

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	11
<b>Date of Meeting:</b>	7 February 2019		

<b>Report Title:</b>	Integrated Performance Report, December 2018 (Month 9)			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			X	
<b>Prepared by:</b>	Executive Directors			
<b>Executive Sponsor (presenting):</b>	Executive Directors			
<b>Appendices (list if applicable):</b>				

**Recommendation:**

To note the information contained within the Integrated Performance Report for December 2018 (month 9).

**Executive Summary:**

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

<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Local Services</b> - 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"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
<b>People</b> - 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"/>
<b>Resources</b> - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

## Performance Summary Narrative – December Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
<b>Local Services (COO)</b>	<b>RTT</b> <ul style="list-style-type: none"> <li>Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks, highest performance since Nov 2015</li> <li>Waiting list decreasing in size and in line with trajectory. Total waiting list now below March 2018 target</li> </ul>	<ul style="list-style-type: none"> <li>Particular areas of pressure in: general surgery, orthopaedics, oral surgery, plastics, urology and respiratory.</li> <li>Impact of increase of non-elective activity on elective workload</li> <li>Theatre maintenance completed and reopened ahead of schedule.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly review of capacity fill is being undertaken for areas with biggest activity shortfall</li> <li>Activity Query Notice in place for increased non electivity activity</li> <li>Plans in place to reduce waiting list however they are dependent on impact of non-elective demand.</li> <li>Loss of capacity clear with plans to reallocate staff</li> </ul>

**Local  
Services  
(COO)**

**Diagnostics**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• The Trust was able to predict in advance the challenges to deliver the diagnostic standard and measures were put in place to mitigate the risk.</li> <li>• Insourcing was secured to undertake procedures in Endoscopy.</li> <li>• Clinical teams work has been clinically prioritised</li> </ul> | <ul style="list-style-type: none"> <li>• There are continued workforce challenges in Radiology resulting in the clinical prioritisation of resources.</li> <li>• Issues with the Gastroenterology team are having a significant impact on the Endoscopy waiting times.</li> <li>• JAG accreditation requirements are ringfencing considerable time for the Lead Clinician for Endoscopy</li> <li>• Financial challenges face the Trust as a result of an ongoing reliance on additional capacity for Endoscopy.</li> </ul> | <ul style="list-style-type: none"> <li>• Radiology workforce review is in draft, the costed and phased recommendations will be presented to the Executive Performance meeting in February 2019.</li> <li>• Demand and capacity modelling has been refreshed in Endoscopy to identify the shortfall. A recovery plan was submitted to the Trust Board who supported the need for insourcing during February to meet the Cancer targets</li> <li>• Additional Endoscopy capacity has been approved.</li> </ul> |
|--|--|--|

**Local  
Services  
(COO)**

**ED**

- ED 4 hour performance above trajectory for M9 (93.29% vs 89.1%)
- ED Navigators in post 7 days per week to ensure safety of waiting room and navigation of patients to correct service
- Change in clinical leadership has had a positive impact on morale within the department
- Improved internal processes resulting in better coordination from within the department
- Laverstock and Clarendon ward remains closed
- Urgent Care Senior Leads Team (SLT) meeting set up by Medicine Directorate

- Continued increases in ED attendance numbers as compared to 17/18
- Expected high medical admissions for January expecting record numbers for acute medicine.
- Continued gaps in nursing and medical rotas resulting in poor skill mix and junior workforce

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

## Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
<b>Local Services</b>  <b>(COO)</b>	<b>Cancer</b> <ul style="list-style-type: none"> <li>Fully compliant cancer dashboard for M9 2ww, 31 day, 62 day</li> <li>Number of 104 day long waiters reduced</li> <li>Q3 all targets achieved</li> </ul>	<ul style="list-style-type: none"> <li>Endoscopy capacity to support Lower GI pathways in particular</li> <li>Clinical Oncology provision for Breast Services</li> <li>Inequalities in MDT and time constraints for volume of patients to discuss.</li> <li>Maintaining compliant 62 day performance following recent improvements to return to +85%.</li> </ul>	<ul style="list-style-type: none"> <li>Locum Consultant recruited in Gastroenterology to support Endoscopy (Jan 2019)</li> <li>Continue conversation with UHS re clinical oncology provision (Feb 2019)</li> <li>Cancer Lead to review all MDT meetings to ensure efficiency. (to be completed by April 2019)</li> <li>Maintain efficient tracking of patients on open pathways to ensure breach numbers remain low. (ongoing)</li> <li>React to diagnostic delays quickly through patient tracking list meetings to expedite and reduce wait time. (ongoing)</li> </ul>

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



## Performance Summary Narrative – December Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

Innovation (MD)	Positives	Challenges	Plans/forecast
	<ul style="list-style-type: none"> <li>Continuing excellent R &amp; D performance – funding will be maintained or increased next year</li> <li>Agreed potential placement opportunities for PA students from 2021</li> <li>Mortality rate remains as expected</li> <li>100% hip fracture patients operated on within 36 hours</li> <li>Continue positive performance on c-diff infection. Best performing in SW benchmark data</li> <li>NHSI fall collaborative continues</li> </ul>	<ul style="list-style-type: none"> <li>Brexit impact on R &amp; D activity – scoping paper produced</li> <li>Staffing remains challenging in a number of areas, with key hotspots MSK and ED</li> <li>Increased TIA referral causing capacity breaches</li> <li>Increased number of injurious falls across Q3</li> </ul>	<ul style="list-style-type: none"> <li>New procedure application for new interventional cardiology procedure to come to TMC in February</li> <li>Retention workstream for registered nurses commenced in March. Nov 18 – participating in direct support with NHSI on this. Domestic and overseas recruitment continues.</li> <li>Falls collaborative with NHSI underway. All Q3 falls investigations currently being aggregated into a report to identify cross cutting themes (Jan 18)</li> </ul>

	Positives	Challenges	Plans/forecast
Care (MD/DoN)	<ul style="list-style-type: none"> <li>CQC Inspection completed, concluding with Well Led component on 4/5 December. Draft report due Feb 2019               <ul style="list-style-type: none"> <li>Staff</li> <li>Care at home after the birth</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Remain challenged on mixed sex accommodation – exclusively when ambulatory area of AMU is used overnight</li> <li>Increase seen in Q3 ED friends and Family data on returns stating would not recommend</li> <li>3<sup>rd</sup> MRSA bacteraemia reported for the year in December. None connected to time or place.</li> </ul>	<ul style="list-style-type: none"> <li>Links to patient flow PMB work. Winter ward due to open for 8 weeks Feb 2019, based on predicted demand. Patient flow workstreams continue with renewed focus on SAFER and action focussed daily whiteboard rounds. Weekly multi agency expert panel reviewing all stranded/superstranded patients continues</li> <li>Responses interrogated – only 2 returns in this category had narrative as to why this was the case. Both cited waiting times. Of note both patients were waiting less than 4 hours.</li> <li>Aggregated review of all 3 cases underway for cross cutting lessons – to be completed February 2019</li> </ul>

## Performance Summary Narrative – December Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

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

**Sickness:**

- Short term sickness slightly decreased in month by 1.39%
- Flu campaign at approximately 50% uptake

**Engagement:**

- Staff engagement group met with new Head of Coms
- Leadership and development strategy to Workforce Committee January 2019

- Joining “wave 4” NHSI retention programme (nursing)
- Joining OD and leadership development HEE diagnostic programme

**Other:**

- MaST (Mandatory and Statutory Training) compliance improved at 90.27%
- Medical appraisal slightly down at 91.2%
- Non-medical appraisal remains compliant at 87%

**Sickness:**

- Long term sickness increased in month with an overall increase of 0.04% “anxiety/stress/depression” remaining top 20% of cases
- Hotspot directorate – Surgery, staffing group - Theatres
- Significant resistance to flu vaccinations and completion of opt out

**Engagement:**

- Staff morale at time of intense operational pressures
- Staff Engagement Group numbers and commitment to time for meetings and consequent work

**Other:**

- Maintaining and improving compliance rates for MaST (Mandatory and Statutory Training) and appraisals

**Sickness:**

- Theatres working group supporting managers on a case by case basis
- Health and Wellbeing Board (HAWB) strategy ready for consultation end January
- Recruitment plans agreed for OH

**Engagement:**

- To agree the group workplan for the year in February 2019
- Investment in reward and recognition platform including an Employee Assistance Programme as part of operating plan “Phase 2” to be agreed at Workforce Committee January 2019
- Leadership Forum inaugural meeting in February 2019

**Other:**

- Embedding the Business Partner role in order to leverage added value (January 2019 and continuing)
- Developing capacity and capability for workforce planning

<b>Resources (DoF)</b>	<ul style="list-style-type: none"> <li>• The overall system went into winter with more capacity compared to 2017/18, this reduction in demand for beds allowed for a reduction in the levels of temporary staffing in month 9.</li> <li>• The Trust sustained the productivity improvements for elective capacity in December.</li> <li>• Trust agreed with Wiltshire CCG likely forecast outturn for 2019/20, in turn reducing the risk to the year-end forecast.</li> </ul>	<ul style="list-style-type: none"> <li>• Trust did not achieve Q3 control total and therefore provider sustainability funding (PSF).</li> <li>• The capacity shortfall in the community and care sector (predominately due to workforce constraints) bears a significant risk to the Trust being able to achieve the forecast position. The Trust Length of stay remains an outlier, due to patients requiring ongoing support packages following discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust has formally reforecast to NHSI a £10.6m forecast deficit for 2018/19, compared to a plan of £9m deficit, £1.6m adverse variance.</li> <li>• The Trust continues to work through mitigating actions to improve on the forecast, including ensuring escalation capacity and subsequent temporary staffing is minimised.</li> <li>• The Trust has sought reassurance from Wiltshire Council on available capacity to South Wiltshire. This dialogue has highlighted the financial risks the council are mitigating and the ability to meet demand due to a lack of provision as key risks to South Wiltshire system position.</li> </ul>
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<b>Report to:</b>	Trust Board	<b>Agenda item:</b>	11a
<b>Date of Meeting:</b>	07 February 2019		

<b>Report Title:</b>	M9 Operational Performance Report			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			X	
<b>Prepared by:</b>	Andy Hyett, Chief Operating Officer			
<b>Executive Sponsor (presenting):</b>	Andy Hyett, Chief Operating Officer			
<b>Appendices (list if applicable):</b>	Appendix 1: Performance & Score Card			

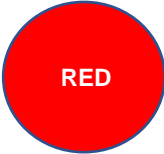

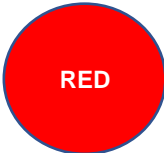

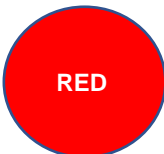
<b>Recommendation:</b>
The Trust Board are asked to note the Trust Performance for Month 9

<b>Executive Summary:</b>
For Month 9 the Trust did not deliver the ED standard; reporting 93.3% although this was higher than the improvement trajectory. The RTT standard was delivered and all cancer standards were delivered for the quarter. Unfortunately the diagnostic standard was failed by less than 0.5% due to ongoing issues in Endoscopy.

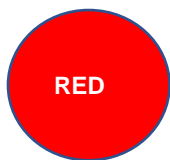
<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Local Services</b> - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
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<b>Resources</b> - 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 – December 2018

( ) = national targets

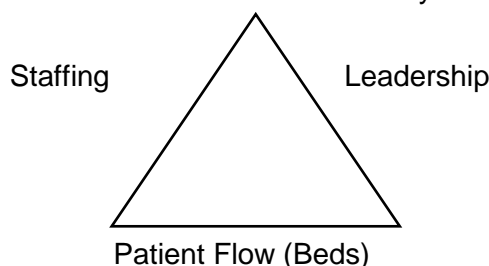
ED Performance (95%)	<u>In month (9):</u> National standard was delivered reporting <b>93.3%</b> <u>Year to date:</u> 91.3%	
RTT Performance (92%)	<u>In month (9):</u> 93.07% <u>Year to date:</u> 92.34%	
Diagnostics (99%)	<u>In month (9):</u> 98.6% <u>Year to date:</u> 98.9%	
Cancer Dec 18 (2ww = 95.1%) (31 day = 97.32%) (62 day = 91.33%)	<u>In month (9):</u> Now validated and submitted. Achieved all targets for Q3 . .	
DTOCs	<u>In month (9):</u> 414 <u>Year to date:</u> 5507	

## Emergency Pathway



The trajectory for 18/19 4 hour performance is illustrated in graph 1 below. In December (M9), the trajectory was met with performance confirmed at 93.2% against a target of 89.1%. The trajectory is inclusive of Type 1, 2 and 3 attendances.

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



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

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

#### Delivery of ED Action Plan:

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

#### Management of the performance of junior doctor workforce:

Three middle grade doctors within ED have been undergoing (supportive) performance management since September 2018 when it became clear that they did not have the expected skillset to independently work as a middle grade doctor. One of these has concluded their performance management process with agreement to step down to SHO level, the remaining two remain on the process having made some improvements in performance. The Lead Clinician has this under review with the supervising Consultants. All of these middle grades are on fixed term one year contracts until August 2019.

#### Ongoing recruitment of nursing staff to close the 12WTE vacancy gap:

Nurse recruitment remains challenging within the Department. There have been some successes in identifying new starters but these are often balanced with future leavers or staff taking maternity leave. Opportunities are advertised ongoing and new ways to attract and retain candidates are being explored by the Head of Nursing for Medicine.

#### DMT direct involvement/support:

The Directorate Manager for Medicine is providing daily support to the Department and to the ED Business Manager to ensure that operational issues that can be proactively managed are being resolved in advance so as not to add pressure to the day to day demand on the Department. The Clinical Director for Medicine is

actively involved in managing the medical workforce issues in the Department, supporting with job planning etc.

Closer working between ED and Acute Medical Unit:

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

Intensive support from COO and DoN:

Weekly intensive support has now concluded, replaced by a once a month meeting to ensure progress is sustained.

Patient Flow Programme, delivery of the four key objectives.

The four key objectives of the patient flow programme are:

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

The continued embedding of SAFER in all wards continues to be raised and championed by the Directorate Management Team and Director of Nursing, with increased visibility and focus at whiteboard meetings to challenge and improve the patient journey, resulting in earlier and timely discharges and therefore improved 'flow'.

The Length of Stay for medicine continues to be monitored via the Patient Flow PMB and more recently formulated Patient Flow Delivery Group. The target for medicine LoS (emergency and non-elective admissions) was set at 6.68 at the beginning of the financial year and the position currently stands at 8.10 with a total number of 9,015 patient spells. Compared to the same position in 17-18, length of stay was reported as 8.90 against 8,701 patient spells (graph 3). The Trust has notably reduced length of stay despite an increased number of patients being admitted.

Data analysis has shown that emergency surgery admissions LoS has reduced from 3.12 in 17/18 to 2.75 in 18/19 with an increased number of admissions from 2,939 to 3,528.

MSK LoS has slightly increased from 5.49 to 5.83 with number of spells increasing from 2,540 to 2,640.

The PMB are currently aligning the metrics for reporting in 19/20 to those included within model hospital, thereby allowing alignment to peer Trusts, this will allow for reporting against speciality level areas, and elective/emergency admissions, rather than Medicine, MSK and Surgery as Directorates and as a result will allow for more specific speciality driven transformational/process change to take place.

Publication of ED dashboard:

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

Publication of KPIs to all ED staff :

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

Increase administrative support within SSEU and Majors:

ED Majors Administrators are now in post. There are general challenges with the administrative workforce in

ED (sickness, vacancies) which are all being managed but are slowing some progress on the implementation of improved administrative support to SSEU. This remains an aim with a plan to resolve by end of Q4.

Recruitment into ED Consultant vacancies:

Two new Consultants to start in ED in Q4 (11<sup>th</sup> February and 4<sup>th</sup> March). Both come from previous NHS roles in the region. One has already commenced some ad hoc shifts at SFT to support with her induction to Department.

Source Locum Consultant for winter:

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

Robust job planning of all Consultants:

Workforce review and job planning is underway, supported by the Clinical Director for Medicine. Anticipate that this will be concluded by end of Q4 at the latest.

Consider alternative roles to mitigate workforce gaps, e.g. Paramedics.:

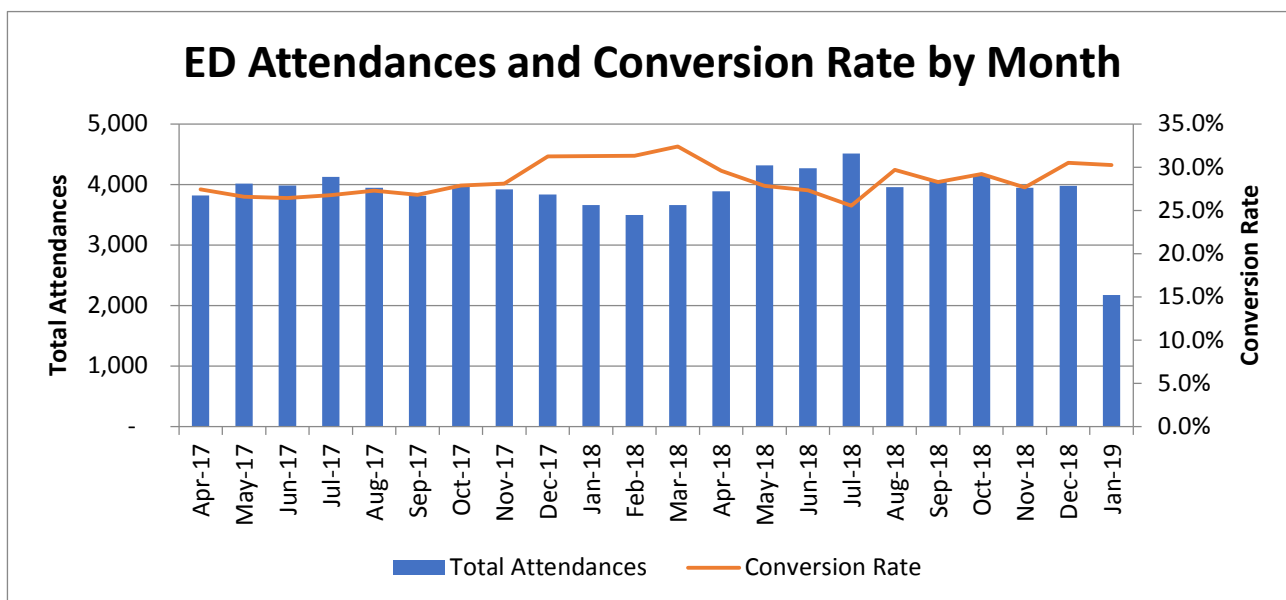
Paramedics are currently fulfilling the Navigator role within ED and this has proven to be very successful. They are fulfilling this role on a temporary agency basis at present whilst nursing workforce issues are improved. As the pilot of this has been so successful a request to replace these roles with Paramedics on, at least a one year fixed term basis, has been submitted. These roles will also extend into triage and begin to provide some support to Minors and Majors when demand is high. The Leadership Team in ED recognises a need to diversify the workforce to meet workforce challenges and this is supported by the Medicine Directorate Management Team.

## Analysis

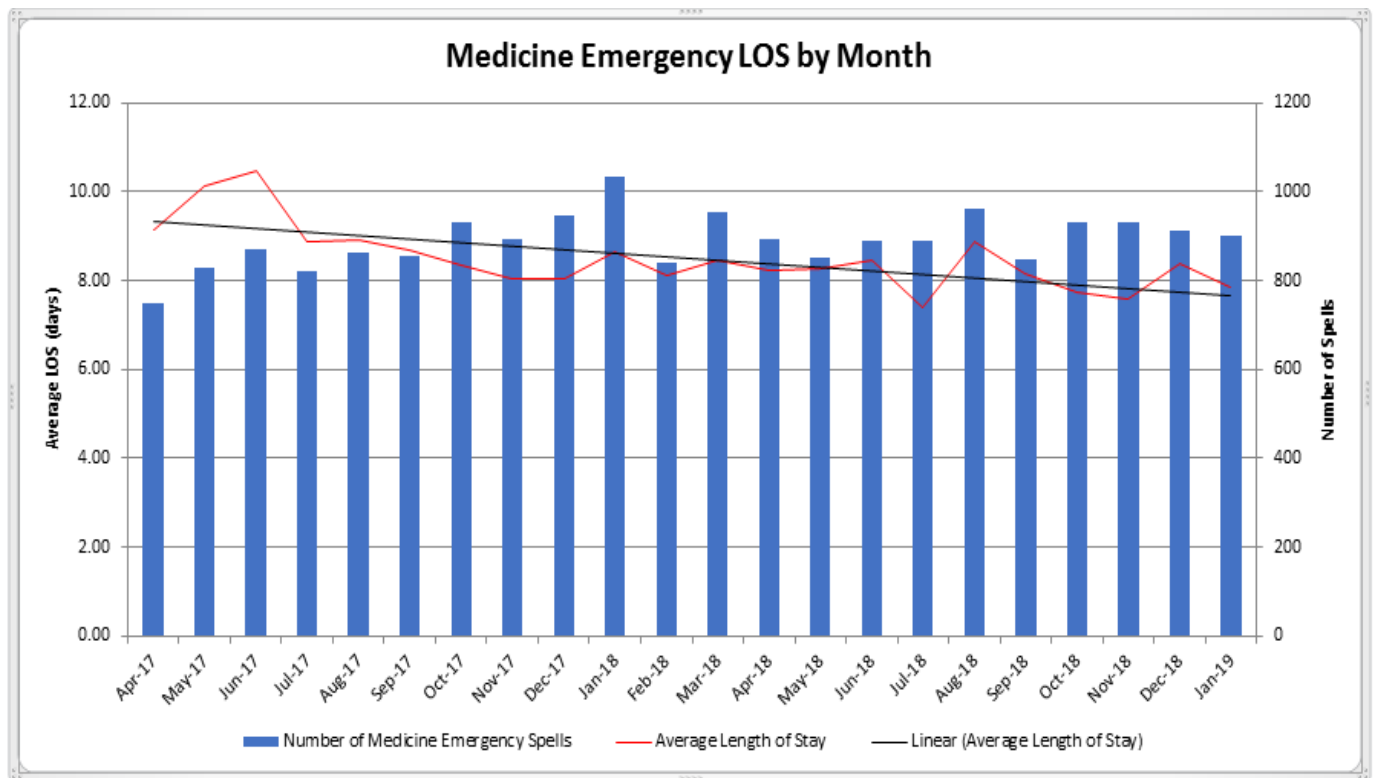
Graph 1 – Performance Trajectory

Trajectory lines	01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12
	Y1 M01 Plan	Y1 M02 Plan	Y1 M03 Plan	Y1 M04 Plan	Y1 M05 Plan	Y1 M06 Plan	Y1 M07 Plan	Y1 M08 Plan	Y1 M09 Plan	Y1 M10 Plan	Y1 M11 Plan	Y1 M12 Plan
	30/04/2018	31/05/2018	30/06/2018	31/07/2018	31/08/2018	30/09/2018	31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019	31/03/2019
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	#	#	#	#	#	#	#	#	#	#	#	#
Accident and Emergency - >4 hour wait	290	402	373	443	593	700	752	700	780	680	520	300
Accident and Emergency - Total Patients	5,801	6,177	6,107	6,455	5,743	5,804	5,331	6,116	7,145	6,199	5,761	5,953
Accident and Emergency - Performance %	95.0%	93.5%	93.9%	93.1%	89.7%	87.9%	85.9%	88.6%	89.1%	89.0%	91.0%	95.0%

Graph 2. – ED type 1 attendances and conversion rates



Graph 3 – Length of Stay



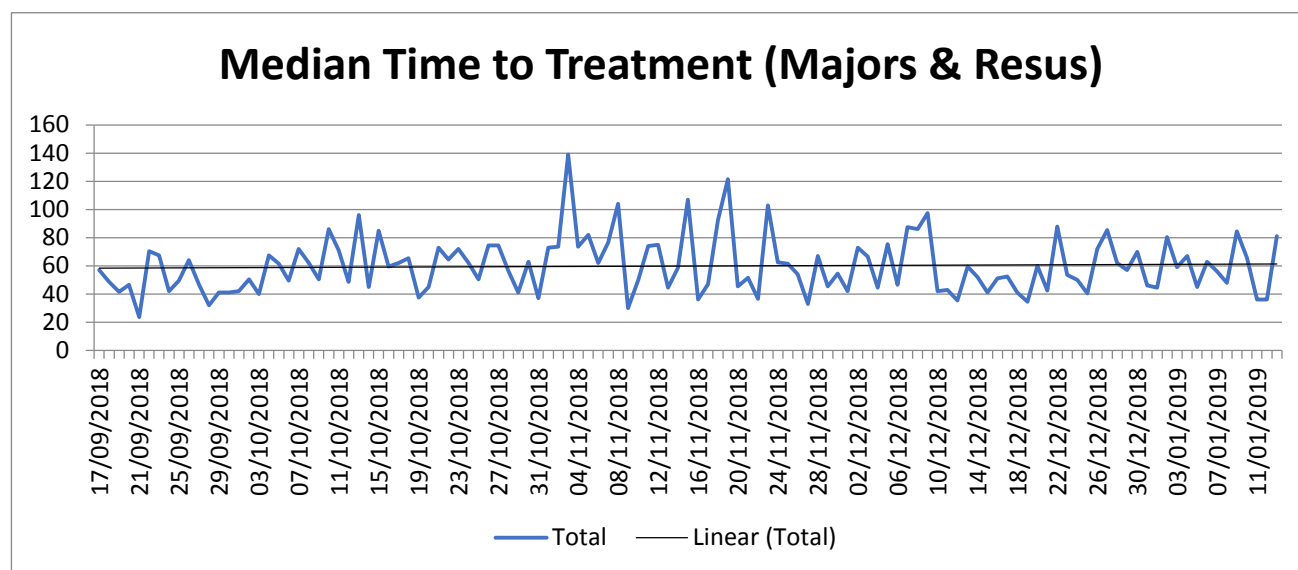
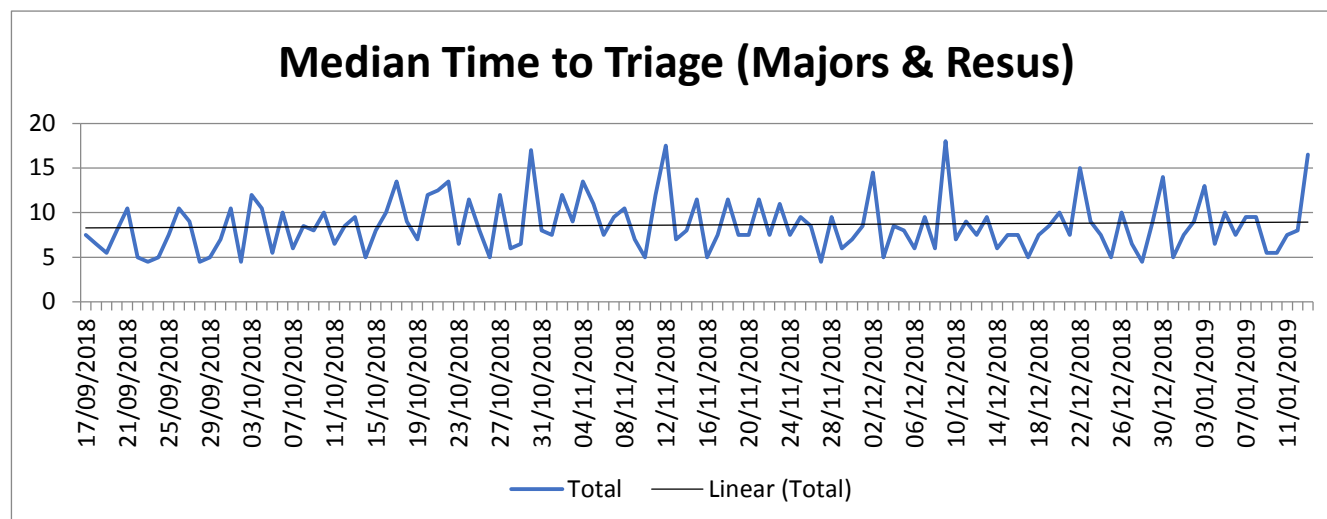
**Time to Triage:**

Avg Median Time to Triage for week by team	Majors	Minors
02/12/2018	11.1	21.4
09/12/2018	11.4	20.4
16/12/2018	10.1	10
23/12/2012	11.9	14.7
30/12/2018	11.7	15.6

**Time to treatment:**

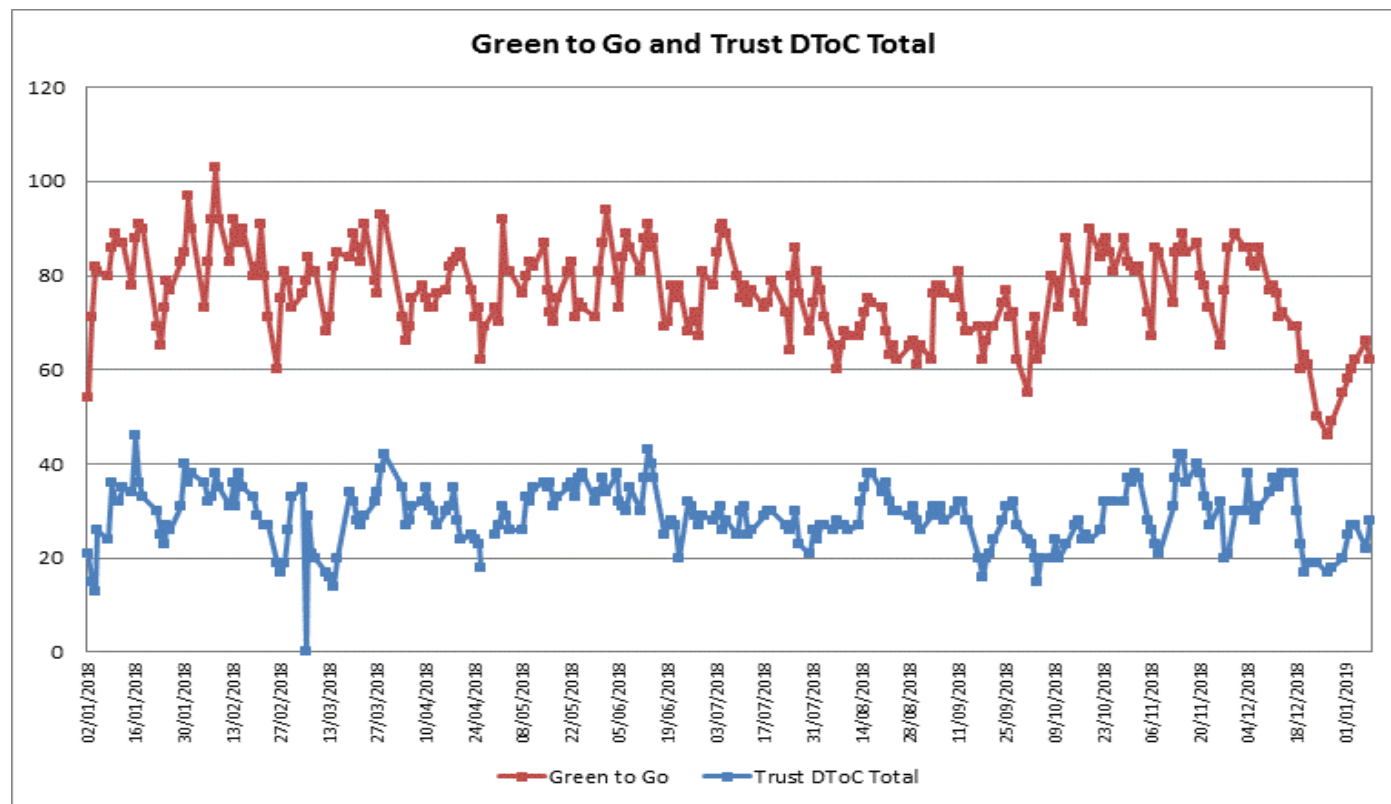
Avg Median Time to Treat for week by team	Majors	Minors
02/12/2018	70.6	86.6
09/12/2018	85.4	82.7
16/12/2018	64.3	56.9
23/12/2012	64.1	61.4
30/12/2018	74.6	64.4

Graph 4 – ED time to triage and time to assessment



	M10	M11	M12
<b>Last year actual</b>	5636	5238	5412
<b>Trajectory breaches</b>	444	350	213
<b>Contract</b>	4,031	3,880	4,270
	89.0%	91.0%	95.0%

The number of patients whose discharge is being delayed continues to be higher than the agreed system target of 14. The Trust is working with the Council, Community providers and CCG to increase capacity to meet demand. Availability of Community capacity in South Wiltshire continues to be the rate limiting factor.



Nov-18 was as follows:

November 2018 = 563 bed days

2018-19 YTD = 5093 bed days

## M9 Cancer



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

Description	Standard	October			November			December			Q3 2018-19		
	%	In target	Total	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	948.0	989.0	95.85	835.0	881.0	94.78	816.0	858.0	95.10	2599.0	2728.0	95.27
Symptomatic Breast Two Week wait	93	10.0	12.0	83.33	9.0	9.0	100.00	10.0	10.0	100.00	29.0	31.0	93.55
31 Day Standard	96	118.0	122.0	96.72	128.0	129.0	99.22	110.0	113.0	97.35	356.0	364.0	97.80
31 Day Subsequent: Drug	98	9.0	9.0	100.00	10.0	10.0	100.00	8.0	8.0	100.00	27.0	27.0	100.00
31 Day Subsequent: Surgery	94	20.0	20.0	100.00	16.0	16.0	100.00	19.0	19.0	100.00	55.0	55.0	100.00
62 Day Standard	85	66.5	82.0	81.10	69.5	79.5	87.42	68.5	75.0	91.33	204.5	236.5	86.47
62 Day Screening Patients	90	6.0	6.0	100.00	2.5	2.5	100.00	2.0	3.0	66.67	10.5	11.5	91.30

M9 Cancer performance was very good only failing the 62 day screening standard and that was one patient. Q3 performance was entirely green – this shows that the weekly Patient Tracking List and Operational meetings are working well. January is likely to be more challenging due to current capacity problems in endoscopy.

We have restructured the cancer management team as a result of our Living With & Beyond Cancer (LWBC) project manager leaving and are now recruiting a Band 7 service manager for cancer, the other Band 7 opting for the Band 6 role via a consultation. This move will allow us to continue to maintain achievements as above and to work on longer term strategies around pathway design particularly in urology, head and neck, and colorectal.

**RTT**



The RTT standard was delivered reporting over 93%.

Actions to improve performance at speciality level are included below;

**General Surgery – 85.2% (Q3 target 85%)**

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

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

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

**Urology – 90.8% (Q3 target = 91.0%)**

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

**Trauma & Orthopaedics (T&O) 88.4% (Q3 target = 90%)**

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

**Plastics (Skin & Breast) Plastics & Burns: 91.9% (Q3 target 89%)**

- Breast reconstruction lists – continue increase in number of Dieps month on month
- Consultant return from long term sick leave in November
- Skin Plastic Surgeon – gap currently be covered by additional sessions
- Micro Plastic Surgeon - successful recruitment –commencing in October 2019 (Mat leave cover required)

- Increased capacity identified in both DSU and Minor Operations.
- Additional Rapid Referral Clinic capacity continues

**Oral and Maxillo Facial surgery (OMFS) : 75.7% (Q3 target = 90%)**

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

**Dermatology – 91.0% (Q3 target = 92.0%)**

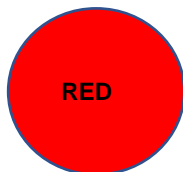
- Dip in performance in due to medical and surgical dermatologist shortages
- Maternity leave from June 2019 - Scoping – high volume locum opportunity for maternity cover
- Additional plastic lists as above
- Continued innovative and creative solution to national shortage of Dermatologists – to maintain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

**Thoracic Medicine : 87.2% (Q3 target 85%, Q4 target = 90%)**

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

**Waiting list size**

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Plan	17,038	16,700	16,908	16,915	17,120	17,013	17,053	17,415	17,163	16,408	16,569	16,872	17,036
Actual	17,038	17,314	17,961	17,846	17,679	17,667	17,313	17,256	17,143	16,857			

**Diagnostic (DM01) December**

Following clinical prioritisation of resources and the increase seen in referrals as a result of patient choice around the Christmas period the Trust failed to deliver the diagnostic standard in December. The recovery plan implemented for December was expected to show improvement as long as all lists remain covered, which regrettably they did not owing to the unsuitability of a locum doctor.

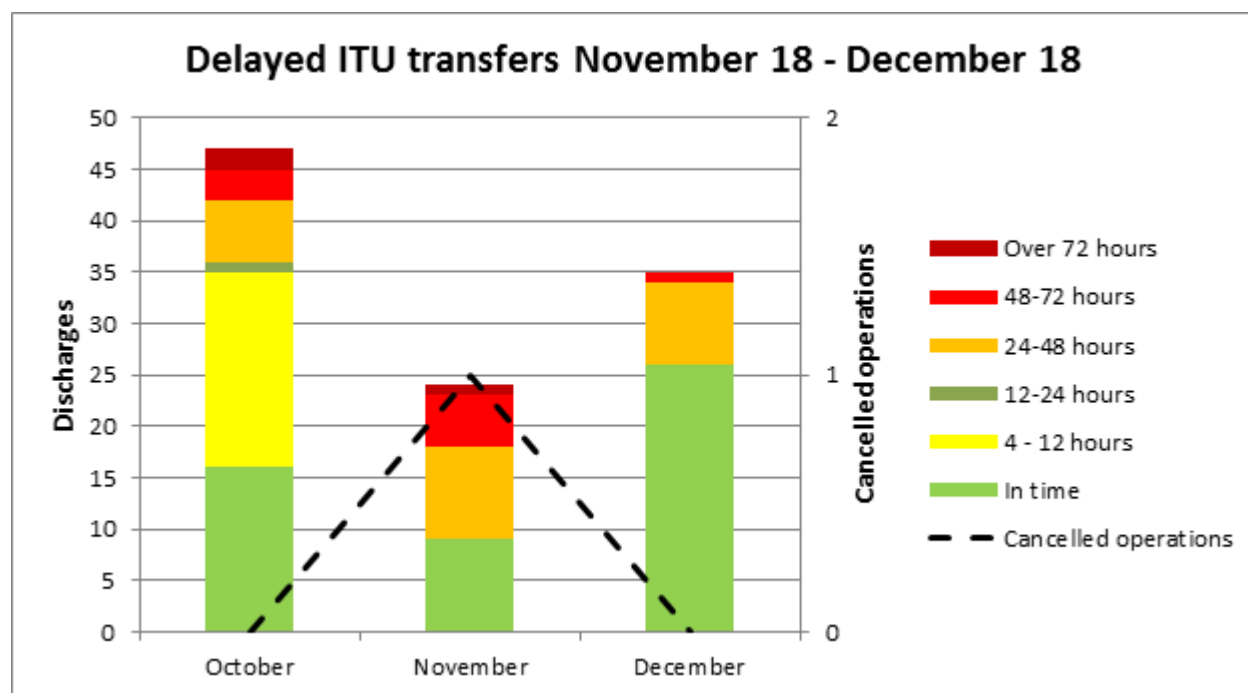
Current wait times are around 6 weeks in Radiology but are now back to 8 weeks in Endoscopy. The recovery plan for Endoscopy covered December initially but is now looking to solutions for Q4. The previously reported lack of cover from regular Endoscopists combined with the ongoing absence of CNS cover in Colorectal continues.

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

The MRI waiting list is currently at 331 with the majority of patients waiting less than 3 weeks. We are therefore continuing with the reduction in the use of the mobile scanner. Local health care providers have been notified of the available capacity but no firm arrangements have yet been made. COO has highlighted to CCG and NHSi

CT wait times have remained static as additional capacity is continuing, however staffing is proving to be a challenge and measures are being investigated to improve recruitment and retention of staff.

## ICU



**MRSA:** One MRSA bacteraemia in December currently under review. Further narrative within the quality indicator report.

Salisbury Hospital NHS Foundation Trust Board Report - December 2018

Metric Name	National Ceiling /Standard	Local Trajectory	Reporting Month		Rolling 12 months
			Dec-18	Patients Affected in Dec-18	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	93.07%	1,168	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		9 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	National Ceiling /Standard	Local Trajectory	Dec-18	Patients Affected in Dec-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	93.3%	384	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		98.56%	50	
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		45		
Infection control – Clostridium difficile (YTD)	YTD: 14		YTD: 2	1	
Infection control - MRSA*	0		1		
Metric Name	National Ceiling /Standard	Local Trajectory	Dec-18	Patients Affected in Dec-18	Trend Against National Standard
All Cancer two week waits	93%		95.1%	42	
Symptomatic Breast Cancer - two week waits	93%		100.0%	0	
31 day wait standard	96%		97.3%	3	
31 day subsequent treatment : Drug	98%		100.0%	0	
31 day subsequent treatment : Surgery	94%		100.0%	0	
62 day wait standard from GP referral	85%		91.33%	6.5	
62 day screening patients	90%		66.7%	1.0	

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

<b>Report to:</b>	Trust Board	<b>Agenda item:</b>	11b
<b>Date of Meeting:</b>	07 February 2019		

<b>Report Title:</b>	Quality Indicator Report – December & Q3 2018/19			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Prepared by:</b>	Claire Gorzanski, Head of Clinical Effectiveness			
<b>Executive Sponsor (presenting):</b>	Dr Christine Blanshard, Medical Director Lorna Wilkinson, Director of Nursing			
<b>Appendices (list if applicable):</b>	Quality indicator report – December 2018			

<b>Recommendation:</b>
To note the Trust quality indicators and actions being taken to improve.

<b>Executive Summary:</b>
<p>Positive indicators – low levels of hospital acquired C.difficile, further reduction in HSMR within the expected range and improved high risk TIA performance.</p> <p>Of concern is a 3<sup>rd</sup> MRSA bacteraemia this year with actions identified for improvement. The Infection Prevention and Control team are currently leading on a piece of work to aggregate all 3 RCAs to identify cross cutting issues. Injurious falls (moderate or above) have increased in Q3. Underlying causes and learning being aggregated through the SWARM meetings. SSNAP score reduced to C due to therapy vacancies with full staffing expected in February 19. The number of non-clinical mixed sex accommodation breaches within ambulatory areas increased from Q2 but privacy and dignity maintained and breaches resolved very quickly.</p>

Board Assurance Framework – Strategic Priorities	
<b>Local Services</b> - 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"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
<b>Innovation</b> - 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"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
<b>People</b> - 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"/>
<b>Resources</b> - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

## **1.0 Purpose**

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

## **2.0 Quality indicator report**

- 2.1 One case of Trust apportioned C Difficile. YTD – 2 cases.
- 2.2 One MSSA bacteraemia in Q3. YTD 7 cases.
- 2.3 One MRSA bacteraemia – line related. Improvement actions in place. YTD – 3 cases. A review of all 3 cases currently underway.
- 2.4 Two E Coli bacteraemias. YTD – 12 cases.
- 2.5 Three new serious incident inquiries commissioned in December. YTD 25 cases.
- 2.6 An increase in crude mortality in December. HSMR decreased to 102.2 to September 18 and is within the expected range. SHMI decreased to 105 and when adjusted for palliative care is 97.7 to June 18. Weekend HSMR increased and is within the expected range. A review of weekend HSMR to be presented to the Clinical Governance Committee in January 2019.
- 2.7 Best practice tariff compliance for hip fracture patients decreased slightly in Q3 to 81.3%. Theatre improvement work continues.
- 2.8 In Q3, an increase in category 2 pressure ulcers per 1000 bed days & one category 3 pressure ulcer, although levels lower than Q3 last year.
- 2.9 In December, 3 falls resulting in major harm (2 fractured hips and 1 head injury subject to a serious incident inquiry) and 5 falls resulting in moderate harm (3 fractured pubic rami, 1 fractured wrist and 1 fall resulting a wound needing surgical closure). In Q3, an increase in falls resulting in harm - 5 with major harm and 9 with moderate harm. The Trust is currently part of the NHSI Falls Prevention Collaborative.
- 2.10 In Q3, all but one stroke patient received a CT scan within 12 hours. An improvement at the end of Q3 in patients reaching the stroke unit within 4 hours. Delays due to waiting to see a doctor in ED or speciality doctor, waiting for a stroke unit bed or admitted to AMU. Continued to exceed the 80% national target of patients spending 90% of their stay on the stroke unit. The stroke team continue to work with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway. SSNAP score reduced to C – due to therapy vacancies with full staffing expected in February 2019.
- 2.11 Improvement in high risk TIA patients seen within 24 hours.
- 2.12 Escalation bed capacity reduced in December – data impacted by Christmas period which saw a temporary drop in demand. Outside of this time ambulatory areas were consistently used overnight. Multiple ward moves increased in December. The winter plan has been presented at CGC and F&PC and the new winter planning Director has started in the Trust.
- 2.13 In December, 5 non-clinically justified mixed sex accommodation breaches affecting 45 patients in ambulatory areas (AMU & SAU). In Q3, a total of 20 non-clinically justified mixed sex accommodation breaches affecting 176 patients in ambulatory areas. Commissioner AMU walk round in December.
- 2.14 Patients rating the quality of their care sustained at previous year average. The Q2 staff friends and family test improved compared to Q1 of those recommending the Trust as a place to work and receive care or treatment.

## **4.0 Summary**

- 4.1 Positive indicators – low levels of hospital acquired C.difficile, further reduction in HSMR within the expected range and improved high risk TIA performance.
- 4.2 Of concern is a 3<sup>rd</sup> MRSA bacteraemia this year with actions identified for improvement. The Infection Prevention and Control team are currently leading on a piece of work to aggregate all 3 RCAs to identify cross cutting issues. Injurious falls (moderate or above) have increased in Q3. Underlying causes and learning being aggregated through the SWARM meetings. SSNAP score reduced to C due to therapy vacancies with full staffing expected in February 19. The number of non-clinical mixed sex accommodation breaches within ambulatory areas increased from Q2 but privacy and dignity maintained and breaches resolved very quickly.

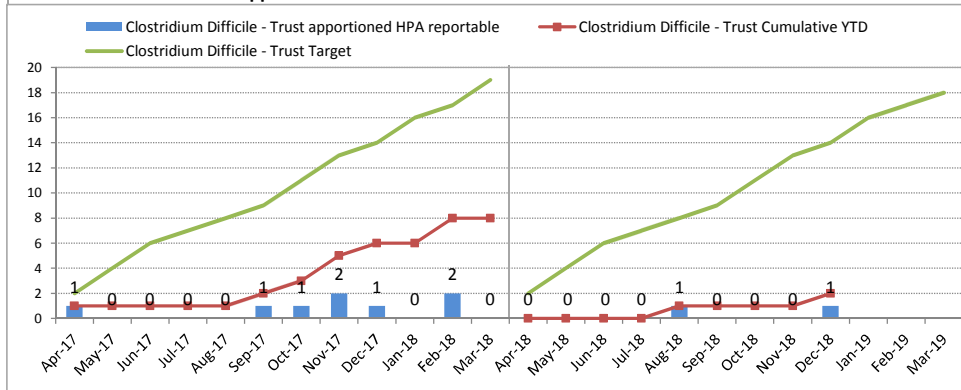
**Claire Gorzanski, Head of Clinical Effectiveness, 16 January 2019.**

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

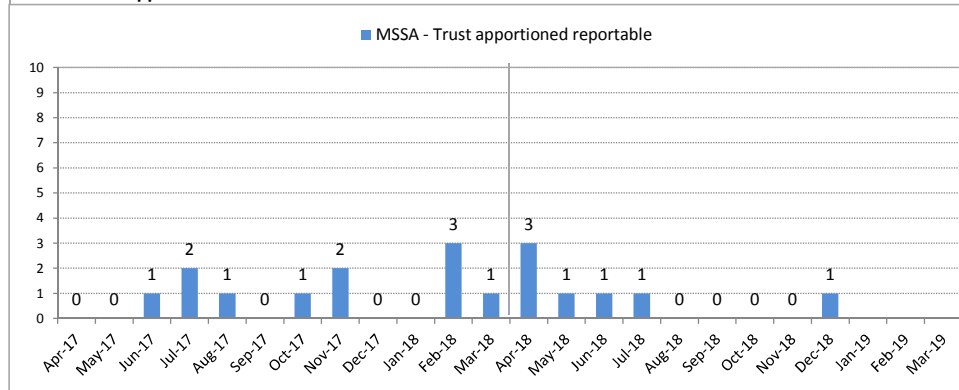
Trust Incidents	2017-18 YTD	2018-19 YTD
Never Events	3	2
Serious Incidents Requiring Investigation	25*	25

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

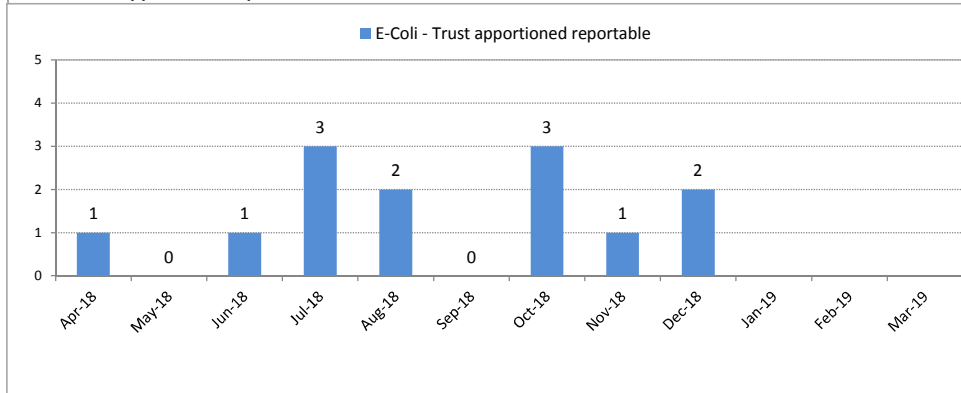
**Clostridium Difficile - Trust Apportioned**



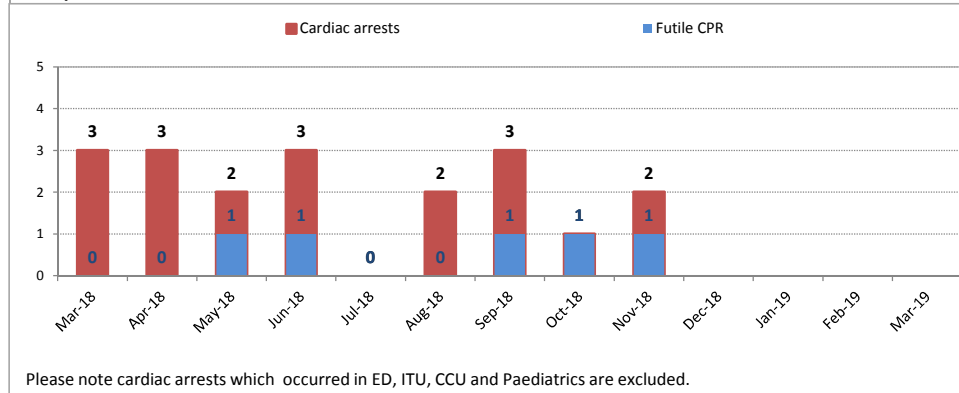
**MSSA - Trust Apportioned**



**E-Coli - Trust apportioned reportable**

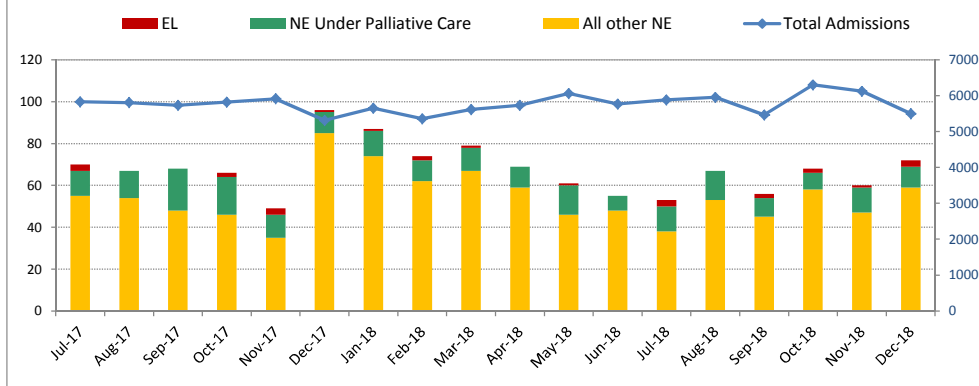


**In hospital cardiac arrests and futile CPR**

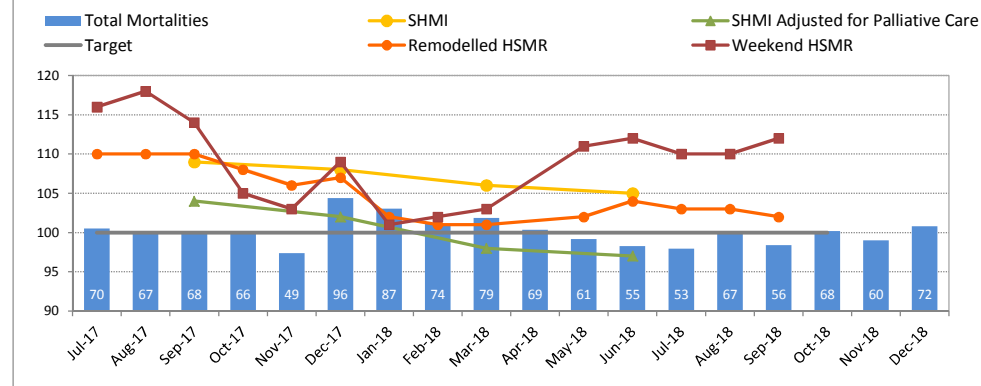


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

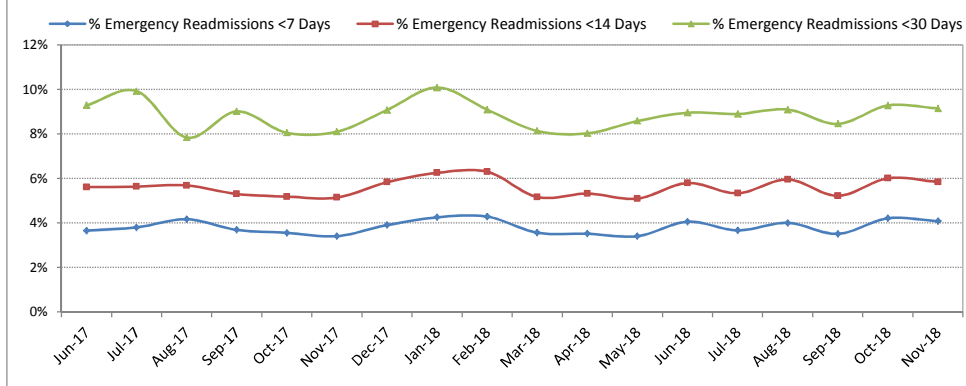
### Hospital Mortalities



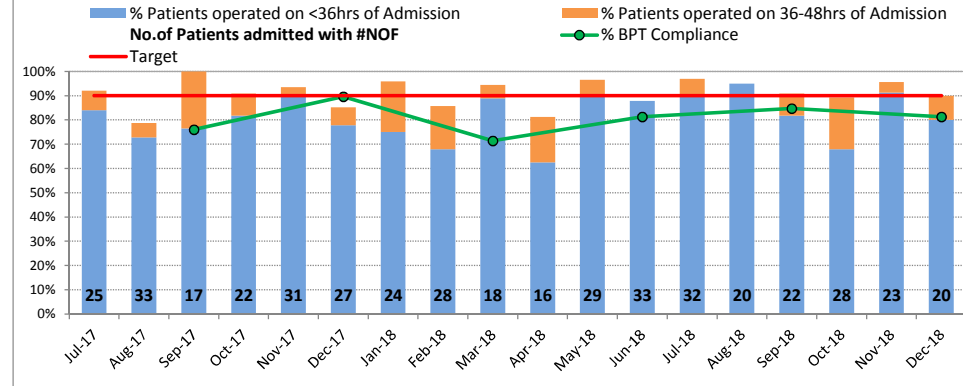
### HSMR and SHMI



### Emergency Readmissions within 7, 14 & 30 days of Discharge

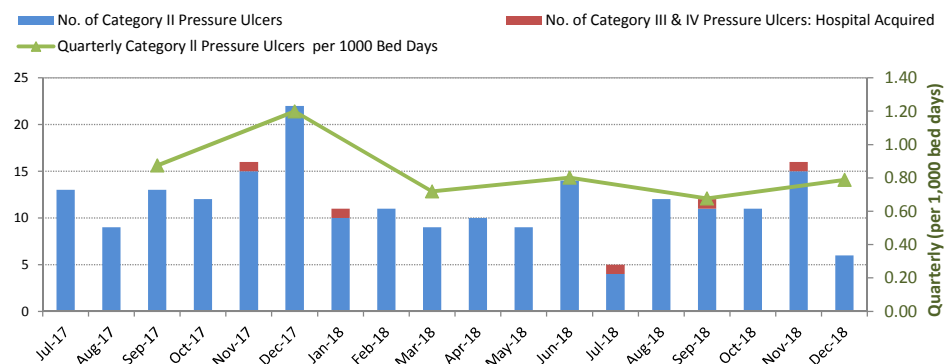


### Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)

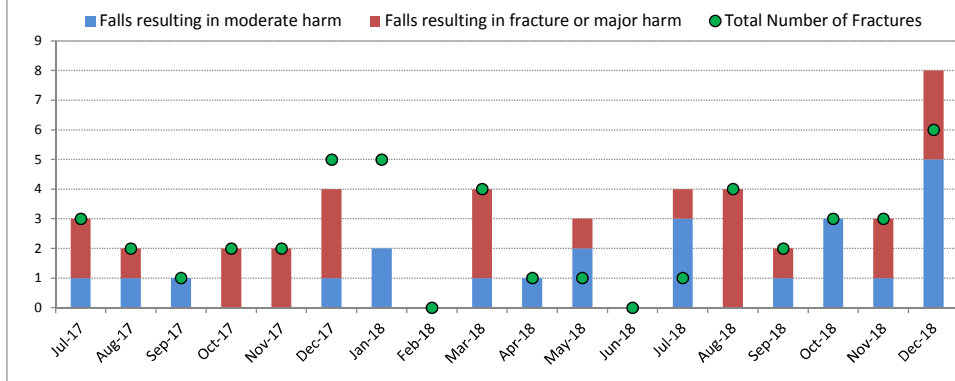


Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

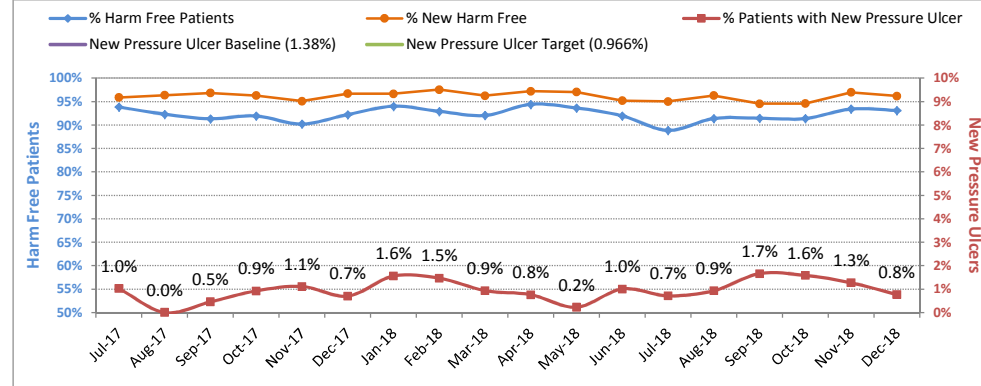
### Pressure Ulcers



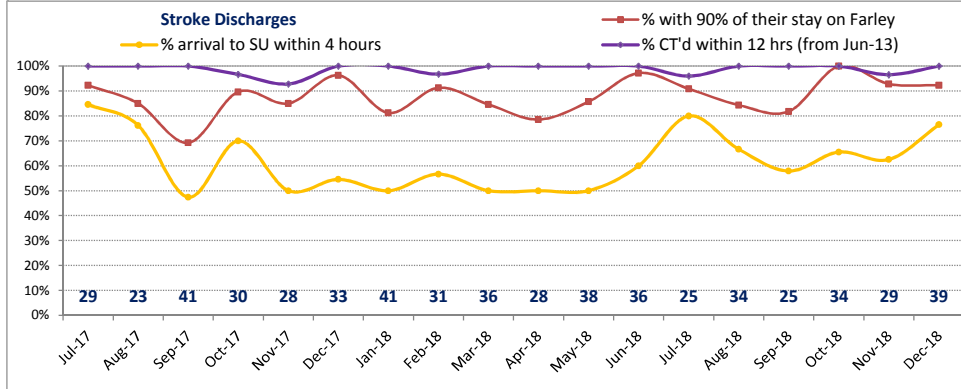
### Patient Falls in Hospital



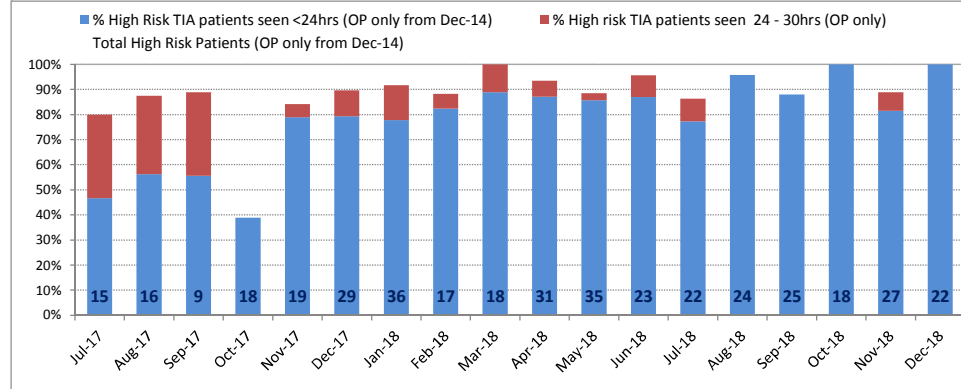
### Safety Thermometer - One Day Snapshot per Month



**Stroke Care**



**TIA Referrals**



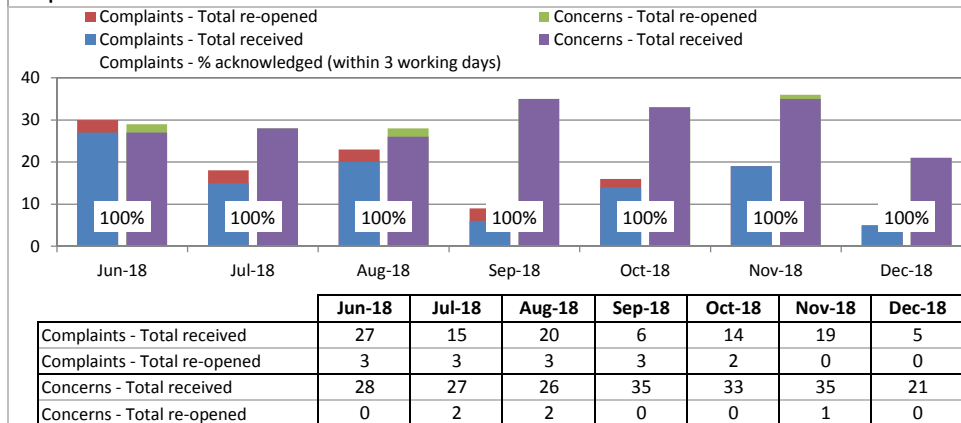
**SSNAP Case Ascertainment Audit**

Highest level = Grade A

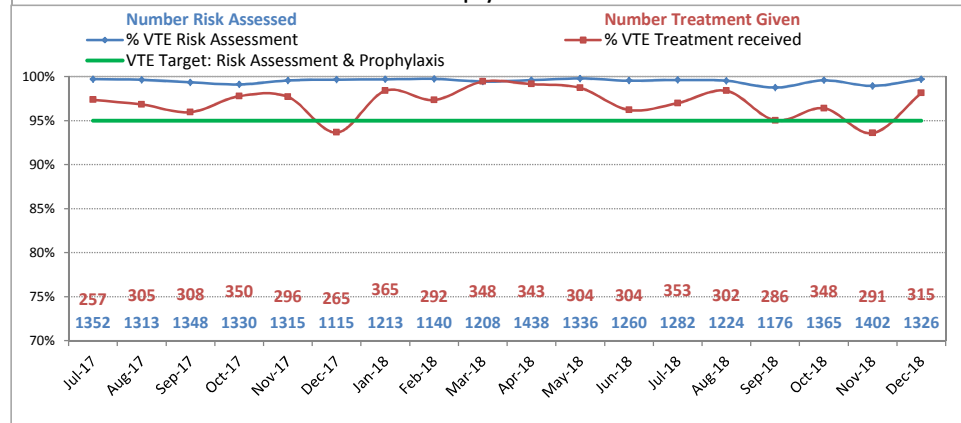
Lowest level = Grade E

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

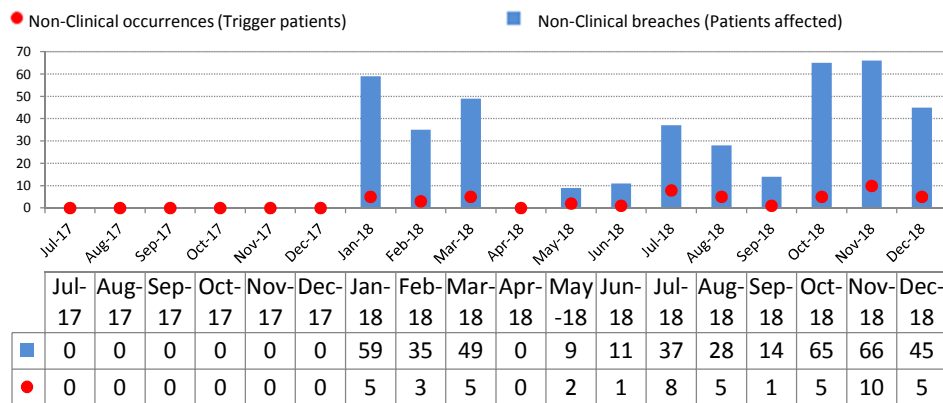
**Complaints and Concerns**



**Venous Thrombous Embolism: Risk Assessment & Prophylaxis**

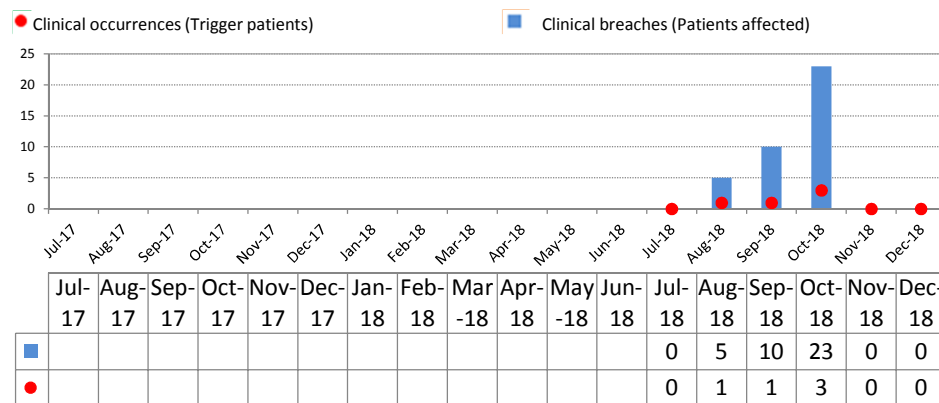


**Delivering Same Sex Accommodation - Non-clinical**



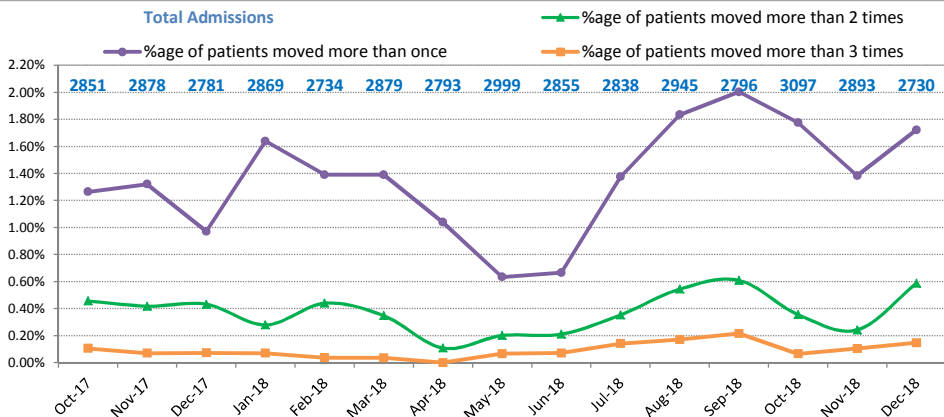
Please note MSA (Mixed sex accommodation) is now referred to as DSSA (Delivering same sex accommodation) since 01/08/2018

**Delivering Same Sex Accommodation - Clinical**

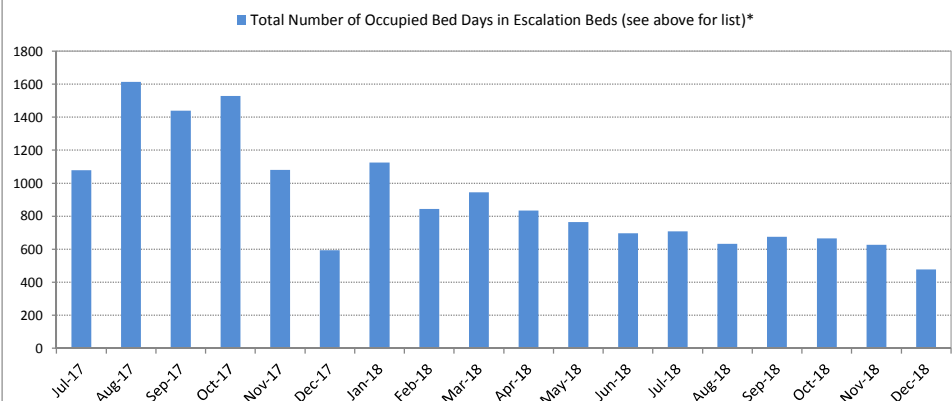


Please note Clinical DSSA figures have been collected since June 2018

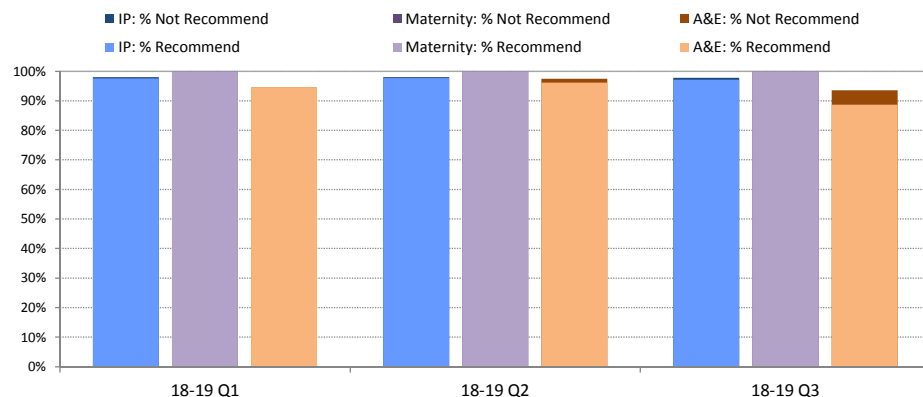
**Patients moving multiple times during their Inpatient Stay**



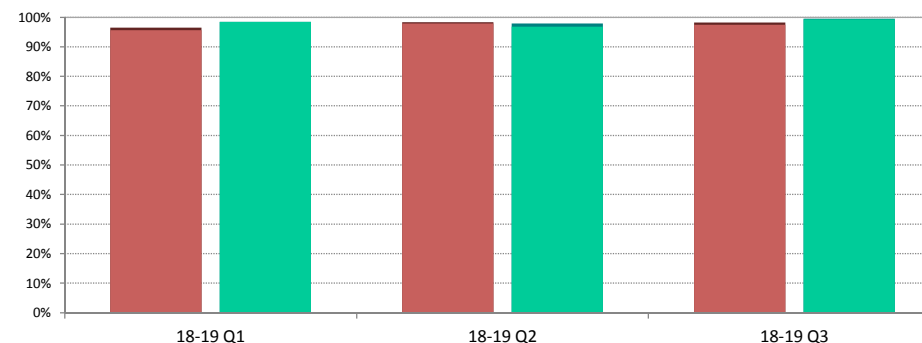
**Escalation Bed Days**



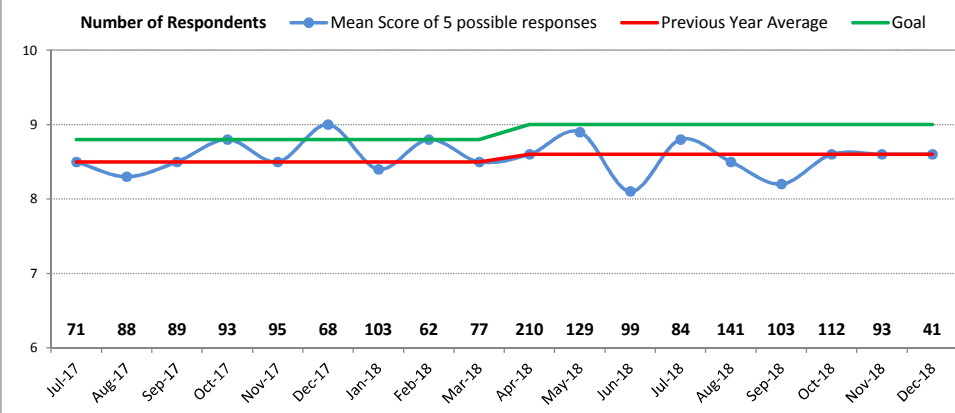
**Friends & Family Test: Responses by Area**



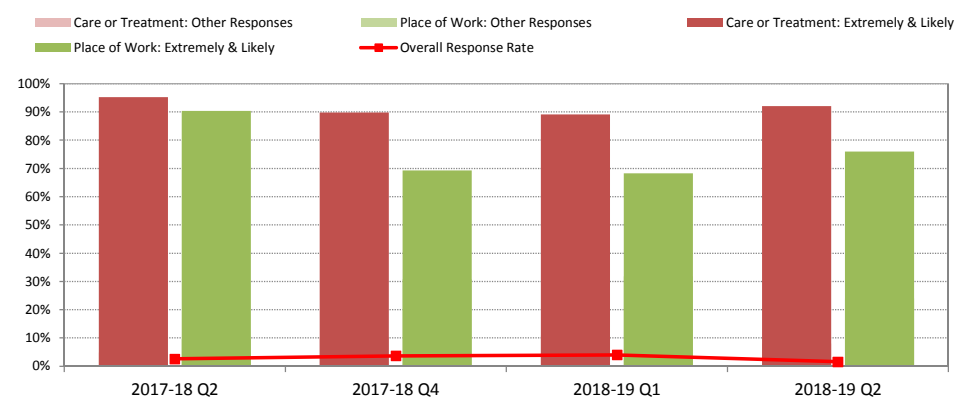
**OP: % Not Recommend** **DC: % Not Recommend** **OP: % Recommend** **DC: % Recommend**



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



**Friends & Family Test: Staff (% Responses)**



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

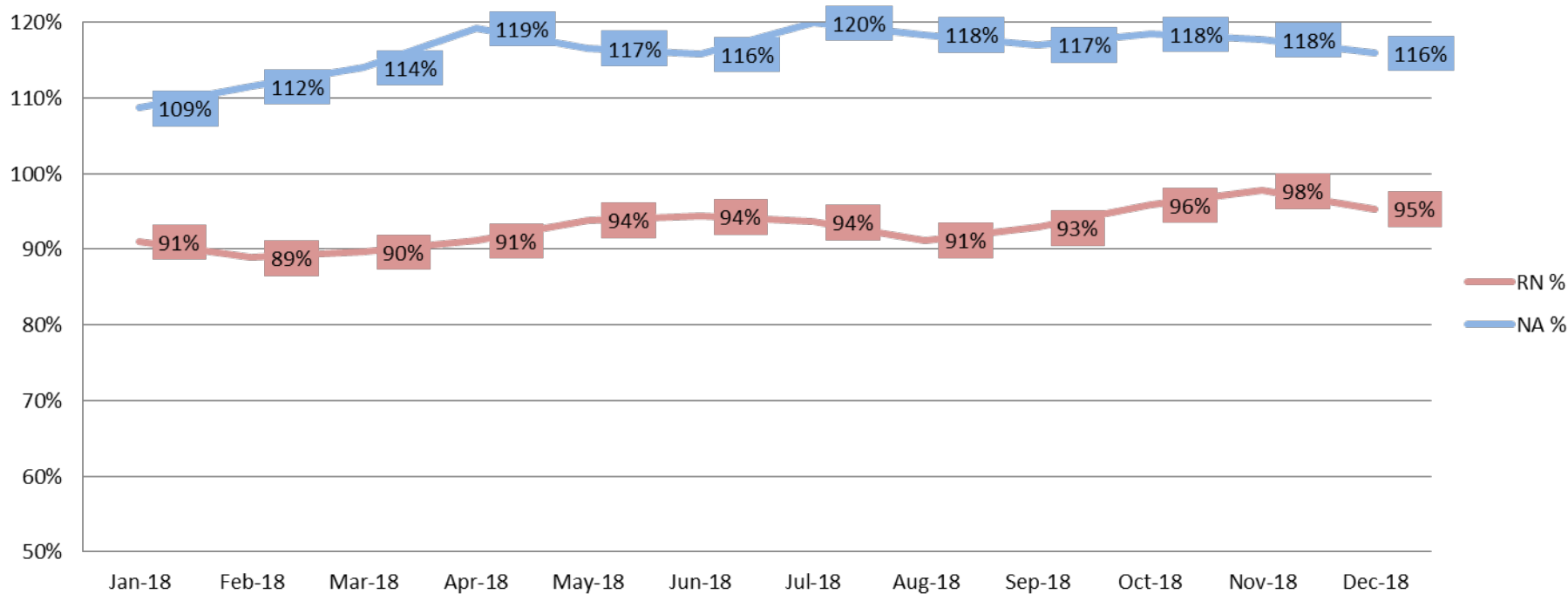
# Safe Staffing NQB Report

December 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
Dec-18	64472	61476	95%	35793	41512	116%	100265	102988	103%	60%	40%

## Monthly Comparison - Actual Staffing Levels



# Overview of Nurse Staffing Hours – December 2018

Day	RN	NA
Total Planned Hours	39158	22363
Total Actual Hours	36251	26249
Fill Rate (%)	93%	117%

Night	RN	NA
Total Planned Hours	25314	13431
Total Actual Hours	25225	15263
Fill Rate (%)	100%	114%

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

# Nursing Hours by Day Shifts

Row Labels	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned	Day NA Actual	Day NA Fill Rate
<b>Medicine</b>	<b>16143</b>	<b>15223</b>	<b>96%</b>	<b>10741</b>	<b>13686</b>	<b>125%</b>
AMU	2017	2017	100%	1058	1635	155%
Durrington	1203	1304	108%	914	1254	137%
Farley	2405	2137	89%	1540	1949	127%
Hospice	955	952	100%	932	794	85%
Pembroke	914	944	103%	370	435	117%
Pitton	1906	1719	90%	1096	1828	167%
Redlynch	1622	1565	96%	1194	1379	115%
Tisbury	2190	2006	92%	726	713	98%
Whiteparish	1307	1291	99%	1086	1341	123%
Spire	1625	1290	79%	1826	2360	129%
<b>Surgery</b>	<b>8156</b>	<b>7886</b>	<b>97%</b>	<b>3174</b>	<b>3398</b>	<b>105%</b>
Britford	2140	2172	101%	1135	1360	120%
Downton	1412	1395	99%	974	1015	104%
Radnor	3461	3252	94%	365	365	100%
Breamore Short Stay	1144	1067	93%	700	657	94%
<b>MSK</b>	<b>8496</b>	<b>7105</b>	<b>84%</b>	<b>6988</b>	<b>7785</b>	<b>116%</b>
Amesbury	1842	1561	85%	1446	1748	121%
Avon	1742	1390	80%	2032	1953	96%
Chilmark	1734	1585	91%	1157	1394	120%
Odstock	1690	1340	79%	766	1083	141%
Tamar	1489	1229	83%	1588	1607	101%
<b>CSFS</b>	<b>6363</b>	<b>6037</b>	<b>97%</b>	<b>1460</b>	<b>1381</b>	<b>99%</b>
Maternity	3071	2763	90%	1105	1012	92%
NICU	1204	1251	104%	0	0	100%
Sarum	2088	2023	97%	355	369	104%
<b>Grand Total</b>	<b>39158</b>	<b>36251</b>	<b>93%</b>	<b>22363</b>	<b>26248.92</b>	<b>117%</b>

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
<b>Medicine</b>	<b>10233</b>	<b>10631</b>	<b>103%</b>	<b>5803</b>	<b>7612</b>	<b>133%</b>
AMU	1558	1827	117%	357	696	195%
Durrington	736	771	105%	736	851	116%
Farley	1098	1110	101%	736	1092	148%
Hospice	608	609	100%	295	285	97%
Pembroke	736	736	100%	368	551	150%
Pitton	1081	1288	119%	736	964	131%
Redlynch	1104	1066	97%	736	816	111%
Tisbury	1472	1439	98%	368	472	128%
Whiteparish	736	729	99%	736	736	100%
Spire	1104	1058	96%	736	1150	156%
<b>Surgery</b>	<b>5411</b>	<b>5353</b>	<b>100%</b>	<b>2484</b>	<b>2565</b>	<b>103%</b>
Britford	1104	1092	99%	736	847	115%
Downton	736	772	105%	736	729	99%
Radnor	2927	2845	97%	368	368	100%
Breamore Short Stay	644	644	100%	644	621	96%
<b>MSK</b>	<b>4411</b>	<b>4317</b>	<b>99%</b>	<b>4045</b>	<b>4054</b>	<b>100%</b>
Amesbury	1104	1092	99%	1102	1103	100%
Avon	960	923	96%	960	953	99%
Chilmark	608	603	99%	608	609	100%
Odstock	1099	1030	94%	735	769	105%
Tamar	640	670	105%	640	620	97%
<b>CSFS</b>	<b>5260</b>	<b>4924</b>	<b>96%</b>	<b>1099</b>	<b>1033</b>	<b>97%</b>
Maternity	2943	2631	89%	1099	1010	92%
NICU	1104	1139	103%	0	0	100%
Sarum	1214	1155	95%	0	23	100%
<b>Grand Total</b>	<b>25314</b>	<b>25225</b>	<b>100%</b>	<b>13431</b>	<b>15263</b>	<b>114%</b>

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

# Overview of Areas Flagging Red

(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Avon	80%	√		Day	The ward has high level of vacancies and mitigated the RN gaps across the roster with support from the Respiratory shift nurse, Spinal Education Nurse and the Supervisory band 7 working on wards. NA staff were also used at times to support unfilled RN shifts.
Red	Spire	79%	√		Day	Additional NA staff were used to support RN reduced staffing on shifts. As per Avon, the Band 7 provided clinical care to ensure skills sets were maintained and the delivery of patient care was safe.
Red	Odstock	79%	√		Day	The ward has high level of vacancies and sickness Where there were RN unfilled shifts the Band 7, Burns Clinical Nurse Specialist and Surgical Nurse Practitioners were all to fill the shifts The Burns Clinic Nurse (when possible ) would also help on the wards with dressings etc.. The unit has consciously over recruited on NA staff and used them to bolster RN shifts especially Band 3. Additional NA's were also rostered on some shifts due to high dependency of patients on ward e.g. bed bound patients requiring all care needs.

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

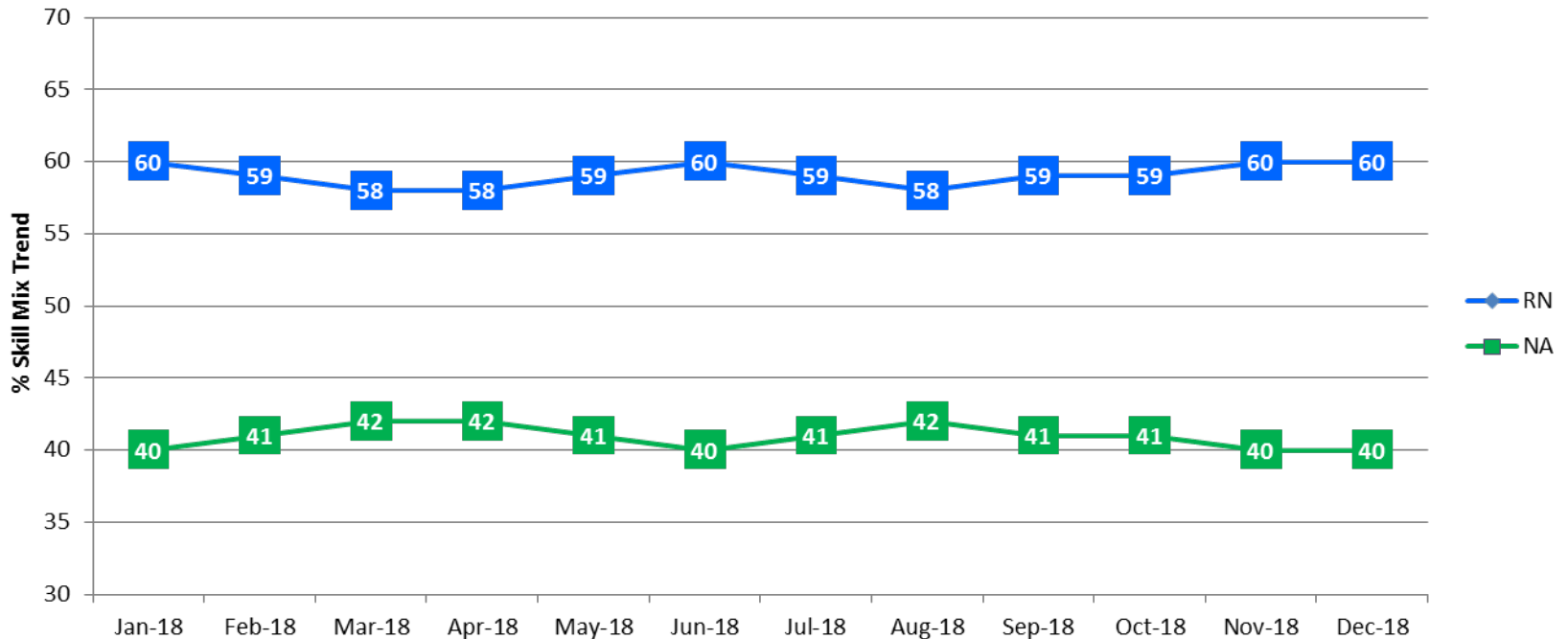
# Overview of Areas Flagging Red

(Internal Rating Below 80%)

- There are 5 wards flagging for Amber. A reduction from the 7 wards in November
- Farley had low RN fill rate but had extra NA cover to help support shift cover
- The Hospice had some sickness but the small numbers of staff involved exaggerates the figures.
- As per last month, the MSK directorate has a high number of vacancies with 2 wards in the directorate flagging Amber . These are for RN day shifts with an uplift in NA day staffing numbers to help bolster the delivery of safe care.
- All areas support the safe delivery of care by using other staff groups who are available during the day on an ad-hoc basis.

## Trends and Themes

### Overall % RN/NA Skill Mix



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

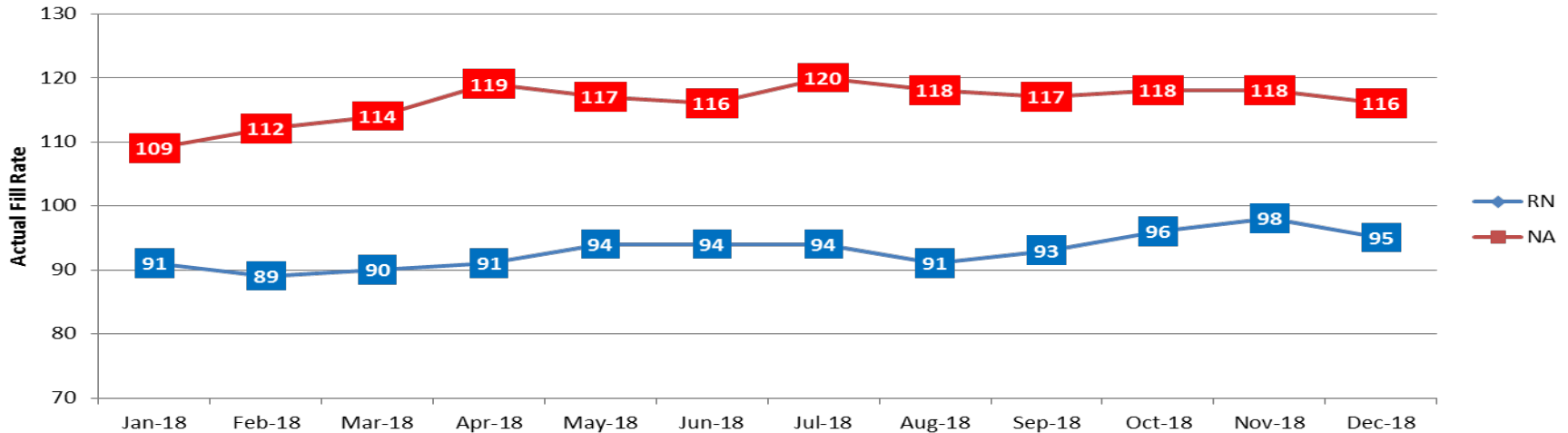
Over the year both staffing trends have remained stable with only a 2% variation for each staff group

### STAFFING NOTES

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

# Themes and Trends

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



- The overall RN fill rate dipped by 3% during December to 95% .
- Interrogating this drop demonstrates the top 3 biggest differences are all from wards which were over established in November and were still over 100% for December but just by a smaller amount.  
(The actual change in total hours is 2.39%, but feeds through at 3%. November at 97.74% rounded up to 98% and the total for December at 95.35% was rounded down to 95%.)
- SFT was at 98% RN fill rate in November as there were areas which were over-established (i.e. Pitton who had lot of RN specials) and this reduced therefore bringing overall total down.
- The NA overall fill rate evidencing a reduction by 2% from 118% (November) to 116%
- Band 4 staff continue to be used where patients need enhanced care.

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

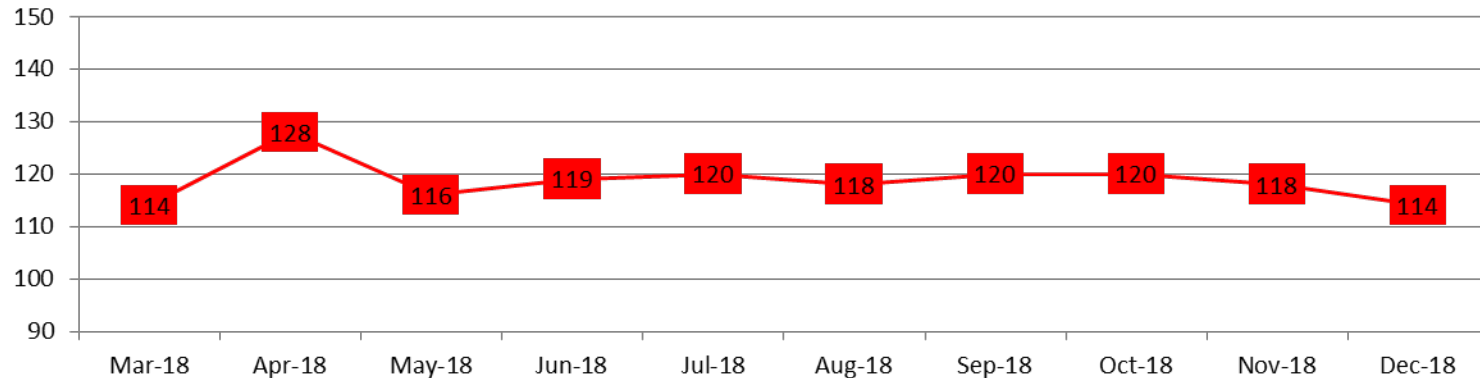
**Unfilled shifts:-** often there is utilisation of alternative grade cover. Some shifts may remain unfilled but are managed within the existing skills sets. All are based on assessing staffing skills & numbers against patient acuity and demand to ensure they are both manageable and the provision of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

# Over-staffing

Most additional shifts were for NA staff except for:-

- **Pitton** which had high patient acuity levels requiring increased staffing levels
- **AMU**:- this suggests there is overstaffing within both RN & NA groups. The extra numbers are agreed interim staffing increases but due to roster processes (that are outside of our control) extra staff for a short term duration can only be added as Additional Shifts. This will self –correct in April when the staffing demand decreases and reverts back to the standard template.
- The overall trend for NA overstaffing on nights shifts evidences a gentle decline over the last 2 reporting months. There remains uplift showing for day shifts due to some permitted NA over-recruitment accounting for increased numbers.

## % NA Night Overstaffing



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

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

# Actions taken to mitigate risk

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

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

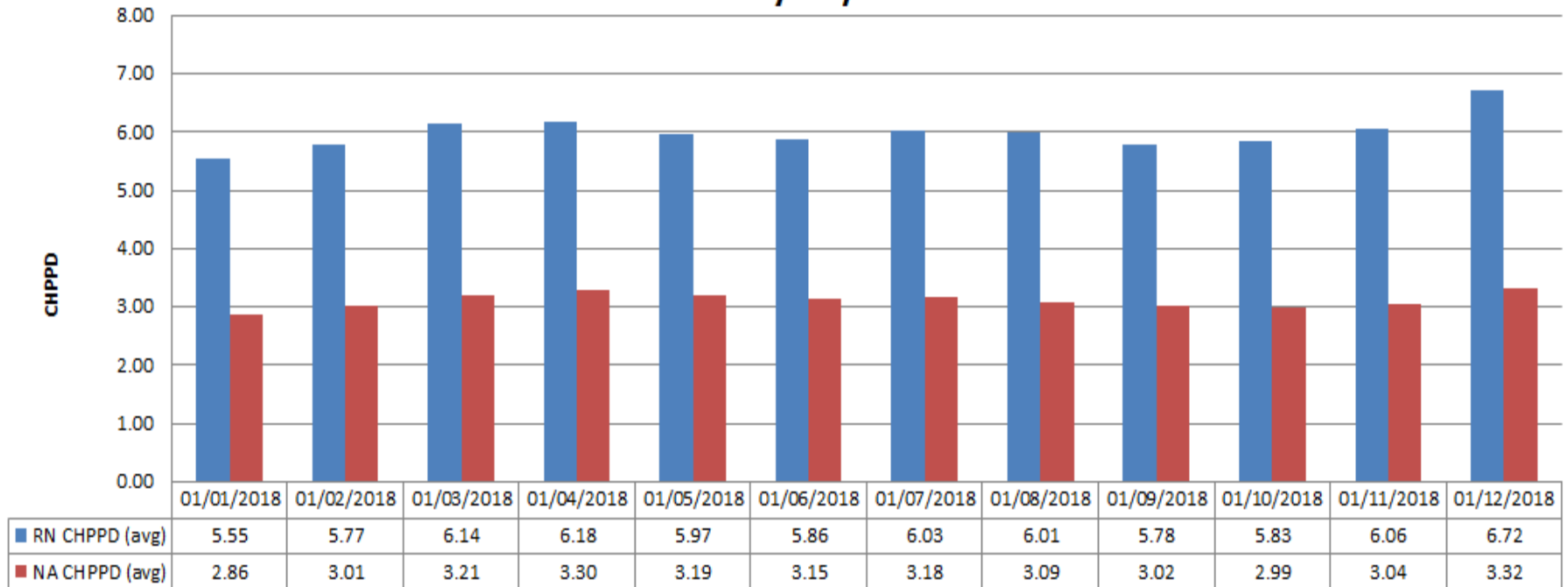
# Internal CHPPD Reporting



# Internal CHPPD

Monthly Trust aggregated figures showing Year Trend  
Period :- **January 2018 – December 2018**

**CHPPD by RN/NA**



The CHPPD calculation is made over a whole month :- total actual hours vs the total number of patients at midnight.  
The December increase is an anomaly of the calculation where staff are booked in for day shifts and the ward was empty at midnight. Breamore was closed for nearly a week and there were other areas with empty beds resulting in a higher CHPPD

# CHPPD

## December 2018

### Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
<b>Medicine</b>	<b>4.49</b>	<b>3.44</b>	<b>7.93</b>
AMU	6.77	4.10	10.87
Durrington	3.03	3.07	6.10
Farley	3.86	3.61	7.47
Hospice	7.69	5.32	13.01
Pembroke	5.92	3.47	9.38
Pitton	3.71	3.45	7.16
Redlynch	3.24	2.70	5.94
Spire	2.57	3.85	6.42
Tisbury	5.16	1.77	6.93
Whiteparish	2.99	3.07	6.06
<b>Surgery</b>	<b>10.21</b>	<b>3.21</b>	<b>13.43</b>
Britford	6.02	4.07	10.09
Breamore Short Stay	3.62	2.70	6.32
Downton	3.38	2.72	6.10
Radnor	27.84	3.35	31.19
<b>MSK</b>	<b>3.54</b>	<b>3.62</b>	<b>7.17</b>
Amesbury	2.98	3.21	6.19
Avon	3.71	4.66	8.36
Chilmark	3.36	3.08	6.44
Odstock	4.66	3.64	8.30
Tamar	3.01	3.53	6.55
<b>CSFS</b>	<b>14.76</b>	<b>2.58</b>	<b>17.34</b>
Maternity	16.91	6.34	23.25
NICU	15.93	0.00	15.93
Sarum	11.43	1.41	12.84
<b>Grand Total</b>	<b>6.72</b>	<b>3.32</b>	<b>10.04</b>

#### N.B.

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

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	11a
<b>Date of Meeting:</b>	07 February 2019		

<b>Report Title:</b>	Workforce Report month 9			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Prepared by:</b>	Mark Geraghty, Head of Workforce Information & Planning Glennis Toms, Deputy Director of OD and People			
<b>Executive Sponsor (presenting):</b>	Paul Hargreaves, Director of OD and People			
<b>Appendices (list if applicable):</b>	Executive Summary of Key Workforce Performance Month 9 Workforce KPIs Month 9 2018/19 Areas for Concern Month 9 2018/19			

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

<b>Executive Summary:</b>
<p>The Executive Summary of Key Workforce Performance and the Month 9 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.</p> <p>Continuing the report in revised format introduced in Month 7, we have excluded subsidiaries (Laundry, SDU and OML) although these continue to be reported as required to NHSI. These exclusions affect only the vacancies and temporary spend.</p> <p>The pay bill is underspent by £56k year to date. Agency spend has increased in month by £64k to £493k, with reductions in Registered Nursing spend (£58k) and Support to Nursing Staff (£31k). There was a £130k increase in Medical agency spend, following a £128k reduction in the previous month, which was due to reversal of previous month's accruals.</p> <p>The Trust's sickness rate is Red, over the 3% target in this month at 4.45%, and the year to date rolling absence figure is at 3.57%. Compared to last month, both short and long term sickness have increased.</p> <p>Recruitment remains challenging, with a much reduced number of only 15 starters in December, although a slight reduction in leaver numbers at 26, has improved turnover to 9.22%.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
<b>Local Services</b> - 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"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
<b>People</b> - 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"/>
<b>Resources</b> - 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 9 data shows a £56k underspend on the pay bill year to date. Underspend on substantive staff e.g. Nursing due to vacancy levels, is offset by an overspend on temporary staffing.

Agency spend has increased by £64k to £493k, sickness absence has increased to 4.45% and the vacancy rate has decreased from 5.82% in month 8 to 5.64% in month 9, as a result of a 7 FTE reduction in vacancies, and a decrease in establishment of 5.56 WTE following the closure of Clarendon Ward.

Mandatory training compliance remains green at 90.38%. Appraisal compliance for non-medical staff is green at 85.50%, a slight deterioration on last month's compliance total of 87.00%.

Appraisal compliance for medical staff is above the new 90% target at 91.24%, slightly up on last month's compliance rate of 91.20%.

### 3. Resourcing:

#### 3.1. Recruitment & Retention Strategy

The Strategy is under development and will be informed by programmes and initiatives currently being trialled, for delivery during 2019. This is likely to contain reference to continued careers events, improving contacts with our military colleagues, other collaborations, and continuing commitment to the "grow your own" principle.

### 3.2. 95/5 fill across all staff groups

Nursing remains a challenging area to recruit; using the Month 9 baseline, the Trust needs to recruit 47 wte ward nurses to achieve a fill rate of 90% of establishment. Over the last year the Trust has recruited an average of 11.0 ward nurses per month, with 7.6 WTE leaving. This figure includes those who reduced to zero hours contracts.

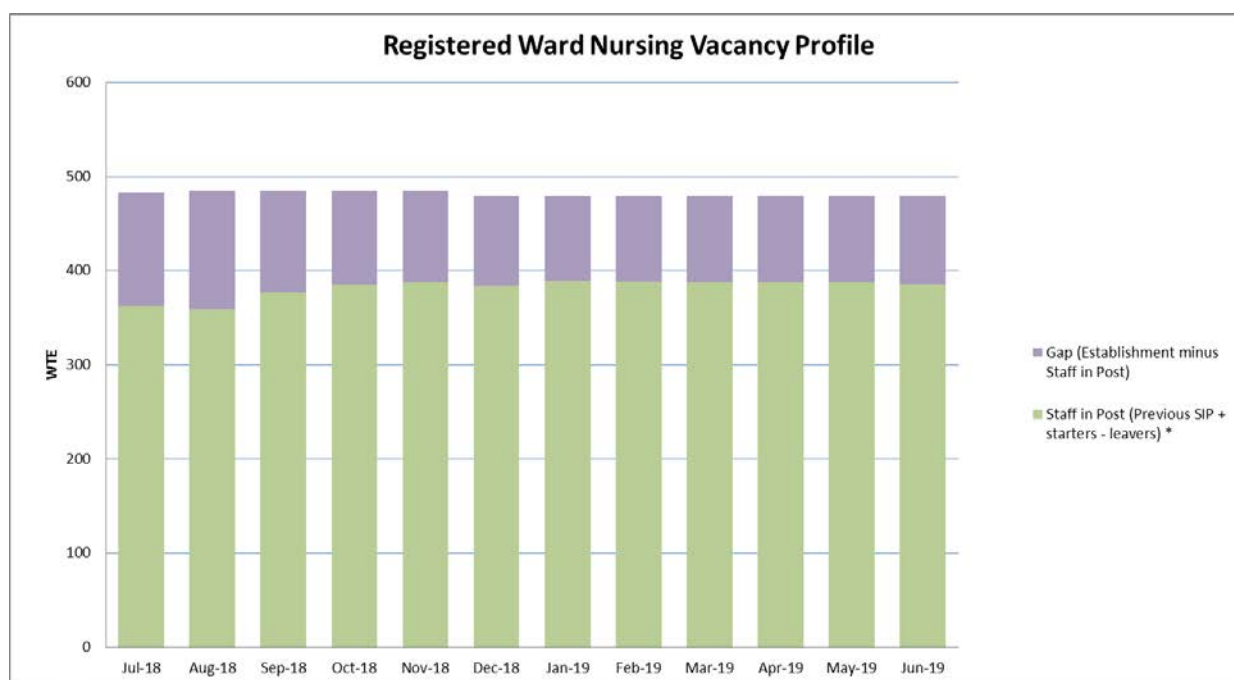
If ward nurse recruitment remains at 11 wte per month (on average), it would take 14 months to reach our revised target of 90% establishment fill.

The recruitment pipeline for all groups of staff, from January to March 2019, shows decreasing vacancies, from the current 183 to 158, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 125 to 101, including nurses due to commence in January.

### Nursing Summary

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

	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction	Prediction	Prediction
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
<b>Ward Registered Nursing FTE</b>												
Mat Leave (Actual and Predicted)	13.82	14.37	13.18	13.12	20.02	22.67	20.08	18.20	16.80	16.02	13.85	14.28
Sickness (Actual and Predicted)	16.40	11.91	10.87	14.29	16.79	15.14	16.14	14.68	13.18	11.72	13.95	11.72
Total Ward Nursing Leavers, Transfers, Hours Reductions	10.01	8.75	3.88	7.61	6.12	9.49	8.42	8.42	8.42	8.42	8.42	8.42
International Nurses awaiting PINs, see B4 and B3 tabs	11.20	28.20	28.41	22.20	28.49	19.41	19.41	19.41	19.41	19.41	19.41	19.41
International Recruits Due to Arrive	0.00	0.00	0.00	0.00	0.00	0.00	5.00	8.00	13.00	16.00	4.00	0.00
Other Recruitment (from induction lists from January)	8.61	5.33	12.24	3.08	8.43	6.48	6.00	0.00	0.00	1.00	1.00	0.00
Newly Qualified	0.00	0.00	9.00	12.80	0.00	0.00	0.00	1.00	3.00	0.00	0.00	0.00
Average Recruitment from Jan 2019	0.00	0.00	0.00	0.00	0.00	0.00	7.36	6.36	4.36	7.36	7.36	7.36
Budgeted Establishment *	482.58	484.83	484.83	484.83	484.83	479.27	479.27	479.27	479.27	479.27	479.27	479.27
Staff in Post (Previous SIP + starters - leavers) *	362.66	359.24	376.60	384.87	387.18	384.17	389.11	388.05	387.00	386.94	386.88	385.82
Gap (Establishment minus Staff in Post)	119.92	125.59	108.23	99.96	97.65	95.10	90.16	91.22	92.28	92.33	92.39	93.45



There are 26 overseas nurses due to arrive between January and March 2019, with a further 166 offers still live from four different campaigns. We are taking a Recruitment and Retention paper to Workforce Committee on 24<sup>th</sup> January where the relative recruitment sources and options will be discussed.

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

<b>Registered Nursing</b>	
<b>Turnover (Rolling 12 Months)</b>	
Nursing and Midwifery Registered	6.92%
<b>Top 3 areas of turnover &gt; 10.00 FTE</b>	
Burns and Plastics	25.60%
Acute Medical Unit	14.24%
Sarum Ward	11.75%
<b>Vacancies</b>	
Nursing and Midwifery Registered	15.47%
<b>Top 3 areas of Vacancies &gt;10.00 Budget FTE</b>	
DSU Clinical Staff	15.59 FTE
Emergency Department	11.94 FTE
Avon Ward	9.75 FTE
<b>Sickness Absence Rolling 12 Months</b>	
Nursing and Midwifery Registered	3.76%
<b>Top 3 areas of sickness absence &gt; 10.00 FTE</b>	
Palliative Care/Hospice	9.19%
Theatres Recovery	8.28%
Redlynch Ward	6.96%

### Voluntary Services

- Considering how Pharmacy could make better use of their Pharmacy Runner Volunteers.
- The Daily Mail interviewed Mike Pointer an Engage Volunteer and also Sandy Parker volunteer from the Asset Recycling Team. Both volunteers' stories were covered in the Daily Mail Helpforce campaign which ran for the month of December encouraging the public to connect with their local NHS hospital. In total more than 32,000 people pledged their time to the NHS. We will see our 'share' in February/March 2019.
- Father Christmas visited the Trust on Christmas Eve, with visits to Sarum Ward, NICU, Labour Ward, Post Natal Ward, Radnor Ward, Odstock Ward, Spire Ward. Gift were also left with the Emergency Department, and the Spinal Unit.
- 7 potential volunteers interviewed. 2 new volunteers started. 9 Work Experience students interviewed
- Our Project submitted to Helpforce goes through to the next round of Project Interviews on 15<sup>th</sup> January 2019.

### 3.3. TRAC Implementation

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

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

Month	General	Total No of Offers processed	% Conversion
August	90	55	61%
September	95	55	58%
October	135	48	36%
November	78	45	50%
December	70		

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

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

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

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

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

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

Month	Average Number of Days (authorisation to acceptance)	% improvement	Average Number of Days (authorisation to commencement)
May 2018 (original benchmarking)	42		To be confirmed
August 2018	37	12%	65
September 2018	38	10%	101
October 2018	37	12%	60
November 2018	33	21%	46
December	38	10%	66

### 3.4. Retention Programmes

Staff turnover is below our new 10% target, and reduced at 9.2% compared to last month's 9.5%.

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

#### We are:

- Improving the leaver process, with the aim of every (voluntary) leaver having either an exit interview or completing an exit questionnaire. There has been an increase in questionnaires received during December, from 3 in October, 4 in November and 13 in December.
- 100 day questionnaires being returned also increased in December to 23.
- Participating in "Compact" meetings with the NHSI on January 16/17, which are designed to aid the Trust with Workforce issues. This will involve Executives, OD & People and other staff.

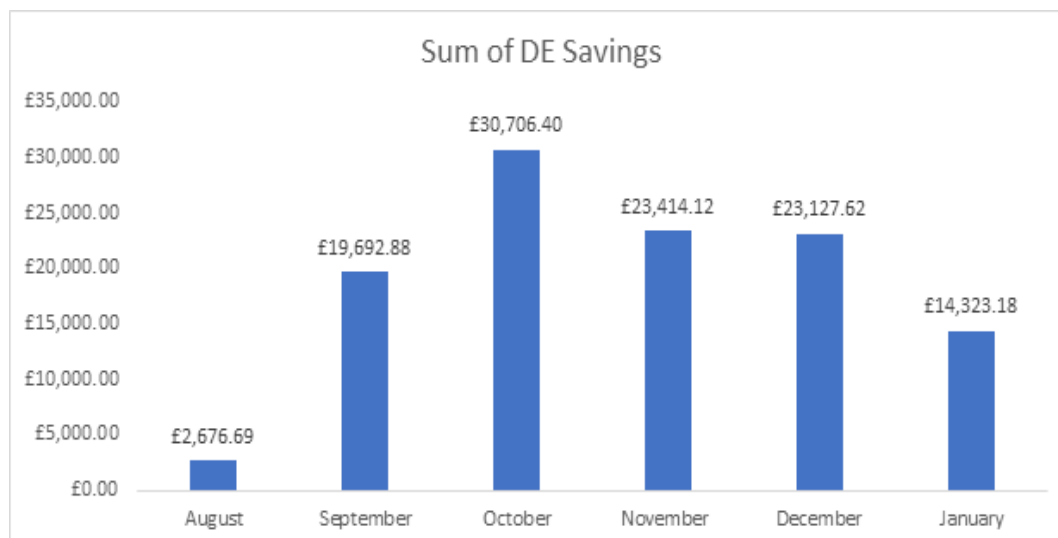
### 3.5. Centralisation of Bank

Month 9 agency spend has increased to £493k which is a £230k overspend against our £263k NHSI agency control total for December. Of this overspend, £119k relates to Nursing Agency spend and £54k to NHS Infrastructure Support.

Nursing Agency spend has reduced in the month, as has AHPs, due to filling vacancies. There was a £130k increase in Medical agency spend, following a £128k reduction in the previous month, which was due to reversal of previous month's accruals.

Excluding STL and OML	In-Month Expenditure			Year to Date Budget & Expenditure		
	Month 8 2018	Month 9 2018	Change (+ / -)	Budget	Actual	Variance
<b>AGENCY STAFF SPEND BY STAFF GROUP</b>						
Registered Nurses - Agency	£307,001	£249,265	-£57,735	£1,087,928	£2,858,798	£1,770,870
Allied Health Professionals - Agency	£76,575	£63,742	-£12,833	£407,591	£864,136	£456,545
Health Care Scientists - Agency	£5,293	£3,644	-£1,649	£18,552	£85,241	£66,689
Support to nursing staff - Agency	£49,065	£17,816	-£31,249	£7,497	£343,220	£335,723
Consultants - Agency	-£20,993	£73,622	£94,615	£622,123	£462,632	-£159,491
Career/Staff Grades - Agency	£3,705	£0	-£3,705	£114,932	£15,355	-£99,577
Trainee Grades - Agency	-£13,461	£25,726	£39,187	£146,737	£484,959	£338,222
NHS Infrastructure Support - Agency	£21,394	£59,129	£37,735	£72,829	£273,912	£201,083
<b>Total</b>	<b>£428,578</b>	<b>£492,943</b>	<b>£64,366</b>	<b>£2,478,189</b>	<b>£5,388,254</b>	<b>£2,910,065</b>

There has been significant success in moving to Brooksons for Medical Agency provision, with Direct Engagement now at 100% ahead of planned March 2019, and the table following showing savings achieved through this of almost £114k. Locum's Nest is also achieving good fill rates at 87% for December.



#### 4. Education, Inclusion, Communications & Engagement:

##### 4.1. Staff Engagement

There has been no Group activity since the last Board Report.

##### 4.2. Learning & Development Infrastructure and Strategy

###### Mandatory training

Compliance has improved slightly this month and remains in green at 90.38%.

###### Appraisals

Compliance for non-medical staff has deteriorated to 85.50%, which is rated green, from last month's compliance of 87.00%.

Medical staff appraisals are green at 91.24%, compared with last month's compliance rate of 91.20%, against the target of 90%.

##### 4.3. Leadership Development

Work continues on delivery of the "phase 2" deliverables of the People Plan.

The Clinical Leadership programme has been finalised with four ½ day workshops scoped and resourced. The programme has been launched with delegates offered two dates for each workshop in March and April. The initial invitation was to medical leaders and the events will be opened to other leaders once we know the level of take up from Medics, further workshops will be run in May and June which will enable all senior leaders who want to attend all 4 modules the opportunity to do so.

The first Senior leadership engagement forum has been advertised to delegates and will take place on 28 February. The agenda for this event and dates for the rest of the year will be published by the end of January.

Five candidates have successfully completed the selection process to complete the Leadership Apprenticeship level 7 programme. We potentially have access to a further five places and are reviewing with senior leaders and the consortium how we might potentially fill that gap.

The Leadership Development strategy incorporating our plan and approach for the next few years is complete and will be presented to the Workforce Committee on 24 January.

#### 4.4. Apprenticeship set up & implementation

At the time of writing, if we are able to recruit all who have shown interest in the apprenticeships that are due to commence in the next two to three months we will be able to achieve 50% of the levy spend, based on a number of new starters in March.

The following is the current position:

December Apprenticeship Figures			
Numbers on course	34		
In month spend	£7,079.44	5x Level 3 apprenticeships not withdrawn- should have been additional £5,500	
Paid into Levy	£51,483.98		
Percentage spend	13%	24% if funds above had been withdrawn	
Remaining Levy	£885,533		
Predicted expired funds for May 2019	Not yet released by ESFA- estimated £0		

There seems to be a general lack of awareness of how apprenticeships work and how they can be used, particularly as part of workforce planning. This is demonstrated in the previous section concerning the Leadership Apprenticeships.

The National Apprenticeship Week (4<sup>th</sup> to 8<sup>th</sup> March) will be useful to generate awareness through events for managers and staff who may be interested.

#### 4.5. Communications

In addition to the regular internal and external communications activities such as CEO weekly messages and Cascade brief, in December the Communications team supported preparations for CQC's Well Lead inspection, Hospital preparations for Winter pressures, the campaign to encourage staff to have a flu jab, supported Star's Appeal initiatives and the hospital site going 'smoke-free' from January 2019. The Members' newsletter was produced and distributed to 8,000 people.

The Trust's Visitor's Access policy was amended and approved by OMB in December and will be ratified by TMC in February. Internal and external communication activities were delivered to remind people of policy, in advance of the Christmas period, including messages on the hospital website and on social media. An extension was agreed for the Social Media Policy and Use of Mobile Devices policy, to ensure these policies reflect the Trust's Digital strategy and future Corporate Communications strategy.

The public consultation on Transforming Maternity Services continued, with an article included in the Members' newsletter, displays in antenatal clinical areas, information leaflets and social media messages encouraging the public to contribute their views.

In the run-up to Christmas, a competition was launched internally for staff teams to decorate a door and used for external communications purposes. The twenty five entries raised £125 for the Star's Appeal. The winning door was selected by an external judge, Bill Browne, Managing Director of the Salisbury Journal. Mr Browne judged the Labour Unit's door, in Maternity, to be the winner and two hampers were presented to the team by the President of the Chamber of Commerce and the President of the Youth Chamber of Commerce. Both the Journal and Spire FM covered the competition and the prize giving. Thank you to everyone who participated and for the generous support of the Chamber of Commerce and the Salisbury Journal.

Other ongoing activities included the Stakeholder Audit (evidence gathering for a review of the Trust's Corporate Communications Strategy) and dealing with continued interest in the hospital following last year's major Incident.

#### **4.6. Diversity & Inclusion**

In December 2018 we completed an annual Equality, Diversity and Inclusion report and presented it to the Trust Board. The report contained draft actions including a draft Workplace Race Equality Standard (WRES) action plan.

Since that time we have been engaging with our identified Diversity Champions for BAME, LGBT, Disability, EU Nationals and Women Leaders to re-establish and set up relevant support networks. This work continues into this year with a number of meetings taking place this month. The networks will be assisting us identifying our equality objectives for the next three years.

The draft WRES action plan is being considered by members of the BAME staff network. Realistic deadlines are being set in order to complete the actions. We are reviewing Equality, Diversity and Inclusion training within the Trust and from the 7<sup>th</sup> January 2019 there will be a regular EDI session on day one of the Trust Induction. This will be a basic session to raise awareness of EDI work and the role of the Freedom To Speak up Guardian.

The Diversity & Inclusion Lead and the Freedom to Speak up Guardian are working together to review the following roles and how they are linked:

- Diversity Champions
- Dignity at Work Ambassadors
- LGBT Allies

This review is taking place in the context of identifying a number of Freedom To Speak up Champions within the Trust in line with national guidance.

### **5. Health & Wellbeing:**

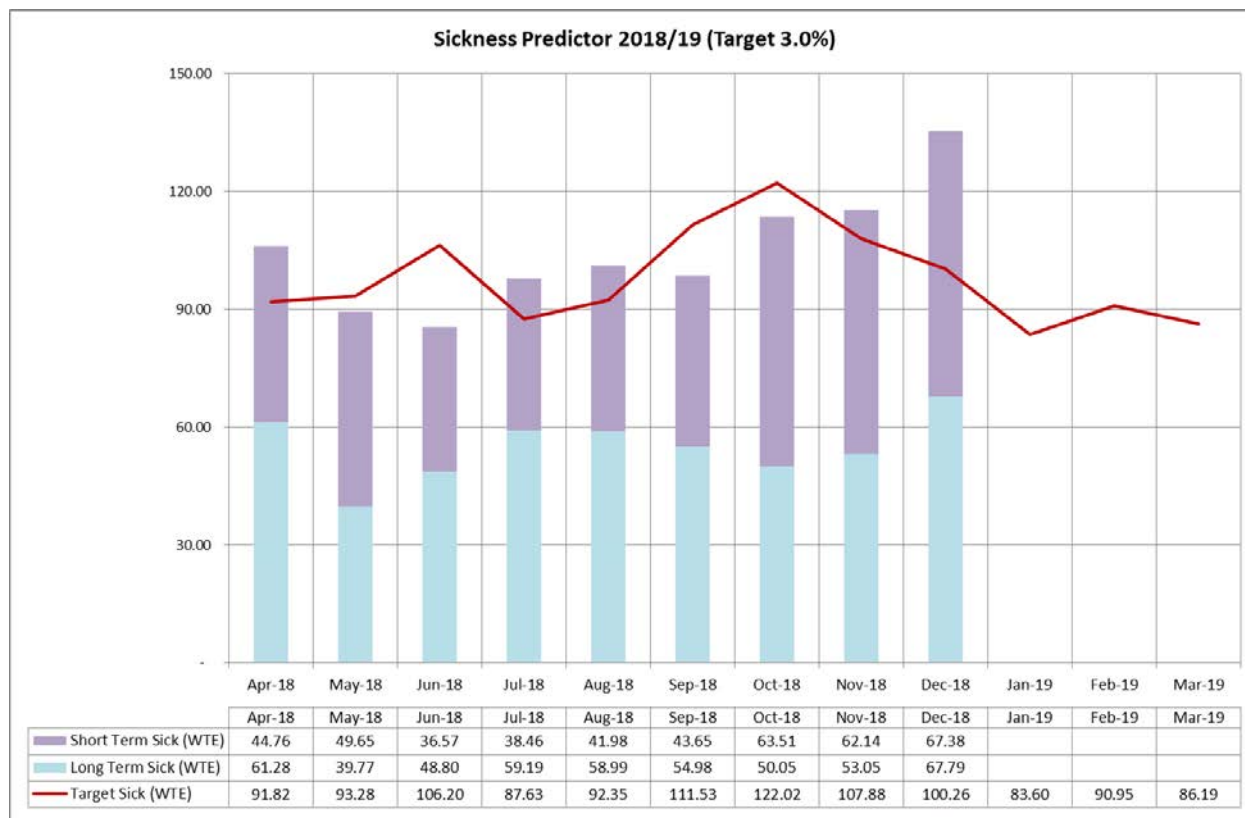
#### **5.1. Staff Engagement**

As reported under 4.1 in the previous section.

#### **5.2. Attendance Management**

Our current sickness absence rate of 4.45% in month 9 is well over our 3% target and a 0.67% deterioration on last month. There has been a significant (over 10%) increase in long term and a smaller increase in short term sickness.

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



#### Occupational Health Advisors activity

Management Referrals (New)	Oct 18 42 cancelled/DNA(8)	Nov 18 62 cancelled/DNA (9)	Dec 18 24 cancelled/DNA (6)	Total 128 (23)
Self Referrals	Oct 18 13 (3)	Nov 18 11 (3)	Dec 18 8 (0)	Total 32 (6)

#### Occupational Health Physician activity

Management Referrals (1 day)	Oct 18 8 (1)	Nov 18 9 (3)	Dec 18 8 (1)	Total 25 (5)
Self Referrals	Oct 18 0	Nov 18 2	Dec 18 0	Total 2

**Flu Campaign:** The quadravalent influenza vaccine was procured for the 2019/20 campaign. At the time of writing the percentage of frontline staff either vaccinated or with

“opt outs” is over 75%. There are some more robust tactics being implemented for the remaining time of the “active campaign” (officially 28<sup>th</sup> February) to improve the actual vaccination rate. There have been a number of challenges in rolling out the campaign which can be readily addressed. A “wash-up” meeting is scheduled for late February/early March when lessons learned can be discussed and planning for the 2019/20 flu campaign can begin whilst these are still fresh. A report will also be presented to the Workforce Committee.

### 5.3. Stress & Mental Health issues

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

The new Head of Occupational Health is currently scoping the Occupational Health service including training provision and will provide reports on progress in due course. Activity for the quarter ending December 2018 is:

Staff Counsellor (F/T) New Referrals (each referral has 5 further sessions)	Oct 18 5 (2 wks A/L)	Nov 18 23	Dec 18 13 (1 wk A/L)	Total 41
Mental Health Nurse New Referrals (2 day contract)	Oct 18 (Canc/DNA) 12 (4)	Nov 18 (Canc/DNA) 8 (3)	Dec 18 (Canc/DNA) 1 (1)	Total 21 (8)

### 5.4. Ergonomic/MSK issues (Physiotherapists)

There are two Physiotherapists within Occupational Health who are available to help staff with these issues, through management or self-referral. We need to consider ways of making this service more proactive and preventative and to reach a greater number of our staff in a timely way. The Head of OH is scoping this provision of service. Physiotherapy referral activity for the quarter is:

Management Referrals (New) (F/T 1.00)	Oct 18 13	Nov 18 10	Dec 18 5	Total 28
Self Referrals	Oct 18 9	Nov 18 11	Dec 18 4	Total 24

## 6. Business Partnering:

### 6.1. ESR Optimisation

Phase 1 of this project, the build in ESR of a robust hierarchy and organisational structure with correct coding and reporting lines, is to be funded through the OD & People budget and will commence shortly. A complete project plan and business case is being prepared for TIG to approve the investment which will be required for the entire Project.

## 6.2. Workforce Planning

We are preparing to engage with all of the Directorates across the Trust to develop meaningful workforce plans for the whole organisation. This is being started through the workforce returns required by NHSI which will be developed by dialogue and consideration of workforce scenarios and risk analysis.

In the meantime, some detailed work has happened in discrete areas across the Trust, one example being Radiology. The current Radiology agency workforce is 7.66 WTE across CT, fluoroscopy and plain imaging. This is set against band 5 and 6 radiographer vacancies of 9.39 WTE in total.

Recent short-term actions taken to reduce spend on radiographers include:

1. Recruiting 2 WTE agency staff substantively. 1 WTE band 5 and 0.8 WTE band 6 current vacancies will be filled in this way.
2. Working with Procurement to find the right framework route to contract with a recruitment agency to specifically target band 5 radiographers working in the UK.
3. Meeting with 'Plus Us' in January to review all agency spend.
4. Continuing our advertising campaign for band 5 and 6 radiographers, with recruitment days planned in May 2019 when second year students begin to look for future employers after their final year.

Planned medium to long term actions:

1. 5 x band 5s starting in July 2019 following completion of their final year as students.
2. Taking steps to retain staff, undertaking a survey of current staff opinions on retention issues such as work patterns (preference for long days) etc.
3. Workforce action plan beginning in 2019/20 aims to replace radiographer WTE with RDAs and APs wherever appropriate.

Currently the Business Partner is working with the DMT to:

- Write a Radiology workforce review final report with an action plan for 2019/20 and future years to be presented to the Execs at March performance review.
- Focus on embedding retention activities such as stay conversations, 100 days questionnaires and exit interviews.
- Finalise the arrangements with Education to a learning package on IRMER requirements for future overseas radiographer recruits.
- Work with Procurement to find a cost-effective, reliable recruitment partner with credible contacts with UK based band 5 radiographers open to moving to Salisbury.

## 6.3. Policies

Currently there are five Medical Workforce policies being reviewed/revised:

- Corporate and Local Induction Policy
- Job Planning Guidance for Consultants and SAS Doctors
- Policy for the use of Agency and Trust Locums
- Professional Leave Policy for Consultants and SAS Doctors
- Study Leave Policy for Consultants and SAS Doctors

All of these will be going to the Joint Negotiating Group (JNG) on 13<sup>th</sup> February, and onward to the Trust Management Committee on 20<sup>th</sup> February with the expectation that they will be approved.

There is a point of contention around the Schedule of Tariffs contained in the Job Planning Guidance, although this is anticipated to be resolved in a special meeting of JNG representatives taking place week commencing 28<sup>th</sup> January.



#### 6.4. Business Partner role

We continue to develop the Business Partner role in the Trust, and this month will be appointing the final Business Partner (of two current trainees) into the remaining role in the structure.

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

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

The following table shows new and closed activity for the past 9 months:

Employee Relations Cases - Formal										
	Performance/ Capability		Disciplinary		Grievance		Bullying and Harassment		Total Cases Opened	Total Cases Closed
	Opened/closed cases within the month - Source of Data - ESR									
Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Total Cases Opened in Month	Total Cases Closed in Month
Apr-18	7	1	5	1	1	1			13	3
May-18	7			1					7	1
Jun-18	7	3	1	1					8	4
Jul-18	2	8			2	1			4	9
Aug-18	1	6		1					1	7
Sep-18	5	3							5	3
Oct-18	2	1					1		3	1
Nov-18	9				1				10	0
Dec-18	1	2			1				2	2
	41	24	6	4	5	2	1		53	30

## 7. Workforce Risks

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

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

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

## 8. Summary

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

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

## **9. Recommendations**

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

**Paul Hargreaves**

**Director of Organisational Development and People**

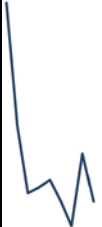





Key Areas of Concern					
KPI	Overall Commentary	highest Turnover rates			
			Nov-18	Dec-18	T
<b>Turnover</b> <i>(measured in a rolling year)</i> <b>Target 10.00%</b>	Turnover decreased this month and remains green rated. <b>For Service Lines this month</b> : the highest number of leavers for the year to date was from Therapy Services (24), Clinical Radiology (20), and Pathology (18). <b>For Staff Groups this month</b> : highest number of leavers was Administrative and Clerical (98) in the year to date. The average Headcount turnover for local Trusts is 9.46%, which we are below at 9.22% FTE.	1 Rheumatology	28.35%	28.84%	↑
		2 E.N.T.	24.81%	25.15%	↑
		3 Estates Technical Services	29.93%	23.72%	↓
		1 Facilities Directorate	13.10%	12.45%	↓
		1 Add Prof Scientific and Technical	15.29%	15.03%	↓
		highest number of leavers			
		1 Therapy Services	25	24	↓
		2 Clinical Radiology	18	20	↑
		3 Pathology	18	18	→
		1 Clinical Support & Family Services	82	83	↑
		1 Administrative and Clerical	99	98	↓
<b>Vacancies</b> <b>Target 5%</b>	Vacancies have decreased from 5.82% in month 8 to 5.64% in month 9 following additional recruitment and a reduction in establishment. Recruitment Activity is detailed in Section 3 of the accompanying report.	highest Vacancy rate			
			Nov-18	Dec-18	T
		1 Dermatology	20.29%	24.51%	↑
		2 Spinal Unit	22.66%	20.77%	↓
		3 Emergency Department	14.18%	16.46%	↑
		1 Musculo-Skeletal Directorate	12.04%	11.56%	↓
		1 Nursing and Midwifery Registered	15.04%	14.92%	↓
		highest WTE Vacant			
		1 Spinal Unit	23.97	21.97	↓
		2 Clinical Radiology	18.85	16.53	↓
		3 Emergency Department	13.89	16.12	↑
		1 Musculo-Skeletal Directorate	62.87	60.41	↓
1 Nursing and Midwifery Registered	138.71	137.46	↓		

Key Areas of Concern						
KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency				
			Nov-18	Dec-18	T	
<b>Temporary Spend</b> <i>Agency Control Total £269,105</i>	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. <b>For Service Lines this month</b> : Stroke, Acute Medicine and 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. <b>For Staff Groups this month</b> : The highest spend is on Nursing and Midwifery Registered.	1	Stroke - Medical Staff	100.00%	100.00%	➡
		2	Acute Medicine - Medical Staff	100.00%	100.00%	➡
		3	Gastroenterology - Medical Staff	100.00%	100.00%	➡
		1	Medicine Directorate	39.66%	44.78%	⬆
		1	Professions Allied to Medicine	100.00%	100.00%	➡
		highest £ spent on Agency				
		1	Emergency Department - Nursing	£ 55,067	£ 53,203	⬇
		2	Clin Radiology Ex Spin/CT	£ 40,905	£ 39,410	⬇
		3	Gastroenterology - Medical Staff	-£ 30,077	£ 27,145	⬆
		1	Medicine Directorate	£ 148,338	£ 223,508	⬆
		1	Nursing and Midwifery Registered	£ 307,001	£ 249,265	⬇
<b>Sickness Year to date</b> <i>Target 3%</i>	Sickness for December (M9) is at 4.45%. Sickness for the rolling year to date is 3.57% which is average for the surrounding Local Acute hospital Trusts. Our sickness project team are working with departments to identify those individuals whose sickness absence remains problematic (both short and long term). Ensuring the above individuals are managed in an appropriate manner which will either support their return to work or see them being escalated through the Management of Attendance Policy. For Service Lines this month: the highest sickness rate was Main Outpatients at 7.67% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Estates and Ancillary at 5.41% in the rolling year to date.	highest Sickness rate				
			Nov-18	Dec-18	T	
		1	Main Outpatients	8.04%	7.67%	⬇
		2	Surgery Management	6.85%	6.61%	⬇
		3	Theatres	6.39%	6.20%	⬇
		1	Facilities Directorate	4.66%	4.90%	⬆
		1	Estates and Ancillary	5.12%	5.41%	⬆
		highest WTE sick in month				
		1	Theatres	11.45	10.71	⬇
		2	Hotel Services	5.03	5.29	⬆
		3	Adult Medicine Wards	4.90	5.03	⬆
		1	Medicine Directorate	24.35	23.78	⬇
		1	Nursing and Midwifery Registered	28.88	28.03	⬇

Key Areas of Concern					
KPI	Overall Commentary	lowest Mandatory training rates			
			Dec-18	Jan-19	T
<b>Mandatory Training</b> <i>Target 85%</i>	Compliance has increased this month and is green rated at 90.38%. A focus on hand hygiene Training is required for Clinical staff as this is the subject with the least compliance. Focus needs to be on employees completing training before they come out of compliance.	1 Medical Staff - Oral Surgery	55.56%	58.12%	↑
		2 Clinical Haematology	66.67%	67.16%	↑
		3 Medical Staff - Medicine	67.42%	70.00%	↑
		1 Corporate Directorate	83.15%	82.55%	↓
		1 Medical and Dental	79.77%	80.82%	↑

<b>Non-Medical Appraisals</b> <i>Target 85%</i>	Appraisal compliance has decreased to 85.50% but remains green rated. 46 departments are red rated and these will be the focus over the next month to reach target.	lowest appraisal rates			
			Dec-18	Jan-19	T
		1 Pitton Ward	36.36%	39.13%	↑
		2 Burns and Plastics	58.06%	54.84%	↓
		3 Director of Operations	67.86%	58.62%	↓
		1 Medicine Directorate	84.30%	82.60%	↓
		1 Add Prof Scientific and Technical	80.00%	78.57%	↓

### Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><b>In Month:</b> In month there were 26 leavers (headcount), and 15 starters (headcount), compared to 29 leavers and 33 starters in the month before.</p> <p><b>Year to Date:</b> For the rolling year to date, the turnover rate was below target at 9.22%, this compares to last months position which was 9.48%. For the rolling year to M9 2017/18, the Trust's turnover rate was 9.94%.</p> <p><b>Top 3 Hotspots:</b> The Directorate with the highest turnover rate for the rolling year was Facilities at 12.74%, followed by Musculo-Skeletal (11.94%) and Clinical Support &amp; Family Services (9.71%).</p>	GREEN		10.00%
Vacancies	<p><b>In Month:</b> Vacancies have decreased from 5.82% in month 8 to 5.64% in month 9.</p> <p><b>Year to Date:</b> The average vacancy rate is 7.18%, this compares to last months average position which was 7.38%. The Trust's vacancy rate for the same period last year was 5.36%.</p> <p><b>Top 3 Hotspots:</b> The Directorate with the highest vacancy rate for the month was Musculo-Skeletal at 11.56%, followed by Facilities (8.86%) and Medicine (6.31%).</p>	AMBER		5.00%
Temporary Spend	<p><b>In Month:</b> There has been an increase in agency spend this month to £492,943, compared to last month's position which was £428,578.</p> <p><b>Year to Date:</b> The financial year to date total agency spend is £5,388,254, compared to the spend for the same period in the previous year which was £6,373,926.</p> <p><b>Top 3 Hotspots:</b> The Directorate with the highest agency spend for the month was Medicine with £223,508, followed by Musculo-Skeletal (£73,199) and Surgery (£71,607).</p>	RED		£262,605
Sickness	<p><b>In Month:</b> There has been an increase in the sickness rate this month at 4.45%, this compares to last months position of 3.78%.</p> <p><b>Year to Date:</b> The year to date rolling sickness rate is at 3.57%, which compares to last months position which was 3.53%. The sickness rate for same period last year was 3.60%.</p> <p><b>Top 3 Hotspots:</b> The Directorate with the highest sickness rate for the month was Facilities with 6.87%, followed by Medicine (4.96%) and Surgery (4.51%).</p>	RED		3.00%
Training	<p><b>In Month:</b> Mandatory training compliance levels have increased this month to 90.38%, this compares to last months position of 90.27%. Compliance for the same period last year stood at 87.53%.</p> <p><b>Year to Date:</b> The year to date average compliance level is 87.84%, this compares to last months position of 87.52%.</p> <p><b>Top 3 Hotspots:</b> The Directorate with the lowest compliance rate was Corporate with 82.55%, followed by Medicine (88.13%) and Facilities (90.33%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p><b>In Month:</b> Non-Medical Appraisal compliance has decreased this month to 85.50%, this compares to last months position of 87.00%. Non-medical appraisal compliance for the same period last year stood at 83.90%.</p> <p><b>Year to Date:</b> The year to date average compliance is 83.38%, this compares to last months position of 83.11%.</p> <p><b>Top 3 Hotspots:</b> The Directorate with the lowest compliance rate was Medicine with 82.60%, followed by Corporate (84.10%) and Clinical Support &amp; Family Services (84.40%).</p>	GREEN		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard																																									
	Strs/Lvrs				Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal																	
	Starters <i>(head count in month)</i>	Starters <i>(FTE in month)</i>	Leavers <i>(head count in month)</i>	Leavers <i>(FTE in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff																
YTD Trend	Data excludes: Docs in Training, Tupe Transfers, Bank Staff																																								
Month Trend																																									
Target			29			245	10.00%			163.86	5.00%	£ 262,605	40.00%									89.55	3.00%	85.00%	90.00%	85.00%															
Apr-18	49	40.13	22	18.25	2,880	296	10.28%	3,225.96	2,985.01	240.95	7.47%	£ 544,973	46.73%	£ 621,206	£ 1,166,179	Over	61.28	58%	44.76	42%	106.04	3.53%	85.59%	88.11%	84.10%																
May-18	32	24.16	29	24.58	2,904	280	9.63%	3,233.45	2,984.76	248.69	7.69%	£ 609,792	52.48%	£ 552,149	£ 1,161,941	Over	39.77	44%	49.65	56%	89.42	3.01%	85.51%	89.96%	75.30%																
Jun-18	31	26.29	27	23.26	2,925	271	9.27%	3,230.80	2,960.48	270.32	8.37%	£ 636,006	53.82%	£ 545,666	£ 1,181,672	Over	48.80	57%	36.57	43%	85.37	2.90%	85.29%	85.54%	76.70%																
Jul-18	40	34.77	29	25.47	2,948	274	9.30%	3,247.56	2,989.67	257.89	7.94%	£ 771,812	54.55%	£ 643,158	£ 1,414,970	Over	59.19	61%	38.46	39%	97.64	3.32%	87.87%	86.31%	76.40%																
Aug-18	38	36.94	35	30.85	2,970	277	9.34%	3,251.42	2,977.13	274.29	8.44%	£ 661,512	49.26%	£ 681,274	£ 1,342,786	Over	58.99	58%	41.98	42%	100.97	3.42%	88.21%	90.04%	87.80%																
Sep-18	72	65.90	17	14.81	2,994	276	9.22%	3,252.88	3,021.03	231.85	7.13%	£ 594,056	49.79%	£ 599,139	£ 1,193,195	Over	54.98	56%	43.65	44%	98.64	3.32%	88.15%	91.32%	89.00%																
Oct-18	79	72.72	19	16.93	3,020	275	9.09%	3,277.16	3,075.45	201.71	6.16%	£ 648,581	51.12%	£ 620,192	£ 1,268,773	Over	50.05	44%	63.51	56%	113.56	3.74%	89.27%	92.16%	88.60%																
Nov-18	33	27.40	29	26.90	3,034	287	9.48%	3,266.10	3,075.89	190.21	5.82%	£ 428,578	41.11%	£ 613,830	£ 1,042,408	Over	53.05	46%	62.14	54%	115.20	3.78%	90.27%	91.20%	87.00%																
Dec-18	15	12.69	26	20.35	3,043	281	9.22%	3,245.35	3,062.45	182.90	5.64%	£ 492,943	44.80%	£ 607,466	£ 1,100,409	Over	67.79	50%	67.38	50%	135.17	4.45%	90.38%	91.24%	85.50%																
totals	389	341.00	233	201.40		Average	9.42%	Average			7.18%	£ 598,695					Rolling Year					3.57%	87.84%																		

Note: Month 9 position shows an underspend on workforce of £56k.

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	11e
<b>Date of Meeting:</b>	07 February 2019		

<b>Report Title:</b>	Finance Report Month 9			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Prepared by:</b>	Mark Ellis, Deputy Director of Finance			
<b>Executive Sponsor (presenting):</b>	Lisa Thomas, Director of Finance			
<b>Appendices (list if applicable):</b>	None			

<b>Recommendation:</b>
The Committee is asked to note the financial position for December 2018, the key risks and the actions being taken to mitigate them.

<b>Executive Summary:</b>
<p>The purpose of this report is to set out the Trust's financial performance for the period to 31<sup>st</sup> December 2018.</p> <p>The position (against the NHSI Control total) for December was a year to date deficit of £8,824k, bringing the YTD shortfall against plan to £1,712k. As a result the Trust remains unable to recognise any further PSF in the reported figures.</p> <p>Productivity in both Elective and Day Case were constant once the reduction in working days is taken into account, outpatients however say a 5% reduction when compared to recent periods. The level of deficit reported was actually c£250k better than that which had been anticipated with a reduction of demand for temporary staffing being one of the key drivers.</p> <p>The Trust has not met its control total for Q3, and is signaling to NHS Improvement that this shortfall will not be recovered in Q4 owing to significant risks and issues against the delivery of the financial plan, these include:</p> <ul style="list-style-type: none"> <li>• The on-going productivity challenge to achieve the Elective and Day Case plan, particularly in Orthopaedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery.</li> <li>• Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity in areas such as Endoscopy, not only in terms of direct gaps like Consultant vacancies, but also in terms of supporting clinical staff e.g. theatre</li> </ul>

workforce capacity.

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

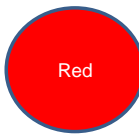
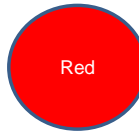
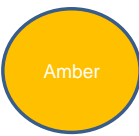
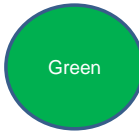

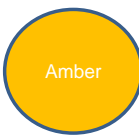

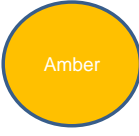
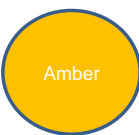
In response the Trust is:

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


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

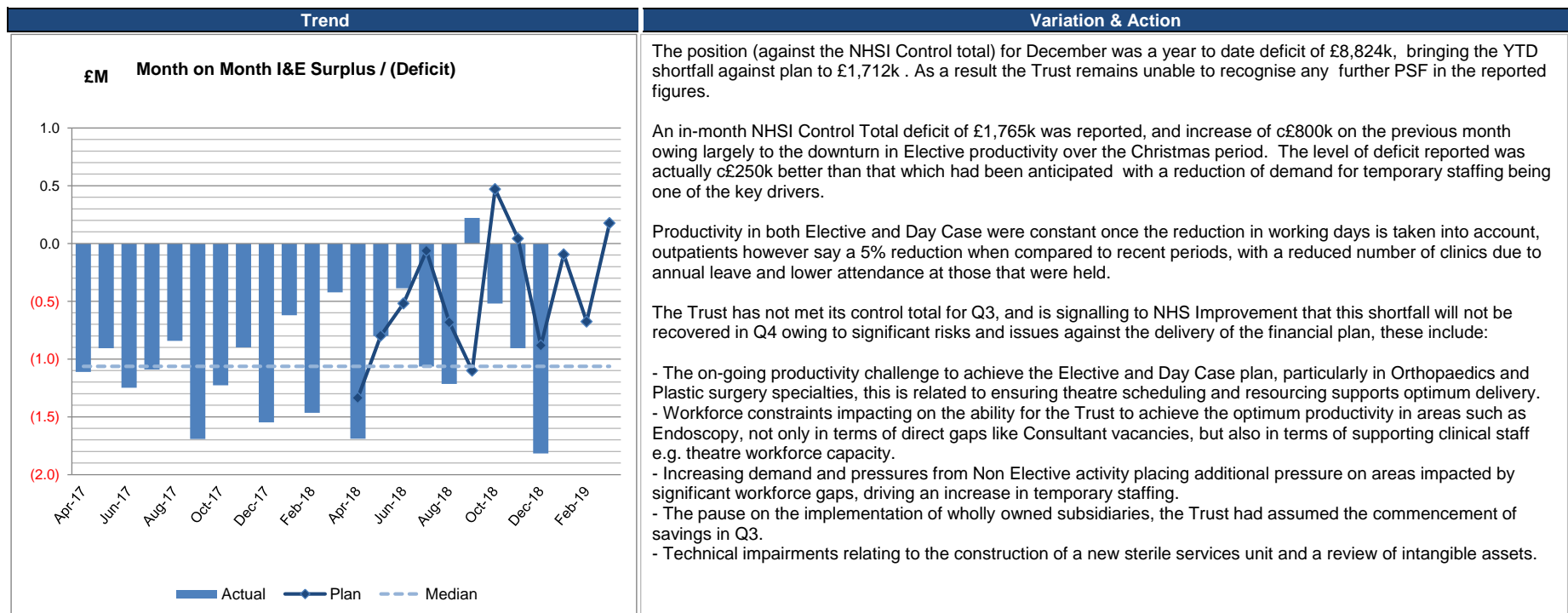
Board Assurance Framework – Strategic Priorities	Select as applicable
<b>Local Services</b> - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
<b>Innovation</b> - 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"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
<b>People</b> - 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"/>
<b>Resources</b> - 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 Financial Performance - December 2018

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	<p>The position (against the NHSI Control total) for December was a year to date deficit of £8,824k, bringing the YTD shortfall against plan to £1,712k. This means the Trust has not met its Q3 control total and as such are ineligible for the associated payment on Provider Sustainability Funding.</p> <p>Productivity in both Elective and Day Case were constant once the reduction in working days is taken into account. The Trust also saw a reduction in demand for beds which allowed for a reduction in temporary staffing costs relative to that which had been expected.</p>	
2	NHS Clinical Income	<p>In summary the income position is broadly consistent with previous months. Looking at the productivity metrics the Trust has sustained the productivity improvements implemented for elective activity, with further opportunities to improve identified for day case.</p> <p>Overall income YTD was £144,025k, £15,364k in month This was £2,909k and £159k behind plan respectively. Compared to the forecast the position was £25k worse than expected overall in month.</p>	
3	Workforce	<p>Expenditure on Pay reduced to £12,550k in the period, the lowest since July and £65k less than had been forecast for the period.</p> <p>Underlying agency expenditure has dropped by a further £100k (11%) month on month following a similar underlying reduction in November, however this is as a result of a drop in demand over the Christmas period and is not expected to carry on into January which is anticipated to be subject to a high level of non elective demand.</p>	
4	Non Pay	<p>While reduced activity has seen reductions in spend on clinical supplies (particularly with Orthopaedics) and Drugs, the overall Non Pay position for Trust was £227k over plan, a key driver of this spend in excess of plan is the pause on the project to implement a wholly owned subsidiary originally assumed to go-live in Q3, this variance to plan will continue for the remainder of the year.</p>	
5	Efficiency - Better Care at Lower Cost	<p>Overall CIP delivery in December is £474k (30%) short of target. YTD delivery of £7,460k three quarters of the way through the year represents 61% of the planned full year delivery. The in month delivery actually exceeds YTD run rate by c37%, however the phasing of the plan is weighted towards the second half of the year.</p>	
6	Use of Resources	<p>The Trust's overall risk rating score remains at 3. Liquidity has reduced as the Trust's cash balances reduce, the Trust has signalled to NHSI that additional borrowing will be required in January 2019.</p>	
7	Capital Expenditure	<p>The Trust is behind the planned capital spend at 31 December 2018. Work is being undertaken to confirm planned schemes will be completed in the year and to identify schemes which could be brought forward from next year's capital programme.</p>	
8	Cash Management	<p>The Trust's acceptance of a control total for 2018-19 enabled it to access up to £3.8m Provider Sustainability Funding (PSF) in the year. PSF funding is only accessible if the Trust achieves the required control total level each quarter.</p> <p>The Trust's results for quarter 3 mean it will not receive any PSF funding. This has impacted on the cash flow position, resulting in a request for additional revenue support in January 2019, which was approved. Additional funding above the planned level will be required for the remainder of the year. Cash flows are submitted to NHS Improvements on a monthly basis and so they are fully aware of the Trust's forecast requirements.</p>	
	Risk & Mitigation	<p>The key risks to the delivery of the 2018/19 financial plan remain:</p> <ul style="list-style-type: none"> <li>- Vacancies and the associated Agency cost of cover</li> <li>- Consistent delivery of the productivity gains</li> <li>- Controlling LOS as Non Elective demand rises</li> <li>- The impact on the savings plan of the NHSI 'pause' on the development of wholly owned subsidiaries.</li> </ul> <p>Each risk above is directly mitigated by actions managed through the Outstanding Every Time process.</p>	

## Page 1 - Income & Expenditure

Status	Position						
		Dec '18 In Mth			Dec '18 YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	<b>Operating Income</b>						
	NHS Clinical Income	14,978	14,867	(111)	146,934	144,025	(2,909)
	Other Clinical Income	1,443	1,477	34	8,052	8,609	557
	Other Income (excl Donations)	2,344	2,308	(36)	19,797	20,156	359
	<b>Total income</b>	<b>18,765</b>	<b>18,652</b>	<b>(113)</b>	<b>174,783</b>	<b>172,790</b>	<b>(1,993)</b>
	<b>Operating Expenditure</b>						
	Pay	(12,401)	(12,550)	(149)	(111,756)	(112,189)	(433)
	Non Pay	(6,380)	(6,607)	(227)	(59,366)	(58,770)	596
	<b>Total Expenditure</b>	<b>(18,781)</b>	<b>(19,157)</b>	<b>(376)</b>	<b>(171,122)</b>	<b>(170,959)</b>	<b>163</b>
	<b>EBITDA</b>	<b>(16)</b>	<b>(505)</b>	<b>(489)</b>	<b>3,661</b>	<b>1,831</b>	<b>(1,830)</b>
	Financing Costs (incl Depreciation)	(1,221)	(1,260)	(39)	(10,773)	(10,656)	117
	<b>NHSI Control Total</b>	<b>(1,237)</b>	<b>(1,765)</b>	<b>(528)</b>	<b>(7,112)</b>	<b>(8,824)</b>	<b>(1,712)</b>
	Add: impact of donated assets	(25)	(52)	(27)	(225)	(356)	(131)
	Add: Impairments	0	0	0	0	0	0
	Add: PSF	379	1	(378)	2,467	930	(1,537)
	<b>Surplus/(Deficit)</b>	<b>(883)</b>	<b>(1,816)</b>	<b>(933)</b>	<b>(4,870)</b>	<b>(8,251)</b>	<b>(3,381)</b>
							<b>2018/19 Plan £000s</b>
							196,036
							9,843
							26,922
							232,801
							(148,862)
							(78,460)
							(227,322)
							5,479
							(14,439)
							(8,960)
							(300)
							0
							3,795
							(5,465)



NHS Clinical Income

Status	Position			Trend			
	Income by Point of Delivery (PoD) for all commissioners		Dec '18 YTD				
	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s				
	Elective inpatients	15,394	13,402	(1,992)			
	Day Case	13,368	12,953	(415)			
	Non Elective inpatients	37,051	37,425	374			
	Obstetrics	5,315	5,011	(304)			
	Outpatients	23,710	23,302	(408)			
	Excluded Drugs & Devices (inc Lucentis)	13,824	13,309	(515)			
	Other	38,272	38,623	351			
	TOTAL	146,934	144,025	(2,909)			
	SLA Income Performance of Trusts main NHS commissioners		Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s		
	Wiltshire CCG	74,466	76,544	2,078			
	Dorset CCG	16,659	16,584	(75)			
	Hants CCG	11,551	11,933	382			
	Specialist Services	22,833	23,879	1,046			
	Other	21,425	15,085	(6,340)			
	TOTAL	146,934	144,025	(2,909)			
	Activity levels by Point of Delivery (POD)		YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
	Elective	4,500	3,927	(573)	3,889	38	
	Day case	16,622	16,220	(402)	16,413	(193)	
	Non Elective	19,696	19,367	(329)	18,726	641	
	Outpatients	190,598	188,961	(1,637)	191,797	(2,836)	
	A&E	36,789	37,056	267	35,349	1,707	

Month on Month Income Analysis

Month	Plan - As per NHSI Plan	Actual 18/19	Actual 17/18
Apr-18	15.5	14.5	14.5
May-18	16.5	16.0	15.0
Jun-18	16.0	16.0	15.5
Jul-18	17.0	16.0	16.0
Aug-18	16.0	15.5	15.5
Sep-18	15.5	15.0	15.0
Oct-18	17.5	17.0	16.0
Nov-18	16.5	16.0	16.0
Dec-18	15.5	15.0	15.5
Jan-19	16.0	16.0	16.0
Feb-19	15.5	15.5	15.5
Mar-19	16.5	16.5	19.0

#### Variation & Action

In summary the income position is broadly consistent with previous months. Looking at the productivity metrics the Trust has sustained the productivity improvements implemented for elective activity, with further opportunities to improve identified for day case.

Overall income YTD was £144,025k, £15,364k in month This was £2,909k and £159k behind plan respectively. Compared to the forecast the position was £25k worse than expected overall in month.

December saw some challenges with pre-assessment activity leading to reduced Orthopaedic work in first week, and reduced elective activity in breast surgery, mitigating actions are in place to ensure productivity increases.

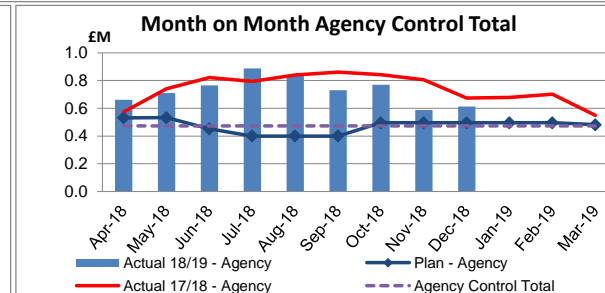
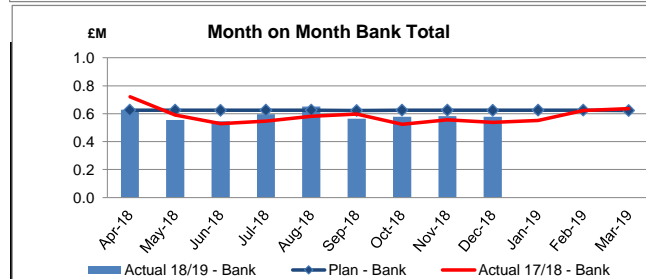
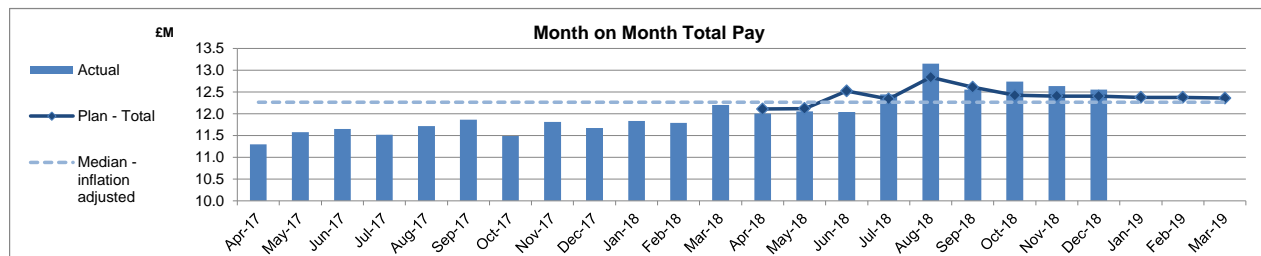
The draft NHS standard contract documentation is out to consultation with feedback required by 1st February 2019. A summary of key changes are outlined in section 4. The Trust will be working closely with its main commissioners, to ensure that the contract is signed by the deadline of 21st March. The understanding is that there will be 'light touch' only changes to the policies, service specifications and schedules. Guidance on CQUIN remains outstanding.

NHSI have issued a tariff impact assessment for the Trust which is indicating an increase of £5.86m following the inclusion of nationally £1bn of Provider Sustainability Fund (PSF) and half of the CQUIN funding into the tariff. The estimated overall net benefit for the Trust after adjusting for CQUIN and PSF funding included in our re-

## Page 3 - Workforce

Status	Position				Position			
PAY	Dec '18 YTD				Dec '18			
		Plan £000s	Actual £000s	Variance £000s		Plan WTEs	Actual WTEs	Variance WTEs
	Pay - In Post	99,401	100,048	(647)	Medical Staff	395.5	401.8	(6.3)
	Pay - Bank	5,556	5,162	394	Nursing	924.3	892.8	31.5
	Pay - Agency	4,199	6,560	(2,361)	HCA's	407.3	504.9	(97.6)
	Other (eg. Apprenticeship Levy)	2,600	419	2,181	Other Clinical Staff	585.0	588.1	(3.1)
	<b>TOTAL</b>	<b>111,756</b>	<b>112,189</b>	<b>(433)</b>	Infrastructure staff	1,103.9	1,097.7	6.2
	Medical Staff	29,863	30,525	(662)	<b>TOTAL</b>	<b>3,416.0</b>	<b>3,485.3</b>	<b>(69.3)</b>
	Nursing	29,454	28,369	1,085				
	HCA's	7,951	10,165	(2,214)				
	Other Clinical Staff	17,235	17,701	(466)				
	Infrastructure staff	24,653	25,011	(358)				
	Other (eg. Apprenticeship Levy)	2,600	419	2,181				
	<b>TOTAL</b>	<b>111,756</b>	<b>112,189</b>	<b>(433)</b>				

### Trend



### Variation & Action

Expenditure on Pay reduced to £12,550k in the period, the lowest since July and £65k less than had been forecast for the period.

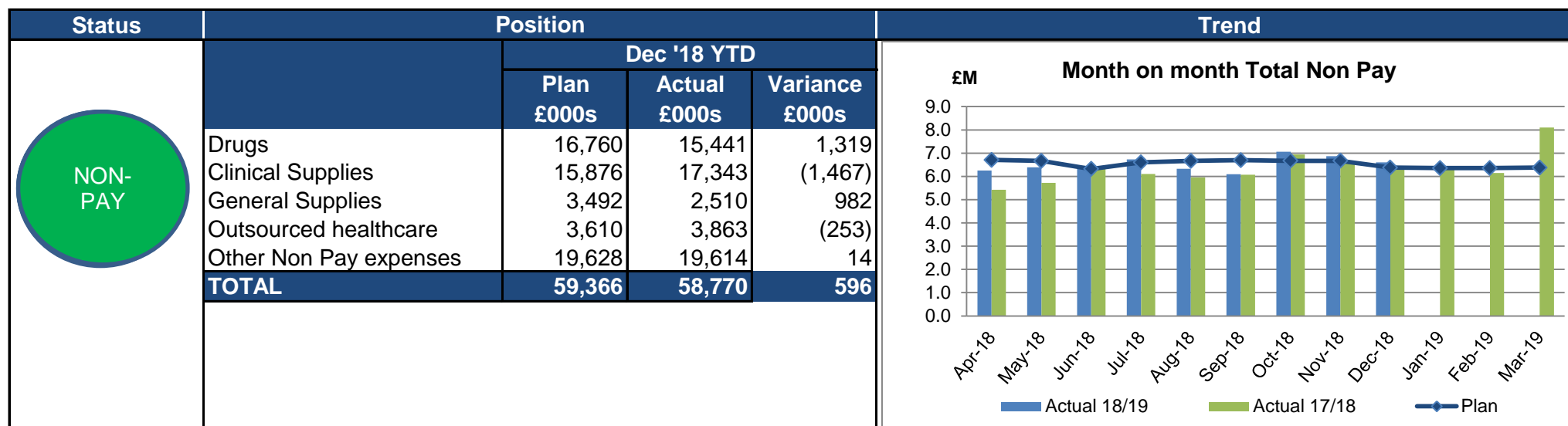
Underlying agency expenditure has dropped by a further £100k (11%) month on month following a similar underlying reduction in November, however this is as a result of a drop in demand over the Christmas period and is not expected to carry on into January which is anticipated to be subject to a high level of non elective demand.

STL continues to exceed its original pay budget, with a £90k overspend in the period, however this arises following the subsidiary's success in increasing its market share and therefore contract income.

Payments for additional consultant payments have reduced 25% to £120k in the period, this relates to the anticipated reduction in Elective throughput over the Christmas period.

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

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



### Variation & Action

While reduced activity has seen reductions in spend on clinical supplies (particularly with Orthopaedics) and Drugs, the overall Non Pay position for Trust was £227k over plan, a key driver of this spend in excess of plan is the pause on the project to implement a wholly owned subsidiary originally assumed to go-live in Q3, this variance to plan will continue for the remainder of the year.

The Trust has mitigated the risk arising capacity gaps in the Endoscopy service present to cancer and diagnostic waiting time performance by outsourcing to a private provider, the cost of this increase in capacity was £75k for the period of December. The Trust is reviewing means of offsetting the cost of this approach.

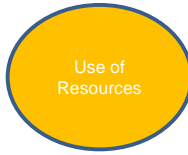
The Trust has also reported a £104k loss on disposal on the sale of property, the reduction has been caused by a less favourable planning outcome than had been assumed at the point of valuation prior to sale.

Status	Position						
Directorate	Annual Plan £000s	Dec '18			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Medicine	1,845	176	111	(65)	1,312	973	(340)
Musculo Skeletal	2,663	268	179	(89)	1,856	1,527	(329)
Surgery	1,820	198	87	(111)	1,214	917	(297)
Clinical Support & Family Services	2,048	221	121	(100)	1,345	1,119	(226)
Corporate Services	1,732	168	141	(27)	1,168	1,113	(55)
Trustwide	2,106	575	494	(81)	1,625	1,811	186
<b>TOTAL</b>	<b>12,215</b>	<b>1,606</b>	<b>1,132</b>	<b>(474)</b>	<b>8,520</b>	<b>7,460</b>	<b>(1,060)</b>

Position						
Scheme	Annual Plan £000s	Dec '18			YTD	
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s
Theatres	2,335	237	54	(183)	1,625	1,003
Workforce	640	56	7	(49)	473	73
Outpatients	646	68	27	(41)	406	425
Diagnostics	822	90	(13)	(103)	524	100
Patient Flow	336	28	28	0	252	254
Non-Pay	1,741	186	194	9	1,182	1,145
Directorate Plans	5,396	691	752	60	2,987	3,842
Drugs	300	25	6	(19)	222	47
<b>Sub-total</b>	<b>12,215</b>	<b>1,381</b>	<b>1,055</b>	<b>(326)</b>	<b>7,670</b>	<b>6,889</b>
Risk Mitigation	1,533	225	77	(148)	850	571
<b>TOTAL</b>	<b>13,748</b>	<b>1,606</b>	<b>1,132</b>	<b>(474)</b>	<b>8,520</b>	<b>7,460</b>

Variation & Action
<p>Overall CIP delivery in December is £474k (30%) short of target. YTD delivery of £7,460k three quarters of the way through the year represents 61% of the planned full year delivery. The in month delivery actually exceeds YTD run rate by c37%, however the phasing of the plan is weighted towards the second half of the year.</p> <p>Workforce continues to under deliver year to date, planned schemes had been focused on reductions in premium head count costs, but even after recent recruitment demand is still driving a need for temporary staffing. Utilisation, particularly prompt starts, remains challenging to resolve in the theatres PMB. An unrealised plan to sell MRI capacity to 3rd parties has also impacted on delivery throughout the year.</p> <p>Of the planned reductions in spend phased for the latter part of the year, the most material was that associated with the implementation of a wholly owned subsidiary, which was paused in line with NHSI guidance.</p>

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

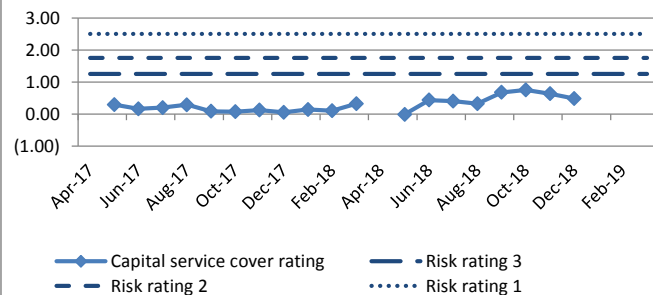
### Variation & Action

The Trust's overall risk rating score remains at 3. Liquidity has held steady, although the Trust has signalled to NHSI that additional borrowing will be required in January 2019. The Trust's I&E margin has also deteriorated based on the largely fixed cost base compared to the reduced income base over the Christmas period.

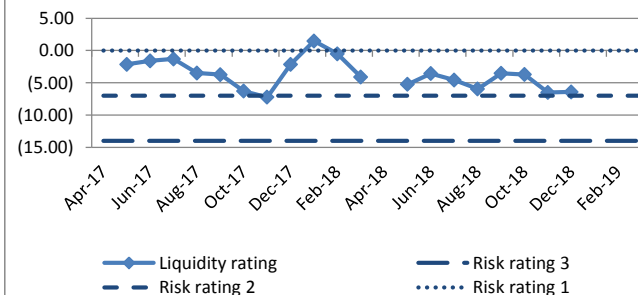
The agency rating has remained at a 4 although the YTD spend has seen a modest reduction versus the NHSI cap, dropping to 54% (previously 61%). This is as a result of successful nursing recruitment.

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

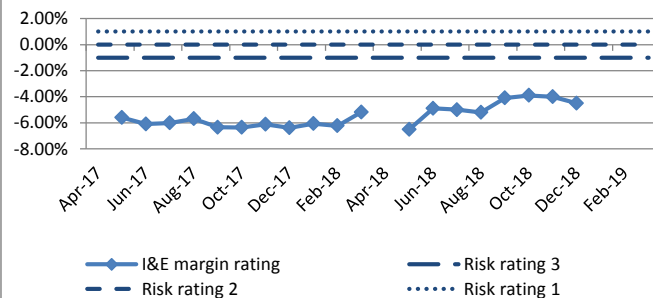
#### Capital service cover



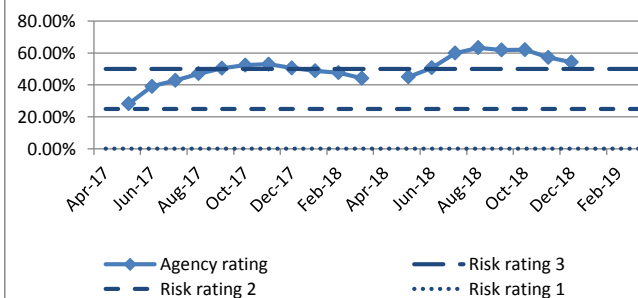
#### Liquidity




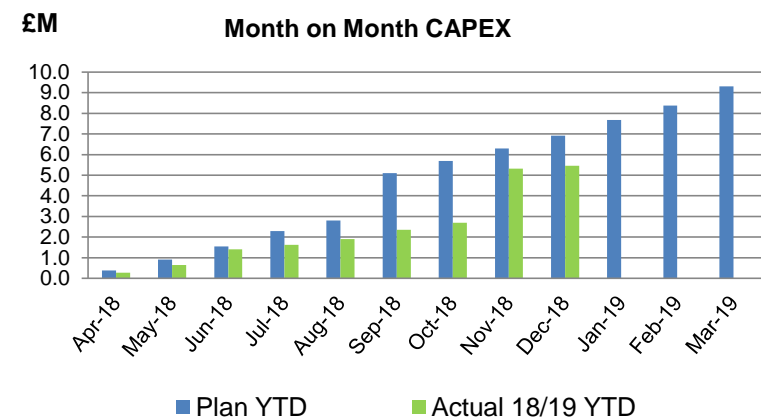
#### I&E margin



#### Agency spend over cap



Status	Position				
	Schemes	Annual Plan	Dec '18		
		£000s	Plan £000s	Actual £000s	Variance £000s
	Building schemes	617	350	329	21
	Building projects	1,730	1,296	637	659
	IM&T	4,404	3,468	3,238	230
	Medical Equipment	2,755	1,525	981	544
	Other	366	273	273	0
	<b>TOTAL</b>	<b>9,872</b>	<b>6,912</b>	<b>5,458</b>	<b>1,454</b>



## Variation & Action

The Trust is behind the capital plan for the year and work is being undertaken to confirm planned schemes will be completed in the year.

The Trust received £1,060k PDC in December 2018. £127k to provide free on-site wifi and £933k to purchase a bed management system, replace the pharmacy robot and improve patient flows in ED and patient discharge. The capital annual plan figure above has been adjusted to reflect the anticipated spend for the year.

The Trust is compiling its capital programme for 2019-20 and identifying schemes which can be brought forward into the current year to replace those slipped into next year.

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	6,945	731	731
	Debtors	15,396	15,457	14,302	(1,155)	(1,094)
	Cash	8,641	3,866	4,863	997	(3,778)
	<b>TOTAL CURRENT ASSETS</b>	<b>30,251</b>	<b>25,537</b>	<b>26,110</b>	<b>573</b>	<b>(4,141)</b>
	Creditors	(24,438)	(20,066)	(21,292)	(1,226)	3,146
	Borrowings	(1,164)	(1,488)	(1,621)	(133)	(457)
	Provisions	(292)	(292)	(242)	50	50
	<b>TOTAL CURRENT LIABILITIES</b>	<b>(25,894)</b>	<b>(21,846)</b>	<b>(23,155)</b>	<b>(1,309)</b>	<b>2,739</b>
	<b>TOTAL WORKING CAPITAL</b>	<b>4,357</b>	<b>3,691</b>	<b>2,955</b>	<b>(736)</b>	<b>(1,402)</b>

The Trust has not achieved its control total for quarter 3. As a result it will not receive any Provider Sustainability Funding for the quarter to 31 December 2018 and none is expected for the final quarter either.

The cash flow continues to be closely monitored to ensure funds are available when required. A cash shortfall, above the original planned level, was identified for January 2019 and NHS Improvements were made aware of this additional requirement in the December cash flow submission. This additional requirement was approved by NHSI.

The cash flow submitted to NHSI on 9 January 2019 highlighted the anticipated revenue support required for the remainder of the year, based on the revised 2018-19 forecast.

## Trend

