlynch	1070	996	93%	713	965	135%
Tisbury	1426	1272	89%	357	357	100%
Whiteparish	713	702	98%	713	1104	155%
Spire	1070	1024	96%	713	1067	150%
Surgery	5645	5326	97%	2495	2653	105%
Britford	1069	1065	100%	712	837	118%
Downton	713	712	100%	713	770	108%
Radnor	3151	2834	90%	357	334	94%
Breamore Short Stay	713	716	100%	713	713	100%
MSK	4283	4122	97%	3565	3723	104%
Amesbury	1070	1047	98%	713	736	103%
Avon	931	900	97%	930	949	102%
Burns	1070	978	91%	713	819	115%
Chilmark	593	588	99%	589	593	101%
Tamar	620	610	98%	620	627	101%
CSFS	4991	4591	95%	1098	1002	100%
Maternity	2852	2475	87%	1052	951	90%
NICU	1070	1070	100%	0	0	100%
Sarum	1070	1047	98%	46	51	110%
Grand Total	24881	23973	98%	12887	15250	118%

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	71%	√		Day	Unfilled shifts are reviewed on a shift by shift basis . If there are no respiratory patients or unfilled shifts are not causing concern , patient acuity and demand demonstrates the shift is manageable and safe then they are not escalated for temporary staff fill. Some shifts are covered by a locally skilled Band 3
Red	Pitton	78%	√		Day	<p>All wards have skilled Band 4 staff recorded as Unqualified who strengthen the RN unfilled shifts .</p> <p>All wards demonstrate overstaffing of NA shifts that correspond to the unfilled shift % with a small percentage of additional shifts for enhance care.</p> <p>All shifts have safety checks by the DSN at a minimum of twice a day and if patient acuity and demand indicates, shifts are assessed on a more frequent basis to ensure they are safe and manageable.</p>
Red	Redlynch	79%	√		Day	
Red	Whiteparish	79%	√		Day	
Red	Spire	73%	√		Day	<p>NA Day fill rate was 133% to support unfilled RN shifts to bolster numbers and provide enhanced care for patients who were on DOLS, requiring PEG feeding and bariatric care.</p> <p>Part of these numbers includes an overseas Band 4 nurse provides RN skills whilst awaiting IELTS.</p>

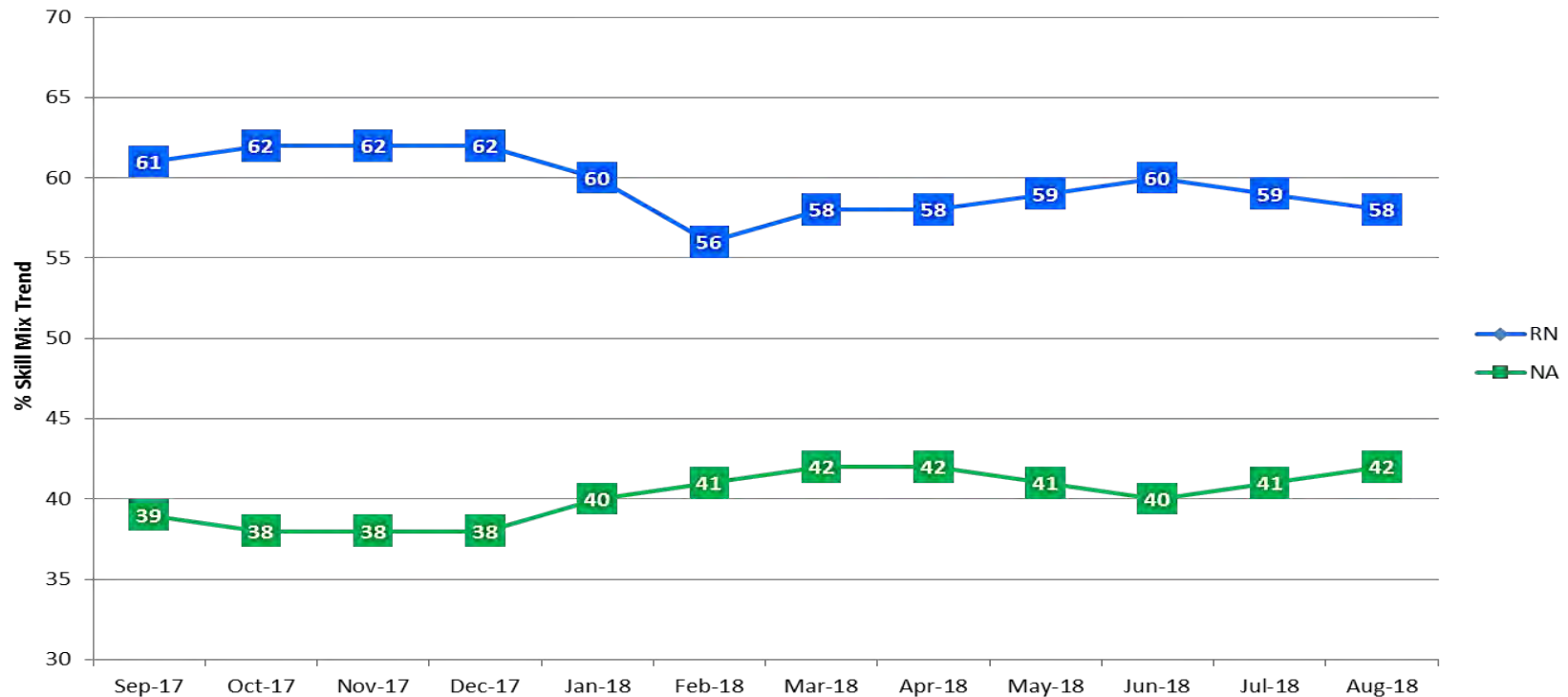
- There remain 8 wards flagging for Amber plus Maternity.

75% of these were RN day shifts where there is the ability to bolster these shifts using other staff groups available during the day on an ad-hoc basis.

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

Trends and Themes

Overall % RN/NA Skill Mix



The RN skill mix trend has remained stable since levelling in March but demonstrates a reduction of 1% for the past two consecutive months.

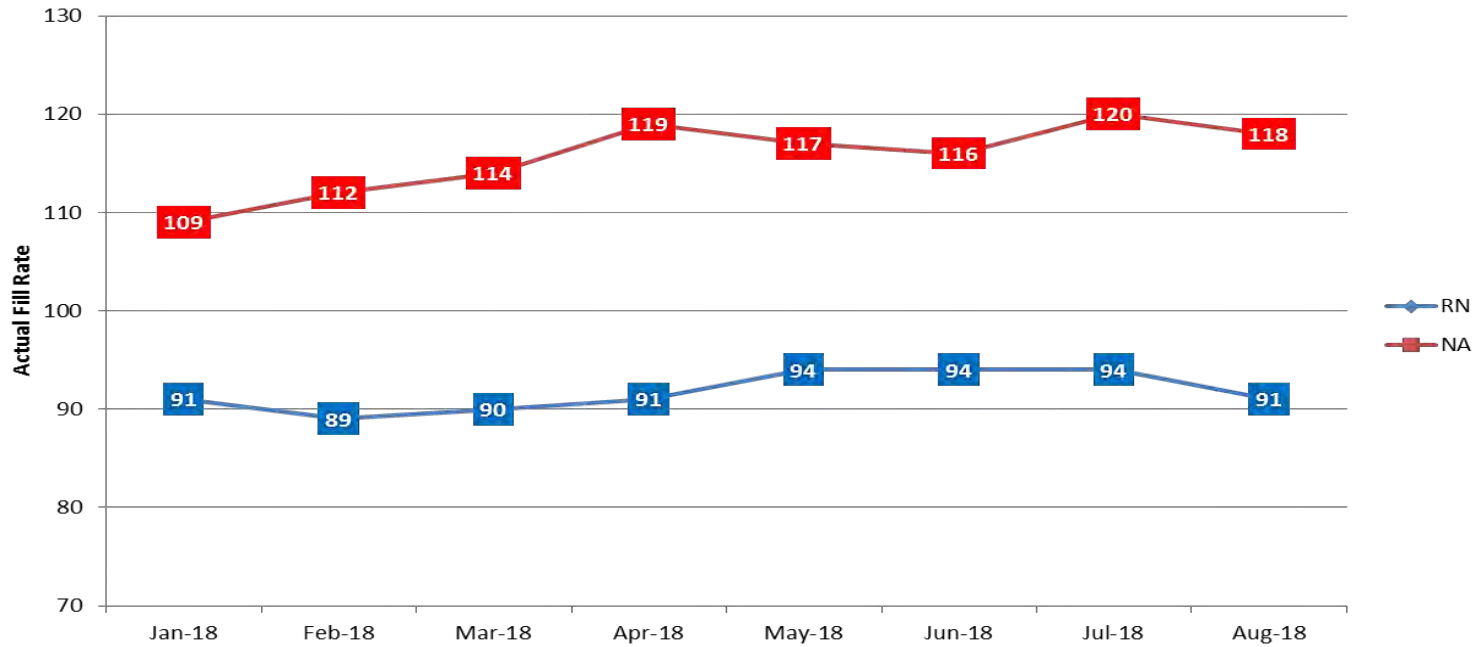
The NA skill mix trend evidences a corresponding uplift against the RN reduction but still remains fairly stable since March

STAFFING NOTES

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

Themes and Trends

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



- The NA overall fill rate trend is fairly stable with a 2% reduction for this reporting month.
- The overall RN fill rate has dipped by 3% for the first time since April with the RN Day fill rate dipping to 88% also for the first time since April.
- NA Day overstaffing remains at 118% where these staff bolster shift numbers particularly where skilled Band 4 staff are used.

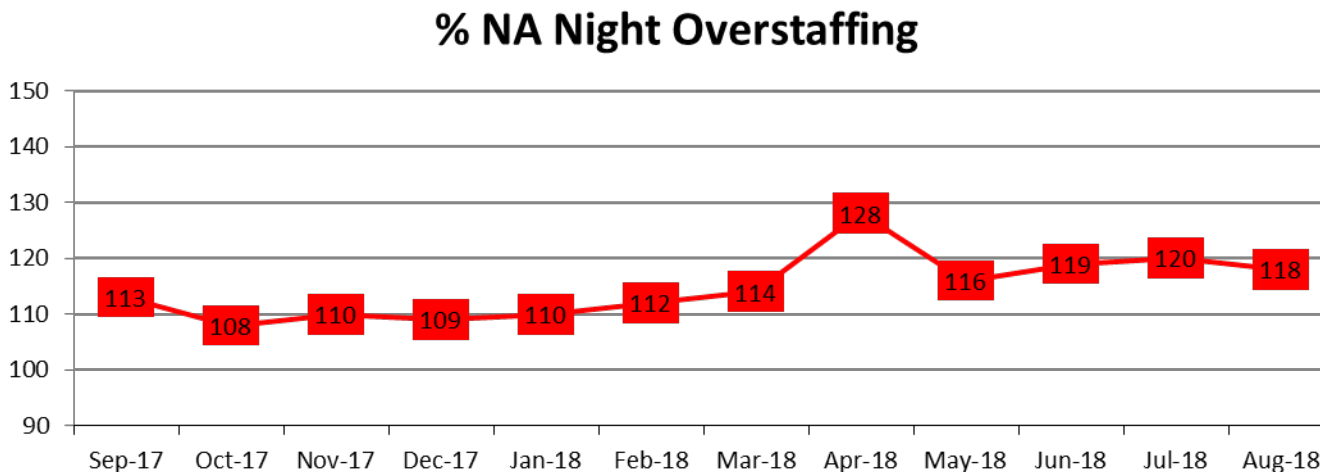
RN night shifts demonstrate 96% cover ensuring continued focus is given to RN cover at night where obtaining temporary staff cover is more challenging and expensive.

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

Over-staffing

All additional shifts were for NA staff except Pitton (125%) who had a return to work RN under supervision.

The trend has remained stable except for a peak in April.



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

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

Actions taken to mitigate risk

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

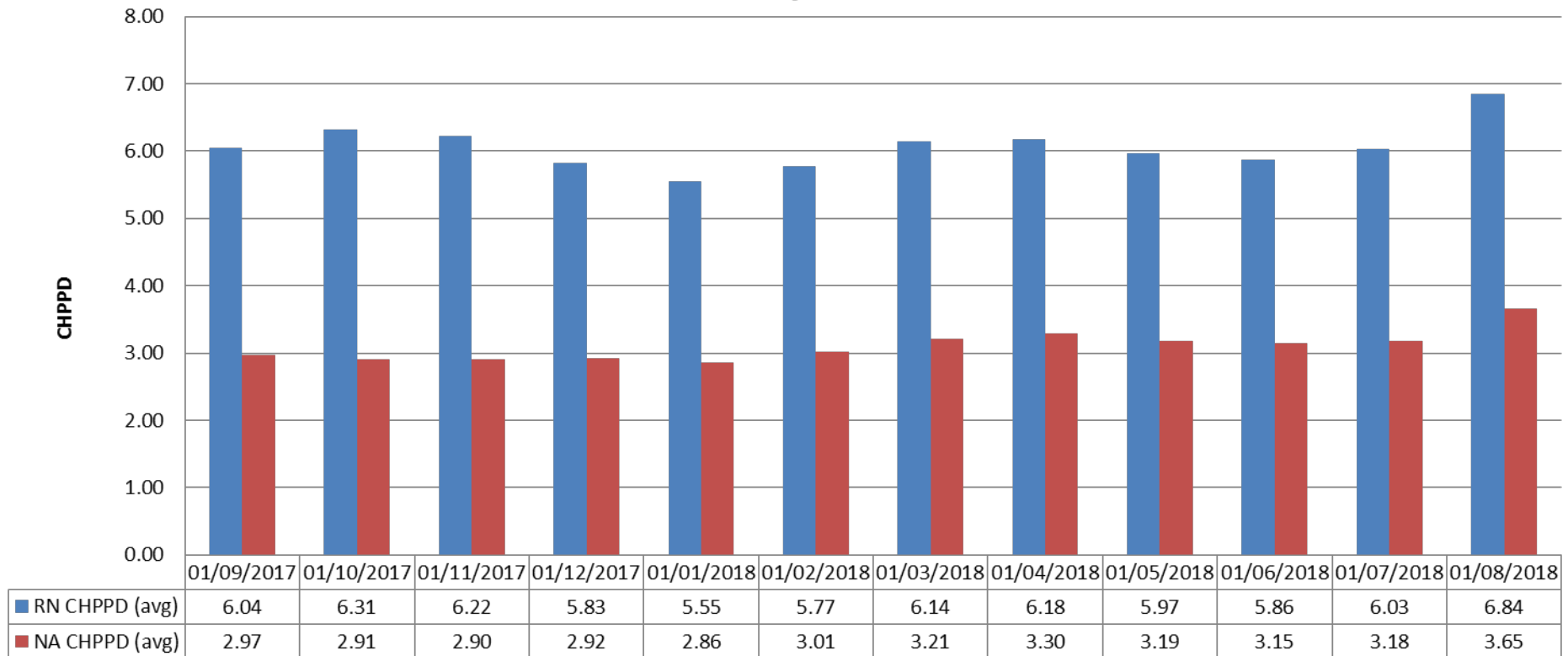
- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via SafeCare using Shelford methodology at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site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

Internal CHPPD

Monthly Trust aggregated figures showing Year Trend

Period :- September 2017- August 2018

CHPPD by RN/NA



CHPPD

August 2018

Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
AMU	14.5	8.7	23.2
Durrington	3.2	3.1	6.3
Farley	3.7	3.5	7.2
Hospice	6.4	4.8	11.2
Pembroke	5.9	2.5	8.4
Pitton	4.3	4.1	8.5
Redlynch	6.2	6.3	12.4
Spire	2.6	3.9	6.5
Tisbury	6.3	2.4	8.7
Whiteparish	2.7	4.2	6.9
Britford	5.5	4.3	9.9
Breamore Short Stay	3.1	2.3	5.5
Downton	3.0	2.8	5.7
Radnor	30.9	3.5	34.4
Amesbury	2.8	2.6	5.4
Avon	3.3	4.6	7.9
Burns	5.4	4.5	9.9
Chilmark	2.9	2.9	5.8
Tamar	2.8	3.5	6.3
Maternity	10.9	4.0	14.9
NICU	12.1	0.0	12.1
Sarum	11.9	2.0	3.9
Grand Total	6.8	3.7	10.5

N.B.

- Comparisons need to be viewed with caution i.e. Radnor where the nurse/patient ratio is widely different
- As the data is shared, an indicator as to whether the CHPPD trend is increased or decreased will be provided

Appendices



- Purpose of CHPPD
- Benefits & Constraints
- Inclusion/Exclusion Requirements

CHPPD

Care Hours per Patient Day

- Directive from NHSI and NHS England for all Acute Trusts to produce monthly returns for each ward by grade (RN/NA) via Secretary of State and in line with Carter recommendation

Purpose:-

- To provide a principle measure & single means of consistently recording, reporting and monitoring staff deployment and is to be used as a national principle measure
- A composite of RN and NA actual input hours for each ward over a 24 period against overall patient numbers at midnight totalled up for the month
- Used as a clinical quality and safety outcome measure & identify unwarranted variation to support care delivery

Calculation per grade

- $\text{Day} + \text{Night Shift hours} \div \text{Total patients at midnight} = \text{Total daily CHPPD}$
- Aggregated for the month for each ward by grade to provide figures

Different to SafeCare measurement of patient acuity and demand used within wards.

Benefits/Constraints

Benefits

- All Trusts will be using the same process for reporting staffing levels against patient numbers (in beds at midnight).
- Enables comparisons across peer trusts with similar wards with the aim of removing unwarranted variation by utilising the same methodology (although this does not take into consideration the differences between hospitals e.g. respiratory wards).

Cautions/ Constraints

- Guidance from NHSI is limited
- The measure is of total hours of nurses and divided by patient count at midnight amalgamated for the month and thus is not a reflection of patient acuity and dependency. It does not guarantee that staffing was safe but just the staffing levels against patient bed numbers. The Board gains assurance on safe staffing levels through the twice yearly skill mix reviews, which includes SafeCare data and triangulated with nurse sensitive outcome data and professional judgement.
- As information on patient acuity and demand not included, the actual hours required for the safe delivery of patient care could be misleading.
- The comparison is not within our daily staffing meetings as SFT bases staffing deployment on use of the Shelford tool providing acuity & dependency levels alongside professional judgement.
- Using the Shelford tool 3 times a day accounts accurately for fluctuating acuity & demand enabling an assessment of current staffing levels on a shift by shift basis (data is inputted via the SafeCare tool).

. Reporting Process

- Commences with July 2018 data submitted by 15th August 2018
- SFT has been collecting CHPPD data for a while as part of the pilot project which is now “live”.
- There has been no directive given regarding the reporting of planned and unplanned shifts. In view of this we are obliged to continue reporting these monthly as per this report.

Inclusions/Exclusions/Requirements

1. Day care units

Excluded: Day care wards even if open past midnight

Included units open overnight on a regular basis.

For SFT :-

- Breamore Short Stay *included* as open 24/7
- Any escalation wards opened will be reported during the winter period

2. Ward Names:- Requirement

Ward names to be consistent with Friends & Family Test/Safety Thermometer submission to align on NHS Choices, My NHS & Model Hospital

SFT compliant

3. Assistant Practitioners :- These are to be ***excluded according to the NHSI definition*** which states “ Assistant Practitioners (AP) who deliver health care with a level of knowledge and skill beyond that of an NA are excluded”

SFT :-

- Nursing Associates/ APs/experienced Band 4/overseas staff are integral to core safe patient care and RN shift fill cover.
- *SFT will include these staff as we need to see them in our daily staffing meetings and they are counted within the Shelford calculations*
- This has been discussed directly with NHSI by the Trust who are now aware SFT will take this approach and we will to continue to include these staff as we have done in the pilot period.

Inclusions/Exclusions/Requirements

3. Ward Co-ordinators:- Inclusion

All RN care staff embedded and working on the ward as part of the establishment and on the duty rota are to be included

SFT :-

- The Trust Board report fill rate percentage already includes supervisory shifts & these are included within staffing numbers

4. Supernumerary staff – Excluded

All RN new starters staff are to be supernumerary

SFT:-

- New starters are already recorded as supernumerary.
- Supernumerary staff need to receive enhanced hours payment for working various shifts so cannot be put on a shift that excludes them from staffing numbers.
- These staff are recorded within e-roster as “Additional”
- This means they are *excluded* from *Planned* staffing numbers within Board reports and do show as “overstaffing” within *Actual* staffing fill rates

Outcome:- The process of how these staff should be recorded via e-roster will be discussed further with NHSI and at the Safe Staffing Steering Group. This has also been taken up with Allocate

5. Student Nurses - Excluded

SFT does not currently e-roster student nurses

Report to:	Trust Board (Public)	Agenda item:	SFT4115
Date of Meeting:	4 th October 2018		

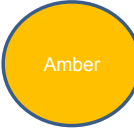
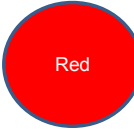






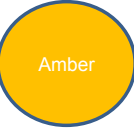
Report Title:	Finance Report Month 5			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Mark Ellis, Deputy Director of Finance			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

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

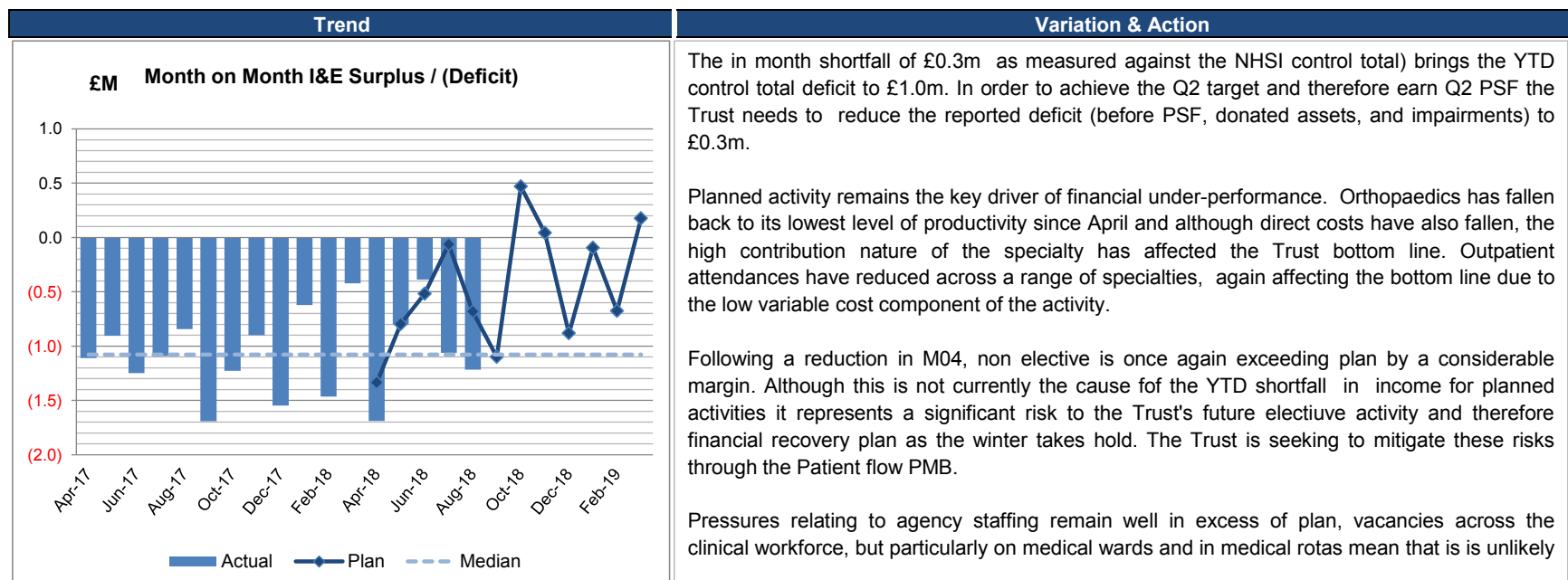
Executive Summary:
<p>The purpose of this report is to set out the Trust's financial performance for the period to 31st August 2018</p> <p>The in-month position for August shows a shortfall against plan (£0.3m against NHSI control total plan). Whilst the in month position is an improvement on last month, the underperformance issues are a continuation of the issues highlighted last month:</p> <ul style="list-style-type: none"> • The ongoing productivity challenge to achieve the Elective and Day case plan, particularly in Orthopedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery. • Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity, not only in terms of direct gaps like Consultant vacancies , but also in terms of supporting clinical staff e.g. theatre workforce capacity. • Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing. <p>In response the Trust is:</p> <ul style="list-style-type: none"> • 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.

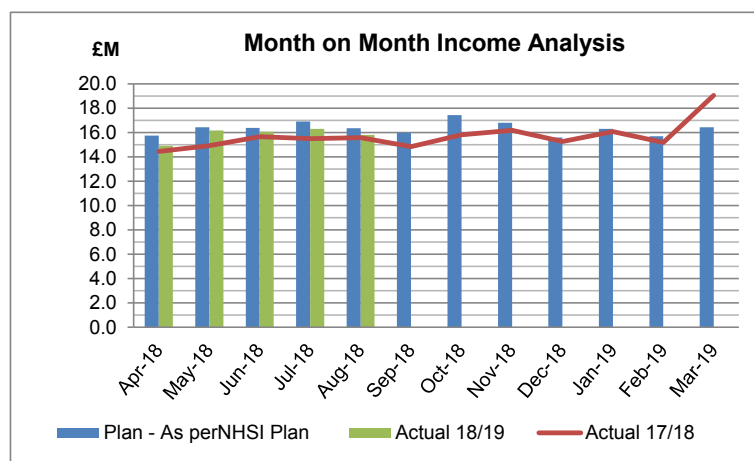
Executive Summary of Key Financial Performance - August 2018

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	<p>The in month shortfall of £0.3m as measured against the NHSI control total brings the YTD control total deficit to £1.0m. In order to achieve the Q2 target and therefore earn Q2 PSF the Trust needs to reduce the reported deficit (before PSF, donated assets, and impairments) to £0.3m.</p> <p>Clinical Income and agency premium remain the key drivers of the Trust's adverse performance against plan.</p>	
2	NHS Clinical Income	<p>Overall actual income in the month was £15,803k and this was down by £504k when compared to last month's figure (£16,307k). There was an adverse variance against plan in month of £478k. The most material changes to income were Elective (£177k) and Outpatients (£291k).</p> <p>Actions are in place to ensure a greater degree of scrutiny of activity numbers by key specialities week on week in order to provide assurance that we can achieve the monthly plan and the extent we can recover the position.</p>	
3	Workforce	<p>Pay expenditure in M05 includes £0.7m back pay relating to the AfC pay award. YTD the cost of the pay award over and above the 1% planned for is £0.8m, £2.5m full year central funding is offsetting this cost.</p> <p>Pressures relating to agency staffing remain well in excess of plan, vacancies across the clinical workforce, but particularly on medical wards and in medical rotas mean that is is unlikely that expenditure will drop to with the NHSI cap in the near future.</p>	
4	Non Pay	<p>Non Pay has shown a reduction in M05, mirroring the reduction in clinical activity. Expenditure within CSFS, Musculo-Skeletal and Surgery in particular have declined following the downturn in Elective productivity, with a £0.3m month on month reduction.</p>	
5	Efficiency - Better Care at Lower Cost	<p>While year to date performance is behind plan, total schemes identified for delivery in 2018/19 still exceed the £12.2m target.</p> <p>A number of schemes are under review with recommendations for action being taken to the Outstanding Every Time Board in September.</p>	
6	Use of Resources	<p>The Trust's overall risk rating score remains at 3. Distance from plan remains at 3 following the under performance of planned Clinical income in month.</p>	
7	Capital Expenditure	<p>The Trust is behind the planned capital spend at 31 August 2018. Cumulative spend of £1.9m has been incurred in the year to date and work is being undertaken to confirm planned schemes will be completed in the year.</p>	
8	Cash Management	<p>The Trust's acceptance of a control total for 2018-19 enables it to access up to £3.8m Provider Sustainability Funding (PSF) in the year. On this basis, the planned borrowing requirements have reduced to £5.2m.</p> <p>The Trust's performance will be closely monitored against the required targets. The cash flow will be constantly reviewed to identify the resulting impact of any divergence from these targets.</p>	
	Risk & Mitigation	<p>The key risks to the delivery of the 2018/19 financial plan remain:</p> <ul style="list-style-type: none"> - Vacancies and the associated Agency cost of cover - Consistent delivery of the productivity gains - Controlling LOS as Non Elective demand rises <p>Each risk above is directly mitigated by actions managed through the Outstanding Every Time process.</p>	

Status	Position						
		Aug '18 In Mth			Aug '18 YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	2018/19 Plan £000s
Income & Expenditure	Operating Income						
	NHS Clinical Income	16,281	15,803	(478)	81,418	79,237	196,036
	Other Clinical Income	1,351	1,433	81	4,261	4,428	8,165
	Other Income (excl Donations)	2,396	2,195	(201)	11,845	11,109	30,717
	Total income	20,028	19,431	(598)	97,524	94,773	234,918
	Operating Expenditure						
	Pay	(12,836)	(13,147)	(311)	(61,921)	(61,717)	(147,184)
	Non Pay	(6,664)	(6,322)	342	(32,952)	(32,139)	(78,460)
	Total Expenditure	(19,500)	(19,469)	31	(94,873)	(93,856)	(225,644)
	EBITDA	528	(39)	(567)	2,651	917	9,274
	Financing Costs (incl Depreciation & Donations)	(1,210)	(1,232)	(22)	(6,050)	(6,131)	(14,739)
	Surplus/(Deficit)	(682)	(1,270)	(588)	(3,399)	(5,213)	(5,465)
	Less: impact of donated assets	25	52	27	125	262	300
	Less: Impairments	0	2	2	0	2	0
	Less: PSF	(253)	0	253	(1,075)	(398)	(3,795)
	NHSI Control Total	(910)	(1,216)	(306)	(4,349)	(5,347)	(8,960)



Status	Position			Trend	
<div style="background-color: red; color: white; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <p>NHS Clinical Income</p> </div> </div>	Income by Point of Delivery (PoD) for all commissioners			Aug '18 YTD	
		Plan (YTD) £000s	Actual (YTD) £000s		
	Elective inpatients	8,459	7,034	(1,425)	
	Day Case	7,570	7,220	(350)	
	Non Elective inpatients	23,124	23,937	813	
	Outpatients	13,242	12,746	(496)	
	Excluded Drugs & Devices (inc Lucentis)	7,711	7,406	(305)	
	Other	21,312	20,894	(418)	
	TOTAL	81,418	79,237	(2,181)	
	SLA Income Performance of Trusts main NHS commissioners			Contract Plan (YTD) £000s	
		Actual (YTD) £000s	Variance (YTD) £000s		
	Wiltshire CCG	41,215	42,003	788	
	Dorset CCG	9,224	9,146	(78)	
	Hants CCG	6,389	6,528	139	
	Specialist Services	12,701	13,135	434	
	Other	11,889	8,425	(3,464)	
	TOTAL	81,418	79,237	(2,181)	
	Activity levels by Point of Delivery (POD)			YTD Plan	YTD Actuals
	Elective	2,473	2,089	(384)	2,051
	Day case	9,414	9,337	(77)	9,274
	Non Elective	10,830	11,328	498	10,209
	Outpatients	106,332	103,531	(2,801)	106,086
	A&E	20,895	20,937	42	19,887



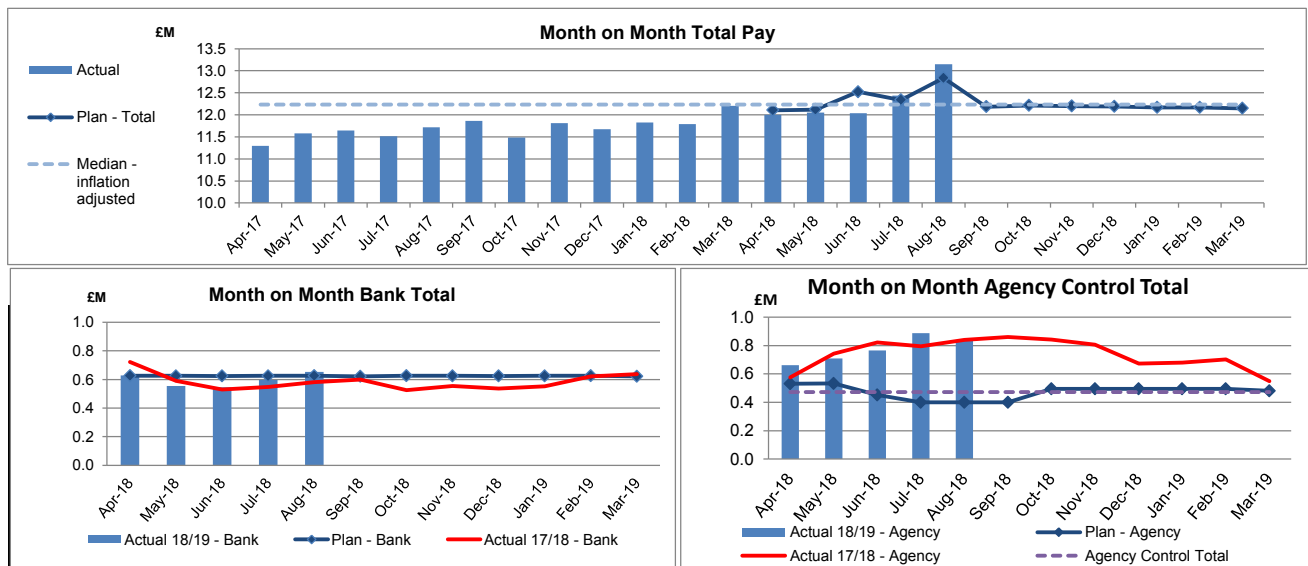
Variation & Action

Overall actual income in the month was £15,803k and this was down by £504k when compared to last month's figure (£16,307k). There was an adverse variance against plan in month of £478k. The most material changes to income were Elective (£177k) and Outpatients (£291k). The change in elective income was mainly attributable to a lower level of case mix as activity was broadly similar to the previous month. However, there were some notable variations in activity as Orthopaedics was down by 30 (mostly hips and Knees) and Plastics up 20 spells. The change in Outpatients income was a result of activity being down when compared to the previous month mainly in Orthopaedics, Plastics, Dermatology Oral Surgery and ENT. The main challenges to delivering additional productivity continue to be the vacancies in key specialities and theatres. Actions are in place to ensure a greater degree of scrutiny of activity numbers by key specialities week on week in order to provide assurance that we can achieve the monthly plan and the extent we can recover the position.

Non Elective activity is still increasing and the Activity Notice Query (ANQ) issued to Wiltshire and West Hampshire CCGs will be discussed at the Contract Review meeting on Friday 14th September.

Status	Position			Position				
<div>PAY</div>		Plan £000s	Aug '18 YTD Actual £000s	Variance £000s		Plan WTEs	Aug '18 Actual WTEs	Variance WTEs
	Pay - In Post	55,334	54,774	560	Medical Staff	390.8	399.4	(8.6)
	Pay - Bank	3,072	2,859	213	Nursing	931.2	851.5	79.6
	Pay - Agency	2,314	3,861	(1,547)	HCA's	413.9	516.7	(102.9)
	Other (eg. Apprenticeship Levy)	1,201	224	977	Other Clinical Staff	578.3	587.1	(8.8)
	TOTAL	61,921	61,717	204	Infrastructure staff	1,087.6	1,087.0	0.6
	Medical Staff	16,683	16,709	(26)	TOTAL	3,401.7	3,441.8	(40.1)
	Nursing	16,398	15,724	674				
	HCA's	4,372	5,646	(1,274)				
	Other Clinical Staff	9,613	9,850	(237)				
	Infrastructure staff	13,654	13,564	90				
	Other (eg. Apprenticeship Levy)	1,201	224	977				
	TOTAL	61,921	61,717	204				

Trend



Variation & Action

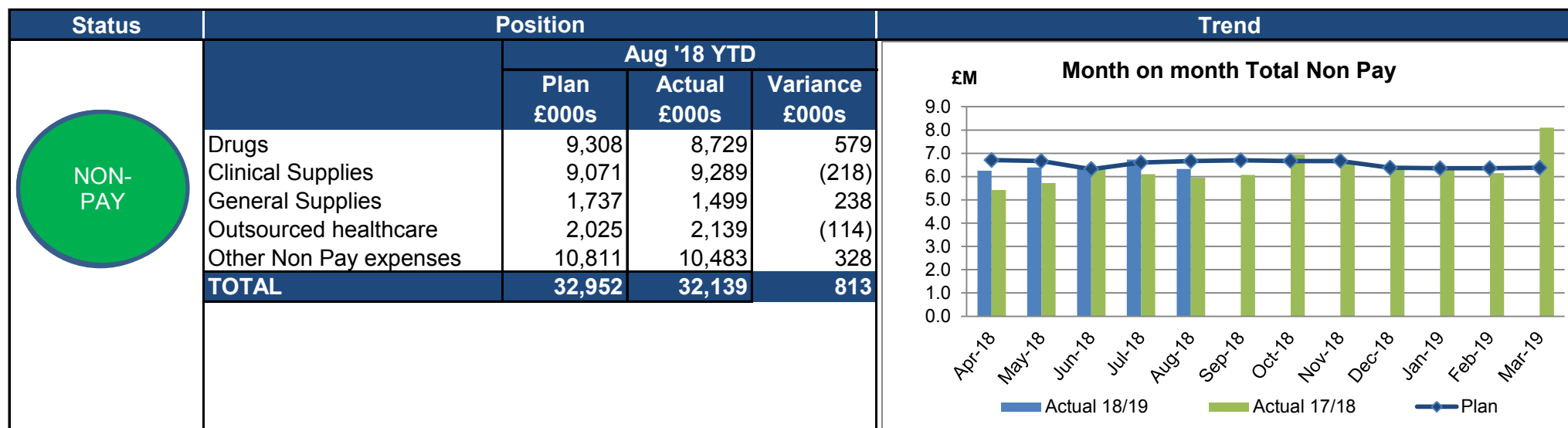
Pay expenditure in M05 includes £0.7m back pay relating to the AfC pay award. YTD the cost of the pay award over and above the 1% planned for is £0.8m, £2.5m full year central funding is offsetting this cost.

Although there has been a modest month on month reduction, agency costs continue to exceed the NHSI cap by 60%, with the Trust incurring a premium cost of c£1.3m YTD. A 25% drop in agency spend on nursing agency was offset by an increase in cost recognised at Salisbury Trading.

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 £0.6m between the two staffing groups can be explained by the agency premium incurred over and above substantive or bank rates on agency nursing shifts (£0.4m), and the impact of the pay award (£0.4m). This is also reflective of the WTE variance in 'Other clinical staff'.

Once the pay award is accounted for it is evident that the cost pressures seen in M04 remain, junior medical staff costs in ED and AMU are 37% (£0.05m) over the year to date run rate, reflecting high levels of demand in that area.

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



Variation & Action

Non Pay has shown a reduction in M05, mirroring the reduction in clinical activity. Expenditure with CSFS, Musculo-Skeletal and Surgery in particular have declined following the downturn in Elective productivity, with a £0.3m month on month reduction. Medicine has maintained its run rate, as in previous months consumables within Cardiology are driving the Directorate's overspend but this should be viewed in the context of the specialty driving a YTD over performance of £0.5m against the activity plan.

General Supplies underspend is underpinned by lower than anticipated consumables costs within the Laundry.

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


Status	Position							
	Directorate	Annual Plan £000s	Aug '18			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Efficiency	Medicine	1,845	141	(15)	(156)	640	464	(176)
	Musculo Skeletal	2,663	189	182	(7)	881	664	(218)
	Surgery	1,820	125	94	(31)	500	466	(33)
	Clinical Support & Family Services	2,048	134	86	(48)	584	466	(119)
	Corporate Services	1,732	111	103	(8)	539	509	(30)
	Trustwide	2,106	60	25	(35)	110	315	205
	TOTAL	12,215	761	476	(285)	3,254	2,884	(370)
	Scheme	Annual Plan £000s	Aug '18			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Theatres	2,335	153	112	(41)	763	536	(227)
	Workforce	640	51	8	(43)	254	42	(213)
	Outpatients	646	45	(90)	(135)	167	120	(47)
	Diagnostics	822	48	13	(34)	238	68	(171)
	Patient Flow	336	28	0	(28)	140	170	30
	Non-Pay	1,741	164	111	(52)	483	431	(53)
	Directorate Plans	5,396	187	291	103	977	1,469	492
	Drugs	298	25	6	(19)	121	23	(98)
	Sub-total	12,213	701	451	(250)	3,144	2,859	(285)
	Risk Mitigation	1,535	60	25	(35)	110	25	(85)
	TOTAL	13,748	761	476	(285)	3,254	2,884	(370)

Variation & Action

While year to date performance is behind plan, total schemes identified for delivery in 2018/19 still exceed the £12.2m target.

The most material deterioration in performance in August was in the Outpatient programme, where although in clinic utilisation was maintained, the actual number of clinics dropped. Mitigating actions that took place in the period include the interim closure of the Clarendon Private Patient unit, recognising the low forecast utilisation in the period.

Actions being taken to mitigate the year to date performance are captured within the 'risk mitigation' schemes, which are forecast to deliver in the second half of the year. Five schemes are currently under review with updates due at the Outstanding Every Time Board in September.

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

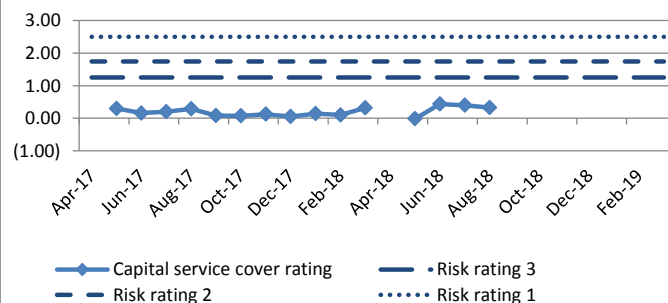
Variation & Action

The Trust's overall risk rating score remains at 3. Distance from plan remains at 3 following the under performance of planned Clinical income in month.

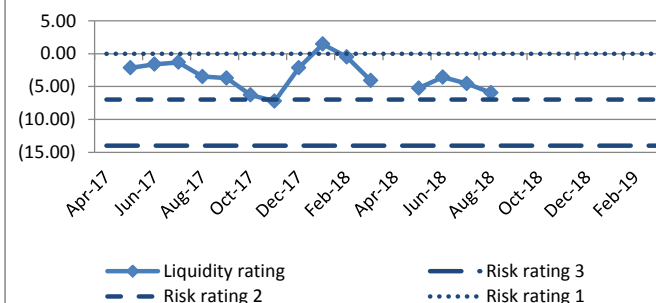
The agency rating has remained at a 4 but the YTD spend now exceeds the NHSI cap by 60%.

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

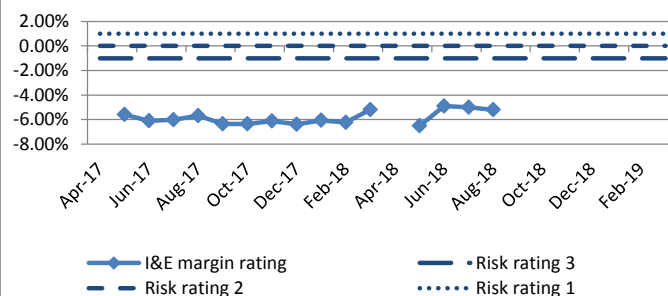
Capital service cover



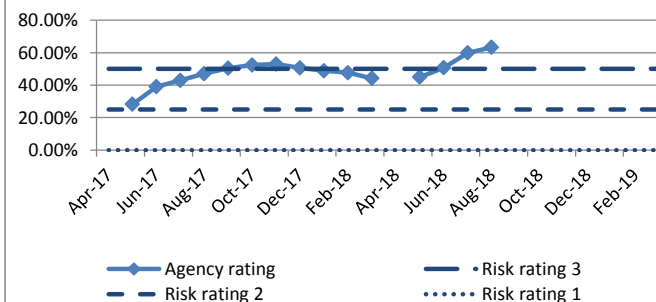
Liquidity

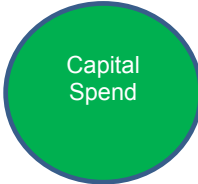


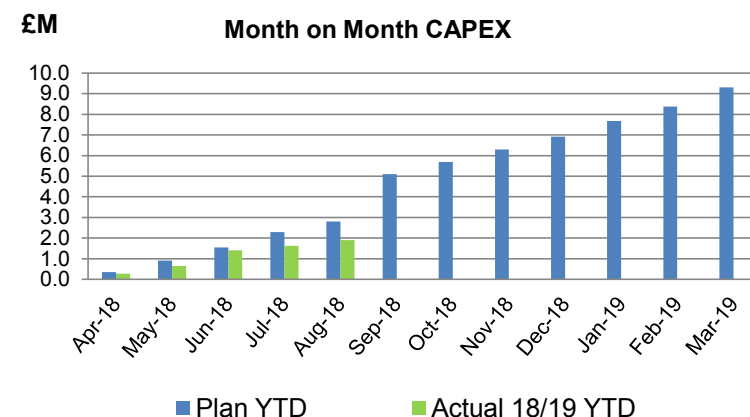
I&E margin



Agency spend over cap



Status	Position				
		Annual	Aug '18		
		Plan	Plan	Actual	Variance
	Schemes	£000s	£000s	£000s	£000s
	Building schemes	617	351	329	22
	Building projects	1,730	527	198	329
	IM&T	4,194	1,168	856	312
	Medical Equipment	2,405	600	370	230
	Other	366	153	152	1
	TOTAL	9,312	2,799	1,905	894



Variation & Action

The Trust is behind the capital plan for the year and work is being undertaken to confirm planned schemes will be completed in the year. The plan includes the purchase of hardware required for a substantial upgrade to the Trust's IT network. This work is expected to complete in September 2018 and the source of funds will be a finance lease. Otherwise, the source of capital funds for 2018-19 will be the Trust's planned depreciation charge for the year, meaning spend must continue to be prioritised according to highest need.

The Trust has submitted bids to the STP for the replacement cath lab, and alongside birthing centre but it is uncertain whether these schemes will be prioritised over more transformational schemes in the system.

A PDC draw down of £127k for the purposes of free on-site wifi is in the pipeline but is not expected to occur until later in the year. The Trust has also recently received notification it has been successful with a capital bid of £933k to assist with a bed management system, replacement pharmacy robot, improved patient flow in ED and patient discharge.

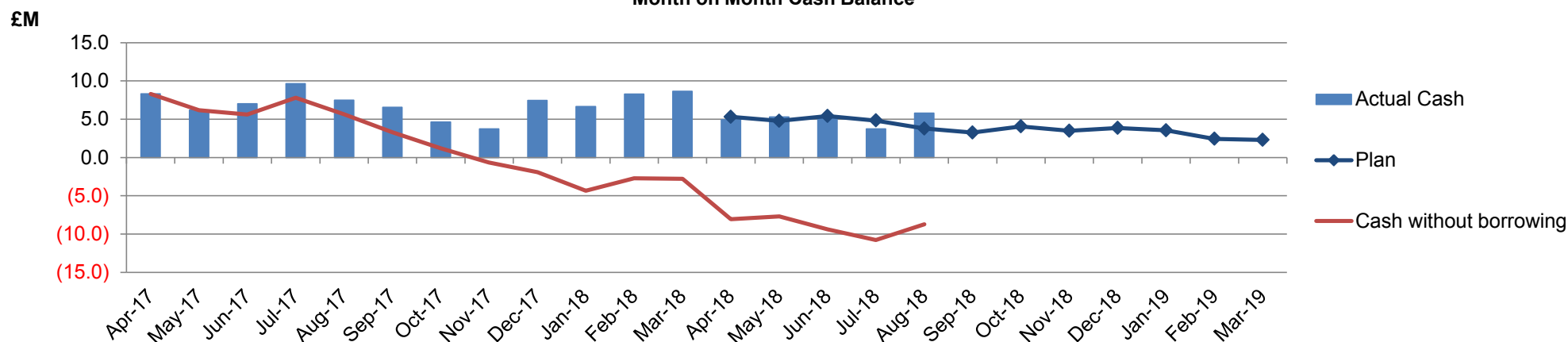
Status	Position					Variation & Action
Cash and working		Opening Balance April 2018 £000s	Plan £000s	Current Month Balance £000s	Variance £000s	Actual In Year Movement £000s
	Inventories (Stock)	6,214	6,214	6,549	256	256
	Debtors	15,396	15,651	14,155	540	105
	Cash	8,641	3,783	5,804	533	(3,326)
	TOTAL CURRENT ASSETS	30,251	25,648	26,508	1,329	(2,965)
	Creditors	(24,438)	(19,913)	(21,577)	(2,022)	2,503
	Borrowings	(1,164)	(1,164)	(1,164)	(5)	(5)
	Provisions	(292)	(292)	(292)	0	0
	TOTAL CURRENT LIABILITIES	(25,894)	(21,369)	(23,033)	(2,027)	2,498
	TOTAL WORKING CAPITAL	4,357	4,279	3,475	(698)	(467)

The Trust has submitted a revised 2018-19 plan to borrow £5.2m to cover the revenue deficit for the year. As the Trust has now accepted a control total for 2018-19 it is eligible for Provider Sustainability Funding (PSF) of up to £3.8m. The cash position will continue to be closely monitored to ensure the cash flow accurately reflects the timing of any PSF payments.

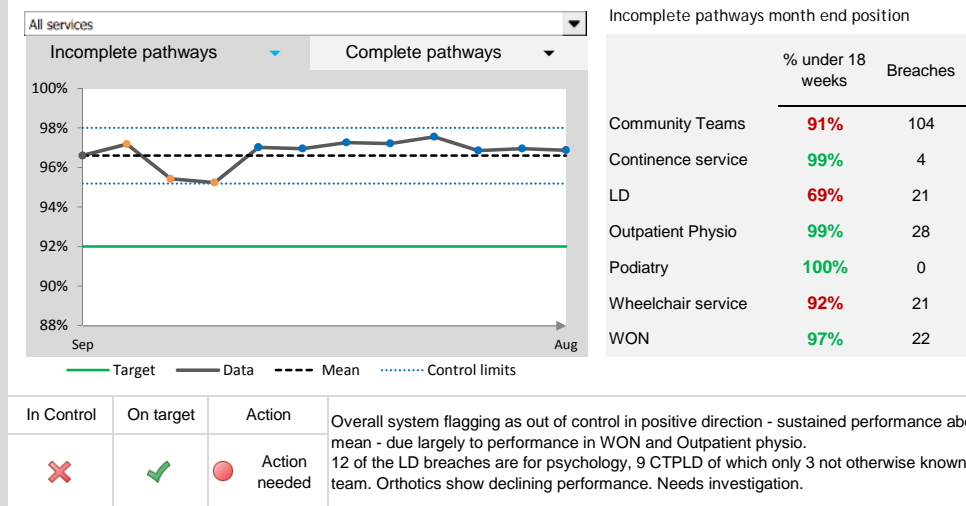
The Trust's cash position was helped by the final settlement of NHS England Specialist Services' over performance in 2017-18. The cash flow continues to be closely monitored to ensure funds are available when required. Further borrowings are scheduled, and have been approved by DOHSC for mid-September.

Trend

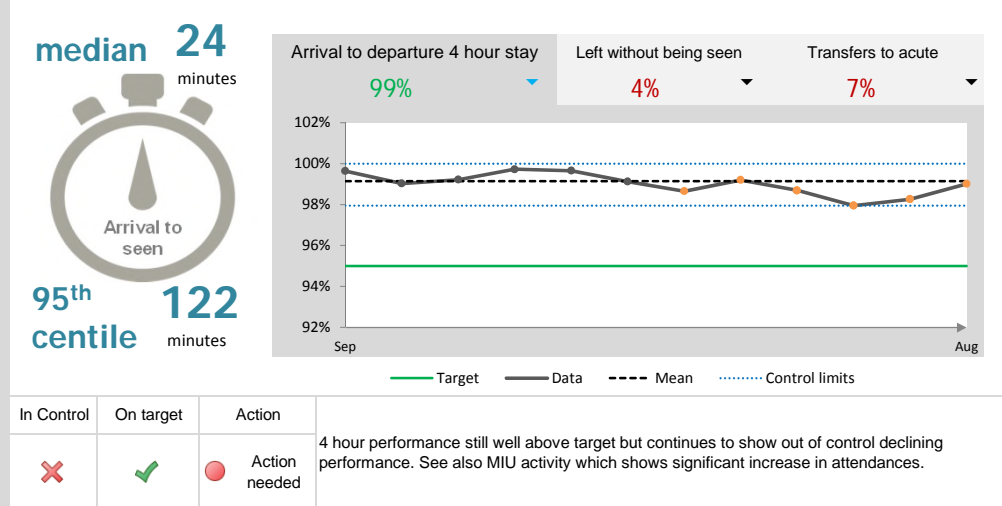
Month on Month Cash Balance



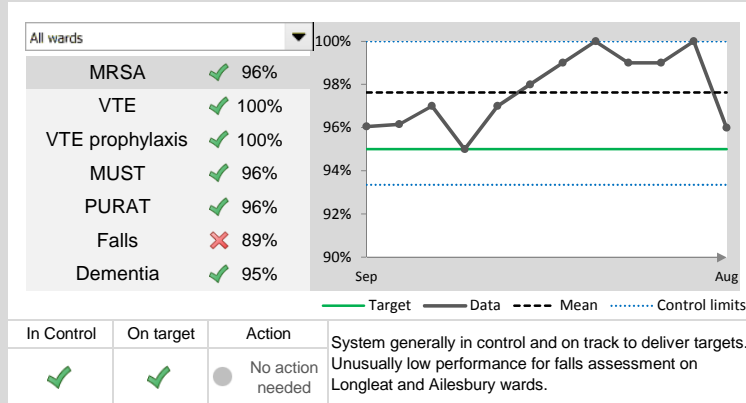
RTT



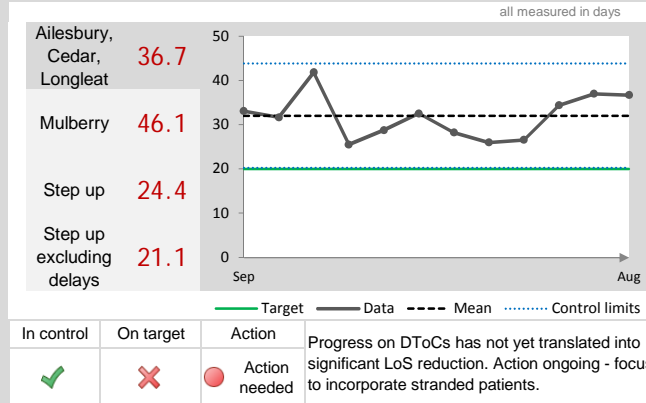
MIU



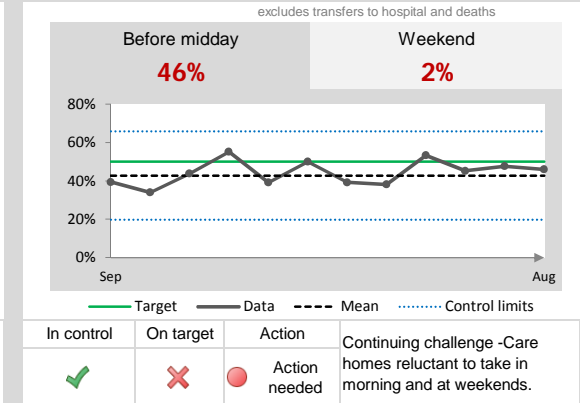
Inpatient assessments



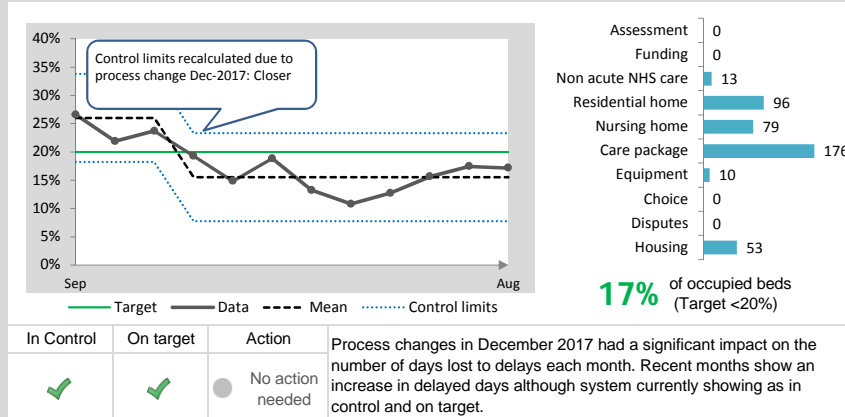
Mean Inpatient Length of Stay



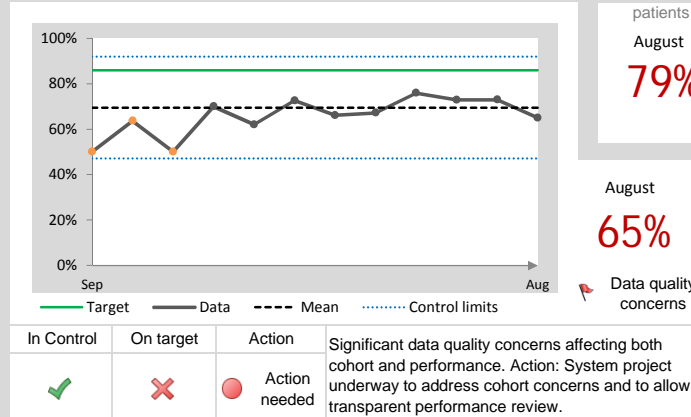
Discharge timings



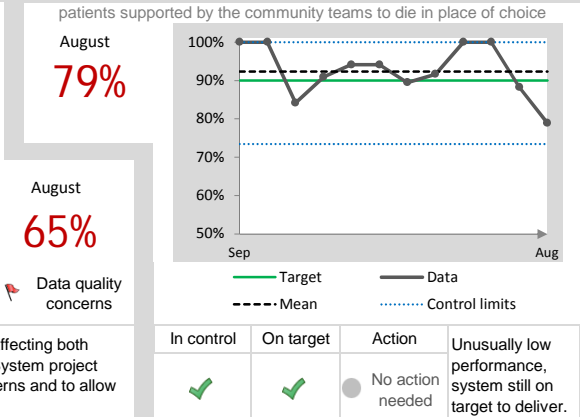
Delayed Transfers of Care - bed days lost



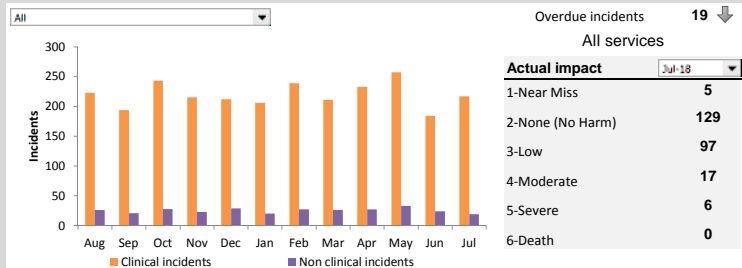
Community teams 90 day reablement



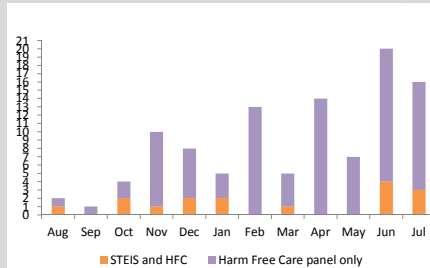
End of life support



Incidents



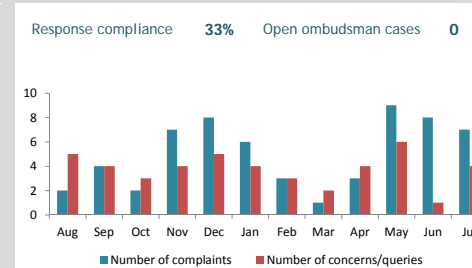
Incidents Requiring Further Investigation



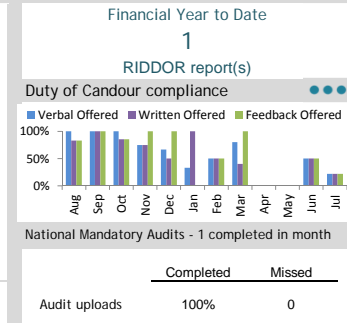
Benchmarking data does not include pressure ulcers



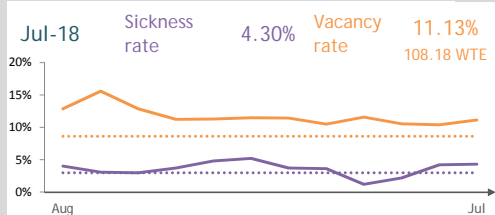
Complaints/Concerns



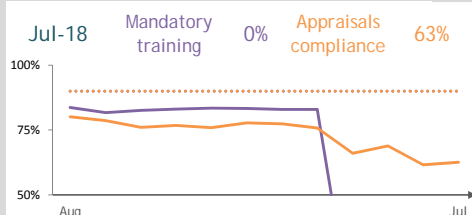
RIDDOR



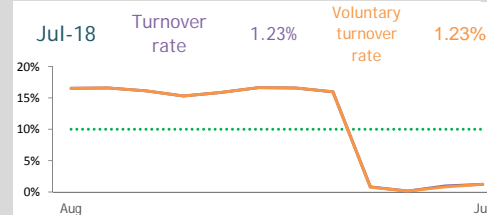
Sickness/Vacancy



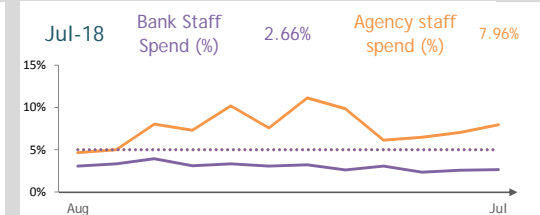
Training/Appraisals



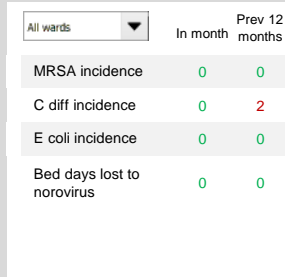
Turnover



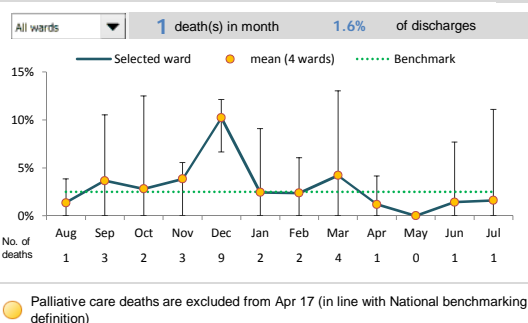
Bank/Agency spend %



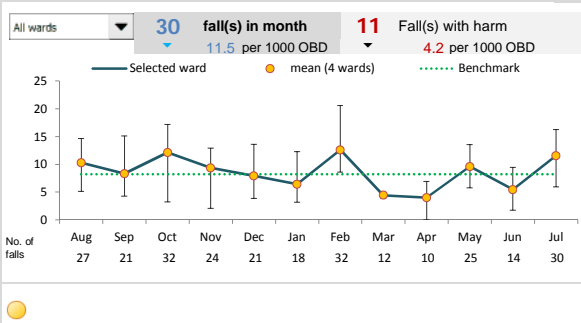
Infection Prevention & Control



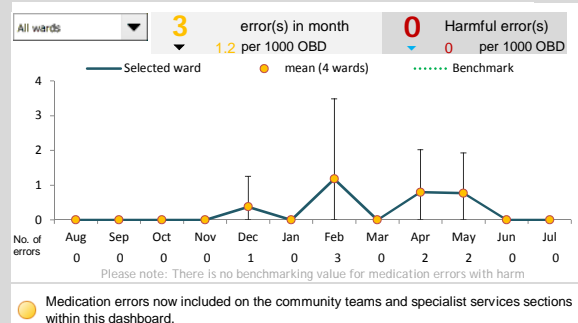
Deaths



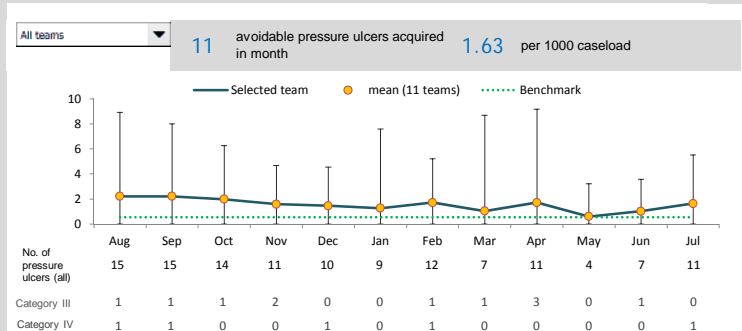
Falls



Medication errors



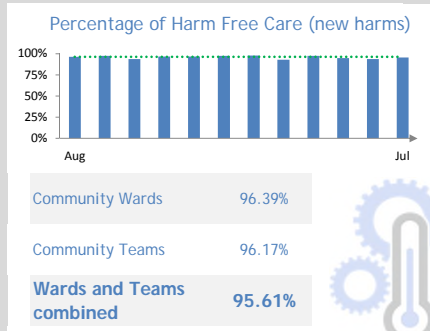
Avoidable Pressure Ulcers



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



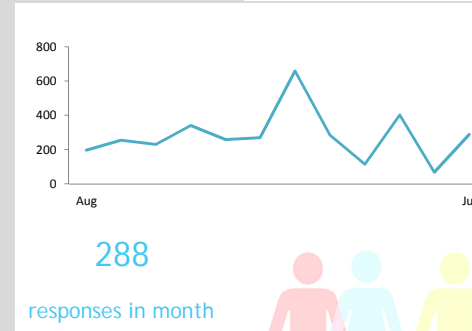
Safety Thermometer



A slight increase in return for July falling just below the benchmarking level.



Friends and Family Test



Inpatient assessments

