Report to:	Trust Board (Public)	Agenda item:	6
Date of Meeting:	17 January 2019		

Report Title:	Integrated Performance Report, November 2018 (Month 8

Diagnostics

- The Trust was able to predict in

Local Services (COO)	**ED** • ED Navigators in post 7 days per week to ensure safety of waiting room and navigation of patients to correct service • Improved performance in M8 as compared to M7 • Change in clinical leadership has had a positive impact on morale within the department • Improved internal processes resulting in better coordination from within the department • Laverstock and Clarendon ward remains closed • Urgent Care Senior Leads Team (SLT) meeting set up by Medicine Directorate	• Continued increases in ED attendance numbers as compared to 17/18 • ED standard not achieved in M8 (87.54% against trajectory performance of 88.6%) • Continued gaps in nursing and medical rotas resulting in poor skill mix and junior workforce	• Winter resilience plans in place to support increased demand, patient flow and bolster workforce (from Jan 2019) • Review ambulatory pathways to increase access to outpatient ambulatory services (away from the inpatient areas) (Feb 2019) • First MADE (Multi Agency Discharge Event) event to take place during M9 with a second in M10 (Jan 2019) • Project plan for SAFER re-launch agreed and to be embedded from M10 (from Jan 2019) • Two new Consultants with confirmed start dates in February and March 2019 • Continue with recruitment of nurses to reduce vacancies • Supervision and training of junior workforce • Urgent Care SLT to continue bi-monthly (second meeting planned Jan 2019). Improve cross working between ED and Acute Medical Unit

	Positives	Challenges	Plans / Forecasts
	• Trust participated in national burns major incident exercise (complete) • 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.		
Specialist Services (COO)	• 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 efficp cp		

NHS

Vision – To Deliver an outstanding experience for every patient			
	Positives	**Challenges**	**Plans / Forecasts**
Resources (DoF)	x		

Report to:	Trust Board	**Agenda item:**	6a
Date of Meeting:	17 January 2019		

Report Title:	M8 Operational Performance Report
Status:	**Information** **Discussion**

(presenting):	Andy Hyett, Chief Operating Officer
Appendices (list if applicable):	Appendix 1: Performance & Score Card

Recommendation

Executive Summary of Key Operational Performance – November 2018

( ) = national targets

ED Performance (95%)	**In month (8)**: National standard was not delivered reporting **87.7%** **Year to date**: **91.0%**	RED
RTT Performance (92%)	**In month (8): 93%** **Year to date: 92.3%**	GREEN
Diagnostics (99%)	**In month (8): 98% - ahead of trajectory** **Year to date: 99%**	RED
Cancer **(2ww = 89.2%)** **(31 day = 96%)** **(62 day = 85%)**	**In month (8): All cancer standards were delivered in Month 8.** **.**	GREEN
DTOCs	**In month (M8): 563 bed days lost** . **Year to date 5093 bed days lost**	RED

Nov-18 was as follows:

November 2018 = 563 bed days

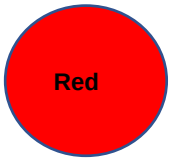
2018-19 YTD = 5093 bed days

Waiting list size

Incomplete PTL Volume by CCG

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

Diagnostic (DM01) November



In line with predictions and following clinical prioritisation of resources the trust failed to deliver the diagnostic standard in November reporting 98.01%. There were 65 breaches (63 Endoscopy). The recovery plan implemented for December is expected to show improvement as long as all lists remain 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 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. Together with lists not covered by Gastroenterology Consultants because of their ward cover commitments this lost capacity creates a risk of not delivering the Diagnostic standard.

The MRI waiting list is currently at 360 with the majority of patients waiting less than 3 weeks. We are therefore continuing with the reduction in the use of the mobile scanner. Local health care providers have been notified of the available capacity but no firm arrangements have yet been made. COO has highlighted to CCG and NHSi

CT wait times were reducing but scanner failure has hampered progress. Additional capacity remains in place for regular weekend working, this will continue up to and including the Christmas perio

		item:	**6b**
Date of Meeting:	17 January 2019		

Report Title:	Quality indicator report – November 2018			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**

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. YTD – 1 case.

3.2 No MSSA bacteraemias for four months.

3.3 No MRSA bacteraemias. YTD – 2 cases.

3.4 One E Coli bacteraemia from a urinary tract infection (sporadic).

3.5 Five new serious incident inquiries commissioned in November. YTD 22 cases.

3.6 A decrease in crude mortality in November. HSMR increased to 103.1 to August 18 and is within the expected range. Weekend HSMR also decreased and is within the expected range. SHMI decreased to 105 and when adjusted for palliative care is 97.7 to June 18. Proposals for the introduction of Medical Examiners presented to the Mortality Surveillance Group in November.

3.7 Hip fracture patients operated on within 36 hours improved to 100%.

3.8 An increase in category 2 pressure ulcers. One category 3 pressure ulcer under investigation.

3.9 Two falls resulting in major harm (both fractured hips requiring surgery) and one fall resulting in moderate harm (fractured wrist). There has been an increase in falls resulting in moderate or major harm. The Trust is currently part of the NHSI Falls Prevention Collaborative.

3.10 All bar one stroke patient (late diagnosis) received a CT scan within 12 hours. A slight reduction in patients reaching the stroke unit within 4 hours. Those delayed were due to waiting to see a doctor in ED (6) and waiting for a stroke unit bed (2). 93% 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. SSNAP score reduced to C – due to therapy vacancies with full staffing expected in February 2019.

3.11 82% of high risk TIA patients seen within 24 hours. Three full clinics resulted in 5 patients being seen beyond 24 hours.

3.12 Escalation bed capacity remained static, with the ambulatory area of AMU being used overnight consistently. This has led to increased mixed sex breaches but also nursing cost in this area. Multiple ward moves decreased in November. Winter planning for Q4 is well underway and has been presented at CGC and F&PC

3.13 10 non-clinically justified mixed sex accommodation breaches affecting 66 patients all in the ambulatory bay on AMU.

3.14 Patients rating the quality of their care sustained at previous year average. The Q2 staff friends and family test improved compared to Q1 of those recommending the Trust as a place to work and receive care or treatment.

4.0 Summary

Positive indicators –

NHS

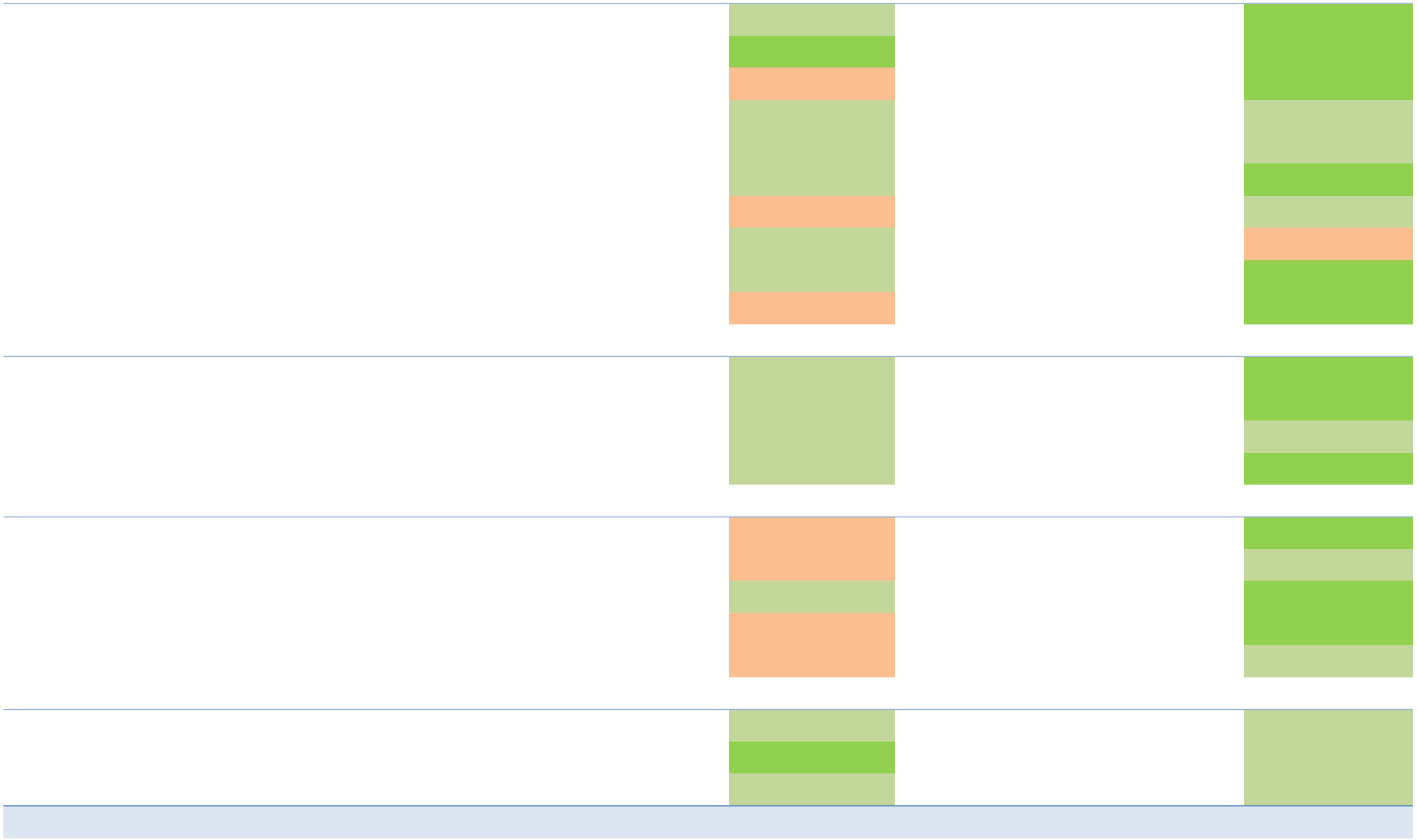
Monthly Comparisons – Actual Staffing Levels

Overview of Nurse Staffing Hours – November 2018

Day	RN	NA
Total Planned Hours	36998	21139
Total Actual Hours		

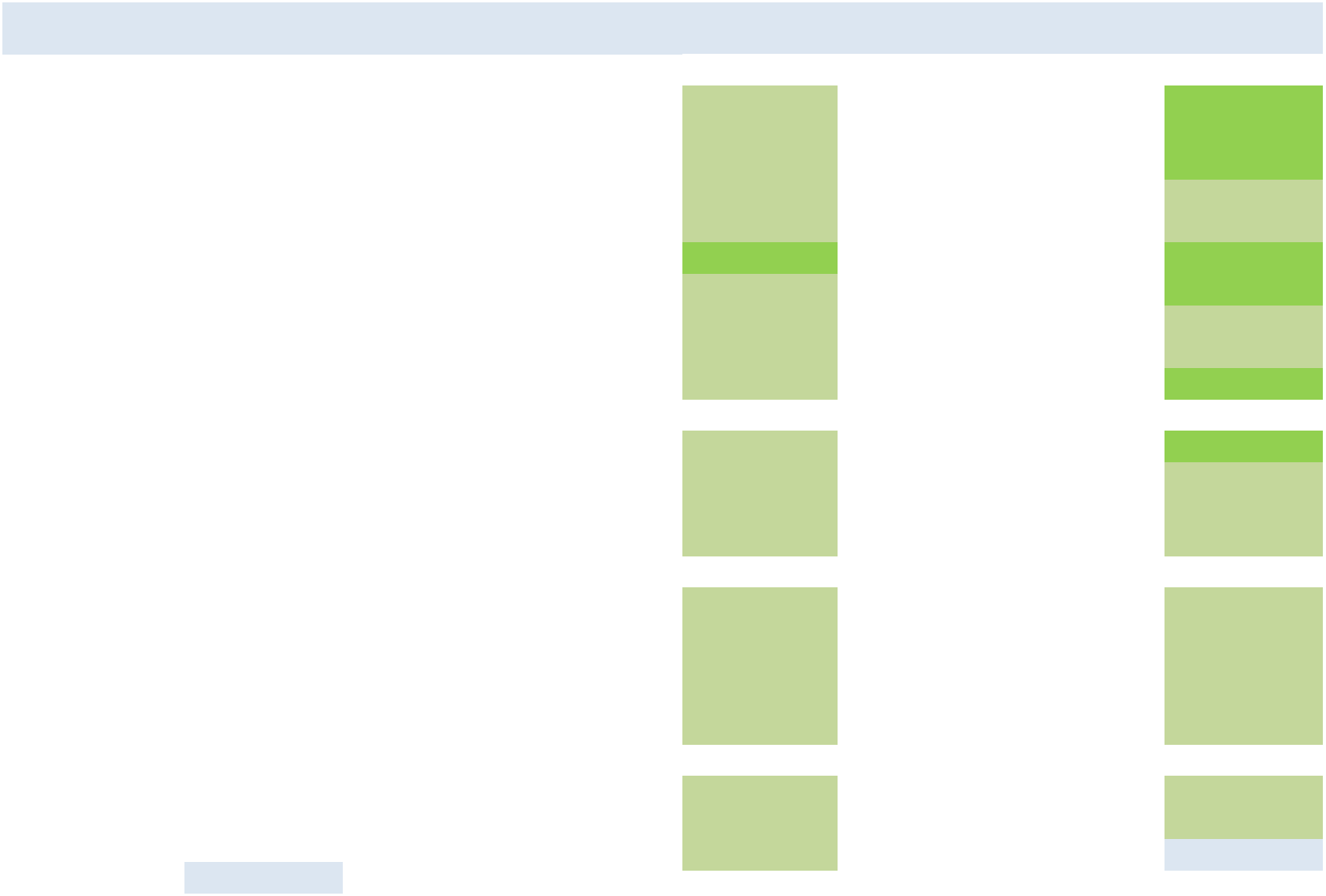
Nursing Hours by Day Shifts

Row Labels	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned



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

Nursing Hours by Night Shifts



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

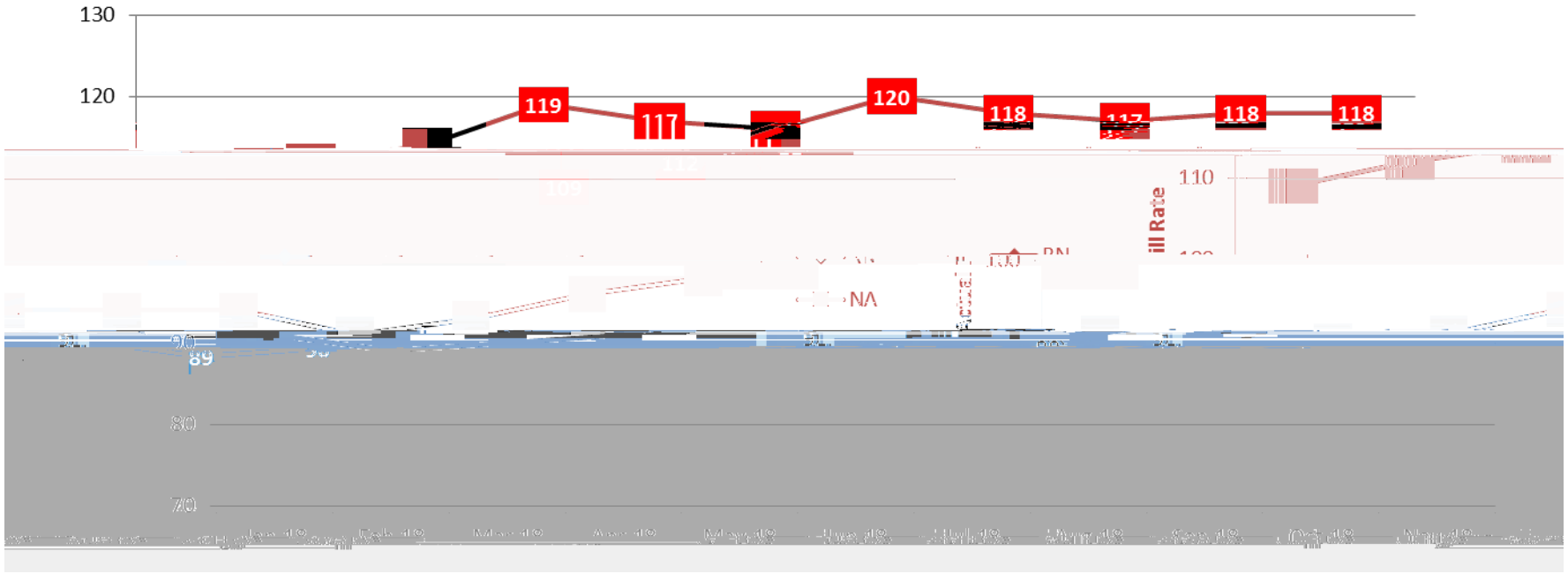
Overview of Areas Flagging Red

(Internal Rating Below 80%)

- There are no wards flagging Red for this reporting month.
- There are 7 wards flagging for Amber as per last month. A high proportion of these are within the MSK directorate which has a high number of vacancies. All are for RN day shifts with 6 of the wards demonstrating an uplift in NA day staffing numbers to bolster the delivery of safe care.
- All areas bolster the safe delivery of care by using other staff groups who are available during the day on an ad-hoc basis.

Themes and Trends

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



- The overall RN fill rate still continues to improve with a 7% uplift since August 2018 uplift averaging a 2-3% improvement each month. This is the highest fill rate for RN levels for 2018 to date
- The NA overall fill rate remains consistent since August 2018. These staff bolster shift numbers particularly where skilled Band 4 staff are used or where patients need enhanced care.

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

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

Over-staffing

All additional shifts were for NA staff except for:-

- Pitton which had high patient acuity levels requiring increased staffing levels and new Band 5 Preceptee Nurses

The trend has remained consistent since May 2018.

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

1.

Actions taken to mitigate risk

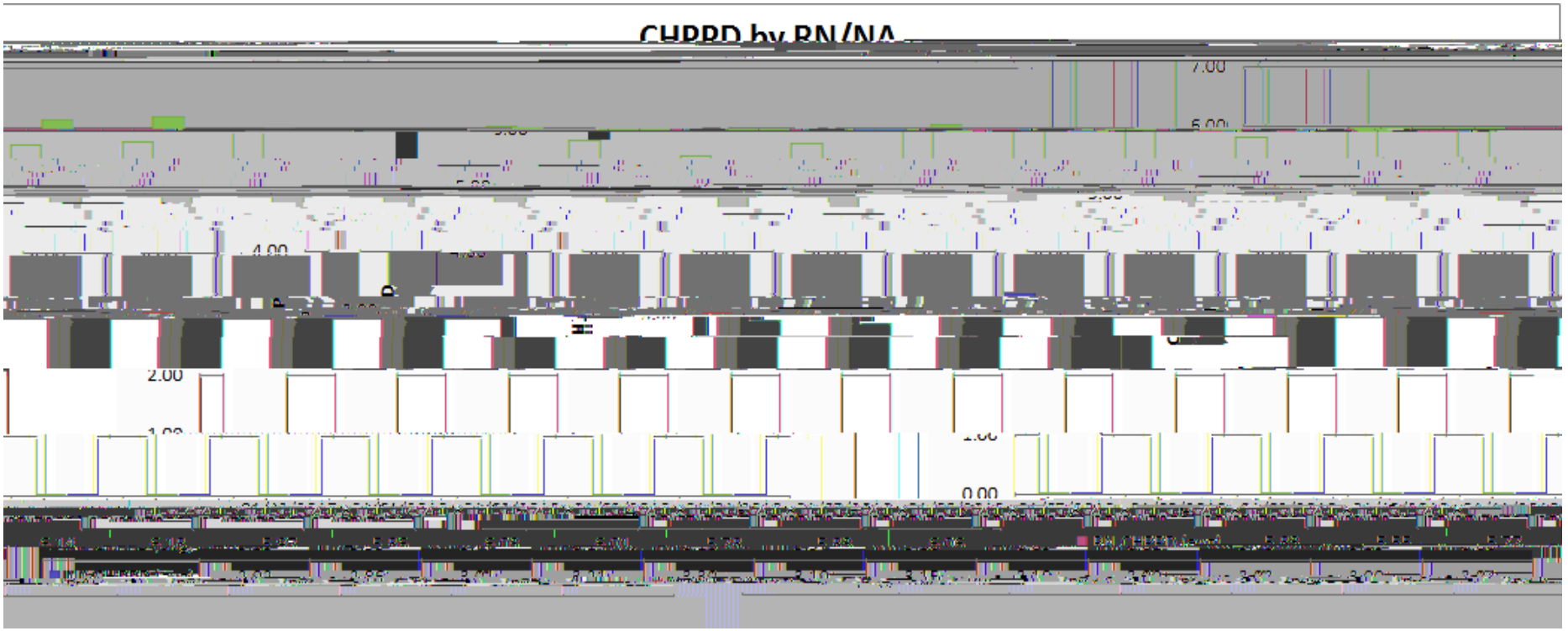
The nurse-in-charge of individual wards in discussion with the DSN/ADSN review the following on a shift by shift basis.

- 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

Internal CHPPD

Monthly Trust aggregated figures showing Year Trend

Period :- **December 2017- November 2018**



CHPPD
November 2018

Inpatient Ward Breakdown

Row Labels	RN CHPPD	NA CHPPD	Overall CHPPD
Medicine	**4.2**	**3.2**	**7.4**
AMU	5.7	3.3	9.0
Durrington	3.1	3.2	6.3
Farley	3.6	3.6	7.3
Hospice	6.5	5.0	11.5
7.3	114mT[illegible]202[illegible]	[illegible]	3.1

N.B.

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

Report to:	Trust Board (Private)	**Agenda item:**	6d
Date of Meeting:	17 January 2019		

Report Title:	Workforce Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:				

1. Purpose

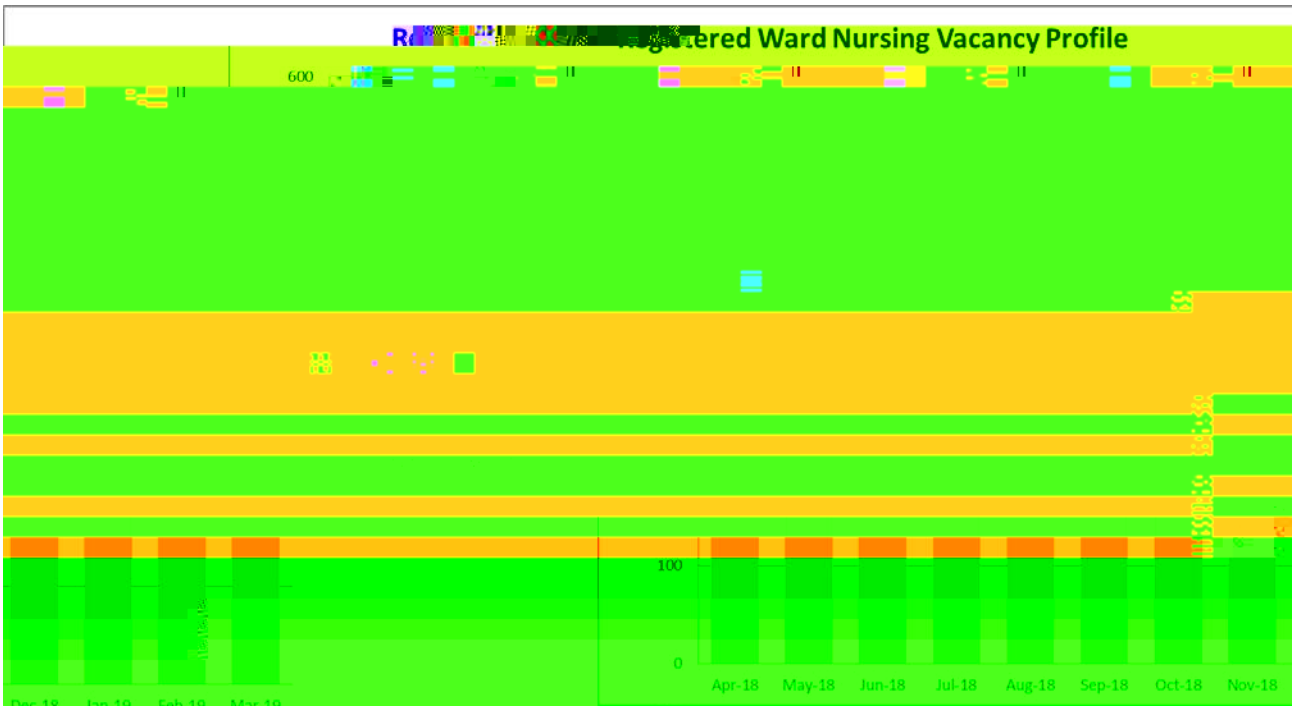
This report provides the position against workforce key performance indicators at Trust level, with trend analysis over time, and sets out actions underway or necessary to achieve targets.

2. Background

Month 8 data shows a £124k underspend on the pay bill year to date. Underspend on substantive staff e.g. Nursing due to vacancy levels, is offset by an overspend on temporary staffing.

Agency spend has decreased by £220k to £429k, sickness absence has increased to 3.78% and the vacancy rate has decreased from 6.16% in month 7 to 5 y sh y

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Prediction	Prediction	Prediction	Prediction
Ward Registered Nursing FTE	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
Mat Leave (Actual and Predicted)	15.20	13.07	13.47	13.82	14.37	13.18	13.12	19.98	22.70	19.76	17.88	16.48
Sickness (Actual and Predicted)	12.63	14.57	12.56	17.27	12.83	11.05	14.68	11.71	17.35	19.01	16.11	14.33
Total Ward Nursing Leavers, Transfers, Hours Reductions	12.87	8.75	8.55	10.01	8.75	3.88	7.61	6.92	8.42	8.42	8.42	8.42
International Nurses awaiting PINs, see B4 and B3 tabs	**13.00**	**13.00**	**15.20**	**11.20**	**28.20**	**28.41**	**22.20**	**28.49**	**28.49**	**28.49**	**28.49**	**28.49**
International Recruits Due to Arrive	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**25.00**	**40.00**	**18.00**
Other Recruitment (from induction lists from December)	**1.68**	**5.81**	**8.63**	**8.61**	**5.33**	**12.24**	**3.08**	**8.43**	**1.00**	**4.00**	**1.00**	**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**
Average Recruitment from Dec 2018	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**5.73**	**2.73**	**5.73**	**6.73**
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	386.38	384.69	383.00	381.31	379.62
Gap (Establishment minus Staff in Post)	118.37	120.59	118.52	119.92	125.59	108.23	99.96	98.45	100.14	101.83	103.52	105.21



There are 83 international nurses in the pipeline planned to arrive at SDH between January and April 2019. A significant proportion of these have been allocated to Medicine, with similar numbers for MSK and Surgery and 14 yet to be allocated.

The numbers can only ever be estimated as they change with each passing report from the agents. Candidates decide to withdraw their interest, delay their start date for personal reasons, or do not navigate the NMC process as quickly as anticipated, all of which will have an impact on numbers and availability.

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

Voluntary Services

- **x** Jo Jarvis was shortlisted for Volunteer Leader of the Year in the HelpForce Awards and attended the final Award Ceremony at which she came third, a very significant achievement which she should be proud of.
- x The Trust's submission has passed through to the second round of the HelpForce Innovation Project and submitted it's project plans as required by the December deadline. A panel interview is the next stage in this process.
- x 8 potential volunteers and 22 work experience students interviewed and 7 new volunteers started during the month.
- x Demand continues to outstrip supply of volunteers across our wards and departments.
- x Volunteers have supported much activity in the Hospital over Christmas, including a visit from Father Christmas on 24th December.

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.

CLASSIFICATION

- Improving the leaver process, with the aim of every (voluntary) leaver having either an exit interview or completing an exit questionnaire.
- Improving the use of the intelligence gathered from this process in two ways:
  - Taking up issues raised by individual responses immediately with managers as appropriate; and
  - Reporting on themes or areas which cause particular concern.
- Participating in the 4th Wave of Trusts engaged in the NHSI retention programme which commenced on 22nd November. Although this is a nursing based programme, we hope to learn new tools and techniques which are transferable across the whole workforce.
- Promoting staff benefits through a booklet which will be available both in paper form and on the Intranet.
- Planning a "Great Place to Work" event in February 2019.

3.5. Centralisation of Bank

Month 8 agency spend has reduced to £429k which is a £160k overspend against our £269k NHSI agency control total for November. Of this overspend, £180k relates to Nursing Agency spend and £48k to Support to Nursing spend.

Nursing Agency spend has reduced 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. £128k of the £148k reduction in Medical agency spend was due to the reversal of previous month's accruals for the payment of invoices.

Excluding STL and OML	In-Month Expenditure			Year to Date Budget & Expenditure		
AGENCY STAFF SPEND BY STAFF GROUP	Month 7 2018	Month 8 2018	Change (+ / -)	Budget	Actual	Variance
Registered Nurses - Agency	£355,595	£307,001	-£48,595	£957,504	£2,609,533	£1,652,029
Allied Health Professionals - Agency	£91,771	£76,575	-£15,196	£383,008	£800,394	£417,386
Health Care Scientists - Agency	£7,622	£5,293	-£2,329	£18,552	£81,598	£63,046
Support to nursing staff - Agency	£44,541	£49,065	£4,524	£6,664	£325,405	£318,741
Consultants - Agency	£72,772	-£20,993	-£93,766	£562,496	£389,009	-£173,487
Career/Staff Grades - Agency	-£5,905	£3,705	£9,610	£84,849	£15,355	-£69,494
Trainee Grades - Agency	£49,884	-£13,461	-£63,345	£135,198	£459,234	£324,036
NHS Infrastructure Support - Agency	£32,301	£21,394	-£10,907	£67,313	£214,783	£147,470
Total	**£648,581**	**£428,578**	**-£220,003**	**£2,215,584**	**£4,895,311**	**£2,679,727**

The Nursing Bank will move from Quality to the OD & People Directorate through a managed transition period commencing on 1st January 2019, to be completed by 31st March. 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

A small number of the Group met with Justine McGuinness this month, as part of her Stakeholder audit, and to share their views on the challenges of internal communications. It was also acknowledged that the meeting planned for January will not go ahead as all non-essential meetings across the Trust have been cancelled in January in order to allow all staff to concentrate on the additional 'winter pressures' that we are likely to encounter.

We have restated our desire to support change and harness the enthusiasm of the Group in the New Year which will enable us to embark on a series of projects that will catch the imagination of the wider workforce.

The next meeting is on Tuesday 5th February at which we hope to agree upon a workplan for the next 6-12 months. With the agreement of the Group, we are intending to go back out to the Directorates to seek their support for this meeting in terms of attendance. Members of the Group have also been asked to promote it to their work colleagues in the New Year.

4.2. Learning & Development Infrastructure and Strategy

Mandatory training

Compliance has improved slightly this month and remains in green at 90.27%.

Appraisals

Compliance for non-medical staff has deteriorated to 87.00%, which is rated green, from last month's compliance of 88.60%.

Medical staff appraisals are green at 91.20%, compared with last month's compliance rate of 92.16%, against the target of 90%.

4.3. Leadership Development

The main focus during this month has been on delivering the outputs defined in Phase 2 of the Operational Plan. Highlights include:

A workshop was held in early December with 12 senior clinicians which was very helpful in defining the content for the initial phase of a Clinical Leadership Programme. A 2 day programme has been developed which is being socialised with key leaders and will be presented to Workforce Committee in January. Subject to availability of key contributors this programme will commence in March and further dates will be offered in Q1 next year.

Over the past few weeks we have successfully rationalised the person centred coaching and coaching to lead programmes as there was a significant overlap of content. Further rationalisation of content is planned for January when we expect a fully combined programme to be launched. To date 207 people have been trained in coaching and a further 75 are scheduled for Q4.

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. There is an agreement, supported by Executive Directors, to optimise our use of ESR such that it provides self-service for all managers and employees, electronic payslips and expenses, and the implementation of modules which support training, appraisal, Occupational Health, etc., that are currently managed via other systems. The aim is to make ESR the single integrated workforce system that it is intended to be.

A paper went to the last Trust Investment Group seeking support for Phase 1 of the project which will require additional resources (costing approximately £7.5k) to complete. Unfortunately the proposal was rejected although we are now intending to fund Phase 1 through the OD & People budget. A complete plan and business case is being prepared for TIG to approve the investment required for the entire Project.

6.2. Workforce Planning

There are currently a number of workforce tdget2o3(et)-1

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 8 months:

									Total Cases Opened	Total Cases Closed
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

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:

- x Resourcing and Talent Management - Failure to recruit and retain staff will result in SFT being unable to deliver safe, sustainable services for patients.
- x Business Partnering – Inaccurate workforce information will result in misalignment between the organisational and workforce strategies.
- x 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.
- x Organisational Development and Engagement - Failure to deliver excellence for all patients if the workforce is not appropriately skilled and staffed to the right level
- x 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.

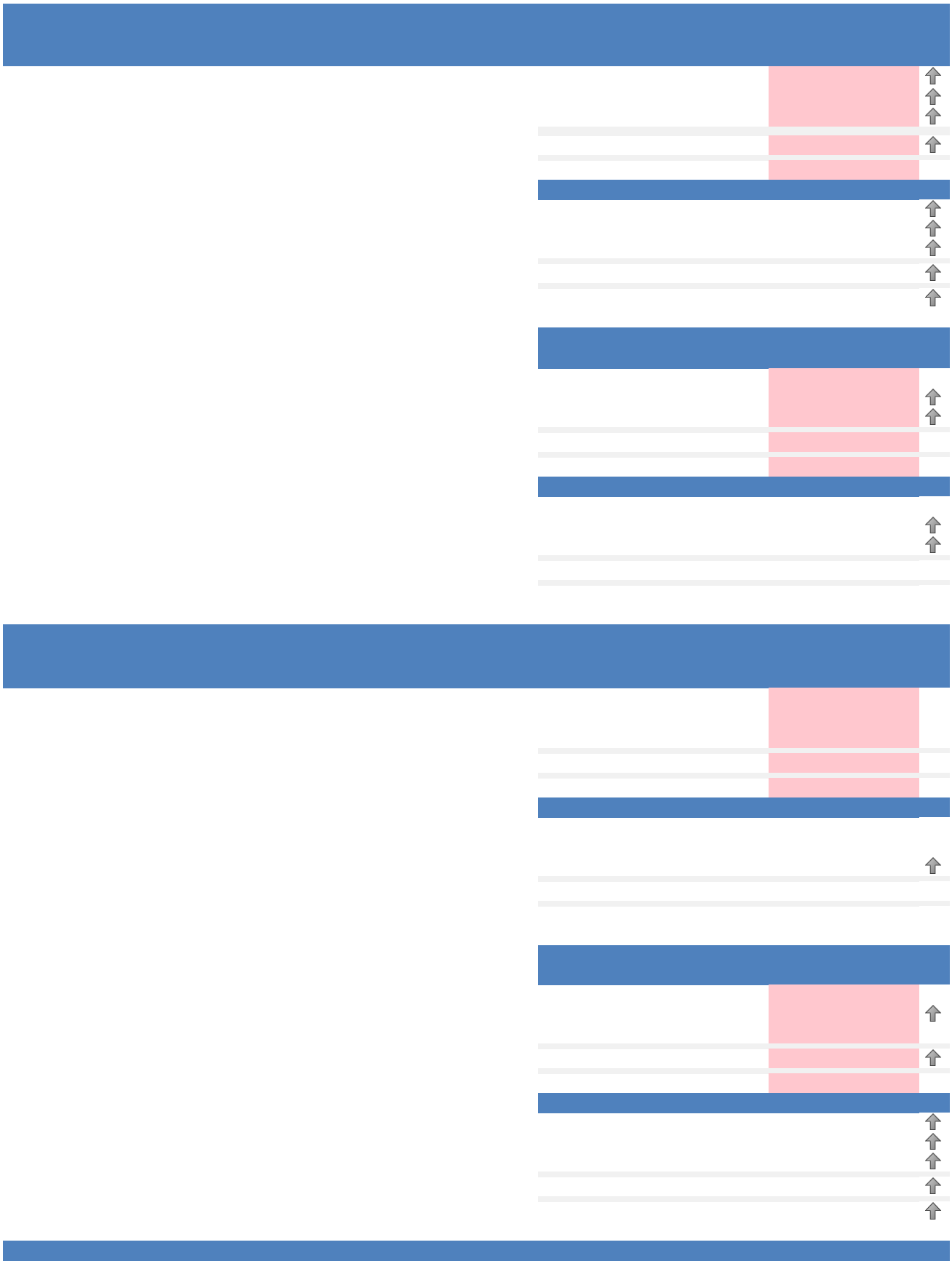
Our focus at a local level continues to be supporting both managers and staff in resolving these difficult areas while we begin to build sustainable solutions through the OD & People restructure at Salisbury. In doing this we continue to be at the centre of the workforce collaboration in the STP and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

9. Recommendations

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

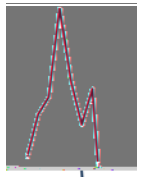
Paul Hargreaves

Director of Organisational Development and People



Non-Medical Appraisals Target 85%	Appraisal compliance has decreased to 87.00% but remains green rated. 43 departments are red rated and these will be the focus over the next month to reach target.	**lowest appraisal rates**				
				Nov-18	**Dec-18**	**T**
		1	Pitton Ward	31.25%	36.36%	⇧
		2	Burns and Plastics	74.07%	58.06%	
		3	Acute Medical Unit	51.85%	58.62%	⇧
		1	Corporate Directorate	82.30%	83.90%	⇧
		1	Add Prof Scientific and Technical	84.57%	80.00%	

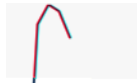
Area of Review	Key Highlights	Status	Tren 8s	
			Rexecut	

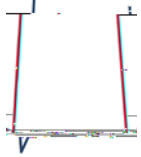


In Month: There has been an increase in the sickness rate this month at 3.78%, this compares to last months position of 3.74%.

Year to Date: The year to date rolling sickness rate is at 3.53%, which compares to last months position which was also 3.53%. The sickness rate for same period last year was 3.43%.

Top 3 Hotspots: The Directorate with the highest sickness rate for the month was Facilities with 6.20%, followed by Medicine (4.75%) and Musculo-





Starters (head count in month)

Starters (FTE in month)

Leavers (head count in month)

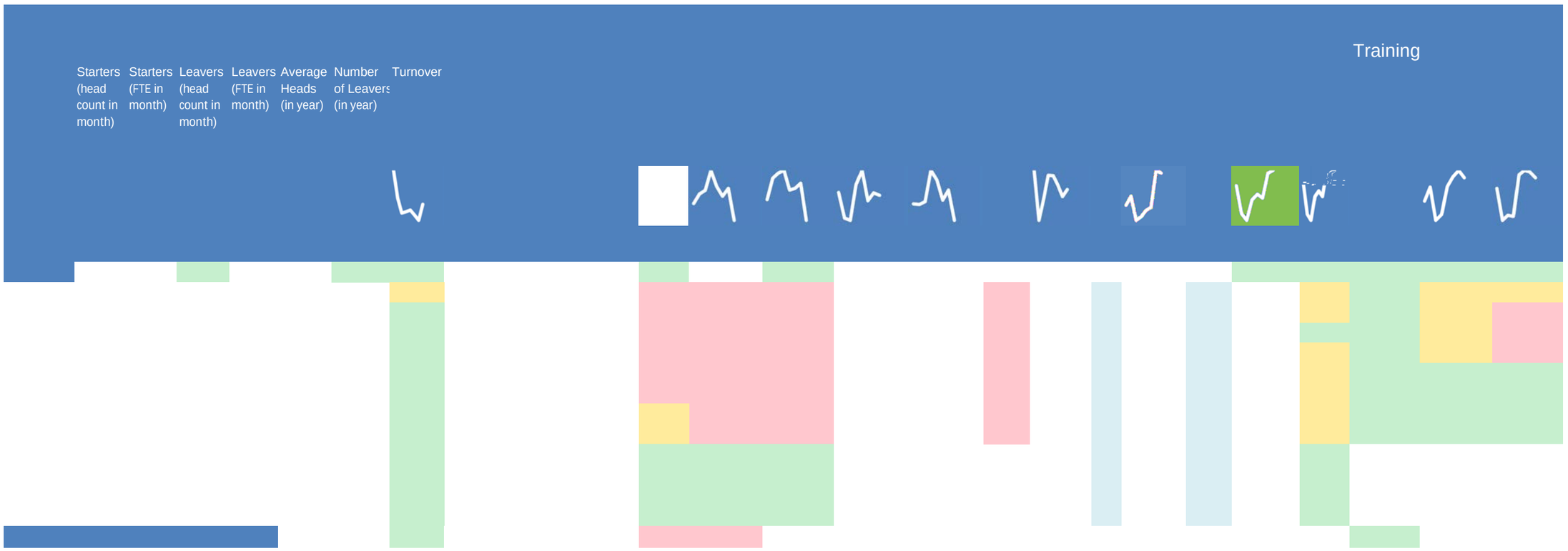
Leavers (FTE in month)

Average Heads (in year)

Number of Leavers (in year)

Turnover

Training



Report to:	Trust Board (Public)	**Agenda item:**	**6e**
Date of Meeting:	17th January 2018		

Report Title:	Finance Report Month 8				
Status:	**Information**	**Discussion**	**Assurance**	**Approval**	**Executive Spo**

(presenting):	Lisa Thomas, Director of Finance
Appendices (list if applicable):	

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

Executive Summary:

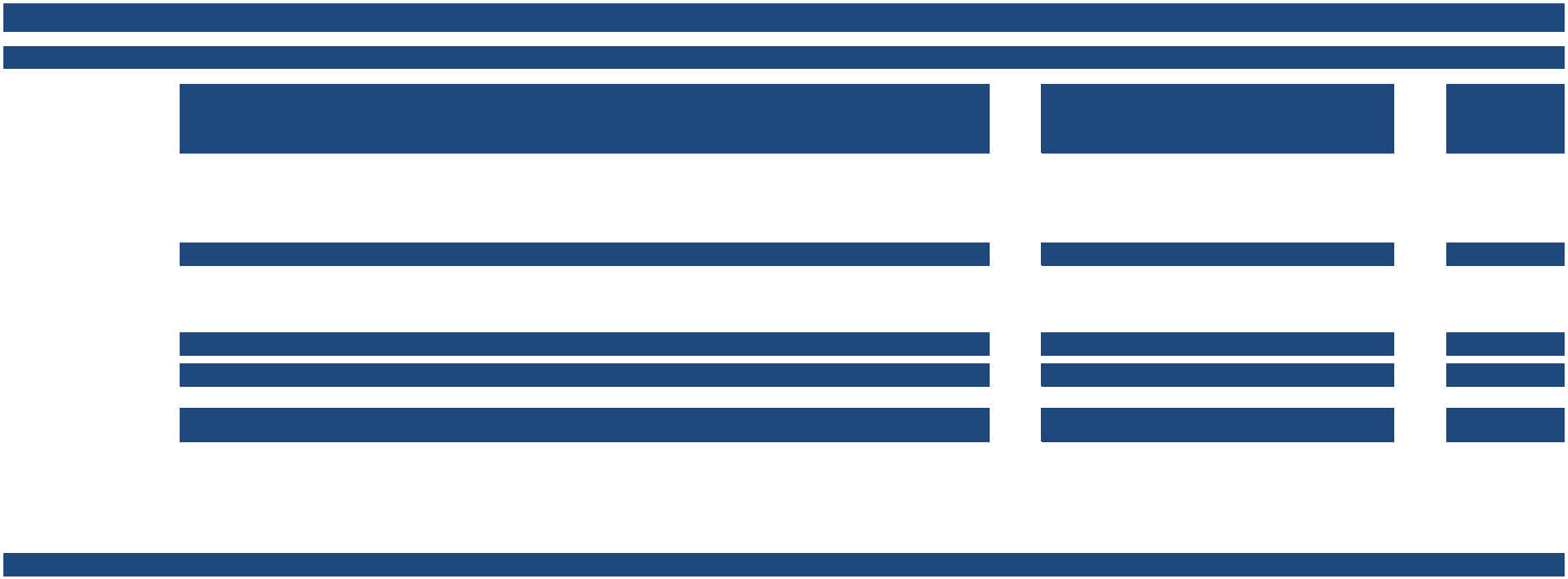
November 2018.

The position (against the NHSI Control total) for November was a year to date deficit of £7,059k, doubling the YTD shortfall against plan to £1,184k. As a result the Trust remains unable to recognise any further PSF in the reported figures.

Productivity in both Elective and Day Case activity rose to their highest levels of 2018/19 (both 11% higher than the year to date run rate) although Elective remained c£100k below plan, this upturn in activity drove with it increased spend on medical and surgical consumables. This was offset by a c10% reduction in unsTD M0sr6(o)11uSF in the rouivi[(pl)3(an,)-e(e t)-7

Executive Summary of Key Financial Performance - November 2018

Page	Area of Review	Key Highlights	Status against Plan
1	Income & Expenditure	The position (against the NHSI Control total) for November was a year to date deficit of £7,059k, doubling the YTD shortfall against plan to £1,184k . As a result the Trust remains unable to recognise any further PSF in the reported figures. Productivity in both Elective and Day Case activity rose to their highest levels of 2018/19 (both 11% higher than the year to date run rate) although Elective remained c£100k below plan, this upturn in activity drove with it increased spend on medical and surgical consumables. This was offset by a c10% reduction in the birth rate within Maternity, the tariff for which carries a high contribution to overheads component,driving a £238k adverse variance for the department.	
2	NHS Clinical Income		Red
3	Workforce	Pay pressures of recent months continued, although underlying agency expenditure has dropped by £100k (11%) month on month, with a further benefit of a release of aged accruals to the value of £120k. The reduction in underlying agency usage is enable by successful nursing recruitment, with an additional 37 taking up posts across the Directorates since the beginning of October. Agency costs exceed the NHSI cap by 57% with the Trust incurring a premium cost of c£2.1m YTD.	
4	Non Pay	Increases in clinical activity have been sustained, leading to continued clinical supplies expenditure in excess of plan. Areas showing overspend on clinical supplies have in general delivered on their finacial plans once clinical income is taken into account. Expenditure within Pathology is increasing, a trend that is expected to continue through the winter months.	
5	Efficiency - Better Care at Lower Cost	Overall CIP delivery in November is £641k (39%) short of target, dropping YTD delivery behind	Amber
6	Use of Resources	The Trust's overall risk rating score remains at 3. Liquidity has reduced as the Trust's cash balances reduce, the Trust has signalled to NHSI that additional borrowing will be required in January 2019.	
7	Capital Expenditure		
8	Cash Management		
	Risk & Mitigation		



Page 5 - Efficiency - Better Care at Lower Cost

Status

Efficiency

Directorate	Annual Plan £000s	Nov '18 Plan £000s	Nov '18 Actual £000s	Nov '18 Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Medicine	1,845	173	165	(8)	1,137	862	(275)
Musculo Skeletal	2,663	259	227	(31)	1,588	1,348	(240)
Surgery	1,820	196	158	(38)	1,016	830	(185)
Clinical Support & Family Services	2,048	219	169	(50)	1,124	998	(126)
Corporate Services	1,732	181	148	(33)	1,000	972	(28)
Trustwide	2,106	625	144	(481)	1,050	1,317	267
TOTAL	**12,215**	**1,652**	**1,011**	**(641)**	**6,914**	**6,327**	**(587)**

Position

Scheme	Annual Plan £000s	Nov '18 Plan £000s	Nov '18 Actual £000s	Nov '18 Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Theatres	2,335	237	157	(79)	1,389	949	(440)
Workforce	640	56	24	(32)	417	66	(351)
Outpatients	646	63	73	11	337	398	60
Diagnostics	822	90	14	(76)	434	113	(321)
Patient Flow	336	28	28	0	224	226	2
Non-Pay	1,741	175	198	23	996	951	(45)
Directorate Plans	5,396	754	434	(320)	2,296	3,090	794
Drugs	298	25	6	(19)	197	41	(156)
Sub-total	**12,213**	**1,427**	**934**	**(493)**	**6,289**	**5,833**	**(456)**
Risk Mitigation	1,535	225	77	(148)	625	494	(131)
TOTAL	**13,748**	**1,652**	**1,011**	**(641)**	**6,914**	**6,327**	**(587)**

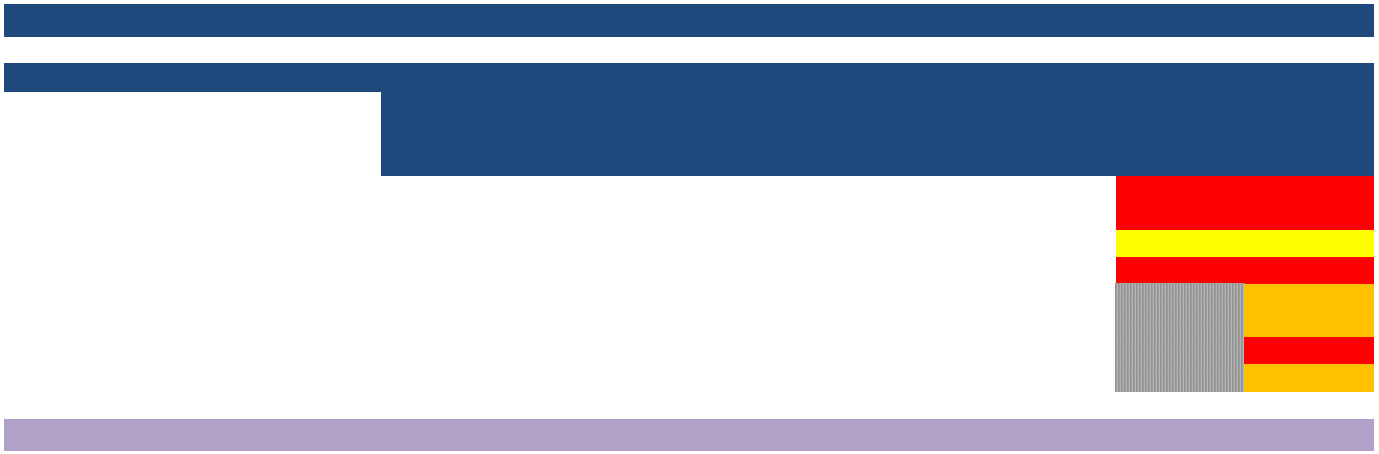
Variation & Action

Overall CIP delivery in November is £641k (39%) short of target, dropping YTD delivery behind plan. YTD delivery of £6,327k represents 57% of the planned full year delivery. The in month delivery actually exceeds YTD run rate by c30%, however the phasing of the plan is weighted towards the second half of the year.

Workforce continues to under deliver year to date, planned schemes had been focused on reductions in premium head count costs, but even after recent recruitment demand is still driving a need for temporary staffing.

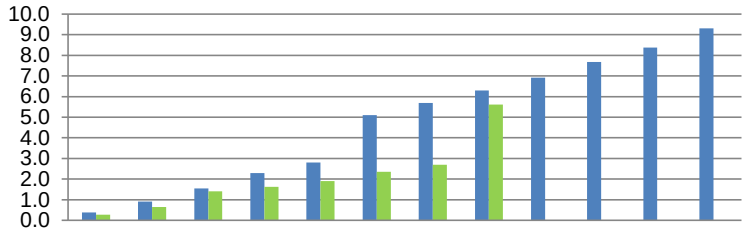
Utilisation, particularly prompt starts, remains challeging to resolve in the threatres PMB.

Year to date shortfalls in planned programmes have been offset to date by Directorate level plans, although as the CIP target has increased for the second half of the year. The plan for November had assumed a saving relating to the wholly owned subsidiary project as well as the delivery of a number of headcount reduction plans.



Page 7 - Capital Expenditure

Status	Position				
	Schemes	Annual Plan £000s	Nov '18 Plan £000s	Nov '18 Actual £000s	Nov '18 Variance £000s
	Building schemes	617	300	329	(29)
	Building projects	1,730	1,160	620	540
	IM&T	4,904	3,293	3,488	(195)
	Medical Equipment	2,755	1,300	941	359
	Other	366	242	242	0
	TOTAL	**10,372**	**6,295**	**5,620**	**675**



Variation & Action

Status	Position	Variation & Action

	Opening Balance April 2018 £000s	Plan £000s	Current Month Balance £000s	Variance £000s	Actual In Year Movement £000s
Inventories (Stock)	6,214	6,214	6,422	208	208
Debtors	15,396	15,836	14,672	(1,164)	(724)
Cash	8,641	3,490	4,567	1,077	(4,074)
TOTAL CURRENT ASSETS	**30,251**	**25,540**	**25,661**	**121**	**(4,590)**
Creditors	(24,438)	(19,783)	(21,473)	(1,690)	2,965
Borrowings	(1,164)	(1,488)	(1,510)	(22)	(346)
Provisions	(292)	(292)	(292)	0	0
TOTAL CURRENT LIABILITIES	**(25,894)**	**(21,563)**	**(23,275)**	**(1,712)**	**2,619**
TOTAL WORKING CAPITAL	**4,357**	**3,977**	**2,386**	**(1,591)**	**(1,971)**

Trend