

Reporting to:	Trust Board Meeting - Thursday 28 April
Title	Trust Performance Report
Sponsoring Director	Chief Executive
Author(s)	Executive Directors
Previously considered by	Not Applicable
Executive Summary	<p>This report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2015-16 to the end of March 2016 and considers all elements of performance. The report is intended to describe the underlying causes contributing to the performance position. The detail supporting each domain is contained within the supplementary pack if Directors wish to consider this. The paper also contains the Board self certifications required to be submitted to the TDA in relation to Governance and Monitor Licence Conditions.</p> <p>SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the Director of Delivery & Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. The key areas of focus are highlighted in this report.</p>
Strategic Priorities 1. Quality and Safety 2. People 3. Innovation 4. Community and Partnership 5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work <input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous

	<p>improvement then staff morale and patient outcomes may not improve</p> <p><input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients</p> <p><input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p>Care Quality Commission (CQC) Domains</p>	<p><input checked="" type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review</p> <p><input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>The Trust Board is asked to REVIEW performance for March 2016 and APPROVE the self certification submissions.</p>

INTEGRATED PERFORMANCE REPORT

OVERVIEW OF KEY PERFORMANCE AREAS – MARCH 2016

1. QUALITY & SAFETY OVERVIEW

1.1 Infection Prevention and Control (IPC)

Clostridium Difficile (C.diff)

The outturn position for the Trust *C.diff* performance for 2015/16 was 30 cases reported compared to 29 during 2014/15. The Trust has received a further challenging *C.diff* target of 25 from NHS England for 2016/17; which is the same as 2015/16. Previously, all NHS organisations were required to demonstrate year on year reductions in *C. diff* cases based on the previous year's trend. Next year's targets for all NHS organisations have been brought forward and not calculated based on outturn performance.

1.2 Setting quality performance targets for 2016/17

Quality performance targets are important targets to gain assurance of on-going improvements in the quality and safety of care provided within the Trust. The targets are identified for the Trust at both a national and local level. For governance assurance, local targets are agreed by the Quality and Safety Committee; chaired by a Non-Executive Director. The list below indicates the national and local quality targets; describing the approach taken to govern improvements going forward.

- Falls – These are agreed using last year's outturn position and applying a percentage decrease.
- Pressure ulcers – In 2011 a target of 0 Grade 4 avoidable was set by Midlands and East SHA (Ambition 1). Avoidable Grade 2 and 3 are agreed at the Quality and Safety Committee using last year's outturn position and applying a percentage decrease.
- *Cdiff* – Nationally mandated Public Health England.
- MRSA - Nationally mandated Public Health England.
- MSSA/Ecoli – Locally agreed in collaboration with the Director of Infection Prevention and Control using last year's outturn position and applying a percentage decrease.
- MRSA Screening – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Never Events - Nationally mandated via the NHS Standard contract agreed with commissioners.
- World Health Organisation checklist – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Venous thrombo embolism – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Maternity Dashboard – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Ward to Board metrics – Internally agreed however, these metrics will be incorporated within the Exemplar ward programme for 2016/17.
- Same Sex Accommodation – Nationally mandated via the NHS Standard contract agreed with commissioners.
- Friends and Family Test - Nationally mandated via the NHS Standard contract agreed with commissioners.

1.3 Falls prevention

The effective management and prevention of slips trips and falls has been a priority within the NHS over many years and remains a constant priority within the Trust. The National Reporting and Learning System (NRLS) has previously reported that over 280,000 patient falls are reported from hospitals and mental health units annually across England and Wales and can lead to serious injuries or death.

It is well recognised that while all patients have the potential to be at risk of falling while in hospital, especially if they have a long term health condition; the patients who suffer the most harm are often among the older patients within hospitals. Approximately one in three adults over the age of 65, who live at home will have one fall a year, and about half of these will have more frequent falls; with this risk not limited to home. While the majority of falls do not result in serious injury there is always the possibility that a fall can result in significant injury.

The total number of falls within the Trust during 2015/16 has decreased by 6.5% from 2014/15 and equates to a 16% decrease in the number of reportable falls since monitoring began in 2011/12. Using the number of falls against recorded bed days activity which is benchmarked against the average number of falls in acute Trusts in England; the Trust is reported as 6.3/1000 bed days against the national mean of 6.6 falls/1000 bed days. Further improvement has also been seen during 2015/16 in the level of harm to our patients resulting from a fall which has decreased by 42%.

1.4 Safe Staffing

Nurse staffing

The Trust Board continues to receive assurance in relation to staffing levels on a monthly basis and narrative explanation provided where staffing hours are $\geq 110\%$ or $\leq 85\%$ than planned. The fill rates for March 2016 are found below:

- Registered Nurses / Midwives - Day = 93%
- Care Staff - Day = 99.7%
- Registered Nurses / Midwives - Night = 97.1%
- Care Staff - Night = 105.2%

The Board continues to receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability. The information received provides details of inpatient ward staffing which is shared with Heads of Nursing and Midwifery, Matrons and Ward Managers in order to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.

2. OPERATIONAL PERFORMANCE OVERVIEW

2.1 4 Hour Access Standard – Not achieved

March	78.72%
Q4 to Date	80.28%
Year to Date	85.56%

In March 2016, 78.72% of patients were admitted or discharged within the 4-hour quality target.

Under performance is due to:

- March 2016 A&E attendances are up 7.37% compared with March 2015. This is an increase of 10,634 attendances between April and March which represents an increase of 8.71% YTD.
- March 2016 emergency admissions are up 3.98% compared with March 2015. This is an increase of 2,649 admissions between April and March which represents an increase of 5.48% YTD.

*Please note these figures do include PRH walk-in and RSH UCC.

2.2 Whole System Urgent Care Plan and Recovery Trajectory

The trajectory to deliver the 95% 4 hour performance has been recalibrated based on current performance. The revised trajectory as agreed with the LHE will deliver an improvement equal to or better than 89.6% by Q4 (average performance for the quarter). This represents a 3% improvement based on quarter 4 performance 2014/15.

2.3 SaTH Internal Recovery and Improvement Plan

SaTH's internal plan focuses on the following areas:

1. **Emergency Department (ED):**

- Process/pathway agreed for utilisation of cubicles and improvement in minors flow;
- Improve internal ED processes supported by the Emergency Care Improvement Programme team;
- Minors flow delivered by ENPs (Enhanced Nurse Practitioners) 6 days per week both sites. Plan to increase ENP numbers to deliver over 7 days.
- Daily Operational Support in the ED, Weekly Operational meetings, twice weekly staff engagement; tracker role to expedite non admitted breaches.
- Trajectory to reduce non admitted breaches to no more than 28 per week agreed. Delivery date from 18/4/16.
- Action plan to deliver an improvement in Ambulance Handover delays

2. **Assessment**

- Ring-fence protected/non bedded area within which to deliver ambulatory care (to improve flow & ED performance);
- Full options appraisal for AEC to be presented at end of April including potential long term plan to develop an emergency floor at RSH.
- Finalise workforce plan for AEC delivery based upon GPs both sites.

3. **Improving internal flow processes**

- ECIP observation week took place 11th to 15th April and further work will be undertaken with the ECIP Team during May 2016.
- Site Safety Workshop to be facilitated by ECIP and Deputy Chief Operating Officer in May 2016.
- Drive for discharge POD meetings at 08.00 continue enabling wards to pull "right patient to right place" and create capacity early in the day. Has been hampered by demand resulting in overnight boarding.
- Second RPIW on respiratory discharge in planning stages;
- SAFER initiative launch to commence 1st week in May – roll out on 4 wards (wards 4, 6 PRH & 32SS, 28 RSH). To focus on 3 key areas – standardisation and optimisation of the Board Round, pre planning for discharge & TTOs, EDD (use of estimated date of discharge as a planning tool and to identify delays.

- Frailty model being reviewed and embedded – where appropriate this will become part of AEC, especially at PRH where there is no CDU.

2.4 Winter Planning for 2016/17

An operational group is being convened (first meeting 22.04.2016) to develop the Winter plan for 2016/17.

2.5 RTT Performance

Changes to Operational Standards for 18 week Referral to Treatment

We are now only mandated to deliver the incomplete standard. However, we continue to monitor the admitted and non-admitted standards internally.

Admitted

March 70.46% - standard not achieved (90%)

- Predicted performance in April will continue to see the Trust fail the admitted standard as backlog clearance continues. Recovery trajectories in place and monitored at weekly PTL meetings;
- Vanguard contract ends 29.4.16
- Elective cancellation rates have increased during March due to heightened levels of escalation with a total of 127 operations cancelled in month (81 at RSH/46 at PRH)

Non Admitted

March 93.34% - standard not achieved (95%)

- Trust failed to deliver overall non-admitted standard in March
- Nine specialties failed to deliver the standard; ENT, Oral Surgery, Neurosurgery, General Medicine, Gastroenterology, Respiratory, Neurology, Geriatric Medicine and Other. Recovery trajectories to be monitored at the weekly PTL meeting.
- Backlog is currently 810, 5.7% of total list size.

Incompletes

March 91.44% - standard failed (92%)

- The Trust failed to achieved the overall RTT incomplete standard in March
 - Admitted 78.36%, **672** patients waiting 18+ weeks, compared to last month's 79.47%, 624 patients.
 - Non Admitted **94.30%**, 810 patients waiting 18+ weeks, compared to last month's 94.75%, 730 patients

A combination of cancelled operations, late referrals from TeMS and reduced outpatient capacity due to workforce issues have led to an overall increase in backlog numbers. Work is on-going to realign admitted booking profiles and clear as many backlog patients as possible during April.

52 Week Breaches

- There were no 52 week breaches in March.

2.6 Cancer Performance

9/9 Cancer Waiting Time Standards were achieved in February 2016 with SaTH performing above the national average for 8/9 standards.

March 2016 predicted performance indicates all nine standards will be achieved.

Cancer Patients Waiting 100+ days for Definitive Diagnosis

There are currently 7 Cancer patients who have waited over 100 days for a definitive diagnosis as of 6th April 2016. Specific details of the reasons for delay are identified in the table within the information pack. Each patient is discussed in detail at the weekly PTL meeting and corrective action is put in place to facilitate treatment.

3. FINANCIAL PERFORMANCE OVERVIEW

3.1 Income & Expenditure position

The financial position of the Trust at the end of March is presented in the table below:

	Original Financial Plan £000's	April – Mar Plan to deliver Stretch Target £000's	April – Mar Actual £000's	Variance £000's
Income	319,805	324,330	323,682	(648)
Pay	(219,225)	(227,494)	(227,267)	227
Non-pay	(97,239)	(101,295)	(100,803)	492
Total expenditure	(316,464)	(328,789)	(328,070)	719
EBITDA	3,341	(4,459)	(4,388)	71
Finance costs and Reserves	(20,961)	(14,744)	(14,686)	58
Surplus/(deficit) before rectification	(17,620)	(19,203)	(19,074)	129
Phased spend				
Rectification Plans	350			0
Bank Pay Change		500	500	0
Stock Change		500	500	0
Capital to Revenue transfer		2,500	2,500	0
Agency Nurse Costs		625	625	0
Non Pay Controls		800	800	0
Increased Penalties		(500)	(500)	0
Surplus/(deficit) after rectification	(17,270)	(14,778)	(14,649)	129

The Trust originally planned a deficit of £17.2m for the 2015/16 financial year. During the year the Trust was set a stretch target by the TDA to deliver a £14.8m deficit. At the end of the financial year the Trust has delivered a £14.6m deficit, a £0.2m underspends when compared to the stretch target.

Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total
Income	25,350	26,573	26,507	27,418	25,430	27,908	29,083	27,804	26,147	27,073	27,359	27,030	323,682
Pay	-18,278	-18,663	-18,876	-18,759	-18,676	-18,826	-19,085	-19,371	-19,137	-19,308	-19,112	-19,175	-227,267
Non Pay	-7,969	-7,851	-8,084	-8,239	-7,943	-8,758	-8,959	-8,334	-8,459	-8,202	-9,081	-8,926	-100,803
													0
EBITDA	-897	59	-453	420	-1,189	324	1,039	99	-1,449	-437	-834	-1,071	-4,388
Finance Costs and Reserves	-1,358	-1,415	-1,087	-1,198	-1,279	-1,278	-1,317	-1,154	-1,307	-1,117	-1,004	-1,171	-14,686
Overall	-2,255	-1,355	-1,540	-778	-2,468	-954	-278	-1,055	-2,757	-1,554	-1,838	-2,242	-19,074
Bank Pay Change												500	500
Stock Gain												500	500
Capital to Revenue Transfer											2,292	208	2,500
Agency Nurse costs								125	125	125	125	125	625
Non Pay controls									200	200	200	200	800
Increased Penalties								-500					-500
													-14,649
	-2,255	-3,610	-5,150	-5,928	-8,396	-9,350	-9,628	-11,058	-13,490	-14,719	-13,940	-14,649	

Previously a trajectory was produced indicating that the Trust would record an end of year deficit of £18.19 million. Given this situation, immediate controls were put in place aimed at securing Agency cost savings over the remaining months of the year amounting to £625,000 and general cost savings distributed across the Trust targeted to the reduce “run rate” by £800,000. These two options supported by a Capital to Revenue Transfer of £2.0 million then reduced the end of year deficit to £14.6 million, resulting in delivery of the stretch target.

3.2 Income

At the end of the 2015/16 financial year, the Trust had forecast to receive income amounting to £326.330 million and had generated income amounting to £325.682 million, an under performance of £0.648 million.

3.3 Pay

Pay in the month amounted to £19.1 million.

Whilst Pay expenditure in the month of March is broadly in line with previous months it is £0.8m greater than recorded in the equivalent period of the previous financial year, The increased monthly cost is explained by a growth in staffing levels (136 WTE) and an increase in agency premiums particularly within Medical staff.

Total agency bookings in the last five weeks of the year in respect of nursing staff have increased when compared to previous weeks. Over previous months the Trust had managed the use of ‘Off Framework’ (Tier 5) to a minimal level however within the last 5 weeks we have begun to see an increase in the requirement for shifts in this area. These two issues have resulted in additional expenditure both in agency usage and agency premium rate.

In August of this financial year Monitor and the NTDA issued to the Trust an agency spending ceiling. The limit set is as follows:

	Qtr 3 2015/16	Qtr 4 2015/16	2016/17	2017/18	2018/19
Ceiling for nursing agency spending	8%	8%	6%	4%	3%

The expectation being that through a combination of reduced staffing numbers and reduced agency premium the Trust would be able to realise a sharp reduction in the level of spending associated with Qualified Nursing staff.

The Trust's current performance in 2015/16 is as follows:

Registered general and specialist nursing staff, midwives	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	YTD Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Agency	-550	-641	-630	-671	-625	-675	-673	-634	-517	-435	-408	-582	-7,041
Bank	-247	-288	-239	-265	-245	-260	-260	-373	-403	-452	-499	-377	-3,908
Substantive	-4,819	-4,860	-4,866	-4,804	-4,768	-4,817	-4,876	-4,861	-4,818	-4,910	-4,905	-5,302	-58,606
Grand Total	-5,616	-5,789	-5,735	-5,740	-5,638	-5,752	-5,809	-5,868	-5,738	-5,797	-5,812	-6,261	-69,555
Agency as a % of Total Nursing Spend	9.79%	11.07%	10.99%	11.69%	11.09%	11.74%	11.59%	10.80%	9.01%	7.50%	7.02%	9.30%	10.12%
Distance from 8% Ceiling %	1.79%	3.07%	2.99%	3.69%	3.09%	3.74%	3.59%	2.80%	1.01%	-0.50%	-0.98%	1.30%	2.12%
Distance from 8% Ceiling £000	101	178	171	212	174	215	208	165	58	-29	-57	81	1477

In the previous two months Qualified Nursing agency spending fell below the 8% ceiling. In March however expenditure increased compared to the previous month by £0.2m resulting in the Trust spending 9.3% of the total Qualified nurse expenditure on agency compared to the ceiling of 8%.

At the September Trust Board, a series of actions were approved aimed at reducing the level of agency spending. In order to establish whether the actions are taking effect, a series of key performance indicators are being tracked on a weekly basis.

Week Number	Period	Agency Bookings	Off Framework (Tier 5) Bookings excl. Critical Care Areas	Off Framework (Tier 5) Bookings for Critical Care Areas	Bank Fill Rate	Unavailability	Overall Fill Rate	Weekly Net Hours
		WTE	WTE	WTE	%	%	%	Hours
23	30/8 - 5/9	99	3.8	4.2	40.2%	30.4%	91.6%	
24	6/9 - 12/9	114	1.7	3.1	36.1%	30.5%	94.8%	
25	13/9 - 19/9	108	0.3	3.8	40.1%	28.1%	97.4%	(291)
26	20/9 - 26/9	117	0.5	2.6	35.3%	27.1%	96.2%	396
27	27/9 - 3/10	103	0.3	1.1	39.2%	28.3%	96.3%	141
28	4/10 - 10/10	104	0.6	2.1	36.5%	27.1%	96.8%	(145)
29	11/10 - 17/10	109	0.2	1.8	37.1%	28.2%	95.9%	7
30	18/10 - 24/10	109	0.0	2.8	37.7%	28.1%	96.8%	(91)
31	25/10 - 31/10	113	0.9	0.6	34.4%	29.7%	92.7%	254
32	01/11 - 7/11	95	1.6	0.3	42.4%	28.7%	95.2%	(187)
33	8/11 - 14/11	114	1.5	0.3	39.9%	29.0%	95.3%	223
34	15/11 - 21/11	100	0.0	0.0	48.4%	25.3%	94.8%	342
35	22/11 - 28/11	96	0.0	0.0	48.7%	29.4%	93.2%	(38)
36	29/11 - 5/12	89	0.0	1.2	48.2%	27.2%	92.6%	109
37	6/12 - 12/12	94	0.3	2.4	48.4%	29.7%	94.5%	(136)
38	13/12 - 19/12	87	0.0	3.0	45.1%	30.2%	92.6%	(446)
39	20/12 - 26/12	61	0.0	0.6	35.2%	22.3%	87.7%	764
40	27/12 - 2/1	64	0.6	4.2	44.7%	22.9%	88.8%	977
41	3/1 - 9/1	83	0.7	2.7	51.2%	27.6%	92.8%	(94)
42	10/1 - 16/1	81	0.3	3.9	51.5%	27.1%	95.8%	82
43	17/1 - 23/1	80	0.0	3.0	52.9%	27.1%	95.8%	304
44	24/1 - 30/1	89	0.3	8.1	48.2%	26.5%	97.1%	67
45	31/1 - 6/2	77	0.6	9.9	51.4%	28.2%	94.9%	(112)
46	7/2 - 13/2	75	0.3	4.2	54.4%	28.0%	94.3%	137
47	14/2 - 20/2	81	0.3	9.0	52.2%	30.6%	92.1%	161
48	21/2 - 27/2	85	1.2	9.6	50.2%	30.4%	95.3%	(47.0)
49	28/2 - 5/3	97	4.3	18.3	43.8%	30.5%	95.7%	24.0
50	6/3 - 12/3	97	4.3	18.3	42.3%	29.7%	96.0%	(228.0)
51	13/3 - 19/3	99	4.6	10.5	43.7%	31.3%	95.2%	52.0
52	20/3 - 26/3	92	4.6	19.5	43.7%	32.7%	91.6%	322.0
53	27/3 - 2/4	83	14.7	24.9	38.2%	30.5%	91.1%	79.5

Change since previous week	(9)	+10.1	+5.4	(5.5)%	(2.2)%	(0.5)%	(242.5)
Financial Impact	Improvement	Deterioration	Deterioration	Deterioration	Improvement	Improvement	Improvement

Total agency bookings in the last five weeks of the year in respect of nursing staff have increased when compared to previous weeks.

Over previous months the Trust had managed the use of 'Off Framework' (Tier 5) to a minimal level however within the last 5 weeks we have begun to see an increase in the requirement for shifts in this area.

These two issues have resulted in additional expenditure both in agency usage and agency premium rate.

3.4 Non Pay

During the month of March, non-pay spending amounted to £8,726 million.

3.5 Cash

The Trust held a cash balance on the Balance Sheet of £1.7 million. The actual balance in the Trust's bank account was £1.636 million, the difference being cash in transit (£46k), petty cash balance (£32k) and patients cash (£14k).

4. WORKFORCE OVERVIEW

4.1 Sickness

Sickness absence rate has remained high over the winter months and in March a reduction to 4.51%, compared with 3.98% in the same month last year.

Mental Health related illness rose sharply in January and February to 23%, however this shows a reduction to 18% in March bringing it in line with an average of 18% for previous months. Absence amongst Estates and Facilities staff shows a slight decrease from 8.58% in February to 7.25% in March. However, sickness absence amongst registered Nursing and Midwifery increased by 0.4% in March. Absence amongst Medical Staff decreased by 0.2%.

As part of the Trust's Health and Wellbeing Strategy a fast access self-referral for physiotherapy services for MSK related problems is resulting in improvement as absence has fallen from an average 22% to 16% in February and 16% in March. During March an on-line portal to enable managers to make referrals to Occupational Health and receive reports more easily, through reduction of paper managers and staff will receive advice promptly.

4.2 Appraisals

At the end of March 2016, appraisal completion rate remains below the Trust target of 100% at 86%. There has been a small fall over the winter months from the November 2015 high of 89%, however, despite falling 1%, both Scheduled and Unscheduled Care Groups are above the Trust average with 91% and 88% respectively.

The Annual Appraisal and Pay Progression Policy was approved by Board in March and is being implemented with a positive impact on appraisal completion anticipated. We are also continuing to provide appraisal training, including 1-1 sessions as required. An electronic appraisal form for submission via the intranet to support accurate recording of coverage will go live at the beginning of May 2016.

4.3 Statutory Training

Statutory Safety Update (SSU) training compliance rate has risen again by 1% to 79% as at 1st April 2016 which is better than anticipated (bearing in mind winter pressures, less training due to holidays and annual leave), however it remains an underperformance against the Trust target of 80%. Previous trends demonstrate a slight drop during winter which we anticipated, however, this year it was exacerbated as training continues to be cancelled due the Junior Doctors' strike days.

The Corporate Education Department has introduced a process this month whereby Managers are e-mailed when a member of staff fails to attend arranged SSU sessions and reminded which staff are currently non-compliant. An outstanding action since 2014 (deferred from 2012) is to secure appropriate training space for Statutory Safety training at RSH. This will ensure we are able to improve Resuscitation training rates and to meet outstanding Actions from CQC and Care of the Critically Ill Child Review. This is being progressed by the Workforce team with an options appraisal being completed.

4.4 Recruitment

Our Staff Nurse Recruitment events continue to be successful with an average of 13 appointments made at each event. Whilst encouraging, many appointments have been third year nursing students therefore it is unlikely that this level will be maintained.

25 Filipino nurses have now arrived in the Trust and support is being provided to complete their Objective Structured Clinical Examination (OSCE) tests and obtain Nursing Midwifery Council (NMC) registration.

A comprehensive programme of support is in place and to date 7 have completed their tests and attained their registration, 3 are having to retake part of the test and one will need to retake all elements. Feedback indicates that the Trust's pass rate is above average. A further 16 nurses are still in the process in the Philippines and we anticipate them arriving during the next few months. A second visit took place earlier this year resulting in 76 conditional offers being made and they are now booking their IELTS, (International English Language Testing System), test. It is anticipated that the first of this year's appointments will begin to arrive through quarter three.

The third phase of the national agency cap came into effect on 1st April. We are working with agencies to ensure compliance, however this has been challenging due to demand. Although numbers are currently low, we are seeing some migration of nurses from non-compliant agencies to cap compliant agencies and into the Trust. We are looking at strategies to support particularly challenged areas (ITU, Theatres and A&E) as agency supply to those areas is low. The cap represents a significant challenge for the Medical Workforce. To ensure safety and achievement of the cap a Task and Finish Group has been set up to address this.

4.6 Apprenticeships

The national targets for new start Apprenticeships have now been provisionally shared with us. In order for SaTH to fulfil its public sector obligation through the Enterprise Bill and support Health Education England national mandate we will need to support 93 learners through 2016-2017.

Based on the previous three years delivery, this target is achievable with the current organisational commitment. Our final year's figures have been submitted through the Learning and Development agreement to Health education England (West Midlands) with an end of year position 2015-16 showing 131 new apprenticeship frameworks were supported.

The Trust awaits further details on the government apprenticeship levy which comes into effect from April 2017.

The impact of the levy will be discussed at Workforce Committee.

Simon Wright
Chief Executive