

Report to:	Trust Board (Public)	Agenda item:	SFT4145
Date of Meeting:	06 December 2018		

Report Title:	Integrated Performance Report, October 2018 (Month 7)			
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 October 2018 (month 7).

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

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

Performance Summary Narrative – October Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Local Services (COO)	RTT <ul style="list-style-type: none"> Trust achieved month end target of more than 92% of patients waiting for planned treatment having waited less than 18 weeks. Waiting list decreasing in size and in line with trajectory 	<ul style="list-style-type: none"> Particular areas of pressure in: general surgery, orthopaedics, oral surgery, plastics and urology. Impact of increase of non-elective activity on elective workload 2 theatres require closure during Q4 for urgent maintenance 	<ul style="list-style-type: none"> Activity Query Notice in place for increased non electivity activity Weekly review of capacity fill is being undertaken for areas with biggest activity shortfalls Plans in place to reduce waiting list however they are dependent on additional capacity in Q3.
	Diagnostics <ul style="list-style-type: none"> The Trust was able to predict in advance the challenges to deliver the diagnostic standard in October and November 	<ul style="list-style-type: none"> Continued workforce challenges in Radiology resulting in the clinical prioritisation of resources Endoscopy capacity issues for Month 7 & 8 Lack of availability of external capacity in endoscopy 	<ul style="list-style-type: none"> Short term demand and capacity modelling to identify shortfall in endoscopy – (December 2018) Additional Endoscopy capacity in November and December to clear backlog Radiology workforce review underway to be presented back at next exec performance meeting (December 2018)
	ED <ul style="list-style-type: none"> Despite significant increases in attendances the ED team have continued to ensure that safety in the waiting area is not compromised Laverstock and Clarendon wards remain closed. Improvements in medicine 72 hour 	<ul style="list-style-type: none"> ED standard not achieved in month 7, Increase in ED attendance compared to 17/18, with a high number of admissions reflecting high patient acuity Gaps in nursing and medical rotas leading to problems with 1st doctor assessment – internal medicine recovery plan within 4 weeks. 	<ul style="list-style-type: none"> Steering group set up to lead the internal improvement of emergency clinical pathways (work ongoing) ED improvement action plan in place with improvement trajectory Patient flow transformation programme focusing on pre midday discharges, 7 day length of stay, and ambulatory pathways

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
	<p>discharges</p> <ul style="list-style-type: none"> • Weekly ED Executive Intensive Support Session underway • New clinical lead in post 	<ul style="list-style-type: none"> • Variance in emergency pressures with particularly intense high volume and acuity days. May was 7% up on attendance compared to 17/18. • High levels of long staying patients and patients whose onward care is delayed • Staff shortages affecting effective patient flow • Number of patients whose onward care is delayed have not decreased and are significantly above the target. 	<ul style="list-style-type: none"> • Whole systems trajectories have been approved by the Local Delivery Board. • External visit of Emergency Intensive Support Team to review discharge processes and pathways (Nov/Dec 2018) • System winter Director commencing in December 2018
<p style="text-align: center;">Local Services (COO)</p>	<p>Cancer</p> <ul style="list-style-type: none"> • Improved performance in breast cancer and skin cancer pathways. • 6 out of 7 Cancer standards delivered including 62 day • Revised prostate pathway commenced Nov 2018 	<ul style="list-style-type: none"> • Oncology capacity due to Doctor shortages could impact on services going forward. • Urology is an on-going cause of concern due to shortages within the Consultant workforce and pathway difficulties with tertiary providers. 	<ul style="list-style-type: none"> • Conversations are taking place with UHS to see if they can provide support re oncology pathways. Patients currently travelling to Southampton as a mitigating action • Discussions have begun with Southampton with reference to a network solution for Urology • Speciality reviews of MDT's meeting (standardise)

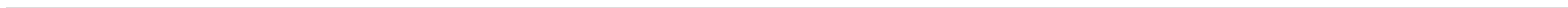
Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
Specialist Services (COO)	<ul style="list-style-type: none"> Trust participated in national burns major incident exercise 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 	<ul style="list-style-type: none"> Continue to monitor the impact of the ward reconfiguration on plastics 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. Wessex, Oxford and West Midlands Alliance Board in place, chaired by Sir Bruce Keogh. Ongoing work to consolidate testing and determine risk gain/share arrangements. 	<ul style="list-style-type: none"> Plans in place for regular meeting at COO/MD level between SFT and UHS to discuss pathways spanning both organisations Focussed validation on the waiting list for plastic surgery to clean the waiting list, identify patients to be seen and fast track review (February 2019) Standardisation of pathways across plastics – starting with skin pathways to be completed by 1/2/19 Business case for step down service for Spinal pathway redesign to Trust Management Committee (Feb 2019) VUD - Short term mitigation in place and being addressed in wider Urology capacity and demand intensive support work (action plan by end of January 2019) Business case for commissioner investment in Wessex Rehabilitation being written – (due January 2019) Tender document in draft being prepared. Consultation on phase 1 of clinical pathway.



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Performance Summary Narrative – October Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Innovation (MD)	<ul style="list-style-type: none"> • Q2 research recruitment exceeds target • Top small acute Trust for the number of patients recruited when adjusted for trial complexity • Innovation Governance Steering Group established 	<ul style="list-style-type: none"> • Very challenging recruitment target for this year – 1582 participants compared to 1288 this year 	<ul style="list-style-type: none"> • Working with University of Portsmouth to establish physician associate training programme by end of December 2018
Care (MD/DoN)	<ul style="list-style-type: none"> • Mortality rate is now at expected levels – and has been for several months • Continue positive performance on c-diff infection. Best performing in SW benchmark data • Stroke SSNAP audit remains at score of B • NHSI falls collaborative underway • Fractured neck of femur best practice tariff target met in 4 or last 5 months • Positive lead in work to the CQC inspection across core services 	<ul style="list-style-type: none"> • Staffing remains challenging in a number of ward areas, with key hotspots orthopaedics and ED • Remain challenged on mixed sex accommodation – exclusively when ambulatory area of AMU is used overnight • Increasing use of escalation areas 	<ul style="list-style-type: none"> • Retention workstream for registered nurses commenced in March. Nov 18 – participating in direct support with NHSI on this. Domestic and overseas recruitment continues • Issue links into whole system approach on reducing acute bed base. CCG satisfied with mitigation of MSA occurrences and executive sign off required when decision is made to use with all other options exhausted

Performance Summary Narrative – October Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
People (DoOD&P)	<p>Recruitment:</p> <ul style="list-style-type: none"> • 93 international nurses scheduled to arrive Nov 18-March 19 • 68 offers made in UAE • 14 job offers to student nurses (Feb19 and Sept 19 qualifiers) • 36 applications for NA event (interviews late November) • 12% improvement in “time to Hire” target 35 days (17% improvement) by March 2019 • Vacancy rate fallen to 6.16% from 7.13% <p>Agency Spend:</p> <ul style="list-style-type: none"> • Brookson DE now at 99% (ahead of schedule). Dorset County Hospital now part of collaborative via Locums Nest. • Workforce committee business case proposal for centralised bank function was agreed for business case proposal scheduled for next Workforce committee meeting in November. • Dorset county hospital now part of collaborative bank (Locums Nest) <p>Sickness:</p> <ul style="list-style-type: none"> • Theatres group established and on-going. 	<p>Recruitment:</p> <ul style="list-style-type: none"> • Overseas nursing has low conversion rate • Lack of available domestic registered nurses • Capacity to manage direct recruits (international nurses). • Lack of availability of Ward Managers to interview via skype for RN’s. <p>Agency Spend:</p> <ul style="list-style-type: none"> • Agency used to keep nursing staffing levels safe. • Month 7 control total exceeded. <p>Sickness:</p> <ul style="list-style-type: none"> • Long term sickness decreased this 	<p>Recruitment:</p> <ul style="list-style-type: none"> • Investment in recruitment paper to step change recruitment (December 2018) • Advertising guidelines to be produced to ensure consistency (March 2019) • Focus on overseas starters - onboarding programme to ensure smooth entry to organisation. <p>Agency Spend:</p> <ul style="list-style-type: none"> • Agency spend tracked in month versus 2018/19 control total – grip and control through PMB and vacancy control panel • Workforce PMB to reduce areas of non-contractual pay spend • Register consultants / senior doctors with Locums Nest <p>Sickness:</p> <ul style="list-style-type: none"> • Theatres working group supporting

Vision – To Deliver an outstanding experience for every patient

	Positives	Challenges	Plans / Forecasts
People (DoOD&P)	<ul style="list-style-type: none"> Additional target areas in play Managers toolkit continues to roll out Flu campaign at 50% <ul style="list-style-type: none"> Engagement: Staff Engagement group continues to meet Potential “Quick Wins” identified positive staff survey results – engagement score in top 20% in the country Joining “wave 4 “ NHSI retention programme Staff survey underway <ul style="list-style-type: none"> Other: MaST (Mandatory and Statutory Training) compliance improved at 89.27% Medical appraisal improved and at 92.16% Non-medical appraisal now compliant at 88.60% 	<p>month, whilst short term sickness increased.</p> <ul style="list-style-type: none"> “anxiety/stress/depression” remaining top 20% of cases. Hotspot directorate – Facilities and staffing group – Theatres Winter season projections rise in sickness <ul style="list-style-type: none"> Engagement: Staff morale at time of intense operational pressures Areas of concern in staff survey <ul style="list-style-type: none"> Other: Maintaining & improving compliance rates for MaST (Mandatory and Statutory Training) and appraisals 	<p>managers on a case by case basis</p> <ul style="list-style-type: none"> HAWB strategy in development (March 2019) New OH lead joins January 2019 <ul style="list-style-type: none"> Engagement: Long term retention strategy for all staff groups is in progress “stay conversation” launch in November Currently implementing: resilience training pilot, promoting appraisal, flexible working, flu campaign and manager tool kit training to respond to sickness. Exploring reward and recognition schemes which include an Employee Assistance Programme <ul style="list-style-type: none"> Other: Embedding the Business Partner role in order to leverage added value (January 2019)

Performance Summary Narrative – October Performance, plus recent context

Vision – To Deliver an outstanding experience for every patient			
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Resources (DoF)	<ul style="list-style-type: none"> Month 7 position was a £492k deficit, which is a variance of £607k against plan. Therefore did not achieve PSF funding for the month. However the underlying position compared to the same period last year shows an improvement in productivity. 	<ul style="list-style-type: none"> The ability to hit the control total is significantly challenging given the context of: The on-going productivity challenge to achieve the Elective and Day Case plan, particularly in Orthopaedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery. The directorates are on weekly support meetings to identify and remove blockages to ensure productivity improves. Weekly action tracker in place Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity. Locum consultant posts are being sought for longer term vacancies to help mitigate capacity reductions. Increasing demand and pressures from Non Elective activity combined with limited reductions in length of stay combining in pressure for additional beds. The Trust is actively working with the system to identify capacity 	<ul style="list-style-type: none"> The greatest risk to the achievement of the financial plan is the potential for increasing non elective demand over the winter months, in turn creating capacity demand pressures. The Trust is working on mitigations for additional capacity with partner agencies e.g. Wiltshire council regarding domiciliary care and Wiltshire Health and Care on additional community capacity. The Trust continues to discuss with the CCG the performance, quality and financial implications of a lack of capacity across South Wiltshire.

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
		shortfalls and what system actions might be taken to address the pressures.	

Report to:	Trust Board - Public	Agenda item:	SFT4145a
Date of Meeting:	06 December 2018		

Report Title:	M7 Operational Performance Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Andy Hyett, Chief Operating Officer			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):	Appendix 1: Performance & Score Card Appendix 2: ED Performance & Action Plan			

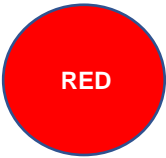
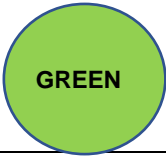
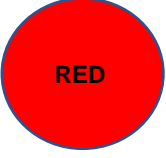
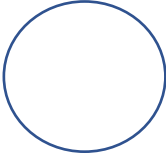
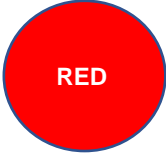
Recommendation:
The Committee are asked to note the Trust Performance for Month 7

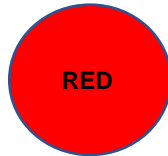
Executive Summary:
For Month 7 the Trust did not deliver the ED standard and did not deliver the Diagnostic standard. The RTT standard was delivered and at the time of writing this report Cancer performance was not available

Board Assurance Framework – Strategic Priorities	Select as applicable
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Executive Summary of Key Operational Performance – October 2018

() = national targets

ED Performance (95%)	<p><u>In month (7):</u> National standard was not delivered reporting 86.7% An in-depth report on performance and improvement is provided in Appendix 2.</p> <p><u>Year to date:</u> 91.5%</p>	
RTT Performance (92%)	<p><u>In month (7):</u> 92.2%</p> <p><u>Year to date:</u> 92.2%</p>	
Diagnostics (99%)	<p><u>In month (7):</u> 97.8%</p> <p><u>Year to date:</u> 99.3%</p>	
Cancer (2ww = 89.2%) (31 day = 96%) (62 day = 85%)	<p><u>In month (7):</u> At the time of writing this report M7 data was not validated.</p>	
DTOCs	<p><u>In month (M7):</u> 617</p> <p><u>Year to date</u> 4532</p>	

Emergency Pathway

An in-depth report on performance and improvement is provided in Appendix 2.

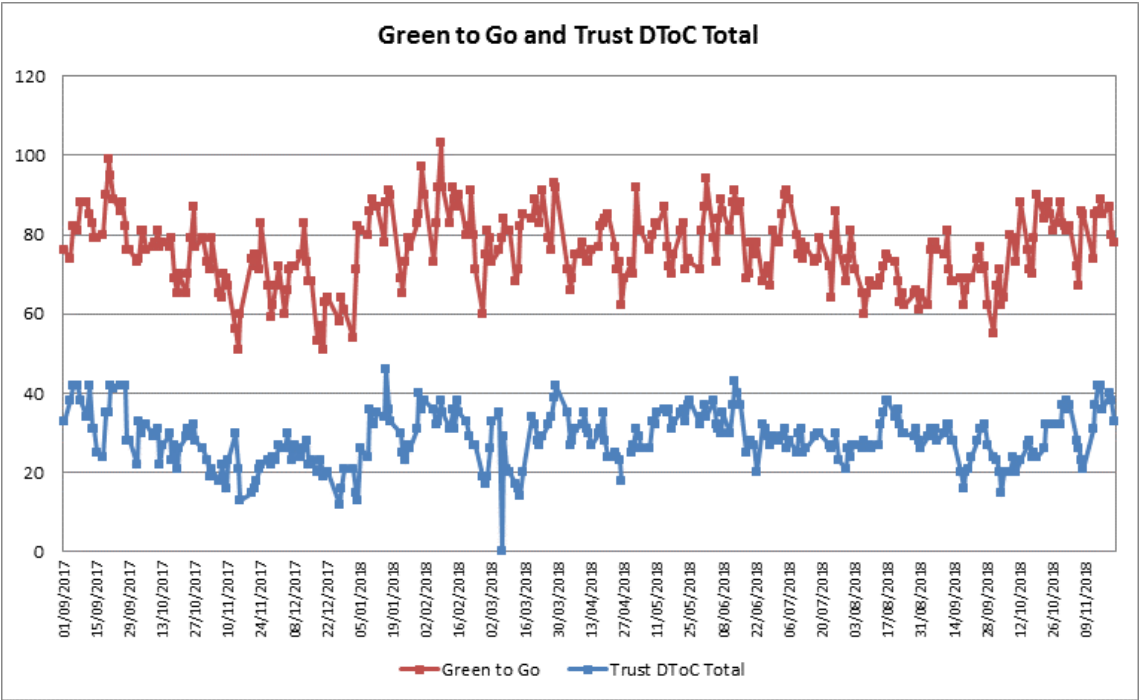
Performance	October
Type 1	81.69%
Type 1&2	83.01%
Type 1,2 &3	86.65%

Ambulance Breaches	
<60 minutes	45
>60 minutes	4

Time to Triage	All	Majors & resus	Minors
07/10/2018	13.9	8.4	24.7
14/10/2018	18.0	8.0	38.0
21/10/2018	16.9	10.3	30.1
28/10/2018	16.0	8.9	30.1

Time to Treatment	All	Majors & resus	Minors
07/10/2018	57.0	54.7	61.7
14/10/2018	70.5	65.6	80.4
21/10/2018	73.6	61.1	98.7
28/10/2018	69.8	64.9	79.4

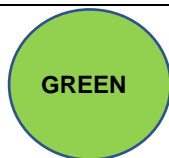
Please refer to the correlating document Appendix 2: ED Performance and Action Plan which details challenges pertaining to performance delivery, mitigating actions and planned recovery trajectory.



October 2018 = 617 lost bed days

2018-19 YTD = 4532 lost bed days

RTT



The Trust continues to deliver the Referral to Treatment standard reporting 92.2% for October. The following specialties are not compliant with the standard at specialty level.

General Surgery – 83.4% (Q3 target 85)

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

- One surgeon off sick with no date for return
- Review of outpatient activity and utilisation
- “Hernia day” in DSU being trialled in December

Urology – 89.1% (Q3 target = 91.0%)

- Advertising for Locum to cover in January when current post holder leaves
- Work continuing to validate waiting list and clear long waiting patients
- Biweekly meeting intensive support in place with COO, Clinical Service and Directorate

Trauma & Orthopaedics (T&O): 88.8% (Q3 target = 90%)

- Good progress with separation of trauma and elective - lower levels of Trauma in October
- Flexible Job Planning continues
- 12th Consultant (locum) interviews end of November
- Improved visibility of waiting lists – realignment of waiting lists to sessions being implemented in Q3
- Additional theatre lists seen increase in activity in line with recovery plan
- Additional Limited Liability Partnership lists and additional Sunday list per month to continue for October, November & December
- Weekly meeting with Executive support to increase activity and reduced lost cases due to some ongoing issues – 5 cases lost in October to trust wide operational pressures

Plastics (Skin & Breast) Plastics & Burns: 91.3% (Q3 target 89%)

- Breast reconstruction lists – continue increase in number of Dieps month on month
- Skin Plastic Surgeon – interviews 24th September cancelled due to no suitable applicants
- Micro Plastic Surgeon - interviews 24th September – successful recruitment
- Additional Malignant Melanoma & Squamous Cell Carcinoma lists.
- Increased capacity identified in both DSU and Minor Operations.

- Additional Rapid Referral Clinic capacity

Oral and Maxillo Facial surgery (OMFS) : 79.7% (Q3 target = 90%)

- Waiting list size decreasing following a peak in July
- Grading Matrix finalised to enable improved bookings & utilisation – slight improvement in October
- Clinic template work ongoing to improve booking
- Additional lists where possible – including Saturday list
- Some lost capacity due to escalation in DSU
- Service review to be completed by end of December

Dermatology – 88.8% (Q3 target = 92.0%)

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

Thoracic Medicine – 79.3% (Q3 target 85%)

Thoracic Medicine (Respiratory) is in month three of a 6-9 month improvement trajectory. Performance is improving and has increased each month for the last two months now that a new part time Consultant is in post. On average three additional clinics per week are running which is ensuring urgent patients from future clinics are bought forward. This is enabling future routine capacity to become available with a lesser wait time. End of Q3 performance expected to be 85%. It is expected that 92% will be achieved by Q1 of 19/20.

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

Urology locum now in place and additional lists being undertaken. Advertising for further locum for Jan – July 19.

Waiting list size

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

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

Actions to reduce waiting lists for specialties not already covered in this paper are summarised below

ENT – new consultant appointed starting February– A retired staff grade is returning to do some additional clinics to help with back log

Ophthalmology – extra theatres sessions now in place, work is being carried out by Tori Appleford and Anisa to complete validation of back log.

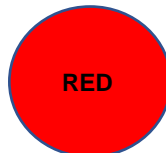
Geriatric Medicine – new Consultant in post from 8/10/18. Waiting list size is small in comparison to other specialties and would expect this to return to lesser numbers within three months of new Consultant being in post (January 2019). Job plans have all been reviewed and confirmed and additional activity/clinics etc. are running.

Cardiology – waiting list size and waiting time regularly reviewed by directorate. Noted that wait time is now 9 weeks for OPD. Consultants will provide additional activity as part of annualised job plans with the aim to reduce wait time back to 6 weeks within 2-3 months. Lack of Physiologist workforce is impacting on wait times for diagnostics which is prolonging some of the diagnostic pathway for some electives. Locum Physiologist is being sourced but a balance is required to preserve inpatient Echo service and outpatient waits. Staff Grade for Cardiology returning from maternity leave in February which will reinstate two clinics per week for first two months as part of her phased return.

Rheumatology - Cause of increase was a 2-3 month medical workforce gap and a focus on reducing the follow up waiting list. Actions – appointment of substantive consultant, review of clinics and cancelled slots to ensure escalation process is followed , admin and clinical review of follow ups and switch to PIFU & PTL waiting list management at speciality meeting.

Gynae - The appointment of 3x new Consultants, 2 in June and 1 in September will ensure the waiting lists are managed appropriately to year end. However, there has been an increase of 14.35% in referrals this financial year to date, this is being monitored and if additional clinics / capacity are required.

Diagnostic (DM01) September



In line with predictions and following clinical prioritisation of resources the trust failed to deliver the diagnostic standard in October reporting 97.8%. There were 72 breaches (67 Endoscopy). Similar numbers are predicted for November so we expect to report another 97-98% achievement. A recovery plan has been implemented which is expected to show improvement for December as long as all lists are covered

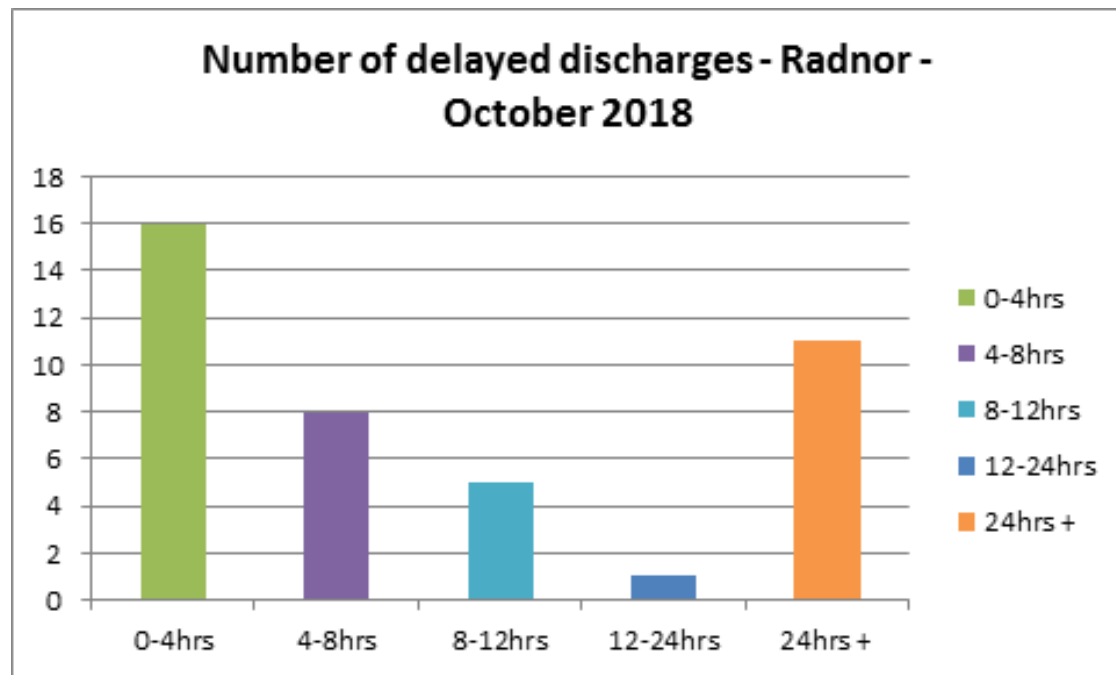
Current wait times are around 6 weeks in Radiology and, owing to the implementation of the approved recovery plan in October/November, are now back to 6-7 weeks in Endoscopy. The recovery plan for Endoscopy covers November and December and is addressing the previously reported lack of cover from regular Endoscopists combined with the ongoing absence of CNS cover in Colorectal.

Capacity is being outsourced at weekends to mitigate the uncovered lists. In January and February there will be at least 35 lists vacated by Colorectal as a result of the lead Endoscopy Nurse continuing to cover gaps in the CNS arrangements in Colorectal. Together with lists not covered by Gastroenterology because of their ward cover commitments this lost capacity creates a significant risk of missing the DMO1 target and incurring significant additional financial costs due to a reliance on 18 week support.

The MRI waiting list is currently at 315 with the majority of patients waiting less than 3 weeks. We are therefore continuing with the reduction in the use of the van. Local health care providers have been notified of the available capacity but no firm arrangements have yet been made. COO has highlighted to CCG and NHSi

CT wait times continue to reduce as we have been able to put capacity in place for regular weekend working, this will continue up to and including the Christmas period.

ICU



No cancellations due to capacity

Links to Assurance Framework/ Strategic Plan:

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

Salisbury Hospital NHS Foundation Trust Board Report - October 2018

			Reporting Month		Rolling 12 months
Metric Name	National Ceiling /Standard	Local Trajectory	Oct-18	Patients Affected in Oct-18	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	STF = 92.0%	92.2%	1,346	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		9 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
Metric Name	National Ceiling /Standard	Local Trajectory	Oct-18	Patients Affected in Oct-18	Trend Against National Standard
A&E - 4 Hour wait from Arrival	95%	STF = 93.8%	86.7%	752	
A&E - 12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting less than 6 weeks	99%		97.81%	72	
Diagnostic Test Compliance***	10 out of 10		6 out of 10		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Delivering same sex accommodation****	0		65		
Infection control – Clostridium difficile (YTD)	YTD: 11		YTD: 1	0	
Infection control - MRSA*	0		1		
Metric Name	National Ceiling /Standard	Local Trajectory	Oct-18	Patients Affected in Oct-18	Trend Against National Standard
All Cancer two week waits	93%		95.9%	41	
Symptomatic Breast Cancer - two week waits	93%		83.3%	2	
31 day wait standard	96%		96.8%	4	
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%		81.0%	16.0	
62 day screening patients	90%		100.0%	0.0	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

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

Report to:	Trust Board (Public)	Agenda item:	SFT4145a
Date of Meeting:	06 December 2018		

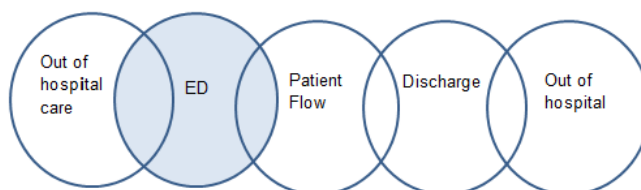
Report Title:	Appendix 2 : ED Performance and Action Plan			
Status:	Information	Discussion	Assurance	Approval
	x		x	
Prepared by:	Lisa Clarke, Directorate Manager for Medicine			
Executive Sponsor (presenting):	Andy Hyett, COO			
Appendices (list if applicable):				

Recommendation:

There has been a significant deterioration in the emergency performance standard over the last three months. The trust continues to fail to deliver the standard against its trajectory for improved performance. The attached paper was provided to update the Finance and Performance Committee on some of the issues causing the underperformance and actions being taken.

Executive Summary:

Achievement of ED performance is multi-factorial. This paper focusses on the role that the ED has to influence this and the actions being taken to address this.

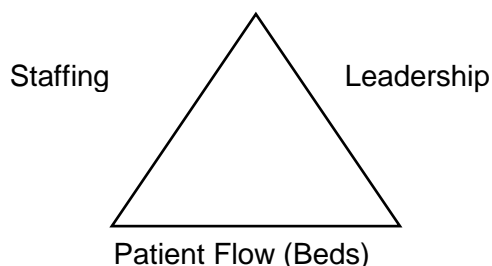


Whilst ED performance YTD at end of month 7 illustrates deterioration in compliance in performance against October's trajectory was achieved. The trajectory for the rest of 18/19 is illustrated in graph 1 below.

Type 1			Type 1,2&3	
Month	Attendances	4hr%	4hr%	Trajectory 18-19
April	3897	92.58%	95.00%	91.09%
May	4334	90.70%	93.50%	93.99%
June	4273	91.25%	93.90%	95.79%
July	4655	89.90%	93.10%	95.68%
August	3949	85.06%	89.70%	92.49%
September	3915	82.66%	87.90%	93.49%
October	3989	81.12%	86.70%	85.90%

CLASSIFICATION: UNRESTRICTED

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



Once one of these core elements is not functioning then delivery of the 4 hour standard is at risk.

1) Staffing

During the last 18 months ED has been recruiting to four middle grade doctor posts. During August this year, three of the four Doctors started in post. It had not been possible to attract candidates with UK/NHS experience. This has proven challenging in terms of their ability to react to the demands of the Department and make a senior decision without constant supervision. Due to their reduced capability the Consultant workforce has had to reduce the number of patients they see per shift in order to supervise the junior team. Since their commencement in post, robust monitoring of performance has been undertaken and continues. It is anticipated that this period of monitoring will conclude in mid-December with appropriate action to be taken.

There has also been a long standing vacancy within the Consultant workforce which it has not been possible to recruit into. Interviews for this position will be taking place on the 29/11/18 and an appointment is likely. Having this vacancy in the workforce has resulted in other substantive Consultants filling gaps in the rota which has impacted on the number of 'bolster' shifts in the rota which can double up on Consultant cover in majors.

There is currently a shortfall of circa. 11WTE trained nurses within ED. This is resulting in the need for agency staff to be used for backfill or for nurses from other areas to be moved to ED. This results in a reduced skill mix on shift which can impact on the Department's ability to cope with the pace and demand set upon them.

2) Leadership

The Medicine Directorate Management Team has changed the clinical leadership within ED in response to a number of team concerns regarding the leadership of the clinical lead in post. A new Lead and Deputy Lead have been appointed and allocated appropriate time within their job plans to enable them to be more visible and successful in this role. The two new Leads bring with them a different style of leadership with positive ideas on how to make changes within the Department to support an improvement in performance as well as an improved environment to work in for our staff.

In recognition of a gap in the senior nursing leadership, approval has been given to second three members of the Band 6 nursing staff into Band 7 secondments to provide stability within the nursing team. This enables each Band 7 to have a portfolio of leadership roles to support the functioning of the ED. The Directorate Manager for Medicine is working with the full ED Leadership team to ensure that delivery of performance is a key part of all of their portfolios of work.

CLASSIFICATION: UNRESTRICTED

ED has been undergoing intensive support with the COO and Director of Nursing for the last 8 weeks with the full engagement of the Medicine DMT and the ED Leadership team. Some of the actions taken from these meetings have been as follows:

- Approval to seek support from an external partner for provision of the ED Navigator. This has improved safety in the waiting room but also provided an opportunity to ensure that times to triage and times to assessment are maintained within the core standards (15 minutes and 60 minutes respectively) – see graph 3 below.
- Approval for additional 2000-0200 Band 5 Nurse shift to support the twilight period of known high attendances (ratified at skill mix review at TMC)
- Approval to second three Band 6 RNs into leadership B7 roles to bolster training and development of junior team and provide stability within nursing structure.
- Formalise waiting room and triage escalation processes to ensure safety within the department.
- Discuss medical staffing issues to ensure prompt action.

3) Patient Flow

The trust has continued to experience an increase in attendances to the Emergency Department with July seeing the highest ever. There has been a 5.5% increase year on year in ED attendances, 7.9% between May and July (Graph 2). The conversion rate to admission is 1% higher compared to the same period last year with Aug/Sept around 2% higher. Non Elective admissions, as a total, are up 5% compared to the same period last year.

A factor that impacts patient flow is the timely availability of downstream beds. This is influenced by early discharge but also by ED processes. Trust wide actions to improve patient flow are being addressed through the patient flow transformation program. There is a significant action plan to drive these improvements which have been focused down to three actions which are currently the focus of the program.

- 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.

In addition to this all stranded patients are reviewed on a weekly basis, a process is being scoped to conduct and build on the day of care survey, previously ran, each week to establish what every patient's current clinical pathway is. Identified patients will then be reviewed by internal and external teams, to challenge and escalate potential patient delays where appropriate. (Graph 5 below). An expert panel to review patient that are stranded and super stranded is happening twice a week, chaired by the Director of Nursing for the CCG.

Whilst the number of attendances has increased and the number of delayed discharges are not increasing and there are actions that need to be addressed to improve internal processes.

In addition, the trust has experienced significant challenges in discharging patients who require ongoing care. At the time of writing this report there were 90 patients who no longer require acute care in SFT hospitals beds (Green to Go) and 26 patients whose discharge has been delayed (DTOCs – Graph 4 below).

CLASSIFICATION: UNRESTRICTED

Delay in discharging patients has significantly impacted on the trusts ability to decrease length of stay. Average length of stay at the end of October was 9.96 days however at the time of writing this paper length of stay had decreased to 7.57 days (Graph 6 below).

Summary of Actions Being Taken to address 4 hour performance within ED:

- Delivery of ED Action Plan to ensure progress
- Management of the performance of junior doctor workforce to ensure breaches caused by first doctor assessment do not occur or are minimal.
- Ongoing recruitment of nursing staff to close the 11WTE vacancy gap.
- Directorate Manager daily direct involvement with management of pathway blockages and to reinforce the requirement to improve 4 hour performance.
- Closer working between ED and Acute Medical Unit to ensure the full front door is managed and flow is managed effectively.
- Intensive support from COO and DoN ongoing.
- Weekly DMT involvement/support.
- Patient Flow Programme, delivery of the four key objectives.
- Publication of ED dashboard to give overview of real time position in order to react to pressure on Department.
- Publication of KPIs to all ED staff to ensure they are kept informed of position with expectation of them to support improvement.
- Increase administrative support within SSEU and Majors to release clinical time for patient facing activity.
- Implement Urgent Care Senior Lead Team (SLT) meeting chaired by Medicine DM and CD to include ED and Acute Medical Unit senior teams.
- Recruitment into ED Consultant vacancy.
- Source Locum Consultant for winter, high demand period to bolster workforce and protect performance position.
- Robust job planning of all Consultants to ensure all appropriate time for clinical duties is rota'd.
- Consider alternative roles to mitigate workforce gaps, e.g. Paramedics.

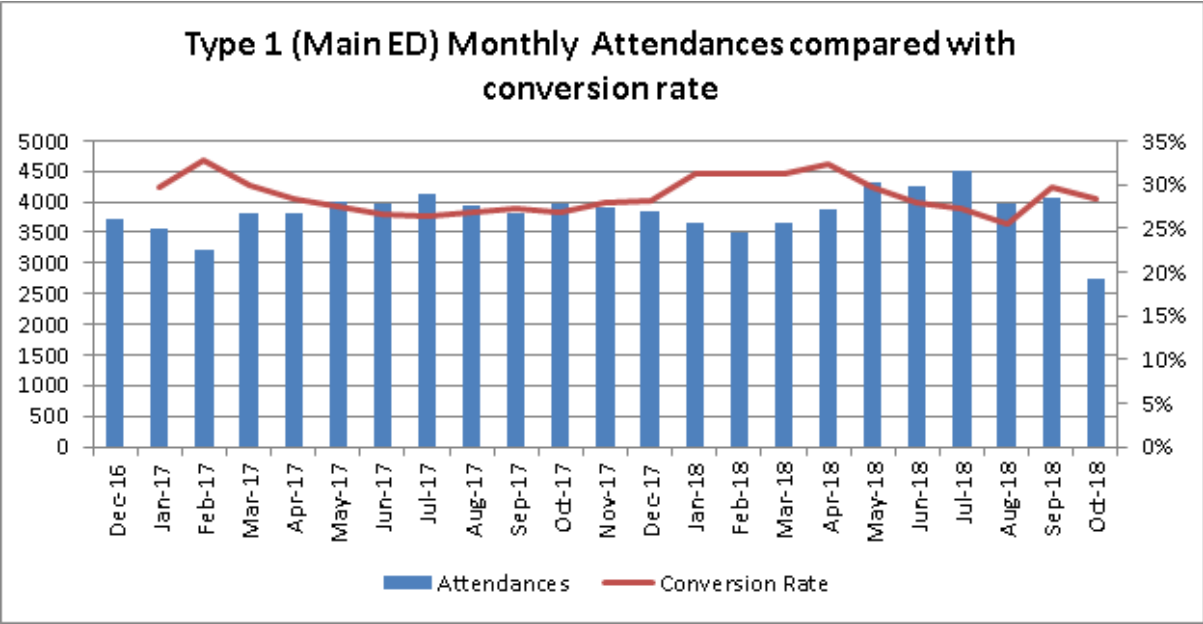
CLASSIFICATION: UNRESTRICTED

Analysis

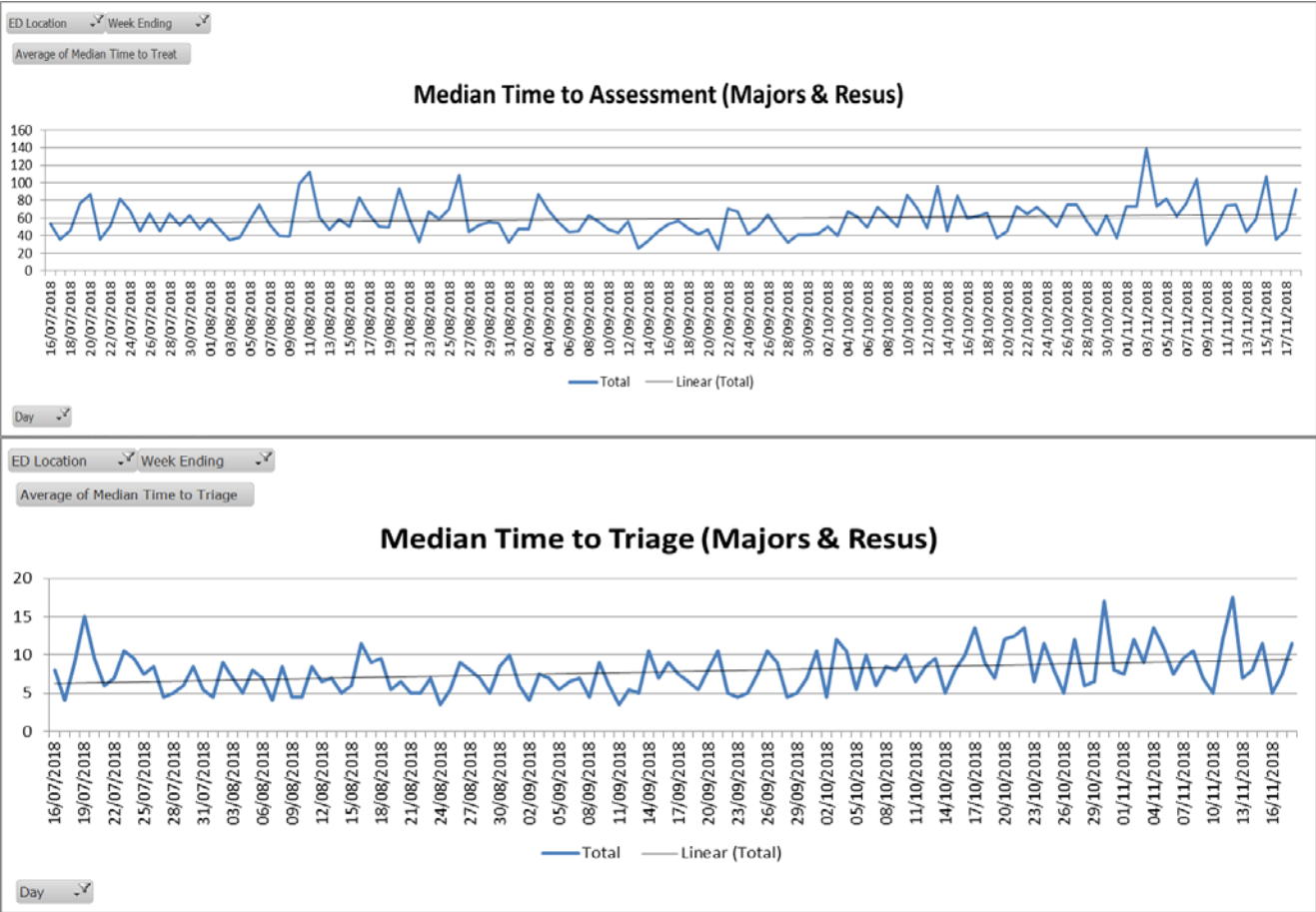
Graph 1 – Performance Trajectory

Trajectory lines	01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12
	Y1 M01 Plan	Y1 M02 Plan	Y1 M03 Plan	Y1 M04 Plan	Y1 M05 Plan	Y1 M06 Plan	Y1 M07 Plan	Y1 M08 Plan	Y1 M09 Plan	Y1 M10 Plan	Y1 M11 Plan	Y1 M12 Plan
	30/04/2018	31/05/2018	30/06/2018	31/07/2018	31/08/2018	30/09/2018	31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019	31/03/2019
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	#	#	#	#	#	#	#	#	#	#	#	#
Accident and Emergency - >4 hour wait	290	402	373	443	593	700	752	700	780	680	520	300
Accident and Emergency - Total Patients	5,801	6,177	6,107	6,455	5,743	5,804	5,331	6116	7145	6199	5761	5953
Accident and Emergency - Performance %	95.0%	93.5%	93.9%	93.1%	89.7%	87.9%	85.9%	88.6%	89.1%	89.0%	91.0%	95.0%

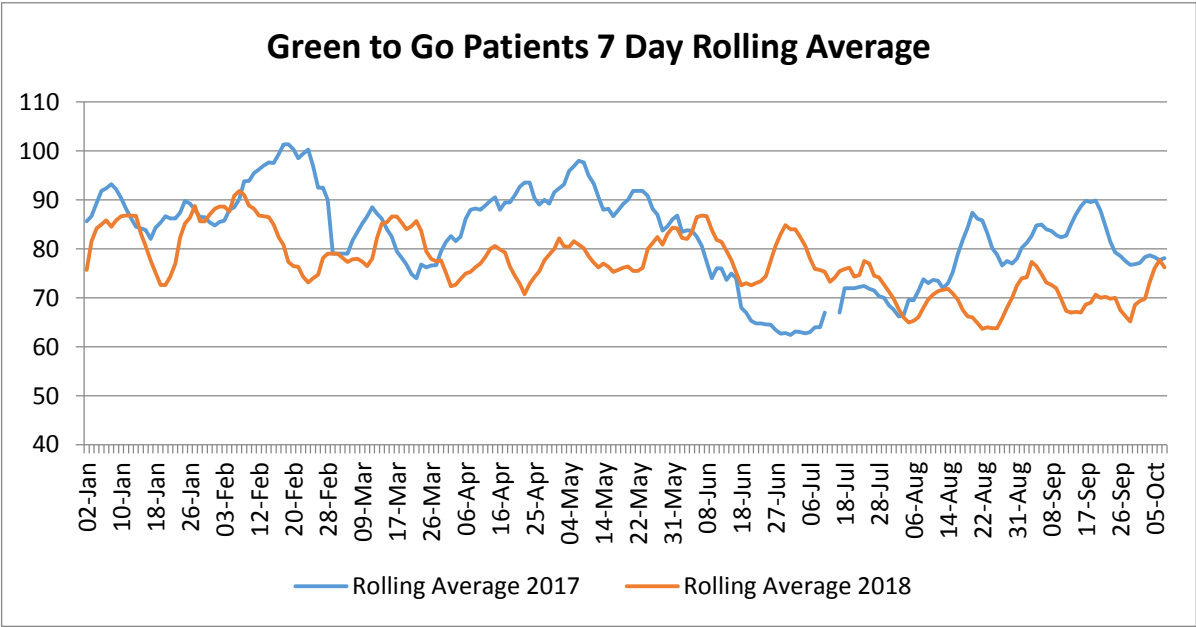
Graph 2. – ED type 1 attendances and conversion rates



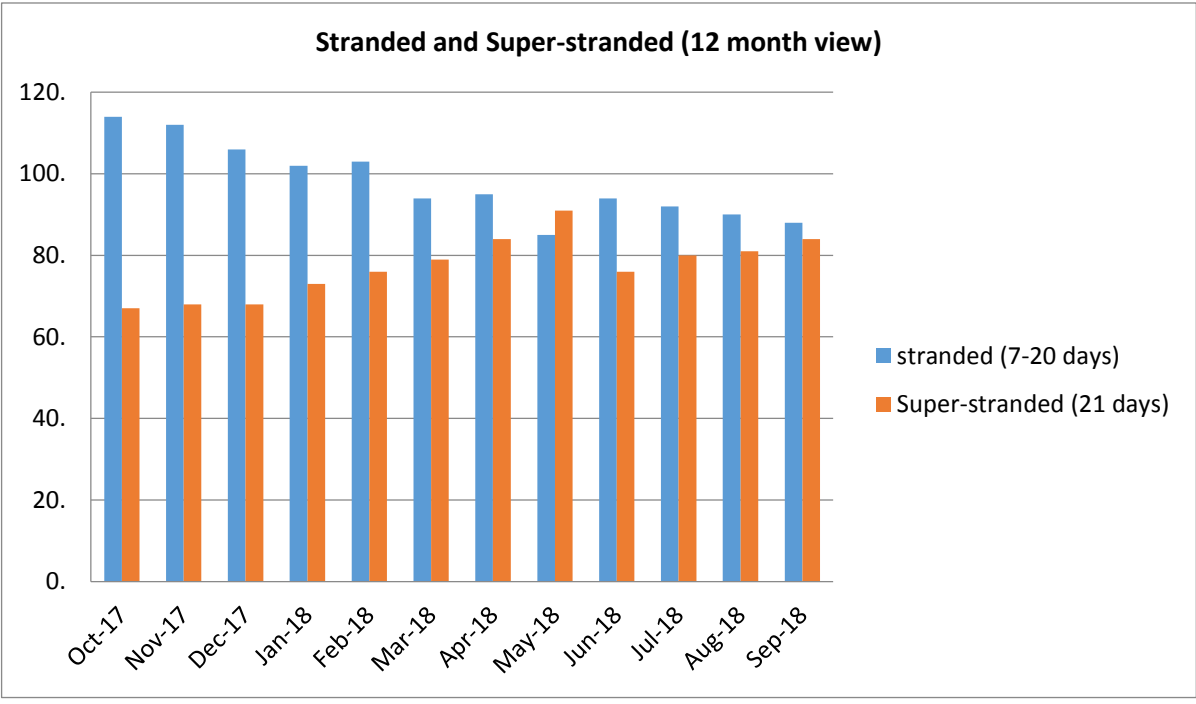
Graph 3 – ED time to triage and time to assessment



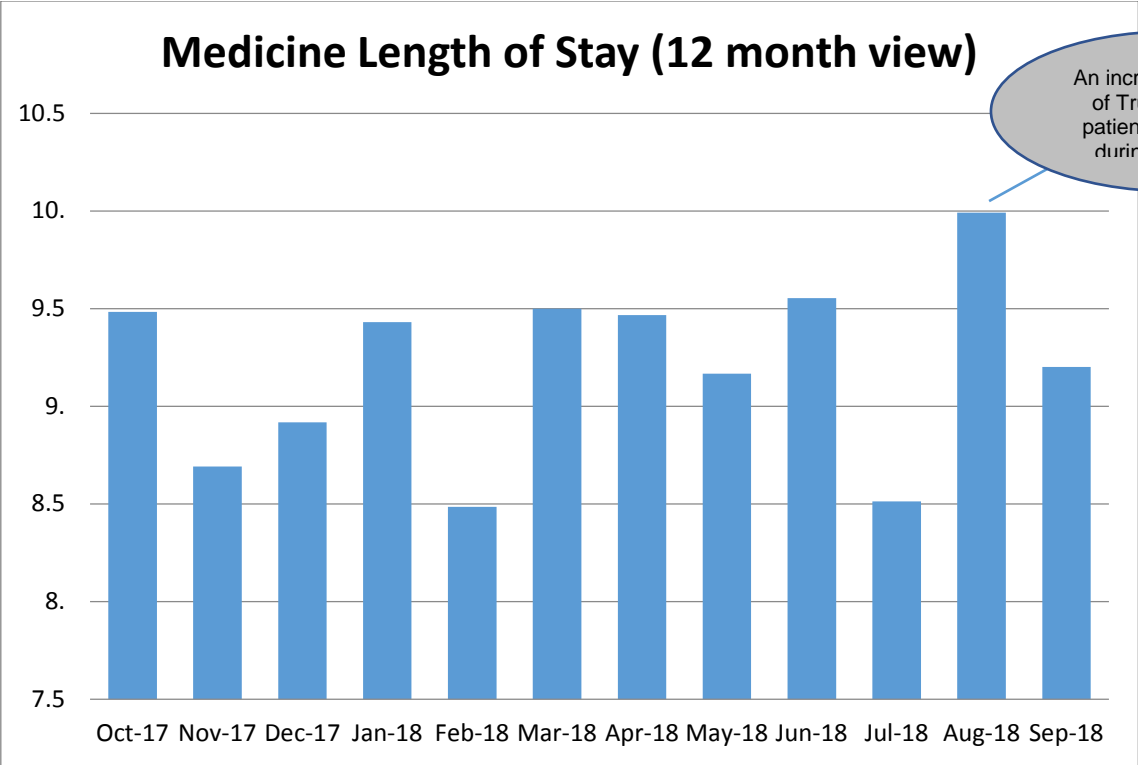
Graph 4 – Number of Green to Go Patients



Graph 5 – Number of Stranded Patients



Graph 6 – Length of Stay



Report to:	Trust Board	Agenda item:	SFT4145b
Date of Meeting:	06 December 2018		

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

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

Executive Summary:
<p>Positive indicators – low C Difficile rate sustained and for the first time ever 100% of high risk TIA patients seen within 24 hours. SSNAP score sustained at a B. Of concern, is the reduction in hip fracture patients receiving surgery within 36 hours and a second MRSA bacteraemia this year.</p> <p>The use of escalation capacity remained at the same level as the previous month and the number of ward moves has decreased. The number of non-clinical mixed sex accommodation breaches within AMU increased and privacy and dignity maintained and breaches resolved very quickly (only occur in the ambulatory bay of AMU).</p>

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

1.0 Purpose

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

2.0 Background

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

3.0 Quality indicator report

- 3.1 No cases of Trust apportioned C Difficile.
- 3.2 No MSSA bacteraemias for three months.
- 3.3 One MRSA bacteraemia currently under investigation. YTD – 2 cases.
- 3.4 Three E Coli bacteraemias, two may be catheter associated infections.
- 3.5 Two new serious incident inquiries commissioned in October. YTD 17 cases.
- 3.6 One never event currently under investigation. YTD 2 cases.
- 3.7 An increase in the crude mortality rate in October. HSMR decreased to 102.7 to July 18 and is within the expected range. SHMI decreased to 105 to June 18. Proposals for the introduction of Medical Examiners presented to the Mortality Surveillance Group in November.
- 3.8 Hip fracture patients operated on within 36 hours decreased but was above target for surgery up to 48 hours following admission. Delays were mainly attributed to theatre space.
- 3.9 A decrease in category 2 pressure ulcers.
- 3.10 Three falls resulting in moderate harm (pubic rami, vertebral and elbow fractures all managed conservatively).
- 3.11 All patients received a CT scan within 12 hours. An improvement in patients reaching the stroke unit within 4 hours. Those delayed were due to a stroke as an inpatient (3) and delays arriving from ED (4). 100% of patients spent 90% of their stay on the stroke unit exceeding the 80% national target. The stroke team continue to work with the other acute Trusts in Wiltshire on a CCG stroke collaborative to reduce variation across the pathway. Work is focused on improving thrombolysis door to needle times (22% of eligible patients received thrombolysis in October exceeding the 15% national target), time to the stroke unit and boosting the early supported discharge scheme (26% of eligible patients were able to go home with early supported discharge lower than the 40% national target). SSNAP score B.
- 3.12 100% performance in high risk TIA patients seen within 24 hours.
- 3.13 Escalation bed capacity remained at a low level and multiple ward moves decreased in October. Of note, the escalation ward has not opened due to workforce vacancies.
- 3.14 5 non-clinically justified mixed sex accommodation breaches affecting 65 patients all in the ambulatory bay on AMU. 3 clinically justified mixed sex accommodation breaches affecting 23 patients all on AMU.
- 3.15 Patients rating the quality of their care improved this month. The Q2 staff friends and family test improved compared to Q1 of those recommending the Trust as a place to work and receive care or treatment.

4.0 Summary

Positive indicators – low C Difficile rate sustained and for the first time ever 100% of high risk TIA patients seen within 24 hours. SSNAP score sustained at a B. Of concern, is the reduction in hip fracture patients receiving surgery within 36 hours and a second MRSA bacteraemia this year.

The use of escalation capacity remained at the same level as the previous month and the number of ward moves has decreased. The number of non-clinical mixed sex accommodation breaches within AMU increased and privacy and dignity maintained and breaches resolved very quickly (only occur in the ambulatory bay of AMU).

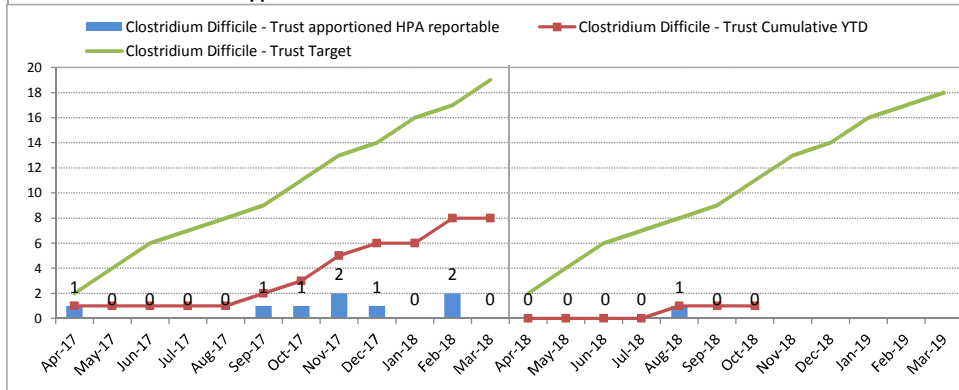
Claire Gorzanski, Head of Clinical Effectiveness, 16 November 18.

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

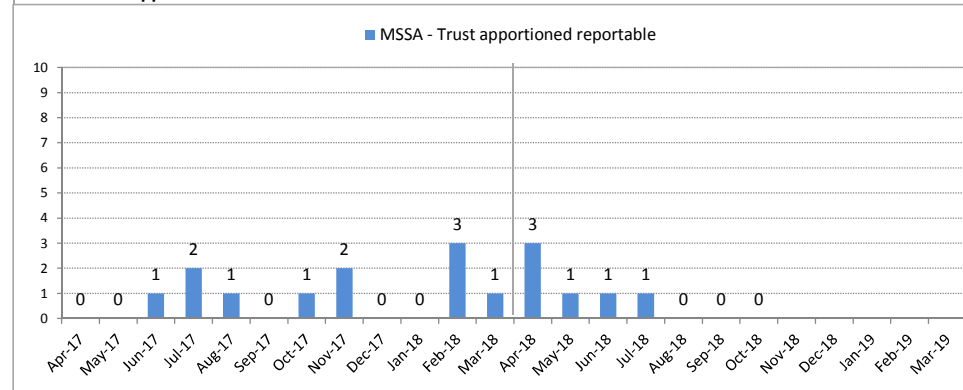
Trust Incidents	2017-18 YTD	2018-19 YTD
Never Events	3	2
Serious Incidents Requiring Investigation	25*	17

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

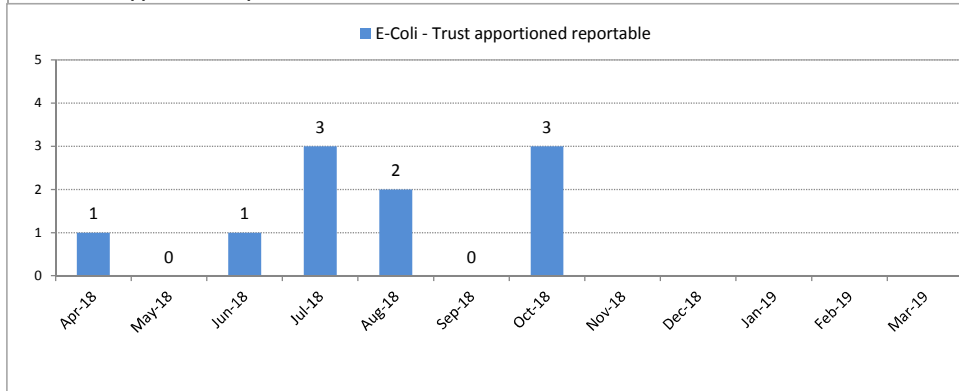
Clostridium Difficile - Trust Apportioned



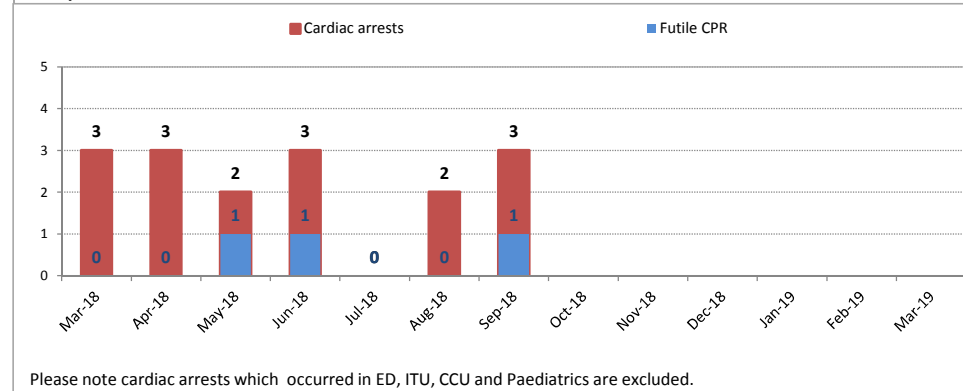
MSSA - Trust Apportioned



E-Coli - Trust apportioned reportable

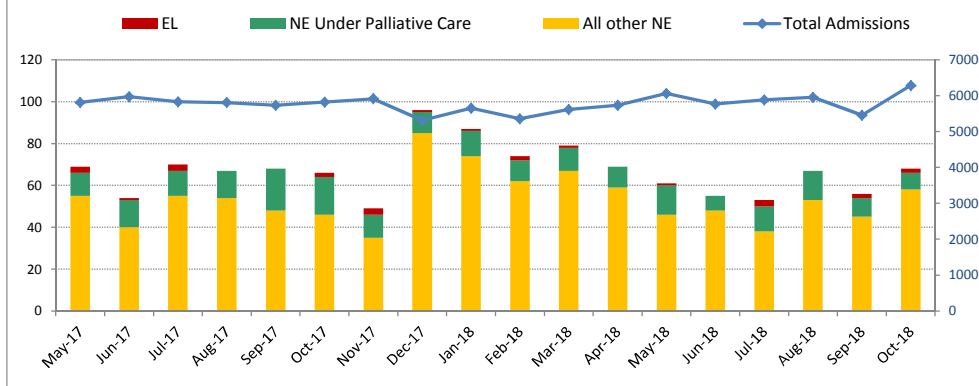


In hospital cardiac arrests and futile CPR

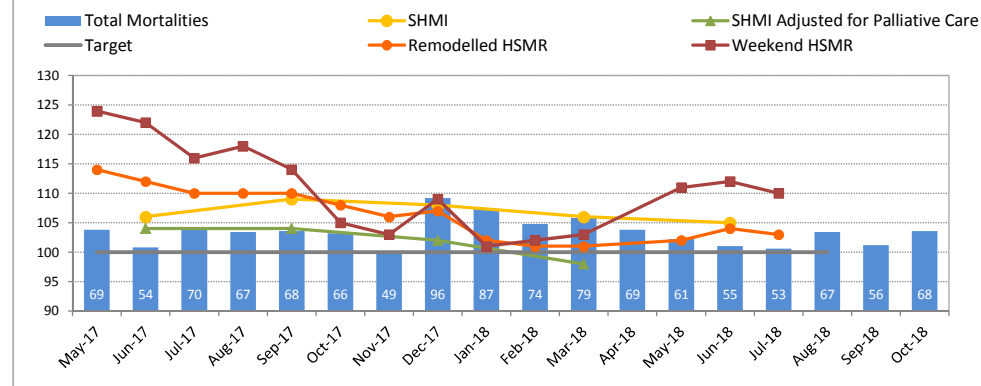


Please note cardiac arrests which occurred in ED, ITU, CCU and Paediatrics are excluded.

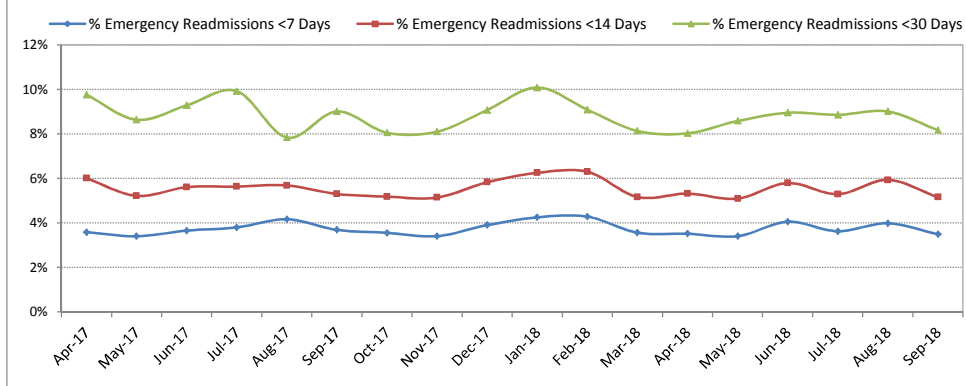
Hospital Mortalities



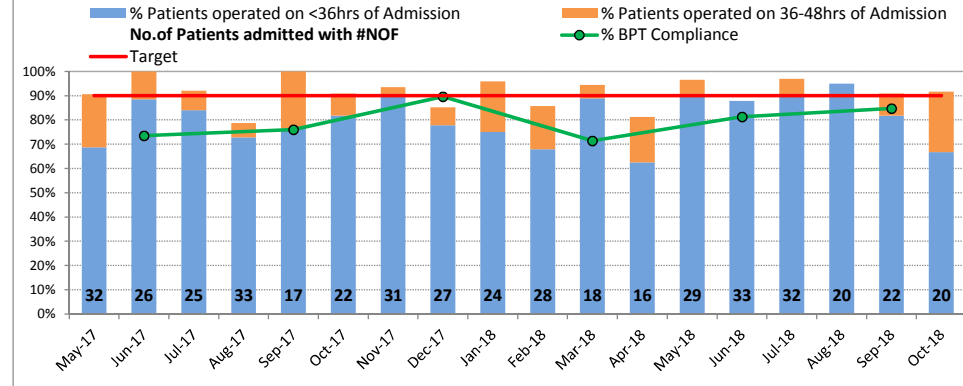
HSMR and SHMI



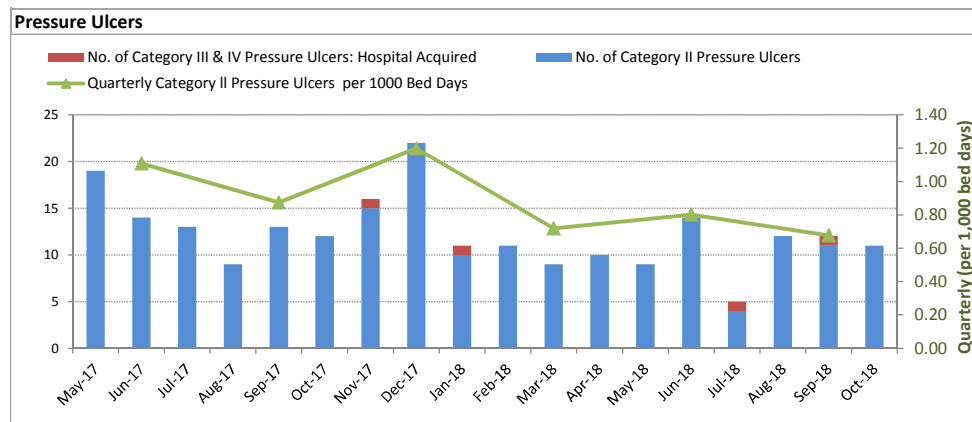
Emergency Readmissions within 7, 14 & 30 days of Discharge



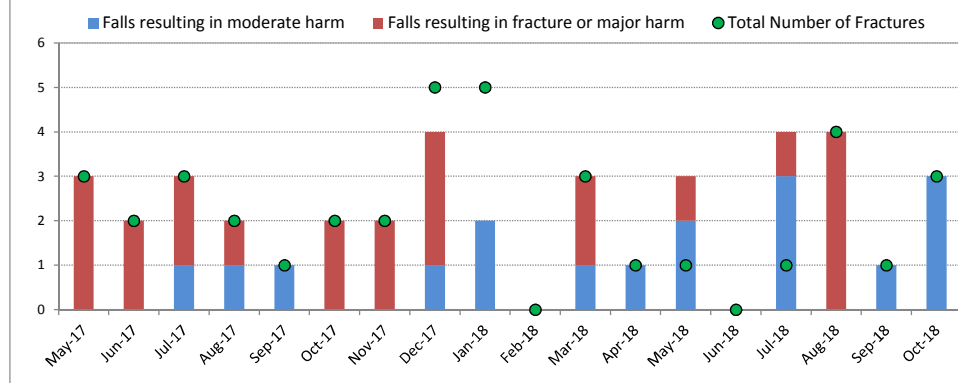
Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



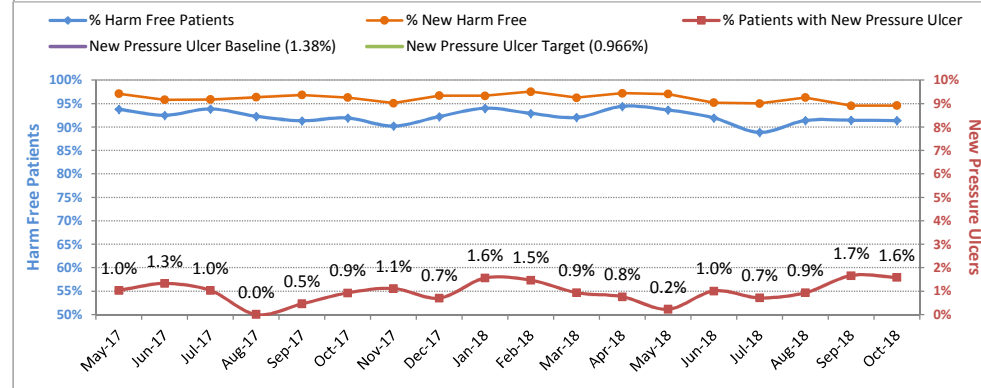
Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.



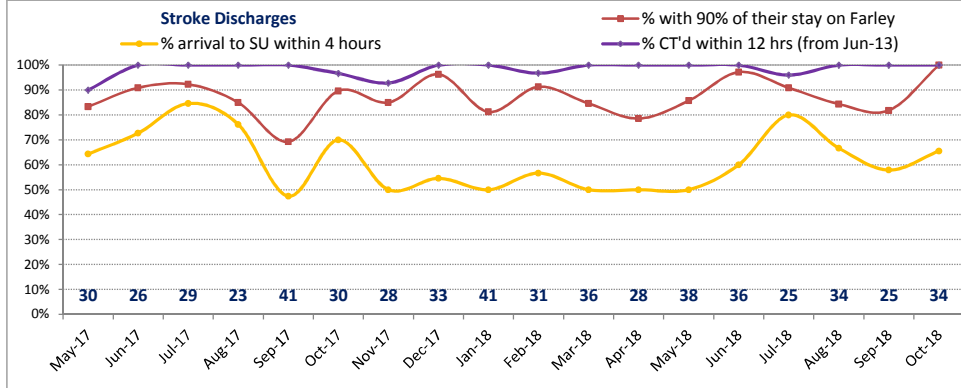
Patient Falls in Hospital



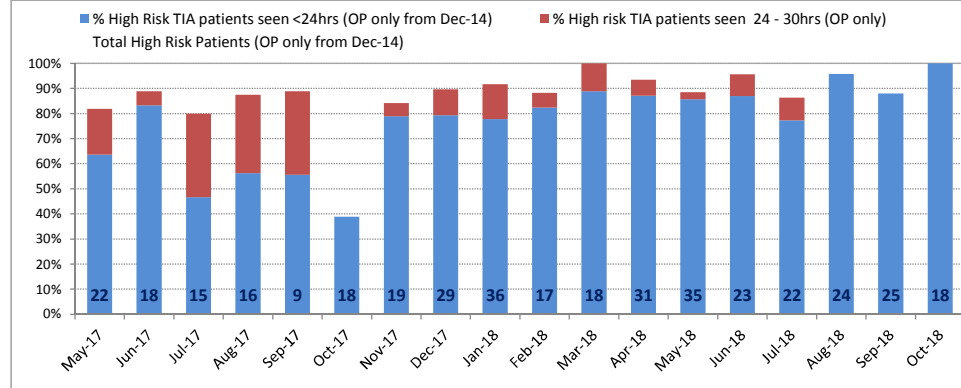
Safety Thermometer - One Day Snapshot per Month



Stroke Care



TIA Referrals



SSNAP Case Ascertainment Audit

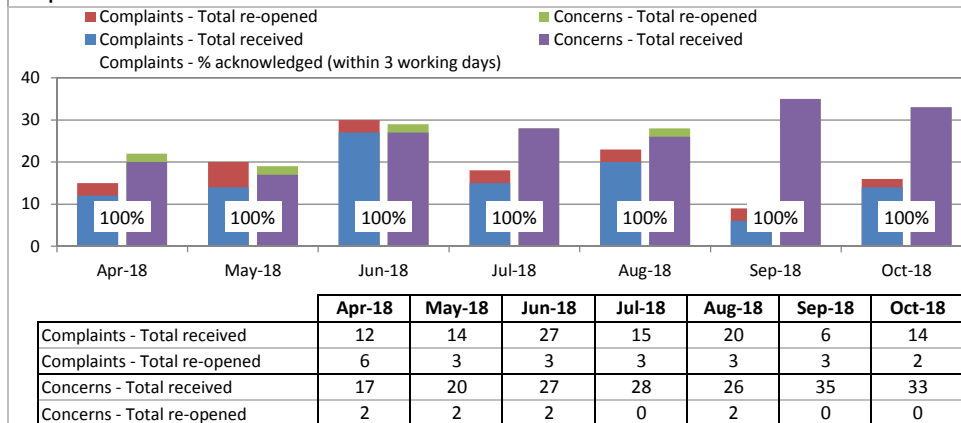
Highest level = Grade A

Lowest level = Grade E

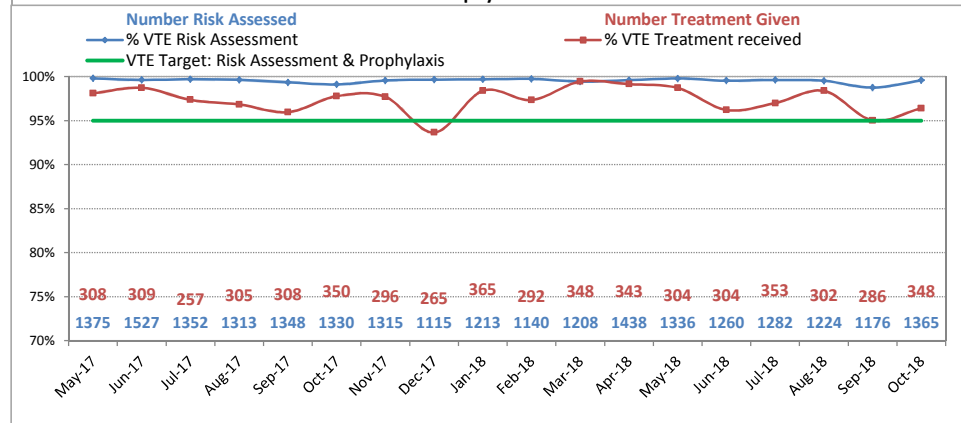
Tri-annually	Apr - Jul	Aug - Nov	Dec - Mar
2016-17	B	B	D
2017-18	C	D	C

Quarterly	Q1	Q2	Q3	Q4
2018-19	B			

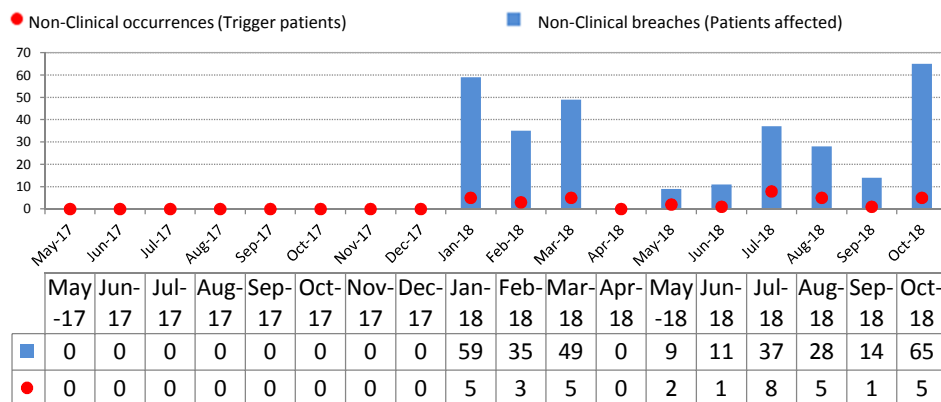
Complaints and Concerns



Venous Thrombous Embolism: Risk Assessment & Prophylaxis

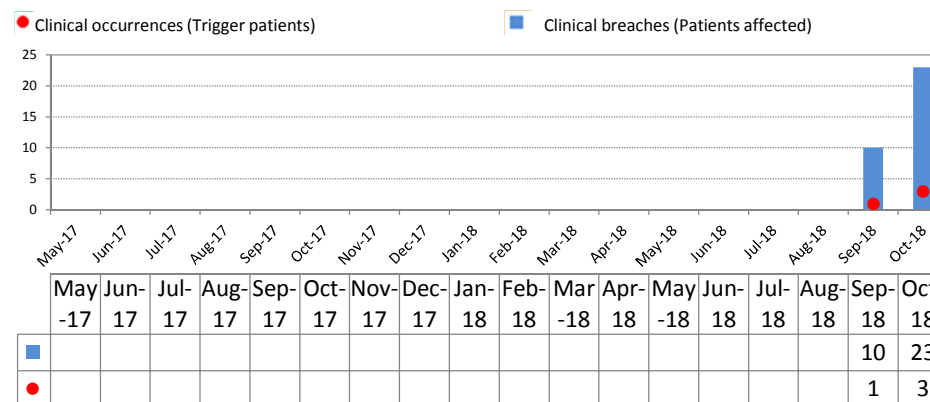


Delivering Same Sex Accommodation - Non-clinical



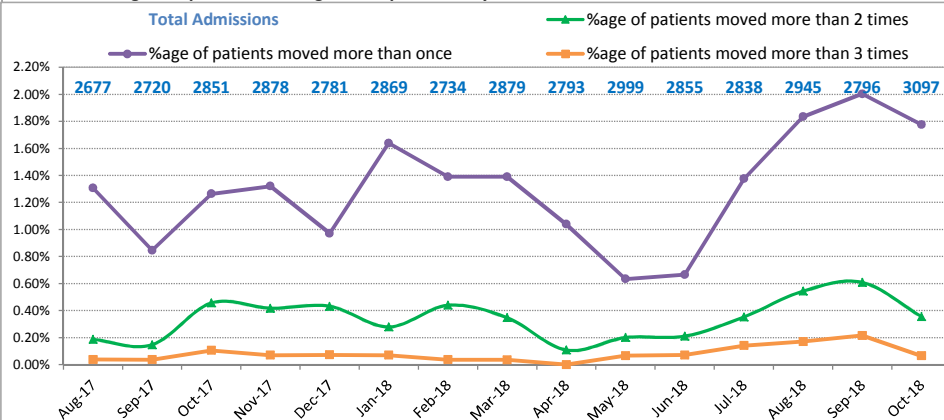
Please note MSA (Mixed sex accommodation) is now referred to as DSSA (Delivering same sex accommodation) since 01/08/2018

Delivering Same Sex Accommodation - Clinical

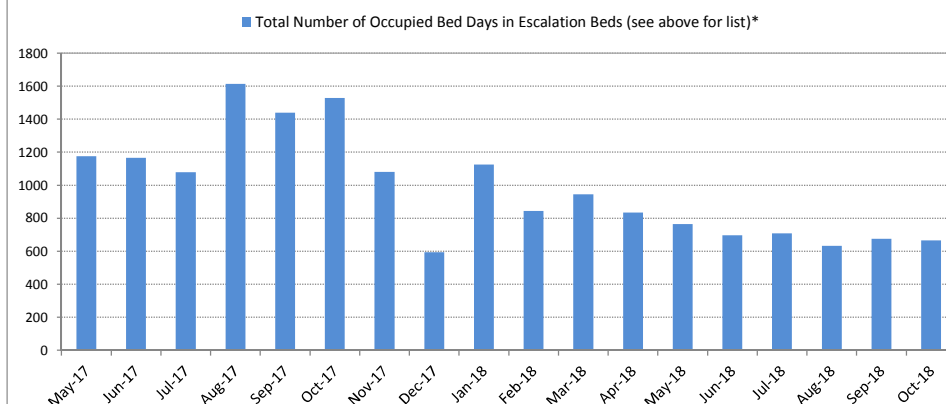


Please note Clinical DSSA figures have been collected since June 2018

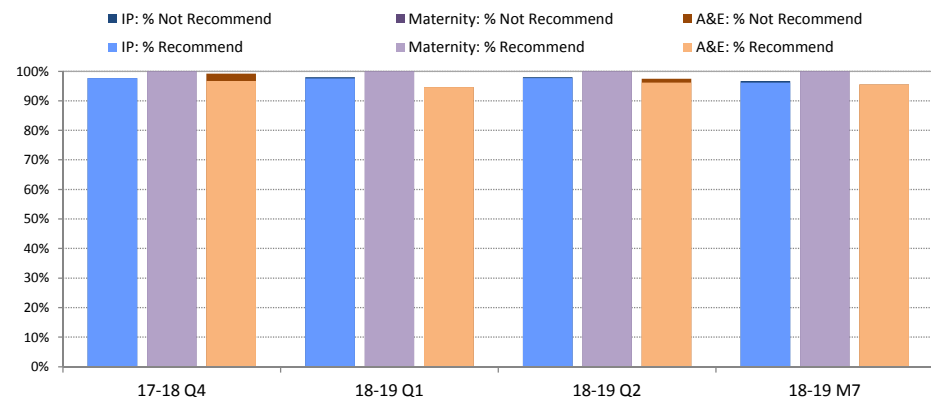
Patients moving multiple times during their Inpatient Stay



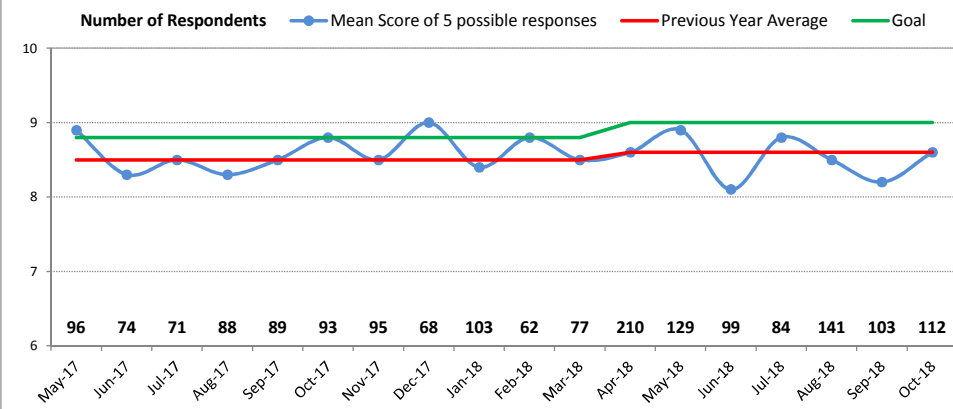
Escalation Bed Days



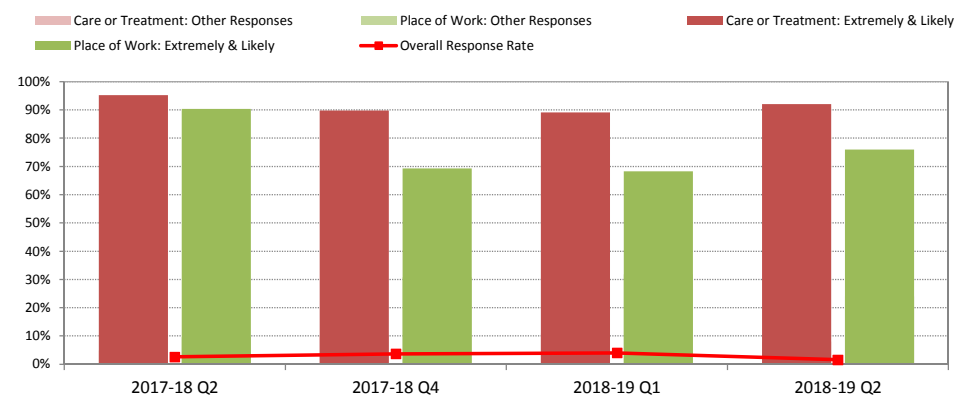
Friends & Family Test: Responses by Area



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



Friends & Family Test: Staff (% Responses)



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

Report to:	Trust Board (Public)	Agenda item:	SFT4144c
Date of Meeting:	06 December 2018		

Report Title:	Workforce report month 7			
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 7 Workforce KPIs Month 7 2018/19 Areas for Concern Month 7 2018/19			

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

Executive Summary:
<p>The Executive Summary of Key Workforce Performance and the Month 7 Workforce Dashboard (see appendix) details the Trust's performance against the key workforce indicators.</p> <p>As of this month, we are reporting in a revised format, using headings from the Phase 2 Operational Plan, with tighter RAG ratings, and with both revised and additional targets. These are detailed in the Workforce KPIs and referenced in the narrative. The report now includes the number of vacancies processed and time to recruit data, as well as employee relations data.</p> <p>We have also now excluded subsidiaries (Laundry, SDU and OML) from this report, although these continue to be reported as required to NHSI. These exclusions affect only the vacancies and temporary spend.</p> <p>The pay bill is overspent by £17k year to date. Agency spend has increased in month by £55k to £649k, with a major reduction in Allied Health Professionals spend (£30k), following an increase of £8k in the previous month.</p> <p>The Trust's sickness rate is red, over the 3% target in this month at 3.74%, and the year to date rolling absence figure is at 3.53%. Compared to last month, short term sickness has</p>

increased, while long term sickness has reduced.

Recruitment remains challenging although with 79 starters in October and a significant reduction in leaver numbers at 19, the turnover has improved to 9.1%.

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

1. Purpose

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

2. Background

Month 7 data shows a £17k overspend on the pay bill year to date. Underspend on substantive staff e.g. Nursing due to vacancy levels, is offset by an overspend on temporary staffing.

Agency spend has increased by £55k to £649k, sickness absence has increased to 3.74% and the vacancy rate has decreased from 7.13% in month 6 to 6.16% in month 7, as a result of a 30 FTE reduction in vacancies.

Mandatory training compliance remains green at 89.27%. Appraisal compliance for non-medical staff is green at 88.60%, a slight deterioration on last month's compliance total of 89%.

Appraisal compliance for medical staff is above the new 90% target at 92.16%, slightly improved on last month's compliance of 91.32%.

3. Resourcing:

3.1. Recruitment & Retention Strategy

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

3.2. 95/5 fill across all staff groups

Nursing remains a challenging area to recruit; using the Month 7 baseline, the Trust needs to recruit 51 wte ward nurses to achieve a fill rate of 90% of establishment. Over the last year the Trust has recruited an average of 6.5 ward nurses per month, with 8.6 WTE leaving. This figure includes those who reduced to zero hours contracts.

Nevertheless, if ward nurse recruitment was increased to 12 wte per month (on average), it would take 15 months to reach our revised target of 90% establishment fill.

The recruitment pipeline for all groups of staff, from November to January 2019, shows increasing vacancies, from the current 202 to 210, and taking into account predicted turnover. Of this total, Registered Nursing vacancies are forecast to reduce from 145 to 142, including nurses due to commence in November.

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

- Interviewing 36 applicants following a Nursing Assistant recruitment event on 1st November
- Making 14 job offers to student nurses due to qualify in February or September 2019, following our RN recruitment event
- Making 68 job offers to candidates interviewed in the UAE, with 3 more Skype interviews
- Now active on LinkedIn to promote all of our vacancies
- Attending the Acute & General Medicine Conference in the Excel Centre, London, on 20 & 21 November.

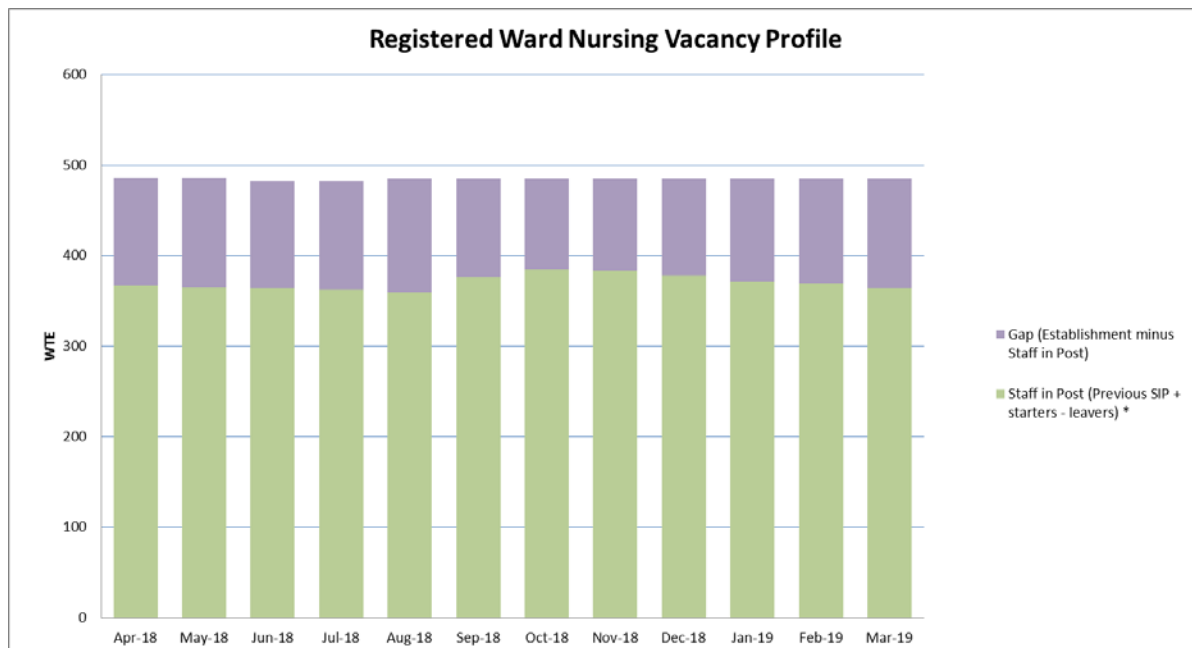
Nursing Summary

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

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

The budgeted establishment drops from 497.35 wte in January to 484.83 in December 2018, and the gap between establishment and staff in post decreased in October, due to newly qualified starters in September and October.

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction	Prediction
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Ward Registered Nursing FTE												
Mat Leave (Actual and Predicted)	18.44	16.61	15.33	14.54	12.47	13.48	14.28	16.41	18.39	16.88	18.55	20.91
Sickness (Actual and Predicted)	18.70	15.93	14.09	12.28	14.28	12.20	16.66	12.82	16.20	12.74	11.39	16.90
Total Ward Nursing Leavers, Transfers, Hours Reductions	12.87	8.75	8.55	10.01	8.75	3.88	7.61	8.63	8.63	8.63	8.63	8.63
International Nurses awaiting PINs, see B4 and B3 tabs	13.00	13.00	15.20	11.20	28.20	28.41	22.20	22.20	22.20	22.20	22.20	22.20
International Recruits Due to Arrive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	7.00	20.00	36.00	12.00
Other Recruitment (from induction lists from November)	1.68	5.81	8.63	8.61	5.33	12.24	3.08	1.00	0.00	0.00	0.00	0.00
Newly Qualified	0.00	0.00	0.00	0.00	0.00	9.00	12.80	0.00	0.00	0.00	0.00	0.00
2017/18 Recruitment from Nov 2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.21	3.60	2.09	5.51	4.16
Budgeted Establishment *	485.61	485.61	482.58	482.58	484.83	484.83	484.83	484.83	484.83	484.83	484.83	484.83
Staff in Post (Previous SIP + starters - leavers) *	367.24	365.02	364.06	362.66	359.24	376.60	384.87	383.45	378.42	371.88	368.76	364.29
Gap (Establishment minus Staff in Post)	118.37	120.59	118.52	119.92	125.59	108.23	99.96	101.38	106.41	112.95	116.07	120.54



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

Turnover (Rolling 12 Months)	
Nursing and Midwifery Registered	7.27%
Top 3 areas of turnover > 10.00 FTE	
Burns and Plastics	23.76%
Spire Suite	14.96%
Theatres	11.07%
Vacancies	
Nursing and Midwifery Registered	17.93%
Top 3 areas of Vacancies > 10.00 FTE	
DSU Clinical Staff	17.49 FTE
Emergency Department	10.23 FTE
Avon Ward	9.82 FTE
Sickness Absence Rolling 12 Months	
Nursing and Midwifery Registered	3.74%
Top 3 areas of sickness absence > 10.00 FTE	
Palliative Care/Hospice	10.47%
Theatres Recovery	7.57%
Tisbury Ward	7.36%

Voluntary Services

- Volunteers Trust Induction held on 5th October 2018
- Attended the 'What's Next – Future Choices' Careers event in the City Hall, Salisbury on 17th October 2018. This is an event which all Wiltshire Schools are

invited to including schools just within Hampshire and Dorset. It gives us a chance to meet with schools who otherwise offer no invitations to their own careers events.

- HelpForce Expression of Interest Innovation project submitted – Engage project with their plans for expansion and improvements. This has now been accepted and is being put through to the next stage.
- Voluntary Services Manager, Jo Jarvis, was included in a shortlist of 3 for the HelpForce Champions National Awards for Health in the category of Volunteer Leader, and attended the final on Thursday 8th November.
- 15 potential volunteers interviewed. 4 new volunteers started. 4 new Work Experience students.
- Currently considering whether we need to merge two projects which are potentially covering the same areas; Engage and Stay With Me, which may be a challenge and unsettling for some volunteers.

3.3. TRAC Implementation

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

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

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

For October, there are still 37 vacancies going through due process, as advertising commenced in October. If all of these resulted in successful offers, the conversion rate for October would increase to 63%.

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

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

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

The time it takes to recruit (Time to Recruit – TTR) is also now more readily available through the TRAC system. We originally benchmarked this, using manual data collection and calculation, in May 2018 and our aim (as stated in the Operational Plan), is to reduce it significantly to average 35 days by March 2019.

The last three months are as follows:

Month	Average Number of Days	% improvement
May 2018 (original benchmarking)	42	
August 2018	37	12%
September 2018	38	10%
October 2018	37	12%

3.4. Retention Programmes

Staff turnover is below our new 10% target, at 9.1% compared to last month's 9.22%.

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

We are:

- Participating in the 4th Wave of Trusts engaged in the NHSI retention programme which kicks off on 22nd November, from which we hope to learn new tools and techniques.
- Presenting a retention paper to Workforce Committee on Thursday 22nd November.
- Working on promoting staff benefits and engagement
- Instigating "stay conversations" this month.

3.5. Centralisation of Bank

Month 7 agency spend has increased to £649k which is a £379k overspend against our £270k NHSI agency control total for October. Of this overspend, £240k relates to Nursing Agency spend and £44k to Support to Nursing spend.

Nursing Agency spend has increased in the month, as has Medical overall, with increased use of DE and Locum's Nest arrangements, whilst AHPs usage has decreased in the month, due to filling vacancies.

AGENCY STAFF SPEND BY STAFF GROUP	Month 6 2018	Month 7 2018	Change (+ / -)
Registered Nurses - Agency	£313,254	£355,595	£42,341
Allied Health Professionals - Agency	£122,156	£91,771	-£30,385
Health Care Scientists - Agency	£0	£7,622	£7,622
Support to nursing staff - Agency	£24,560	£44,541	£19,981
Consultants - Agency	£46,144	£72,772	£26,628
Career/Staff Grades - Agency	£17,555	-£5,905	-£23,460
Trainee Grades - Agency	£56,298	£49,884	-£6,414
NHS Infrastructure Support - Agency	£149,839	£152,878	£3,039
Total	£729,804	£769,158	£39,353

The Nursing Bank is proposed to move from Quality to the OD & People Directorate with effect from 1st January 2019, and consultation on this is currently underway. Thereafter, all other banks in the Trust will be consolidated so that management of bank workers can be consistent throughout the Trust.

4. Education, Inclusion, Communications & Engagement:

4.1. Staff Engagement

The last meeting of the Staff Engagement Group took place on 23rd October, when we shared a draft Staff Benefits booklet and had a SOX presentation. This was generally well received and we are currently receiving feedback from members about both of these elements.

The next meeting takes place on 5th December, and we have invited the new Head of Communications, Justine McGuinness, to attend this and explore ideas for improving internal communications with the Group.

4.2. Learning & Development Infrastructure and Strategy

Mandatory training

Compliance has deteriorated slightly this month and remains in green at 89.27%.

Appraisals

Compliance for non-medical staff has improved to 88.60%, which is rated green, from last month's compliance of 89%.

Medical staff appraisals are green at 92.16%, compared with last month's compliance rate of 91.32%, against the target of 90%.

4.3. Leadership Development

Planned interventions for development are:

- Clinical Director and Deputy development programmes
- Person centred coaching for the Executive Team, People Business Partners and Deputies, and all students
- Develop a "passport to progression" to enable continuous learning and development at all levels
- Band 7 and above 4 day training programme including QI
- Monthly leadership forum.

4.4. Apprenticeship set up & implementation

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

However, experience has shown that, in fact, once the apprenticeship is advertised and interested applicants are contacted the numbers can reduce, sometimes significantly.

One of the main issues is service reluctance to enter into apprenticeships because of the 20% off the job training requirement and the impact that this has on service and

budgets for the individual departments. We may have to consider creative ways of backfilling perhaps from a Levy saving “pot”.

4.5. Communications

In addition to our regular communications activities, such as CEO messages, staff retention and Cascade briefings, communications campaigns run this month include preparing our staff for the CQC inspection. A micro site was set up on the intranet, development of case studies, awareness tools including posters were published and there were regular electronic updates and briefings. Other campaigns include Flu Jab 2018/9 and work preparing our staff, visitors and patients for the hospital to go smoke-free from 1 January 2019.

The Trust is currently participating in a consultation covering local maternity service for BANES, Swindon and Wiltshire (for more information see <http://www.transformingmaternity.org.uk/>). The consultation will run from 12 November 2018 until 24 February 2019.

The Trust has also started to use the national news agenda as a vehicle for news creation for social media. One such example of this was using an announcement by the Secretary of State for Health and Social Care on ‘zero tolerance’ for violence against NHS staff as an opportunity to promote our corporate approach of not tolerating violence against our staff.

Media management continues to create a high demand for resource, including managing requests for on-site filming. News releases published have included the hospital being awarded ‘Veteran Aware’ status, one of only 24 Trusts in the country.

Work has been conducted to agree an interim Social Media policy, in advance of the new Corporate Communications Strategy that will be presented to the Board in 2019.

4.6. Diversity & Inclusion

The Diversity and Inclusion Steering Group has been re-established and will be chaired by Tania Baker, Non-Executive Director. This Group will:

- Reassess the Trust position with EDS2 and develop an EDI Action Plan with links to the Organisational Plan and the development of our Equality Objectives.
- Draw its membership from the Diversity Champions for Disability, BAME (Reach) staff support network, LGBT+, and Women’s groups.

We will also create a SMART WRES Action Plan for 2018/19, and lead a project to identify issues arising from Brexit.

5. Health & Wellbeing:

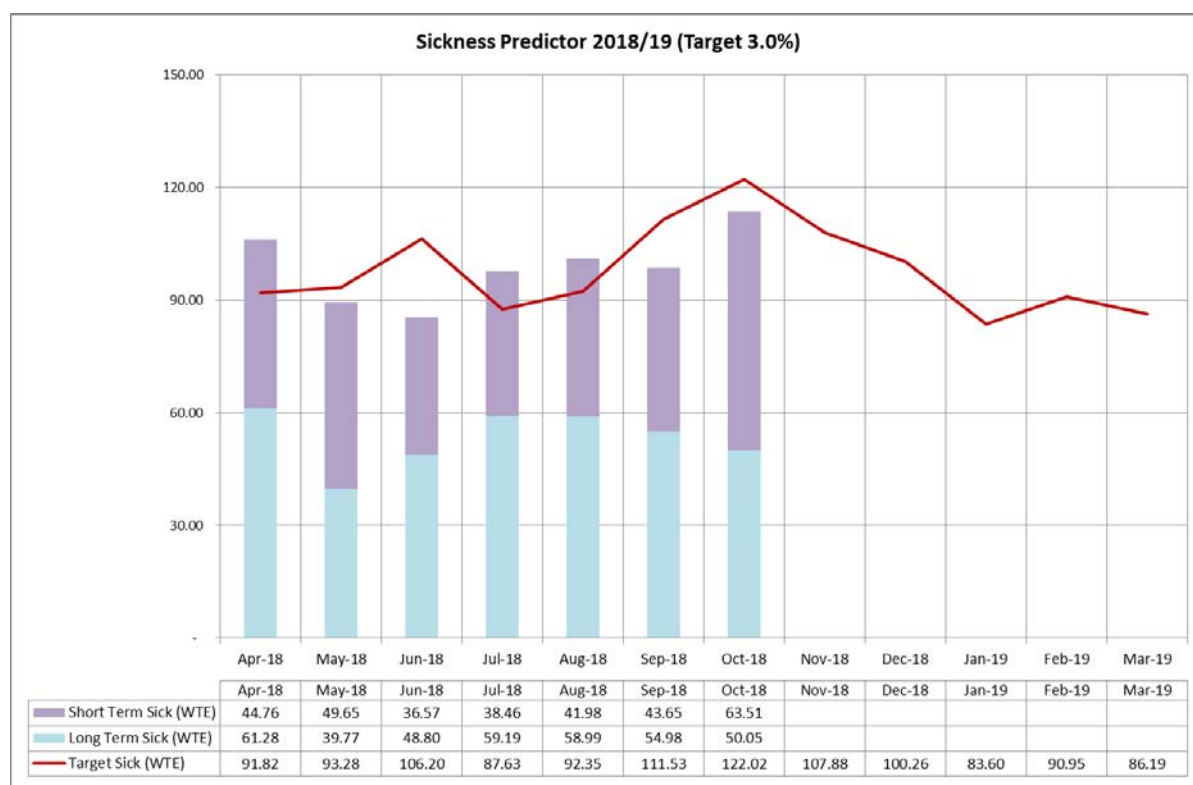
5.1. Staff Engagement

As reported under 4.1 and, in addition, we are also considering the implementation of an Employee Assistance Programme which would provide 24/7 support for emotional, financial and legal issues for staff via a telephone helpline.

5.2. Attendance Management

Our current sickness absence rate of 3.74% in month 7 is over our 3% target and a 0.42% deterioration on last month. There has been an increase in short term sickness and a decrease in long term sickness.

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



The decrease in long term sickness is due to our continued success in either bringing people back into work or exiting from the Trust. People Business Partners continue to work with their Directorates to make plans with individuals who have both long and short term sickness issues.

5.3. Stress & Mental Health issues

Within Occupational Health we have one Mental Health trained nurse and a Staff Counsellor who also provides some resilience training across the Trust. There are also

currently pockets of other resilience training taking place which need to be brought together and consolidated into a structured, planned programme.

The new Head of Occupational Health will commence this work when she starts with the Trust in January 2019.

5.4. Ergonomic/MSK issues

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

6. Business Partnering:

6.1. ESR Optimisation

There is an ESR Optimisation Group, with members from OD & People, Payroll, Finance, and IT, which has been meeting for several months. In accordance with the Trust's Digital Strategy, there is an intention to optimise our use of ESR to include:

- OLM (currently with MLE supported by kallidus at £14k per annum)
- Appraisals (currently with SPIDA, internal system)
- Occupational health (currently COHORT, only partially implemented)
- Attendance Management
- Recruitment (although we have now implemented TRAC)
- Establishment control
- Self-service – manager and employees (partially implemented)

Currently, we are drafting a paper for the Trust Investment Group seeking support for Phase 1 of the project which will require additional resources to complete.

6.2. Workforce Planning

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



6.3. Policies

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

6.4. Business Partner role

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

The following table shows new and closed activity for the past 7 months:

Employee Relations Cases - Formal										
	Performance/ Capability		Disciplinary		Grievance		Bullying and Harassment		Total Cases Opened	Total Cases Closed
	Opened/closed cases within the month - Source of Data - ESR									
Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Cases Opened in Month	Cases Closed in Month	Total Cases Opened in Month	Total Cases Closed in Month
Apr-18	7	1	5	1	1	1			13	3
May-18	7			1					7	1
Jun-18	7	3	1	1					8	4
Jul-18	2	8			2	1			4	9
Aug-18	1	6		1					1	7
Sep-18	3	3							3	3
Oct-18	2	1					1		3	1
	29	22	6	4	3	2	1		39	28

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

7. Workforce Risks

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

- Resourcing and Talent Management - Failure to recruit and retain staff will result in SFT being unable to deliver safe, sustainable services for patients.
- Business Partnering – Inaccurate workforce information will result in misalignment between the organisational and workforce strategies.
- Health and Wellbeing - Failure to achieve an outstanding experience for every patient because staff do not feel valued and able to contribute fully to work as a consequence of low morale.

- Organisational Development and Engagement - Failure to deliver excellence for all patients if the workforce is not appropriately skilled and staffed to the right level
- Leadership - inability to develop strong leadership capability across all levels of the organisation to support an innovation culture.

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

8. Summary

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

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

9. Recommendations

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

Paul Hargreaves

Director of Organisational Development and People







Key Areas of Concern					
KPI	Overall Commentary	highest Turnover rates			
			Sep-18	Oct-18	T
Turnover <i>(measured in a rolling year)</i> Target 10.00%	Turnover decreased slightly this month and is green rated. For Service Lines this month : the highest number of leavers for the year to date was from Therapy Services (24), Obstetrics & Gynaecology (18), and Clinical Radiology (17). For Staff Groups this month : highest number of leavers was Administrative and Clerical (88) in the year to date. The average Headcount turnover for local Trusts is 9.46%, which we are below at 9.09% FTE.	1 Estates Technical Services	27.02%	24.55%	↓
		2 E.N.T.	20.76%	24.48%	↑
		3 Rheumatology	22.42%	22.39%	↓
		1 Facilities Directorate	12.41%	12.25%	↓
		1 Add Prof Scientific and Technical	14.87%	16.73%	↑
		highest number of leavers			
		1 Therapy Services	26	24	↓
		2 Obstetrics & Gynaecology	23	18	↓
		3 Clinical Radiology	17	17	→
		1 Clinical Support & Family Services	82	79	↓
		1 Administrative and Clerical	85	88	↑
Vacancies Target 5%	Vacancies have decreased from 7.13% in month 6 to 6.16% in month 7 following additional recruitment. Total of 36 applications received (15 for bank, 21 for ward areas) following the NA Recruitment Event held on 1 November 2018. Interviews being held week commencing 19th and 26th November. 14 job offers made to student nurses who are due to qualify either February or September 19 following the RN Recruitment event held on 3 November 2018. Additional applications being received from student nurses who qualify February or September 19 who are being booked for interviews in December. Total of 68 job offers made in the UAE with a further 3 being made with skype interviews on return. Majority of applicants need to pass IELTS/OET, but there are applicants who have already done this and have CBT booked. We have 93 international nurses due to arrive between November and March 19. We are now active on LinkedIn promoting vacancies. We are attending the Acute and General Medicine Conference at the Excel Centre, London 20 to 21 November.	highest Vacancy rate			
			Sep-18	Oct-18	T
		1 Spinal Unit	24.39%	24.35%	↓
		2 Management - Surgery	24.22%	20.29%	↓
		3 Orthopaedics	18.45%	18.40%	↓
		1 Musculo-Skeletal Directorate	11.03%	12.53%	↑
		1 Nursing and Midwifery Registered	18.05%	16.55%	↓
		highest WTE Vacant			
		1 Spinal Unit	26.37	26.23	↓
		2 Orthopaedics	21.52	21.46	↓
		3 Elderly Care	19.54	18.83	↓
1 Musculo-Skeletal Directorate	57.35	65.22	↑		
1 Nursing and Midwifery Registered	167.53	153.86	↓		

Key Areas of Concern						
KPI	Overall Commentary	Highest proportion of temporary spend spent on Agency				
			Sep-18	Oct-18	T	
Temporary Spend <i>Agency Control Total £269,519</i>	The Trust is endeavouring to reduce the proportion of temporary spend on agency staff to 40% or below. For some areas the nature of work makes this difficult. For Service Lines this month : Acute Medicine, Spinal and Gastroenterology record all of their temporary spend as agency as this was in Medical & Dental (locum cover) covering difficult to recruit to vacancies. The agency usage is also required to avoid breaches of access/waiting times. For Staff Groups this month : The highest spend is on Nursing and Midwifery Registered.	1	Acute Medicine - Medical Staff	100.00%	100.00%	→
		2	Spinal Unit - Medical Staff	100.00%	100.00%	→
		3	Gastroenterology - Medical Staff	100.00%	100.00%	→
		1	Facilities Directorate	30.27%	77.18%	↑
		1	Professions Allied to Medicine	100.00%	100.00%	→
		highest £ spent on Agency				
		1	Emergency Department - Nursing	£ 38,541	£ 75,799	↑
		2	Clin Radiology Ex Spin/CT	£ 26,905	£ 50,965	↑
		3	Pitton Ward	£ 22,981	£ 38,030	↑
		1	Medicine Directorate	£ 261,885	£ 323,955	↑
		1	Nursing and Midwifery Registered	£ 313,254	£ 355,595	↑
Sickness Year to date <i>Target 3%</i>	Sickness for October (M7) is at 3.74%. Sickness for the rolling year to date is 3.53% which is average for the surrounding Local Acute Hospital Trusts. Our sickness project team are working with departments to identify those individuals whose sickness absence remains problematic (both short and long term). Ensuring the above individuals are managed in an appropriate manner which will either support their return to work or see them being escalated through the Management of Attendance Policy. For Service Lines this month: the highest sickness rate was Main Outpatients at 10.14% in the rolling year to date. For Staff Groups this month: the highest sickness rate was Additional Clinical Services at 5.61% in the rolling year to date.	highest Sickness rate				
			Sep-18	Oct-18	T	
		1	Main Outpatients	10.14%	8.32%	↓
		2	Dermatology	8.09%	7.53%	↓
		3	Surgery Management	6.26%	6.55%	↑
		1	Facilities Directorate	4.51%	4.63%	↑
		1	Additional Clinical Services	5.61%	5.52%	↓
		highest WTE sick in month				
		1	Theatres	11.85	11.31	↓
		2	Hotel Services	5.15	4.85	↓
		3	Obstetrics & Gynaecology	4.66	4.69	↑
		1	Surgery Directorate	25.18	24.19	↓
		1	Nursing and Midwifery Registered	28.63	27.73	↓

Key Areas of Concern						
KPI	Overall Commentary	lowest Mandatory training rates				
			Oct-18	Nov-18	T	
Mandatory Training <i>Target 85%</i>	Compliance has increased this month and is green rated at 89.27%. A focus on hand hygiene Training is required for Clinical staff as this is the subject with the least compliance. Focus needs to be on employees completing training before they come out of compliance.	1	Medical Staff - Oral Surgery	56.76%	53.85%	↓
		2	Clinical Haematology	53.97%	59.38%	↑
		3	Medical Staff - Child Health	58.56%	65.68%	↑
		1	Corporate Directorate	83.97%	82.14%	↓
		1	Medical and Dental	77.87%	78.86%	↑

Non-Medical Appraisals <i>Target 85%</i>	Appraisal compliance has decreased to 88.60% but remains green rated. 36 departments are red rated and these will be the focus over the next month to reach target.	lowest appraisal rates			
			Oct-18	Nov-18	T
		1 Pitton Ward	31.25%	31.25%	→
		2 Acute Medical Unit	69.57%	51.85%	↓
		3 I.V.F.	66.67%	66.67%	→
		1 Corporate Directorate	81.40%	82.30%	↑
		1 Add Prof Scientific and Technical	85.19%	84.57%	↓



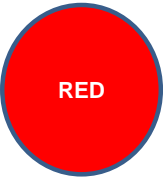

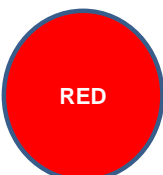

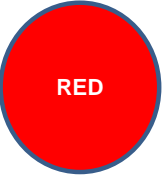





Executive Summary of Key Workforce Performance



























Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p>In Month: In month there were 19 leavers (headcount), and 79 starters (headcount), compared to 17 leavers and 72 starters in the month before.</p> <p>Year to Date: For the rolling year to date, the turnover rate was above target at 9.09%, this compares to last months position which was 9.22%. For the rolling year to M7 2017/18, the Trust's turnover rate was 9.53%.</p> <p>Top 3 Hotspots: The Directorate with the highest turnover rate for the rolling year was Facilities at 12.81%, followed by Musculo-Skeletal (11.88%) and Clinical Support & Family Services (9.05%).</p>	GREEN		10.00%
Vacancies	<p>In Month: Vacancies have decreased from 7.13% in month 6 to 6.16% in month 7.</p> <p>Year to Date: The average vacancy rate is 7.60%, this compares to last months average position which was 7.84%. The Trust's vacancy rate for the same period last year was 7.73%.</p> <p>Top 3 Hotspots: The Directorate with the highest vacancy rate for the month was Musculo-Skeletal at 12.53%, followed by Corporate (9.67%) and Medicine (7.32%).</p>	AMBER		5.00%
Temporary Spend	<p>In Month: There has been an increase in agency spend this month to £648,581, compared to last month's position which was £594,056.</p> <p>Year to Date: The financial year to date total agency spend is £4,466,733, compared to the spend for the same period in the previous year which was £5,036,880.</p> <p>Top 3 Hotspots: The Directorate with the highest agency spend for the month was Medicine with £323,955, followed by Musculo-Skeletal (£119,113) and Surgery (£99,827).</p>	RED		£269,519
Sickness	<p>In Month: There has been an increase in the sickness rate this month at 3.74%, this compares to last months position of 3.32%.</p> <p>Year to Date: The year to date rolling sickness rate is at 3.53%, which compares to last months position which was 3.54%. The sickness rate for same period last year was 3.58%.</p> <p>Top 3 Hotspots: The Directorate with the highest sickness rate for the month was Facilities with 5.60%, followed by Musculo-Skeletal (4.83%) and Surgery (3.97%).</p>	AMBER		3.00%
Training	<p>In Month: Mandatory training compliance levels have increased this month to 89.27%, this compares to last months position of 88.15%. Compliance for the same period in 2017 stood at 85.91%.</p> <p>Year to Date: The year to date average compliance level is 87.13%, this compares to last months position of 86.77%.</p> <p>Top 3 Hotspots: The Directorate with the lowest compliance rate was Corporate with 82.14%, followed by Medicine (86.52%) and Facilities (89.15%).</p>	GREEN		85.00%
Non-Medical Appraisals	<p>In Month: Non-Medical Appraisal compliance has decreased this month to 88.60%, this compares to last months position of 89.00%. Non-medical appraisal compliance for the same period last year stood at 81.30%.</p> <p>Year to Date: The year to date average compliance is 82.56%, this compares to last months position of 81.55%.</p> <p>Top 3 Hotspots: The Directorate with the lowest compliance rate was Corporate with 82.30%, followed by Medicine (85.10%) and Clinical Support & Family Services (89.80%).</p>	GREEN		85.00%

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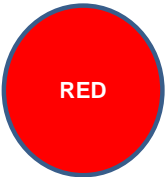

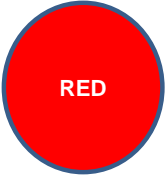







Note: Month 7 position shows an overspend on workforce of £17k.



























Executive Summary of Key Workforce Performance - Musculo-Skeletal

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 3 leavers and 9 starters (headcount) compared to 2 leavers and 15 starters in the month before. This figure excludes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was above target at 11.88%, this compares to last months position which was 12.29%.</p>			10.00%
Vacancies	<p><u>In Month:</u> There was an increase in the vacancy rate this month, 12.53%, compared to 11.03% last month.</p> <p><u>Year to Date:</u> The average vacancy rate is 12.71%, this compares to last months average position which was 12.74%.</p>			5.00%
Temporary Spend	<p><u>In Month:</u> There has been an increase in agency spend this month at £119,113, compared to last month's position which was £94,974.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £677,259, compared to the spend for the same period in the previous year which was £787,380.</p>			
Sickness	<p><u>In Month:</u> There has been an increase in the sickness rate this month at 4.83%, this compares to last months position of 3.96%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 4.03%, which compares to last months position of 3.93%.</p>			3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have increased this month to 91.34%, this compares to last months position of 89.94%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 89.92%, this compares to last months position of 89.69%.</p>			85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has increased this month to 91.10%, from last months position of 88.60%.</p> <p><u>Year to Date:</u> The year to date average compliance is 82.57%, this compares to last months position of 81.15%.</p>			85.00%







Musculo Skeletal Directorate Workforce Dashboard																							
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(headcount in month)</i>	Leavers <i>(headcount in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training , Tupe Transfers and Bank Staff																						
Month Trend																							
Target		3		30	10.00%			25.83	5.00%		40.00%							13.82	3.00%	85.00%	90.00%	85.00%	
Apr-18	7	4	352	34	9.80%	516.61	460.82	55.79	10.80%	£ 57,357	33.39%	£ 114,401	£ 171,758		6.95	47%	7.84	53%	14.79	4.20%	89.80%	84.62%	82.90%
May-18	5	6	361	42	11.60%	516.71	461.52	55.19	10.68%	£ 81,199	42.00%	£ 112,119	£ 193,318		6.51	52%	5.90	48%	12.40	2.70%	89.81%	89.58%	76.70%
Jun-18	2	6	369	44	11.82%	516.41	448.19	68.22	13.21%	£ 94,849	39.72%	£ 143,963	£ 238,812		10.92	74%	3.86	26%	14.78	3.32%	87.61%	89.36%	76.20%
Jul-18	6	3	377	47	12.54%	518.81	433.74	85.07	16.40%	£ 107,971	43.62%	£ 139,534	£ 247,505		11.49	59%	7.95	41%	19.44	4.46%	90.06%	91.11%	74.10%
Aug-18	11	8	387	51	13.05%	521.81	446.95	74.86	14.35%	£ 121,796	47.08%	£ 136,889	£ 258,685		11.99	62%	7.26	38%	19.25	4.39%	90.91%	91.30%	88.40%
Sep-18	15	2	398	49	12.29%	519.78	462.43	57.35	11.03%	£ 94,974	38.99%	£ 148,605	£ 243,579		10.07	57%	7.73	43%	17.80	3.96%	89.94%	91.11%	88.60%
Oct-18	9	3	408	48	11.88%	520.35	455.13	65.22	12.53%	£ 119,113	47.27%	£ 132,870	£ 251,983		11.21	51%	10.59	49%	21.79	4.83%	91.34%	92.31%	91.10%
totals	55	32		Average	11.85%			Average	12.71%	£ 96,751									Rolling Year	4.03%	89.92%		



























Executive Summary of Key Workforce Performance - Medicine

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 2 leavers and 15 starters (headcount) compared to 2 leavers and 15 starters in the month before. This figure excludes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was below target at 7.58%, this compares to last months position which was 7.85%.</p>			10.00%
Vacancies	<p><u>In Month:</u> There was a decrease in the vacancy rate this month, 7.32%, compared to 8.39% last month.</p> <p><u>Year to Date:</u> The average vacancy rate is 9.39%, this compares to last months average position which was 9.73%.</p>			5.00%
Temporary Spend	<p><u>In Month:</u> There has been an increase in agency spend this month at £323,955, compared to last month's position which was £261,885.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £2,171,632, compared to the spend for the same period in the previous year which was £2,736,526.</p>			
Sickness	<p><u>In Month:</u> There has been an increase in the sickness rate this month at 3.83%, this compares to last months position of 3.56%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 4.06%, which compares to last months position of 4.14%.</p>			3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have increased this month to 86.52%, this compares to last months position of 84.44%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 82.18%, this compares to last months position of 81.46%.</p>			85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has increased this month to 85.10%, from last months position of 85.00%.</p> <p><u>Year to Date:</u> The year to date average compliance is 76.94%, this compares to last months position of 75.58%.</p>			85.00%





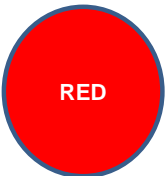







Medicine Directorate Workforce Dashboard																							
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(headcount in month)</i>	Leavers <i>(headcount in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training , Tupe Transfers and Bank Staff																						
Month Trend																							
Target		5		47	10.00%			32.51	5.00%		40.00%								17.64	3.00%	85.00%	90.00%	85.00%
Apr-18	9	5	555	56	10.18%	650.29	588.00	62.29	9.58%	£ 279,639	55.81%	£ 221,452	£ 501,091		12.71	55%	10.19	45%	22.90	3.84%	79.36%	87.69%	71.70%
May-18	8	8	560	54	9.59%	650.29	589.40	60.89	9.36%	£ 295,228	59.82%	£ 198,283	£ 493,511		8.18	38%	13.25	62%	21.43	3.82%	78.91%	90.77%	67.00%
Jun-18	5	4	565	52	9.12%	649.04	584.03	65.01	10.02%	£ 291,411	53.48%	£ 253,494	£ 544,905		10.95	57%	8.36	43%	19.31	3.36%	79.72%	83.33%	70.90%
Jul-18	12	7	569	53	9.34%	649.72	582.67	67.05	10.32%	£ 393,444	63.42%	£ 226,922	£ 620,366		15.91	73%	5.98	27%	21.88	3.81%	82.21%	78.79%	75.90%
Aug-18	-	3	573	49	8.58%	653.91	583.80	70.11	10.72%	£ 326,070	55.49%	£ 261,527	£ 587,597		14.03	61%	8.99	39%	23.02	3.98%	84.09%	84.62%	83.00%
Sep-18	15	2	579	45	7.85%	653.41	598.56	54.85	8.39%	£ 261,885	48.85%	£ 274,267	£ 536,152		9.79	47%	11.21	53%	21.00	3.56%	84.44%	90.77%	85.00%
Oct-18	15	2	585	44	7.58%	660.41	612.06	48.35	7.32%	£ 323,955	59.48%	£ 220,701	£ 544,656		9.05	39%	14.25	61%	23.30	3.83%	86.52%	96.87%	85.10%

Executive Summary of Key Workforce Performance - Surgery

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 4 leavers and 13 starters (headcount) compared to 2 leavers and 15 starters in the month before. This figure excludes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was below target at 8.23%, this compares to last months position which was 8.36%.</p>	GREEN		10.00%
Vacancies	<p><u>In Month:</u> There was a decrease in the vacancy rate this month, 4.89%, compared to 7.11% last month.</p> <p><u>Year to Date:</u> The average vacancy rate is 5.67%, this compares to last months average position which was 5.80%.</p>	GREEN		5.00%
Temporary Spend	<p><u>In Month:</u> There has been a decrease in agency spend this month at £99,827, compared to last month's position which was £167,766.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £1,022,877, compared to the spend for the same period in the previous year which was £707,435.</p>	RED		
Sickness	<p><u>In Month:</u> There has been an increase in the sickness rate this month at 3.97%, this compares to last months position of 3.13%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 4.23%, which compares to last months position of 4.28%.</p>	AMBER		3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have increased this month to 93.72%, this compares to last months position of 92.74%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 91.84%, this compares to last months position of 91.53%.</p>	GREEN		85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has decreased this month to 92.00%, from last months position of 94.10%.</p> <p><u>Year to Date:</u> The year to date average compliance is 84.51%, this compares to last months position of 83.27%.</p>	GREEN		85.00%



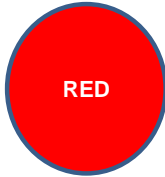

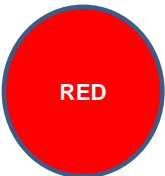



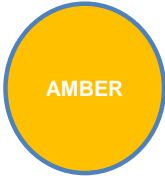

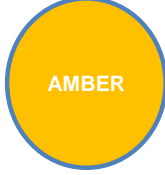

Surgical Directorate Workforce Dashboard																							
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(headcount in month)</i>	Leavers <i>(headcount in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training , Tupe Transfers and Bank Staff																						
Month Trend																							
Target		5		49	10.00%			31.47	5.00%		40.00%								18.22	3.00%	85.00%	90.00%	85.00%
Apr-18	12	5	576	56	9.66%	629.37	607.38	21.99	3.49%	£ 126,119	51.36%	£ 119,433	£ 245,552		15.31	57%	11.78	43%	27.09	4.52%	90.23%	93.15%	89.30%
May-18	5	4	580	51	8.85%	631.37	592.61	38.76	6.14%	£ 159,619	62.50%	£ 95,752	£ 255,371		12.45	50%	12.48	50%	24.94	4.20%	90.85%	93.15%	72.70%
Jun-18	8	5	582	49	8.37%	631.37	586.73	44.64	7.07%	£ 154,384	57.94%	£ 112,079	£ 266,463		12.78	55%	10.34	45%	23.11	3.96%	90.49%	86.49%	75.80%
Jul-18	7	6	585	49	8.37%	629.17	594.64	34.53	5.49%	£ 187,009	63.01%	£ 109,789	£ 296,798		11.25	55%	9.36	45%	20.62	3.54%	92.26%	89.33%	75.10%
Aug-18	8	6	588	47	8.05%	629.67	594.90	34.77	5.52%	£ 128,153	51.45%	£ 120,916	£ 249,069		9.17	47%	10.28	53%	19.45	3.32%	92.60%	90.67%	92.60%
Sep-18	15	2	590	49	8.36%	632.17	587.23	44.94	7.11%	£ 167,766	59.47%	£ 114,350	£ 282,116		10.74	59%	7.52	41%	18.26	3.13%	92.74%	90.67%	94.10%
Oct-18	13	4	593	49	8.23%	632.17	601.24	30.93	4.89%	£ 99,827	51.78%	£ 92,971	£ 192,798		5.81	25%	17.73	75%	23.54	3.97%	93.72%	93.51%	92.00%
























Executive Summary of Key Workforce Performance - CSFS

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 3 leavers and 16 starters (headcount) compared to 3 leavers and 16 starters in the month before. This figure excludes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was above target at 9.05%, this compares to last months position which was 9.10%.</p>			10.00%
Vacancies	<p><u>In Month:</u> There was a decrease in the vacancy rate this month, 0.63%, compared to 2.57% last month.</p> <p><u>Year to Date:</u> The average vacancy rate is 2.45%, this compares to last months average position which was 2.75%.</p>			5.00%
Temporary Spend	<p><u>In Month:</u> There has been an increase in agency spend this month at £73,385, compared to last month's position which was £55,342.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £386,213, compared to the spend for the same period in the previous year which was £614,800.</p>			
Sickness	<p><u>In Month:</u> There has been a decrease in the sickness rate this month at 2.91%, this compares to last months position of 2.97%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 2.42%, which compares to last months position of 2.47%.</p>			3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have increased this month to 90.66%, this compares to last months position of 87.97%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 87.26%, this compares to last months position of 86.08%.</p>			85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has decreased this month to 89.80%, from last months position of 90.40%.</p> <p><u>Year to Date:</u> The year to date average compliance is 85.29%, this compares to last months position of 84.53%.</p>			85.00%

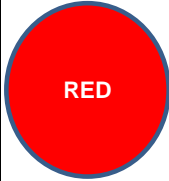



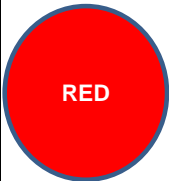

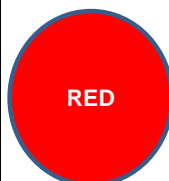

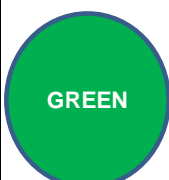



Clinical Support and Family Services Directorate Workforce Dashboard																							
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(headcount in month)</i>	Leavers <i>(headcount in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE lost <i>(in month)</i>	%	Short Term Sick WTE lost <i>(in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training , Tupe Transfers and Bank Staff																						
Month Trend																							
Target		7		67	10.00%			36.15	5.00%		40.00%								20.98	3.00%	85.00%	90.00%	85.00%
Apr-18	8	4	790	79	9.94%	722.96	699.41	23.55	3.26%	£ 23,642	27.06%	£ 63,716	£ 87,358		11.58	60%	7.70	40%	19.28	2.38%	86.35%	85.19%	88.50%
May-18	9	6	785	65	8.27%	726.76	705.71	21.05	2.90%	£ 50,008	45.51%	£ 59,882	£ 109,890		6.29	44%	8.05	56%	14.34	2.04%	85.75%	84.91%	79.10%
Jun-18	9	7	779	65	8.30%	726.76	706.45	20.31	2.79%	£ 71,168	48.29%	£ 76,204	£ 147,372		6.48	48%	7.04	52%	13.52	1.95%	84.87%	83.64%	80.90%
Jul-18	7	6	775	67	8.65%	729.64	713.05	16.59	2.27%	£ 58,535	43.68%	£ 75,470	£ 134,005		10.12	53%	8.83	47%	18.95	2.73%	87.28%	87.27%	79.50%
Aug-18	4	10	769	72	9.36%	727.14	707.28	19.86	2.73%	£ 54,133	42.76%	£ 72,461	£ 126,594		12.03	55%	9.68	45%	21.71	3.13%	87.92%	94.55%	88.80%
Sep-18	16	3	763	69	9.10%	734.53	715.67	18.86	2.57%	£ 55,342	38.37%	£ 88,888	£ 144,230		12.93	63%	7.72	37%	20.66	2.97%	87.97%	92.98%	90.40%
Oct-18	16	3	756	68	9.05%	731.55	726.97	4.58	0.63%	£ 73,385	51.69%	£ 68,593	£ 141,978		10.85	52%	9.83	48%	20.67	2.91%	90.66%	85.48%	89.80%
			</																				


























Executive Summary of Key Workforce Performance - Corporate

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there were 5 leavers and 25 starters (headcount) compared to 2 leavers and 6 starters in the month before. This figure excludes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was below target at 8.61%, this compares to last months position which was 8.19%.</p>			10.00%
Vacancies	<p><u>In Month:</u> There was a decrease in the vacancy rate this month, 9.67%, compared to 11.55% last month.</p> <p><u>Year to Date:</u> The average vacancy rate is 12.54%, this compares to last months average position which was 13.02%.</p>			5.00%
Temporary Spend	<p><u>In Month:</u> There has been an increase in agency spend this month at £7,704, compared to last month's position which was £7,608.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £113,201, compared to the spend for the same period in the previous year which was £70,921.</p>			
Sickness	<p><u>In Month:</u> There has been an increase in the sickness rate this month at 2.70%, this compares to last months position of 2.44%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 2.37%, which compares to last months position of 2.29%.</p>			3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have decreased this month to 82.14%, this compares to last months position of 83.97%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 82.54%, this compares to last months position of 82.60%.</p>			85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has increased this month at 82.30%, from last months position of 81.40%.</p> <p><u>Year to Date:</u> The year to date average compliance is 76.31%, this compares to last months position of 75.32%.</p>			85.00%

Corporate Directorates Workforce Dashboard																							
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(headcount in month)</i>	Leavers <i>(headcount in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE <i>lost (in month)</i>	%	Short Term Sick WTE <i>lost (in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training , Tupe Transfers and Bank Staff																						
Month Trend																							
Target		7		32	10.00%			23.57	5.00%		40.00%								280.79	3.00%	85.00%	90.00%	85.00%
Apr-18	8	4	378	51	13.41%	471.49	406.94	64.55	13.69%	£ 33,221	41.07%	£ 47,674	£ 80,895		5.39	55%	4.49	45%	9.88	2.43%	79.40%	N/A	74.40%
May-18	2	3	382	47	12.24%	473.83	409.84	63.99	13.50%	£ 6,189	14.74%	£ 35,800	£ 41,989		3.10	41%	4.45	59%	7.55	1.63%	80.38%	N/A	73.10%
Jun-18	5	4	386	43	11.24%	472.73	410.38	62.35	13.19%	£ 14,160	-41.28%	-£ 48,462	-£ 34,302		2.91	46%	3.40	54%	6.31	1.50%	81.58%	N/A	72.00%
Jul-18	3	2	389	32	8.19%	445.73	394.79	50.94	11.43%	£ 19,056	18.86%	£ 81,969	£ 101,025		3.09	46%	3.59	54%	6.68	1.42%	87.35%	N/A	69.60%
Aug-18	2	4	390	30	7.66%	445.93	380.20	65.73	14.74%	£ 26,220	32.83%	£ 53,634	£ 79,854		5.05	65%	2.70	35%	7.75	1.93%	82.94%	N/A	81.40%
Sep-18	6	2	391	32	8.19%	440.76	389.86	50.90	11.55%	£ 7,608	15.51%	£ 41,450	£ 49,058		3.53	38%	5.71	62%	9.23	2.44%	83.97%	N/A	81.40%
Oct-18	25	5	395	34	8.61%	461.15	416.56	44.59	9.67%	£ 7,704	7.30%	£ 97,783	£ 105,487		4.07	39%	6.29	61%	10.36	2.70%	82.14%	N/A	82.30%
																						N/A	
																						N/A	
																						N/A	
																						N/A	
																						N/A	
																						N/A	
totals	51	24		Average	9.93%			Average	12.54%	£ 16,308									Rolling Year	2.37%	82.54%		

Executive Summary of Key Workforce Performance - Facilities

Area of Review	Key Highlights	Status	Trend	Target
Turnover/ Retention	<p><u>In Month:</u> In month there was 2 leavers and 1 starter (headcount) compared to 6 leavers and 5 starters in the month before. This figure excludes bank and locum staff.</p> <p><u>Year to Date:</u> For the rolling year to date, the turnover rate was above target at 12.81%, this compares to last months position which was 13.17%.</p>			10.00%
Vacancies	<p><u>In Month:</u> The vacancy rate this month is at 4.03%, compared to 2.64% last month.</p> <p><u>Year to Date:</u> The average vacancy rate is 4.16%, this compares to last months average position which was 4.18%.</p>			5.00%
Temporary Spend	<p><u>In Month:</u> There has been an increase in agency spend this month at £24,597, compared to last month's position which was £6,482.</p> <p><u>Year to Date:</u> The financial year to date total agency spend is £95,551, compared to the spend for the same period in the previous year which was £64,746.</p>			
Sickness	<p><u>In Month:</u> There has been an increase in the sickness rate this month at 5.60%, this compares to last months position of 4.70%.</p> <p><u>Year to Date:</u> The year to date rolling sickness rate is at 4.63%, which compares to last months position of 4.51%.</p>			3.00%
Training	<p><u>In Month:</u> Mandatory training compliance levels have decreased this month to 89.15%, this compares to last months position of 91.19%.</p> <p><u>Year to Date:</u> The year to date average compliance level is 92.10%, this compares to last months position of 92.60%.</p>			85.00%
Non-Medical Appraisals	<p><u>In Month:</u> Non-Medical Appraisal compliance has decreased this month to 92.10%, from last months position of 94.80%.</p> <p><u>Year to Date:</u> The year to date average compliance is 91.17%, this compares to last months position of 91.02%.</p>			85.00%

Facilities Directorate Workforce Dashboard																							
	Strs/Lvrs		Turnover (FTE)			Vacancies				Temporary Spend				Agency Budget	Sickness						Training	Appraisal	
	Starters <i>(headcount in month)</i>	Leavers <i>(headcount in month)</i>	Average Heads <i>(in year)</i>	Number of Leavers <i>(in year)</i>	Turnover <i>(rolling year)</i>	Budget Wte <i>(Ledger)</i>	Staff In Post Wte <i>(Ledger - month end)</i>	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency <i>(in month)</i>	spend on Bank	Total Temp Spend		Long Term Sick WTE <i>lost (in month)</i>	%	Short Term Sick WTE <i>lost (in month)</i>	%	Total WTE lost to Sickness <i>(in month)</i>	Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend	Data excludes: Docs in Training , Tupe Transfers and Bank Staff																						
Month Trend																							
Target		3		19	10.00%			11.76	5.00%	£ 8,259	40.00%							6.61	3.00%	85.00%	90.00%	85.00%	
Apr-18	4	-	223	20	9.07%	235.19	220.23	14.96	6.36%	£ 25,953	68.36%	£ 12,011	£ 37,964		9.34	77%	2.75	23%	12.10	5.69%	94.33%	N/A	96.50%
May-18	3	2	223	21	9.39%	234.49	223.45	11.04	4.71%	£ 17,549	81.09%	£ 4,093	£ 21,642		3.23	37%	5.52	63%	8.76	4.18%	92.72%	N/A	87.10%
Jun-18	1	1	223	19	8.59%	234.49	222.47	12.02	5.13%	£ 10,034	54.47%	£ 8,387	£ 18,421		4.77	57%	3.57	43%	8.34	3.34%	93.14%	N/A	88.30%
Jul-18	5	-	228	26	11.30%	274.49	268.55	5.94	2.16%	£ 5,796	37.96%	£ 9,473	£ 15,269		7.32	73%	2.76	27%	10.08	4.02%	92.09%	N/A	86.00%
Aug-18	-	5	231	28	12.33%	272.96	261.77	11.19	4.10%	£ 5,139	36.00%	£ 9,137	£ 14,276		6.71	69%	3.07	31%	9.78	3.90%	92.10%	N/A	93.40%
Sep-18	5	6	235	31	13.17%	272.23	265.05	7.18	2.64%	£ 6,482	30.27%	£ 14,934	£ 21,416		7.92	68%	3.77	32%	11.69	4.70%	91.19%	N/A	94.80%
Oct-18	1	2	238	30	12.81%	272.23	261.26	10.97	4.03%	£ 24,597	77.18%	£ 7,272	£ 31,869		9.07	65%	4.83	35%	13.89	5.60%	89.15%	N/A	92.10%
																						N/A	
																						N/A	
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																						N/A	
																						N/A	
																						N/A	
totals	19	16		Average	10.95%			Average	4.16%	£ 13,650									Rolling Year	4.63%	92.10%		

Report to:	Trust Board	Agenda item:	SFT 4145d
Date of Meeting:	6 th December 2018		

Report Title:	Finance Report Month 7			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Mark Ellis, Deputy Director of Finance			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

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

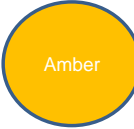
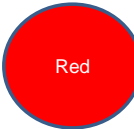







Executive Summary:
<p>The purpose of this report is to set out the Trust's financial performance for the period to 31st October 2018.</p> <p>The position as reported in line with the NHSI Control Total for October was a year to date deficit of £6,147k, falling £585k short of plan. As a result the Trust has been unable to recognise any further PSF in the reported figures.</p> <p>An in-month NHSI Control Total deficit of £492k was reported, while this represents a significant improvement on the Trust's recent run rate (c£400k more favourable than the same period in the previous year), it falls short of the planned surplus of £115k. The planned improvement was driven by a combination of the number of working days in the month, as well as an increase in the planned level of Non Pay savings to be delivered.</p> <p>Challenges faced by the Trust continue to include:</p> <ul style="list-style-type: none"> Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing. The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3. The ongoing productivity challenge to achieve the Elective and Day Case plan; and Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity, not only in terms of direct gaps like Consultant vacancies, but also in terms of supporting clinical staff e.g. theatre workforce capacity.

In response the Trust is:

- Detailed planning is currently underway about the potential resource impact of winter and the Trust are discussing additional funding via MRET reinvestment.
- Focusing on the schemes for Theatre productivity and Patient flow, as the key schemes that underpin the financial plan this year.
- Working with the MSK directorate on weekly basis to ensure delivery of actions to improve activity and subsequent income with particular focus on Orthopaedics and Plastics.

Cash flow continues to be monitored closely in light of the financial risks to the plan.

Executive Summary of Key Financial Performance - October 2018

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	<p>The position as reported in line with the NHSI Control Total for October was a year to date deficit of £6,147k, falling £585k short of plan. As a result the Trust has been unable to recognise any further PSF in the reported figures.</p> <p>An in-month NHSI Control Total deficit of £492k was reported, while this represents a significant improvement on the Trust's recent run rate (c£400k more favourable than the same period in the previous year), it falls short of the planned surplus of £115k. The planned improvement was driven by a combination of the number of working days in the month, as well as an increase in the planned level of Non Pay savings to be delivered.</p>	
2	NHS Clinical Income	<p>Clinical productivity in October has shown increases both due to the increase available working days, and in terms of underlying productivity.</p> <p>High activity levels mean that the Trust is now over performing against the Dorset managed contract, and the Trust is working with the commissioners to understand external factors that maybe affecting demand on SFT's services.</p>	
3	Workforce	<p>Pay pressures of recent months continued, although recruitment during October should put the Trust in a stronger position as the winter period approaches.</p> <p>Agency costs continue to exceed the NHSI cap by 60% with the Trust incurring a premium cost of c£1.9m YTD.</p>	
4	Non Pay	<p>Increased Clinical productivity has driven an increase in expenditure on clinical supplies and services, both within the planned and emergency pathways.</p> <p>Expenditure within Pathology is increasing, a trend that is expected to continue through the winter months.</p>	
5	Efficiency - Better Care at Lower Cost	<p>Overall CIP delivery in October is £136k (11%) short of target, although YTD is still ahead of plan. YTD delivery of £5,387k represents 44% of the planned full year delivery.</p> <p>Year to date shortfalls in planned programmes have been offset to date by Directorate level plans, although as the CIP target increases over the second half of the year, shortfalls generated by the non-delivery of core programmes will become increasingly apparent.</p>	
6	Use of Resources	<p>The Trust's overall risk rating score remains at 3. Distance from plan has dropped back to a 3 (-1.1%) in October, although the Trust's I&E margin is at its highest in the last two financial years.</p>	
7	Capital Expenditure	<p>The Trust is behind the planned capital spend at 31 October 2018, mainly due to a £1.6m network refresh project slipping into November 2018. Cumulative spend of £2.7m has been incurred in the year to date and work is being undertaken to confirm planned schemes will be completed in the year and to identify schemes which could be brought forward from next year's capital programme, should the need arise.</p>	
8	Cash Management	<p>The Trust's acceptance of a control total for 2018-19 enables it to access up to £3.8m Provider Sustainability Funding (PSF) in the year. On this basis, the planned borrowing requirements have reduced to £5.2m.</p> <p>The cash flow is constantly reviewed to identify any potential future shortfalls. At present, additional funding will be required in January 2019. This results from no known date for payment of Q2 PSF funding, the A & E target not being achieved in the year to date and the Trust being slightly behind plan for the year. Cash flows are submitted to NHS Improvements on a monthly basis and so they are aware of this forecast requirement.</p>	
	Risk & Mitigation	<p>The key risks to the delivery of the 2018/19 financial plan remain:</p> <ul style="list-style-type: none"> - Vacancies and the associated Agency cost of cover - Consistent delivery of the productivity gains - Controlling LOS as Non Elective demand rises - The impact on the savings plan of the NHSI 'pause' on the development of wholly owned subsidiaries. <p>Each risk above is directly mitigated by actions managed through the Outstanding Every Time process.</p>	

Page 1 - Income & Expenditure

Status	Position							
<div>Income & Expenditure</div>		Oct '18 In Mth			Oct '18 YTD			2018/19
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
	Operating Income							
	NHS Clinical Income	13,239	13,203	(36)	114,692	112,357	(2,335)	196,036
	Other Clinical Income	5,014	4,855	(159)	6,261	6,621	360	9,843
	Other Income (excl Donations)	2,173	2,400	227	15,083	15,413	330	26,922
	Total income	20,426	20,459	33	136,036	134,391	(1,645)	232,801
	Operating Expenditure							
	Pay	(12,421)	(12,735)	(314)	(86,949)	(87,007)	(58)	(148,862)
	Non Pay	(6,669)	(7,063)	(394)	(46,318)	(45,298)	1,020	(78,460)
	Total Expenditure	(19,090)	(19,798)	(708)	(133,267)	(132,305)	962	(227,322)
	EBITDA	1,336	661	(675)	2,769	2,086	(683)	5,479
	Financing Costs (incl Depreciation)	(1,221)	(1,153)	68	(8,331)	(8,233)	98	(14,439)
	NHSI Control Total	115	(492)	(607)	(5,562)	(6,147)	(585)	(8,960)
	Add: impact of donated assets	(25)	(26)	(1)	(175)	(294)	(119)	(300)
	Add: Impairments	0	0	0	0	0	0	0
	Add: PSF	380	0	(380)	1,708	929	(779)	3,795
	Surplus/(Deficit)	470	(519)	(989)	(4,029)	(5,512)	(1,483)	(5,465)

Trend	Variation & Action
<p>£M Month on Month I&E Surplus / (Deficit)</p> <p>Legend: Actual (Blue Bar), Plan (Blue Line with Diamond), Median (Dashed Blue Line)</p>	<p>The position (against the NHSI Control total) for October was a year to date deficit of £6,147k, falling £585k short of plan. As a result the Trust has been unable to recognise any further PSF in the reported figures.</p> <p>An in-month NHSI Control Total deficit of £492k was reported, while this represents a significant improvement on the Trust's recent run rate (c£400k more favourable than the same period in the previous year), it falls short of the planned surplus of £115k.</p> <p>The planned improvement was driven by a combination of the number of working days in the month, as well as an increase in the planned level of Non Pay savings to be delivered. The productivity gains were predominantly delivered, supported by a continuation of high levels income for emergency admissions. Pay pressures of recent months continued, although recruitment during October should put the Trust in a stronger position as the winter period approaches.</p> <p>Despite meeting the NHSI Control Total for Q2, there are significant risks against the delivery of the financial plan, these include:</p> <ul style="list-style-type: none"> - The on-going productivity challenge to achieve the Elective and Day Case plan, particularly in Orthopaedics and Plastic surgery specialties, this is related to ensuring theatre scheduling and resourcing supports optimum delivery. - Workforce constraints impacting on the ability for the Trust to achieve the optimum productivity, not only in terms of direct gaps like Consultant vacancies, but also in terms of supporting clinical staff e.g. theatre workforce capacity. - Increasing demand and pressures from Non Elective activity placing additional pressure on areas impacted by significant workforce gaps, driving an increase in temporary staffing. <p>The pause on the implementation of wholly owned subsidiaries, the Trust had assumed the commencement of savings in Q3.</p>


Status	Position	Trend				
<div style="background-color: red; color: white; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> NHS Clinical Income </div>	Income by Point of Delivery (PoD) for all commissioners		Oct '18 YTD			<p>£M</p> <p>Month on Month Income Analysis</p> <p>Plan - As perNHSI Plan Actual 18/19 Actual 17/18</p>
			Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s	
	Elective inpatients		11,947	10,365	(1,582)	
	Day Case		10,597	9,915	(682)	
	Non Elective inpatients		28,665	29,274	609	
	Obstetrics		4,127	4,024	(103)	
	Outpatients		18,613	18,273	(340)	
	Excluded Drugs & Devices (inc Lucentis)		10,836	10,324	(512)	
	Other		29,907	30,182	275	
	TOTAL		114,692	112,357	(2,335)	
	SLA Income Performance of Trusts main NHS commissioners		Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s	
	Wiltshire CCG		58,118	59,426	1,308	
	Dorset CCG		13,002	12,933	(69)	
	Hants CCG		9,013	9,224	211	
	Specialist Services		17,825	18,658	833	
	Other		16,734	12,116	(4,618)	
	TOTAL		114,692	112,357	(2,335)	
	Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
	Elective	3,492	3,046	(446)	2,928	118
	Day case	13,177	12,485	(692)	13,022	(537)
	Non Elective	15,342	15,134	(208)	14,395	739
	Outpatients	149,467	148,185	(1,282)	150,510	(2,325)
	A&E	29,082	29,138	56	27,667	1,471

Variation & Action

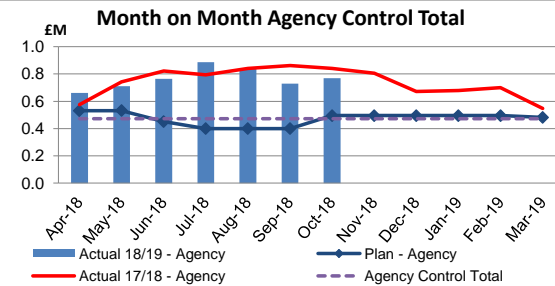
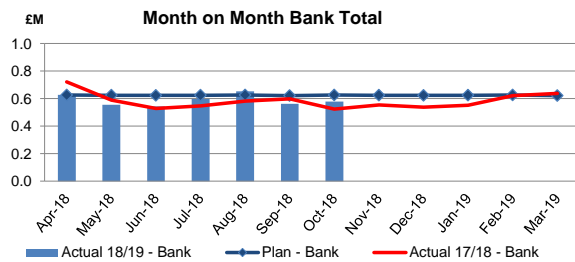
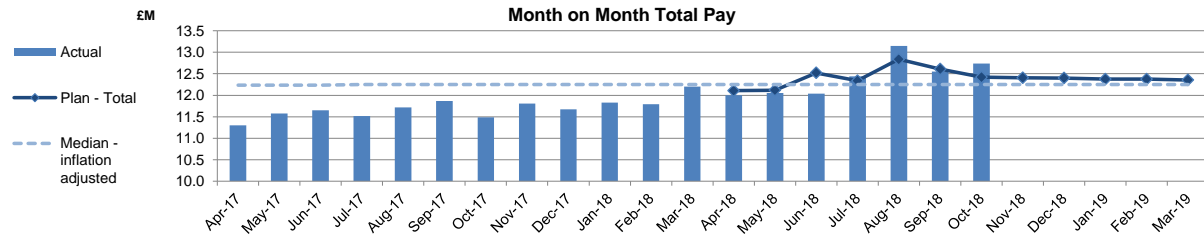
Overall income was up when compared to the previous month and against the year to date (YTD) monthly average. Day Cases, Non Elective, Outpatients and Critical Care were all above plan in the month driven by improvements in the daily productive rates in these points of delivery (POD). The improvement is a result of additional operating lists in plastics, gastroenterology and ophthalmology; additional patients added to existing operating lists; the return of consultants from long term sickness and use of locums to target support to deliver waiting lists.

The actual income for Dorset has been adjusted to reflect the agreed acute managed contract figure. The year to date adjustment was a reduction of income of £250k which was an increase of £165k in month as there was over-performance on elective and non-elective activity. The Trust is working with Commissioners to manage activity levels in line with contracted levels.

The HES issue is now resolved and SUS vs SLAM for PbR continues to be within a tolerance of 0%. We will be discussing with the commissioners at the next Finance Information Group (FIG) meeting in November the closure of the Contract Performance Notice.

Status	Position				Position			
	Oct '18 YTD				Oct '18			
		Plan £000s	Actual £000s	Variance £000s		Plan WTEs	Actual WTEs	Variance WTEs
	Pay - In Post	77,422	77,321	101	Medical Staff	396.7	417.3	(20.5)
	Pay - Bank	4,310	4,001	309	Nursing	931.8	890.5	41.3
	Pay - Agency	3,209	5,360	(2,151)	HCA's	412.9	518.9	(106.0)
	Other (eg. Apprenticeship Levy)	2,008	325	1,683	Other Clinical Staff	581.1	596.0	(15.0)
	TOTAL	86,949	87,007	(58)	Infrastructure staff	1,105.1	1,088.6	16.5
	Medical Staff	23,306	23,731	(425)	TOTAL	3,427.5	3,511.2	(83.8)
	Nursing	22,890	22,034	856				
	HCA's	6,145	7,917	(1,772)				
	Other Clinical Staff	13,438	13,801	(363)				
	Infrastructure staff	19,162	19,199	(37)				
	Other (eg. Apprenticeship Levy)	2,008	325	1,683				
	TOTAL	86,949	87,007	(58)				

Trend



Variation & Action

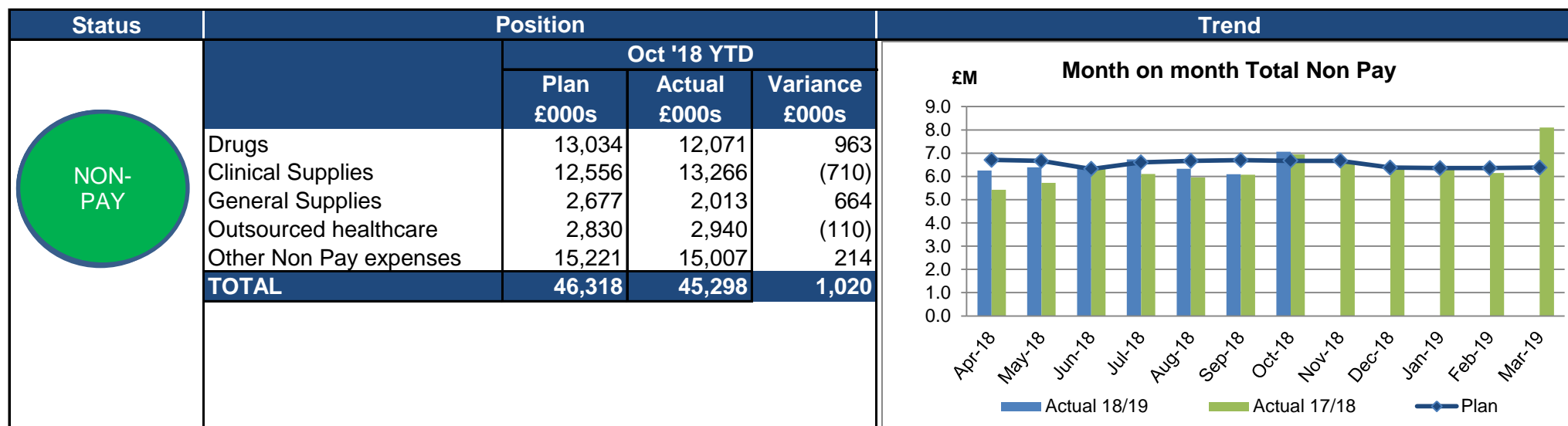
Although October has continued the trend of Pay pressures within the Medicine Directorate (c£0.2m), although October has seen an increase in the number of substantive WTE in the nursing establishment, particularly in the Medicine Directorate where there has been a 6% increase. Although temporary staffing spend remained high in the period, key usage metrics for agency nursing (including requests) have started to show favourable reductions, it should also be noted that the recruitment of nurses is often accompanied by a short period of dual running.

Consultant costs are £0.06m up on run rate, driven by additional sessions in Anaesthetics and Radiology, in both cases supporting the upturn in clinical activity.

Further progress has been made on agency reduction with the benefits from the recruitment highlighted above expected from M08, but agency costs continue to exceed the NHSI cap by 60% with the Trust incurring a premium cost of c£1.9m YTD.

The Trust continues to adopt a strategy of mitigating the risk of Nursing vacancies through the over recruiting of Healthcare Assistants (HCAs), thereby enabling the provision of effective and safe patient care, as well as supporting the internal training and development programme for registered nurses. The overall overspend of £0.9m between the two staffing groups can be explained by additional staffing required for 'specialising', the agency premium incurred over and above substantive or bank rates on agency nursing shifts, and the impact of the pay award (£0.5m, offset in 'Other').

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



Variation & Action

An increase in clinical activity in October has driven a corresponding increase in expenditure on clinical supplies. Key areas showing an increase are:

- Orthopaedics, up by £50k following a £200k (13%) increase in clinical output verses run rate;
- Cardiology, Pacing devices up by £50k driven by an increase in day case procedures, half of this increase is offset by additional income for excluded devices;
- Microbiology, increased testing driven by demand throughout the hospital is leading to increased consumables costs. This is expected to continue throughout the winter.

PbR excluded drugs continue to show lower than planned growth, driven by Rheumatology, Haematology, and GUM. This under performance is not reflected in the outpatient activity of these specialties, with GUM and Rheumatology over performing and Haematology only showing a modest shortfall against plan.


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

A release of £150k aged GRNI accrual had initially been planned for M07.

Status	Position						
Directorate	Annual Plan £000s	Oct '18			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Medicine	1,845	172	141	(32)	963	697	(267)
Musculo Skeletal	2,663	258	279	21	1,329	1,120	(209)
Surgery	1,820	194	106	(87)	820	672	(148)
Clinical Support & Family Services	2,048	184	189	4	905	829	(76)
Corporate Services	1,732	170	164	(7)	819	824	6
Trustwide	2,106	250	214	(36)	425	1,244	819
TOTAL	12,215	1,228	1,092	(136)	5,261	5,387	125

Position						
Scheme	Annual Plan £000s	Oct '18			YTD	
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s
Theatres	2,335	237	171	(65)	1,152	792
Workforce	640	56	0	(56)	361	42
Outpatients	646	57	129	72	275	324
Diagnostics	822	58	14	(44)	344	99
Patient Flow	336	28	28	0	196	198
Non-Pay	1,741	174	187	13	821	753
Directorate Plans	5,396	370	411	41	1,542	2,657
Drugs	298	25	6	(19)	171	35
Sub-total	12,213	1,003	945	(58)	4,861	4,900
Risk Mitigation	1,535	225	147	(78)	400	487
TOTAL	13,748	1,228	1,092	(136)	5,261	5,387

Variation & Action
<p>Overall CIP delivery in October is £136k (11%) short of target, although YTD in still ahead of plan. YTD delivery of £5,387k represents 44% of the planned full year delivery.</p> <p>Workforce continues to under deliver year to date, planned schemes had been focused on reductions in premium head count costs, but recruitment difficulties have hampered the delivery of these schemes. The three new recovery schemes have now been financially validated and the planned delivery revised down from £382k to £100k this year. Further schemes are now being urgently discussed with the Director of OD and People to address this shortfall.</p> <p>Plans for increased utilisation within the Theatres and Diagnostics programme continue to prove challenging.</p> <p>Year to date shortfalls in planned programmes have been offset to date by Directorate level plans, although as the CIP target increases over the second half of the year, shortfalls generated by the non-delivery of core programmes will become increasingly apparent.</p>

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

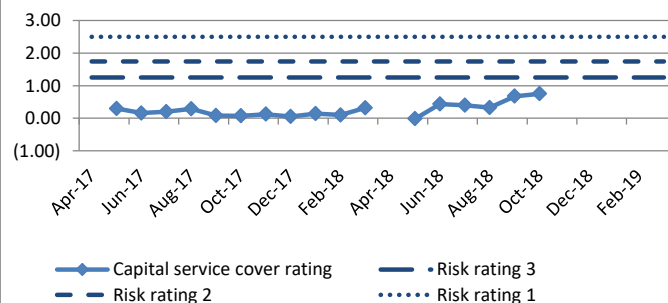
Variation & Action

The Trust's overall risk rating score remains at 3. Distance from plan has dropped back to a 3 (-1.1%) in October, although the Trust's I&E margin is at its highest in the last two financial years.

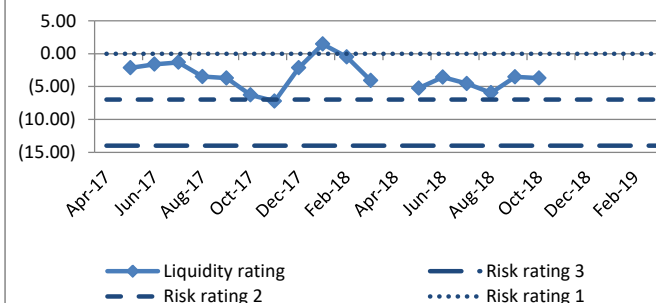
The agency rating has remained at a 4 as the YTD spend continues to exceed the NHSI cap by 60%.

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

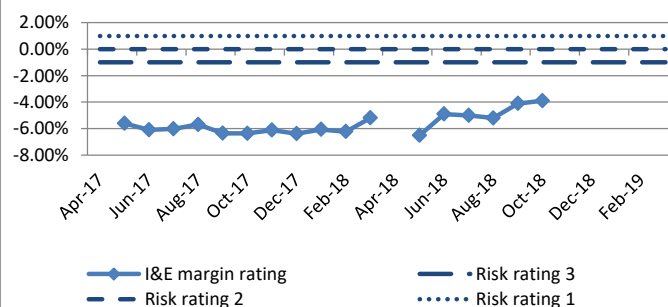
Capital service cover



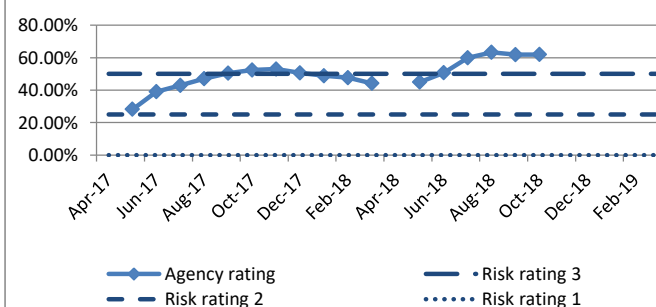
Liquidity

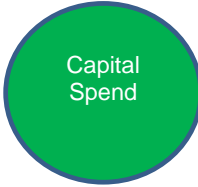


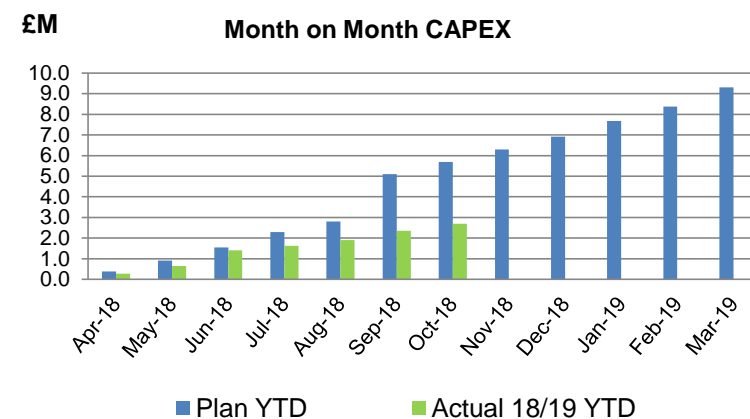
I&E margin



Agency spend over cap



Status	Position				
	Schemes	Annual	Oct '18		
		Plan	Plan	Actual	Variance
		£000s	£000s	£000s	£000s
	Building schemes	617	250	325	(75)
	Building projects	1,730	1,030	307	723
	IM&T	4,194	3,118	1,407	1,711
	Medical Equipment	2,405	1,075	445	630
	Other	366	212	212	0
	TOTAL	9,312	5,685	2,696	2,989



Variation & Action

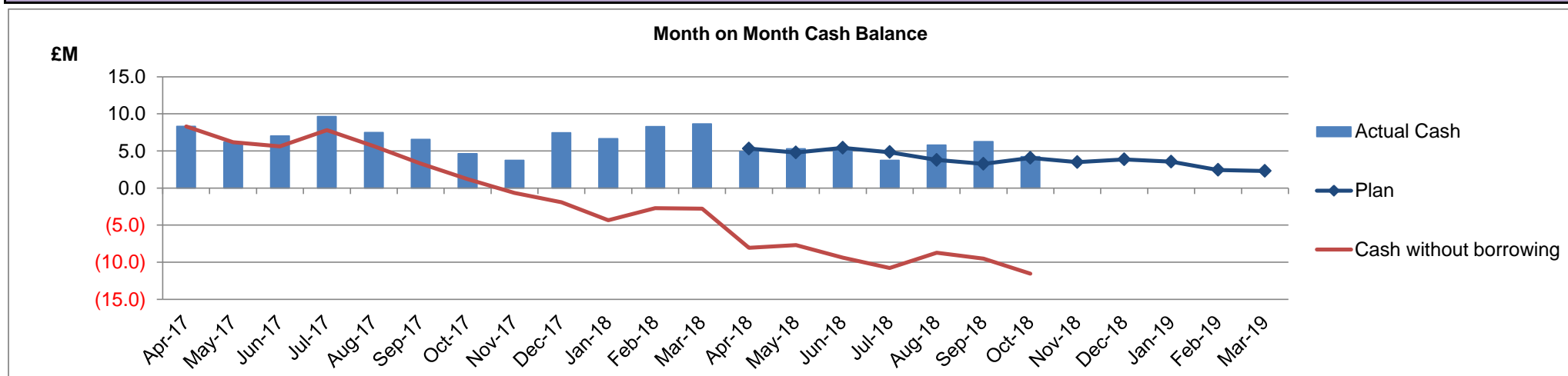
The Trust is behind the capital plan for the year and work is being undertaken to confirm planned schemes will be completed in the year. The plan includes the purchase of hardware (£1.6m) required for a substantial upgrade to the Trust's IT network. Work is underway to move across to the upgraded infrastructure and the scheme will be capitalised in November 2018, having slipped slightly. This scheme is the main reason for the underspend to date.

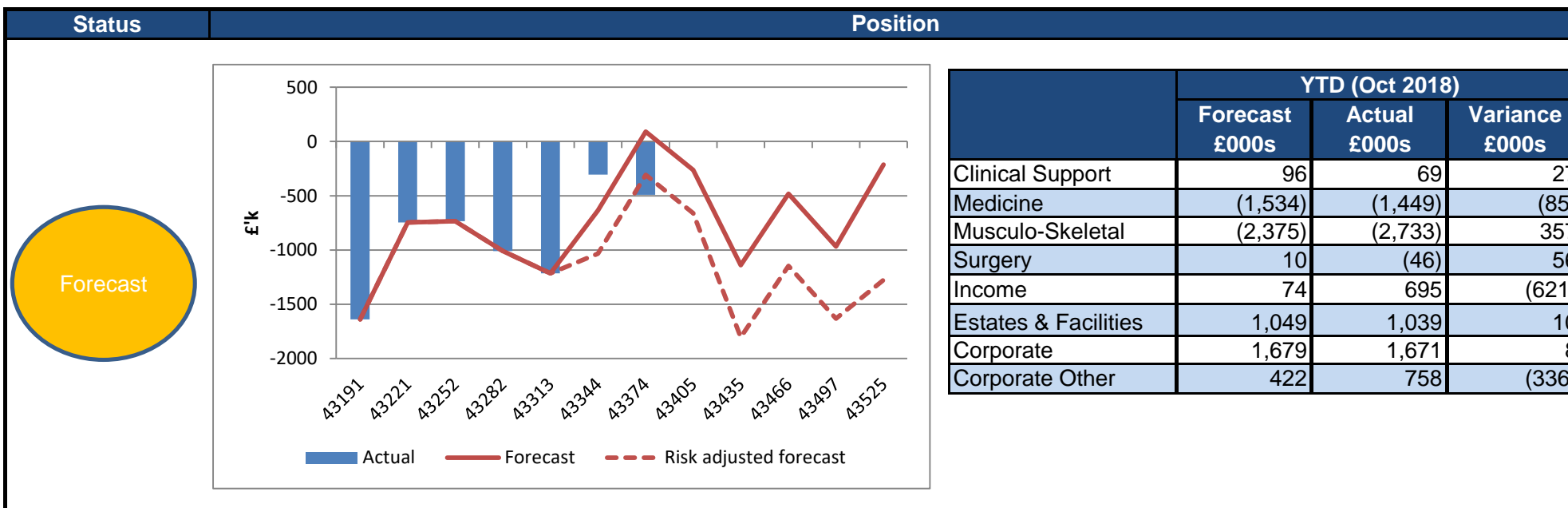
The Trust has submitted requests to draw down PDC early in December 2018 of £127k to provide free on-site wifi and £933k to purchase a bed management system, replace the pharmacy robot and improve patient flows in ED and patient discharge. Although the PDC funding has been approved for both schemes the Trust is still awaiting confirmation the funds can be drawn down on the date requested.

The Trust submitted bids to the STP for a replacement cath lab and a birthing centre, but these were not supported at this time. The Trust is now in discussions with Wiltshire CCG with regard to how plans for a midwife led birthing unit could be delivered.

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	<p>The Trust has submitted a revised 2018-19 plan to borrow £5.2m to cover the revenue deficit for the year. The Trust is eligible for Provider Sustainability Funding (PSF) of up to £3.8m in 2018-19. The cash position will continue to be closely monitored to ensure the cash flow accurately reflects the timing of any PSF payments.</p> <p>The Trust did not draw down any funds in the month, as the plan for October was forecasting a small surplus. The cash flow continues to be closely monitored to ensure funds are available when required. A cash shortfall is currently being identified in January 2019 and NHS Improvements have been made aware. The timing of the Q2 PSF funding has yet to be announced and the Trust will initially seek to draw on this before requesting</p>
	Inventories (Stock)	6,214	6,214	6,644	430	430	
	Debtors	15,396	15,456	15,872	416	476	
	Cash	8,641	4,049	4,238	189	(4,403)	
	TOTAL CURRENT ASSETS	30,251	25,719	26,754	1,035	(3,497)	
	Creditors	(24,438)	(19,783)	(20,944)	(1,161)	3,494	
	Borrowings	(1,164)	(1,488)	(1,169)	319	(5)	
	Provisions	(292)	(292)	(292)	0	0	
	TOTAL CURRENT LIABILITIES	(25,894)	(21,563)	(22,405)	(842)	3,489	
	TOTAL WORKING CAPITAL	4,357	4,156	4,349	193	(8)	

Trend





Variation & Action

In Month (Directorates): The clinical directorates' contributions were higher than anticipated by £356k, driven by increased productivity in MSK. Pay costs were higher than anticipated, reflecting the Trust's difficulties in delivering planned workforce savings, this has been taken into accounting the 'risk adjusted' forecast. The shortfall in the central income cost centre includes adjustments back to the Dorset acute managed contract value.

Year to Date (Trust): The adverse variance against the NHS control total forecast is £253k. income ahead of forecast with slight shortfalls in recovery targets set for key specialties offset by over performance in the emergency pathway. The adverse variance is driven the Trust's Pay bill where additional actions on Pay have not taken hold, this should be eased going forward by the nursing recruitment that has taken place in October however winter escalation presents a risk to the Trust realising this benefit. Detailed planning is currently underway about the potential resource impact of winter and the Trust are discussing additional funding via MRET reinvestment.

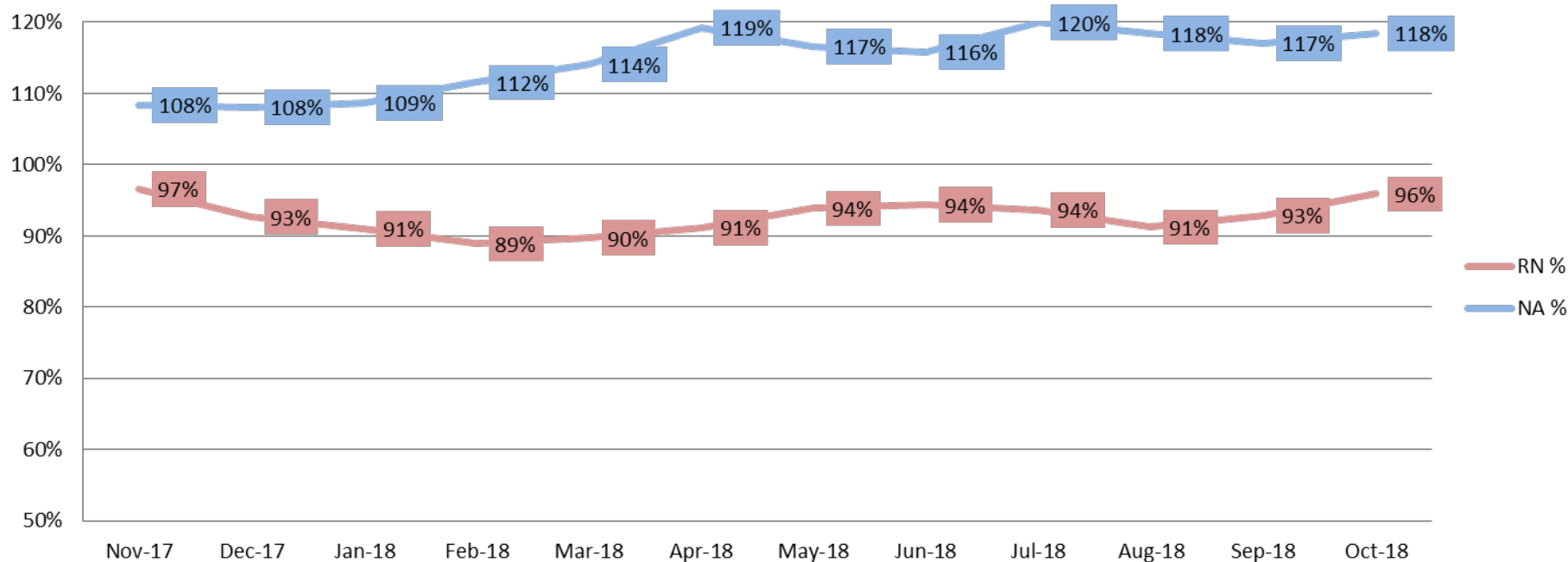
Safe Staffing NQB Report

October 2018

Monthly Comparisons – Actual Staffing Levels

	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
Month	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
Oct -18	62938	60344	96%	34823	41251	118%	97760	101594	104%	59%	41%

Monthy Comparison - Actual Staffing Levels



Overview of Nurse Staffing Hours – October 2018

Day	RN	NA
Total Planned Hours	38415	21791
Total Actual Hours	35738	25555
Fill Rate (%)	93%	117%

Night	RN	NA
Total Planned Hours	24523	13032
Total Actual Hours	24606	15696
Fill Rate (%)	100%	120%

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

Please note:

Plastics & Burns is reported as *Odstock* ward from this reporting period



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	15868	15257	98%	10615	13144	120%
AMU	2032	2185	107%	1075	1472	137%
Durrington	1112	1406	126%	882	1158	131%
Farley	2353	2112	90%	1516	1820	120%
Hospice	930	941	101%	929	869	94%
Pembroke	895	1013	113%	357	357	100%
Pitton	1784	1869	105%	1148	1395	122%
Redlynch	1586	1362	86%	1209	1628	135%
Tisbury	2210	1965	89%	706	693	98%
Whiteparish	1342	1189	89%	1054	1326	126%
Spire	1626	1217	75%	1741	2426	139%
Surgery	8033	8063	101%	3114	3745	116%
Britford	2104	2195	104%	1090	1433	131%
Downton	1375	1336	97%	919	1141	124%
Radnor	3293	3241	98%	346	335	97%
Breamore Short Stay	1261	1292	102%	759	835	110%
MSK	8333	6394	77%	6663	7456	114%
Amesbury	1763	1405	80%	1396	1791	128%
Avon	1681	1203	72%	1926	1817	94%
Chilmark	1733	1397	81%	1108	1365	123%
Odstock	1657	1246	75%	735	878	120%
Tamar	1499	1144	76%	1499	1605	107%
CSFS	6181	6023	101%	1399	1211	93%
Maternity	2988	2659	89%	1043	877	84%
NICU	1089	1236	114%	0	0	100%
Sarum	2105	2129	101%	357	334	94%
Grand Total	38415	35738	94%	21791	25555	114%

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	10487	106%	5631	8017	141%
AMU	1543	1628	105%	357	804	225%
Durrington	713	848	119%	702	804	115%
Farley	1070	1101	103%	713	1081	152%
Hospice	589	589	100%	295	342	116%
Pembroke	713	713	100%	357	357	100%
Pitton	1070	1462	137%	713	1208	169%
Redlynch	1070	1024	96%	713	713	100%
Tisbury	1426	1307	92%	357	373	105%
Whiteparish	713	771	108%	713	951	133%
Spire	1070	1047	98%	713	1387	194%
Surgery	5313	5269	99%	2484	2699	108%
Britford	1070	1068	100%	713	887	124%
Downton	713	703	99%	713	736	103%
Radnor	2818	2797	99%	345	345	100%
Breamore Short Stay	713	702	99%	713	732	103%
MSK	4273	4041	95%	3818	3976	104%
Amesbury	1070	1058	99%	989	1041	105%
Avon	930	811	87%	930	967	104%
Chilmark	594	601	101%	589	623	106%
Odstock	1059	968	91%	690	736	107%
Tamar	620	604	97%	620	610	98%
CSFS	4963	4810	100%	1099	1004	96%
Maternity	2824	2591	92%	1053	960	91%
NICU	1070	1091	102%	0	0	100%
Sarum	1070	1127	105%	46	44	96%
Grand Total	24523	24606	101%	13032	15696	120.3%

Key:

Less than 80%

Between 80 - 90%

Between 90 - 115%

Greater than 115%

Overview of Areas Flagging Red

(Internal Rating Below 80%)

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Avon	72%	√		Day	Daily review of staffing by DSN to ensure sufficient respiratory skills and staffing numbers achieved. To help manage and mitigate current gap respiratory nurse specialist redeployed to manage respiratory patients (which would not routinely be captured in shift/safe care data), along with use of supervisory time of charge nurse and spinal education nurse, and out patient nursing team. Ongoing escalation as required and use of Tamar ward to support.
Red	Spire	75%	√		Day	NA Day fill rate was 139% this month to support unfilled RN shifts ,bolster numbers and provide enhanced care for patients who are at risk of falls or have complex needs or mental health issues.
Red	Odstock	75%	√		Day	Odstock ward has consciously over recruited to NAs by 1.52 WTE. With recent sickness and 2 WTE staff on maternity leave, the ward has struggled to fill to established staffing levels. Additional NAs and Band 4's are deployed to help cover RN gaps, along with the use of the plastic and burns CNS to assume the nurse on charge when on shift. This CNS cover would not routinely be described in the shift pattern of early and late. To help manage the ward demands against available a staff weekly meeting has been set up with clinical lead, senior sister and trauma coordinators to assess current capacity, trauma and elective activity for the week against staffing numbers and skill mix, allowing for earlier planning and escalation to cover gaps in skills and staffing numbers.
Red	Tamar	76%	√		Day	Tamar ward has consciously over recruited to NAs by 0.24 WTE The gap in RN predominantly reflects the late shift on the ward where the established skill mix in 3RNs and 2NAs. With current RN vacancies (6.9 WTE) late shifts are routinely staffed with 2RNs and attempt to achieve 3NAs. Ongoing staff flexibility with Avon covered gaps.

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

Overview of Areas Flagging Red

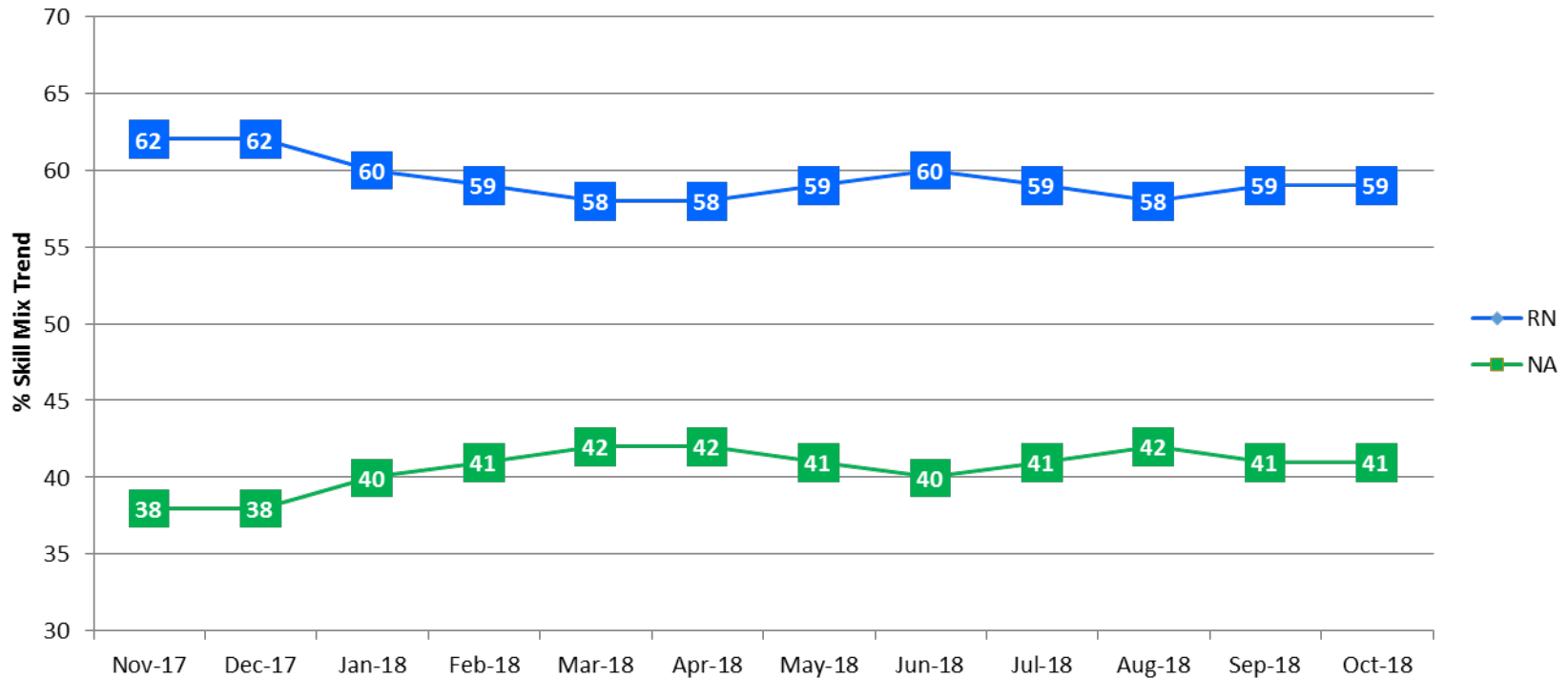
(Internal Rating Below 80%)

- There is an increase (by one ward) flagging Red for this reporting month totalling 4 wards. All are for RN day shifts and 50% of the wards demonstrate an uplift in NA day staffing numbers to bolster the safe care.
- The number of wards flagging Amber remains static with 7 areas flagging for Amber including Maternity for RN day shifts. With the exception of Tisbury and Maternity, all these areas also evidenced an overstaffing of NA staffing .
- All areas (including the maternity unit) bolster 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

Overall % RN/NA Skill Mix



The overall RN & NA skill mix trends continue to remain stable since March 2018.

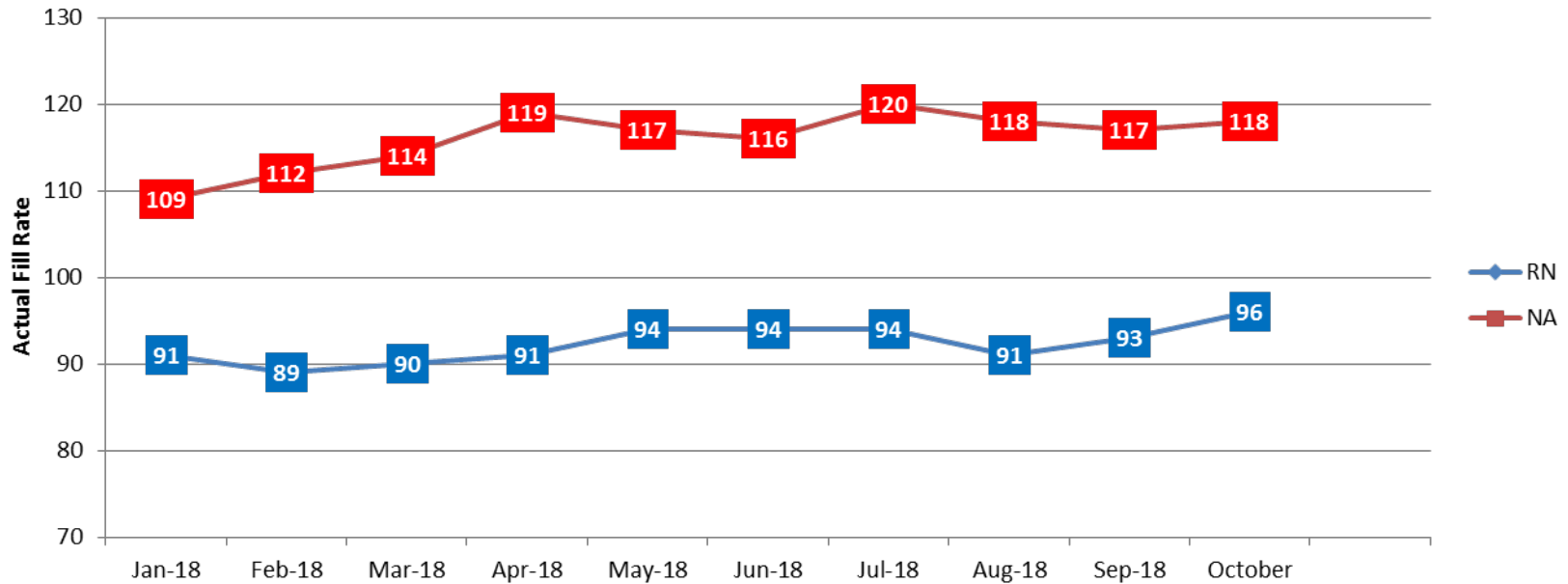
Both the RN & NA trends remain static for a second reporting month

STAFFING NOTES

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

Themes and Trends

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



- The NA overall fill rate trend demonstrates a consistency by remaining fairly static over the last 3 reporting months
- The overall RN fill rate continues to improve with a further 3% uplift since September with a 5% improvement since August 2018.
- This is the highest fill rate for RN levels for 2018 to date
- NA Day overstaffing remains stable at 118%. These staff bolster shift numbers particularly where skilled Band 4 staff are used.

RN night shifts continues improve with a further increase of 2% now evidencing at 100% fill rate. Continued focus remains to ensure RN cover is prioritised at night where temporary staff cover is more challenging and expensive.

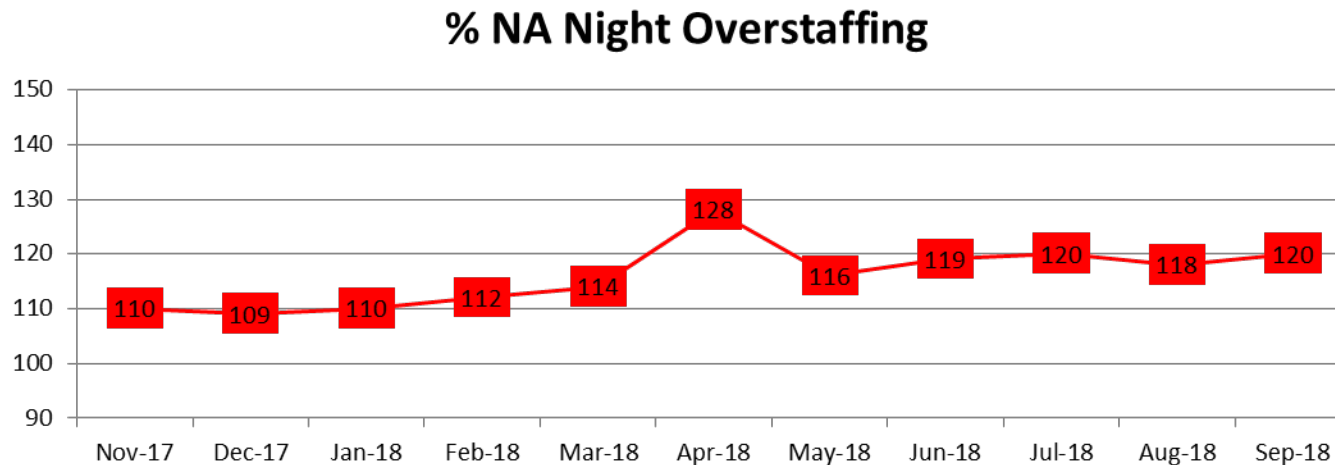
Unfilled shifts:- often there is utilisation of alternative grade cover. Some shifts may remain unfilled but are managed within the existing skills sets. All are based on assessing staffing skills & numbers against patient acuity and demand to ensure they are both manageable and the provision of safe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

Over-staffing

All additional shifts were for NA staff except for:-

- Pitton which had high patient acuity levels requiring increased staffing levels and 3 new Band 5 Preceptee Nurses
- Durrington which had new Band 5 staff on supervisory shifts

The trend has remained stable varying between 116-120% since April 2018.



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

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

Actions taken to mitigate risk

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

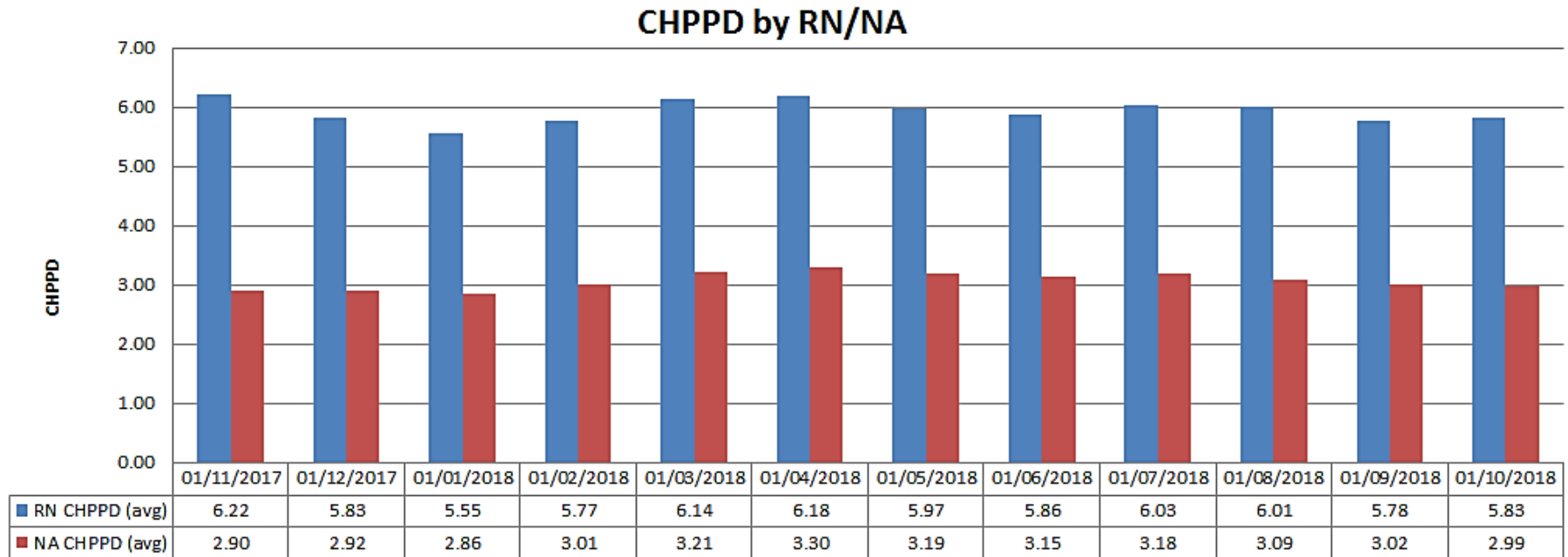
- The accounting of the staff skills set when deciding on the band of staff needed.
- Staffing is discussed via SafeCare using Shelford methodology at least twice daily with senior nurses in attendance.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site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

Internal CHPPD Reporting



Internal CHPPD

Monthly Trust aggregated figures showing Year Trend
Period :- **November 2017- October 2018**



CHPPD

October 2018

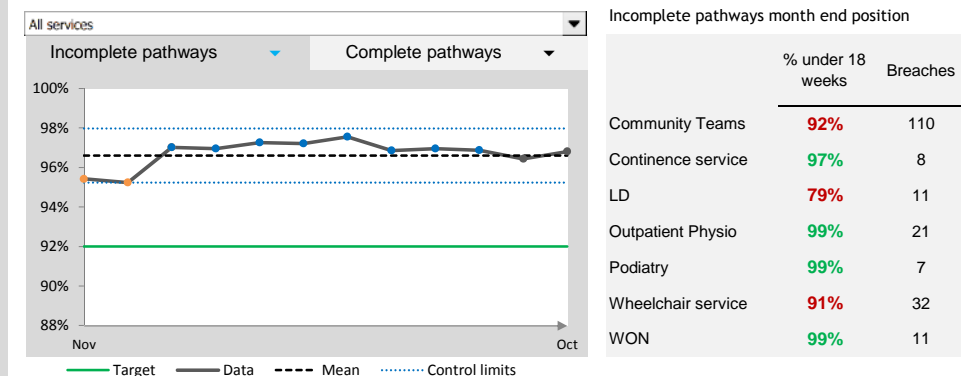
Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
Medicine	4.0	3.1	7.1
AMU	5.2	3.1	8.4
Durrington	3.2	2.8	6.1
Farley	3.7	3.4	7.1
Hospice	5.3	4.2	9.6
Pembroke	5.7	2.4	8.0
Pitton	4.1	3.2	7.3
Redlynch	2.9	2.9	5.8
Spire	2.5	4.3	6.8
Tisbury	4.8	1.6	6.3
Whiteparish	2.8	3.2	6.0
Surgery	9.2	3.0	12.2
Britford	5.6	4.0	9.6
Breamore Short Stay	3.2	2.5	5.7
Downton	2.9	2.7	5.6
Radnor	25.3	2.8	28.1
MSK	3.1	3.4	6.5
Amesbury	2.6	2.9	5.5
Avon	3.1	4.3	7.3
Chilmark	3.0	3.0	6.0
Odstock	4.3	3.1	7.4
Tamar	2.8	3.5	6.3
CSFS	11.8	2.0	13.7
Maternity	13.7	4.8	18.5
NICU	11.7	0.0	11.7
Sarum	9.9	1.1	11.0
Grand Total	5.8	3.0	8.8

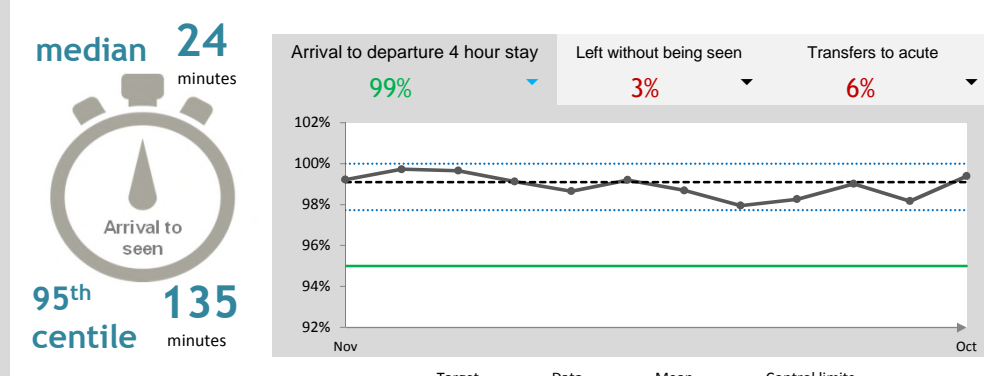
N.B.

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

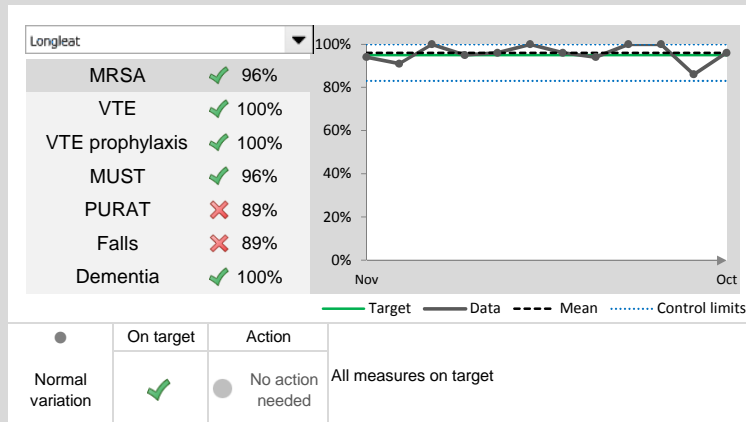
RTT



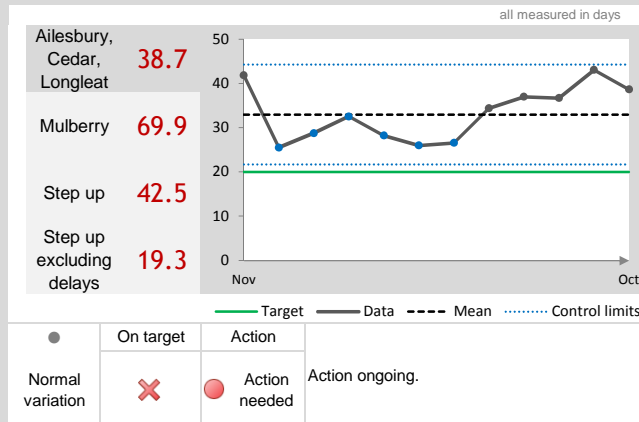
MIU



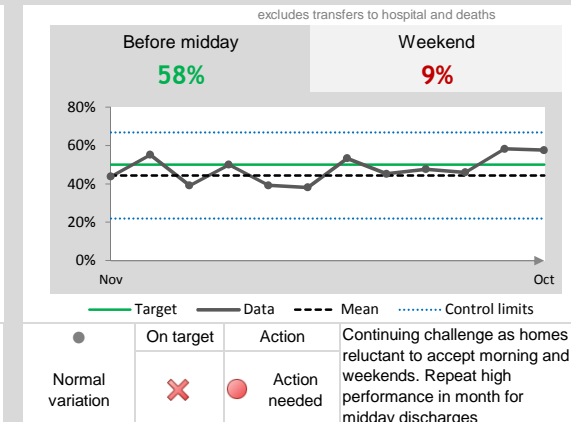
Inpatient assessments



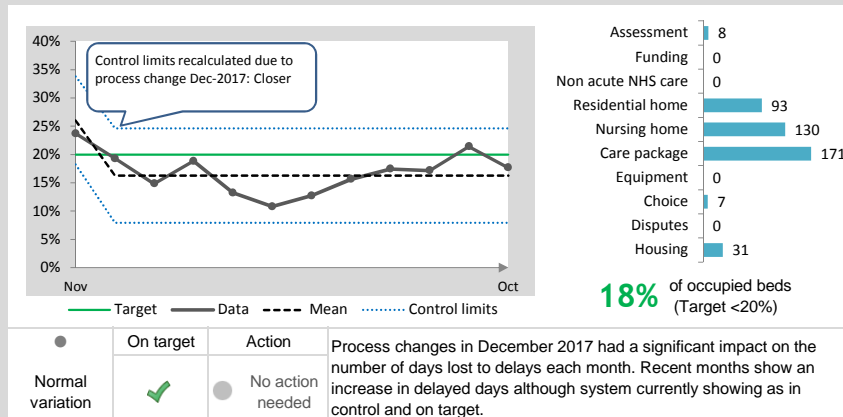
Mean Inpatient Length of Stay



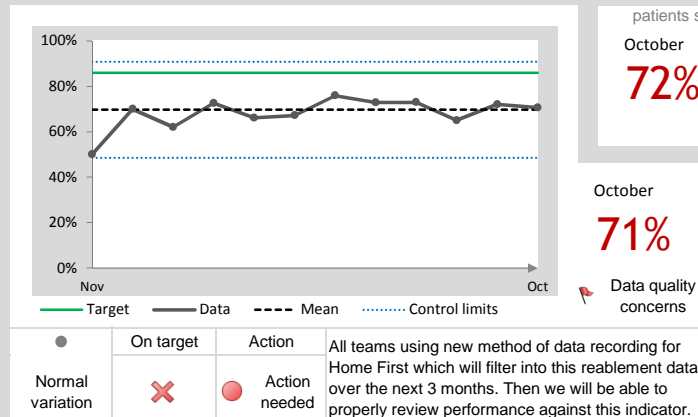
Discharge timings



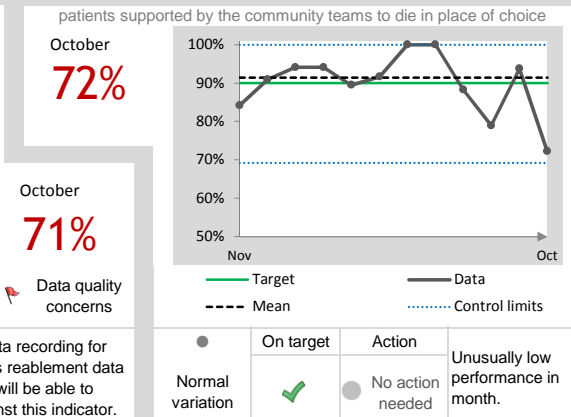
Delayed Transfers of Care - bed days lost



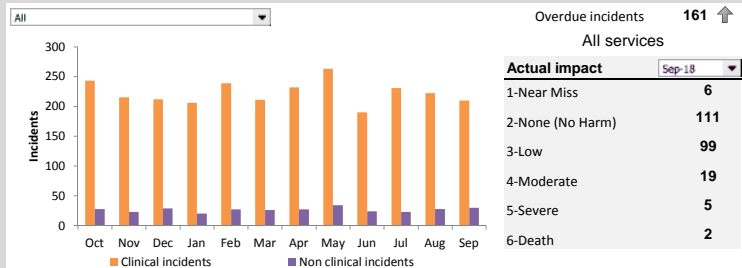
Community teams 90 day reablement



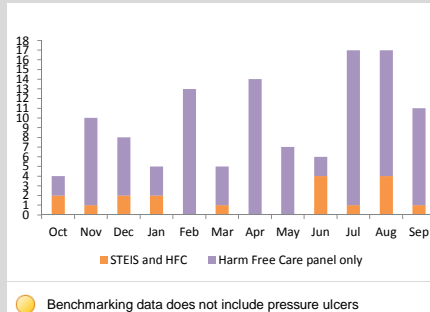
End of life support



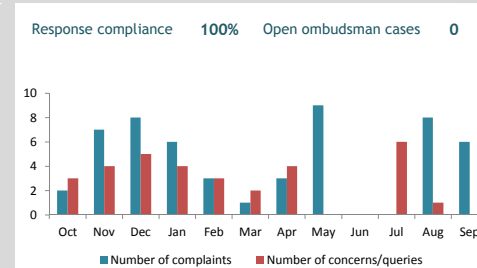
Incidents



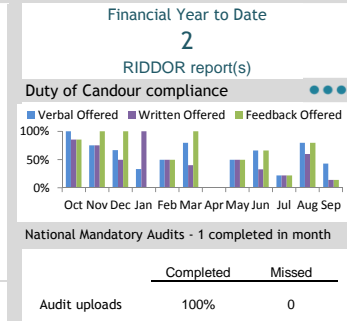
Incidents Requiring Further Investigation



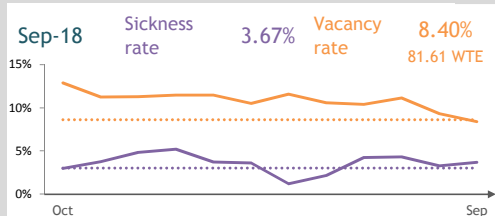
Complaints/Concerns



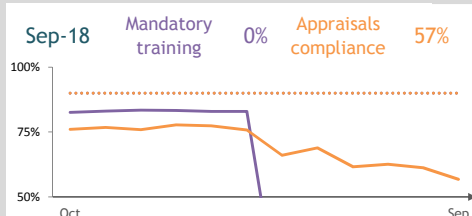
RIDDOR



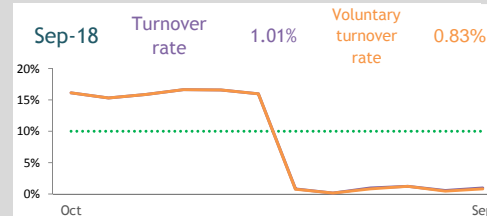
Sickness/Vacancy



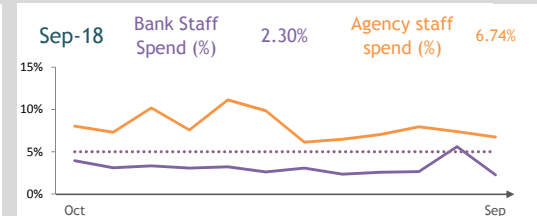
Training/Appraisals



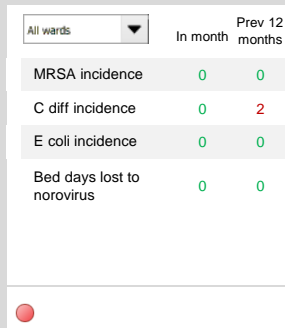
Turnover



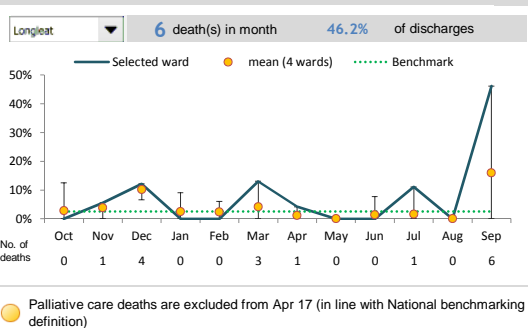
Bank/Agency spend %



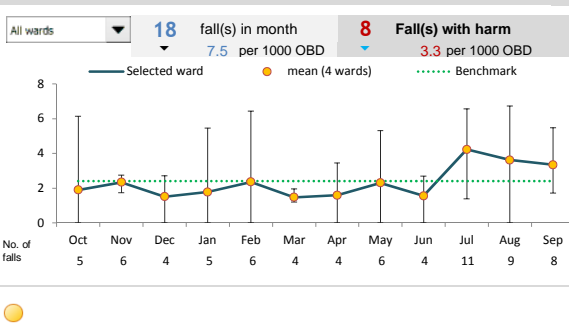
Infection Prevention & Control



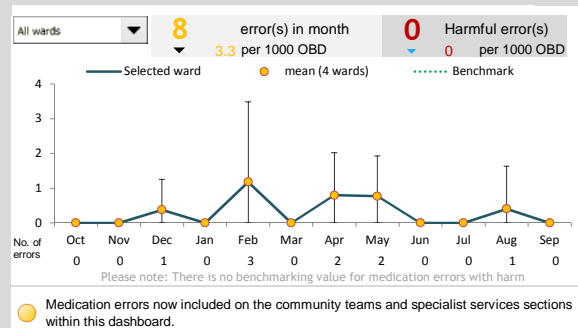
Deaths



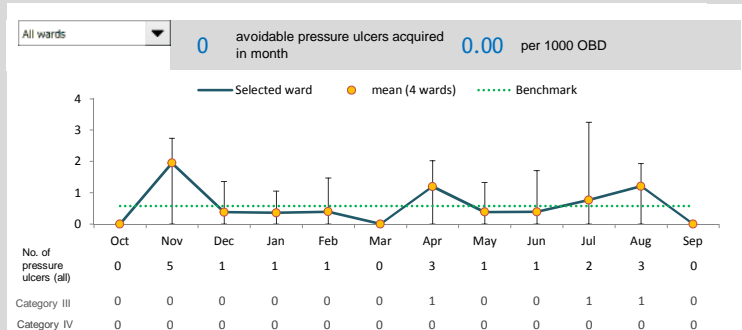
Falls



Medication errors

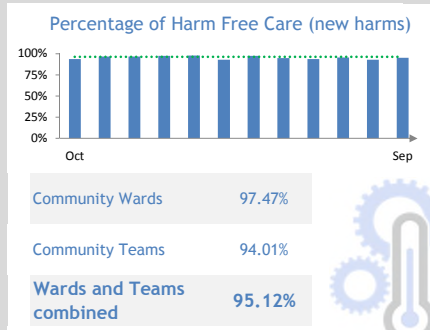


Avoidable Pressure Ulcers



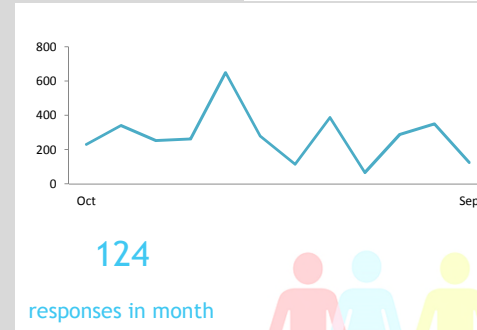
This graph shows the total verified Category III and IV avoidable pressure ulcers.

Safety Thermometer



Concerns highlighted with senior managers regarding low submission rates.

Friends and Family Test



Inpatient assessments

