

Public Board Meeting Report

Subject: Single Oversight Framework Integrated Performance Report
Date: 28th September 2017
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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

Same sex accommodation

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

Infection Prevention and Control

All healthcare associated infections are carefully monitored and managed in line with national and local guidance. There were six cases of Clostridium Difficile infection (CDI) in August; this is again above our monthly trajectory. A number of actions have been requested by the Medical Director and Chief Nurse following a table top review. A ‘deep dive’ is presently being undertaken to clarify whether there is a definitive cause that can be identified other than being potentially linked to the enforced change of antibiotic regime. Over 30 specimens have been sent to external laboratories for ribotyping, these include those identified as toxin positive and those that have the gene that can cause the toxin to be released. So far 2 cases out of 25 reported have been identified as possibly being linked and the reference lab have been asked to do further genetic testing.

Audits within the clinical areas show no deterioration in compliance with the application of standard precautions and cleanliness. The monitoring of antibiotic reviews is to be introduced as part of the board round process across the medical division.

An MRSA bacteraemia was also identified in August from one of our inpatients; this has been investigated in line with PHE requirements and Trust responsibility has been accepted. In addition the Chief Nurse held an exploratory discussion with clinicians on the ward to help identify any immediate learning and to gain assurance that any actions were implemented. There was excellent evidence to suggest that practice had altered and improvements had been immediately made, these were shared widely.

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 will be 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 13 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 August 2017 is 5.78 against the National average of 6.63.

Graph 1

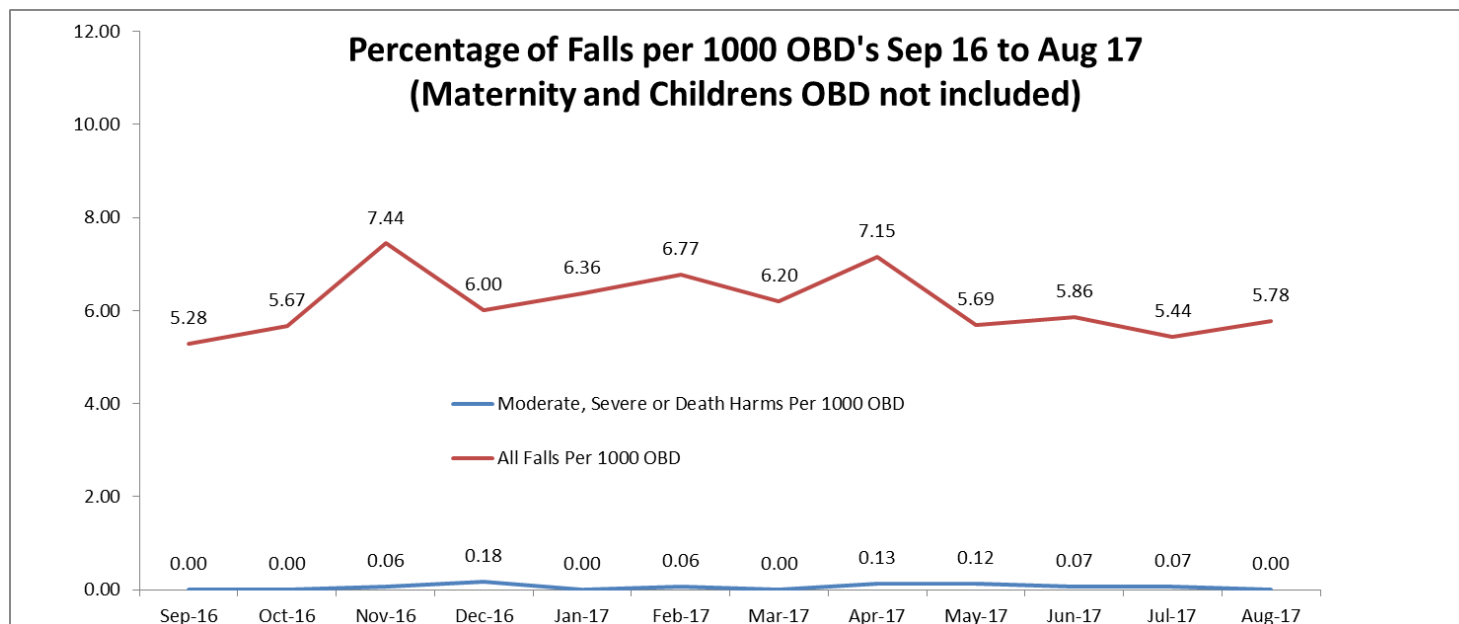
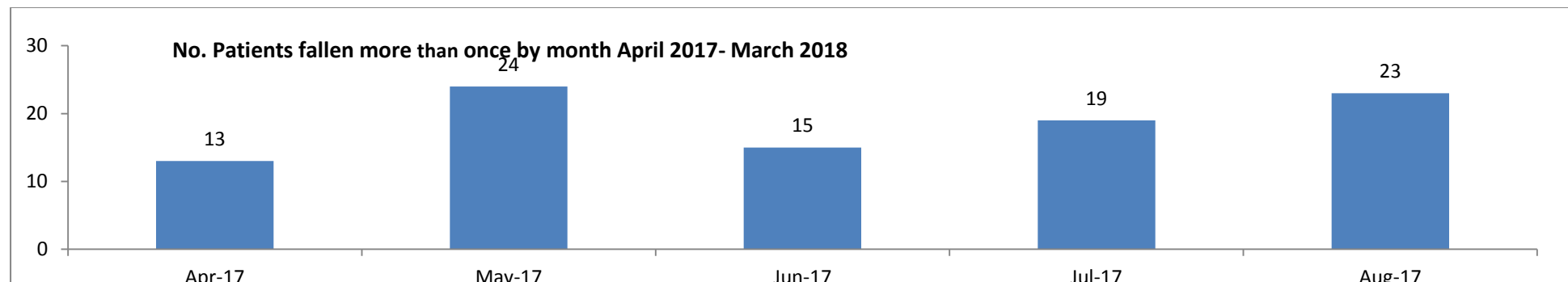


Table 2 below shows the number of falls by severity of harm over a 15 month period.

Table 2. 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
No harm Falls	83	89	64	73	72	73	106	82	94	89	90	98	79	70	69	67
Low harm Falls	13	21	18	26	12	19	15	17	20	18	14	14	12	12	11	18
Moderate harm Falls	0	0	0	1	0	0	1	2	0	1	0	2	2	1	1	0
Severe harm Falls	1	1	0	0	0	0	0	1	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

There have been no harms from falls graded as severe for a period of 8 months.

Graph 3 below show the number of repeat falls (**patients who have fallen more than once**) for the period 2017/8. The Falls Nurse has taken further steps to address repeat falls within the Trust and this now forms the current are of focus



On-going actions:

- It should be noted that the Trust now reports repeat falls as those patients who have fallen more than once. Previously the Trust reported on those who fell more than twice.
- Educational sessions are being arranged within ward areas to address repeat falls with staff. Areas with the highest numbers of repeat falls will be addressed first.
- The falls lead nurse now carries out a mini RCA on all patients who fall more than twice to give immediate and rapid feedback to individual ward and department areas.
- A monthly falls Newsletter to accompany the falls report has been developed and launched this month. This will focus on areas of good practice and be used as a way of sharing learning and will also include patient stories

Tissue Viability

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

Graph 1 - demonstrates the percentage of pressure ulcers calculated by the Occupied Bed Days (OBD). Following an improvement in PU rates in June and July, August saw an increase with two grade 2 PUs (within target) and also a grade 4 which as verbally raised at last month’s trust board is the first acquired within the trust for 25 months.

Graph 1

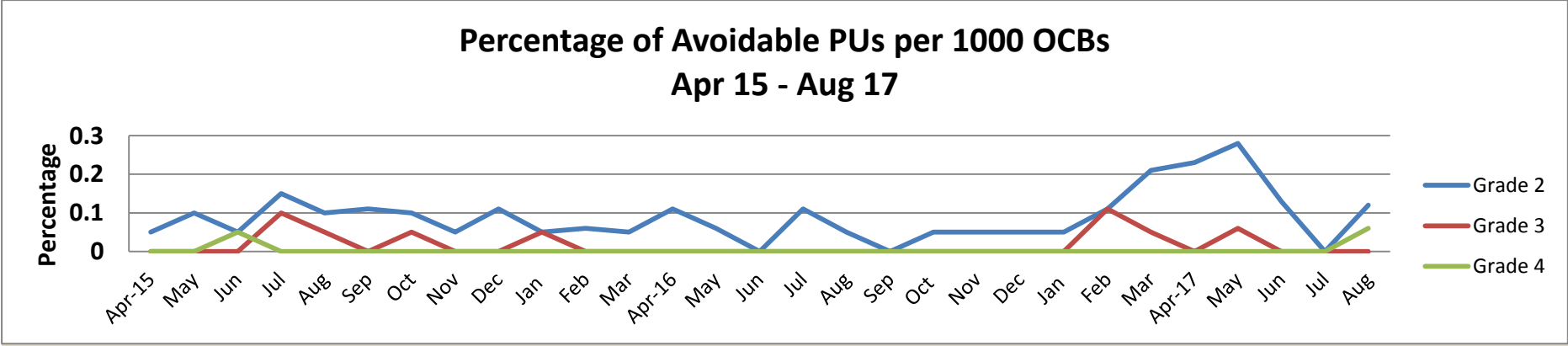


Table 2 below shows the total number hospital acquired PUs, both avoidable and unavoidable by grade over a 17 month period

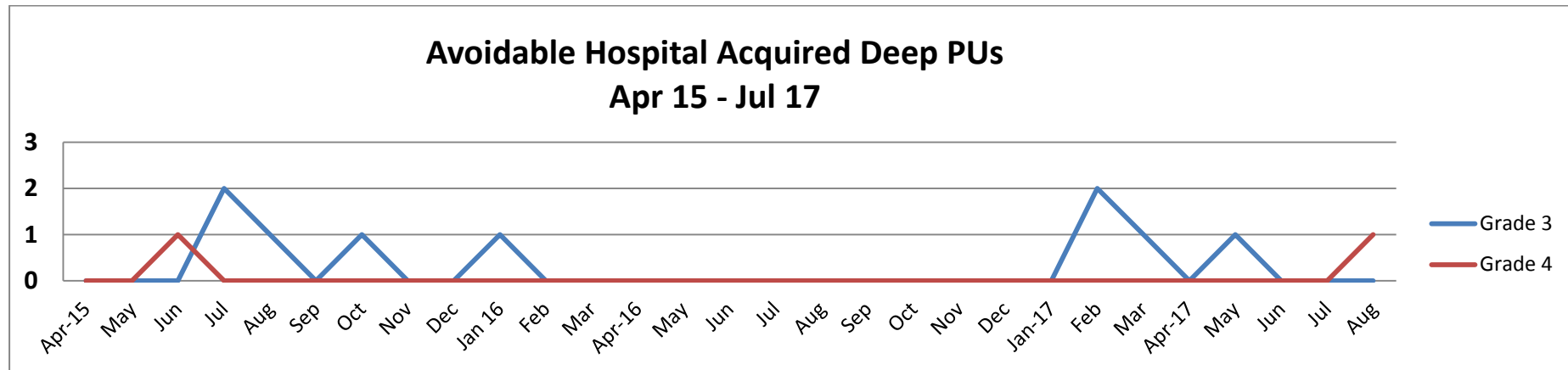
Table 2.

PUs by Grade	Apr 16	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
Grade 2																	
Avoidable	2	1	0	2	1	0	1	1	1	1	2	4	4	5	2	0	2
Unavoidable	3	3	3	1	4	1	3	4	3	4	0	1	3	6	2	5	7
Grade 3																	
Avoidable	0	0	0	0	0	0	0	0	0	0	2	1	0	1	0	0	0
Unavoidable	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1
Grade 4																	
Avoidable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	6	4	3	3	5	2	4	5	4	5	4	6	8	12	4	5	11

Graph 3 shows the number of avoidable hospital acquired PUs – 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 four PU grade 3s developed
- Zero PU grade 3's in June and July
- After 25 months clear of grade 4 PU, a new grade 4 PU has developed in orthopaedic rehabilitation under a cervical neck brace

Graph 3



Mitigation plans and actions going forward

- Thorough investigations of avoidable grades 2, 3 and 4 PUs are presented to the Chief Nurse by the Ward Sister, Matron, Head of Nursing and the Tissue Viability Nurse Consultant within the ward area it developed;
- Trust wide communications (Learning Matters) re: medical devices and preventing PU circulated;
- Medical device pressure area care plan devised and piloted on the orthopaedic ward;
- 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 to present to the Patient Safety & Quality Board quarterly;
- Teaching on the ward by the TV tema and the Practice Development Matrons continues to areas that require support;
- TV Preceptorship study day to run three times a year starting in December 2017;
- Poster/display competition to be judged in October 2017 by the Chief Nurse to gain engagement;
- Establish E-learning with competency based training to be launched October 2017;
- TV team audit of Maternity, Children and Emergency Department, completed. Action plan to review TV policy and documentation;
- Fundamentals Study Day for all nurses across the Trust to include, Patient Safety, TV, Infection Prevention & Control, deteriorating patients, pain. Accountability of Registered Nurses will focus throughout the day. To be presented to the Senior Nursing and midwifery board on 29 September 2017.

Harm Free Care (Safety Thermometer)

The Trust reported 94.80% harm free care during August against a standard of 95%. The standard includes 'new' harms that are acquired during that admission (new harms total was 1.63% n= 8 this is an increase of 5 compared to July) and 'old' harms which are present on admission, the total of all harms was 5.20% n= 25.

The Harms free care standard of 95% or above was continually achieved from November 2015 until July 2017.

The standard was not achieved on this occasion due to the following:

- A total of 22 pressure ulcers, 19 were present on admission and 3 have been verified as hospital acquired pressure ulcers. The criterion avoidable or unavoidable is not a factor that is requested for the purpose of the safety thermometer data collection.
- A total of 7 catheter associated urinary tract infections, 4 present on admission and 3 post admission.

A total of 2 patients sustained a fall with low harm

VTE

The Trust met this standard for the month of July (95.04% against a standard of 95%). Although the standard was met the Governance Support Unit continues to review a random sample of medical notes to ensure that all eligible patients have had appropriate VTE prophylaxis in accordance with Trust guidance. To date this review demonstrates that appropriate VTE prophylaxis is being initiated. A continual VTE review process is also in place to identify potential hospital acquired thrombus. Once identified these are raised on Datix and Investigated in accordance with the Trusts Incident Reporting Policy.

Dementia

Screening of eligible patients (patients over the age of 75, who were admitted as emergencies and have stayed for more than 72 hours) for identification of dementia and/or delirium and subsequent referral for further assessment and investigation is national recorded information. Patients are screened using the Abbreviated Mental Test Score (AMTS). Currently the Trust is screening 97.5% of eligible patients (August 2017)

The trust dementia steering group was reforme^d with the first meeting held in August. The dementia strategy and work plan were identified as the first key pieces of work to be commenced.

Family and Friends

Inpatient responses for FFT remain consistently above the national average with August average response at 31.6%. 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 such as with 98.5% of patients recommending the hospital.

Whilst the response rate within the Emergency Department remains below the national target of 12.8% at 11.9% this has increased on previous month and is the third month over 10% response which continues to demonstrate engagement between staff and patients which is now providing some sound feedback that can be used.

Safer Staffing

The number of areas with red ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) saw a decrease to 6 wards in August 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 utilization, staffing has not decreased 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 decreased to 7 wards this month. This has been explained by reduced bed occupancy, activity and patient acuity, enabling staff to be utilized in other areas, doing alternate shifts or not requiring agency support.

August 2017 saw 13 wards of the 29 monitored recording as blue rating (actual staffing figures are greater than 110% fill rate) this figure has decrease from the previous months data; it has been closely monitored by the Ward Sisters/ Charge Nurses and Matrons.

The Unify data for August 2017 in wards which were reported as red and amber does not have any correlation to patient harms.

Safe staffing review and escalation occurs continuously in line with Trust guidance, data is captured and monitored in line with national requirements. This takes place twice daily.

The continued focus on the usage of temporary staffing and other initiatives to ensure safer staffing has had a positive impact without impacting on the safe care of patient related to staff.

OPERATIONAL STANDARDS

1. Emergency Access

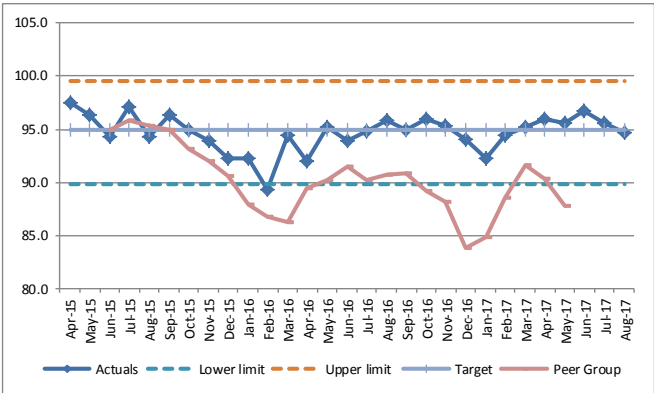
a) Emergency access within four hours

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).

Having achieved the four-hour emergency care standard for five consecutive months (March – July 2017), Trust performance in August was 94.6%. The key reasons for underperformance related to medical staffing overnight in the Emergency Department. The Department currently has 3.0 wte Consultant vacancies and 7.7 wte middle grade vacancies. Securing locum medical staff was particularly challenging during August and this, together with a significant amount of short notice medical staff sickness, led to a drop in performance on 16 days in the month.

Performance for September is at 92.36%, as of 18 September, with the Trust having dropped below the standard on 10 days in the month. The key reasons for the underperformance are as a result of lack of medical beds leading to challenges in patient flow out of the Emergency Department.

Emergency access within four hours

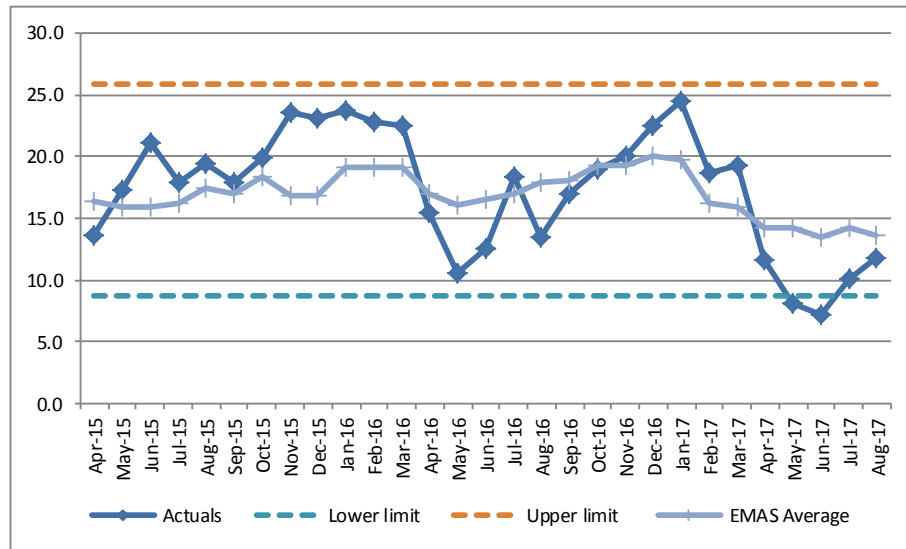


Graph 1

b) Ambulance handover

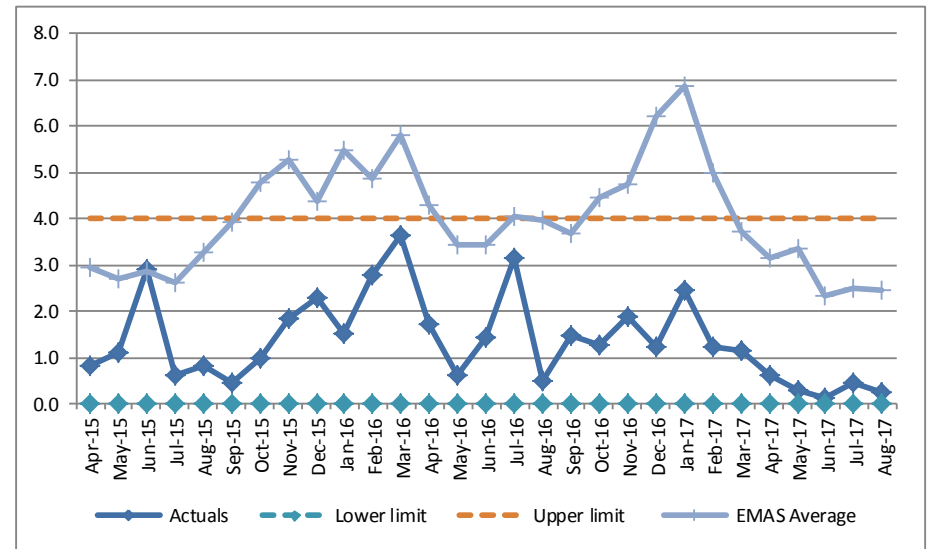
Handing over a patient from an ambulance to an ED is expected to take no more than 15 minutes. In August, 11.8% of ambulance handovers took between 15 and 59 minutes and 0.3% took 60 minutes or more.

Ambulance handover > 30 minutes



Graph 2

Ambulance handover > 60 minutes



Graph 3

c) 12 hour trolley wait

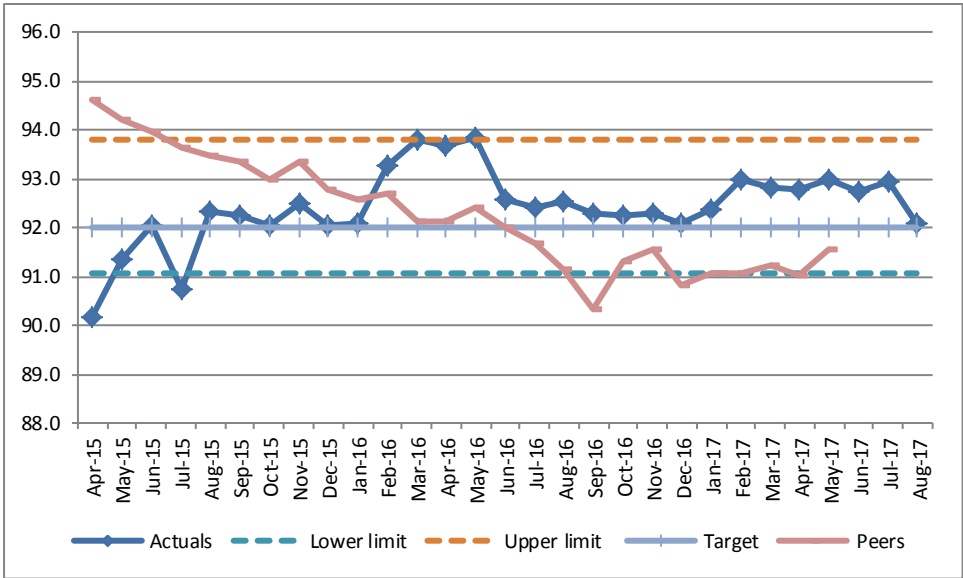
Patients who wait 12 hours or more for an emergency admission from the time the decision is made to admit or when treatment in ED is completed (whichever is later).

There were no 12 hour trolley waits in August.

2. 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 consistently achieves above the standard of 92% (see graph 4 below showing performance against peers). The Trust reports on all cases exceeding 52 weeks and those specialties failing RTT incomplete.

18 weeks referral to treatment time - incomplete pathways



Graph 4

a) Number of Specialties not achieving RTT incomplete

Overall, the Trust is achieving the standard at 92.1%%. However, the Trust is failing the standard in eight specialties and is likely to continue to fail in some specialties for a number of months as the actions required to ensure sustainability require either a system wide or partnership solution.

Specialty	Current Performance	Reason	Actions	Forecast Delivery
Urology	91.46%	Lack of manpower	<ul style="list-style-type: none"> Partnership working clinical model approved and joint post recruited to (start date April 2018) Additional lists secured and alternative capacity plans being explored. 	Oct 2017
Plastic Surgery	90.09%	Lack of manpower	<ul style="list-style-type: none"> Additional capacity agreed and in place Continued risk of non-delivery due to low numbers 	Sep 17
Paediatric Surgery	88.24%	Lack of manpower	<ul style="list-style-type: none"> Additional theatre sessions agreed – some require joint cases to complete Increased NUH support for overdue reviews 	Nov 17
Cardiology	78.93%	Lack of manpower	<ul style="list-style-type: none"> Capacity and demand profile is complete Review of new to follow up ratios is complete Virtual clinics to be held across next 3 months to clear the follow up and overdue backlog WLI sessions have been agreed for next 3 months to clear backlogs in overdue reviews and procedures Review of DNA rates and utilisation rates is complete Revised Divisional escalation process to be agreed Continued discussion with the Cardiology team to agree sustainable plan for the future 	Nov 17
Dermatology	84.21%	Lack of manpower	<ul style="list-style-type: none"> The service reopens to all referrals on 1 October External support requested, not available as partners face similar capacity challenges Locum secured from 1 October Telemedicine being rolled out across general practice, this will support a reduction in new referrals Two GPwSI sessions per week have been secured 	Nov 2017

			<p>at Newark from October</p> <ul style="list-style-type: none"> • Recruitment of previous locum to a substantive post from November • Recruitment of a middle grade doctor to backfill lost middle grade sessions • Circle providing support for complex skin procedures • Capacity and demand modelling to be refreshed following re-opening of the service • Additional plastics session requested for facial patients 	
Neurology	87.99%	Lack of manpower	<ul style="list-style-type: none"> • Partnership working clinical model approved, implementation planned for January 2018 • NUH clinicians are undertaking a desktop virtual review of follow ups 	Feb 2018
Endocrine	83.99%	Lack of manpower	<ul style="list-style-type: none"> • Conversion of new and follow up slots agreed with Consultants • Ongoing Consultant recruitment - NHS locum available and in recruitment • Virtual review of overdue review patients is complete • Team job plan completed with additional capacity secured 	Oct 2017
Diabetes	81.61%	Lack of manpower (Diabetes and Endocrinology)	<ul style="list-style-type: none"> • Conversion of new and follow up slots agreed with Consultants • Ongoing Consultant recruitment - locum sought to clear current backlog • Virtual review of overdue review patients is complete • Team job plan completed with additional capacity secured 	Oct 2017

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. However, there are currently no patients on the PTL above 45 weeks.

Reported Last Month – Not Yet Treated

Currently there are no patients identified as long waiters which are not yet treated from last month's report.

New Patients

1 x Urology Patient at 69 Weeks.

Identified through validation – patient had been missed from waiting list – patient treated on 18 September 2017.

Action Plan

The RTT action plan continues to focus on the following:

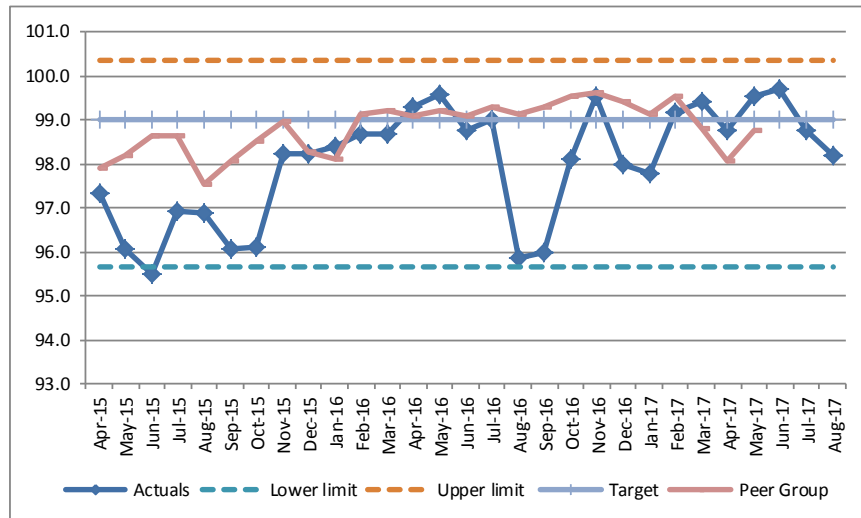
- Ensuring robust collection of RTT status at all stages of the patients pathways is recorded through regular specialty audit
- Reviewing all clock-stops through validation
- Utilisation of Data Quality reporting to focus staff on cleansing data.
- Continually deliver robust competency based training package to all relevant members of staff across the Trust
- Weekly Trust PTL meetings – revised format implemented, consisting of 6-hour review of all 30+ week waits ensuring that pathways are being progressed and issues escalated.
- Greater assurance expected following 12 months validation (June 2018)

3. Diagnostic waiters

Overall the Trust performance in August 2017 was 98.2% against the 99% standard, as shown in graph 5. The Trust delivered the 99% standard in 7 diagnostic tests but failed to achieve the standard for the following:

<u>Diagnostic test</u>	<u>Performance</u>
Cardiology – echocardiography	93.58%
Respiratory physiology – sleep studies	96.99%
Urodynamics – pressures and flow	95.56%
Cystoscopy	97.92%
Gastroscopy	98.98%

Diagnostic waiters, 6 weeks and over-DM01



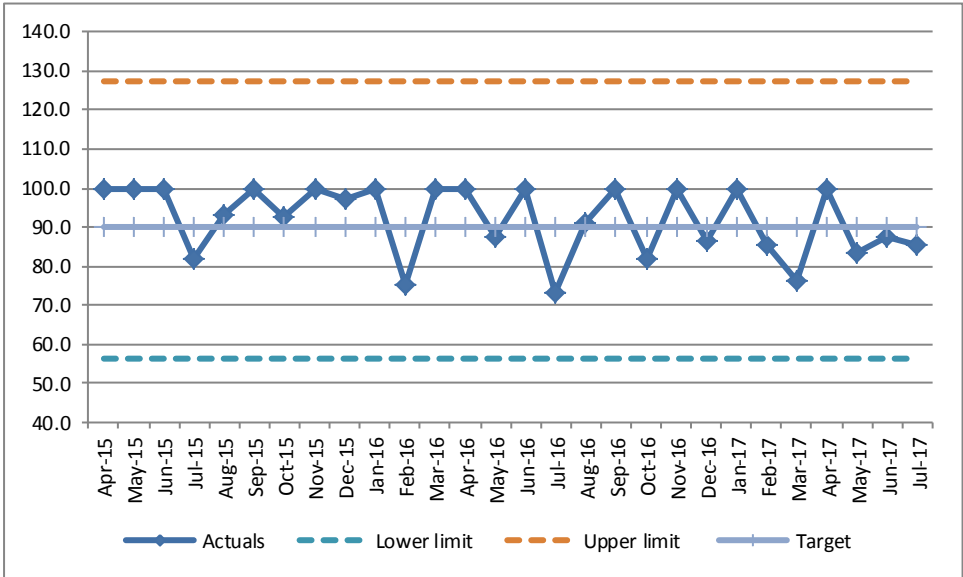
Graph 5

4. Cancer Access

a) 62 day referral to treatment from screening

The Trust achieved 85.7% in July against the standard of 90%; the breach related to one patient.

62 day referral to treatment from screening

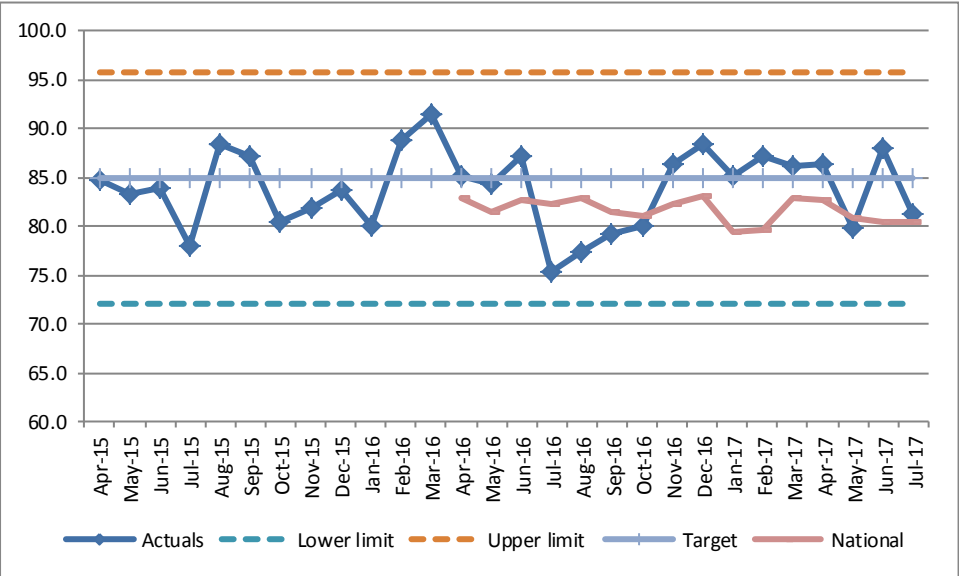


Graph 6

b) 62 days urgent referral to treatment

The Trust achieved 81.3% in July against the standard of 85%, this related to 19 patients breaching the standard.

62 days urgent referral to treatment



Graph 7

ORGANISATIONAL HEALTH

Sickness Absence

Sickness absence figures increased very slightly in August 2017 by 0.03% to 3.46%. This is now the second month in a row which is below the sickness absence target of 3.5%. The lower sickness absence figure should assist the Trust to reduce its agency spend.

Short term sickness was 1.81% (July 2017, 1.76%) and long term sickness was 1.64% which is a reduction of 0.03% (July 2017, 1.67%).

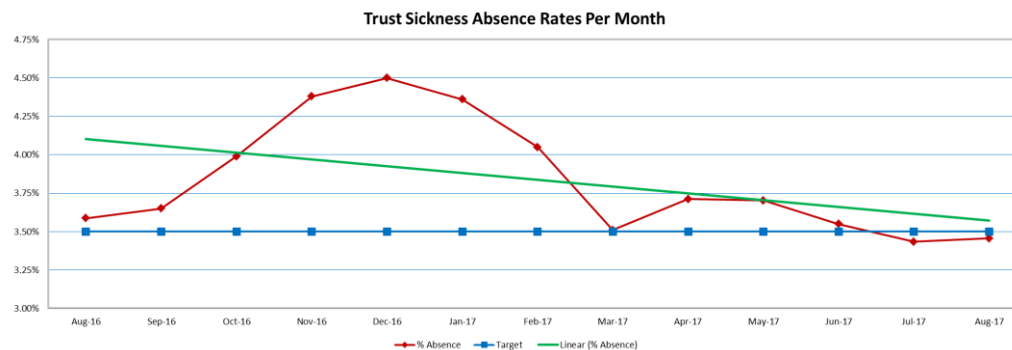
Three Divisions achieved or exceeded the 3.5% target:

- Diagnostics & Outpatients – 2.83% (July, 2.84%)
- Urgent & Emergency Care – 3.38% (July, 2.87%)
- Women & Children’s – 3.44% (July, 3.67%)

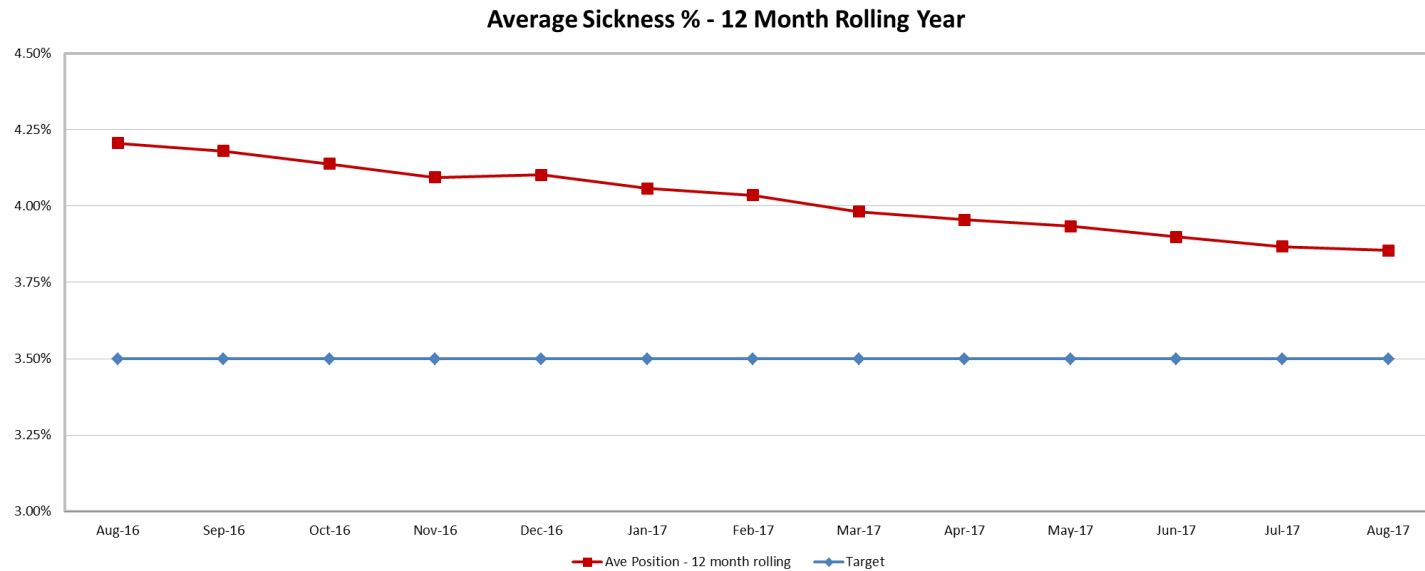
Three Divisions in excess of the 3.5% target had all had reductions this month:

- Surgery – 3.74% (July, 3.75%)
- Corporate – 3.8% (July, 2.87%)
- Medicine – 4.04% (July, 4.24%)

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



Below is a chart showing a 12 month rolling year (sickness averaged for the previous 12 month period for each month). This clearly depicts the sickness absence trend and indicates a significant sustained improvement.



Long term sickness

For August 2017, Long Term sickness reduced by 19.93 WTE days lost to 2005.25 WTE days lost (July, 2025.18)

The three absence reasons with the highest reduction were:

FTE DAYS LOST	Aug-17	Difference in Month
S28 Injury, fracture	205.49	-88.37
S26 Genitourinary & gynaecological disorders	79.57	-82.43
S25 Gastrointestinal problems	157.07	-73.73

The four absence reasons with the highest increase were:

FTE DAYS LOST	Aug-17	Difference in Month
S10 Anxiety/stress/depression/other psychiatric illnesses	492.01	87.72
S19 Heart, cardiac & circulatory problems	167.40	80.60
S13 Cold, Cough, Flu - Influenza	49.19	31.00
S30 Pregnancy related disorders	31.00	31.00

The Corporate Division had the highest Long Term sickness increase in month rising to 400.59 WTE days lost (July, 214.11), an increase of 186.48 WTE days lost. This included an increase of 91.76 WTE days lost attributed to S10 Anxiety/stress/depression/other psychiatric illnesses, taking that to 104.99 WTE days lost in total for that condition. There were two Divisions with a significant a decrease in Long term sickness: Surgery, 380.10 WTE days lost (July, 553.31) and Diagnostics & Outpatients, 380.10 WTE days lost (July, 553.31).

Staff Counselling Service

The purpose of the service is to offer a short term (usually 6 sessions maximum) confidential self-referral staff counselling service to all employees of Sherwood Forest Hospitals NHS Foundation Trust.

The service is available at three locations; Occupational Health Department, Kings Mill Hospital; Therapy and Treatment Centre, MCH; Byron House, Newark Hospital. The service is provided through a SLA with Nottinghamshire Health Care NHS Trust. The primary purposes are:

- To provide a high quality and timely counselling service to staff within the services included in the SLA.
- To ensure client feedback and involvement in order to continuously improve the service offered.
- To conduct service evaluations within the service.
- To support staff in sustaining their presence at work or in returning to work where appropriate.

The referrals to the service in 2016/17 from the Trust rose to 174 from 147 the previous year. For the first quarter of 2017/18 a total number 45 referrals were submitted and screened with agreed timescales.

During 2016/17, 79% of staff attending Staff Counselling went into recovery after 6 sessions or less. The average wait to start therapy within the Staff Counselling service was 39 days. Normal practice ensures first appointments are offered within 4 weeks. Time scales have increased more recently due to recruitment and sickness challenges across the services, which have now been resolved.

Across 2016/17 service satisfaction rates identified 100% of the Staff Counselling clients were either extremely satisfied or very satisfied with these different aspects of the service: counsellor confidentiality, courtesy of counsellor, the help provided, support and advice provided, and the help for the client to cope.

To complement the counselling service, the Trusts Occupation Health Team offers a short notice listen service, where employees can have a confidential discussion with a Specialist Nurse advisor. The service is regularly accessed and is currently being developed further to include aspects of mindfulness and to enhance the current provision around resilience.

As an alternative to the staff counselling service, employees who live locally have the option of self-referring to one of the four locally provided IAPT (Improving Access to Psychological Therapy) services which are provided for the general public.

As part of the Trust support for the National CQUINN - Health and Wellbeing further enhancement of the staff counselling services are underway including the introduction of Mindfulness awareness and training which is in addition to the existing developing resilience education sessions and a service evaluation to ascertain the impact of staff counselling on decreasing/minimising/avoiding staff absence

Staffing

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

	Aug-17								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
Total Trust									
Admin & Clerical	1144.15	1067.31	1308	76.84	6.72%	11.30	10.39	0.97%	28
Allied Health Professionals	223.71	208.85	258	14.86	6.64%	5.00	3.00	1.44%	5
Ancillary	40.47	37.50	44	2.97	7.35%	0.00	0.00	0.00%	6
Medical & Dental	493.74	430.79	452	62.95	12.75%	6.00	1.00	0.23%	9
Registered Nurse Operating Line * - ALL Bands	1332.86	1165.50	1373	167.36	12.56%	10.68	9.30	0.80%	16
Scientific & Professional	216.22	184.28	200	31.94	14.77%	5.00	2.40	1.30%	3
Technical & Other	270.87	259.96	323	10.91	4.03%	2.87	0.80	0.31%	3
Unregistered Nurse	595.35	585.47	681	9.88	1.66%	7.11	4.33	0.74%	6
Total - Trust	4357.21	3939.67	4639	417.54	9.58%	47.95	31.22	0.79%	76
Band 5 Registered Nurse Only operating line *	756.87	607.22	787	149.65	19.77%	4.40	4.75	0.78%	-

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.

Across the Trust, there were 16.73 FTE more starters than leavers in August 17 (47.95 FTE starters v 31.22 FTE leavers). The turnover rate decreased to 0.79% in August (July, 0.87%).

The Scientific and Professional group has increased from 10.22% to 14.77% vacancies since April 2017, although some of this is due to a slight increase in establishment. Turnover is still above the Trusts threshold of 1%. However, there were more starters than leavers in August. In this category, the Trust is currently advertising for vacancies in Audiology, Pharmacy; Clinical Biochemistry and Microbiology.

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

This month 5.00 FTE doctors have gone from bank only contracts to substantive or fixed term contracts but these will not show on the starters report as they already work for the Trust.

Nursing

Band 5 Registered Nurse vacancies have increased by 1.64% to 19.77%. This is due to the budget increasing by 5.36 FTE and the staff in post reducing by 8.24 FTE, which was primarily due to internal promotions and slightly more leavers than starters. Across all registered nurse leavers, (9.30 FTE), the reasons for leaving were: Flexi Retirement, 1.55 FTE, Retirement Ill Health, 0.57 FTE; Retirement Age, 0.90 FTE; Voluntary Early Retirement, 1.00 FTE; Voluntary – Better Reward Package, 0.48 FTE; Voluntary – Health, 0.80, Voluntary – Work Life Balance, 2.00 FTE; Voluntary – Other/Not Known, 2.00 FTE. Below are Registered Nurse vacancy levels tracked against an August 2016 baseline.

Registered Nurses – All bands

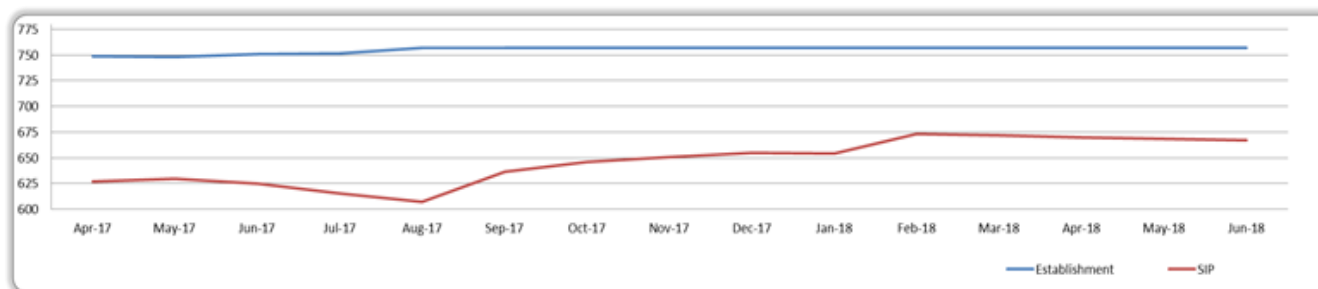
Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	1327.51	1123.65	203.86	17.39	-
April 17	1328.24	1164.22	164.02	12.35	-5.04
May 17	1326.90	1167.43	159.46	12.02	-5.37
June 17	1325.60	1166.15	159.46	12.03	-5.36
July 17	1327.51	1162.07	165.44	12.46	-4.93
Aug 17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

** Whole table adjusted since previous board meeting in relation to the budgeted establishment.

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

Band 5 registered nurses (RN) trajectory:



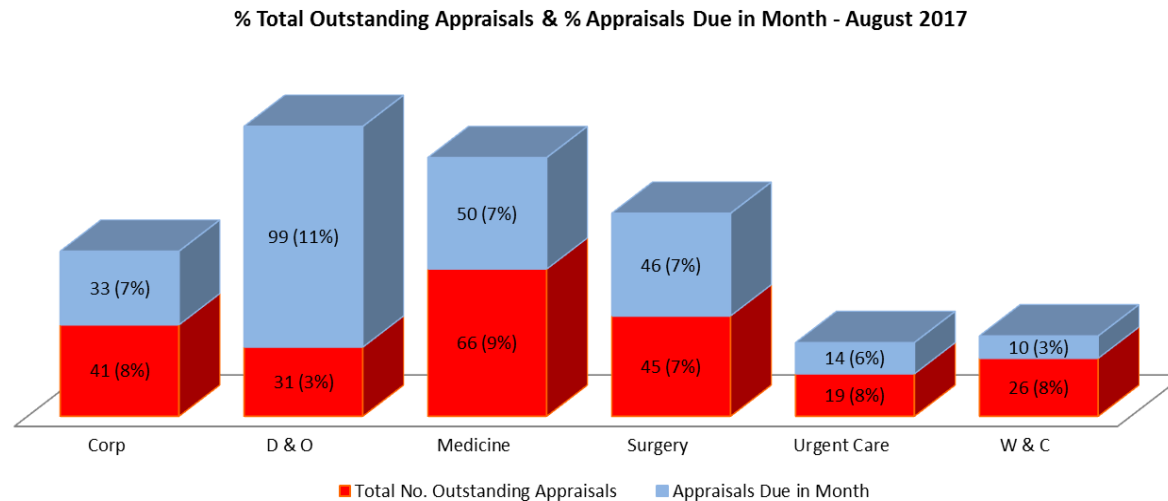
Six (4.75 WTE) Band 5 Registered Nurses left in August, one retired and will return on reduced hours and three have cited work life balance as the reason for leaving with the other two leaving voluntarily but the reason was unknown.

The Trajectory shows an overall increase in vacancies in Band 5 RNs despite continued recruitment and fewer than expected leavers. This has been investigated and is due to increase in the overall establishment due to agreed funding for ED and five Band 5 RNs being promoted to Band 6 or above, which supports career development and retention.

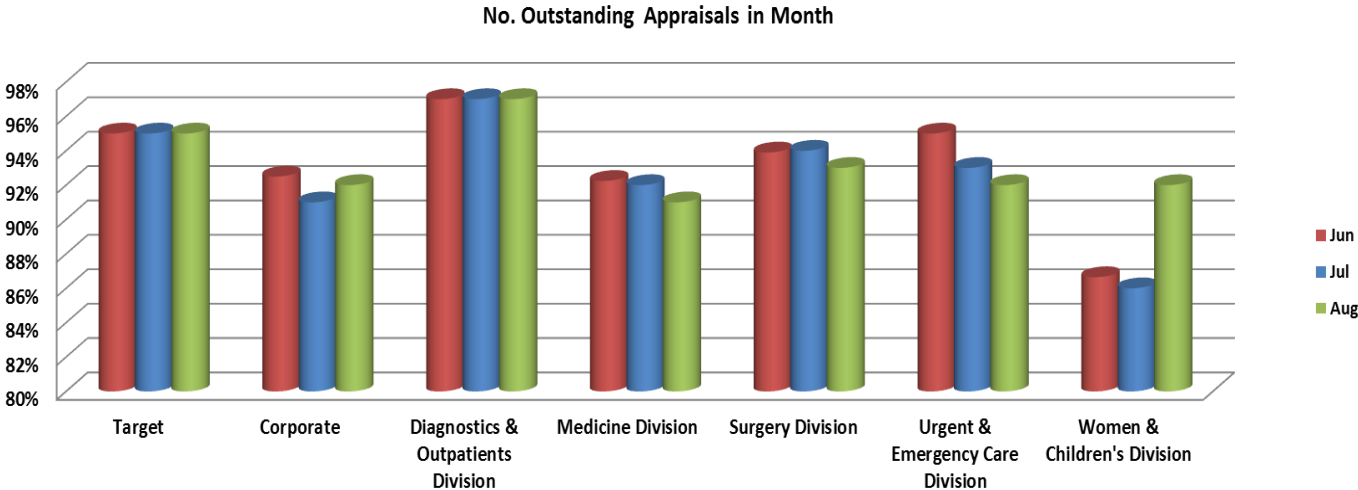
Appraisal

Trust wide appraisal compliance was 93% for August 2017, remaining the same for the third 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 low 90's.

There were 228 (7%) appraisals required in August to reach 100%. However there were also an additional 252 (8%) appraisals due to be completed which expired in month, a total of 480. Therefore 14% of appraisals were required to be completed in August. These were spread across the Divisions below:



- Diagnostics and Outpatients – 97%. This is the fourth consecutive month at this compliance rate.
- Women and Children’s – 92%. This is the highest increased in month rising by 6% (July, 86%)



Training and Education

Mandatory training has increased to 93% for August 2017 (July 92%). This is above the 90% target. The Trust has been consistently at or above target for a year.

The Divisional compliance information shows only one Division marginally below target as follows:

Corporate	97%
D&O	96%
Surgery	92%
Medicine	91%
Urgent & Emergency Care	87%
Women & Children’s	92%

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

FINANCE REPORT

The Trust is reporting a position that is £0.1m worse than plan in the month of August, which leaves the year to date (YTD) position in line with overall control total plan.

Clinical income was in line with plan in August. YTD clinical income is £0.1m worse than plan. Within this, ED underperformance against plan is offset by over performance in day case.

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

Expenditure in month was £0.2m worse than plan and in line with plan YTD. Overall CIP is £0.2m worse than plan YTD. Most significant slippage is against the internal patient flow workstream. The STP element of the CIP target YTD is £1.9m 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, although it should be noted that Corporate underspends are in part offsetting medical and nursing overspends. Agency spend was £1.3m in month, a reduction of £0.2m compared to July and below the NHSI agency ceiling. The forecast now indicates achievement of the ceiling for 2017/18. Expenditure is £0.11m ahead of the NHSI ceiling YTD. Medical agency spend is below the NHSI ceiling by £0.69m YTD.

Non pay is £0.3m 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.

The forecast continues to be updated to reflect emerging risks. Although the formal month 5 forecast is delivery of the control total, there is an increasing risk that commissioners will remove £0.7m of funding for posts from 1st January 2018, without an anticipated reduction in cost. This will be reviewed over the forthcoming month in time for reporting of the forecast at the end of Q2 to NHSI. Delivery of the ED 95% target for each quarter is also assumed, allowing access to full Sustainability and Transformation Funding. Each quarter of ED performance is valued at £0.3m of STF. As in previous months, full delivery of £16.3m of CIP is assumed. Review of forecast risks gives a range with an upside of £3.3m and downside of £12.1m (£8.1m worse than plan then £4.3m loss of STF as a result), this is an improvement of £3.2m over the previous month. Over the next month the expected income and expenditure associated with winter will be fully incorporated into the forecast.

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. As appropriate all risks are being updated / added on DATIX.

Overall, the month 5 position remains in line with plan, although there are increasing risks associated with commissioner contract notices. Agency spend continues ahead of the Trust trajectory. CIP is slightly behind plan with SFH mitigations offsetting the STP CIP. The forecast indicates that the control total can be delivered with maintaining tight cost control and flexing capacity in line with demand remaining the priority for coming months, with further work to mitigate contract risks required.

Financial Summary

At the end of August the Trust is £0.01m ahead of the control total. Agency spend has reduced by £0.2m in month compared to July and was better than ceiling in month. CIP performance is behind plan by £0.2m YTD. Agreement is still awaited for capital loan and so the capital programme remains behind plan. Cash is slightly ahead of plan.

	August In-Month			YTD			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/(Deficit) - Control Total Basis	(3.33)	(3.41)	(0.08)	(16.75)	(16.74)	0.01	(37.62)	(37.62)	0.00
Finance and Use of Resources Metric YTD				3	3		3	3	
CIPs	1.23	0.76	(0.47)	5.06	4.91	(0.15)	16.26	16.26	0.00
Capex (including donated)	(0.81)	(0.34)	0.47	(4.04)	(1.40)	2.64	(9.67)	(9.67)	0.00
Closing Cash	1.45	1.53	0.08	1.45	1.53	0.08	1.45	1.45	0.00
NHSI Agency Ceiling - Total	(1.61)	(1.33)	0.29	(7.60)	(7.71)	(0.11)	(17.91)	(17.49)	0.42
NHSI Agency Ceiling - Medical	(1.11)	(0.86)	0.26	(5.57)	(4.88)	0.69	(13.37)	(10.39)	2.98
Better Payment Practice Code - (Value / Number)		91.8% / 78.9%			75.7% / 52.5%				

- In month 5 the Trust is £0.08m worse than plan and cumulatively £0.01m 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 £0.15m. The Trust is forecasting to achieve its overall CIP plan for 17/18. The current risk adjusted forecast per the CIP delivery tracker is £10.59m.
- YTD Capex expenditure position is £2.64m 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 NHSI/DoH for review.
- Closing cash at 31st August was in line with plan and is forecast to remain in line with plan for the next quarter.
- YTD agency spend at M5 totalled £7.71m against the profiled NHSI ceiling of £7.60m. For the 2nd month in a row, performance is within the NHSI ceiling in month. Expenditure is now forecast to be better than the NHSI ceiling by £0.42m at year end; this is a significant improvement on our plan of £22.15m. Medical agency spend remains within the reduction required by NHSI.