

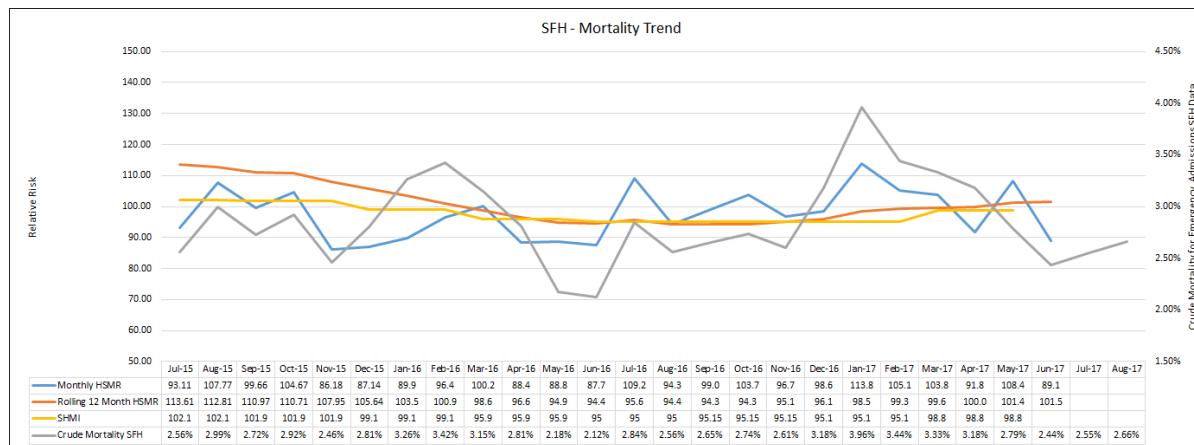
Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 26th October 2017
Authors: Phil Bolton – Deputy Chief Nurse, Yvonne Simpson- Head of Corporate Nursing, Jonathan Clements – Financial Planning and Strategy Manager, Helen Cowley and Michelle Smith – Workforce Information Officers, Elaine Jeffers – Medical Director Assistant
Lead Directors: Andy Haynes – Medical Director, Paul Robinson – Chief Financial Officer, Julie Bacon – Director of HR & OD, Denise Smith – Chief Operating Officer, Suzanne Banks – Chief Nurse

QUALITY, SAFETY AND PATIENT EXPERIENCE

HSMR

Although still within the expected range the rolling HSMR year to date is 101.5. The spike in crude mortality in May is likely to have contributed, however the HSMR for June has reduced to 89.9 increasing confidence that our HSMR will return to below the 100 mark.



Same sex accommodation

The Trust remains compliant, reporting no same sex accommodation standards breaches in September 2017.

Infection Prevention and Control

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were two cases of Clostridium Difficile Infection (CDI) in September, and this is within our monthly threshold, and brought our total to 21 cases in the first half of the year. Compared to last year this is an overall increase, however, we remain within the annual objective for the first 6 months.

The deep dive performed last month identified 11 different ribotypes and no definite on-going transmission, however there was learning identified to improve antimicrobial prescribing through regular reviews being instigated within the medical division at the daily board round.

No MRSA bacteraemia were identified in September; however an increased emphasis has been placed on management of invasive devices and the use of the accountability handover in monitoring the appropriateness of any device.

Falls per 1000 bed days resulting in harm (moderate and above)

Reducing harm from falls has been identified as a supplementary quality priority in line with the Quality Account that is being implemented during 2017/8.

Graph 1 (below) shows the percentage of falls calculated by the occupied bed days (OBD) as per the National Audit of Inpatient Falls 2015 criteria. The trust continues to demonstrate a reducing percentage of falls per 1000 bed days compared to the equivalent point 12 months previously. Noting the fluctuations with this the Trust is focused on embedding improvements to see another step change in reducing the amount of falls. The current Trust figure for September 2017 is 5.97 against the National average of 6.63.

Graph 1

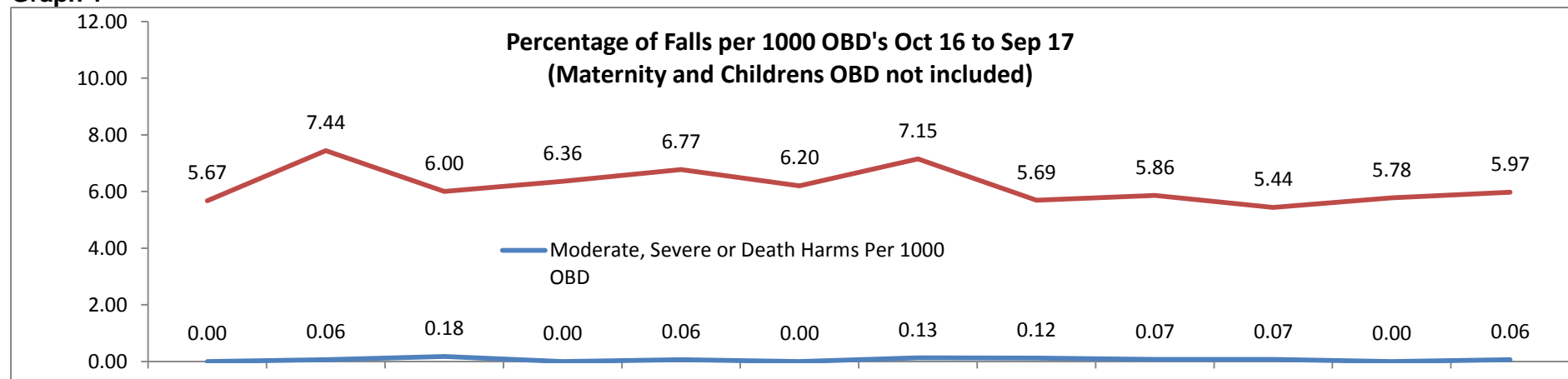


Table 2 (below) shows the number of falls by severity of harm over a 17 month period.

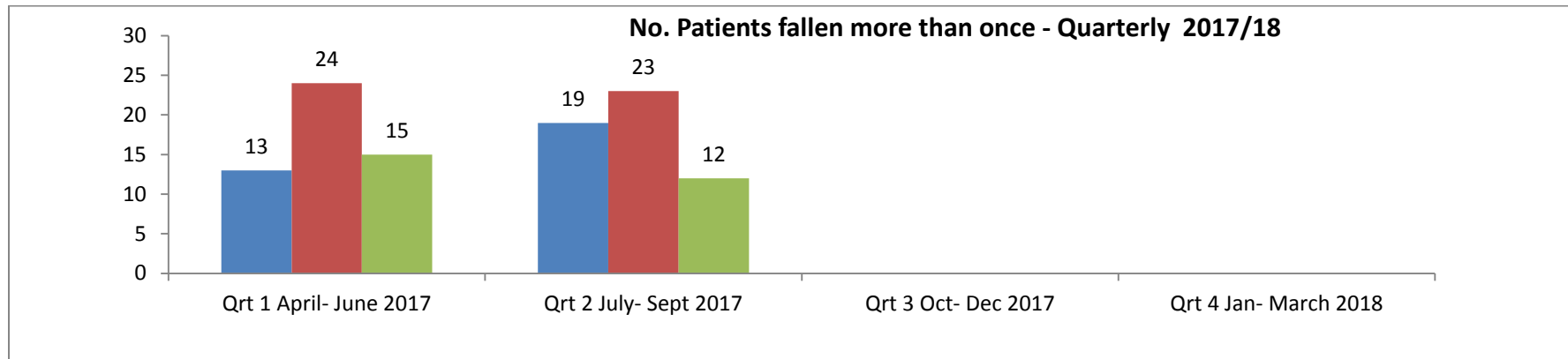
| In-patient Falls by severity of harm | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
|--------------------------------------|-----------|------------|-----------|------------|-----------|-----------|------------|------------|------------|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|
| No harm Falls | 83 | 89 | 64 | 73 | 72 | 73 | 106 | 82 | 94 | 89 | 90 | 98 | 79 | 70 | 69 | 67 | 76 |
| Low harm Falls | 13 | 21 | 18 | 26 | 12 | 19 | 15 | 17 | 20 | 18 | 14 | 14 | 12 | 12 | 11 | 18 | 15 |
| Moderate harm Falls | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 0 | 1 | 0 | 2 | 2 | 1 | 1 | 0 | 1 |
| Severe harm Falls | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 97 | 111 | 82 | 100 | 84 | 92 | 122 | 102 | 114 | 108 | 104 | 114 | 93 | 83 | 81 | 85 | 92 |

There have been no harms currently graded as severe for a period of 9 months.

- In September there were 15 low harms reported.
- 3 of the 15 low harms are pending investigation for final severity grading.
- Two Fractured neck of femur
- Subdural bleed
- There has been one moderate harm reported pending investigation and final severity grading. A lady was found to have sustained a fracture to her right medial malleolus and fracture of her tibia following a lower to the floor.

Graph 3 (below) shows the number of repeat falls (**patients who have fallen more than once**) for the period 2017/18. September 2017 has shown a reduction compared to the previous five months. The Falls Lead Nurse continues to focus work around prevention of repeat falls.

Graph 3



Mitigation plans and actions going forward

- Throughout September the Falls Lead Nurse carried out a mini-RCA on all patients who fell more than once. A separate report has been issued with the findings and recommendations.
- To continue mini-RCAs for repeat fallers for the month of October
- Bespoke teaching sessions continue to help support individual areas. Topics include looking at the escalation process for patients with fractures and discussions around repeat falls. The Falls Nurse continues to work alongside staff in wards and departments Work is in progress with the physio and occupational therapists that will enable inpatients and staff to provide mobility aids more readily.
- The Falls Nurse is liaising with staff on Woodland ward as they are currently developing the '*I am a Carer/Stay with me campaign*'. This project, when commenced in other Trusts, has been shown to support falls reduction.
- Falls e-learning module for nurses promoted

Tissue Viability

Reducing harm from pressure ulcers (PUs) has been identified as a supplementary quality priority in line with the Quality Account that is being implemented during 2017/8.

Graph 1 (below) shows the percentage of pressure ulcers calculated by the occupied bed days (OBD).

One avoidable grade 2 PU developed in September and no grade 3 or 4 PUs.

Graph 1

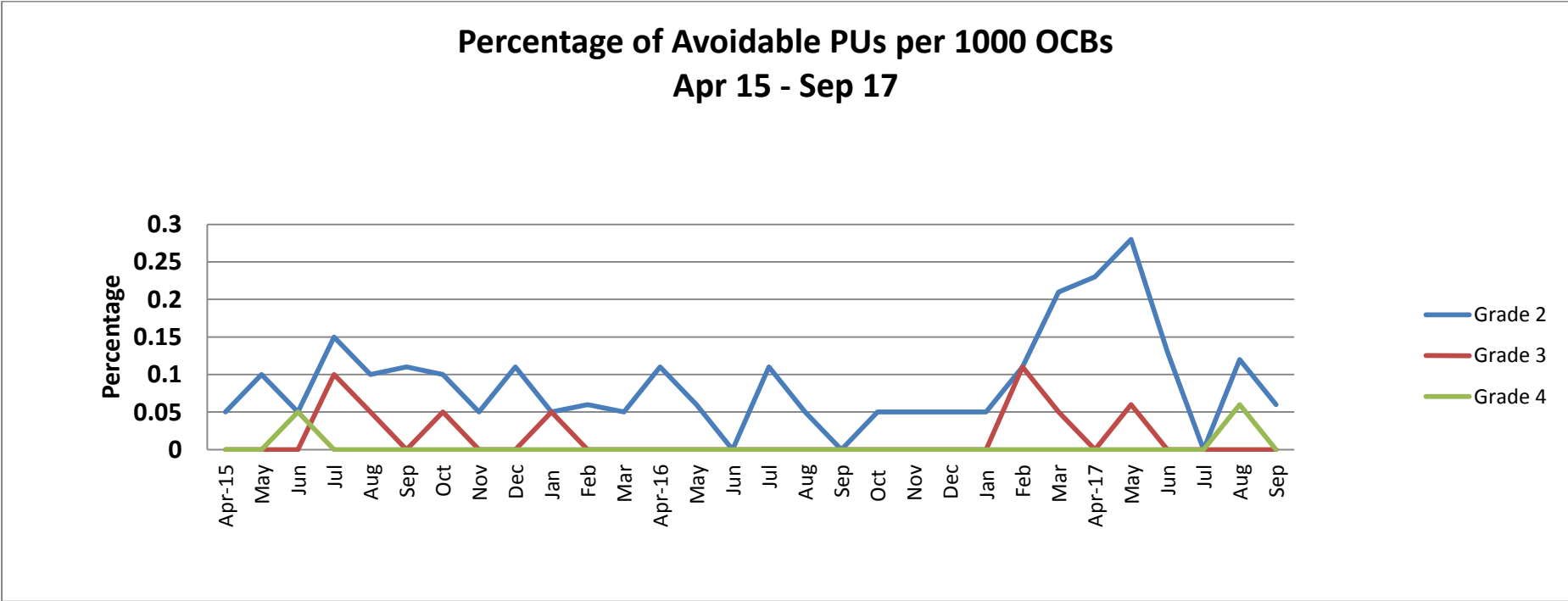


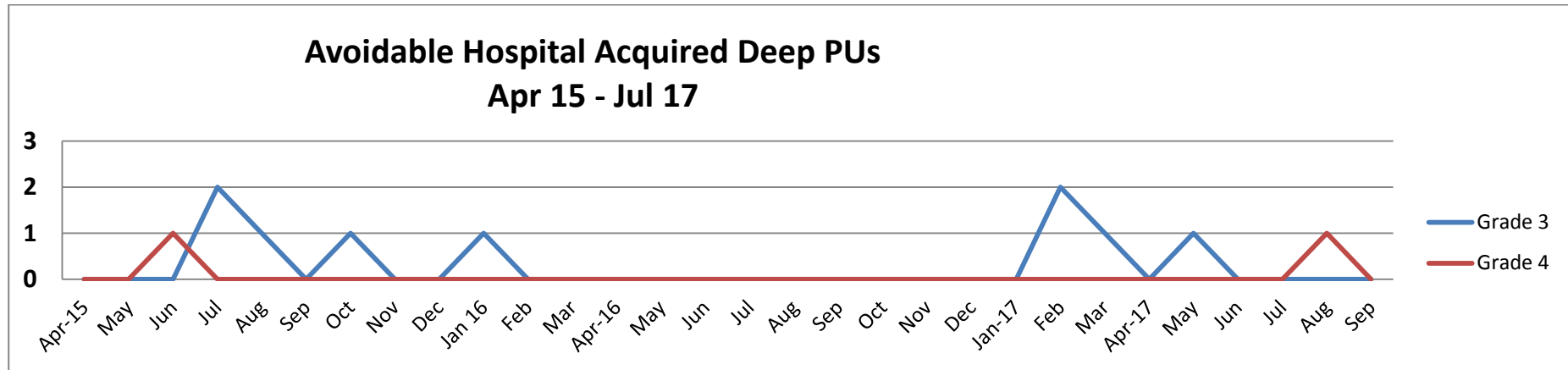
Table 2 below shows the total number hospital acquired PUs, both avoidable and unavoidable by grade over a 17 month period
 Total Grades 2-4 avoidable and unavoidable

| PUs by Grade | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan 17 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|---|-----|-----|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|
| Grade 2 | | | | | | | | | | | | | | | | | |
| Avoidable | 1 | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 4 | 4 | 5 | 2 | 0 | 2 | 1 |
| Unavoidable | 3 | 3 | 1 | 4 | 1 | 3 | 4 | 3 | 4 | 0 | 1 | 3 | 6 | 2 | 5 | 7 | 6 |
| Grade 3 | | | | | | | | | | | | | | | | | |
| Avoidable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Unavoidable | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Grade 4 | | | | | | | | | | | | | | | | | |
| Avoidable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Unavoidable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Grades 2-4 avoidable and unavoidable | | | | | | | | | | | | | | | | | |
| Total | 4 | 3 | 3 | 5 | 2 | 4 | 5 | 4 | 5 | 4 | 6 | 8 | 12 | 4 | 5 | 11 | 7 |

Graph 3 shows the number of avoidable hospital acquired grades' 3 and 4 - deep PUs, from April 15 to date.

- February 16 to February 17 there were no deep PUs
- From February to May a total of four Grade 3s developed
- Zero grade 3s in June and July
- After 25 months clear of grade 4 PUs, a grade 4 PU developed in August
- In September no deep PUs developed

Graph 3



Mitigation plans and actions going forward

- Robust tissue viability audit continues by the Tissue Viability Team. These results have improved significantly since last month
- Each ward has a named Tissue Viability Nurse, who together with the Sisters/Charge Nurses and support from the Senior Nursing Team aim to achieve green in the next TV audit
- The investigation outcome of the avoidable grade 2 PU will be presented to the Chief Nurse by the Matron and the Tissue Viability Nurse Consultant within the ward area it developed
- The service providing dynamic mattresses across the Trust will transfer to the Sterile Services Department from 30.10.17. This will improve the provision of the correct dynamic mattress to patients at the right time
- Tissue Viability (TV) Flash Report (includes KPIs and risks) presented to the Nursing and Midwifery Board as part of the Harms free Care Agenda
- TV report presented to the PSQB quarterly – starting in December
- TV Preceptorship study day to run three times a year starting in December
- Poster/display competition to be judged on November 16th – World Stop the Pressure Day by the Chief Nurse
- E-learning with competency based training to be planned in October with a date to deliver
- Fundamentals Study Day for all nurses across the Trust to include, Patient Safety, TV, ICP, deteriorating patients, pain. Accountability of RNs will focus throughout the day

Harm Free Care (Safety Thermometer)

The Trust reported 96.91% harm free care during September against a standard of 95%.

The standard includes 'new' harms that are acquired during that admission and 'old' harms which are present on admission, the total of all harms was 3.09% n= 16.

The new harms total is 6 (1.16%) and includes the following:-

A total of

- 3 pressure ulcers
- 1 catheter associated urinary tract infection
- 2 patients sustained a fall with harm.

VTE

The Trust met this standard for the month of August (95.2% against a standard of 95%). The Governance Support Unit continues to review every set of case notes for evidence of assessment. A random case record audit continues to demonstrate appropriate consideration of thromboprophylaxis management. The risk assessment compliance data is now available at divisional level and will form part of the quality section of the divisional performance reports.

Dementia

The fall in the data relating to referral of patients to specialist services is due to inconsistency in following the referral process. We are reviewing this process for those patients where dementia is diagnosed or suspected, including that part of the process which requires GP support

We are working with the consultant geriatricians to improve this process and develop strategies to further embed this moving forward. This is forming part of our Dementia Advancing Quality programme workstream. This includes looking to appoint a band 3 member of staff whose key role will be to collate the data required to address the areas identified and link with the specialist nurse to ensure that screening is undertaken and referrals are made in a timely manner.

Maternity

The dashboard is flagging Amber on Lower Segment Caesarian Section (LSCS) which shows a peak which is linked to the acuity of patients during the month of June and a subsequent decrease in July.

August's peak is linked to the Middle grade change- over – most of the units they transfer in from have a higher section rate. We have seen a subsequent reduction in September. We will monitor in October

We are aware of an increase and in order to monitor more effectively we have separated emergency and elective on our Maternity dashboard. Emergency Caesareans rates for September were 13.5% and 13.9% ytd. Elective Caesareans in September were 11.5% and 12.1% ytd. We also compare this with our induction rates which are staying reasonably static at about 30% as that has an impact.

| Maternity Quality Dashboard 2017-18 | Alert [national standard/average where available] | Running Total/ average | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
|-------------------------------------|---|------------------------|--------|--------|--------|--------|--------|--------|
| Number of women delivered | Actual | 1715 | 279 | 293 | 286 | 294 | 278 | 285 |
| IOL | >30% | 30.82% | 33.45% | 29.53% | 30.74% | 31.10% | 28.52% | 31.60% |

| | | | | | | | | |
|--|--------|--------|-------|-------|-------|-------|-------|-------|
| Caesarean Section - All | >23% | 25.96% | 21.5% | 27.2% | 31.4% | 22.4% | 27.5% | 25.7% |
| Caesarean Section - Category 3 & 4 Elective | >14.9% | 13.55% | 8.8% | 14.8% | 16.2% | 12.7% | 14.8% | 13.9% |
| Caesarean Section - Category 1 & 2 Emergency | >17.2% | 12.12% | 12.7% | 12.4% | 14.2% | 9.7% | 12.3% | 11.5% |

Family and Friends

Inpatient responses for FFT remain consistently above the national average for September with the average response at 37.1%. This demonstrates how numerous initiatives introduced over recent months, such as the introduction and use of iPads to gather the data, are now making an impact. Importantly the feedback and positive outcome measure is also high, with 92.6% of patients recommending the hospital. The response rate within the Emergency Department continues to meet the national target of 12.8% , and in September it reached 17.1% which is the 4th month over 10% response rate, this continues to demonstrate engagement between staff and patients, providing sound feedback to drive improvement.

Safer Staffing

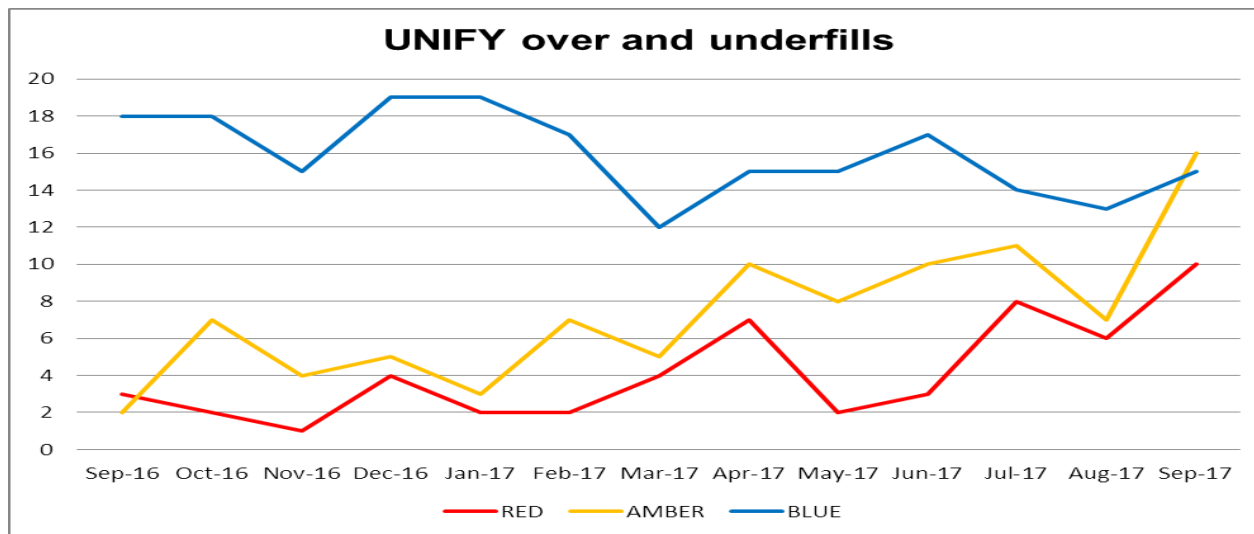
Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. The information within **Appendix 1** details the summary of planned and actual staffing for all ward areas in the Trust for September 2017.

The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) saw an increase to **10 wards** in September 2017. The wards with a red ratings confirmed actions were taken to maintain safe staffing levels, the figures related to some areas that have seen an increase in establishment which have yet to be recruited into, while others were due to reduced activity and bed utilisation, staffing has not dropped below the 1-8 ratio which is used as a guideline in relation to safe staffing. Some clinical areas are adapting to the change in demand, and workforce plans are underway to confirm the service modifications required to meet the patient needs.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) has significantly **increased to 16 wards** this month. The increase has been explained by current vacancies and by increased bed occupancy, activity and patient acuity.

September 2017 saw **15 wards** of the 24 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) this figure has a slight increase in number of wards with a decrease in monitored recordings from the previous months data; it has been closely monitored by the Ward Sisters/Charge Nurses and Matrons.

Graph 1 and **table 1** below, displays over a 12 month period, where the Trust has not staffed to its expected planned level (red below 80% and amber between 80% & 90%) and the staffing fill rates above planned (greater than 110% blue).



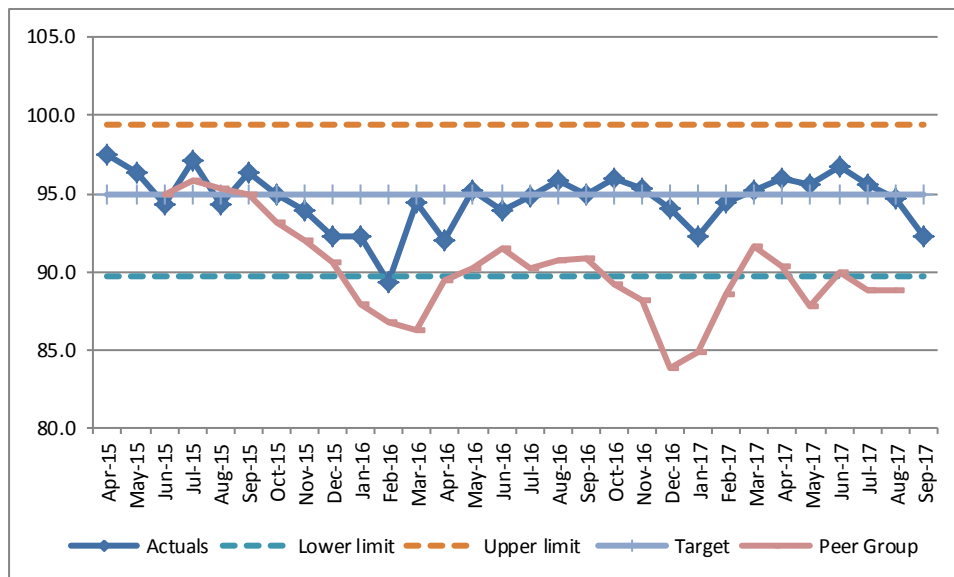
OPERATIONAL STANDARDS

Emergency Access

a) Emergency access within four hours

Patients who attend the ED (Emergency Department) department must be seen, treated and discharged or admitted within 4 hours of arrival (regardless of decision to treat). In September 2017, Trust performance was 92.3%. As at 16 October, performance in month is 94.2% with the standard being achieved on 10 out of the 18 days.

Emergency access within four hours



Graph 1

The key reasons for underperformance relate to middle grade staffing overnight / weekends and medical bed capacity pressures.

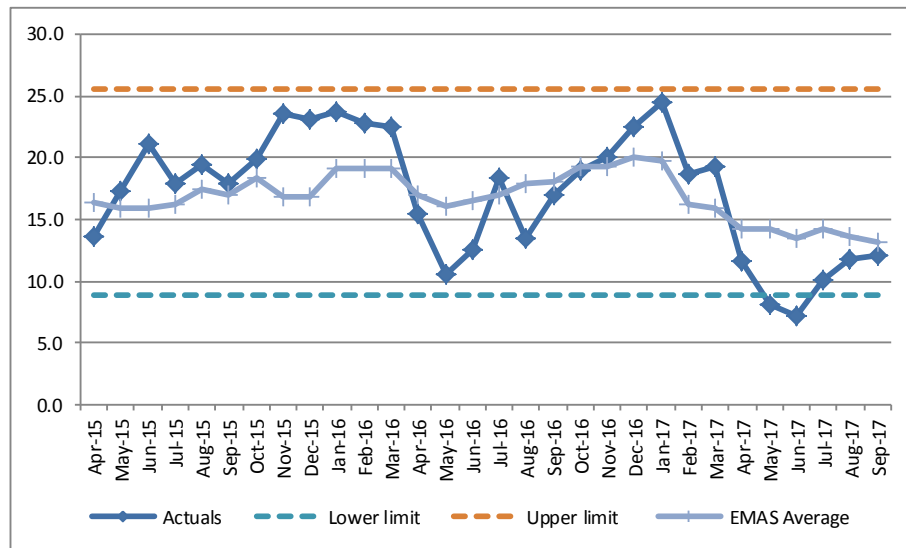
The actions to address performance include:

- ‘Octflowber’, a Trust patient flow initiative during October to re-focus and reinvigorate good practice; this has included robust weekend planning arrangements, maximising morning and weekend discharges and senior streaming with the Emergency Department.
- Daily ED medical staff rota review to minimise gaps and review skill mix
- Medical staff recruitment initiatives
- Agreement of a revised junior doctor rota, to commence in December 2017

b) Ambulance handover

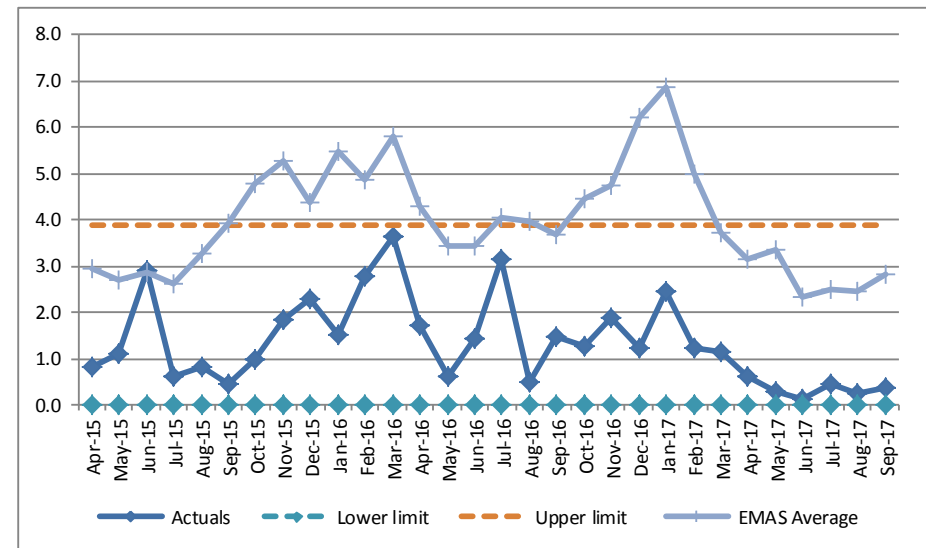
Handing over a patient from an ambulance to an ED is expected to take no more than 15 minutes. In September, 12.1% of ambulance handovers took between 15 and 59 minutes and 0.4% took 60 minutes or more.

Ambulance handover > 30 minutes



Graph 2

Ambulance handover > 60 minutes

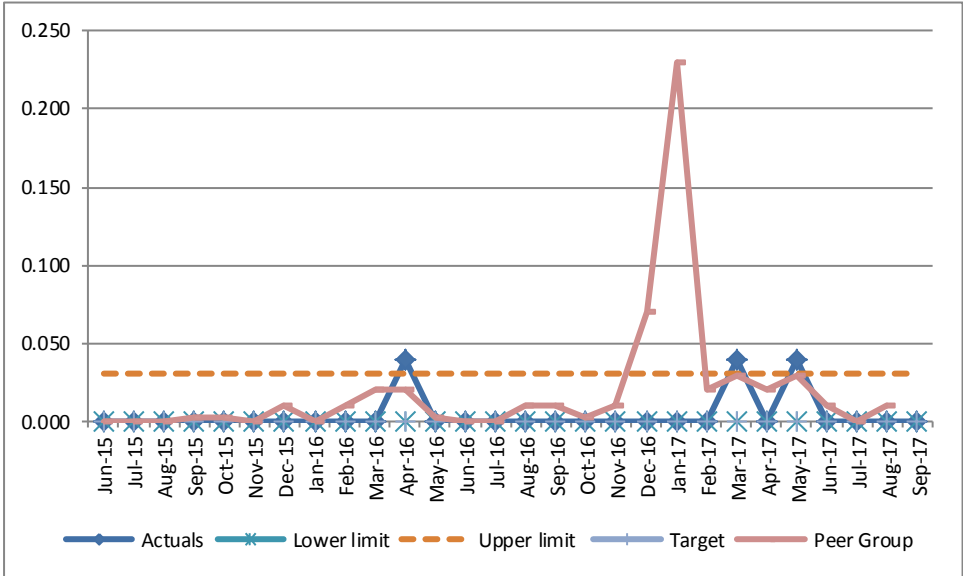


Graph 3

c) 12 hour trolley wait

Patients who wait 12 hours or more for an emergency admission from the time the decision is made to admit or when treatment in ED is completed (whichever is later). There were no 12 hour trolley waits in September.

% of trolley waits > 12 hours



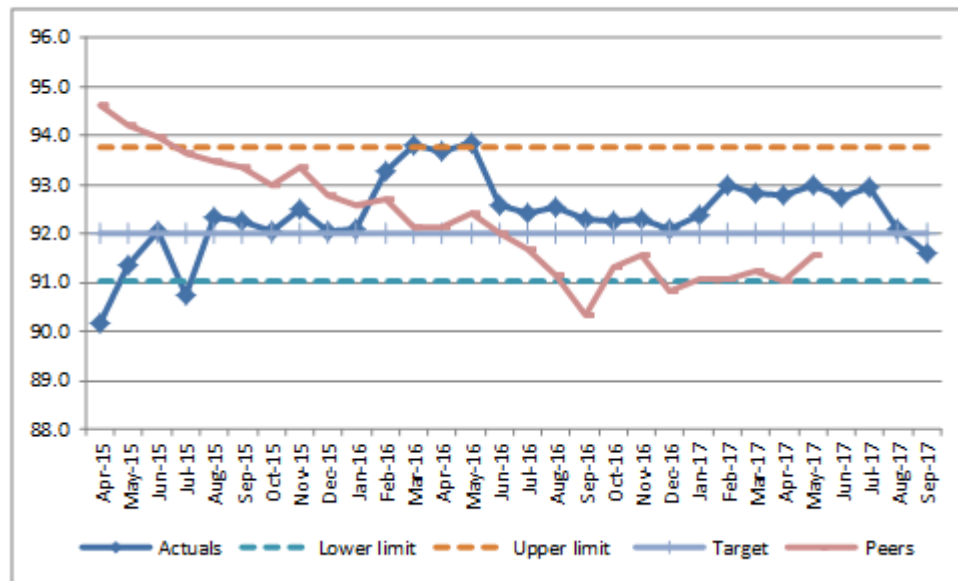
Graph 4

Referral to Treatment

Since October 2015, the RTT (Referral to Treatment) waiting times are reported solely in terms of the Incomplete Pathways Standard – this measures the proportion of patients waiting under 18 weeks as a snapshot at month end (with a target of 92% under 18 weeks). The Trust also reports on all cases exceeding 52 weeks and those specialties failing RTT incomplete.

Whilst the Trust has consistently delivered the RTT standard, in September 2017 performance was 91.58%.

18 weeks referral to treatment time - incomplete pathways



Graph 5

The cause of this relates to underperformance in a number of specialties that had not been forecast during the month.

a) Number of Specialties not achieving RTT incomplete

The Trust is failing the standard in 7 specialties, as detailed below:

| RTT Reporting Specialty | <18 Weeks | >18 Weeks | Grand Total | |
|-----------------------------|-----------|-----------|-------------|---------------|
| 100 - General Surgery | 1474 | 129 | 1603 | 91.95% |
| 101 - Urology | 1886 | 170 | 2056 | 91.73% |
| 110 - Trauma & Orthopaedics | 1790 | 127 | 1917 | 93.38% |
| 120 - Ear, Nose & Throat | 1782 | 125 | 1907 | 93.45% |
| 130 - Ophthalmology | 3332 | 253 | 3585 | 92.94% |
| 140 - Maxillofacial Surgery | 501 | 64 | 565 | 88.67% |
| 160 - Plastic Surgery | 82 | 9 | 91 | 90.11% |
| 301 - Gastroenterology | 1866 | 87 | 1953 | 95.55% |
| 320 - Cardiology | 1357 | 361 | 1718 | 78.99% |
| 330 - Dermatology | 754 | 94 | 848 | 88.92% |
| 340 - Respiratory | 830 | 41 | 871 | 95.29% |
| 400 - Neurology | 1011 | 160 | 1171 | 86.34% |
| 410 - Rheumatology | 504 | 15 | 519 | 97.11% |
| 430 - Geriatrics | 320 | 16 | 336 | 95.24% |
| 502 - Gynaecology | 1157 | 91 | 1248 | 92.71% |
| X01 - Other | 2815 | 231 | 3046 | 92.42% |
| Grand Total | 21461 | 1973 | 23434 | 91.58% |

b) Number of cases exceeding 52 weeks referral to treatment

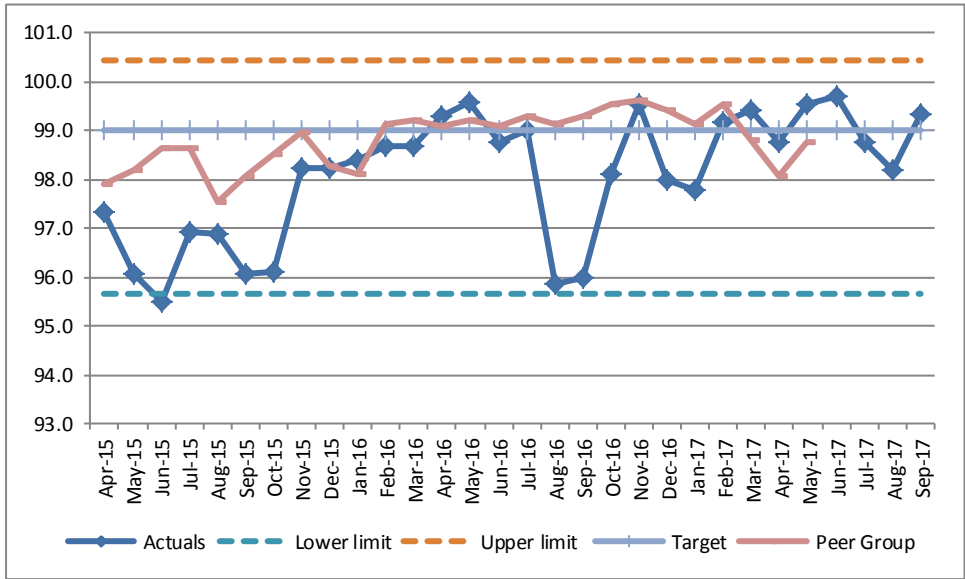
The Trust will continue to report 52 week breaches due to the ongoing validation of all clock stops. During September, 23 52 week breaches were reported.

| | |
|---|-----------|
| 110 - Trauma & Orthopaedics | 6 |
| 120 - Ear, Nose & Throat | 3 |
| 140 - Maxillofacial Surgery | 4 |
| 143 - Orthodontics | 1 |
| 171 - Paediatric Surgery | 1 |
| 302 - Endocrinology | 1 |
| 320 - Cardiology | 3 |
| 326 - Acute Physician Internal Medicine | 1 |
| 410 - Rheumatology | 1 |
| 502 - Gynaecology | 2 |
| Grand Total | 23 |

Diagnostic waiters

Overall the Trust performance in September 2017 was 99.3% against the 99% standard, as shown in graph 5.

Diagnostic waiters, 6 weeks and over-DM01



Graph 6

The Trust failed to achieve the standard for the following:

| | Under 6 wks | 6 weeks and over | Grand Total | % |
|--|-------------|------------------|-------------|--------|
| Respiratory physiology - sleep studies | 164 | 2 | 166 | 98.80% |
| Urodynamics - pressures & flows | 39 | 23 | 62 | 62.90% |

Cancelled Operations

a) Breaches of the 28 guarantee following a last minute (on the day) non clinical cancelled elective operation.

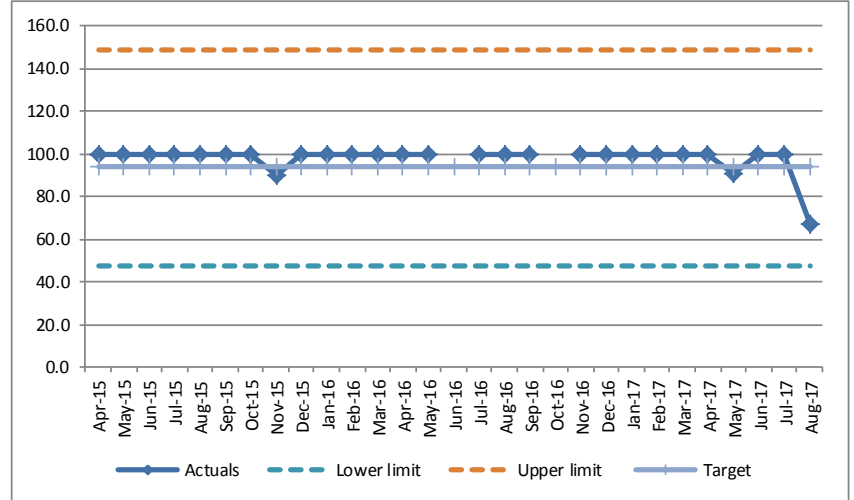
Trust performance in September was 10% against a standard of ≤ 5%. This related to one patient who was offered a new date within 28 days but declined this offer.

1. Cancer Access

a) 31 day second or subsequent treatment (surgery)

The Trust achieved 66.7% in August against the standard of 94%. This related to one patient in Dermatology.

31 day second or subsequent treatment (surgery)



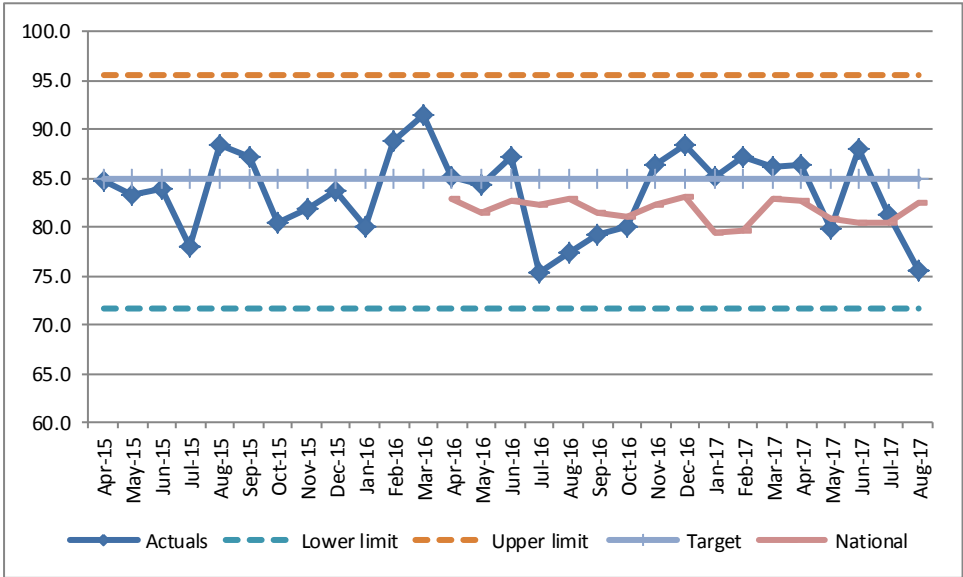
Graph 7

b) 62 day urgent referral to treatment

The Trust achieved 75.5% in August against the standard of 85%. This related to 25 patients in the following tumour sites:

- Gynaecology 1
- Haematology 3
- Head and Neck 2
- Lower GI 3
- Lung 5
- Skin 1
- Upper GI 2
- Urology 8

62 days urgent referral to treatment

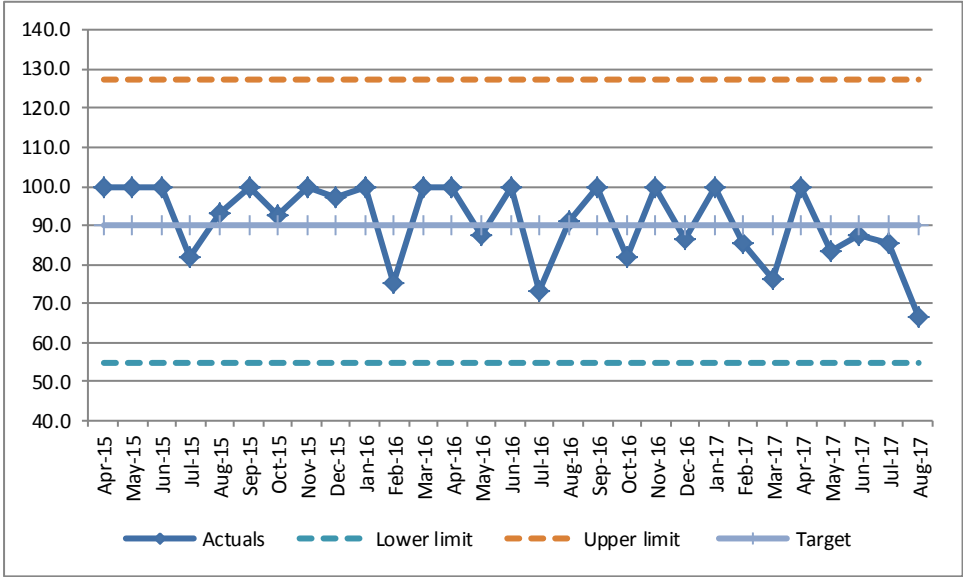


Graph 8

62 day referral to treatment from screening

The Trust achieved 66.7% in August against the standard of 90%. This equated to one patient in lower GI.

62 day referral to treatment from screening



Graph 9

ORGANISATIONAL HEALTH

Sickness Absence

Sickness absence figures decreased in September 2017 by 0.31% to 3.15% (August, 3.46%). This is now the third month in a row which is below the sickness absence target of 3.5% and shows significant sustained improvement.

Short term sickness reduced to 1.70%, a reduction of 0.11% (August 2017, 1.81%) and long term sickness was 1.45% which is a reduction of 0.19% (August 2017, 1.64%).

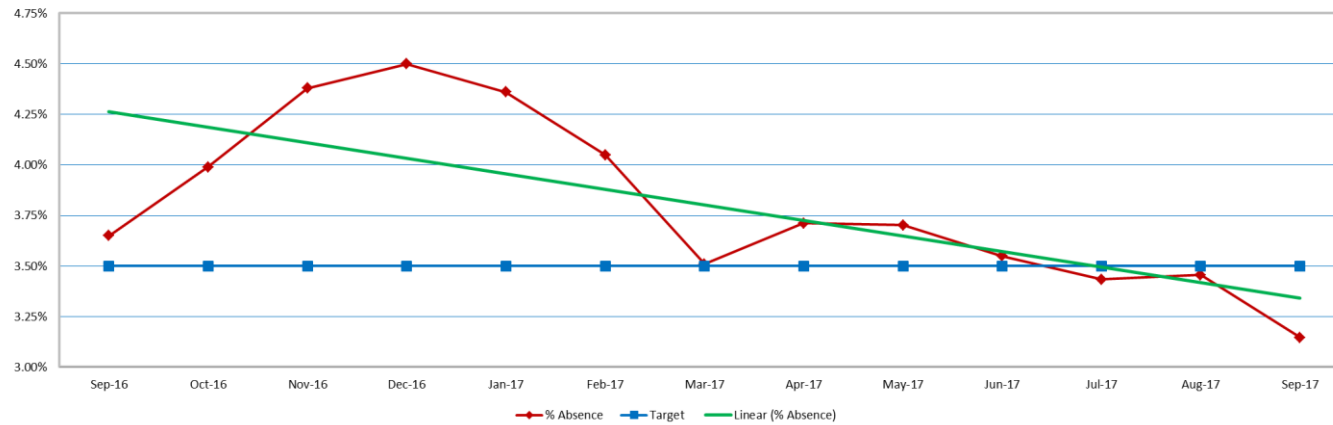
Five out of six Divisions achieved or exceeded the 3.5% target:

- Surgery – 2.31% (August 3.74%)
- Urgent & Emergency Care – 3.04% (August, 3.38%)
- Corporate – 3.15% (August, 3.18%)
- Women & Children's – 3.39% (August, 3.44%)
- Diagnostics & Outpatients – 3.50% (August, 2.83%)

The only Division in excess of the 3.5% target was Medicine 3.51% (August, 4.04%), however this was a reduction of 0.53%.

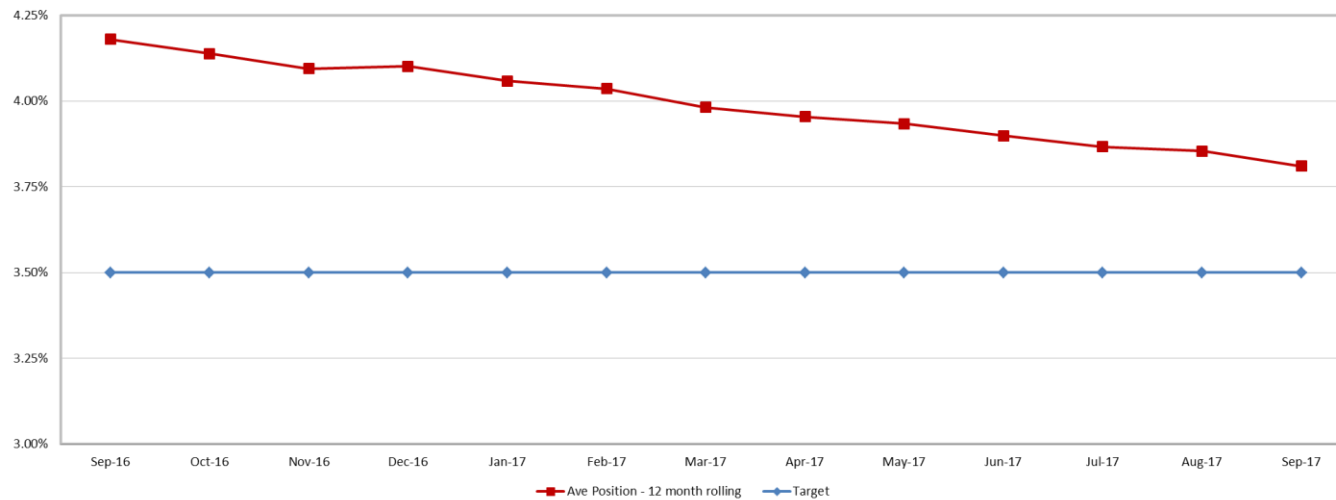
As can be seen from the chart below, September 2017 sickness absence is significantly lower than in September 2016.

Trust Sickness Absence Rates Per Month



In order to clearly depict the sickness absence trend an additional chart is used. Below is a chart showing a 12 month rolling year (sickness averaged for the previous 12 month period for each month). This indicates a significant sustained improvement.

Average Sickness % - 12 Month Rolling Year



Staffing

This table below shows the net position with staff in post against establishment in September 2017 across the Trust:

Across the Trust, there were 36.96 FTE more starters than leavers in September 2017. (68.79 FTE starters v 31.83 FTE leavers) the turnover rate slightly increased to 0.80% in September (August, 0.79%).

All Registered Nurse vacancies have decreased from 12.56% (167.36 FTE) in August 2017 to 10.69% (142.52 FTE) in September 2017. Band 5 Registered Nurse vacancies have decreased by 2.73% to 17.04%. This is due to the intake of newly qualified band 5 nurses which are included in the 27.36 FTE that commenced with the Trust in September 2017

| | Sep-17 | | | | | | | | |
|--|----------------|----------------|-----------------|-----------------------|-------------------|--------------|--------------|--------------|----------------|
| | Budget - FTE | SIP - FTE | SIP - Headcount | Vac - FTE / Gap - FTE | % Vacancy / % Gap | Starters | Leavers | % Turnover | Active Adverts |
| Total Trust | | | | | | | | | |
| Admin & Clerical | 1149.34 | 1063.42 | 1307 | 85.92 | 7.48% | 15.05 | 13.47 | 1.27% | 22 |
| Allied Health Professionals | 223.71 | 212.95 | 264 | 10.76 | 4.81% | 7.00 | 1.00 | 0.47% | 5 |
| Ancillary | 40.27 | 37.50 | 44 | 2.77 | 6.89% | 0.00 | 0.00 | 0.00% | 2 |
| Medical & Dental | 496.07 | 435.27 | 456 | 60.80 | 12.26% | 3.00 | 1.00 | 0.23% | 14 |
| Registered Nurse Operating Line * - ALL Bands | 1333.25 | 1190.73 | 1399 | 142.52 | 10.69% | 29.09 | 6.00 | 0.50% | 20 |
| Scientific & Professional | 215.70 | 186.23 | 202 | 29.47 | 13.66% | 5.00 | 2.60 | 1.40% | 6 |
| Technical & Other | 270.45 | 260.47 | 326 | 9.98 | 3.69% | 2.85 | 3.65 | 1.40% | 4 |
| Unregistered Nurse | 595.51 | 583.91 | 682 | 11.60 | 1.95% | 6.80 | 4.11 | 0.70% | 2 |
| Total - Trust | 4364.15 | 3970.47 | 4680 | 393.68 | 9.02% | 68.79 | 31.83 | 0.80% | 75 |
| Band 5 Registered Nurse Only operating line * | 757.24 | 628.17 | 748 | 129.07 | 17.04% | 27.36 | 3.64 | 0.58% | - |

Note: Starters and Leavers excludes Rotational Doctors

*Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

Medical Staff vacancy levels

| Date | Budgeted establishment | Staff in Post | Vacancies | Vacancy % | Change since baseline |
|---------------|------------------------|---------------|--------------|--------------|-----------------------|
| Aug 16 | 483.57 | 413.30 | 70.27 | 14.53 | - |
| April 17 | 494.09 | 427.96 | 66.13 | 13.38 | -1.15 |
| May 17 | 494.09 | 428.44 | 65.65 | 13.29 | -1.24 |
| June 17 | 494.09 | 427.84 | 66.25 | 13.41 | -1.12 |
| July 17 | 493.77 | 444.54 | 49.23 | 9.97 | -4.56 |
| Aug 17 | 493.74 | 430.79 | 62.95 | 12.75 | -1.78 |
| Sept 17 | 496.07 | 435.27 | 60.80 | 10.69 | -3.84 |

Medical staff vacancies have fallen to 10.69%, this is despite an increase in establishment.

Nursing

Reasons for leaving across all registered nurse leavers, (6.00 FTE), were: Flexi Retirement, 2.60 FTE, Retirement Ill Health, 0.88 FTE; Voluntary – Work Life Balance, 0.40 FTE; Voluntary – Other/Not Known, 0.45 FTE; Dismissal – 0.67 FTE; Voluntary – Incompatible Working Relationships, 1.00 FTE.

Below are Registered Nurse vacancy levels tracked against an August 2016 baseline.

Registered Nurses – All bands

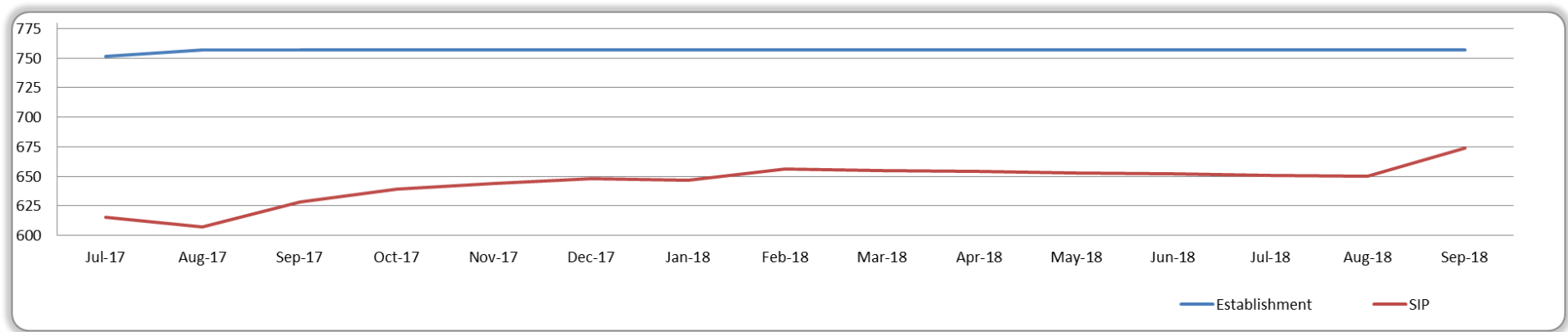
| Date | Budgeted establishment | Staff in Post | Vacancies | Vacancy % | Change since baseline |
|---------------|------------------------|----------------|---------------|--------------|-----------------------|
| Aug 16 | 1327.51 | 1123.65 | 203.86 | 17.39 | - |
| April 17 | 1328.24 | 1164.22 | 164.02 | 12.35 | -5.04 |
| May 17 | 1326.90 | 1167.43 | 159.46 | 12.02 | -5.37 |
| June 17 | 1325.60 | 1166.15 | 159.46 | 12.03 | -5.36 |
| July 17 | 1327.51 | 1162.07 | 165.44 | 12.46 | -4.93 |
| Aug 17 | 1332.86 | 1165.50 | 167.36 | 12.56 | -4.83 |
| Sept 17 | 1333.25 | 1190.73 | 142.52 | 10.60 | -6.70 |

Registered Nurses – Band 5

| Date | Budgeted establishment | Staff in Post | Vacancies | Vacancy % | Change since baseline |
|---------------|------------------------|---------------|---------------|--------------|-----------------------|
| Aug 16 | 773.30 | 613.58 | 159.12 | 20.65 | - |
| April 17 | 748.75 | 626.76 | 121.99 | 16.29 | -4.36 |
| May 17 | 748.05 | 629.85 | 118.20 | 15.80 | -4.85 |
| June 17 | 751.01 | 624.67 | 126.34 | 16.82 | -3.83 |
| July 17 | 751.77 | 615.46 | 136.32 | 18.13 | -2.52 |
| Aug 17 | 756.87 | 607.22 | 149.65 | 19.77 | -0.88 |
| Sept 17 | 757.24 | 628.17 | 129.07 | 17.04 | -3.60 |

The improvement in the staff in post position of band 5 Registered Nurses in the Trust has a positive impact on reducing the Trusts agency usage and expenditure. It not only assists the financial position, but also helps to maintain safe staffing. This is also complemented by the reduction in sickness absence rates.

Band 5 registered nurses (RN) trajectory:



5 (3.64 WTE) Band 5 Registered Nurses left in September 2017, two retired but one will return on reduced hours, one was dismissed, one cited incompatible working relationships as the reason for leaving with the another leaving voluntarily but the reason was unknown.

23 newly qualified nurses commenced with the Trust in September and 14 are due to start in October, with 2 more in November and 1 in December. The next Assessment Day scheduled for 20th October has 20 nurses booked in so far.

It is anticipated that the 10 nurses recruited recently from Croatia will commence in February 18.

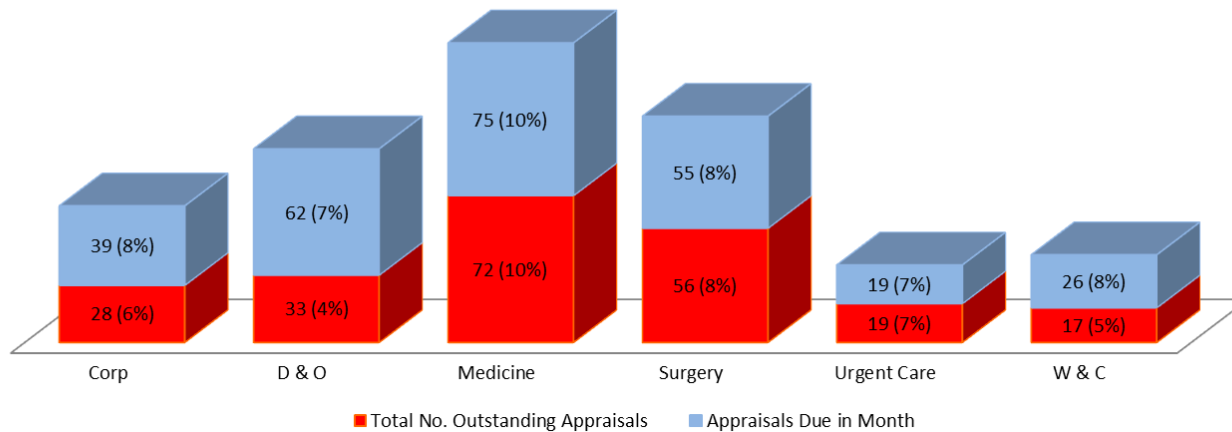
Bespoke adverts have been created for wards experiencing high vacancies and social media is being used to widen the reach.

Appraisal

Trust wide appraisal compliance was 93% for September 2017, remaining the same for the fourth month in succession. The new target from April 2017 is 95%. Whilst the Trust is not quite at target, for many months compliance has been solidly in the 90's.

There were 225 (7%) appraisals required in September to reach 100%. However there were also an additional 276 (8%) appraisals due to be completed which expired in month, a total of 501. Therefore 15% of appraisals were required to be completed in September. These were spread across the Divisions below:

% Total Outstanding Appraisals & % Appraisals Due in Month - September 2017



The two Divisions at or exceeding the 95% target are:

- Diagnostics and Outpatients – 96%. Although this has reduced in month (August, 97%) this Division has consistently been at 96% or above since August 2016.
- Women and Children’s – 95%. This is the highest increase in month rising by 3% (August, 92%)

The four divisions below target are:

- Corporate – 94% (August, 92%)
- Urgent & Emergency Care – 93% (August, 93%)
- Surgery – 92% (August, 93%)
- Medicine – 90% (August, 91%)

Training and Education

Mandatory training has decreased to 92% for September 2017 (August 93%), however this still remains above the 90% target*.

The Divisional compliance information shows only one Division below target which is Urgent and Emergency Care, this has fallen to 5% below target. The Divisional distribution is as follows:

- Corporate – 97% (August, 97%)
- Diagnostics & Outpatients – 95% (August, 96%)
- Surgery – 92% (August, 92%)
- Women & Children’s – 92% (August, 92%)
- Medicine – 90% (August, 91%)
- Urgent & Emergency Care – 85% (August, 87%)

**This rate refers to the number of competencies completed and not the number of staff compliant.*

FINANCE REPORT

The Trust is reporting a position half way through the year that is in line with control total before Sustainability and Transformation Funding (STF). Delivery of the control total before STF entitles the Trust to the element of STF associated with financial delivery. However, the Trust did not deliver the 4 hour emergency access target in quarter 2 and as such will not receive £0.5m of STF associated with this. As a result the overall position including STF is £0.5m worse than plan at the end of quarter 2. The Trust is measured against the control total both pre and post STF and there are no further financial penalties for not achieving the post STF control total. In 2016/17, allocations of bonus and incentive STF were made based on the pre STF control total.

Clinical income was £0.2m better than plan in September and is £0.1m better than plan Year to Date (YTD).

Other operating income is £0.2m adverse to plan in month and £0.1m adverse to plan YTD relating primarily to NHIS, for which there is expenditure offsetting.

Expenditure in month was in line with plan and so remains in line with plan YTD. Overall our Cost Improvement Programme (CIP) is £0.3m worse than plan YTD. Most significant slippage is against the patient flow workstream. The Sustainability and Transformation Partnership (STP) element of the CIP target YTD is £2.5m which has been offset on a non recurrent basis by SFH mitigations including the control total adjustment and interest payment benefits.

Pay overspends of £0.3m YTD are primarily a result of the non delivery of pay CIP and Corporate underspends are in part offsetting medical and nursing overspends. Agency spend was £1.2m in month, a reduction of £0.1m compared to August bringing the YTD performance to below the NHS Improvement (NHSI) ceiling. Following an assessment of costs of winter, the agency ceiling is forecast to be exceeded at year end by £0.3m. Medical agency spend is below the NHSI target by £1.02m YTD.

Non pay (including non operating costs and finance expense) is £0.4m better than plan YTD. Of this, £0.2m is underspends on High Cost Drugs & Devices. The remainder relates primarily to STP CIP offsetting schemes, such as interest rate payments being lower than planned. Depreciation spend is lower than plan due to the delay in the capital roll out whilst capital financing is awaited.

The forecast continues to be updated to reflect emerging, material risks. The formal month 6 forecast is that delivery of the pre STF control total of a deficit of £46.4m is under pressure but can be achieved. It has been assumed that the CIP target of £16.3m is delivered in full, that full mitigation is in place to offset income lost through contract notices in Q4, that winter costs do not exceed the expected income and spend allocation and that Corporate Directorate run rates are not increased. It is also assumed that the 4 hour access standard is delivered in Q3 and in March 2017, meaning STF associated with this is achieved. As such the Trust is forecasting to receive £8.3m of the total £8.8m STF available and the reported forecast deficit post STF is therefore £38.1m, £0.5m worse than plan. Review of forecast risks gives a range with an

upside of £3.2m and downside of £8.3m pre STF. For STF the downside includes non delivery of Q3 4 hour access standard, as well as financial non delivery in the final two quarters. This makes the risk range post STF an upside of £3.2m and a downside of £13.3m.

The capital loan has been delayed and was formally submitted by NHSI to DOH for review and approval 18th September 2017. The Trust is currently reviewing all capital schemes to assess the increased level of operational risk of this ongoing delay in funding and the impact on deliverability in year.

Overall, the month 6 position remains in line with plan pre STF and £0.5m behind plan post STF following non delivery of the 4 hour access target in Q2. Agency spend is now within the NHSI ceiling although forecast to exceed due to winter costs. CIP is £0.3m behind plan with SFH mitigations offsetting the STP CIP. The forecast indicates that the control total can be delivered although it is imperative that actions to deliver the assumptions are achieved and that tight cost control in all areas is exercised.

Financial Summary

At the end of September the Trust is £0.05m ahead of the control total excluding STF, however non achievement of Q2A&E target means that the Trust is £0.48m behind its control total including STF. Agency spend again reduced (by £0.16m in month) and is better than ceiling both in month and YTD. CIP performance is behind plan by £0.26m YTD. Agreement is still awaited for the capital loan and so the capital programme remains behind plan. Cash is in line with plan.

| | September In-Month | | | YTD | | | Annual Plan £m | Forecast £m | Forecast Variance £m |
|---|--------------------|--------------|----------------|------------|--------------|----------------|-------------------|----------------|----------------------------|
| | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m | | | |
| Surplus/(Deficit) - Control Total Basis Exc STF | (3.43) | (3.39) | 0.03 | (22.68) | (22.63) | 0.05 | (46.44) | (46.44) | 0.00 |
| Surplus/(Deficit) - Control Total Basis Inc STF | (2.84) | (3.34) | (0.49) | (19.59) | (20.08) | (0.48) | (37.62) | (38.15) | (0.53) |
| Finance and Use of Resources Metric YTD | | | | 3 | 3 | | 3 | 3 | |
| CIPs | 1.41 | 1.30 | (0.11) | 6.47 | 6.21 | (0.26) | 16.26 | 16.26 | 0.00 |
| Capex (including donated) | (1.34) | (0.71) | 0.63 | (5.38) | (2.10) | 3.27 | (9.67) | (9.67) | 0.00 |
| Closing Cash | 1.45 | 1.46 | 0.01 | 1.45 | 1.46 | 0.01 | 1.45 | 1.45 | 0.00 |
| NHSI Agency Ceiling - Total | (1.38) | (1.17) | 0.20 | (8.98) | (8.88) | 0.09 | (17.91) | (18.16) | (0.25) |
| NHSI Agency Ceiling - Medical | (1.11) | (0.78) | 0.33 | (6.69) | (5.67) | 1.02 | (13.37) | (10.89) | 2.48 |

- In month 6 against control total including STF the Trust was £0.49m worse than plan and cumulatively £0.48m worse than plan.
- In month 6 against control total excluding STF the Trust was £0.03m better than plan and cumulatively £0.05m better than plan.
- The finance element of the Single Oversight Framework is a score of 3 against a plan of 3.
- CIP YTD delivery is below plan by £0.26m. The Trust is forecasting to achieve its overall CIP plan for 17/18. The current forecast per the CIP delivery tracker is £12.2m.
- YTD Capex expenditure position is £3.27m below plan, this reflects the requirement to only incur expenditure on the self funded elements of the capital programme, until approval is given by NHSI for the additional borrowing required to support the full year plan. The loan proposal is currently with Department of Health for review.
- Closing cash at 30th September was in line with plan and is forecast to remain in line with plan for the next quarter.
- YTD agency spend at M6 totalled £8.88m against the profiled NHSI ceiling of £8.98m. For the 3rd month in a row, performance is within the NHSI ceiling in month. Expenditure is forecast to exceed the NHSI ceiling by £0.25m at year end reflecting expected winter costs, this is a significant improvement on our plan of £22.15m. Medical agency spend remains within the reduction required by NHSI.