NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.2
Date of Meeting:	23 May 2019		

Report Title:	Integrated Performance Report, February 2019 (Month 11)			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Executive Directors			
Executive Sponsor (presenting):	Executive Directors			
Appendices (list if applicable):				

Recommendation:
To note the information contained within the Integrated Performance Report for March 2019 (month 12).
Executive Summary: The Integrated Performance Report highlights key themes and issues across the organisation, attempting to make links between the various aspects of the Trust's business. As such it brings together themes from the: performance, quality, workforce and finance reports and seeks to set out the interlinking issues and plans to move forward the challenges faced.

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

Performance Summary Narrative – March Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Local Services (COO)	**RTT** • Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks performance was over 93% for 4 months in a row • General Surgery above Q4 target at speciality level. • Waiting list size finished ahead of trajectory.	• Particular areas of pressure in: general surgery, orthopedics, oral surgery and urology. • Dermatology continues to be a challenge with Dermatologist capacity.	• Weekly review of capacity fill is being undertaken for areas with biggest activity shortfall • Using Forward Look tool to work on recovery plans for specialties under activity. • Continued monitoring of waiting list size to ensure growth within trajectory.

Local Services (COO)	**Diagnostics** • The Trust is actively monitoring the challenges associated with delivery of the diagnostic standard, measures are in place to mitigate against risk. • JAG accreditation has been awarded on the expectation that we demonstrate a reduction in all wait times, including surveillance, over the next three months. Work continues to provide reliable and sustained data capture to support the management of future capacity and demand. • Insourced solution to provide Gastroenterology medical staffing live from 1st April. Weekend sessions required during April to mitigate against impact of Easter Bank Holidays on lost sessions. • Clinical teams work continues to be clinically prioritised.	• There are continued workforce challenges in Radiology resulting in the clinical prioritisation of resources. Additional clinical sessions in April to meet the demands on the service have resulted in increased 3rd party reporting, causing some delays in reporting times. • Financial challenges continue to fact the Trust as a result of an ongoing reliance on additional capacity for Endoscopy and BSCP • BCSP Fit Testing will be live from 1st June 2019, requiring a further 2 Endoscopy sessions per month from July 2019.	• Radiology workforce review is in final draft, and phased recommendations will be presented to the Executive Performance meeting in May 2019. • Capacity offered by 3rd party Radiology Reporting provider to be increased in support of demand. STP tender for the provision of these services to be launched May 2019. • Demand and capacity modelling to be refreshed in Endoscopy to identify the shortfall, and underpin a business case for 6/7 day service provision. A recovery plan will be required to support the reduction in waiting times requested by JAG over the next 3 months for all patient cohorts. • Intensive support is being provided to the Endoscopy Service by the Executive Team.

	Positives	Challenges	Plans / Forecasts
Local Services (COO)	**ED** • ED 4 hour performance below trajectory for M1 (92.46% vs 95.3%) • ED Navigators in post 7 days per week to ensure safety of waiting room and navigation of patients to correct service • Vacancies in M12, expecting further decrease in M1. • Consultant staffing fully established. • Recruitment of part time (experienced) Registrar level doctor. • No escalation beds opened in April (with exception of occasional use of ambulatory area for male/female capacity issues). • Clarendon ward remains closed	• Consultant morale challenging due to ongoing issue with Trust Board re. job plans/rota etc • Continued gaps in nursing and medical rotas resulting in poor skill mix and junior medical workforce. • 1.6 wte consultants will be leaving over next 3 months. • 4 Junior / middle grade doctors leaving over next 5 months; hard to recruit to posts.	• Continue with recruitment of nurses to reduce vacancies • Supervision and training of junior workforce • Consultant job planning and workforce review at final stages. • Advertise Consultant and middle grade vacancies. • Review ambulatory pathways to increase access to outpatient ambulatory services (away from the inpatient areas) (May 2019 • Project plan for SAFER agreed and continued implementation to all wards.

NHS
Salisbury
NHS Foundation Trust

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Local Services **(COO)**	**Cancer** • Although not finalised Month 12 is showing achievement of all standards	• Endoscopy capacity to support Lower GI pathways in particular • Clinical Oncology provision for Breast Services • Maintaining compliant 62 day performance following recent improvements to return to +85%. • Increasing waits to treatment at tertiary centers • Delays in histology	• Appointment of ID Medical for Gastro service provision from Q4 • Continue discussion with UHS re clinical oncology provision (May 2019) • Cancer Lead to review all MDT meetings to ensure efficiency. (April 2019) • Maintain efficient tracking of patients on open pathways to ensure breach numbers remain low. (ongoing) • React to diagnostic delays quickly through patient tracking list meetings to expedite and reduce wait time. (ongoing) • Readiness for 28 FDS standard and implementing process to support this for SFT patients. • Twice weekly PTL meeting to mitigate issues.

	Positives	Challenges	Plans / Forecasts
Specialist Services (COO)	**MSK** • Spinal Injuries 'step down pilot underway' NHS E approved funding to extend to 31.03.19 • Zero spinal patients overdue an outpatient follow up appointment. • Wessex Rehabilitation pathway pilot for upper limb commenced in Q2 , to improve access and outcome for Major Trauma & plastics surgery patients • Review of Cleft service management in conjunction with Oxford to improve efficiency and reduce cost (complete) • Plastics network chaired by SFT COO well established.	• Increased waiting times for spinal rehabilitation • Some progress in Spinal urology surgery waits however still a challenge • Concern over VUD pathway. Short term and long term solution in place. Backlog of 51 patients will be reviewed by end of November 2018. • Continue to monitor the impact of the ward reconfiguration on plastics	• Trust Board approval of contract required following tender May 2019. • Business case for step down to go to NHSE May 2019. • Following Trust Board approval to award contract following completion of tender • VUD - Short term mitigation in place and being addressed in wider Urology capacity and demand intensive support work. VUD practitioner appointed. In post July 2019. • Business case for commissioner investment in Wessex Rehabilitation being written. Draft to DMT end May. Costing & Coding notice to be issued in parallel to reflect increase in activity planned. • Focused validation on the waiting list for plastic surgery to clean the waiting list, identify patients to be seen and fast track review. Good progress, following review. UHS drafting business case to manage Ortho Plastics trauma on-site at UHS and cover a 24/7 on call. Draft case expected July 2019.

Salisbury NHS Foundation Trust

Performance Summary Narrative – March Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

	Positives	Challenges	Plans/forecast
Innovation (MD)	• GIRFT action plans in place for ENT, general surgery, ophthalmology, spinal surgery, emergency medicine and orthopaedics and all making good progress • Deep dive visit taken place with Diabetes • More than 1500 patients recruited to NIHR portfolio studies and 81% of studies recruited to time and target		• Establishing a Wessex Spinal Surgery network • GIRFT summative report to Board in September
Care (MD/DoN)	• Mortality rate remains as expected • SHMI has decreased to 100 and is as expected • 0 non clinical mixed sex breaches	• Weekend HSMR higher than expected. Detailed investigation to be done • CQC mortality outlier alert for COPD/bronchiectasis has been investigated and actions in place • We are tolerating a high number of mixed sex breaches across the year within our ambulatory areas	• Medical examiner system to be introduced in 19/20 • Revised national guidance expected 2019/20. NHSI Quality Lead and CCG DoN working with the Trust on a walkthrough of current processes in Q1

Care (MD/DoN)	Positives	Challenges	Plans/forecast
		• Increased numbers of SIIs (up by 44%) compared to last year including 56 of missed or delayed diagnosis of cancer. Report of actions to CGC in June	• Patient feedback has not indicated any major experience issues – patients are informed and feel their dignity is maintained as a priority. Important to note that none of the occurrences are within main ward areas
		• Injurious falls have increased in year	• Falls collaborative work feeding into relaunch of falls group. Medicine DSN now chairing Falls Group. 19/20 work plan will be agreed in May 2019
	• Completed the year with 7 reported cases of clostridium dificile against a Ceiling of 18 and benchmarked as best performer in south west by PHE. Also performed well when benchmarked on numbers of gram negative infections		• NHSE have taken approach to halve the previous years C-diff ceiling resulting in a trajectory of 9 for 2019/20
	• Direct to CT for stroke started in April		
	• Sustained good performance in seeing high risk TIA referrals	• Hip fracture BPT achieved in 79%. Improvement plan being developed	
	• Winter Ward closed in March		• Links to patient flow PMB work. 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.

Salisbury NHS Foundation Trust

Performance Summary Narrative – February Performance, plus recent context

Vision – to deliver an outstanding experience for every patient

	Positives	Challenges	Plans/forecast
People (DoOD & P)	**Recruitment:** • Improving conversion rate for overseas nurses. • 6 newly qualified nurses offered jobs at the RN recruitment event and 1 bank nurse application to be followed up. • Attended Salisbury Journal Job Fair with 1 return to practise enquiry being referred onto the Education Department.	**Recruitment:** • Lack of available domestic registered nurses • Managing fluctuating numbers of overseas nurses due to arrive. • Lack of availability of Ward Managers to interview via skype for RN's.	**Recruitment:** • SLA reporting to be made available to Recruitment Team. • NA Recruitment Event scheduled for 10 April with a follow up NA Assessment Day for 27 April 2019.
	Agency Spend: • Locums Nest fill rate for March remains at 78%. • Shift of spend from Agency to bank continuing • Continuing reduction in Thornbury usage	**Agency Spend:** • Centralisation of all staff banks within the Trust. • HMRC challenging DE model	**Agency Spend:** • Transitioning Nurse Bank into OD & People.

Sickness: • Short term sickness has decreased this month. • Overall sickness rate reduced again to 3.38%	**Sickness:** • Long term sickness increased in month slightly • Stress a major element of absence case mix	**Sickness:** • Support continuing on key long term cases to ensure resolution • HAWB strategy to workforce committee • Flu campaign 2019/20 is underway clear plans to ensure the campaign plan is confirmed in readiness to deliver for 1st October 2019.
Engagement: • Senior Leadership Forum third meeting due in May – leadership theme	**Engagement:** • Maintaining improvement in Staff Engagement Group numbers and commitment to time for meetings and consequent work	**Engagement:** • First meeting of the Organisational Development diagnostic, leading to a plan for culture change at Salisbury Hospital scheduled for 31 May. • Staff Survey engagement events to be worked up for May 2019
Other: • MaST (Mandatory and Statutory Training) compliance continues to improve at 92.09% • Medical appraisal improved at 92.62% • Non-medical appraisal compliant at 86.00%	**Other:** • Pension cap affecting Consultant take up of additional sessions	**Other:** • Impact on pension cap solution to be agreed

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Resources (DoF)	• As at the end of March 2019, the Trust has met its NHSI control total, and as well as achieving the full financial component of PSF for 2018/19 we have been awarded a further £2.7m, bring the total PSF earned in 2018/19 to £5.4m • Agency spend dropped beneath the NHSI cap for the first time in 2018/19, reflecting the reduction in vacancies and impact of Q4 bank incentives.	• The delivery of the 2018/19 control total relied on non-recurrent actions; therefore the underlying financial position is more challenging and the £10m 2019/20 CIP is greater than national assumptions as a result. In the event of non-delivery the Trust would need to seek additional borrowing from NHSI/Department of Health. • The financial position of the health economy remains a challenge, any reductions in funding within Wiltshire Council to adult social care could have a material risk to the delivery of the 2019/20 operating plan.	• Trust submitted its operating plan and financial plan to NHSI at the beginning of April. Trust has agreed to the NHSI control total of an £8.9m deficit for 2019/20. • A payment of £2.1m is automatically available to the Trust for signing up to the control total, with a further £6.8m contingent on the Trust meeting its financial plan.

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.2a
Date of Meeting:	23 May 2019		

Report Title:	M12 Operational Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix 1: Patient Flow Appendix 2: Trust Board Performance Report			

Recommendation:
The Trust Board are asked to note the Trust Performance for Month 12

Executive Summary:
The trust delivered the Referral to Treatment, Diagnostics and all cancer standards. Whilst ED performance improved the Trust failed the deliver the national standard – reporting 92.2%.

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

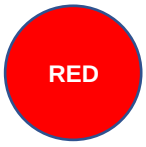
Executive Summary of Key Operational Performance – March 2019

( ) = national targets

ED Performance (95%)	**In month (12)**: 92.2% **Year to date: 91%**	Red
RTT Performance (92%)	**In month (12):** 93.1% **Year to date: 92.3%**	GREEN
Diagnostics (99%)	**In month (12):** 99.3% **Year to date:** 99%	GREEN
Cancer **2 ww (93%)** **31 day (96%)** **62 day (85%)**	**In month (12):** . **2 ww = 96.6%** **31 day = 99%** **62 day = 85.1%** **Cancer performance is currently provisional**	Green

Key to the delivery of operational standards, financial performance and a quality service is patient flow. A more detailed analysis is provided in Appendix 1

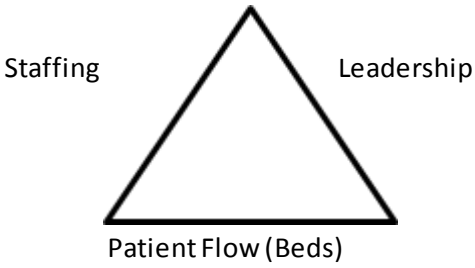
Emergency Pathway Performance



Since June 2018 we have experienced challenge in managing our emergency pathways and performance has been below 95%. For M12, ED achieved 92.24% for the 4 hour standard against a trajectory of 95%. M12 performance is an improved position on M11 and supported SFT in being able to report a full year 4 hour performance of 91.02%.

ED went in intensive support in October, stepping back from this in January after performance improved. Even though there has been deterioration in performance since M9 because of the improving position in M12, intensive support for ED has not resumed but support for specific work streams in the Department continues from the Directorate and from the COO. An example of this is interrogation of time to triage and assessment performance to ensure a high standard is being achieved for these and ensure wait times are at a minimum – this will, in turn, support the anticipated national direction with regards to changes to emergency pathways standards. Timely assessment, treatment and onward flow will remain essential to the delivery of any new standards. The committee will be kept updated with any changes.

A more detailed analysis of M12 performance is provided in Appendix 1.



Staffing
With effect from M12 the Consultant workforce within ED is fully established at 10 WTEs. One resignation has been received and a three month notice period agreed. A request to support a Consultant for a career break (to enable them to pursue an alternative role) has been approved on the basis that this will be supported for one year and they will maintain an annualised contract with SFT and provide cover during periods of leave in the Department. Adverts for replacements will be live w/c 15/4/19.

The Clinical Leadership team have been able to secure the appointment of a part time registrar equivalent doctor which further supports the middle grade rota, improving senior decision making cover at all times of day and night. There remains a requirement to continue to appoint good, experienced middle grades with this workforce improving and becoming more stable.

At March 2019 nurse vacancies had reduced to circa 7WTE following one new staff member commencing in role within month. Clinical Navigators have been appointed; start dates are confirmed for 23/4/19 which will serve to cease the agency contract that is in place for these roles. Two further new starters for nursing are expected in April and two further in May. Factoring in leavers and maternity leave etc. the vacancies at end of April are expected to be 4.56WTE. Nursing Assistant roles are now fully recruited into with starts dates for final new starters being confirmed. Nursing cover and skill mix, although improving does remain challenging but this is managed by the Lead Nurse for ED and Head of Nursing for Medicine to ensure plans are in place to mitigate risk and improve the recruitment and retention of these roles.

Leadership
The new leadership team in ED are now established and are focused on improving the service provided. Expressions of interest will go out to the Consultant team w/c 15/4/19 for replacement of the Deputy Clinical Lead role – good interest in this role is expected following the success of the current clinical lead partnership over the last six months.

The team are very proud of the CQC report and the improvement that they have demonstrated since the last inspection. Project groups to focus on the 'should dos' from the CQC are being set up with a view to having agreed actions for these work streams within the next month.

Work with the Tavistock Institute regarding team working/support/facilitation continues and the team from Tavistock are due to return to SFT in mid Spring to continue with this work. This has been received positively by the ED Team.

Patient Flow
The patient flow work stream is now chaired by the CD for medicine and the COO runs a weekly patient flow delivery group to review weekly action progress. The DM for Medicine is working closely with the PMO support lead for the Patient Flow Programme to ensure agreed actions to support the project work streams are progressing.

Table 1: Performance and Activity

Month		1	2	3	4	5	6	7	8	9	10	11	12
Performance	Type 1 (%)	92.5	90.7	91.3	90.2	95	82.7	81.7	83	90.4	84	84.8	88.7
	Type 1 + 2 (%)	93.1	91.3	91.8	90.8	86	83.9	93	84	90.9	95	85.6	89.4
	Type 1,2 + 3 (%)	95	93.5	93.9	93.1	89.7	87.9	86.7	87.5	93.3	88.8	89.4	92.2
Trajectory	Type 1,2 + 3 (%)	95	93.5	93.9	93.1	89.7	87.9	85.9	88.6	89.1	89	91	91
Attendances	Plan	3993	4258	4174	4358	4112	4077	4110	3848	3859	3718	3572	4103
	Actual	4197	4640	4559	4832	4244	4338	4427	4205	4218	4331	3987	4533
	Variance (%)	5.1	9	9.2	10.9	3.2	6.4	7.7	9.3	9.3	16.5	11.6	10.5
Average Daily Attendance	Plan	133	137	139	141	133	136	133	128	124	120	128	128
	Actual	140	150	152	156	137	145	143	140	136	140	142	146

Table 2: Time to Triage

Month 12		
Time to treatment	**Majors (mins)**	**Minors(mins)**
03/03/2019	70.4	95.7
10/03/2019	103.4	94
17/03/2019	77.6	60.7
24/03/2019	77.69	84.1
31/03/2019	61.7	76.4
Time to triage	**Majors (mins)**	**Minors(mins)**
03/03/2019	12	25.1
10/03/2019	12.1	21.4
17/03/2019	10.4	14.4
24/03/2019	10.4	23
31/03/2019	11.7	30

* Some data discrepancies have been identified with Resus data and we are working with Informatics and Clinical teams to identify the issues to allow this data to be included going forward.

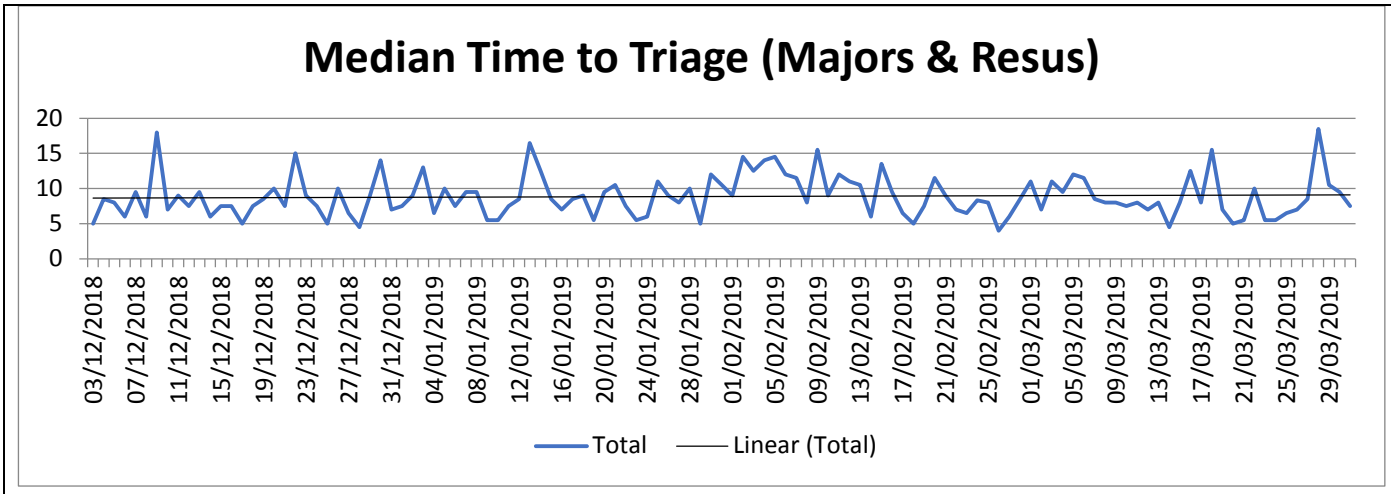
The trust performance for ambulance handover remains good within the sector and region however below the trusts aspiration to never hold an ambulance

Table 4: Ambulance Conveyance

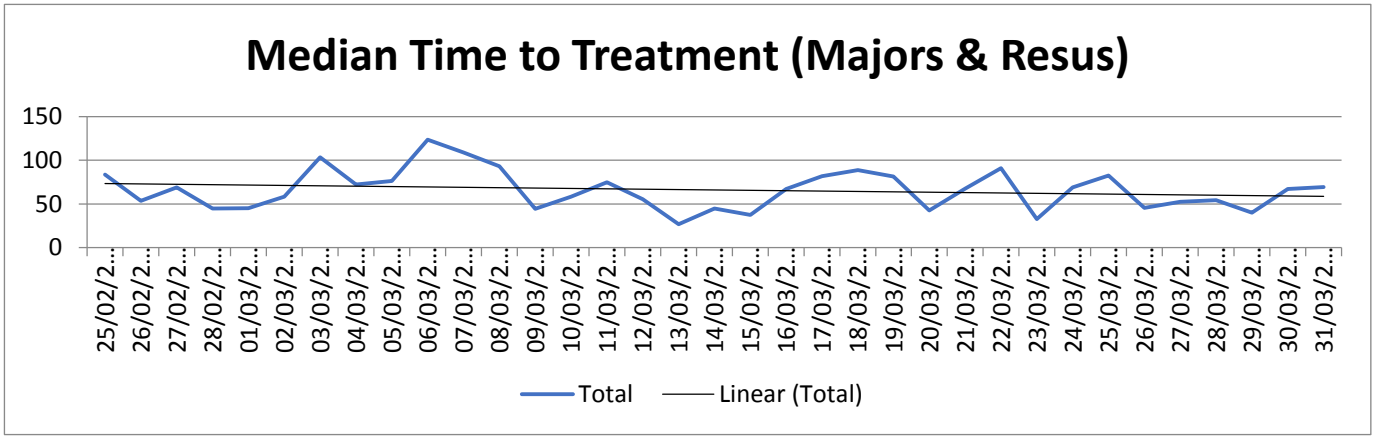
Total Reported	20
Total Breaches	10
Breaches > 1hr	0
Breaches < 1hr	10
Breaches >15 mins < 30 mins (for info)	31
Total number of patients arriving by Ambulance	1173
% of patients met the target:	99.20%

The trust has seen less volatility in time to triage and time to assessment in February – accurate reporting and monitoring of these metrics will be a key piece of work in the forthcoming months.

Graph 1

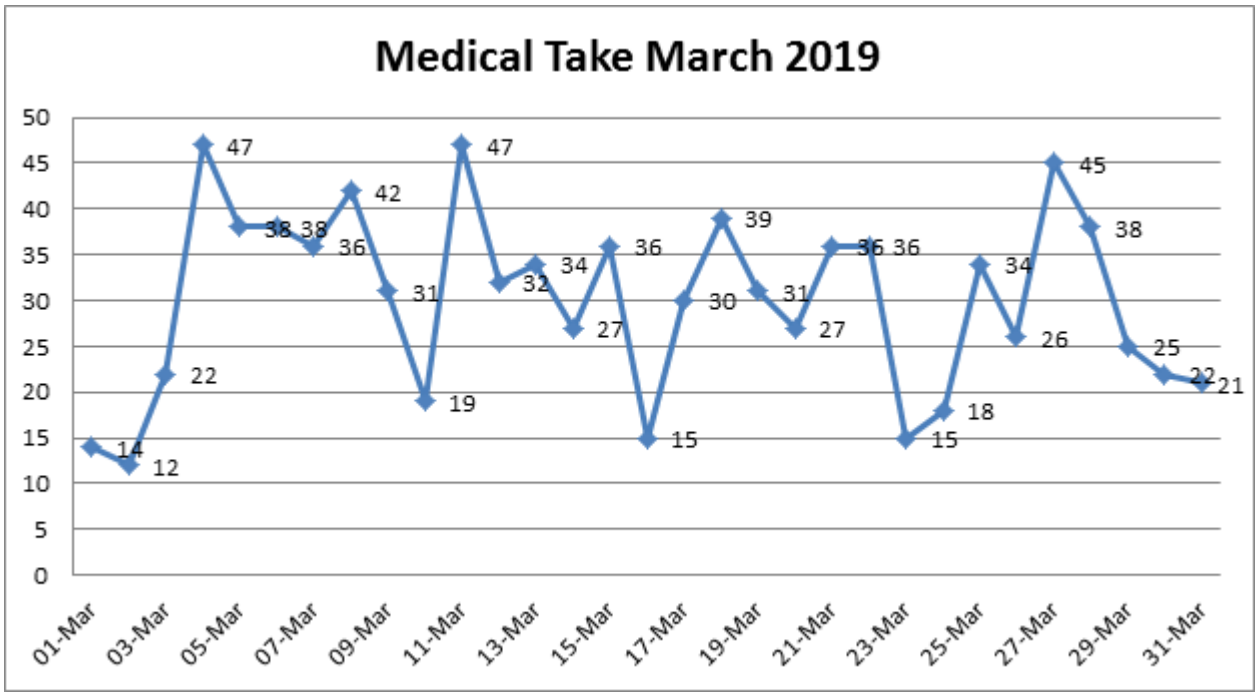


Graph 2

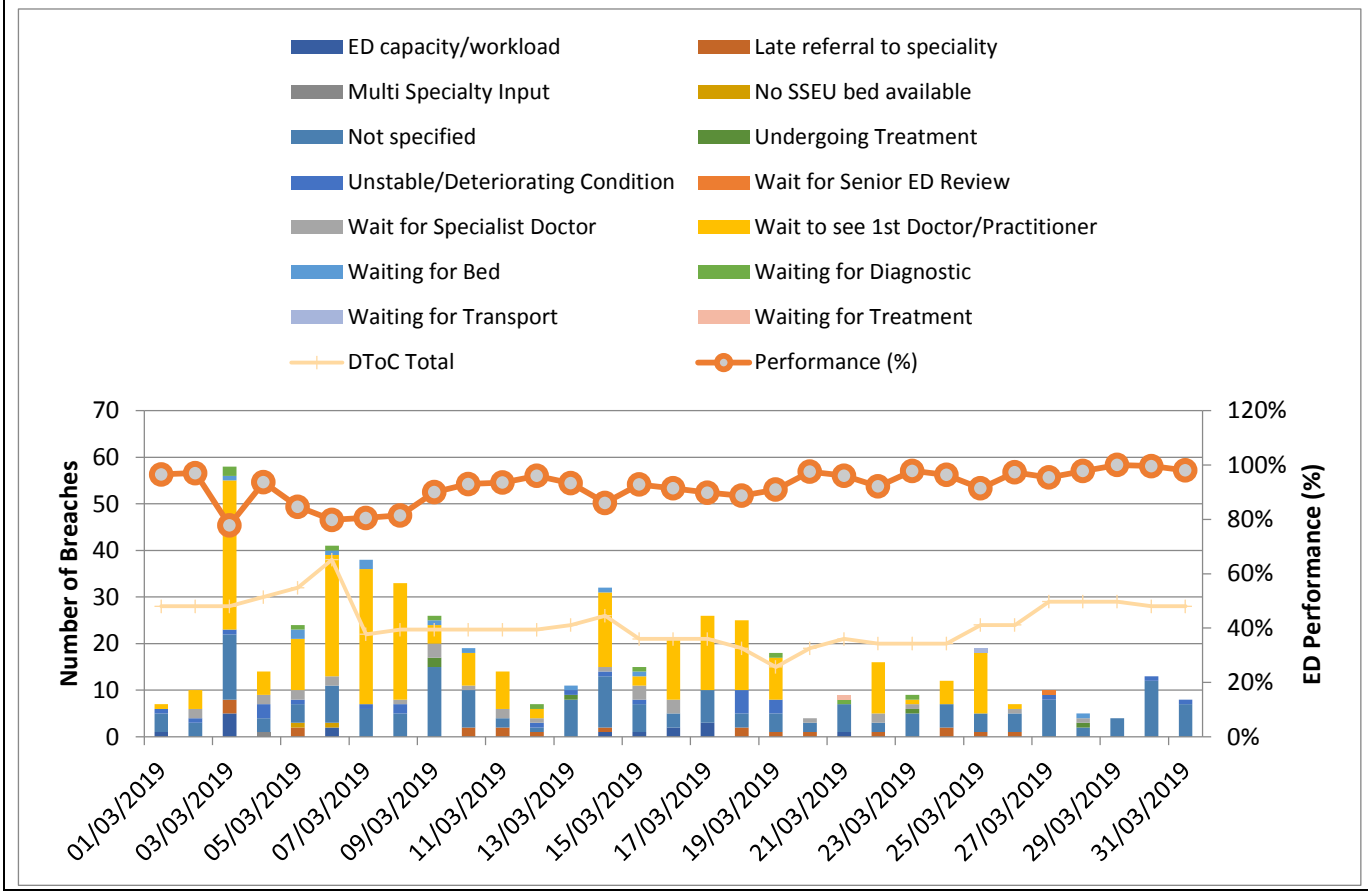


Medical admissions dropped in the second part of February and appear to be stabilising to a new norm around 30 – 35.

Graph 3



Graph 4. Breaches by Reason / Performance / DTOC number



CANCER

Table 5: Cancer Performance

Description	Standard	January			February			March			Q4 2018-19		
	%	In target	Total	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	806.0	859.0	93.83	816.0	863.0	94.55	914.0	946.0	96.62	2536.0	2668.0	95.05
Symptomatic Breast Two Week wait	93	40.0	43.0	93.02	39.0	44.0	88.64	6.0	6.0	100.00	85.0	93.0	91.40
31 Day Standard	96	131.0	133.0	98.50	96.0	99.0	96.97	99.0	99.0	100.00	326.0	331.0	98.49
31 Day Subsequent: Drug	98	14.0	14.0	100.00	14.0	14.0	100.00	9.0	9.0	100.00	37.0	37.0	100.00
31 Day Subsequent: Surgery	94	23.0	23.0	100.00	15.0	15.0	100.00	11.0	11.0	100.00	49.0	49.0	100.00
62 Day Standard	85	75.5	90.0	83.89	42.0	51.5	81.55	56.0	65.0	86.15	173.5	206.5	84.02
62 Day Screening Patients	90	6.0	6.0	100.00	13.0	14.0	92.86	9.5	9.5	100.00	28.5	29.5	96.61

M12 is showing achievement for all standards. Histology for potential non breached treatments is awaited (for approximately 28 patients) which will serve to increase the denominator and improve the position – it is possible that treatments within this awaited histology could be sufficient numbers to result in 62 day compliance for Q4 although it is impossible to state this for sure until histology is reported. The pathology team is supporting as much as possible in order to confirm these as quickly as possible.

The 2WW standard continues to be achieved despite endoscopy challenges. The non-compliance of the breast symptomatic standard for Q4 is caused by a significant drop in referrals of this type in March. The referrals into the breast service are being validated to ensure all referrals of this type have been apportioned correctly.

Achievement of 62 day performance will continue to remain vulnerable for the following reasons:

- Urology: delays at the tertiary centre and late referrals by us. Appointment of CNS as cancer lead (in process) will improve the pathway.
- Colorectal – increased demand due to reduced gastro service. Gastro provider starting on 1st April – should have a positive impact in Q1/Q2.
- Endoscopy capacity issues, 2WW endoscopy investigations and mid pathway patients often waiting 14-21 days for tests rather than the desired 7 days.
- Histology delays due to outsourcing of histology analysis and reporting.

Referral to Treatment

The Trust reported 93.1% performance for month 12 having delivered the standard for every month in 2018/19.

***General Surgery – (Q4 target 85%*) Month 12 86%**

- Continued long term consultant sickness
- Organise additional lists where possible including the conversion of OP General Surgery OP clinics to theatre lists being continued (current wait for new appointment only 8w or 3w for one stop clinic) to allow increased theatre capacity for 18w+ patients
- Validation of General Surgery PTL continuing
- Appointment made for permanent colorectal consultant to replace retiring consultant from late June. Additional activity to be undertaken by this consultant prior to taking up substantive role in May and June

Urology – (Q4 target = 91%) Month 87%

- Continuing additional lists where possible - 21 additional operations undertaken at SFT as part of Wilts CCG arrangement
- Increased nurse led clinics being set up for prostate, stone and LUTS patients to alleviate capacity pressure on consultant clinics
- Work continuing to validate waiting list and clear long waiting patients
- 7pa consultant post to start from May 19. Further full time consultant to start in Q3 19/20. Decision made not to proceed with plans for locum support due to risks and difficulties associated with this

Trauma &Orthopaedics (T&O) : (Q4 target = 90%) Month 12 89%

- Additional activity undertaken in March using Trust appointed locums, LLP and additional payments to fill gaps in the Rota and maintain activity levels
- Total of 210 additional Wiltshire Ortho activity undertaken in Q4 to improve RTT for Wiltshire in Q4
- Additional Limited Liability Partnership lists and additional Sunday list per month to continue for Q4

Oral and Maxillo Facial surgery (OMFS) : (Q4 target = 90%) Month 12 84.1%

- 18 additional Wiltshire Ortho activity undertaken in March to improve RTT for Wiltshire in Q4

Dermatology – (Q4 target = 92%) Month 12 77%

- Performance challenges due to medical and surgical dermatologist shortages
- High volume locum secured for additional capacity and maternity cover - Commencing April 2019
- Additional plastic lists continued in March

Plastic & Reconstructive Surgery

Good progress to 92% in Q4, slight dip to 91.3% in March linked to reallocation of resource to support skin

rapid referrals (2WW).

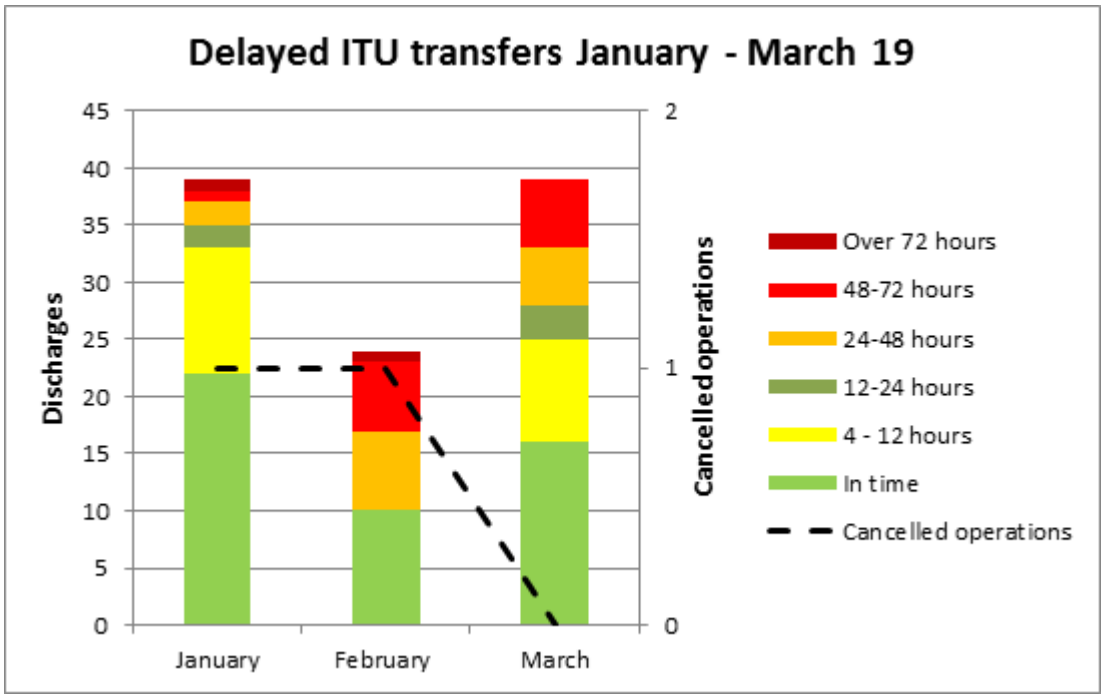
The Trust finished the year with a smaller PTL that the start of the year however numbers have increased for some commissioners. During the latter part of the year GP referrals increased – in Q4 referrals were 1000 up on the previous 3 quarter average so therefore limiting the growth in PTL to circa 300 is a positive outcome.

Table 6: Waiting list split by CCG

Total WL	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dorset CCG	2,537	2,495	2,564	2,505	2,480	2,460	2,424	2,459	2,537	2,588	2,650	2,762	2,760
West Hampshire CCG	1,582	1,572	1,621	1,626	1,583	1,574	1,565	1,620	1,639	1,666	1,628	1,696	1,748
Wiltshire CCG	10,080	10,361	10,752	10,577	10,481	10,616	10,335	10,343	10,441	10,192	10,384	10,500	10,328
Other CCGs	2,839	2,886	3,024	3,138	3,135	3,016	2,989	2,834	2,526	2,411	2,180	2,105	2,113
Trust Total	**17,038**	**17,314**	**17,961**	**17,846**	**17,679**	**17,666**	**17,313**	**17,256**	**17,143**	**16,857**	**16,842**	**17,063**	**16,949**

ICU

Graph 5



------ At the time of the cancellation in January there were no wardable patients in ICU
------ The cancellation in February was due to a theatre overrun not ICU beds

Diagnostic (DM01)

The Trust met the diagnostic standard in March reporting 99.3%.

Endoscopy

The recovery plan implemented in February, with a heavy reliance on insourcing, has begun to deliver for March where waiting times are decreasing. During this period capacity was outsourced at weekends to mitigate the backlog in BCSP.

A tender has been awarded to an external supplier for the provision of a more robust Gastroenterology service. This is in place from 1st April 2019 and will address the previously reported lack of cover from regular Endoscopists and ongoing absence of CNS cover in Colorectal.

Concerns have been raised in relation to capacity for April. These are being addressed by ensuring all Monday to Friday capacity is fully utilised, and exploring external supplier support for a number of weekend sessions.

Further activity is necessary to address the surveillance backlog, a requirement for JAG accreditation. A demand and capacity review is underway to inform the requirements, and this will be underpinned by a business case to outline 6-day working nursing staff requirements to support delivery.

Radiology

There was 1 CT breach during March relating to Interventional Radiology input from UHS.

There are no expected breaches for April; this will be achieved by a combination of additional weekend lists and evening working.

The MRI waiting list is currently at 383 with the majority of patients waiting less than 5 weeks. The demand remains constant so we are therefore continuing with the use of the mobile scanner for 3/4 days per week on a regular basis.

Whilst this is a significant cost, the demand and complexity of patient cohorts require additional capacity to the standard scanner which could not be met as efficiently with ad hoc arrangements.

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

Staffing continues to be challenging and measures continue to be investigated to improve recruitment and retention of staff.

Links to Assurance Framework/ Strategic Plan:

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

Appendix 1 Patient Flow

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.

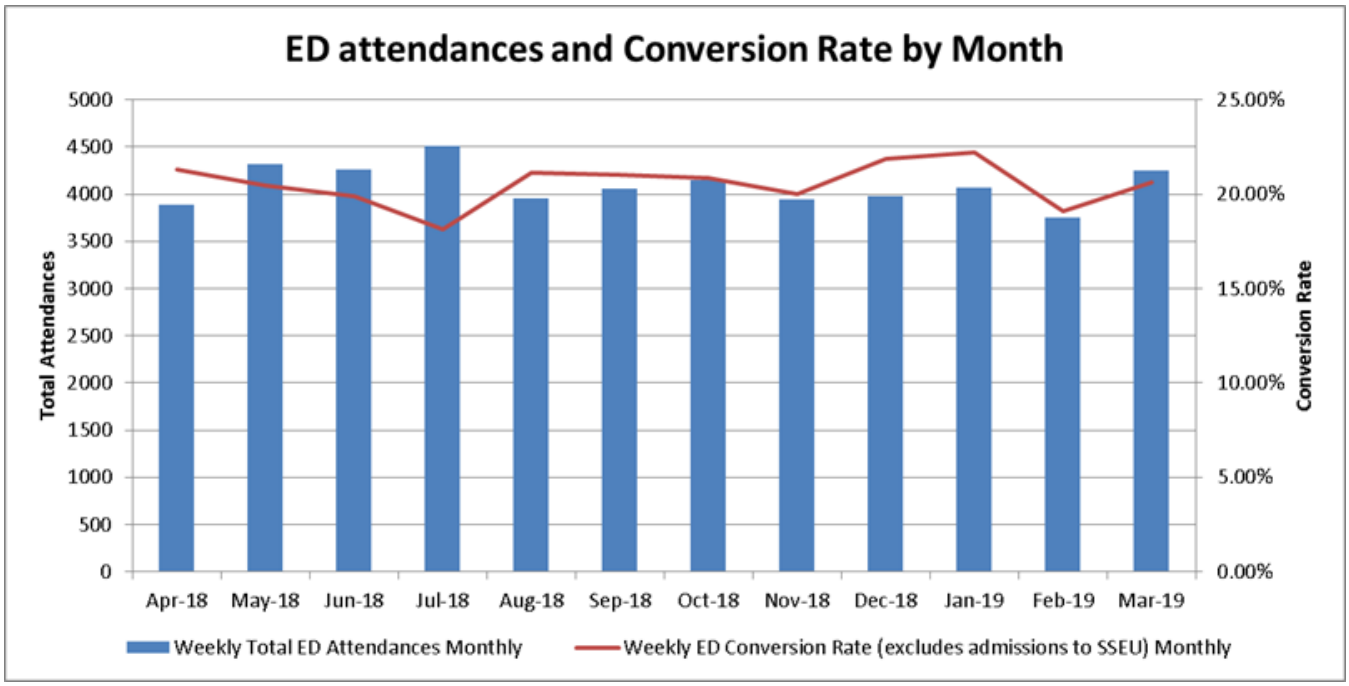
The information below outlines the performance against key KPIs aligned to the above priorities and next steps

The trust did not deliver its trajectory of 95% reporting 92.2% however this was against an increase in attendances against pan of 11% (Table 7). There was a slight increase in conversion rates (graph 6).

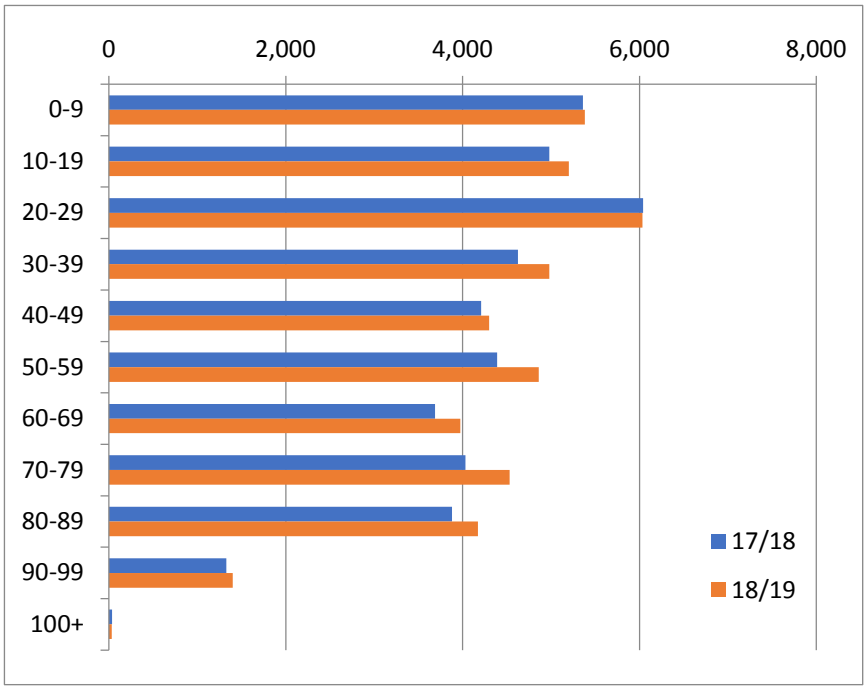
Table 7 Performance and Activity

Month		1	2	3	4	5	6	7	8	9	10	11	12
Performance	Type 1 (%)	92.5	90.7	91.3	90.2	95	82.7	81.7	83	90.4	84	84.8	88.7
	Type 1 + 2 (%)	93.1	91.3	91.8	90.8	86	83.9	93	84	90.9	95	85.6	89.4
	Type 1,2 + 3 (%)	95	93.5	93.9	93.1	89.7	87.9	86.7	87.5	93.3	88.8	89.4	92.2
Trajectory	Type 1,2 + 3 (%)	95	93.5	93.9	93.1	89.7	87.9	85.9	88.6	89.1	89	91	91
Attendances	Plan	3993	4258	4174	4358	4112	4077	4110	3848	3859	3718	3572	4103
	Actual	4197	4640	4559	4832	4244	4338	4427	4205	4218	4331	3987	4533
	Variance (%)	5.1	9	9.2	10.9	3.2	6.4	7.7	9.3	9.3	16.5	11.6	10.5
Average Daily Attendance	Plan	133	137	139	141	133	136	133	128	124	120	128	128
	Actual	140	150	152	156	137	145	143	140	136	140	142	146

Graph 6: ED type 1 attendances and conversion rates



Graph 7 – age profile of admissions



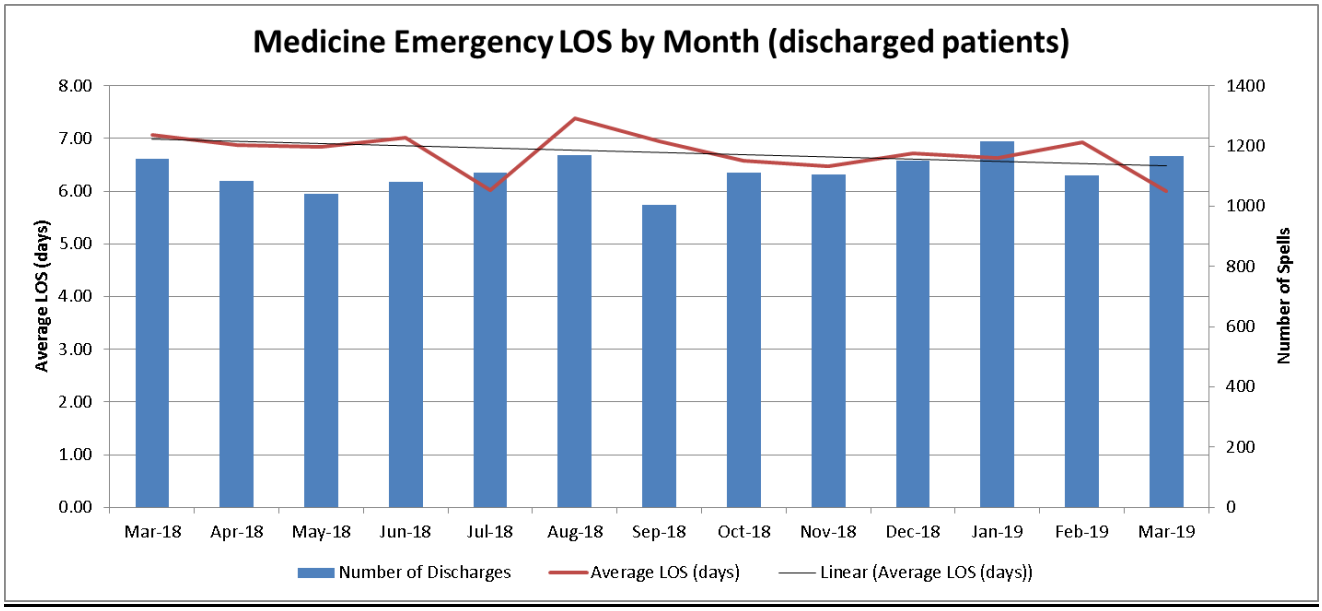
Length of Stay

The Trusts IT team have now received further clarity from the Model Hospital Team on the methodology used to produce LoS data at speciality level. Information Services and the PMO are now working together to produce a definitive list at speciality level for LoS comparing SFT position against Model hospital data, and it is anticipated that this will be included in the May F&P report. The Patient Flow dashboards reporting daily, weekly and monthly level metrics continue to be circulated and used in meetings with teams/wards to provide up to date data and provide the opportunity to engage in conversation and identify areas for development.

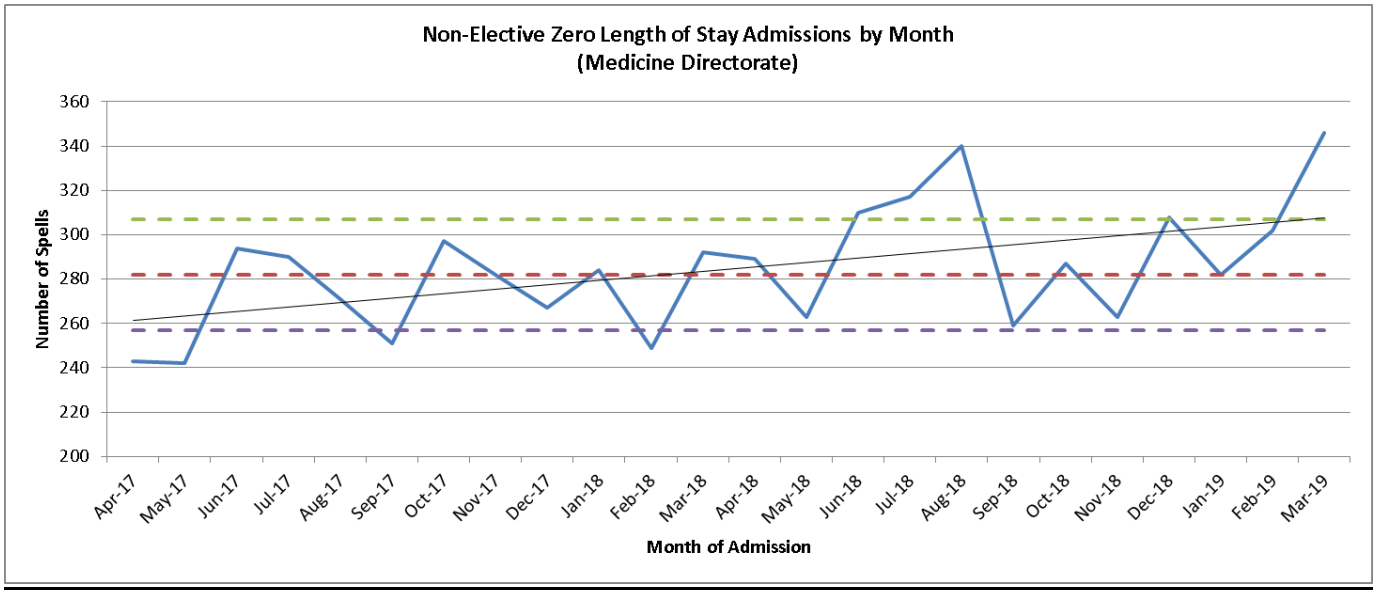
Graph 8 continues to show a reduction in medicines length of stay at discharge, viewed alongside the number of patients with a length of stay < 1day which are not included in the length of stay calculations (Graph 9). As part of the patient flow 19/20 programme, a further focus on improving ambulatory pathways, and increasing Zero day discharges is planned. Following successful recruitment of two Assistant Nurse Practitioners (ANP's), the Medicine Directorate is scoping out the areas of focus and pathway development opportunities, an update on these will be available at the next F&P meeting in May 2019.

The metrics for patient flow have been reviewed and those which can directly reduce Length of stay have been grouped and input into the CSU bed modelling tool along with the other metrics. These figures are being validated and financial values confirmed by finance.

Graph 8

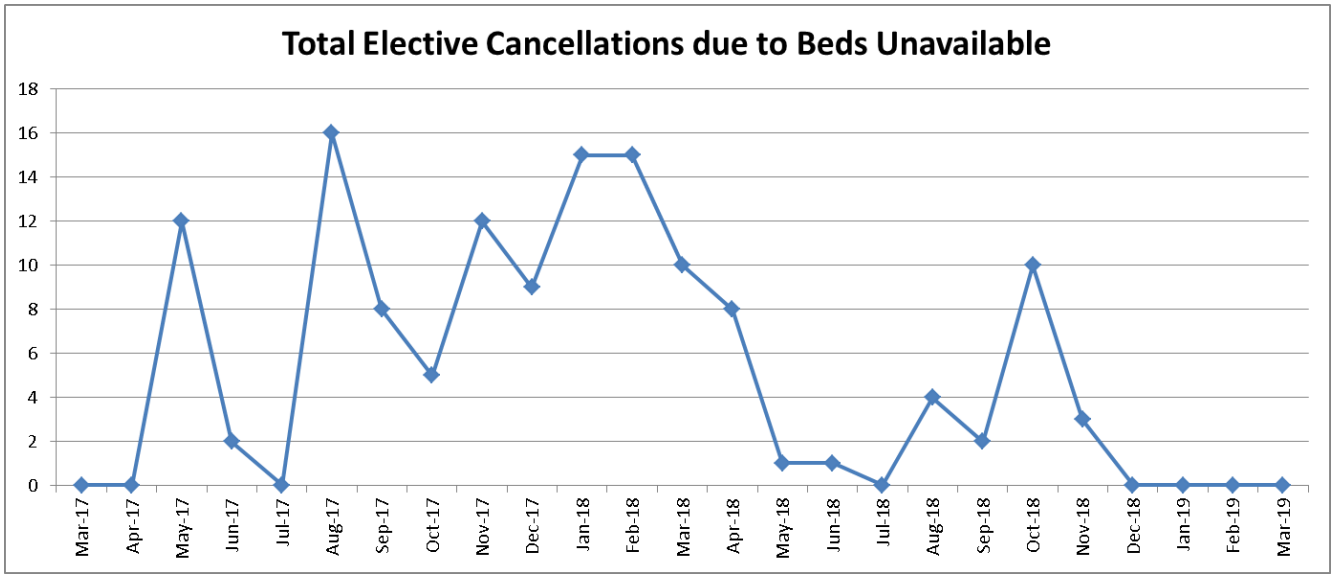


Graph 9



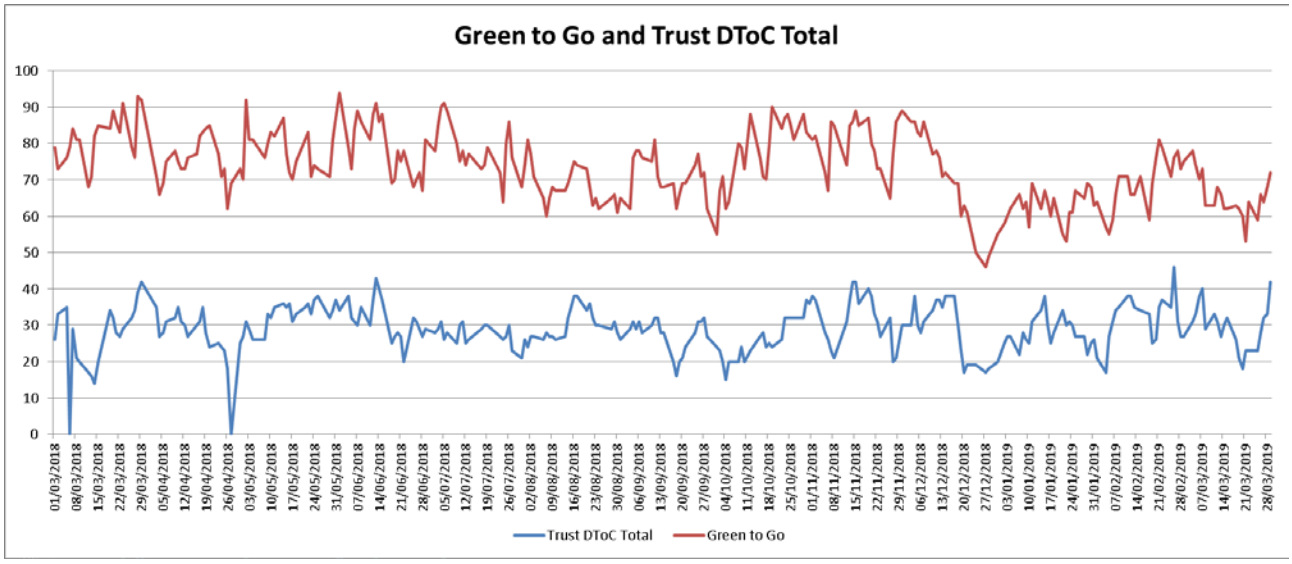
Elective cancellations due to beds being unavailable continue to be at an all-time low (Graph 10). A total of 19 ward moves took place during February and March between 12:00 – 06:00, and having reviewed these further, it would appear that these moves were legitimate moves due to a change in the patients medical condition. The number of moves ompleted during this time will continue to be reviewed on a weekly basis.

Graph 10



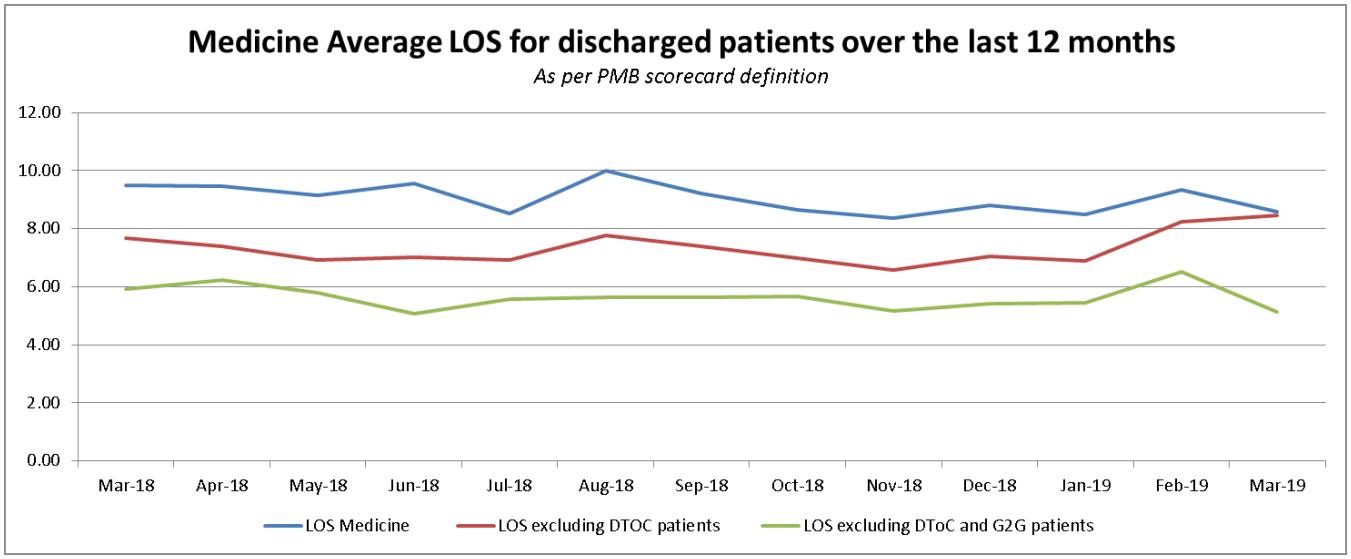
The number of patients who are coded as DTOC remains above the national target of 14 (Graph 11). The system (A&E LDB, SFT, Wiltshire Health and Care and Wilshire Council) have agreed a revised target for April of no more than 14 DToC patients delayed per day (excluding Spinal Unit) and no more than 14 patients per day (including Spinal unit) for May 2019. This revised trajectory and phasing of many of the improvement schemes, pose a risk to delivery in Q1 and potentially Q2.
The DTOC position on the 12.4.19 was reported as 33, nineteen over the trajectory reported for this time, with the Trust continuing to remain out of escalation

Graph 11



The continued effect of delayed discharges being above the target on length of stay is displayed in Graph 11.

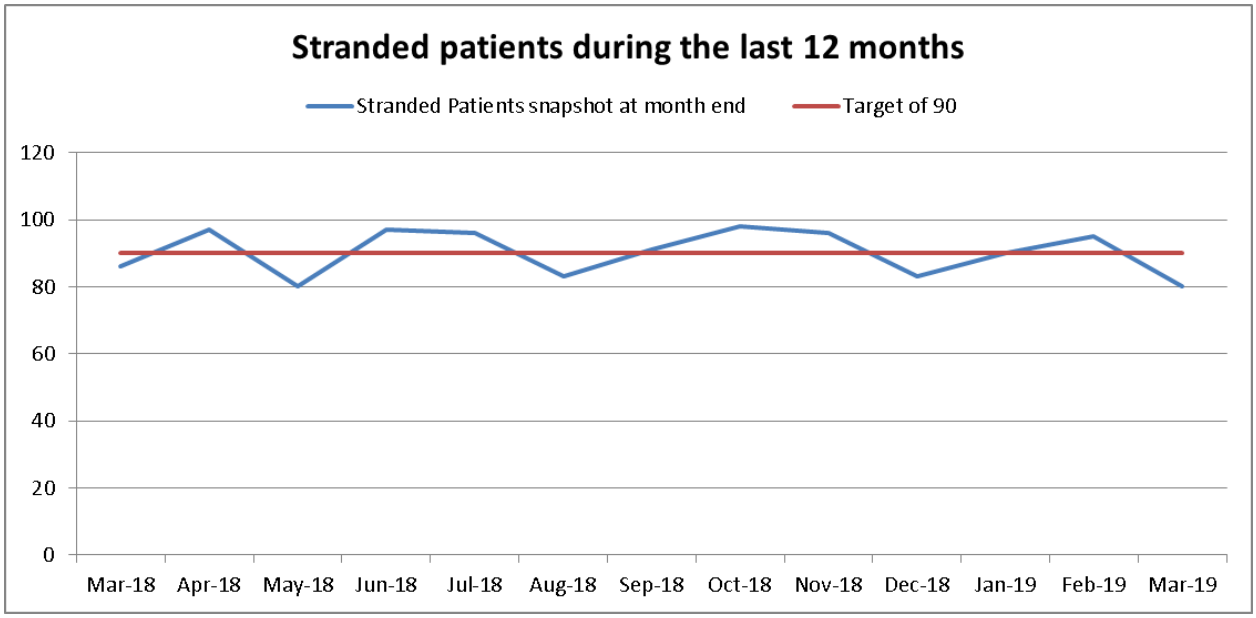
Graph 12



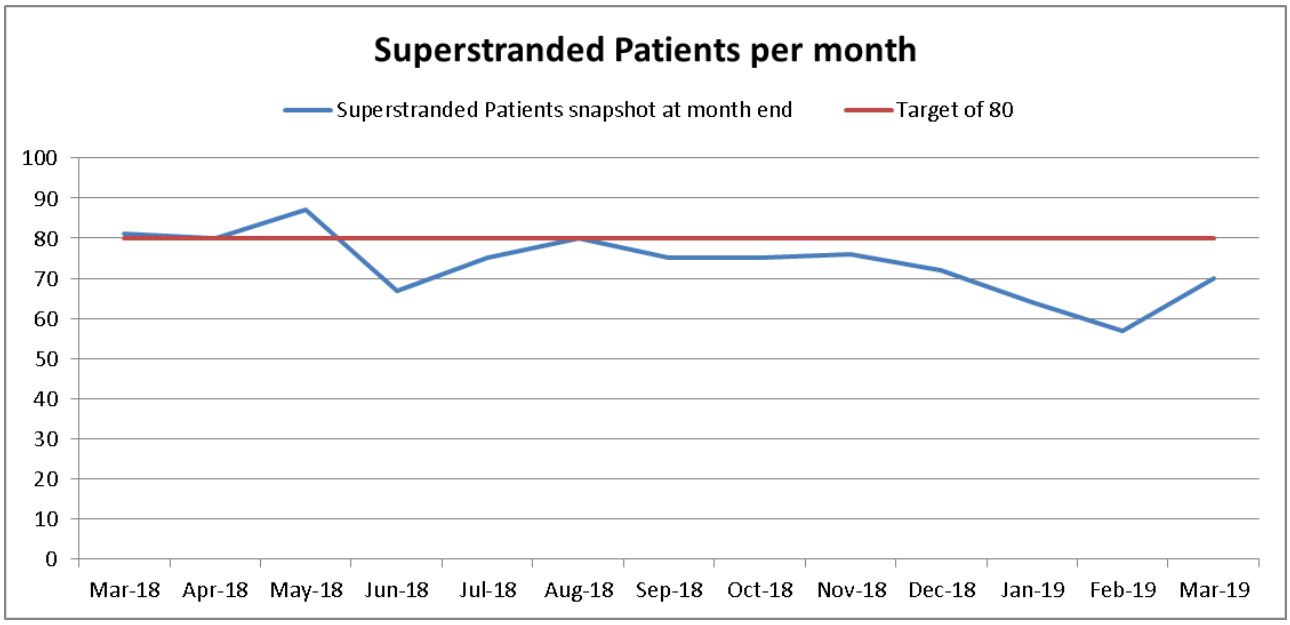
The number of stranded and super stranded patients are shown in Graph 13 and 14. All patients with a LoS > 21 days and who are not medically fit for discharge are reviewed by the individual Directorates. The weekly Expert panel continues to meet and has started to discuss these patients with external partners, so that once the patient is MFFD, discharge arrangements will have commenced resulting in prompt discharge achieved.

In line with national requirements the target for super stranded patients in 2019 will be 53, this is a 40% reduction from March 18 position. This figure has now been included and mapped onto the patient flow metric/trajectory. The number of super stranded patients continued to remain below the Trust target set in 18/19 at the end of March, and successfully hit the '53' target in early April.

Graph 13



Graph 14

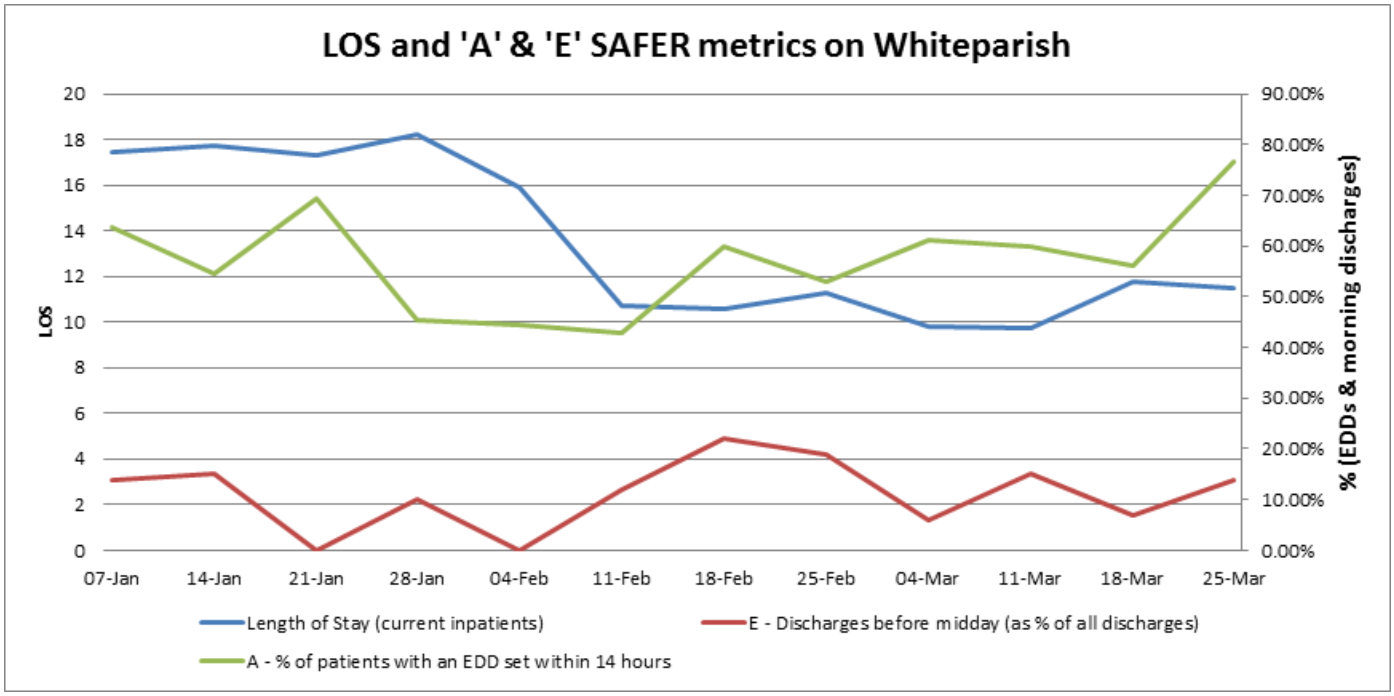


The SAFER programme of work continues to respond to the needs of the wards and teams, however, in all cases, an increased visibility, focus, challenge and coaching of staff who attend the daily e-whiteboard meetings to improve the patient journey and therefore improve 'flow' is being undertaken and embraced by the individuals on these wards. Senior Nursing teams are fully engaged in the programme and are developing locally owned plans and opportunities they wish to pursue, examples include reviewing opportunities to develop nurse led discharge through surgical wards and improving the referral process for Physio and Occupational Therapy input.

MSK and Surgical wards are now actively being supported and an update in May on the impact this work has achieved will be reported.

However, on Whiteparish ward where SAFER has been implemented, results are show in Graph 15, showing a sustained shift in working, regular weekly audits by the DSN and Associate DSN for Medicine are undertaken.

Graph 15



Next Steps – Patient Flow

The 2 hour workshop sessions on the 2 and 3 May 2019, being run by ECIST have representation from all specialities, disciplines and wards. Directorates are continuing to identify staff to attend.

The Patient Flow Operational delivery group continues to monitor and reviews progress and developments on a weekly basis, unblocking issues that require operational support rather than strategic discussion, which continues to be the focus at the PMB. This group now has representation across all Directorates, recognising the work that is now taking place on all wards.

The patient flow project plan continues to be updated, with key areas of focus in the next month linked to:

- The intra hospital plan (review of the integrated discharge bureau processes, review of the equipment ordering process for bariatric pts on discharge)
- SAFER roll out
- Ambulatory care pathway scoping and planning
- T&O Enhanced care pathway review and agreement of way forward
- Delivery of the ECIST workshop sessions

The closure of Laverstock ward 5 days ahead of the original target date of 31.3.19 with patients discharged to community capacity or transferred to internal wards was achieved.

A sub group continues to meet to develop the patient 'bed-side' literature to educate/raise awareness and

empower patients across a number of areas, including 'discharge plans/arrangements'. This group is also reviewing, the timeliness and quality of information we provide regarding the CHOICE policy to patients, to ensure it is done so in a concise and easy to understand format.

A sub group is now rolling out the national 'Eat, Drink, Move Campaign' in the Trust, this group is focusing their engagement and pilot on Spire ward, working with a multi-disciplinary team to establish this, before taking this learning out across the Trust.

A review of existing processes within the IDB team are underway, this includes the use of electronic referral forms to the team via the e-whiteboard system, the streamlining of lists and increased visibility of the patients being supported by the team. Options are being reviewed and a plan developed for action and delivery.

A process mapping session with the spinal Unit team is planned in May to identify opportunities to enhance the experience for patients, any opportunities linked to improve discharge planning and experience will be picked up by the SAFER roll out in June.

In September the inclusion of an interactive half day training session on patient flow as part of the preceptorship and OSCE nurse 12 month programme will be launched. Details on what this training session will include and be delivered are being worked up. The inclusion of the importance of flow continues to feature within the Trust induction for all staff.

The Older People and frailty group smaller task and finish groups have met now to progress key areas of development (training/education, falls, implementation of the Comprehensive geriatric assessment, ReSPECT form roll out and the development of the RACE clinic model in South Wiltshire. The reports following recent benchmarking submissions have been shared with the strategic group and learning and opportunities from other Trusts are being reviewed, a workshop in late April/early May to review where we are now and where do we want to get to is being planned. Meetings are scheduled with GP's in the North of the County to scope out future development of the RACE clinic model. A workshop space on the 7 June has been secured, as part of the GP event being held at SFT, this will provide an opportunity to network and gather feedback and information from a wide range of GP's from across South Wiltshire. Core members of the task and finish groups and strategic group also sit on the wider campus project meetings.

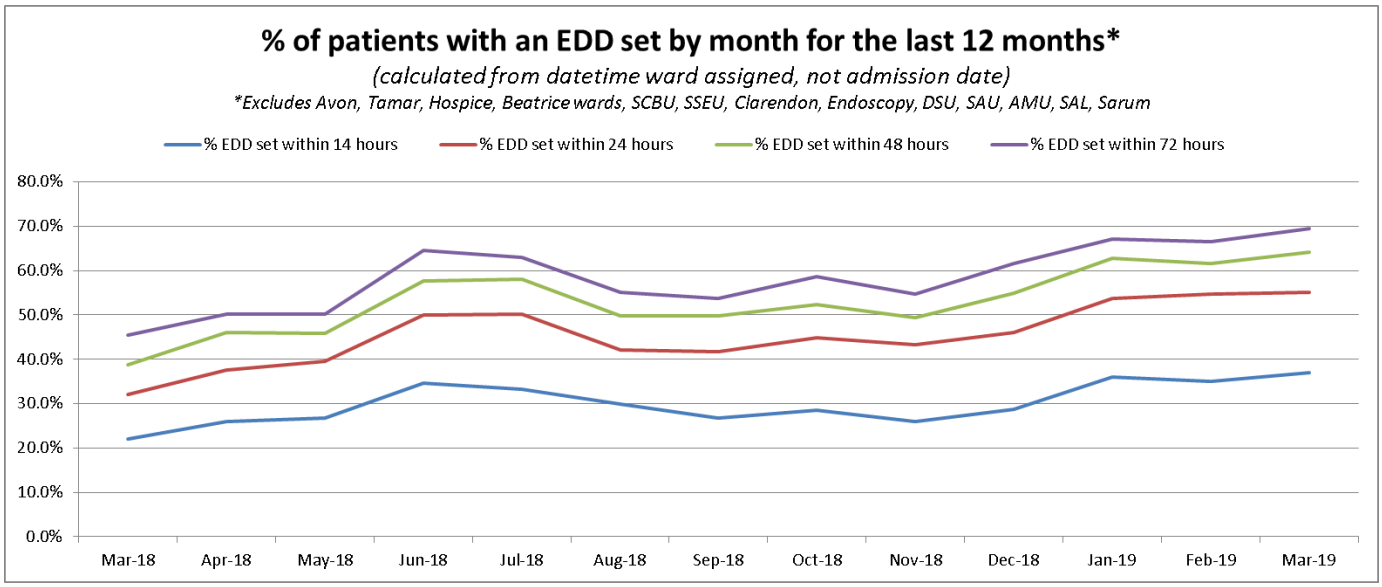
A workshop between Salisbury Hospice and Dorothy House Hospice was delivered in March, at which both charities presented their respective services, this has identified synergies and opportunities in future collaboration and further meetings are scheduled in April with SFT and Salisbury Hospice colleagues to discuss and define the future strategy, including financial position of the hospice provision. This work feeds in via the older people and frailty strategic group.

The Length of Stay for medicine continues to be monitored via the Patient Flow PMB. The target for medicine LoS (emergency and non-elective admissions) was set at 6.68 at the beginning of the financial year and the position currently stands at 8.02 with a total number of 11,012 patient spells. Compared to the same position in 17-18, length of stay was reported as 8.79 against 10,592 patient spells (graph 3). The Trust has notably reduced length of stay despite an increased number of patients being admitted.

Data analysis has shown that emergency surgery admissions LoS has reduced from 4.08 in 17/18 to 3.95 in 18/19 and within MSK LoS has slightly increased from 8.28 to 8.58. Further work is being scoped with the surgical directorate and specifically Breamore and Downton ward in relation to increasing chair capacity and nurse led discharge.

The setting of EDDs continues to be monitored on a daily basis with the clinical site team printing lists of those patients with an EDD on that date, and also those with no date set. As part of the SAFER roll out, we are supporting multi-disciplinary teams to set EDD's and review those already set on a daily basis, thereby ensuring that all patients have an EDD set for the future and that it is accurate. Further clarity has been provided to wards on the meaning of EDD and the setting of this via the e-whiteboard system.

Graph 16


% of patients with an EDD set by month for the last 12 months*
(calculated from datetime ward assigned, not admission date)
*Excludes Avon, Tamar, Hospice, Beatrice wards, SCBU, SSEU, Clarendon, Endoscopy, DSU, SAU, AMU, SAL, Sarum
% EDD set within 14 hours
% EDD set within 24 hours
% EDD set within 48 hours
% EDD set within 72 hours
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
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

Salisbury Hospital NHS Foundation Trust Board Report - March 2019

NHS Salisbury NHS Foundation Trust

			Reporting Month		Rolling 12 months
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Mar-19**	**Patients Affected in Mar-19**	**Trend Against National Standard**
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	93.06%	1,176	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		10 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Mar-19**	**Patients Affected in Mar-19**	**Trend Against National Standard**
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	92.2%	482	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		99.26%	27	
Diagnostic Test Compliance***	28 out of 28		25 out of 28		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Delivering same sex accommodation****	0		3		
Infection control – Clostridium difficile (YTD)	YTD: 18		YTD: 6	2	
Infection control - MRSA*	0		0		
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Mar-19**	**Patients Affected in Mar-19**	**Trend Against National Standard**
All Cancer two week waits	93%		96.6%	32	
Symptomatic Breast Cancer - two week waits	93%		100.0%	0	
31 day wait standard	96%		100.0%	0	
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%		86.36%	9.0	
62 day screening patients	90%		100.0%	0.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

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

CLASSIFICATION
Unrestricted

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	**2.2b**
Date of Meeting:	23 May 2019		

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

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

Executive Summary:
Positive indicators – good C difficile performance, SHMI of 100 within the expected range. Good stroke and TIA performance with a SSNAP score of B. Of concern – a rise in the weekend HSMR for the 4th 12 month rolling data point to significantly higher than expected to be investigated by a case notes review undertaken by a multidisciplinary team and reported to the Clinical Governance Committee in September 2019.

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

1.0 Purpose

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

2.0 Quality indicator report

2.1 No cases of hospital onset health care associated C Difficile cases. The Trust's C difficile upper limit for 19/20 is 9 cases. A new metric added of cases appealed and successful appeals for no lapses in care.

2.2 One MSSA bacteraemia - likely cannula related.

2.3 Three E Coli bacteraemias – currently under investigation of unrelated cases.

2.4 3 new serious incidents requiring investigation commissioned in April.

2.5 A decrease in crude mortality in April. Note: Deaths occurring in ED now included in the overall total. HSMR increased to 105.3 to January 19 and is within the expected range. SHMI is 100 to December 18 and when adjusted for palliative care is 94 to September 18. Both are within the expected range. Weekend HSMR increased for the 4th, 12 month rolling data period to 122.3 to January 19 and is significantly higher than expected range. A case notes review of patients admitted on a Saturday and Sunday with pneumonia, sepsis and patients with a 7 – 14 day LOS, a zero Charlson comorbidity score and aged 65 -74 will be undertaken by a multidisciplinary team to investigate the cause and improvement actions. The report will be presented to the Clinical Governance Committee in September 2019.

2.6 80% of hip fracture patients were operated on within 36 hours of admission.

2.7 Pressure ulcer are now reported in line with new national guidance. Pressure ulcers present on admission and hospital acquired are reported by category 2, 3 or 4, deep tissue injury (DTI), unstageable ulcer, moisture associated (MASD) and device related ulcers (d). SFT's Tissue Viability Team provides advice to community Tissue Viability and District Nurses on category 3 & 4 ulcers.

2.8 In April, 1 fall resulting in major harm (hip fracture treated surgically) and 1 fall resulting in moderate harm (fractured clavicle). A CQUIN with 3 high impact interventions to prevent hospital falls is underway and will be reported to the Falls Working Group and Patient Safety Steering Group.

2.9 Stroke patients receiving a CT scan within 12 hours sustained at 100%. Time to reach the stroke unit within 4 hours improved to 85% with delays due to first doctor assessment in ED (2) and waiting for a bed (2). Patients spending 90% of their stay in the stroke unit improved to 94% exceeding the national target of 80%. SSNAP case ascertainment audit – score B.

2.10 92% of high risk TIA patients seen within 24 hours of referral.

2.11 A reduction in the number of multiple ward moves in April with improvements in patient flow and ongoing work with multi-agency partners on stranded and super-stranded patients.

2.12 In April, 4 non-clinically justified mixed sex accommodation breaches in AMU affecting 26 patients. All were resolved within 12 – 24 hours. Privacy and dignity is maintained during these times with the use of quick screens and identification of separate bathroom facilities. Updated national guidance is anticipated soon.

2.13 Patients rating the quality of their care improved in April.

3.0 Summary

Positive indicators – good C difficile performance, SHMI of 100 within the expected range. Good stroke and TIA performance with a SSNAP score of B.

Of concern – a rise in the weekend HSMR for the 4th 12 month rolling data point to significantly higher than expected to be investigated by a case notes review undertaken by a multidisciplinary team and reported to the Clinical Governance Committee in September 2019.

Claire Gorzanski, Head of Clinical Effectiveness, 13 May 2019.

NHS Salisbury NHS Foundation Trust

Trust Quality Indicators - April 2019

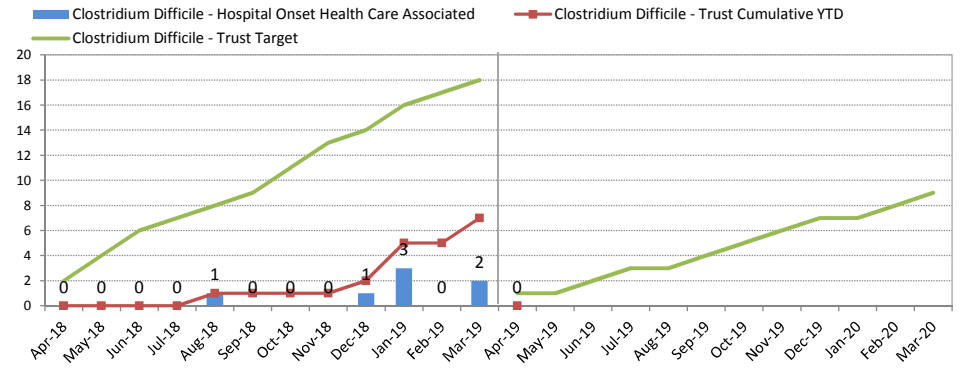
Quality Measures

Infection Control	2018-19 YTD	2019-20 YTD
MRSA (Trust Apportioned)	3	0

Trust Incidents	2018-19 YTD	2019-20 YTD
Never Events	3	0
Serious Incidents Requiring Investigation	35	3

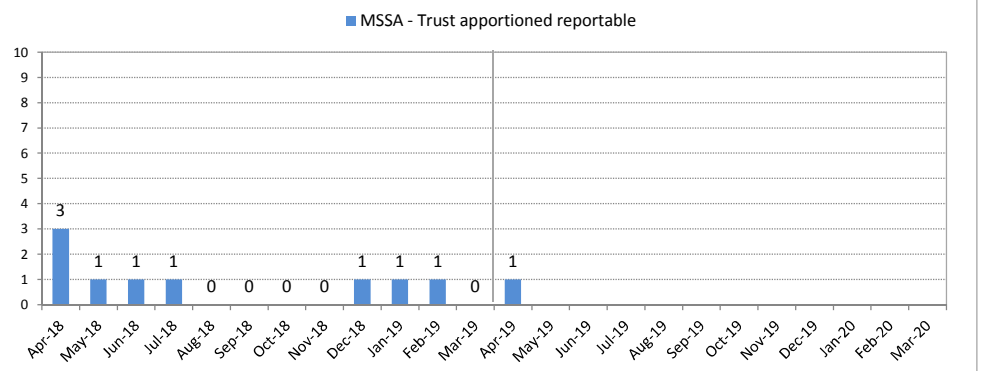
Clostridium Difficile	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Cases appealed	0											
Successful appeals	0											

Clostridium Difficile - Hospital Onset Health Care Associated

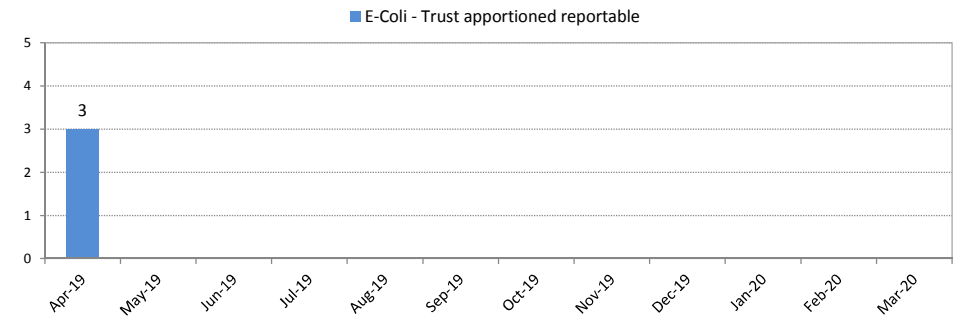


* December 2018 - Trust apportioned C difficile case – a successful appeal was made for no lapses in care to Somerset CCG and the number was removed from the Trust figures

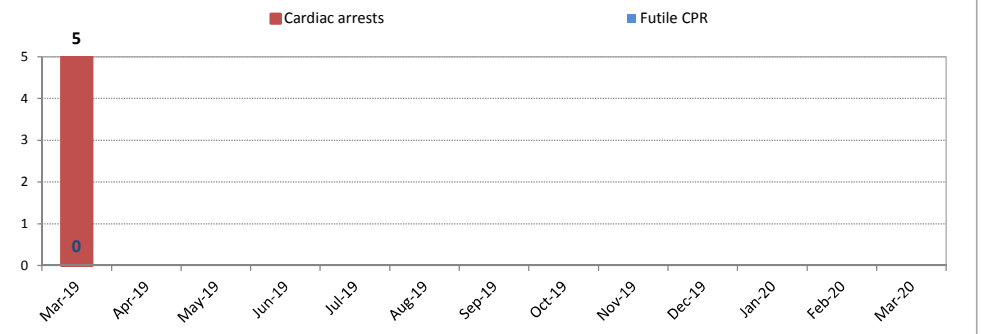
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable



In hospital cardiac arrests and futile CPR



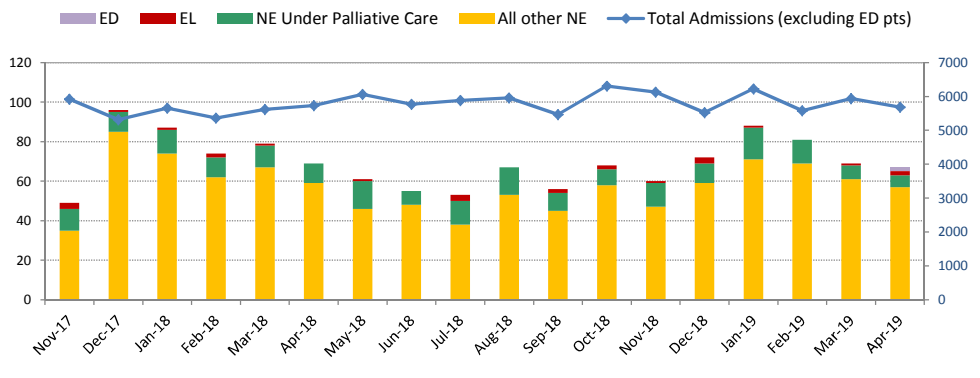
Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

NHS Salisbury NHS Foundation Trust

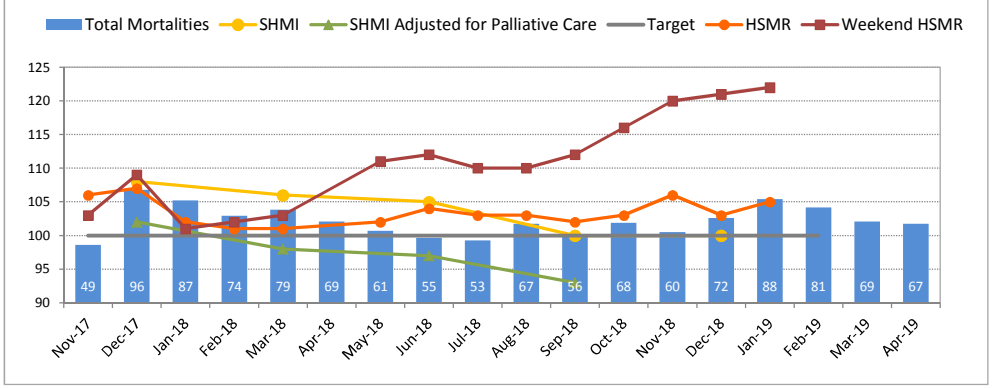
Trust Quality Indicators - April 2019

Quality Measures

Hospital Mortalities

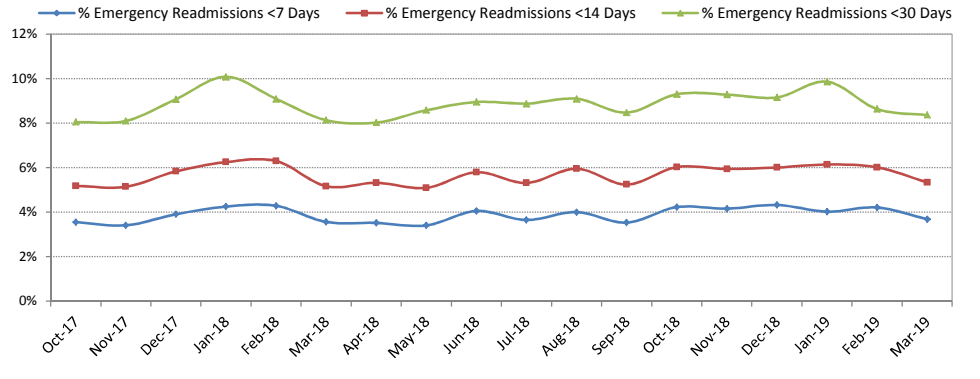


HSMR and SHMI

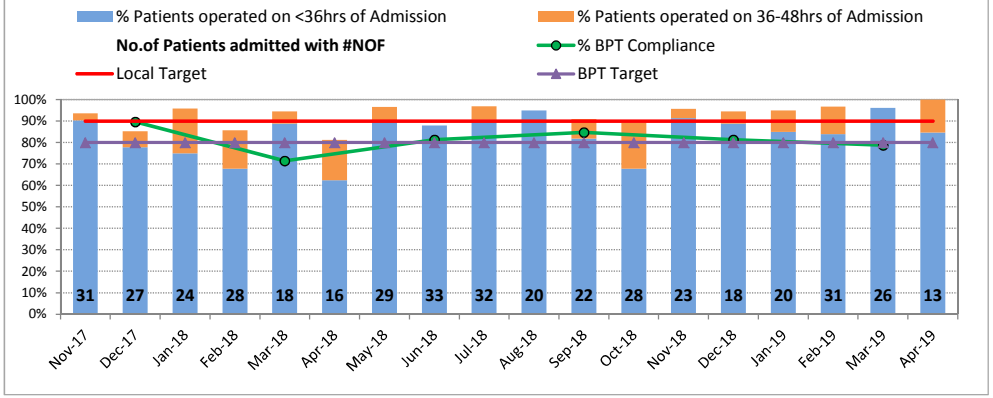


** From April 2019 Total Mortalities includes deaths in ED*

Emergency Readmissions within 7, 14 & 30 days of Discharge



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



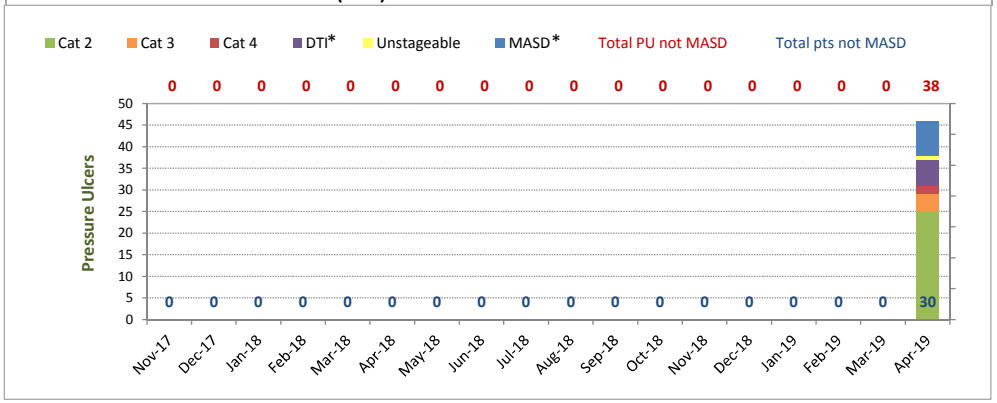
Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

NHS Salisbury NHS Foundation Trust

Trust Quality Indicators - April 2019

Quality Measures

Pressure Ulcers - Present on admission (POA)



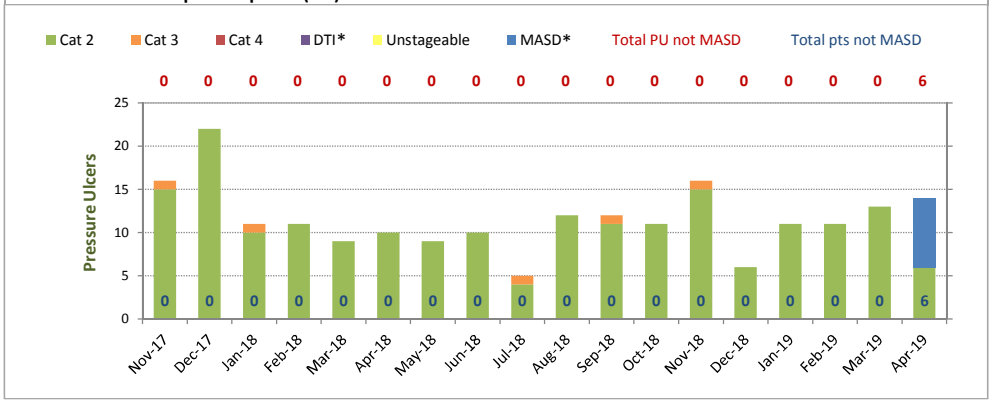
From the chart above, the following with (d) are device related

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Cat 2 (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cat 3 (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cat 4 (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DTI (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unstageable (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

* DTI - Deep Tissue Injury

* MASD - Moisture Associated

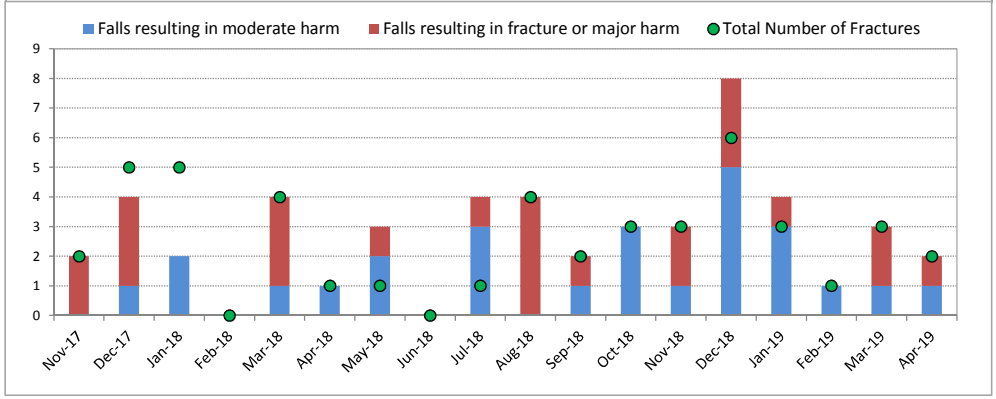
Pressure Ulcers - Hospital acquired (HA)



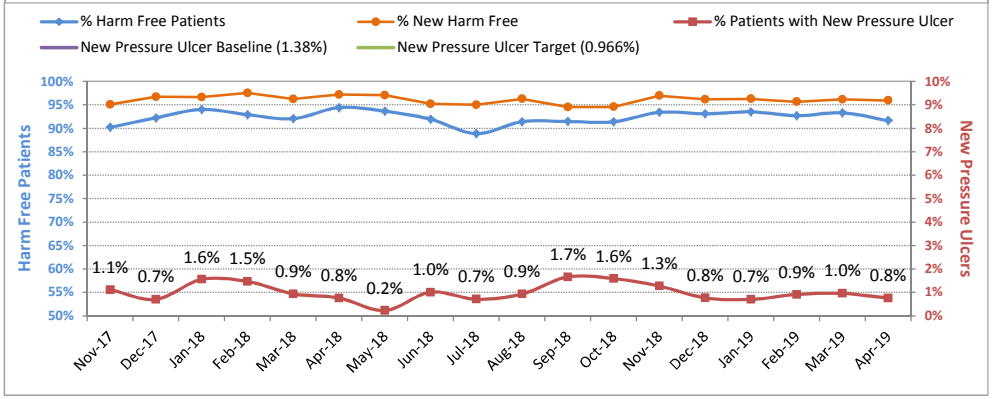
From the chart above, the following with (d) are device related

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Cat 2 (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Cat 3 (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cat 4 (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DTI (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unstageable (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Patient Falls in Hospital



Safety Thermometer - One Day Snapshot per Month

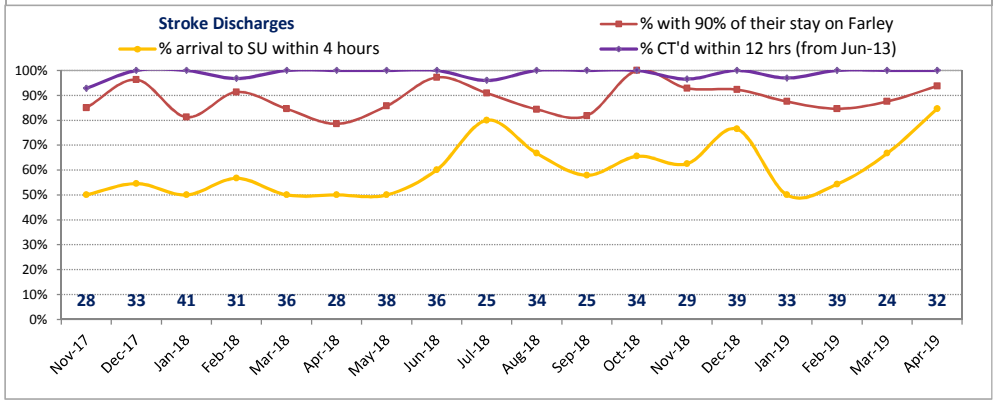


NHS Salisbury NHS Foundation Trust

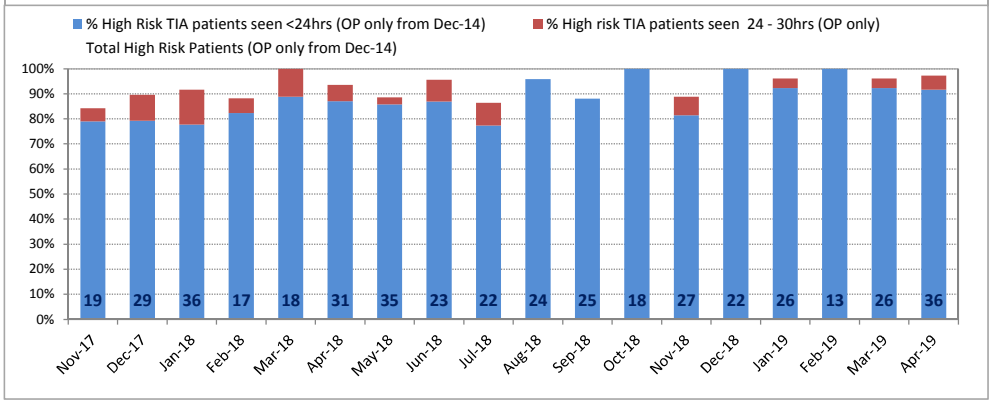
Trust Quality Indicators - April 2019

Quality Measures

Stroke Care



TIA Referrals



SSNAP Case Ascertainment Audit

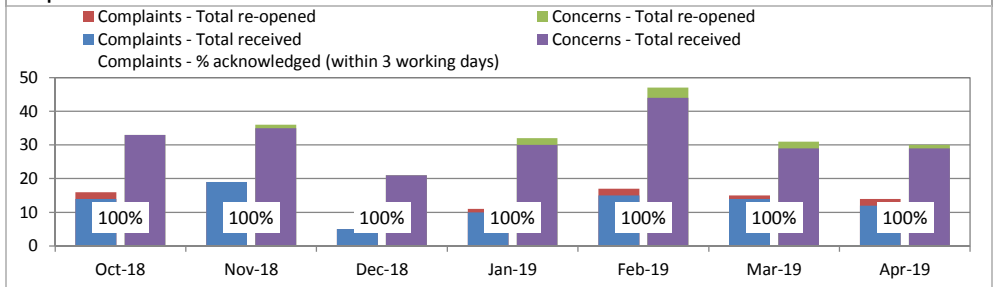
Highest level = Grade A

Lowest level = Grade E

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

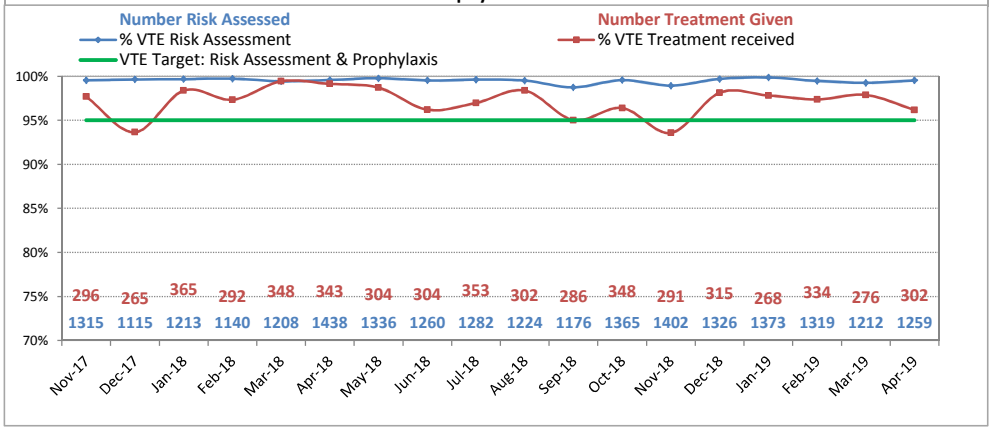
Quarterly	Q1	Q2	Q3	Q4
2018-19	B	C	B	
2019-20				

Complaints and Concerns



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Complaints - Total received	14	19	5	10	15	14	12
Complaints - Total re-opened	0	2	0	1	2	1	2
Concerns - Total received	35	33	21	30	44	29	29
Concerns - Total re-opened	1	0	0	2	3	2	1

Venous Thrombous Embolism: Risk Assessment & Prophylaxis

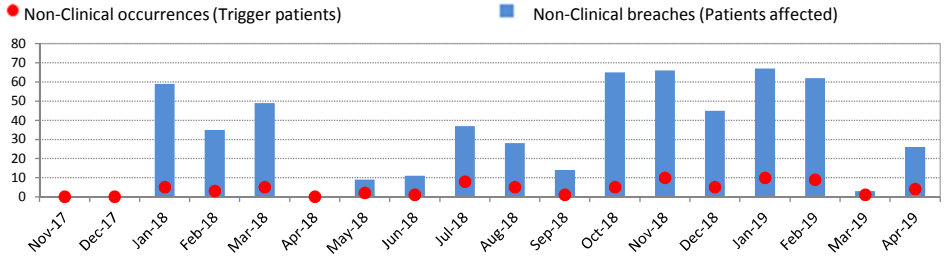


NHS
Salisbury
NHS Foundation Trust

Trust Quality Indicators - April 2019

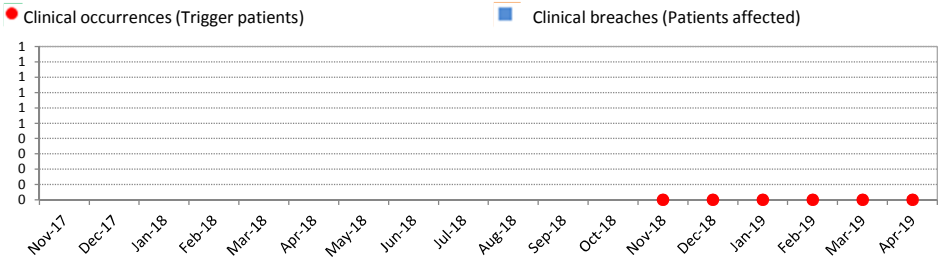
Quality Measures

Delivering Same Sex Accommodation - Non-clinical



	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
■	0	0	59	35	49	0	9	11	37	28	14	65	66	45	67	62	3	26
●	0	0	5	3	5	0	2	1	8	5	1	5	10	5	10	9	1	4

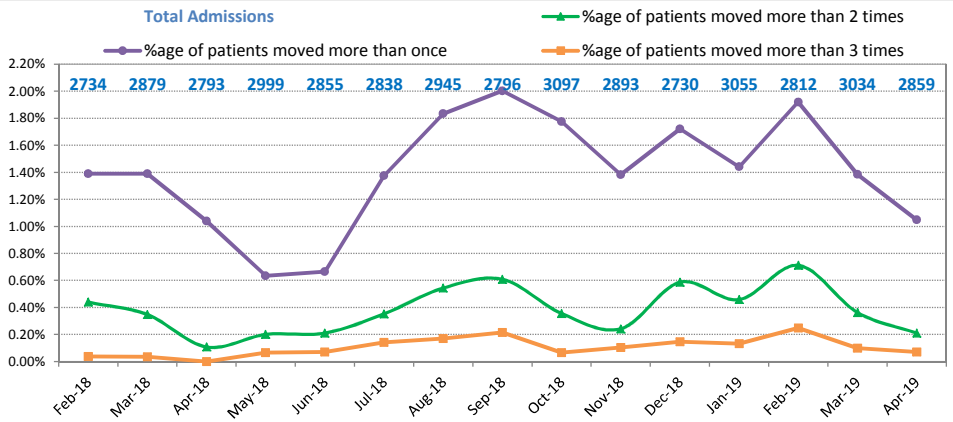
Delivering Same Sex Accommodation - Clinical



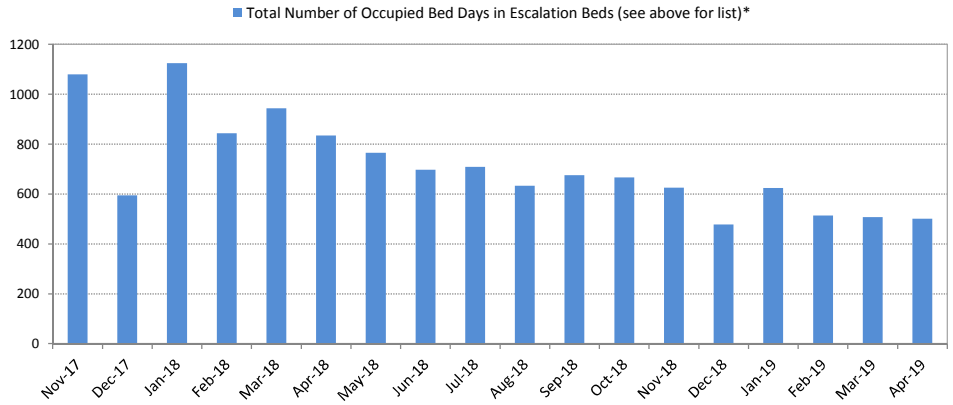
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
■													0	0	0	0	0	0
●													0	0	0	0	0	0

Please note Clinical DSSA figures have been collected since June 2018

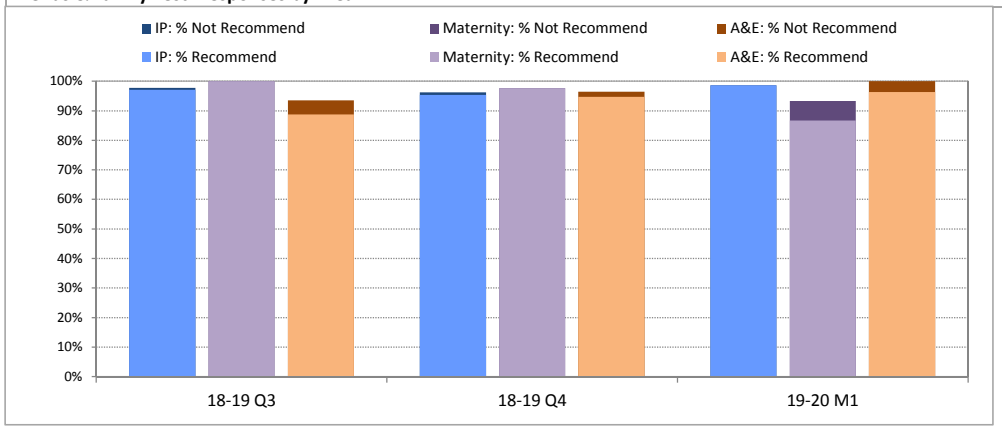
Patients moving multiple times during their Inpatient Stay

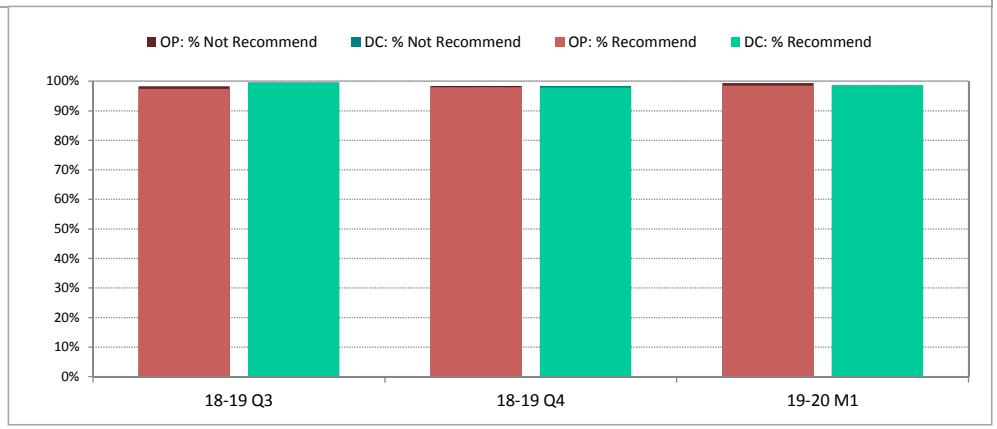


Escalation Bed Days

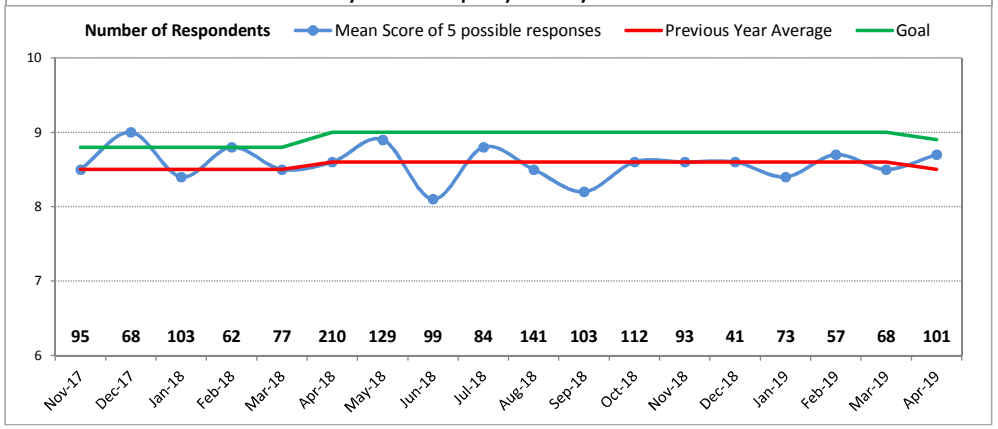


Friends & Family Test: Responses by Area

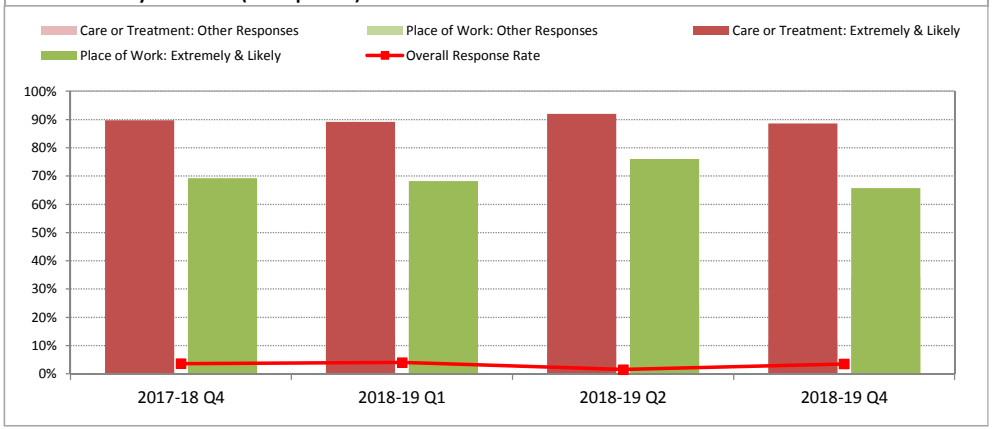




Real Time Feedback: Overall how would you rate the quality of care you received?



Friends & Family Test: Staff (% Responses)



The new score measures the % Recommended (Likely + Extremely Likely) and the % Not Recommended (Unlikely + Extremely Unlikely) to show the percentage of responses that would or wouldn't recommend the Trust.
Don't Know and Neither Likely or Unlikely responses are excluded from this measure.
From October 2014 the Net Promoter Score (NSP) will no longer be used as a headline score. NHS England have confirmed that FFT statistical publications will move to using the percentage of respondents that would recommend / wouldn't recommend the service provided, in place of the NSP. This percentage is calculated by dividing the Extremely Likely + Likely responses by the Total Responses, and the same for Extremely Unlikely + Unlikely. These two measures will not always total 100%.

The information contained in this document remains the property of Salisbury NHS Foundation Trust, and must not be used, copied, shared, or distributed without prior authorisation of the Trust. Any information approved for lease must be appropriately protected in line with the NHS Information Security Standards and not shared via unsecure means.

NHS
Salisbury
NHS Foundation Trust

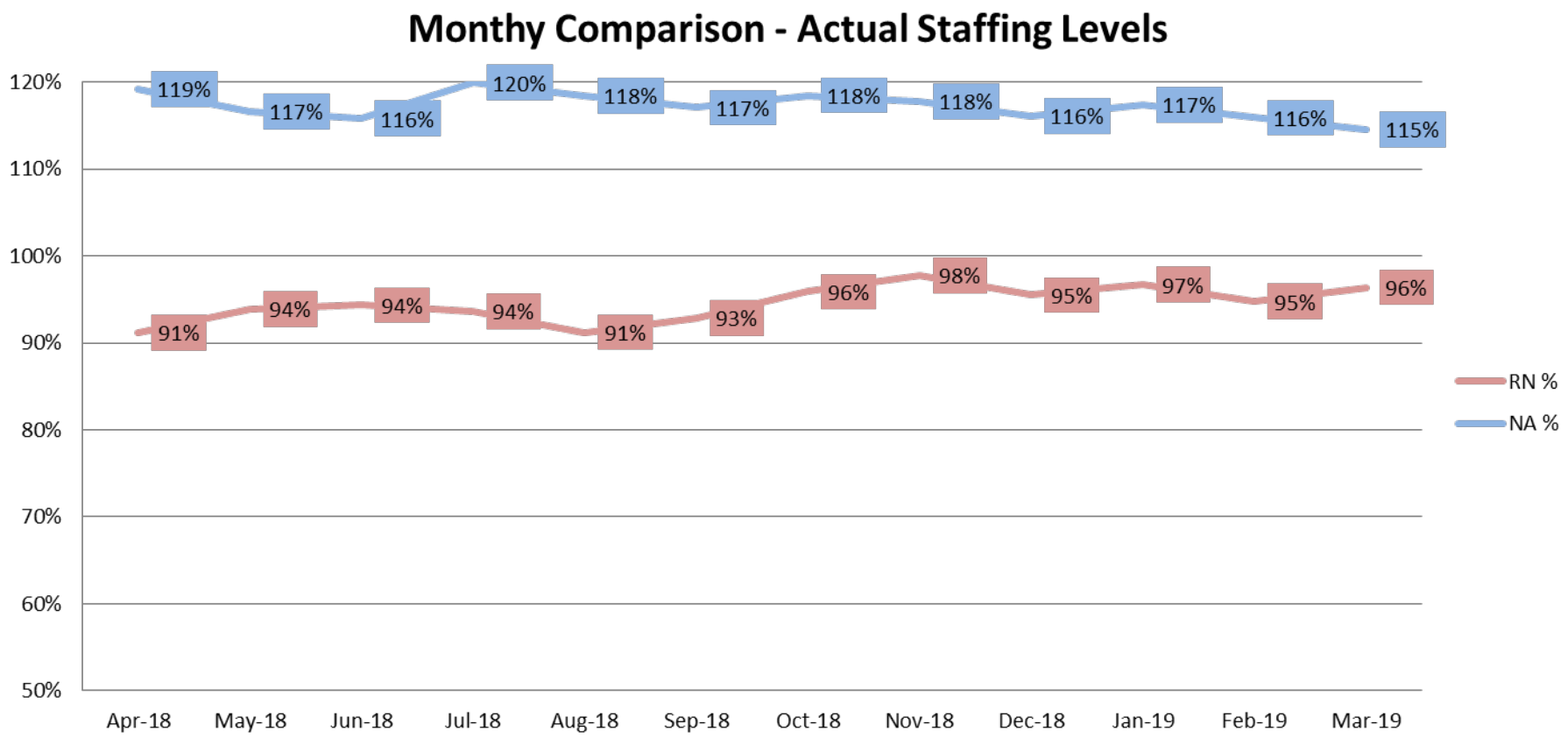
Safe Staffing NQB Report

March 2019

An outstanding experience for every patient

Monthly Comparisons – Actual Staffing Levels

	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
Month	**Planned hours**	**Actual Hours**	**%**	**Planned Hours**	**Actual Hours**	**%**	**Planned Hours**	**Actual Hours**	**%**	**RN**	**NA**
March-19	61811	59578	96%	33380	38240	115%	95191	97818	103%	61%	39%



Overview of Nurse Staffing Hours – March 2019

Day	RN	NA
Total Planned Hours	37366	20911
Total Actual Hours	35357	24100
Fill Rate (%)	95%	115%

Night	RN	NA
Total Planned Hours	24445	12469
Total Actual Hours	24220	14141
Fill Rate (%)	99%	113%

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

Nursing Hours by Day Shifts

Row Labels	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned	Day NA Actual	Day NA Fill Rate
Medicine	**15556**	**14871**	**96%**	**10749**	**12502**	**114%**
AMU	2013	2241	111%	1450	1368	94%
Durrington	1210	1069	88%	905	1117	123%
Farley	2108	1850	88%	1526	1730	113%
Hospice	920	943	103%	923	958	104%
Pembroke	865	862	100%	365	357	98%
Pitton	1806	1722	95%	1069	1326	124%
Redlynch	1599	1586	99%	1105	1213	110%
Tisbury	2138	1987	93%	709	709	100%
Whiteparish	1339	1110	83%	1056	1486	141%
Spire	1560	1503	96%	1644	2239	136%
Surgery	**7448**	**7598**	**101%**	**3142**	**3701**	**126%**
Britford	2028	2126	105%	1110	1416	128%
Downton	1319	1316	100%	951	952	100%
Radnor	2875	2968	103%	354	628	178%
Breamore Short Stay	1226	1189	97%	728	706	97%
MSK	**8154**	**7235**	**89%**	**6681**	**7570**	**119%**
Amesbury	1786	1635	92%	1412	1549	110%
Avon	1655	1418	86%	1904	1892	99%
Chilmark	1714	1533	89%	1149	1358	118%
Odstock	1603	1370	85%	727	1156	159%
Tamar	1398	1280	92%	1489	1616	108%
CSFS	**6208**	**5653**	**92%**	**340**	**327**	**99%**
Maternity	2989	2594	87%	0	0	100%
NICU	1128	1076	95%	0	0	100%
Sarum	2092	1983	95%	340	327	96%
Grand Total	**37366**	**35357**	95%	**20911**	**24100**	115%

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

Nursing Hours by Night Shifts

Row Labels	Night RN Planned	Night RN Actual	Night RN Fill Rate	Night NA Planned	Night NA Actual	Night NA Fill Rate
Medicine	**9975**	**10099**	**100%**	**5999**	**7709**	**125%**
AMU	1543	1764	114%	713	684	96%
Durrington	713	702	98%	713	909	127%
Farley	1070	1012	95%	713	1081	152%
Hospice	589	593	101%	295	363	123%
Pembroke	713	714	100%	357	357	100%
Pitton	1070	1068	100%	713	966	135%
Redlynch	1070	1068	100%	713	969	136%
Tisbury	1426	1417	99%	357	357	100%
Whiteparish	713	690	97%	713	759	106%
Spire	1070	1072	100%	713	1266	178%
Surgery	**5026**	**5035**	**101%**	**2496**	**2569**	**101%**
Britford	1070	1070	100%	713	806	113%
Downton	713	759	106%	713	757	106%
Radnor	2530	2493	99%	357	321	90%
Breamore Short Stay	713	713	100%	713	686	96%
MSK	**4331**	**4327**	**100%**	**3975**	**3863**	**97%**
Amesbury	1070	1173	110%	1069	1017	95%
Avon	962	952	99%	962	962	100%
Chilmark	589	615	104%	589	572	97%
Odstock	1070	949	89%	713	690	97%
Tamar	641	640	100%	643	623	97%
CSFS	**5114**	**4759**	**95%**	**0**	**0**	**100%**
Maternity	2841	2557	90%	0	0	100%
NICU	1066	1054	99%	0	0	100%
Sarum	1208	1149	95%	0	0	100%
Grand Total	**24445**	**24220**	**99%**	**12469**	**14141**	**113%**

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

Overview of Areas Flagging Red

(Internal Rating Below 80%)

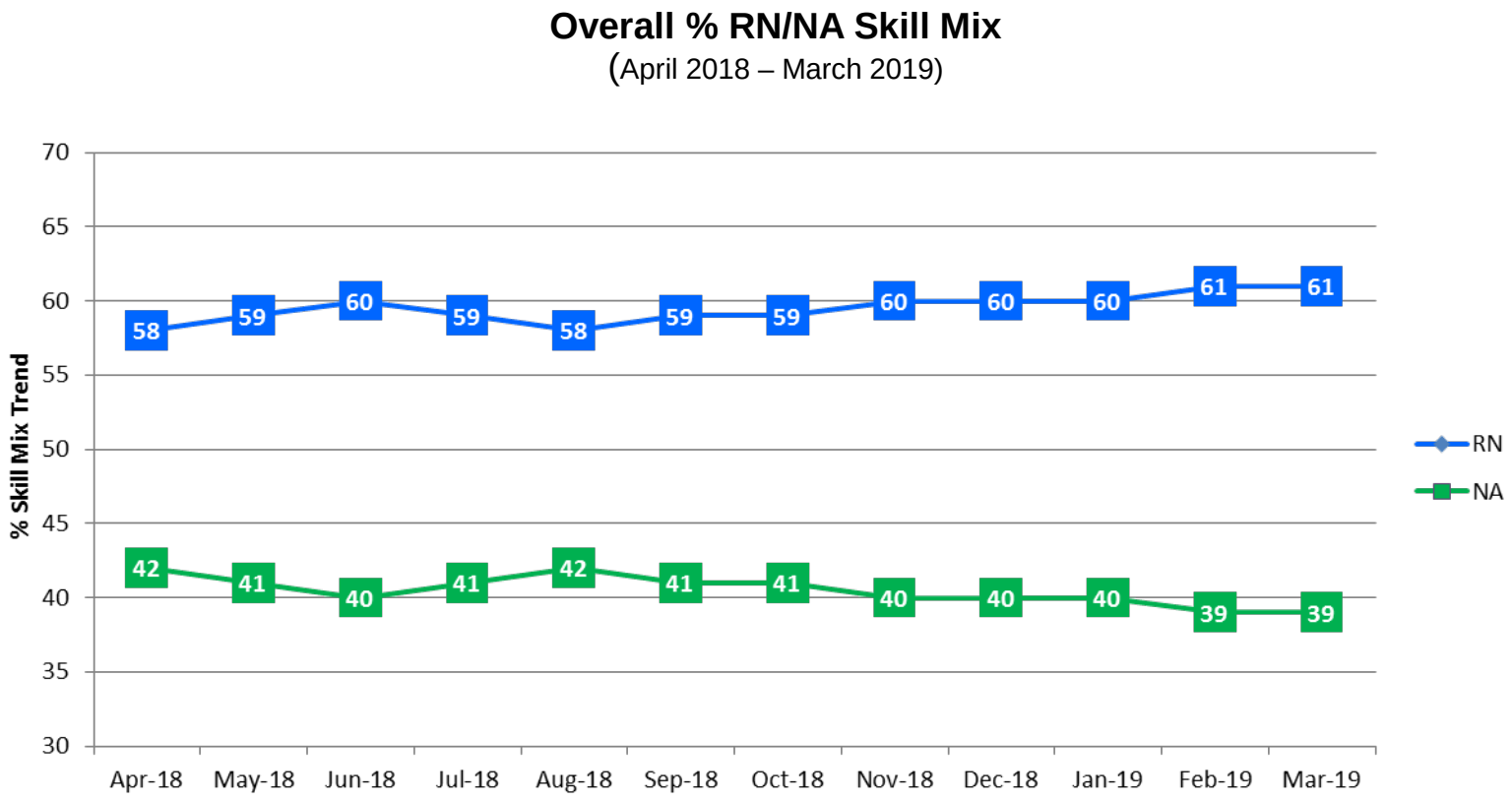
- There are no wards flagging Red for this reporting month

- 5 wards are flagging for Amber for day shifts during March (plus Maternity). A reduction by 2 wards compared to February 2019

  - All are for RN /RM day shifts with the exception of Odstock who demonstrate an 89% fill rate for RN nights. (This is 1 % under the acceptable internal rating of 90% for green)
  - NA overstaffing supports the 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.

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

Trends and Themes



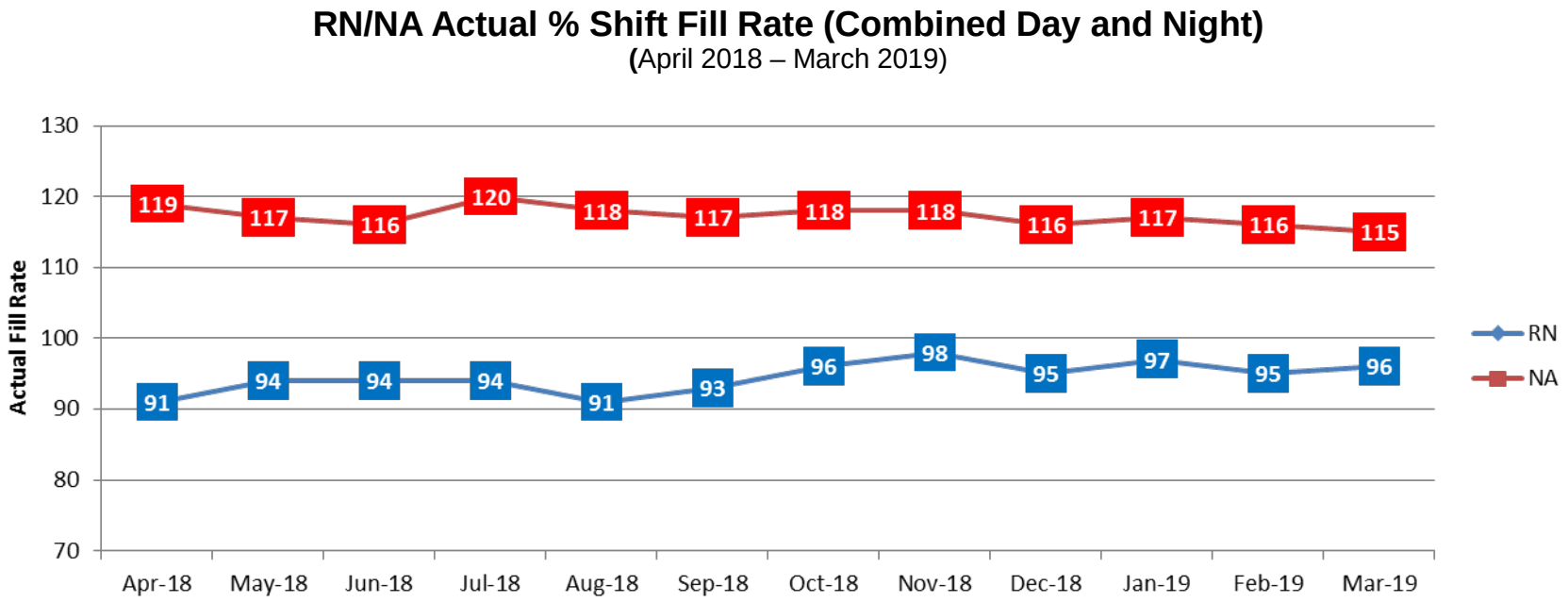
The skill mix trend for both RN & NA sustains the rise in RN level for the second time in this reporting year at the peak level of 61%.

The corresponding reduction of 1% within the NA skill mix is also continuous.

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



- The overall RN fill rate demonstrates a 1% uplift for this reporting month at 96% with a corresponding the NA fill rate trend drop by 1% to 115%. Both RN & NA trends have minimal variation demonstrating more stability over the previous 6 months.

- NA day shift fill rates at 115 % still show a higher shift fill rate where RN cover maybe reduced and/or permitted over recruitment has taken place. Band 4 staff continue to be used where patients need enhanced care or to cover RN unfilled shifts.

- RN night shifts sustain a 99% fill rate with flexible rostering being used to ensure the focus is on the priority of RN cover at night at a time when temporary staff may be less familiar with patient needs and cover is more challenging and expensive.

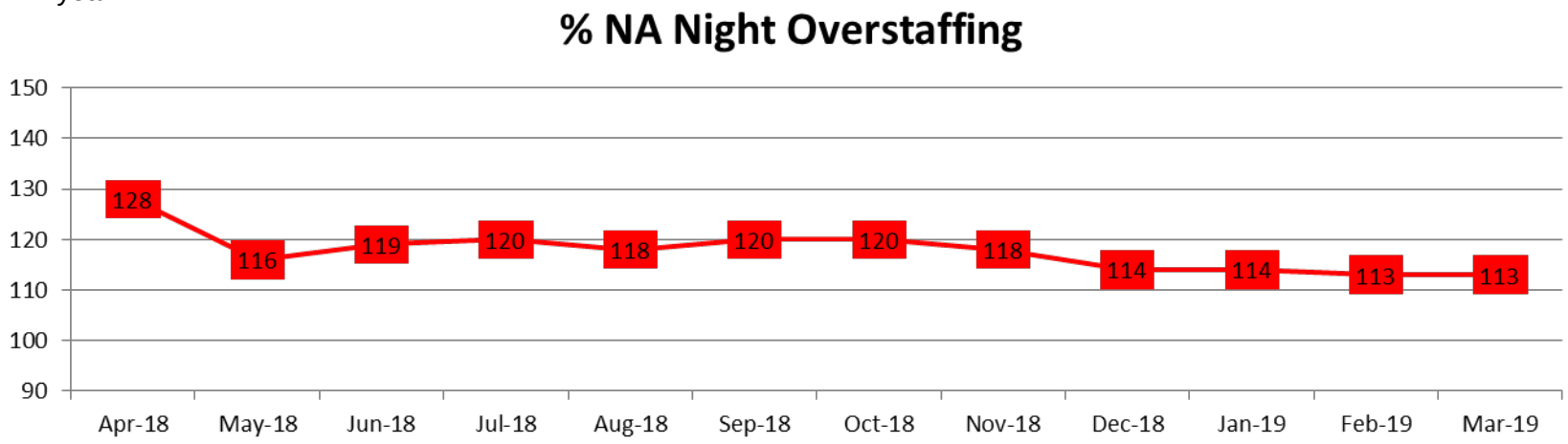
Unfilled shifts:- often there is utilisation of alternative grade cover. Some shifts may remain unfilled but are managed within the existing skills sets. All are based on assessing staffing skills & numbers against patient acuity and demand to ensure they are both
manageable and the provision of safe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

Over-staffing

- All Additional shifts were for NA night shifts with some for overstaffing on NA days shifts.

- Some NA uplift continues for day shifts due to various permitted NA over-recruitment accounting for increased numbers.
- Odstock ward has increased NA numbers to reflect the increase in acuity with 4 spinal concurrent plastic reconstruction patients and a 40% burn with all dressings taking in excess of 90 minutes to complete above regular nursing needs.
- Radnor have 2 full time overseas OSCE nurses who are recorded as NA staff alongside a new Band 2.

- The overall trend for NA overstaffing on nights shifts is constant and has been sustained with minimal change over the last 4 reporting months and clearly demonstrates up to a 15% sustained reduction since the beginning of the reporting year



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.

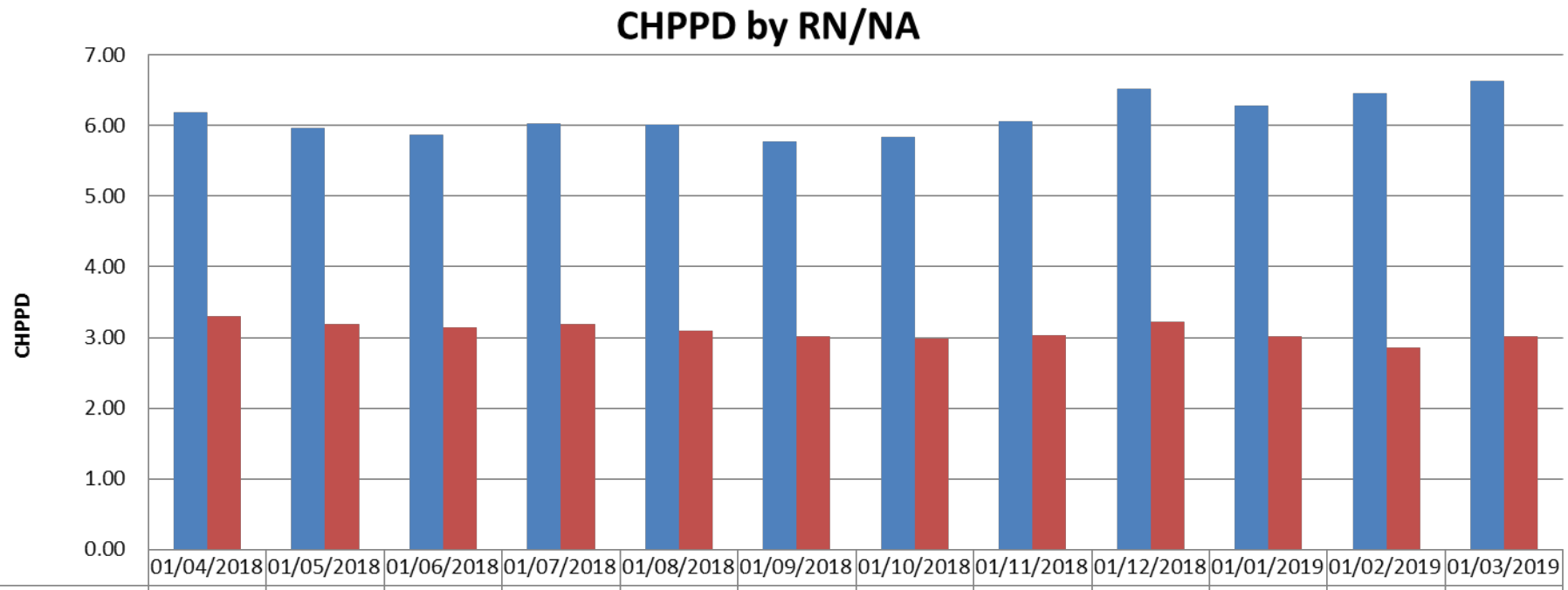
- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via SafeCare using Shelford methodology at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site 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 :- **April 2018 – March2019**



	01/04/2018	01/05/2018	01/06/2018	01/07/2018	01/08/2018	01/09/2018	01/10/2018	01/11/2018	01/12/2018	01/01/2019	01/02/2019	01/03/2019
RN CHPPD (avg)	6.18	5.97	5.86	6.03	6.01	5.78	5.83	6.06	6.52	6.28	6.46	6.64
NA CHPPD (avg)	3.30	3.19	3.15	3.18	3.09	3.02	2.99	3.04	3.22	3.01	2.85	3.01

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

CHPPD
March 2019

Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
Medicine	**4.3**	**3.2**	**7.5**
AMU	7.6	3.9	11.5
Durrington	2.7	3.1	5.8
Farley	3.3	3.3	6.6
Hospice	6.3	5.5	11.8
Pembroke	5.4	2.5	7.9
Pitton	3.5	2.8	6.3
Redlynch	3.3	2.7	5.9
Spire	2.8	3.8	6.6
Tisbury	5.0	1.6	6.6
Whiteparish	2.6	3.3	5.9
Surgery	**10.7**	**3.7**	**14.4**
Britford	6.2	4.3	10.5
Breamore Short Stay	3.8	2.8	6.6
Downton	3.4	2.8	6.2
Radnor	29.4	5.1	34.5
MSK	**3.6**	**3.5**	**7.1**
Amesbury	3.1	2.8	5.9
Avon	3.8	4.5	8.3
Chilmark	3.5	3.2	6.7
Odstock	4.7	3.7	8.4
Tamar	2.9	3.4	6.3
CSFS	**14.2**	**0.4**	**14.7**
Maternity	16.1	0.0	16.1
NICU	14.5	0.0	14.5
Sarum	12.1	1.3	13.4
Grand Total	**6.6**	**3.0**	**9.65**

N.B.

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

CLASSIFICATION
Unrestricted Staff

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.2d
Date of Meeting:	23 May 2019		

Report Title:	Workforce Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Mark Geraghty, Head of Workforce Information & Planning Glennis Toms, Deputy Director of OD and People			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):	Executive Summary of Key Workforce Performance Month 12 Workforce KPIs Month 12 2018/19 Workforce KPI Heat Maps Month 12 2018/19			

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

Executive Summary:

The Executive Summary of Key Workforce Performance and the Month 12 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.

The pay bill is overspent by £1.96m year to date. This overspend is due to a combination of winter incentive payments to bank workers, increased recruitment and retention leading to an additional 147 FTE staff in post compared to April 2018, and a year end accrual of £270k to account for payment of increments to Agenda for Change staff.

Agency spend has increased in month by £33k to £538k, with reductions in Registered Nursing (£17k), NHS Infrastructure Support (£5k) and Consultant Medical Staff (£5k). There was a £32k increase in Allied Health Professionals agency spend, the majority of which was in hard to recruit to areas such as Radiology, Pharmacy, and Pathology.

The Trust's sickness rate is Amber, over the 3% target in this month at 3.38%, and the year to date rolling absence figure is at 3.45%. Compared to last month's figure of 3.73%, short term sickness has decreased, and long term sickness has increased.

There were 42 starters in March, and an increase in leaver numbers at 29. FTE turnover decreased slightly to 9.04%.

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

1. Purpose

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

2. Background

Month 12 data shows a £1.96m overspend on the pay bill year to date. Underspend on substantive staff e.g. Nursing due to vacancy levels, is offset by an overspend on temporary staffing. The relative ratios of Bank/Agency staffing moved in a positive way during Q4, with Bank going up and Agency reducing.

Agency spend has decreased by £33k to £538k, sickness absence has reduced to 3.38% and the vacancy rate has decreased from 6.68% in month 11 to 5.93% in month 12, due to increased numbers of Nurses, Allied Health Professionals and NHS Infrastructure Support staff recruited in month.

Mandatory training compliance remains green at 92.09%. Appraisal compliance for non-medical staff is green at 86.00%, an improvement on last month's compliance total of 84.90%.

Appraisal compliance for medical staff is above the 90% target at 92.62%, an improvement on last month's compliance rate of 91.46%.

3. Resourcing:

3.1. Recruitment & Retention Strategy

The Strategy is nearing completion of first draft and is expected to be ready for wider circulation, consultation and agreement during May.

3.2. 95/5 fill across all staff groups

Nursing remains a challenging area to recruit; using the Month 12 baseline, the Trust needs to recruit 31 wte ward nurses to achieve a fill rate of 90% of establishment. Over the last year the Trust has recruited an average of 10.0 ward nurses per month, with 6.0 WTE leaving. This figure includes those who reduced to zero hours contracts.

If ward nurse recruitment remains at 10.0 wte per month (on average), it would take 8 months to reach our revised target of 90% establishment fill.

The recruitment pipeline for all groups of staff, from March to May 2019, shows decreasing vacancies, from the current 164 to 140, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 132 to 113, including nurses due to commence in March.

We are specifically targeting "hard to fill" vacancies in order to reduce Agency spend and meet strategic workforce CIP targets. These will be principally in Histopathology, Paediatrics, Pharmacy, and Radiology, although all Directorates and areas will be considering these opportunities.

Nursing Summary

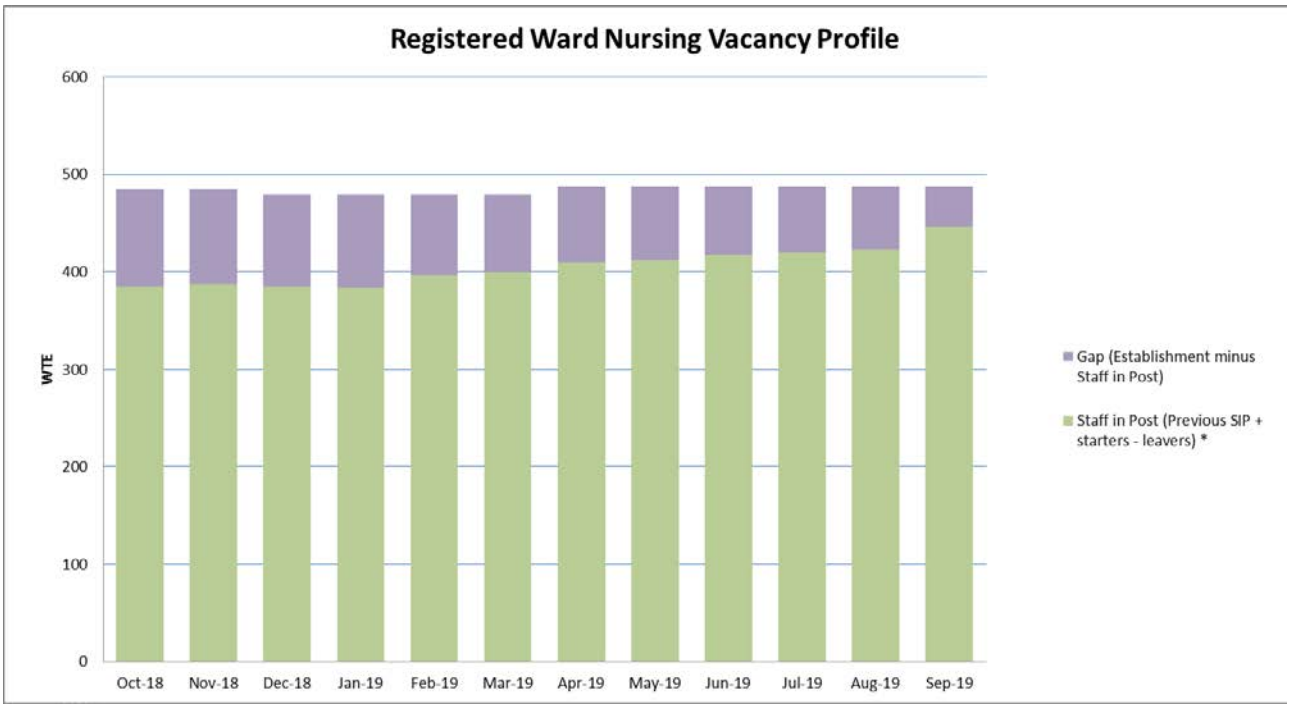
An increase in establishment by 8.59 FTE in April 2019 is planned due to the introduction of additional posts in ED, AMU, Pitton and Amesbury.

The table below excludes the temporary 12.39 FTE increase in RN budget establishment for Laverstock Ward, which is open for February and March 2019 only.

	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction	Prediction	Prediction
Ward Registered Nursing FTE	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**
Total Ward Nursing Leavers, Transfers, Hours Reductions	7.61	6.12	9.49	7.75	2.83	2.43	6.04	6.04	6.04	6.04	6.04	6.04
International Recruits Due to Arrive	**0.00**	**0.00**	**0.00**	**0.00**	**9.00**	**5.00**	**8.00**	**6.00**	**6.00**	**6.00**	**6.00**	**6.00**
International Nurses Arrived and Pending OSCE	**22.20**	**28.49**	**19.41**	**13.00**	**6.00**	**18.00**	**18.00**	**6.00**	**6.00**	**6.00**	**6.00**	**6.00**
International Nurses Passed OSCE (in Month)	**0.00**	**0.00**	**0.00**	**0.00**	**12.00**	**1.00**	**12.00**	**5.00**	**8.00**	**6.00**	**6.00**	**6.00**
Newly Qualified	**12.80**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**20.00**
Other Recruitment (from induction lists from April)	**3.08**	**8.43**	**7.48**	**6.65**	**3.46**	**4.83**	**4.00**	**3.00**	**3.00**	**3.00**	**3.00**	**3.00**
Budgeted Establishment *	484.83	484.83	479.27	479.27	479.27	479.27	487.86	487.86	487.86	487.86	487.86	487.86
Staff in Post (Previous SIP + starters - leavers) *	384.87	387.18	385.17	384.07	396.70	400.10	410.06	412.02	416.99	419.95	422.91	445.87
Gap (Establishment minus Staff in Post)	99.96	97.65	94.10	95.20	82.57	79.17	77.80	75.84	70.88	67.91	64.95	41.99

It is pleasing to note that, for the first time in a considerable period, the gap between establishment and staff in post for this group of staff is less than 80wte. Leavers, transfers and hours reductions have significantly reduced over the last two months which will have had an impact on this along with a large influx of overseas nurses.

The vacancy profile is shown in the following table:



Voluntary Services

- In a new physiotherapy project – Eat Drink Move - volunteers will be asked to encourage patients to complete their exercises which are bed, chair or standing, but can be completed without assistance, and to also encourage patients to drink and eat their meals. Volunteers particularly those looking for a career in physiotherapy are being sought.
- Putting in place TRAC to carry out recruitment process for all new volunteers. Will be starting this with the 42 from the Helpforce/Daily Mail.
- Interview sessions for Work Experience Students to take place during month of May 2019.
- Helpforce Conference call April 2019.

3.3. TRAC Implementation

We are making available the ability to report on Service Level Agreement compliance to the recruitment team via TRAC so that monitoring is visible to the team via dashboard.

We continue to work on the accuracy of reporting via TRAC and are seeking clarification on the system capability to provide specific data/counting from the suppliers. In the meantime, the following table provides the best available information on current activity:

Month	Total number of WTE vacancies advertised in Month	Total number of offers processed in Month in WTE	Average days from vacancy authorised to start date (Overall Recruit to hire)	
Target			60	
Aug-18	73.82	35.94		
Sep-18	87.79	62		
Oct-18	116.4	70.52		
Nov-18	132.09	80.3		
Dec-18	35	12.69		
Jan-19	32.4	46.68		
Feb-19	38.57	37.59		
Mar-19	82.57	20.53	74.80	low volume of offers being processed due to recruiting managers being on annual leave and not completing the process once interviewed

3.4. Retention Programmes

Staff turnover is below our 10% target, and decreased slightly at 9.04% compared to last month's 9.20%.

We continue to work at improving the rate of return of both exit questionnaires and 100-days surveys, to inform where improvements can be made. Currently, there are insufficient numbers of returns to create meaningful statistics or actions, other than response to an individual.

3.5. Centralisation of Bank

Month 12 agency spend has increased to £538k which is a £275k overspend against our £263k NHSI agency control total for March.

Of this overspend, £98k relates to Nursing agency spend and £86k to Medical agency spend. Compared to YTD for the same period last year (£8,050,478) the expenditure this year YTD is £910k less, at £7,139,544.

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

Excluding STL and OML	In-Month Expenditure			Year to Date Budget & Expenditure		
AGENCY STAFF SPEND BY STAFF GROUP	Month 11 2018/19	Month 12 2018/19	Change (+ / -)	Budget	Actual	Variance
Registered Nurses - Agency	£231,083	£213,976	-£17,107	£1,437,399	£3,577,697	£2,140,298
Allied Health Professionals - Agency	£89,304	£121,453	£32,149	£584,352	£1,150,940	£566,588
Health Care Scientists - Agency	£5,309	£7,266	£1,957	£26,405	£101,380	£74,975
Support to nursing staff - Agency	£2,167	£13,854	£11,687	£9,996	£375,870	£365,874
Consultants - Agency	£93,138	£87,977	-£5,162	£801,004	£861,647	£60,643
Career/Staff Grades - Agency	£0	£0	£0	£129,517	£15,355	-£114,162
Trainee Grades - Agency	£62,178	£76,750	£14,572	£187,975	£700,191	£512,216
NHS Infrastructure Support - Agency	£21,638	£16,481	-£5,157	£89,375	£356,465	£267,090
Total	**£504,816**	**£537,756**	**£32,939**	**£3,266,023**	**£7,139,544**	**£3,873,521**

4. Education, Inclusion, Communications & Engagement:

4.1. Staff Engagement

Let's Get Engaged Meeting was held on 24th April. The session built upon the outcomes of the staff survey with a focus on health and wellbeing and supporting carers. The meeting was attended by both Jean Scrase (Associate Director of Education, Inclusion, Comms & Engagement) and Alison Evans (Head of Occupational Health).

The staff benefits booklet is now almost ready and was well received by the group.

The Spring Fever Stone Hunt has now been launched and it was encouraging that the group took ownership of this and showed for the first time how they might take the reins and lead this group.

4.2. Learning & Development Infrastructure and Strategy

Mandatory training

Compliance levels have increased this month to 92.09%, this compares to last month's position of 92.03%. Compliance for the same period last year stood at 85.39%.

Appraisals

Compliance for non-medical staff has increased this month to 86.00%, this compares to last month's position of 84.90%. Non-medical appraisal compliance for the same period last year stood at 84.70%.

Medical staff appraisals are green at 92.62, compared with last month's compliance rate of 91.46%, against the target of 90%.

Team updates

Simulation Training

The simulation team is now at full stretch with the challenge of meeting current internal demand. Achievements this month have included the arrival of the Lifecast kit; launching another 'point of care' simulation training area and hosting a Volunteers event to gain interest to support Trust wide simulation based education.

Coaching

We are now able to offer 'Coach to Lead' one day workshops monthly for 15 delegates. This was previously run as a two day course four times a year offering 12 places for each workshop. We have increased the number of facilitators from one to three following recent train the trainers training. The evaluation continues to be very popular and feedback suggests the workshop is particularly useful for leaders and managers in new roles.

'Person Centred Coaching' continues to run four times a year and remains popular, well evaluated and beneficial for patients and staff.

A new initiative will be launched in May 2019 to offer a 'coaching catch-up' monthly for all staff who attended either 'Coach to Lead' or 'Person Centred Coaching'. This will ensure we continue to support staff to embed their new skills in practice.

4.3. Leadership Development

Clinical Leadership Development Programme

The second round of clinical leadership workshops is underway. Feedback continues to be very positive. The iterative process of evaluation and improvement continues leading to significant change and continuous improvement of the programme. Interest is growing from other staff groups who would like access to the programme. Building the capacity to support a wider network of staff is dependent upon the success of the leadership and development business case which has been submitted to the Trust Investment Group.

The Associate Director of EICE now sits on the Quality Improvement Steering group, which will help to cement the link between the QI Strategy and Leadership and Organisational Development plan.

Senior Leadership Forum

The second senior leadership forum took place in March. The theme for the forum centered around 'Productive Conversations'. The session was led by Colette Martindale and Kate Nash. After some initial input delegates were encouraged to practice a coaching conversation, experiencing coaching from a coach, coachee and observer perspective. Delegates found the session useful in terms of adding another tool to their leadership 'toolbox'. Many commented that they would like to explore the approach in more detail. One or two also highlighted that this wasn't a leadership style for them, they preferred a more didactic approach.

4.4. Apprenticeship set up & implementation

Apprenticeship Levy financial update- from Digital Apprenticeship Service Account*

Paid in	£52,462.53
Paid out	-£10,196.67
TOTAL LEFT IN POT	£1,017,848
Funds due to expire: AUGUST 2019	£21,572.00

*"Funds due to expire" is based on current activity only and does not take into account March enrolments or any future plans. The Senior Leader Apprenticeship has been delayed due to problems with the Training Provider. We are now aiming for a May start which will affect our April target of 50% spend.

Lots of events took place during National Apprenticeship Week to raise awareness of Apprenticeships. There have been over 30 new Apprentices enrol on programmes including Associate Project Management, Senior Healthcare Support Worker, Healthcare Support Worker, Nursing Associate and Business Admin.

4.5. Communications

Internal Communications highlights:

- The Cascade brief in March was attended by 84 staff. For the first time feedback was collected from people who attended the Cascade briefing, which has been used to improve internal communications.
- The Communication team supported preparations for and implementation of migration to NHSmail, with internal communication activities, including newsletters for staff and 'countdown' visuals. From 12 March 2019, the 'all staff broadcasts' are now delivered through the Communications team rather than nearly 200 different people across the Trust.

External Relations highlights:

- Interviews between journalists from the *Salisbury Journal* and the Trust's patients and staff were arranged, for the newspaper's ongoing series 'Inside Your Hospital', which has provided the Trust with good publicity.
- Novichok Anniversary: the one year anniversary of the major incident took place on 4 March 2019. The Communications Team were fully prepared to deal with any resulting media interest and corrected the BBC's and Daily Mail's inaccurate reporting of Salisbury Hospital's 'closure' during the incident– clarifying that the hospital at no point closed during the major incident. Andy Hyett was interviewed by the *Salisbury Journal*, resulting in positive coverage.

4.6. Equality, Diversity & Inclusion

During March the second meeting took place of the BAME Staff Network. This resulted in a number of those attending becoming more involved to develop and

move the network forward. It was agreed to hold monthly meetings chaired initially by Sandy Woodbridge.

The Head of ED&I attended the NHS Leadership Academy Inclusion network for the South West in Taunton. This was an ideal opportunity to make new contacts across the region. He was also able to contribute to discussions around EDI training and the WRES action plans.

The Head of ED&I also attended an NHS England workshop on the introduction of the Workforce Disability Equality Standard. Details of the recording Matrix, the guidelines and timeline were circulated to the OD and People Senior Managers team for further discussion.

This is an exciting time for ED&I. Together with the NED Tanya Baker we are organising regular meetings of the EDI Committee. We are finalising the Gender Pay Gap report and collecting WDES and WRES data. In addition we are developing a comms programme for on-going EDI and FTSU face-to-face training.

Freedom to Speak Up

FTSUG attended the National Guardians Conference in London, which focused on 'Speaking Truth to Power' and 'Civility Saves Lives' and also met with the Central London FTSUG on a pilot supervision scheme that is looking at the Guardians role and how it can influence culture change throughout the NHS. FTSUG presented to Board and also to Workforce Committee.

5. Health & Wellbeing:

5.1. Staff Engagement

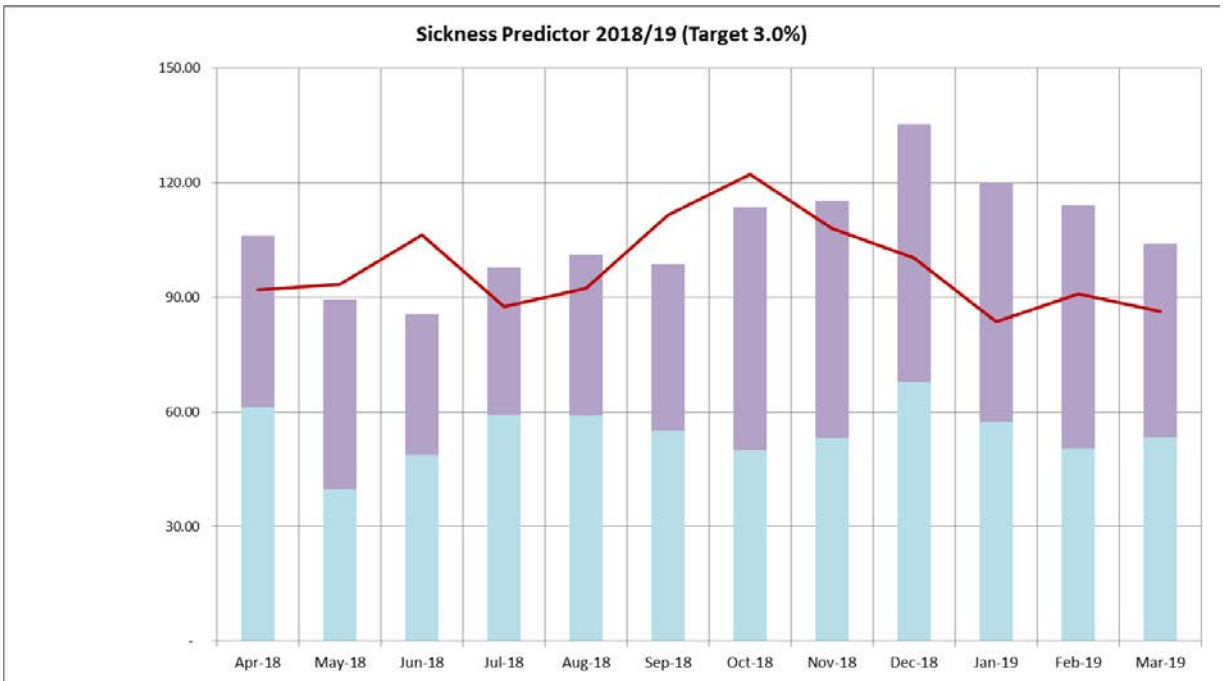
As reported in section 4.1.

5.2. Attendance Management

Our current sickness absence rate of 3.38% in month 12 is over our 3% target and a 0.35% improvement on last month. There has been a slight increase in long term sickness and a reduction in short term sickness.

Please note, sickness figures contain all returns input as at sickness cut-off date, and may be subject to change due to late receipt of information/corrections.

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



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Short Term Sick (WTE)	44.76	49.65	36.57	38.46	41.98	43.65	63.51	62.14	67.38	62.79	63.49	50.60
Long Term Sick (WTE)	61.28	39.77	48.80	59.19	58.99	54.98	50.05	53.05	67.79	57.32	50.51	53.37
Target Sick (WTE)	91.82	93.28	106.20	87.63	92.35	111.53	122.02	107.88	100.26	83.60	90.95	86.19

Occupational Health Advisors
March activity is as follows:

Management Referrals (New)	**Feb 19** 16 cancelled/DNA (4)	**Mar 19** 36 cancelled/DNA(8)	**Total** 52 (12)
Self Referrals	**Feb 19** 6 (1)	**Mar 19** 13 (1)	**Total** 19 (2)

The outcome of a Business case is awaited with respect to two items including an OH database. The current OH database is not being developed further by the software provider (COHORT) and the version we have V9.3 is due to become obsolete. The existing platform was never developed and has become unfit for purpose. This has resulted in it having to be placed on the Risk register while the Business case outcome is awaited. Award of the necessary funding to implement an OH database will reduce risk by allowing standardised documented practice which would satisfy SEQOSH requirement, legislative activity and GDPR requirement. It would reduce the need in the medium to longer term of requiring storage space of notes, save on manpower and improve on our ability to meet national targets. Currently the service is not able to provide satisfactory, meaningful or trustworthy data to support any of our activities, legislative activity or to inform practice and change. It has further caused us to be required to place our paper notes storage on the Risk register.

The second item in the Business case is a Reward/Recognition/Employee Assistance Programme platform. The case is to be discussed at TMC on 15th May.

Flu Campaign: The planning for the 2019/20 flu campaign is well under way. The quadrivalent influenza vaccine as well as an egg free vaccine has been procured for the 2019/20 campaign. The PGD has been written and ratified in readiness for the start of the active campaign which is scheduled for October 1st 2019 and the Peer vaccinator annual training package is being reviewed this week.

5.3. Stress & Mental Health issues

Within Occupational Health we have one Mental Health trained nurse and a Staff Counsellor whose roles are being reviewed in order to support a longer term strategy of addressing mental health within working age populations. There is a plan to implement a Rewards, Recognition and EAP platform to support the growing need to address mental health in the work place and this would "dovetail" our existing internal practices and support a roll out of strategies such as Mental Health first aid, promoting a more proactive service. The new Head of Occupational Health continues to scope the Occupational Health service and will provide reports on progress in due course. Initial figures are:-

Staff Counsellor (F/T) New Referrals (each referral has 5 further sessions)	Feb 19 13 (1 DNA)	Mar 19 22	Total 35 (1 DNA)
Mental Health Nurse Management Referrals (2 day contract) Self Referrals	Feb 19 (Canc/DNA) 5 (1) 0 (3)	Mar 19 (Canc/DNA/postpone) 5 (3) 2 (3)	Total 10 (4) 2 (6)

Stress/Anxiety/Depression remains our top reason for absence and we are anxious to proactively intervene in this area.

Mental Health Awareness Week takes place in the week of 13-19 May 2019. A stand in Springs will be manned by OH over lunchtime periods and various plans are being worked through for this event.

5.4. Ergonomic/MSK issues (Physiotherapists)

Physio referrals for February and March 2019 are:-

Management Referrals (New) (F/T 1.00)	Feb 19 3 (1)	Mar 19 2 (1)	Total 5 (2)
Self Referrals	Feb 196 1	Mar 19 2	Total 3

6. Business Partnering:

6.1. ESR Optimisation

The ESR Optimisation project Phase 1 has now formally been launched, with a Project Board meeting on 02 May, although the Business Case for all three phases is yet to be approved at TMC on 15 May.

The three Phases are timed to take place within the current and next two financial years.

6.2. Workforce Planning

The Radiology workforce paper is going through final costings for presentation on the agreed revised date of 20 May.

Pathology has begun a whole service review, discipline by discipline, in order to produce a workforce plan in 2019 aimed at mitigating the risk to service delivery and quality, on the Trust risk register, which was highlighted by UKAS and raised at a recent Exec safety walk-around.

The Band 1 migration of staff almost exclusively in Estates & Facilities was completed on 01 April, with only 14 staff out of approximately 170 declining to migrate.

6.3. Policies

All general policies are either in date or will be once approved at the May OMB. However, we are experiencing some difficulty in gaining JNG approval for five outstanding medical policies due to recent meetings not being quorate. The latest meeting, planned for 08 May, was cancelled for this reason.

6.4. Business Partner role

The Business Partners are currently heavily involved in creating plans with their Directorates to achieve the Workforce CIP target of £1m for 2019/20.

A competing although significant part of their role is in managing employee relations cases within the Trust, which fluctuate throughout the year. The following chart shows the numbers and types of cases opened and closed throughout the year.

We will be looking at the timings and outcomes with a view to creating a target for closure on these types of cases, which will be introduced during 2019/20.

Employee Relations Cases - Formal										
	Performance/ Capability		Disciplinary		Grievance		Bullying and Harassment		Total Cases Opened	Total Cases Closed
	Opened/closed cases within the month - Source of Data - ESR									
Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Total Cases Opened in Month	Total Cases Closed in Month
Apr-18	7	1	5	1	1	1			13	3
May-18	7			1					7	1
Jun-18	7	3	1	1					8	4
Jul-18	2	8			2	1			4	9
Aug-18	1	6		1					1	7
Sep-18	5	3							5	3
Oct-18	2	1					1		3	1
Nov-18	9				1				10	0
Dec-18	1	2			1				2	2
Jan-19	14	3	2			2			16	5
Feb-19	10	6		2					10	8
Mar-19		1							0	1
	65	34	8	6	5	4	1	-	79	44

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. 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 whilst 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 and/or planned.

Paul Hargreaves
Director of Organisational Development and People

Executive Summary of Key Workforce Performance

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	**In Month:** In month there were 29 leavers (headcount), and 42 starters (headcount), compared to 19 leavers and 44 starters in the month before. **Year to Date:** For the rolling year to date, the turnover rate was below target at 9.04%, this compares to last months position which was 9.20%. For the rolling year to M12 2017/18, the Trust's turnover rate was 10.62%. **Top 3 Hotspots:** The Directorate with the highest turnover rate for the rolling year was Facilities at 11.85%, followed by Musculo-Skeletal (10.92%) and Clinical Support & Family Services (9.58%).	GREEN		10.00%
Vacancies	**In Month:** Vacancies have decreased from 6.68% in month 11 to 5.93% in month 12. **Year to Date:** The average vacancy rate is 6.93%, this compares to last months average position which was 7.02%. The Trust's vacancy rate for the same period last year was 5.90%. **Top 3 Hotspots:** The Directorate with the highest vacancy rate for the month was Facilities at 12.83%, followed by Medicine 8.53%) and Musculo-Skeletal (8.24%).	AMBER		5.00%
Temporary Spend	**In Month:** There has been an increase in agency spend this month to £537,756, compared to last month's position which was £504,816. **Year to Date:** The financial year to date total agency spend is £7,139,544, compared to the spend for the same period in the previous year which was £8,050,478. **Top 3 Hotspots:** The Directorate with the highest agency spend for the month was Medicine with £298,764, followed by Musculo-Skeletal (£91,951) and Surgery (£71,833).	RED		£262,624
Sickness	**In Month:** There has been a decrease in the sickness rate this month at 3.38%, this compares to last months position of 3.73%. **Year to Date:** The year to date rolling sickness rate has remained the same at 3.45%. The sickness rate for same period last year was 3.61%. **Top 3 Hotspots:** The Directorate with the highest sickness rate for the month was Facilities with 6.23%, followed by Surgery (3.93%) and Medicine (3.12%). ***Please note: Sickness figures contain all returns input as at sickness cut-off date, and may be subject to change due to late receipt of information/corrections.***	AMBER		3.00%
Training	**In Month:** Mandatory training compliance levels have increased this month to 92.09%, this compares to last months position of 92.03%. Compliance for the same period last year stood at 85.39%. **Year to Date:** The year to date average compliance level is 88.83%, this compares to last months position of 88.54%. **Top 3 Hotspots:** The Directorate with the lowest compliance rate was Corporate with 88.11%, followed by Medicine (89.35%) and Musculo-Skeletal (92.19%).	GREEN		85.00%
Non-Medical Appraisals	**In Month:** Non-Medical Appraisal compliance has increased this month to 86.00%, this compares to last months position of 84.90%. Non-medical appraisal compliance for the same period last year stood at 84.70%. **Year to Date:** The year to date average compliance is 83.97%, this compares to last months position of 83.78%. **Top 3 Hotspots:** The Directorate with the lowest compliance rate was Medicine with 81.50%, followed by Corporate (82.48%) and Clinical Support & Family Services (84.90%).	GREEN		85.00%

Salisbury NHS Foundation Trust Workforce Dashboard

	Strs/Lvrs				Turnover (FTE)			Vacancies				Temporary Spend					Sickness						Training	Appraisal	
	Starters *(head count in month)*	Starters *(FTE in month)*	Leavers *(head count in month)*	Leavers *(FTE in month)*	Average Heads *(in year)*	Number of Leavers *(in year)*	Turnover *(rolling year)*	Budget Wte (Ledger)	Staff In Post Wte *(Ledger - month end)*	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency *(in month)*	spend on Bank	Total Temp Spend	Agency Budget	Long Term Sick WTE lost *(in month)*	%	Short Term Sick WTE lost *(in month)*	%	Total WTE lost to Sickness *(in month)*	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	*Data excludes: Docs in Training, Tupe Transfers, Bank Staff*																								
Month Trend																									
Target			29			245	10.00%			163.34	5.00%	£ 262,624	40.00%								89.55	3.00%	85.00%	90.00%	85.00%
Apr-18	49	40.13	22	18.25	2,880	296	10.28%	3,225.96	2,985.01	240.95	7.47%	£ 544,973	46.73%	£ 621,206	£ 1,166,179	Over	61.28	58%	44.76	42%	106.04	3.53%	85.59%	88.11%	84.10%
May-18	32	24.16	29	24.58	2,904	280	9.63%	3,233.45	2,984.76	248.69	7.69%	£ 609,792	52.48%	£ 552,149	£ 1,161,941	Over	39.77	44%	49.65	56%	89.42	3.01%	85.51%	89.96%	75.30%
Jun-18	31	26.29	27	23.26	2,925	271	9.27%	3,230.80	2,960.48	270.32	8.37%	£ 636,006	53.82%	£ 545,666	£ 1,181,672	Over	48.80	57%	36.57	43%	85.37	2.90%	85.29%	85.54%	76.70%
Jul-18	40	34.77	29	25.47	2,948	274	9.30%	3,247.56	2,989.67	257.89	7.94%	£ 771,812	54.55%	£ 643,158	£ 1,414,970	Over	59.19	61%	38.46	39%	97.64	3.32%	87.87%	86.31%	76.40%
Aug-18	38	36.94	35	30.85	2,970	277	9.34%	3,251.42	2,977.13	274.29	8.44%	£ 661,512	49.26%	£ 681,274	£ 1,342,786	Over	58.99	58%	41.98	42%	100.97	3.42%	88.21%	90.04%	87.80%
Sep-18	72	65.90	17	14.81	2,994	276	9.22%	3,252.88	3,021.03	231.85	7.13%	£ 594,056	49.79%	£ 599,139	£ 1,193,195	Over	54.98	56%	43.65	44%	98.64	3.32%	88.15%	91.32%	89.00%
Oct-18	79	72.72	19	16.93	3,020	275	9.09%	3,277.16	3,075.45	201.71	6.16%	£ 648,581	51.12%	£ 620,192	£ 1,268,773	Over	50.05	44%	63.51	56%	113.56	3.74%	89.27%	92.16%	88.60%
Nov-18	33	27.40	29	26.90	3,034	287	9.48%	3,266.10	3,075.89	190.21	5.82%	£ 428,578	41.11%	£ 613,830	£ 1,042,408	Over	53.05	46%	62.14	54%	115.20	3.78%	90.27%	91.20%	87.00%
Dec-18	15	12.69	26	20.35	3,043	281	9.22%	3,245.35	3,062.45	182.90	5.64%	£ 492,943	44.80%	£ 607,466	£ 1,100,409	Over	67.79	50%	67.38	50%	135.17	4.45%	90.38%	91.24%	85.50%
Jan-19	56	48.23	29	25.77	3,053	282	9.24%	3,266.78	3,073.92	192.86	5.90%	£ 708,719	51.17%	£ 676,229	£ 1,384,948	Over	57.32	48%	62.79	52%	120.11	3.95%	91.32%	88.16%	86.30%
Feb-19	44	38.59	19	16.57	3,064	282	9.20%	3,305.58	3,084.69	220.89	6.68%	£ 504,816	36.90%	£ 863,124	£ 1,367,940	Over	50.51	44%	63.49	56%	114.01	3.73%	92.03%	91.46%	84.90%
Mar-19	42	37.57	29	24.72	3,077	278	9.04%	3,306.58	3,110.37	196.21	5.93%	£ 537,756	37.45%	£ 898,286	£ 1,436,042	Over	53.37	51%	50.60	49%	103.97	3.38%	92.09%	92.62%	86.00%
totals	531	465.39	310	268.46		Average	9.36%			Average	6.93%	£ 594,962									Rolling Year	3.45%	88.83%		

Note: Month 12 position shows an overspend on workforce of £1.96m.

Sickness absence Heat Map M12 2018/19 (Rolling Year)

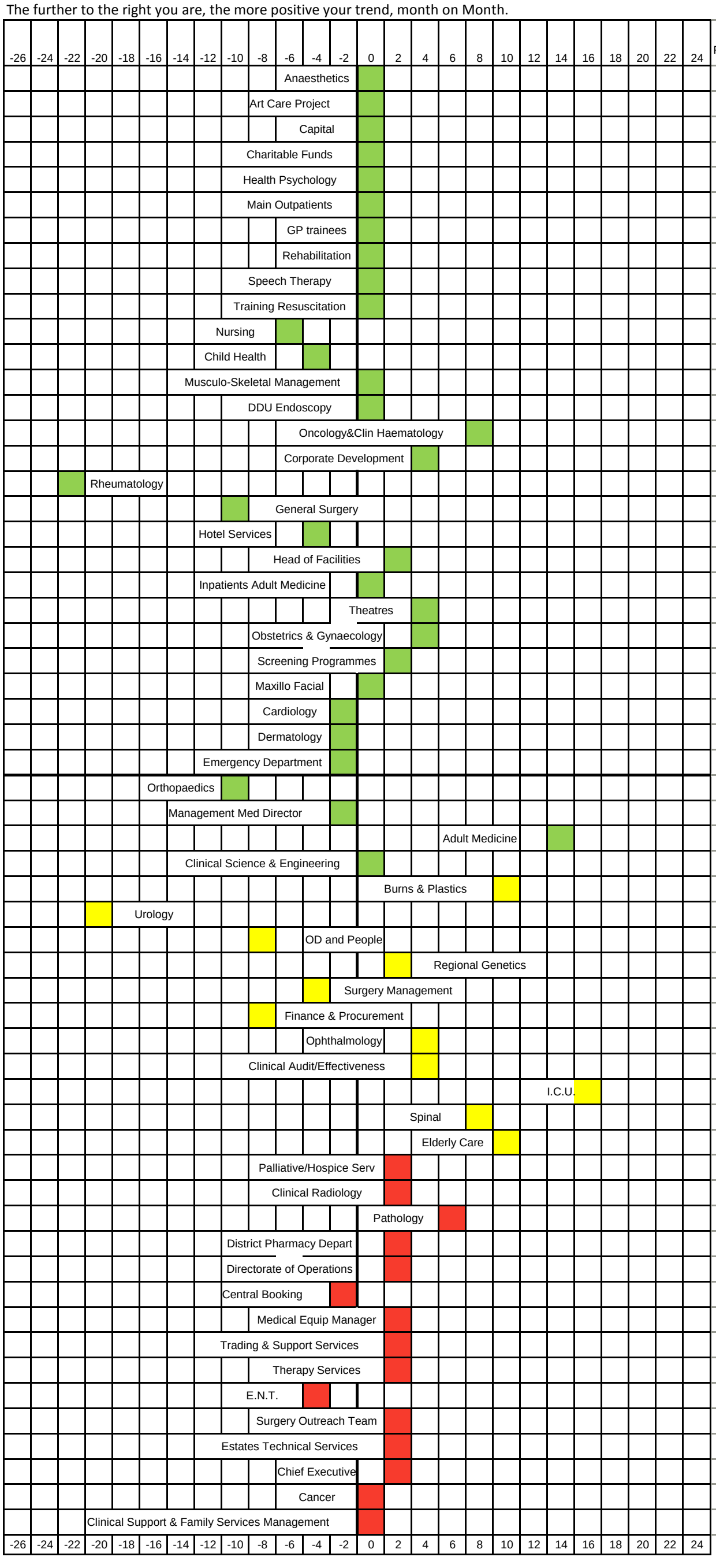
The higher up you are, the better your department is performing against other departments.
The further to the right you are, the more positive your trend, month on Month.

M12 Department	M12 Position	Change	-13	-12	-11	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11	12	M11 Sickness Absence % YTD	M12 Sickness Absence % YTD	M11 Position
Rehabilitation	1	0											Rehabilitation																0.00%	0.00%	2
Therapy Staff Bank	2	0									Therapy Staff Bank																		0.00%	0.00%	1
Charitable Funds	3	1									Charitable Funds																		0.39%	0.25%	4
Head of Facilities	4	1										Head of Facilities																	0.44%	0.44%	5
CSFS Management	5	1					Clinical Support & Family Services Management																						0.47%	0.48%	6
Training Resuscitation	6	-3						Training Resuscitation																					0.32%	0.49%	3
Anaesthetics	7	1												Anaesthetics															0.74%	0.79%	8
Surgery Outreach Team	8	1										Surgery Outreach Team																	0.80%	0.82%	9
GP trainees	9	-2									GP trainees																		0.57%	0.87%	7
Musculo-Skeletal Management	10	0							Musculo-Skeletal Management																				1.01%	0.93%	10
Health Psychology	11	7																Health Psychology											1.96%	1.01%	18
Maxillo Facial	12	-1										Maxillo Facial																	1.10%	1.18%	11
Speech Therapy	13	0									Speech Therapy																		1.36%	1.34%	13
Directorate of Operations	14	1									Directorate of Operations																		1.58%	1.44%	15
Art Care Project	15	-1									Art Care Project																		1.46%	1.46%	14
Regional Genetics	16	5														Regional Genetics													2.09%	1.78%	21
Urology	17	-1										Urology																	1.59%	1.85%	16
OD and People	18	4														OD and People													2.17%	1.87%	22
Chief Executive	19	-7			Chief Executive																								1.10%	1.94%	12
Capital	20	8																			Capital								2.68%	1.95%	28
DDU Endoscopy	21	-2							DDU Endoscopy																				2.00%	1.97%	19
Finance & Procurement	22	-2						Finance & Procurement																					2.03%	1.99%	20
Nursing	23	1												Nursing															2.34%	2.36%	24
Screening Programmes	24	-7		Screening Programmes																									1.90%	2.37%	17
Child Health	25	-2									Child Health																		2.29%	2.56%	23
Therapy Services	26	5														Therapy Services													2.73%	2.60%	31
Obstetrics & Gynaecology	27	2										Obstetrics & Gynaecology																	2.70%	2.64%	29
General Surgery	28	-3						General Surgery																					2.60%	2.67%	25
District Pharmacy Depart	29	3											District Pharmacy Depart																2.75%	2.68%	32
Medical Equip Manager	30	4													Medical Equip Manager														2.83%	2.73%	34
Pathology	31	-1										Pathology																	2.70%	2.73%	30
Management Med Directorate	32	3										Management Med Directorate																	2.87%	2.77%	35
E.N.T.	33	4															E.N.T.												3.07%	2.92%	37
Clinical Science & Engineering	34	-8							Clinical Science & Engineering																				2.66%	2.99%	26
Clinical Radiology	35	-8							Clinical Radiology																				2.67%	3.06%	27
Corporate Development	36	-3						Corporate Development																					2.78%	3.11%	33
Adult Medicine	37	-1									Adult Medicine																		3.05%	3.23%	36
Emergency Department	38	0									Emergency Department																		3.28%	3.39%	38
I.C.U.	39	2														I.C.U.													3.57%	3.50%	41
Central Booking	40	0										Central Booking																	3.45%	3.56%	40
Elderly Care	41	1												Elderly Care															3.64%	3.60%	42
Rheumatology	42	-3								Rheumatology																			3.37%	3.66%	39
Oncology&Clin Haematology	43	1									Oncology&Clin Haematology																		4.09%	3.76%	44
Ophthalmology	44	-1									Ophthalmology																		3.68%	3.99%	43
Burns & Plastics	45	1										Burns & Plastics																	4.33%	4.17%	46
Cardiology	46	4															Cardiology												4.51%	4.26%	50
Inpatients Adult Medicine	47	2										Inpatients Adult Medicine																	4.47%	4.29%	49
Cancer	48	3														Cancer													4.74%	4.36%	51
Dermatology	49	-2									Dermatology																		4.42%	4.36%	47
Orthopaedics	50	-2								Orthopaedics																			4.47%	4.37%	48
Clinical Audit/Effectiveness	51	1									Clinical Audit/Effectiveness																		4.77%	4.74%	52
Spinal	52	1												Spinal															5.05%	4.74%	53
Hotel Services	53	-8		Hotel Services																									4.32%	4.84%	45
Palliative/Hospice Serv	54	0									Palliative/Hospice Serv																		5.31%	5.17%	54
Estates Technical Services	55	0								Estates Technical Services																			5.68%	5.34%	55
Theatres	56	0											Theatres																5.68%	5.44%	56
Trading & Support Services	57	0							Trading & Support Services																				6.22%	6.13%	57
Surgery Management	58	0									Surgery Management																		6.81%	6.87%	58
Main Outpatients	59	0									Main Outpatients																		7.55%	8.24%	59
			-13	-12	-11	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11	12			

Turnover Heat Map M12 2018/19 (Rolling Year)

The higher up you are, the better your department is performing against other departments.
The further to the right you are, the more positive your trend, month on Month.

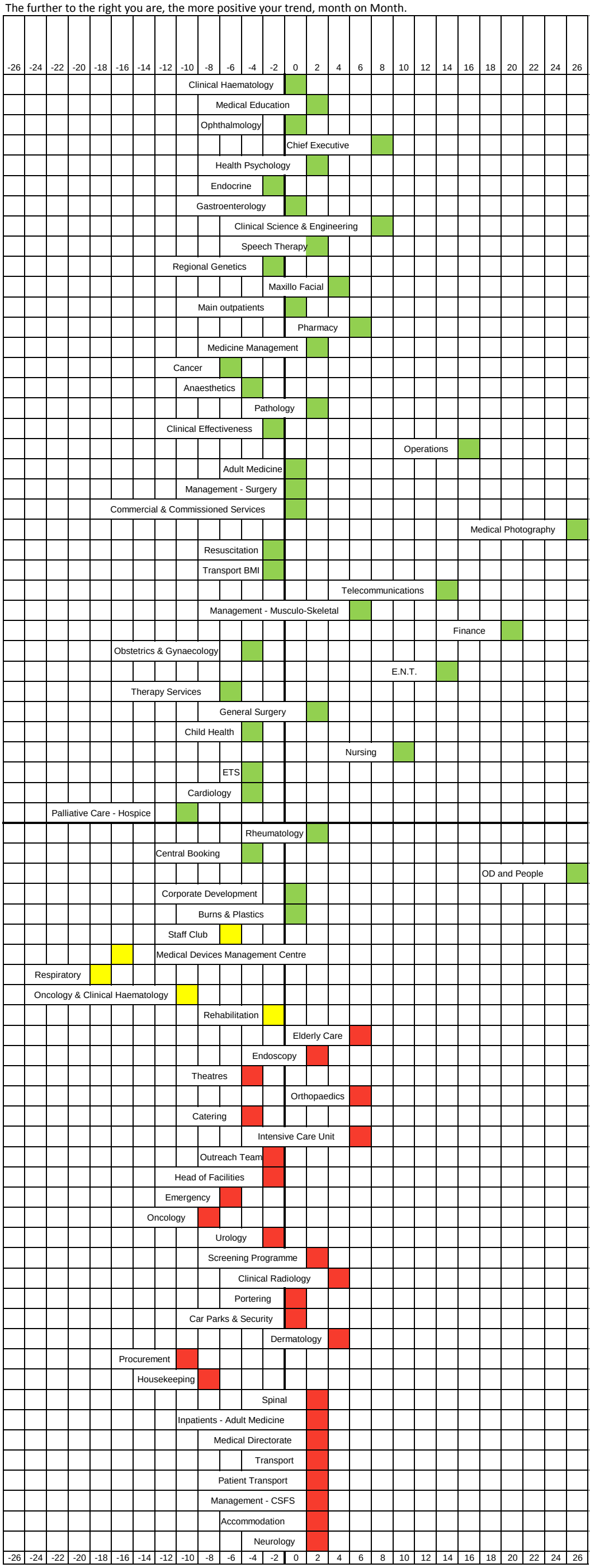
M12 Department	M12 Position	Change	M11 LTR FTE % YTD	M12 LTR FTE % YTD	M11 Position
Anaesthetics	1	0	0.00%	0.00%	1
Art Care Project	2	0	0.00%	0.00%	2
Capital	3	0	0.00%	0.00%	3
Charitable Funds	4	0	0.00%	0.00%	4
Health Psychology	5	0	0.00%	0.00%	5
Main Outpatients	6	0	0.00%	0.00%	6
GP trainees	7	0	0.00%	0.00%	7
Rehabilitation	8	0	0.00%	0.00%	9
Speech Therapy	9	0	0.00%	0.00%	10
Training Resuscitation	10	0	0.00%	0.00%	11
Nursing	11	-5	5.92%	2.23%	16
Child Health	12	-3	4.43%	3.25%	15
Musculo-Skeletal Management	13	0	3.53%	3.48%	13
DDU Endoscopy	14	0	3.88%	3.84%	14
Oncology&Clin Haematology	15	7	0.00%	5.17%	8
Corporate Development	16	4	3.48%	5.41%	12
Rheumatology	17	-22	11.50%	5.94%	39
General Surgery	18	-9	8.39%	6.11%	27
Hotel Services	19	-3	7.02%	6.49%	22
Head of Facilities	20	2	6.46%	6.49%	18
Inpatients Adult Medicine	21	0	6.96%	6.92%	21
Theatres	22	3	6.48%	6.94%	19
Obstetrics & Gynaecology	23	3	6.65%	7.35%	20
Screening Programmes	24	1	7.63%	7.59%	23
Maxillo Facial	25	0	7.99%	8.04%	25
Cardiology	26	-2	8.88%	8.84%	28
Dermatology	27	-2	9.00%	8.90%	29
Emergency Department	28	-2	9.05%	8.98%	30
Orthopaedics	29	-9	11.40%	9.26%	38
Management Med Director	30	-1	9.52%	9.40%	31
Adult Medicine	31	14	5.98%	9.74%	17
Clinical Science & Engineering	32	0	9.87%	9.81%	32
Burns & Plastics	33	9	7.63%	10.03%	24
Urology	34	-19	19.95%	10.07%	53
OD and People	35	-8	12.65%	10.36%	43
Regional Genetics	36	1	10.38%	10.38%	35
Surgery Management	37	-3	12.04%	10.42%	40
Finance & Procurement	38	-7	14.46%	10.68%	45
Ophthalmology	39	3	11.32%	11.28%	36
Clinical Audit/Effectiveness	40	3	11.38%	11.38%	37
I.C.U.	41	15	8.07%	11.48%	26
Spinal	42	8	10.06%	11.55%	34
Elderly Care	43	10	9.97%	11.91%	33
Palliative/Hospice Serv	44	2	12.57%	13.04%	42
Clinical Radiology	45	1	13.46%	13.53%	44
Pathology	46	5	12.54%	14.27%	41
District Pharmacy Depart	47	1	14.52%	14.47%	46
Directorate of Operations	48	1	16.01%	15.75%	47
Central Booking	49	-1	18.20%	16.01%	50
Medical Equip Manager	50	2	16.45%	16.07%	48
Trading & Support Services	51	2	17.25%	18.66%	49
Therapy Services	52	1	19.69%	19.06%	51
E.N.T.	53	-3	25.57%	19.86%	56
Surgery Outreach Team	54	2	19.89%	19.94%	52
Estates Technical Services	55	1	21.21%	21.22%	54
Chief Executive	56	1	22.68%	22.82%	55
Cancer	57	0	27.90%	27.82%	57
CSFS Management	58	0	46.89%	47.79%	58



Vacancies Heat Map M12 2018/19 (Rolling Year)

The higher up you are, the better your department is performing against other departments.
The further to the right you are, the more positive your trend, month on Month.

M12 Department	M12 position	Change	M11 Vacancies %	M12 vacancies %	M11 Position
Clinical Haematology	1	0	-41.10%	-41.10%	1
Medical Education	2	2	-17.76%	-23.94%	4
Ophthalmology	3	0	-22.89%	-23.70%	3
Chief Executive	4	7	-6.00%	-22.40%	11
Health Psychology	5	1	-16.05%	-20.17%	6
Endocrine	6	-1	-16.86%	-14.29%	5
Gastroenterology	7	0	-14.82%	-14.02%	7
Clinical Science & Engineering	8	8	-4.74%	-10.91%	16
Speech Therapy	9	1	-6.38%	-10.53%	10
Regional Genetics	10	-2	-11.84%	-8.20%	8
Maxillo Facial	11	3	-5.97%	-6.01%	14
Main outpatients	12	0	-5.99%	-5.99%	12
Pharmacy	13	5	-2.30%	-5.97%	18
Medicine Management	14	1	-5.46%	-5.84%	15
Cancer	15	-6	-11.22%	-4.80%	9
Anaesthetics	16	-3	-5.98%	-4.49%	13
Pathology	17	2	-1.60%	-4.46%	19
Clinical Effectiveness	18	-1	-2.42%	-2.45%	17
Operations	19	16	3.75%	-2.26%	35
Adult Medicine	20	0	-1.40%	-2.07%	20
Management - Surgery	21	0	-1.11%	-0.24%	21
Commercial & Commissioned Services	22	0	0.00%	0.00%	22
Medical Photography	23	25	9.09%	0.00%	48
Resuscitation	24	-1	0.00%	0.00%	23
Transport BMI	25	-1	0.00%	0.00%	24
Telecommunications	26	13	4.88%	0.18%	39
Management - Musculo-Skeletal	27	5	2.75%	0.25%	32
Finance	28	19	7.05%	0.73%	47
Obstetrics & Gynaecology	29	-3	0.66%	1.29%	26
E.N.T.	30	13	5.61%	1.89%	43
Therapy Services	31	-6	0.36%	2.20%	25
General Surgery	32	2	3.55%	2.46%	34
Child Health	33	-3	2.09%	2.47%	30
Nursing	34	10	6.46%	2.65%	44
ETS	35	-4	2.56%	2.74%	31
Cardiology	36	-3	2.91%	2.79%	33
Palliative Care - Hospice	37	-9	1.90%	2.99%	28
Rheumatology	38	2	5.09%	3.25%	40
Central Booking	39	-3	3.98%	3.62%	36
OD and People	40	25	18.33%	3.74%	65
Corporate Development	41	0	5.10%	4.22%	41
Burns & Plastics	42	0	5.19%	4.65%	42
Staff Club	43	-5	4.33%	5.04%	38
Medical Devices Management Centre	44	-15	1.90%	5.05%	29
Respiratory	45	-18	1.14%	5.69%	27
Oncology & Clinical Haematology	46	-9	4.13%	5.77%	37
Rehabilitation	47	-2	6.54%	6.54%	45
Elderly Care	48	5	11.58%	7.26%	53
Endoscopy	49	2	10.83%	7.39%	51
Theatres	50	-4	6.78%	8.09%	46
Orthopaedics	51	5	12.41%	10.31%	56
Catering	52	-3	10.72%	11.09%	49
Intensive Care Unit	53	6	13.75%	11.18%	59
Outreach Team	54	-2	11.38%	11.38%	52
Head of Facilities	55	-1	11.91%	11.91%	54
Emergency	56	-6	10.82%	11.98%	50
Oncology	57	7	16.67%	12.08%	64
Urology	58	-1	12.73%	12.73%	57
Screening Programme	59	1	13.79%	13.52%	60
Clinical Radiology	60	3	15.63%	13.79%	63
Portering	61	0	14.07%	13.85%	61
Car Parks & Security	62	0	14.29%	14.29%	62
Dermatology	63	3	20.37%	14.33%	66
Procurement	64	-9	12.11%	15.18%	55
Housekeeping	65	-7	13.35%	15.75%	58
Spinal	66	1	20.49%	20.89%	67
Inpatients - Adult Medicine	67	1	24.96%	22.79%	68
Medical Directorate	68	1	30.00%	30.00%	69
Transport	69	1	36.17%	32.64%	70
Patient Transport	70	1	41.20%	41.20%	71
Management - CSFS	71	1	43.06%	43.06%	72
Accommodation	72	1	49.32%	49.32%	73
Neurology	73	1	100.00%	100.00%	74



Agency spend Heat Map M12 2018/19 (Rolling Year)

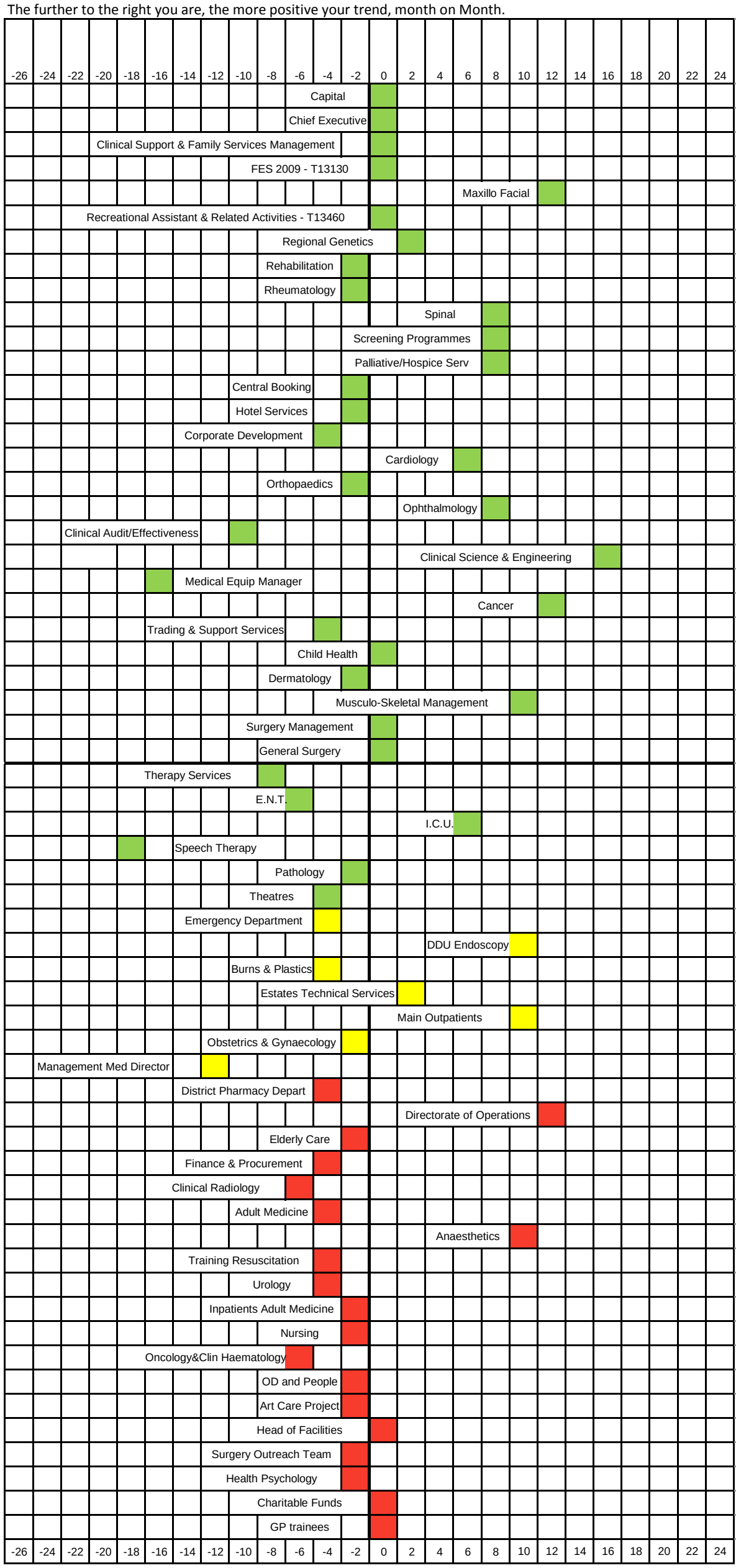
The higher up you are, the better your department is performing against other departments.
The further to the right you are, the more positive your trend, month on Month.

M12 Department	M12 Position	Change	-11	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11	M11 Agency spend (actual) £	M12 Agency spend (budget) £	M12 Agency spend (actual) £	M11 Position
Anaesthetics	1	1										Anaesthetics														0	0	0	2
Central Booking	2	1									Central Booking															0	2,083	0	3
Clinical Haematology	3	1								Clinical Haematology																0	0	0	4
Corporate Development	4	1								Corporate Development																0	1,565	0	5
E.N.T.	5	1										E.N.T.														0	0	0	6
Endoscopy	6	2											Endoscopy													0	0	0	8
ETS	7	2													ETS											0	0	0	9
Finance	8	2											Finance													0	1,866	0	10
Management - CSFS	9	2									Management - CSFS															0		0	11
Management - Surgery	10	2									Management - Surgery															0	0	0	12
Medicine Management	11	2									Medicine Management															0	0	0	13
Obstetrics & Gynaecology	12	-11			Obstetrics & Gynaecology																					-138	0	0	1
OD and People	13	5													OD and People											0	0	0	18
Oncology	14	0									Oncology															0	0	0	14
Operations	15	0									Operations															0	0	0	15
Ophthalmology	16	0									Ophthalmology															0	0	0	16
Staff Club	17	3												Staff Club												842	0	0	20
Urology	18	-1								Urology																0	4,167	0	17
Palliative Care - Hospice	19	0							Palliative Care - Hospice																	232	0	169	19
Oncology & Clinical Haematology	20	1						Oncology & Clinical Haematology																		1,239	0	1,038	21
Accommodation	21	4												Accommodation												3,477	0	1,372	25
Child Health	22	0									Child Health															1,935	1,000	3,031	22
Catering	23	3												Catering												3,551	0	3,255	26
General Surgery	24	6													General Surgery											8,501	1,567	4,329	30
Pathology	25	3												Pathology												5,309	3,000	7,266	28
Pharmacy	26	3												Pharmacy												8,183	3,000	7,605	29
Respiratory	27	0									Respiratory															5,096	13,467	9,944	27
Endocrine	28	3												Endocrine												9,482	0	10,008	31
Burns & Plastics	29	3										Burns & Plastics														11,890	500	10,587	32
Housekeeping	30	3												Housekeeping												13,767	0	11,854	33
Therapy Services	31	-7						Therapy Services																		2,946	0	13,590	24
Intensive Care Unit	32	-9				Intensive Care Unit																				2,695	5,764	15,427	23
Cardiology	33	1										Cardiology														17,593	8,894	28,770	34
Adult Medicine	34	1										Adult Medicine														20,320	11,748	29,995	35
Orthopaedics	35	3												Orthopaedics												35,493	333	31,549	38
Gastroenterology	36	3										Gastroenterology														39,534	23,048	35,852	39
Spinal	37	-1								Spinal																20,422	833	36,225	36
Clinical Radiology	38	-1						Clinical Radiology																		23,344	16,000	38,925	37
Emergency	39	1									Emergency															44,909	10,683	42,443	40
Theatres	40	1									Theatres															50,223	57,068	52,077	41
Inpatients - Adult Medicine	41	2								Inpatients - Adult Medicine																99,682	57,842	69,209	43
Elderly Care	42	0									Elderly Care															74,286	31,109	71,334	42
			-11	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11				

Appraisals Heat Map M12 2018/19

The higher up you are, the better your department is performing against other departments.
The further to the right you are, the more positive your trend, month on Month.

M12 Department	M12 Position	Change	M11 Appraisal Compliance %	M12 Appraisal Compliance %	M11 Position
Capital	1	0	100.00%	100.00%	1
Chief Executive	2	0	100.00%	100.00%	2
Clinical Support & Family Services Managem	3	0	100.00%	100.00%	3
FES 2009 - T13130	4	0	100.00%	100.00%	4
Maxillo Facial	5	11	92.86%	100.00%	16
Recreational Assistant & Related Activities - T	6	0	100.00%	100.00%	6
Regional Genetics	7	2	98.53%	100.00%	9
Rehabilitation	8	-1	100.00%	100.00%	7
Rheumatology	9	-1	100.00%	100.00%	8
Spinal	10	7	92.77%	96.39%	17
Screening Programmes	11	7	92.00%	96.15%	18
Palliative/Hospice Serv	12	8	90.63%	95.08%	20
Central Booking	13	-1	94.74%	94.59%	12
Hotel Services	14	-1	93.92%	94.52%	13
Corporate Development	15	-4	95.00%	94.21%	11
Cardiology	16	6	90.38%	94.00%	22
Orthopaedics	17	-2	93.24%	93.59%	15
Ophthalmology	18	8	88.89%	93.33%	26
Clinical Audit/Effectiveness	19	-9	95.45%	93.18%	10
Clinical Science & Engineering	20	15	82.14%	92.86%	35
Medical Equip Manager	21	-16	100.00%	92.31%	5
Cancer	22	11	83.33%	91.67%	33
Trading & Support Services	23	-4	91.30%	91.43%	19
Child Health	24	0	89.71%	91.30%	24
Dermatology	25	-2	90.00%	90.91%	23
Musculo-Skeletal Management	26	10	81.82%	90.91%	36
Surgery Management	27	0	88.24%	90.20%	27
General Surgery	28	0	86.11%	89.81%	28
Therapy Services	29	-8	90.43%	88.50%	21
E.N.T.	30	-5	88.89%	88.24%	25
I.C.U.	31	6	81.48%	87.50%	37
Speech Therapy	32	-18	93.75%	87.50%	14
Pathology	33	-1	84.38%	86.87%	32
Theatres	34	-4	85.71%	86.50%	30
Emergency Department	35	-4	85.42%	84.31%	31
DDU Endoscopy	36	9	75.00%	83.33%	45
Burns & Plastics	37	-3	82.81%	83.08%	34
Estates Technical Services	38	2	80.00%	82.86%	40
Main Outpatients	39	10	72.73%	81.82%	49
Obstetrics & Gynaecology	40	-1	80.81%	80.68%	39
Management Med Director	41	-12	85.71%	80.00%	29
District Pharmacy Depart	42	-4	81.36%	78.69%	38
Directorate of Operations	43	11	65.71%	78.13%	54
Elderly Care	44	-1	75.64%	76.32%	43
Finance & Procurement	45	-3	76.74%	75.86%	42
Clinical Radiology	46	-5	77.53%	75.56%	41
Adult Medicine	47	-3	75.00%	75.00%	44
Anaesthetics	48	10	25.00%	75.00%	58
Training Resuscitation	49	-3	75.00%	75.00%	46
Urology	50	-3	75.00%	75.00%	47
Inpatients Adult Medicine	51	-1	72.38%	73.79%	50
Nursing	52	-1	70.97%	71.88%	51
Oncology&Clin Haematology	53	-5	73.68%	71.79%	48
OD and People	54	-2	69.23%	69.23%	52
Art Care Project	55	-2	66.67%	66.67%	53
Head of Facilities	56	0	50.00%	63.64%	56
Surgery Outreach Team	57	-2	63.64%	63.64%	55
Health Psychology	58	-1	50.00%	50.00%	57
Charitable Funds	59	0	0.00%	25.00%	59
GP trainees	60	0	0.00%	0.00%	60



Mandatory training Heat Map M12 2018/19 (Rolling Year)

The higher up you are, the better your department is performing against other departments.
The further to the right you are, the more positive your trend, month on Month.

M12 Department	M12 Position	Change	-30	-27	-24	-21	-18	-15	-12	-9	-6	-3	0	3	6	9	12	15	18	21	24	27	30	M11 Mandatory training %	M12 Mandatory training %	M11 Position
Art Care Project	1	0							Art Care Project															100.00%	100.00%	1
Clinical Support & Family Services Management	2	0	Clinical Support & Family Services Management																					100.00%	100.00%	2
Rehabilitation	3	30																		Rehabilitation				93.75%	100.00%	33
Training Resuscitation	4	1							Training Resuscitation															100.00%	100.00%	5
Central Booking	5	3								Central Booking														98.81%	99.11%	8
Surgery Management	6	5								Surgery Management														98.43%	99.02%	11
Speech Therapy	7	-1						Speech Therapy																99.34%	98.68%	6
Hotel Services	8	7										Hotel Services												97.10%	97.78%	15
Head of Facilities	9	-6					Head of Facilities																	100.00%	97.78%	3
Surgery Outreach Team	10	2						Surgery Outreach Team																98.26%	97.39%	12
Clinical Audit/Effectiveness	11	-2				Clinical Audit/Effectiveness																		98.54%	97.37%	9
Medical Equip Manager	12	19													Medical Equip Manager									93.91%	97.25%	31
Nursing	13	10													Nursing									95.75%	97.24%	23
I.C.U.	14	3										I.C.U.												96.39%	97.18%	17
Regional Genetics	15	-8				Regional Genetics																		98.98%	97.12%	7
Corporate Development	16	-2					Corporate Development																	97.32%	97.05%	14
Ophthalmology	17	8										Ophthalmology												95.33%	96.95%	25
Health Psychology	18	-8				Health Psychology																		98.46%	96.92%	10
Musculo-Skeletal Management	19	3					Musculo-Skeletal Management																	95.79%	96.84%	22
Main Outpatients	20	-4					Main Outpatients																	96.58%	96.58%	16
General Surgery	21	-2						General Surgery																95.90%	96.05%	19
E.N.T.	22	-2								E.N.T.														95.87%	95.92%	20
Screening Programmes	23	-10		Screening Programmes																				97.35%	95.58%	13
Clinical Radiology	24	-3						Clinical Radiology																95.87%	95.48%	21
Rheumatology	25	14													Rheumatology									92.92%	95.20%	39
Clinical Science & Engineering/Neurophysiology	26	-8								Clinical Science & Engineering/Neurophysiology														96.20%	94.40%	18
Theatres	27	7											Theatres											93.69%	94.26%	34
District Pharmacy Depart	28	-2				District Pharmacy Depart																		94.51%	94.24%	26
Directorate of Operations	29	0					Directorate of Operations																	94.12%	93.46%	29
Cancer	30	2										Cancer												93.89%	93.13%	32
Therapy Services (Divsion)	31	-3				Therapy Services (Divsion)																		94.20%	93.04%	28
Spinal	32	3										Spinal												93.41%	93.00%	35
Trading & Support Services	33	5							Trading & Support Services															93.03%	92.96%	38
Anaesthetics	34	3									Anaesthetics													93.10%	92.92%	37
Management Med Directorate	35	-5		Management Med Directorate																				94.06%	92.87%	30
Urology	36	-12					Urology																	95.73%	92.80%	24
Maxillo Facial	37	8											Maxillo Facial											89.68%	92.74%	45
Burns & Plastics	38	-2						Burns & Plastics																93.14%	92.32%	36
Palliative/Hospice Serv	39	-12								Palliative/Hospice Serv														94.41%	92.28%	27
Pathology	40	3									Pathology													90.75%	91.81%	43
Elderly Care	41	1									Elderly Care													90.89%	91.39%	42
Cardiology	42	-1							Cardiology															91.79%	90.92%	41
DDU Endoscopy	43	-3						DDU Endoscopy																92.80%	90.65%	40
Obstetrics & Gynaecology	44	0					Obstetrics & Gynaecology																	89.76%	89.91%	44
Orthopaedics	45	4										Orthopaedics												88.17%	89.50%	49
Estates Technical Services	46	2						Estates Technical Services																88.58%	88.34%	48
Child Health	47	3									Child Health													87.16%	88.05%	50
Inpatients Adult Medicine	48	3						Inpatients Adult Medicine																85.38%	87.85%	51
Emergency Department	49	-2					Emergency Department																	88.76%	87.80%	47
OD and People	50	-4					OD and People																	89.00%	87.20%	46
Oncology&Clin Haematology	51	1						Oncology&Clin Haematology																85.30%	87.10%	52
Dermatology	52	1									Dermatology													85.14%	86.00%	53
Adult Medicine	53	2									Adult Medicine													80.28%	82.76%	55
Finance & Procurement	54	0						Finance & Procurement																83.49%	82.00%	54
Chief Executive	55	1								Chief Executive														65.60%	74.60%	56
GP trainees	56	1									GP trainees													59.66%	57.14%	57

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	Agenda item:	2.2e
Date of Meeting:	23 May 2019		

Report Title:	Finance Report Month 12			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Mark Ellis, Deputy Director of Finance			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

Recommendation:
The Committee is asked to note the financial position for March 2019, this represents the final 2018/19 outturn (pre-audit).

Executive Summary:

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

The final position (against the NHSI Control total) for March was a year to date deficit of £8,944, £16k better than plan meaning the control total was met. As a result the Trust has not only been able to recognise the remaining £1,727k financial component of PSF, but has also been allocated a further £2,698k PSF bonus.

An in-month NHSI Control Total surplus of £2,513k included £3,800k of non-recurrent funding that had been under negotiation throughout Q4, receipt of this funding was contingent on the Trust delivering the revised forecast provided to NHS Improvement in January 2019.

Cash flow continues to be monitored closely in light of the financial risks to the plan, although receipt of the PSF bonus means the cash balance is in excess of the opening balance assumed in the 2019/20 plan.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	☐
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☐

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

Executive Summary of Key Financial Performance - March 2019

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	The final position (against the NHSI Control total) for March was a year to date deficit of £8,944, £16k better than plan meaning the control total was met . As a result the Trust has not only been able to recognise the remaining £1,727k financial component of PSF, but has also been allocated a further £2,698k PSF bonus.	Green
2	NHS Clinical Income	Overall income for the year £199,072k and this was £3,941k ahead of the Trust plan. In month actual income was £21,639k was £5,285k ahead of plan. Activity levels have continued to be pressured in ED and Non Elective admissions , this has been reflected in the final settlement agreements with commissioners.	Green
3	Workforce	Expenditure on Pay stood at £13,237k in the period, this includes the cost of opening Laverstock ward to cope with pressures in emergency pathways. A continued shift from agency to bank spend within nursing can be observed, Q4 has benefited from seasonal incentive payments which have cease moving into 2019/20. The 2018/19 CIP plan had assumed £4,015k in Pay savings in 2018/19, with actual delivery as at March 2019 of £2,680k. The Trust incurred an agency premium in 2018/19 of approximately £3m, £1m greater than had been assumed in the plan.	Red
4	Non Pay	The 2018/19 financial plan had assumed four months of benefit of operating a wholly owned subsidiary, the pause and review of this project accounts for circa £200k in March and £1100k of the year to date clinical supplies overspend. Pathology and Genetics budgets are also under pressure due to volumes of activity, driving a £200k overspend between them. Non Pay expenditure in March 2019 includes a number of provisions, including: an increase to the bad debt provision, assumptions around removal expenses payable within three years, and prior year invoices not received.	Amber
5	Efficiency - Better Care at Lower Cost	The final CIP delivery in March is £10,180k (17%) short of target. YTD delivery of £9,260k represents 76% of the planned full year delivery. Wholly own subsidiary, Theatres, Workforce, and Diagnostics consistently being the drivers of the adverse variance.	Amber
6	Use of Resources	The Trust's overall risk rating score returns to a 3 following the recognition of non-recurrent funding from the commissioners, as had been forecast to NHS Improvement. The increase in cash associated with this income also means that the Trust's liquidity score improves to a 1 in March 2019. The combined Use of Resources metrics would yield an overall score of 2, but the score of 4 on the I&E margin rating prompts an override meaning the Trust cannot score more than a 3.	Amber
7	Capital Expenditure	Close management of the capital plan over the final quarter of the year has ensured the Trust has achieved close to a balanced position for the year. This has required schemes originally planned for 2019-20 to be brought forward to replace those slipped into next year,	Green
8	Cash Management	The Trust's cash position improved in March 2019. This was partly due to the receipt of additional non-recurrent funding and partly to the completion of capital schemes where the relevant invoices were not due for payment until April 2019. The cash position is anticipated to remain above the level originally forecast in 2019-20 due to additional PSF funding becoming available in 2018-19. No borrowing is anticipated in 2019-20.	Amber

Page 1 - Income & Expenditure

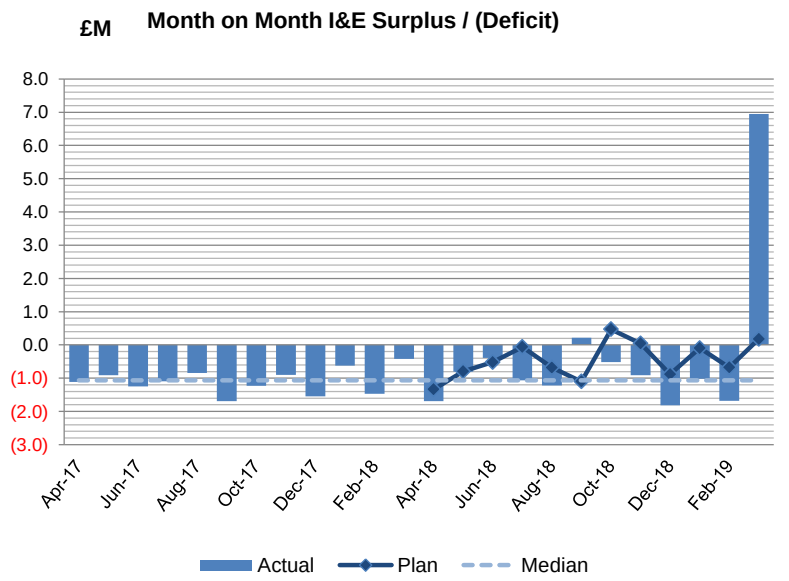
Status

Income & Expenditure

Position

	Mar '19 In Mth			Mar '19 YTD			2018/19
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical Income	15,801	21,449	5,648	195,131	199,072	3,941	196,036
Other Clinical Income	1,458	1,836	378	10,748	11,608	860	9,843
Other Income (excl Donations)	2,459	3,089	630	26,922	28,154	1,232	26,922
Total income	**19,718**	**26,374**	**6,656**	**232,801**	**238,834**	**6,033**	**232,801**
Operating Expenditure							
Pay	(12,356)	(13,237)	(881)	(148,862)	(151,421)	(2,559)	(148,862)
Non Pay	(6,379)	(8,511)	(2,132)	(78,460)	(80,439)	(1,979)	(78,460)
Total Expenditure	**(18,735)**	**(21,747)**	**(3,012)**	**(227,322)**	**(231,859)**	**(4,537)**	**(227,322)**
EBITDA	**983**	**4,627**	**3,644**	**5,479**	**6,975**	**1,496**	**5,479**
Financing Costs (incl Depreciation)	(1,224)	(2,114)	(890)	(14,439)	(15,919)	(1,480)	(14,439)
NHSI Control Total	**(241)**	**2,513**	**2,754**	**(8,960)**	**(8,944)**	**16**	**(8,960)**
Add: impact of donated assets	*(25)*	*9*	*34*	*(300)*	*(412)*	*(112)*	*(300)*
Add: Impairments	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Add: PSF	*442*	*4,425*	*3,983*	*3,795*	*5,355*	*1,560*	*3,795*
Surplus/(Deficit)	***176***	***6,947***	***6,771***	***(5,465)***	***(4,001)***	***1,464***	***(5,465)***

Trend



Variation & Action

The final position (against the NHSI Control total) for March was a year to date deficit of £8,944, £16k better than plan meaning the control total was met . As a result the Trust has not only been able to recognise the remaining £1,727k financial component of PSF, but has also been allocated a further £2,698k PSF bonus.

An in-month NHSI Control Total surplus of £2,513k included £3,800k of non-recurrent funding that had been under negotiation throughout Q4, receipt of this funding was contingent on the Trust delivering the revised forecast provided to NHS Improvement in January 2019.

A review of the Trust's intangible assets and Assets Under Construction has been undertaken, resulting in accelerated depreciation (a non-cash expense) of £700k.

The Trust had its most productive period of the year for both Elective and Non-elective spells, but both Day case and Outpatients productivity was 2.5% down on the full year average.

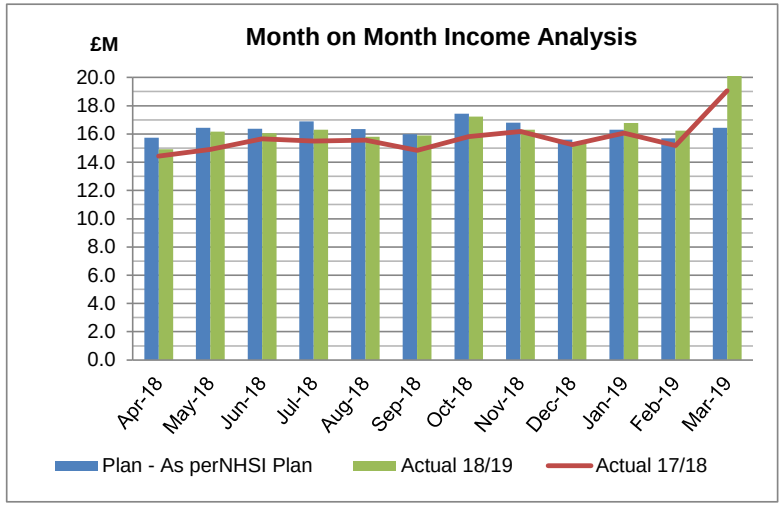
Page 2 - NHS Commissioner Income

Status	Position	Trend

NHS Clinical Income

Income by Point of Delivery (PoD) for all commissioners	Mar '19 YTD Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Elective inpatients	19,726	17,603	(2,123)
Day Case	17,639	17,073	(566)
Non Elective inpatients	49,942	50,050	108
Obstetrics	7,034	6,639	(395)
Outpatients	31,571	31,018	(553)
Excluded Drugs & Devices (inc Lucentis)	18,407	17,584	(823)
Other	50,812	59,105	8,293
TOTAL	**195,131**	**199,072**	**3,941**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Wiltshire CCG	98,963	102,266	3,303
Dorset CCG	22,115	22,504	389
Hants CCG	15,341	15,925	584
Specialist Services	30,347	31,369	1,022
Other	28,365	27,008	(1,357)
TOTAL	**195,131**	**199,072**	**3,941**



Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
Elective	5,766	5,133	(633)	4,876	257
Day case	21,934	21,606	(328)	21,249	357
Non Elective	26,527	26,101	(426)	25,219	882
Outpatients	253,795	251,693	(2,102)	259,710	(8,017)
A&E	48,182	49,125	943	46,234	2,891

Variation & Action

Overall income for the year £199,072k and this was £3,941k ahead of the Trust plan. In month actual income was £21,639k was £5,285k ahead of plan.

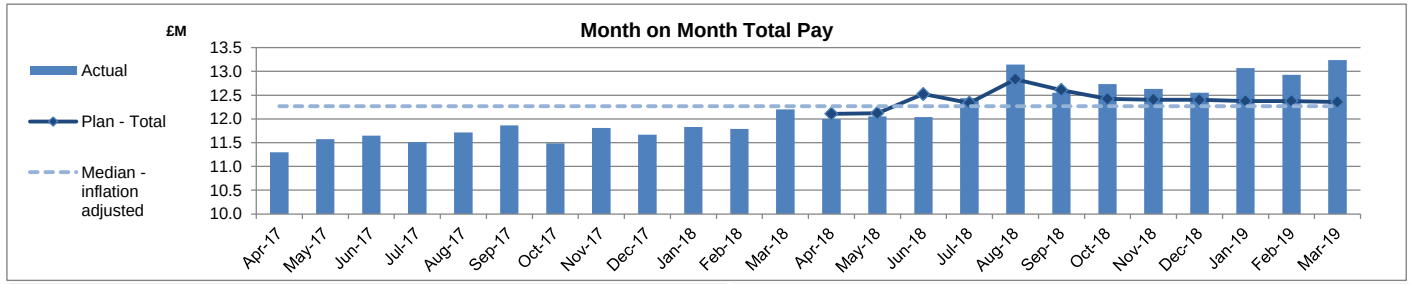
At the time of preparing the report we have agreed activity and income contract values with all NHS commissioner contracts except specialist dental services. A contract has been signed with Wiltshire CCG and Associates. However, there are a number of schedules still to be agreed by the end of April with Wiltshire CCG. Contract documentation for West Hampshire CCG and NHSE specialist has yet to be finalised and we are awaiting responses from the respective commissioners.

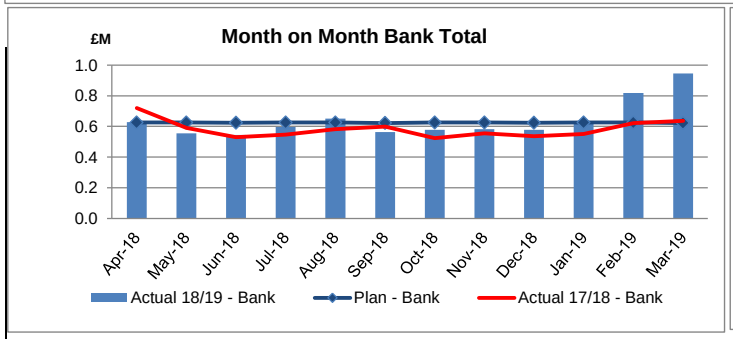
Page 3 - Workforce

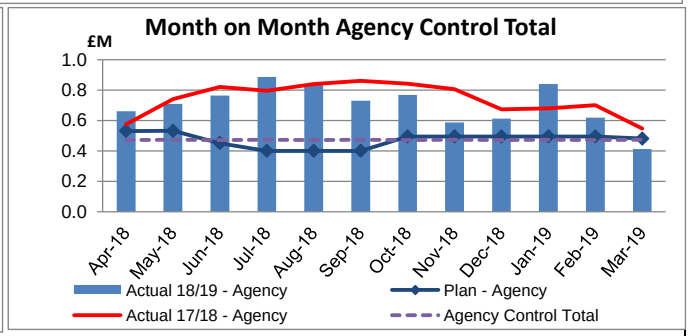
Status	Position			
		Mar '19 YTD		
		Plan £000s	Actual £000s	Variance £000s
PAY	Pay - In Post	132,280	134,960	(2,680)
	Pay - Bank	7,421	7,466	(45)
	Pay - Agency	5,670	8,601	(2,931)
	Other (eg. Apprenticeship Levy)	3,491	563	2,928
	TOTAL	**148,862**	**151,591**	**(2,729)**
	Medical Staff	39,666	41,412	(1,746)
	Nursing	39,262	38,402	860
	HCAs	10,655	13,587	(2,932)
	Other Clinical Staff	22,919	23,713	(794)
	Infrastructure staff	32,869	33,914	(1,045)
	Other (eg. Apprenticeship Levy)	3,491	563	2,928
	TOTAL	**148,862**	**151,591**	**(2,729)**

Position			
	Mar '19		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	395.9	412.0	(16.1)
Nursing	937.7	918.6	19.2
HCAs	430.2	523.8	(93.6)
Other Clinical Staff	584.3	604.1	(19.9)
Infrastructure staff	1,108.8	1,105.3	3.5
TOTAL	**3,456.9**	**3,563.8**	**(106.9)**

Trend







Variation & Action

Expenditure on Pay stood at £13,237k in the period, this includes the cost of opening Laverstock ward to cope with pressures in emergency pathways. A continued shift from agency to bank spend within nursing can be observed, Q4 has benefited from seasonal incentive payments which have cease moving into 2019/20. It is also inclusive of a provision for circa £300k for unpaid increment points, with a number of multi-year claims under review.

Nursing and HCA spend within the Medicine Directorate was £100k up on the Quarter 4 run rate, driven largely by an increase in bank fill rates. MSK consultant costs showed an increased pressure of £50k on the back of increased additional sessions and locum usage. Planned winter capacity on Laverstock ward was closed down in the final week of March, four days ahead of schedule, reducing spend by circa £5k per day.

The 2018/19 CIP plan had assumed £4,015k in Pay savings in 2018/19, with actual delivery as at March 2019 of £2,680k. The Trust incurred an agency premium in 2018/19 of approximately £3m, £1m greater than had been assumed in the plan.

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

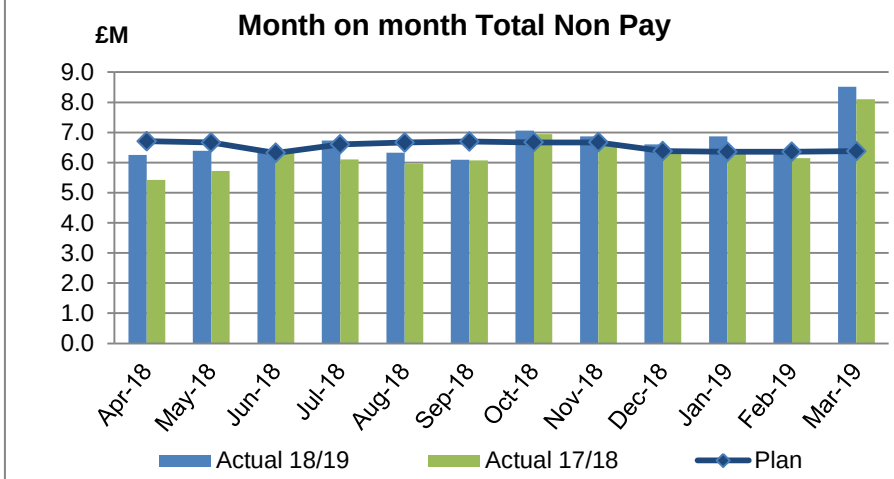
Status

NON-PAY

Position

	Mar '19 YTD		
	Plan £000s	Actual £000s	Variance £000s
Drugs	22,345	20,816	1,529
Clinical Supplies	20,126	23,367	(3,241)
General Supplies	4,898	3,286	1,612
Outsourced healthcare	4,809	5,220	(411)
Other Non Pay expenses	26,282	27,704	(1,422)
TOTAL	**78,460**	**80,394**	**(1,934)**

Trend



Variation & Action

The 2018/19 financial plan had assumed four months of benefit of operating a wholly owned subsidiary, the pause and review of this project accounts for circa £200k in March and £1100k of the year to date clinical supplies overspend. Pathology and Genetics budgets are also under pressure due to volumes of activity, driving a £200k overspend between them.

Non Pay expenditure in March 2019 includes a number of provisions, including: an increase to the bad debt provision, assumptions around removal expenses payable within three years, and prior year invoices not received.

Page 5 - Efficiency - Better Care at Lower Cost

Status	Position							
	Directorate	Annual Plan £000s	Mar '19 Plan £000s	Mar '19 Actual £000s	Mar '19 Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Efficiency	Medicine	1,845	178	105	(73)	1,845	1,353	(492)
	Musculo Skeletal	2,665	271	153	(118)	2,665	2,112	(553)
	Surgery	1,820	204	66	(139)	1,820	1,249	(571)
	Clinical Support & Family Services	2,048	248	228	(19)	2,048	1,634	(414)
	Corporate Services	1,732	199	194	(5)	1,732	1,590	(143)
	Trustwide	2,104	740	144	(597)	3,639	2,242	(1,397)
	TOTAL	**12,215**	**1,841**	**890**	**(951)**	**13,750**	**10,180**	**(3,570)**

Position							
Scheme	Annual Plan £000s	Mar '19 Plan £000s	Mar '19 Actual £000s	Mar '19 Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Theatres	2,335	237	59	(178)	2,335	1,282	(1,053)
Workforce	640	56	7	(49)	640	94	(546)
Outpatients	646	86	53	(33)	646	577	(69)
Diagnostics	822	111	27	(84)	822	133	(689)
Patient Flow	336	28	28	0	336	338	2
Non-Pay	1,741	188	189	1	1,741	1,730	(11)
Directorate Plans	5,397	880	395	(486)	5,397	5,044	(354)
Drugs	298	25	56	30	298	180	(118)
Sub-total	**12,215**	**1,611**	**813**	**(798)**	**12,215**	**9,378**	**(2,837)**
Risk Mitigation			77	77		802	802
TOTAL		**1,611**	**890**	**(721)**		**10,180**	**(2,035)**

Variation & Action

The final CIP delivery in March is £10,180k (17%) short of target. YTD delivery of £9,260k represents 76% of the planned full year delivery. Wholly own subsidiary, Theatres, Workforce, and Diagnostics consistently being the drivers of the adverse variance.

Moving forward the Trust are engaged with Four Eyes Insights to review scheduling practices (particularly with Day Theatres), with an FYE opportunity to deliver an additional 2000 procedures within funded sessions identified. The Workforce PMB is being replaced by a People Strategy Delivery Board.

Savings plans continue to be monitored though the Outstanding Every Time Delivery Board, with weekly escalation meetings led by the CEO where required.

Page 6 - Use of Resources

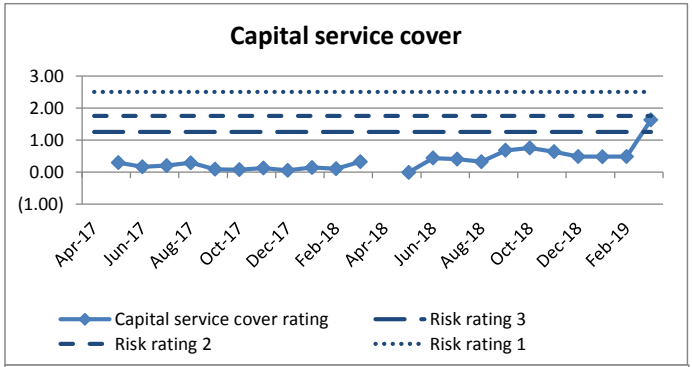
Status	Description	Position			
		Metric	Definition	YTD Plan Number	YTD Actual Number
Use of Resources	NHSI measures an organisation's use of resources on a scale of 1-4 with 4 being the highest risk and 1 the lowest risk	Capital service cover rating	Degree to which income covers financial obligations	4	3
		Liquidity rating	Days of operating costs held in cash	2	1
		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		1
		Agency rating	Distance from cap		3
		Risk rating after overrides			3

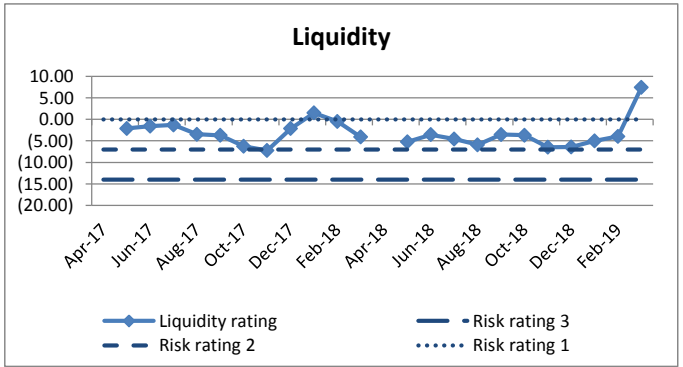
Variation & Action

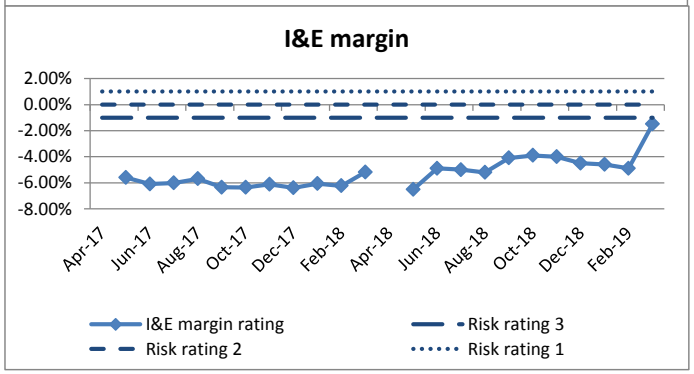
The Trust's overall risk rating score returns to a 3 following the recognition of non-recurrent funding from the commissioners, as had been forecast to NHS Improvement. The increase in cash associated with this income also means that the Trust's liquidity score improves to a 1 in March 2019.

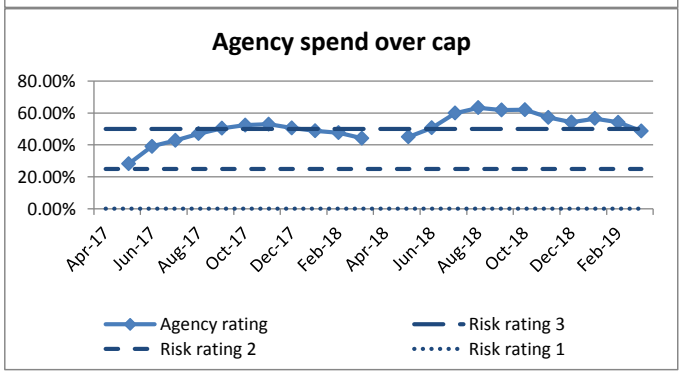
The combined Use of Resources metrics would yield an overall score of 2, but the score of 4 on the I&E margin rating prompts an override meaning the Trust cannot score more than a 3.

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



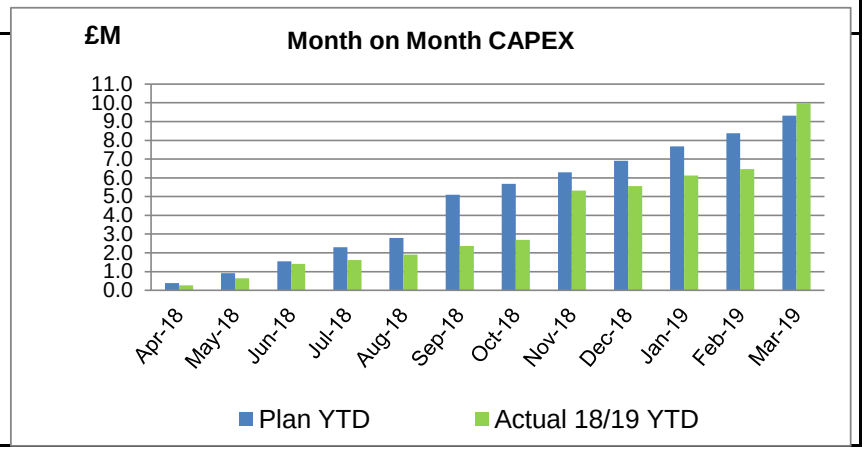






Page 7 - Capital Expenditure

Status	Position				
		Annual	Mar '19		
		Plan	Plan	Actual	Variance
	Schemes	£000s	£000s	£000s	£000s
Capital Spend	Building schemes	617	395	439	(44)
	Building projects	1,730	1,654	1,619	35
	IM&T	4,404	5,777	5,228	549
	Medical Equipment	2,755	2,413	2,328	85
	Other	366	366	366	0
	TOTAL	**9,872**	**10,605**	**9,980**	**625**

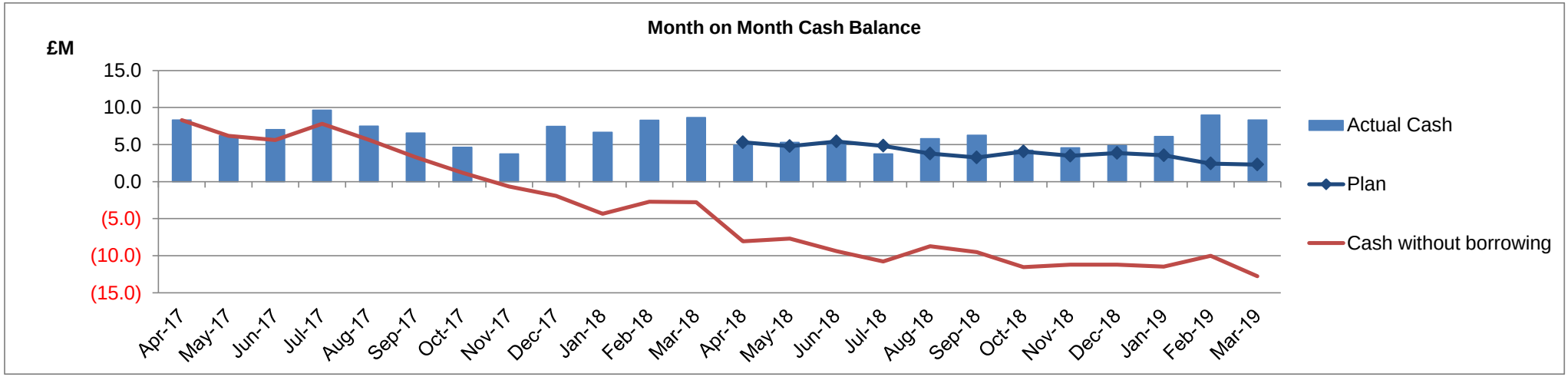


Variation & Action

Following close management of the capital plan over the final quarter of the year, the Trust was able to deliver very close to a balanced position by the year end. A £500k underspend was planned as it relates to PDC received in December 2018 connected with a scheme identified as undeliverable within NHSI's required timeframe. It is planned to return these funds in 2019-20. Schemes were brought forward from 2019-20, where appropriate, to cover capital expenditure identified as slipping into that year.

The Trust financed its capital spend in 2018-19 through £6,940k depreciation, a £1,943k finance lease, £840k PDC and £207k charitable funds.

Page 8 - Cash & Working Capital

Status	Position						Variation & Action
Cash and working		Opening Balance April 2018 £000s	Plan £000s	Current Month Balance £000s	Variance £000s	Actual In Year Movement £000s	The Trust's working capital position at 31 March 2019 has improved considerably as a result of extra non-recurrent income for the year and additional PSF funding through the achievement of its financial target. These areas account for the significant increase in debtors at the year end. The cash position has been assisted by the receipt of part of the non-recurrent funding mentioned above prior to the year end and the payment of capital creditor invoices only being due in early April 2019. The cash flow will continue to be closely monitored during 2019-20 to ensure funds are available when required but the Trust is not planning for additional borrowing in 2019/20.
	Inventories (Stock)	6,214	6,214	6,770	556	556	
	Debtors	15,396	15,900	23,604	7,704	8,208	
	Cash	8,641	3,548	8,319	4,771	(322)	
	TOTAL CURRENT ASSETS	**30,251**	**25,662**	**38,693**	**13,031**	**8,442**	
	Creditors	(24,438)	(20,349)	(24,804)	(4,455)	(366)	
	Borrowings	(1,164)	(1,488)	(1,695)	(207)	(531)	
	Provisions	(292)	(292)	(713)	(421)	(421)	
	TOTAL CURRENT LIABILITIES	**(25,894)**	**(22,129)**	**(27,212)**	**(5,083)**	**(1,318)**	
	TOTAL WORKING CAPITAL	**4,357**	**3,533**	**11,481**	**7,948**	**7,124**	

Trend