

Board of Directors Meeting

11th February 2021

Agenda item	029/21			
Report	Integrated Performance Report			
Executive Lead	Chief Executive Officer			
<i>√ tick only those applicable</i>	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
<i>√ tick / input only those applicable, usually only one</i>	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF 1,2,3,4,5,7,8 and 9	
	For decision / approval		Link to risk register:	
	For review / discussion	√	CRR1, CRR2, CRR3, CRR4, CRR5, CRR6, CRR9, CRR10, CRR11, CRR12, CRR13, CRR15, CRR17, CRR19, CRR21, CRR22, CRR23, CRR27	
	For noting	√		
	For information	√		
For consent				
Presented to:	<p>The paper has been provided to Senior Leadership Committee members.</p> <p>Relevant sections of this paper have also been presented to:</p> <ul style="list-style-type: none"> • Finance and Performance Assurance Committee on 2 February 2021 • Quality and Safety Assurance Committee on 3 February 2021 			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>This report provides the Board of Directors with an overview of the performance of the Trust. Key performance measures are analysed over time to understand the variation taking place and the level of assurance that can be inferred from the data.</p> <p>Where performance is below expected levels an exception report has been included. The report describes the key issues, actions and mitigations being taken to improve the performance.</p> <p>The Board of Directors is asked to NOTE the content of this report</p>			
Appendices	N/A			

Integrated Performance Report

1.0 Purpose

This report provides the Board of Directors with an overview of the performance of the Trust. Key performance measures are analysed over time to understand the variation taking place and the level of assurance that can be inferred from the data. Where performance is below expected levels an exception report has been included. The report describes the key issues, actions and mitigations being taken to improve the performance.

This report is aligned to the Trust's functional domains and includes an overarching executive summary together with domain executive summaries for quality, workforce, Covid-19 and recovery, operational delivery, finance and transformation.

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2.0 Executive Summary

Louise Barnett Chief Executive Officer

- During December, the Trust has been proactively responding to the impacts of the second and third wave of the Coronavirus pandemic. The prevalence of Covid-19 is considerably higher than we experienced during the 1st wave and is requiring us to work with agility and innovation to continue to meet the needs of our patients. We foresee these pressures continuing into January and February and have developed, with partners, a system wide plan with trigger points for collective action. At the end of December
 - the number of COVID positive patients in hospital beds was 71
 - the number of patients in ITU was 16
 - the number of closed hospital beds was 12.
- During January, these numbers have risen sharply and triggered the provision of mutual aid from partners and the redeployment of internal staff to support our in-patient demand. In order to release staff for redeployment, a number of our routine services and activities have been temporarily paused.
- The lower number of available hospital beds (particularly to support elective activity) has significantly reduced the number of elective procedures undertaken and led to a further increase in elective waiting lists. We continue to clinically prioritise our patients and protect capacity for our patients with urgent and life-threatening conditions. We have continued to provide some elective surgical activity at the Nuffield hospital and deliver the low risk pathway for Cancer patients on the RSH site through December. As a result, the Trust has performed relatively well against Cancer targets.
- The mitigations introduced to combat the pandemic have also had an impact on the performance and effectiveness of other operational areas in the hospital, including outpatient appointments and diagnostic services. However, the additional capacity provided by mobile CT and MRI scanners on both our sites has provided valuable increased appointments for our patients.
- There has also been a continued focus on addressing key quality and maternity issues, with 94% of transactional quality compliance actions completed at the end of December 2020. 79% of our section 29a requirements have also been completed. It is pleasing to report the sustained improvement in the care of paediatric patients in ED, with the time to first assessment now performing at a mean of 11 minutes. Improvements in Sepsis awareness in ED and VTE assessment have also been sustained.
- Our staff have been under enormous pressure throughout most of this year and we have introduced a number of new initiatives focused on improving staff welfare during the second wave of the pandemic. However, levels of staff absence remain high (particularly when incorporating staff unavailable as a result of the virus) and this has increased staffing challenges across the site, as well as the requirement for agency staff which adversely impacts our financial position.
- Finally, both the Same Day Emergency Care Unit in Shrewsbury and the Patient Admissions Unit in Telford opened on schedule at the end of December. Both units are now providing valuable additional capacity for patients on unscheduled care pathways and assistance with patient flow through the hospital.

3.0 Overall Dashboard

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Mortality										
HSMR	Oct 20	92.3	100.0		n/a	100	🟡?	65	113	No
RAMI	Nov 20	104.5	100.0	100.0	n/a	100	🟡?	60.0	121.5	Yes
Infection										
HCAI - MSSA	Dec 20	3	2*	2	22	24	🟡?	-2	7	Yes
HCAI - MRSA	Dec 20	0	0	0	0	0	🟢?	0	1	No
HCAI - c.Difficile	Dec 20	3	3.58**	3.58	21	43	🟡?	-2	7	No
HCAI - E-coli	Dec 20	3		3.75	30	44	🟡?	-2	10	No
Patient harm										
Pressure Ulcers - grade 2 and above	Dec 20	12	14	14	116	168	🟡?	3	27	No
VTE	Nov 20	95.7%	94.1%	95.0%	n/a	95.0%	🟡?	93.0%	96.3%	No
Falls - per 1000 Bed Days	Dec 20	5.82		5.00	n/a	5.00	🟡?	2.40	6.72	Yes
Falls - total	Dec 20	118	86	86	857	1032	🟡?	47	142	Yes
Falls - with Harm per 1000 Bed Days	Dec 20	0.05		0.2	n/a	0.2	🟡?	-0.12	0.31	No
Never Events	Dec 20	1	0	0	4	0	🟡?	-0.8	1.4	Yes
Coroners Regulation 28s	Dec 20	0	0	0	0	0	🟢?	0	1	No
SIs	Dec 20	6	0	0	42	0	🟡?	-2	11	Yes
Mixed Sex Breaches	Dec 20	19	0	0	202	0	🟡?	-8	61	Yes
Patient Experience										
Complaints	Dec 20	57		58***	405	696	🟡?	24	87	No
Complaints -acknowledged within agreed time	Dec 20	100%	100%			100%	🟢?	97%	101%	No
Complaints -responded within agreed time	Nov 20	48%		85%		85%	🟡?	48%	78%	Yes
Quality Compliance										
CQC transactional action plan compliance	Dec-20	94%					Good			
Section 29a requirements delivered	Dec-20	79%					Reasonable			
Operational - KPI										
Elective Care										
RTT Waiting list -total size	Dec-20	28161	19199		28161	19199	🟡?	19019	22647	Yes
18 week RTT % compliance -incomplete pathways	Dec-20	58.2%	92.0%			92%	🟡?	70.5%	83.0%	Yes
52 week breaches	Dec-20	1932 (1638 English)	0	1661	5539	0	🟡?	38	373	Yes
Cancer										
Cancer 2 week wait	Nov-20	84.9%	93.0%	93%		93%	🟡?	80.7%	97.5%	Yes
Cancer 62 day compliance	Nov-20	78.60%	85%	85%		85%	🟡?	61.9%	87.8%	Yes
Diagnostics										
Diagnostic % compliance 6 week waits	Dec-20	53.2%	99%			99%	🟡?	67.1%	90.1%	Yes
Emergency Department										
ED - 4 Hour performance	Dec-20	70.5%	95.0%			95%	🟡?	66.8%	84.0%	Yes
ED - Ambulance handover > 60mins	Dec-20	351	0		1248	0	🟡?	-25	444	Yes
ED 4 Hour Performance - Minors	Dec-20	95.9%	95.0%	95%		95%	🟡?	91.6%	99.3%	No
ED 4 Hour Performance - Majors	Dec-20	47.7%	95.0%	95%		95%	🟡?	31.9%	62.7%	Yes
ED time to initial assessment (mins)	Dec-20	20	15	15		15	🟡?	14	29	Yes
12 hour ED trolley waits	Dec-20	77	0			0	🟡?	-52	152	Yes
Total Emergency Admissions from A&E	Dec-20	2702			21831		🟡?	2186	2975	Yes
Hospital Occupancy										
Bed Occupancy -G&A	Dec-20	80.8%	92.0%	92%		92%	🟡?	72.0%	95.5%	

Restore and Recovery - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Activity										
ED activity (type 1)	Dec-20	8470		10097	75177			7628	10866	Yes
Total Non Elective Activity	Dec-20	4268		5276	36234			4003	5639	Yes
Outpatients Elective Total activity inc Nurse led an	Dec-20	46595		57947	386070			36440	69095	Yes
Total Elective IPDC activity	Dec-20	4950		6059	33319			3602	6782	Yes
Covid										
	Week Ending	Actual Month Performance								
Covid-19 positive Inpatients	31.12.20	71								
Critical care beds occupied	31.12.20	16								
Covid-19 patients with Oxygen	31.12.20	63								
Covid 19 suspect patients with Oxygen	31.12.20	3								
Workforce - KPI										
Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Activity										
WTE Employed* *Contracted	Dec-20	5681		6173				5235	5485	
Total temporary staff -FTE	Dec-20	632						517	661	
Staff turnover rate (excludes junior doctors)	Dec-20	0.85%		0.75%				0.05%	1.74%	
Sickness absence rate Excluding Covid Related	Dec-20	4.41%		4.00%		4.0%		3.61%	5.01%	
Appraisal Rate	Dec-20	86%	90%	90.0%		90%		85.55%	90.29%	
Appraisal Rate (Medical Staff)	Dec-20	94.00%		90.0%						
Vacancies	Dec-20	501	<10%			10%		399	753	
Statutory and Mandatory Training	Dec-20	85%	90%	90.0%		90%		82.1%	88.1%	
Finance KPIs										
			Performance Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean	Exception Report	
1	Total Reported Expenditure (including Finance Costs)			41,014		30,789	45,029	37,909	No	
2	Normalised Pay (including Agency)			27,366		23,427	26,313	24,870	No	
3	Normalised Non-Pay (excluding EDDs)			8,428		6,486	9,921	8,204	No	
4	Cash			41,708		36,758	40,919	38,838	No	
5	7 day payments performance			29%		9%	38%	24%	Yes	
6	Agency			2,454	1,186	1,921	2,748	2,335	Yes	
7	Cumulative Capital Expenditure			12,324	14,440				Yes	

SPC Variation Icons

SPC Assurance Icons

Common Cause



Concern (High)



Concern (Low)



Improvement (High)



Improvement (Low)



Capable



Not Capable



Unreliable



RAG Rating

Last Month's Overall

Current Overall

Below required level - Material risk(s) of non-delivery of objectives or targets, without clear plans to mitigate and/or recover	1	2
Reasonable - Material risk(s) of non-delivery of objectives or targets, but robust plans in place to mitigate and/or recover	11	13
Good - No material performance concerns	13	10

The table below highlights key risks and issues across all domains of performance.

Key risks and issues within each domain	Actions
Quality: Infection prevention and control issues relating to Covid-19 pandemic	<p>Covid-19 pandemic infection control measures are being applied and outbreaks proactively managed, with lessons learnt being applied including:</p> <ul style="list-style-type: none"> • Daily IPC visits to outbreak areas • Enhanced cleaning is taking place • Proactive / reactive staff & patient screening • Robust adherence to PPE and hand hygiene • Encouraging patients to wear masks at all times • Daily robust review of cases • Ongoing monitoring of patient swabbing on admission, Day 3 and Day 5 • Further increase in Redi-rooms • Further installation of plastic protective curtains • MSSA – RCAs commenced for each infection reported (monitored and reported to the IPC assurance committee) <p>Further mitigations aimed at reducing the risks include:</p> <ul style="list-style-type: none"> • Outbreak Assurance Visits • Action Plan monitoring through the IPC operational group • Monthly reporting to the IPC committee
Covid-19 and recovery: Increasing admissions due to Covid-19	<ul style="list-style-type: none"> • Increasing wards classified for Covid patients to meet current demand • Converted PRH day case to release ward capacity for Covid-19 patients • Forecast, triggers for escalation and bed requirements re-assessed with CCG and system wide plan agreed • System wide ask to support staffing of respiratory areas and critical care • Mutual aid from SaTH to support Adult Critical Care Capacity across the region • Daily covid-19 review meetings and actions
Operational: Impact of Covid-19 pandemic on elective capacity	<ul style="list-style-type: none"> • Recovery plan in place with weekly activity tracked in accordance with plan. The delivery of this plan is now adversely impacted by the 3rd wave of Covid-19 • Protected capacity on RSH site for Cancer and Urgent surgery • Use of Nuffield and some capacity at RJAH in place • Continue use of technologically enabled virtual clinics • Increased capacity for diagnostics on site at RSH and PRH and awaiting delivery of POD in 2021 • Virtual clinics, telephone and video being used • Mobile MRI and CT plus capacity for MSK scans at RJAH in place • A small volume of MRI capacity established at Nuffield
Operational: Backlog of routine patients	<ul style="list-style-type: none"> • Backlog is continuing to grow. Actions aim to minimise risk of harm and communicate with patients waiting

developed during wave 1 of the pandemic – increasing risk of patient harm	<ul style="list-style-type: none"> • Alternatives to face to face consultations such as patient initiated follow up and virtual clinics being provided • Lists clinically prioritised for surgery
Operational: Increase in patients over 62 days on cancer pathway	<ul style="list-style-type: none"> • Clinical prioritisation of care, based on latest treatment advice • Diagnostics prioritised • Protected surgical capacity on RSH site • Harm reviews at 104 days
Operational: A&E performance is below plan target	<ul style="list-style-type: none"> • SDEC unit opened at RSH • Priority Admission Unit opened at PRH • Admission avoidance schemes in place • Multi-Agency Discharge Events supporting improved flow for unscheduled care patients • Partnership working with NHSEI to improve pathways • Partnership working with WMAS • UEC group monitoring performance and acting on information
Workforce: Staff absence due to covid-19 and additional staff required to address surge demands	<ul style="list-style-type: none"> • Lateral flow testing implemented • Daily review of staffing hot-spots • Encourage staff to abide by PPE and social distancing guidance in and out of work to minimise risk of infection • Redeployment taking place to provide staffing to priority areas • Covid-19 wave 3 actions including: redeployment of staff and system workforce response • Staff Wellbeing Psychological support provided to staff • Support staffing hot-spots with overtime/bank and agency if needed to provide service continuity
Finance: The use of agency staff is creating financial pressures	<ul style="list-style-type: none"> • Overseas recruitment in 19/20 and 20/21 (212 recruited to date) • Promoting SaTH bank • Recruitment and retention strategy approved • Recruitment and retention strategy approved key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles • Enhanced bank scheme • Implementation of Locums Nest
Finance: Capital expenditure remains behind plan	<ul style="list-style-type: none"> • Orders to be placed at the earliest opportunity • Divisions reviewing outturn forecasts • Scoping of alternative schemes that could be delivered in year
Transformation Timely delivery of operational plan objectives	<ul style="list-style-type: none"> • HTP readiness assessment has commenced and findings of the report will be discussed / reviewed in February 2021 • The report makes recommendations that will inform a ‘reset’ of the programme, enable the Trust to finalise the Strategic Outline Case and move forward to develop the Outline Business Case with confidence • Revised project timescale are being developed. The digital pathway has been delayed due to the work required by I.T. on the vaccination programme which has taken priority. The programme is being re-phased with priority being given to the implementation of the Maternity information system

4.0 Quality Executive Summary

Hayley Flavell, Director of Nursing and Arne Rose, Medical Director

Key highlights in relation to Quality Metrics in December 2020 include:

- There were 6 Serious Incidents reported this month and one never event. The Never event related to a misplaced NG-tube and is subject to a full investigation.
- There were 12 pressure ulcers at grade 2 or above this month. This is better than expected in the trajectory, however the concern remains that there is an increase in the number of pressure ulcers that are category 3.
- The infection prevention and control indicators show that delivery of the year end trajectory is expected for MRSA, c.Difficile and E-Coli. It is unlikely that the full improvement expected for MSSA will be achieved with 22 infections reported year to date. This month MSSA is performing worse than the monthly profile, RCAs are underway and learning from these will be applied.
- The number of falls remains a key area of focus for improvement as this is the highest volume of safety incidents reported in the Trust. The number of falls increased in December and one fall resulted in significant harm.
- There were 19 mixed sex breaches this month, primarily due to discharge readiness from ITU/HDU. These are caused by capacity constraints within the wards impacted by Covid-19. Actions have been taken to ensure escalation to Director of Nursing (or, if outside core ours, to the Executive on call), prior to a patient being accommodated within mixed sex accommodation.
- Acknowledgement of complaints on receipt is continuing to perform well, however the response time to resolve complaints is a concern requiring focussed managerial and clinical time and increased prioritisation within the divisions to deliver improvement. At present, staff time is being stretched in managing the impact of the pandemic.
- The Quality Improvement actions have resulted in 94% of the transaction actions being completed and 79% of the S29a being completed.
- There is a lag in mortality data and work is taking place with CHKS to seek assurance that changes are in line with peers. More detailed mortality information is included as a quarterly report.
- VTE performance shows sustained improvement and remains above target.
- Stroke performance has improved to attain a B score on the latest published national survey.
- Covid-19 outbreaks continued during December and into January 2021, all of which are being proactively managed. As at 18.1.21, 99 patients and 40 staff were involved in open outbreaks.
- 18 Covid-19 outbreaks from October and November have closed, of these 6 related to staff only and 12 to wards and staff.

5.0 Quality Dashboard

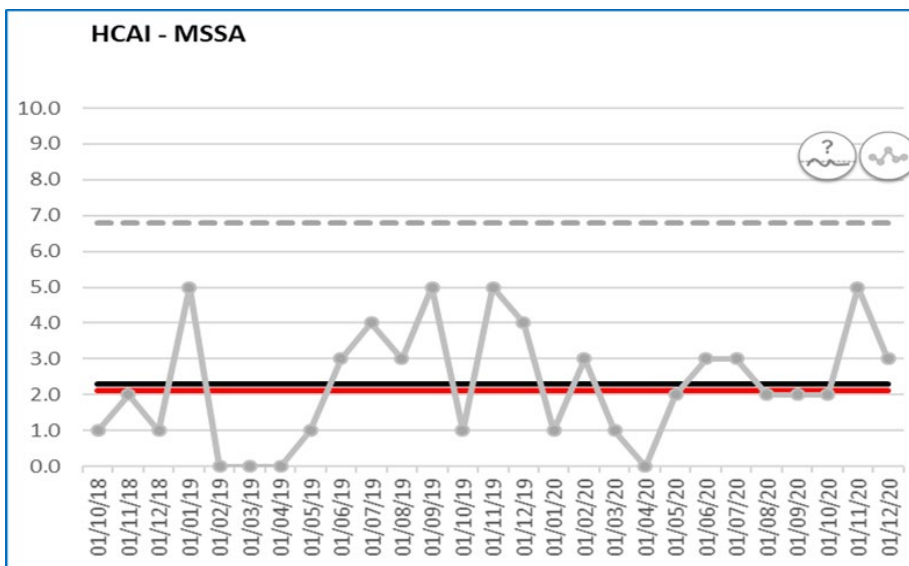
Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Mortality										
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VTE	Nov 20	95.7%	94.1%	95.0%	n/a	95.0%	🟡🟡🟡	93.0%	96.3%	No
Falls - per 1000 Bed Days	Dec 20	5.82		5.00	n/a	5.00	🟡🟡🟡	2.40	6.72	Yes
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Coroners Regulation 28s	Dec 20	0	0	0	0	0	🟢🟢🟢	0	1	No
SIs	Dec 20	6	0	0	42	0	🟡🟡🟡	-2	11	Yes
Mixed Sex Breaches	Dec 20	19	0	0	202	0	🟡🟡🟡	-8	61	Yes
Patient Experience										
Complaints	Dec 20	57		58***	405	696	🟡🟡🟡	24	87	No
Complaints -acknowledged within agreed time	Dec 20	100%	100%			100%	🟢🟢🟢	97%	101%	No
Complaints -responded within agreed time	Nov 20	48%		85%		85%	🟡🟡🟡	48%	78%	Yes
Quality Compliance										
CQC transactional action plan compliance	Dec-20	94%					Good			
Section 29a requirements delivered	Dec-20	79%					Reasonable			

* 20% reduction on previous year ** CCG agreed target 43 for year *** 10% reduction on previous year

SPC Variation Icons					SPC Assurance Icons		
Common Cause	Concern (High)	Concern (Low)	Improvement (High)	Improvement (Low)	Capable	Not Capable	Unreliable
🟢	🟡	🟠	🟢	🟡	🟢	🟡	🟠

6.0 Exception Reports

MSSA



December 2020 actual performance
3
Variance Type
Common Cause Variation
Local Target
19/20 Less 20% (<=24 cases)
Target/ Plan achievement
Monthly variation in performance does not provide assurance of year-end delivery

Background	What the Chart tells us:	Issues	Actions	Mitigations
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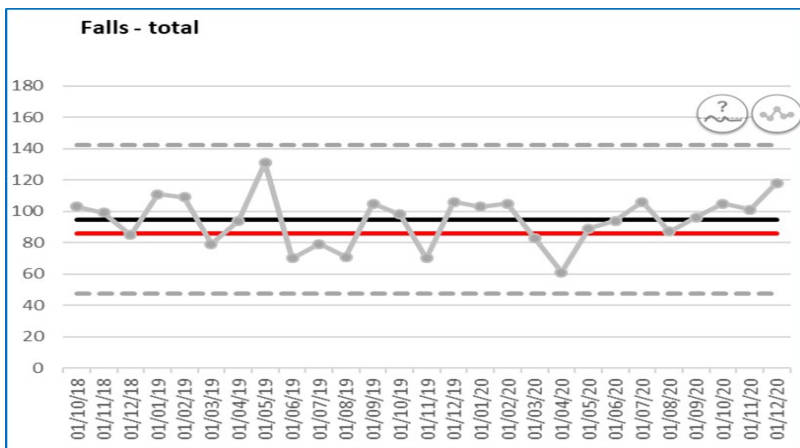
Reporting of MSSA bacteraemia is a mandatory requirement	There were 3 cases of MSSA in December 2020. YTD there have been 22 cases against a full year target of no more than 24 cases	The 20% reduction in cases set for 2020/21 is not expected to be achieved given the number of cases YTD	RCAs for all MSSA bacteraemia have now commenced. The RCAs for December are currently being undertaken to ascertain if these were device related and to identify any deficits in care, actions and learning	Daily ward/clinical area report of Visual Infusion Phlebitis Scores (VIPs) reviewed and followed up by matrons daily to ensure all care in place Cannula and devices audited as part of matrons monthly assurance audits included on ward dashboards High impact interventions audits undertaken Compliance monitored through IPC Operational and IPC Assurance Committee
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Falls Exception Report

There are 3 measures reported associated with in hospital falls:

- Total number of falls
- Number of falls per 1000 occupied bed days
- Number of falls per 1000 occupied bed days resulting in moderate or severe harm

Falls –Total number of falls Exception Report

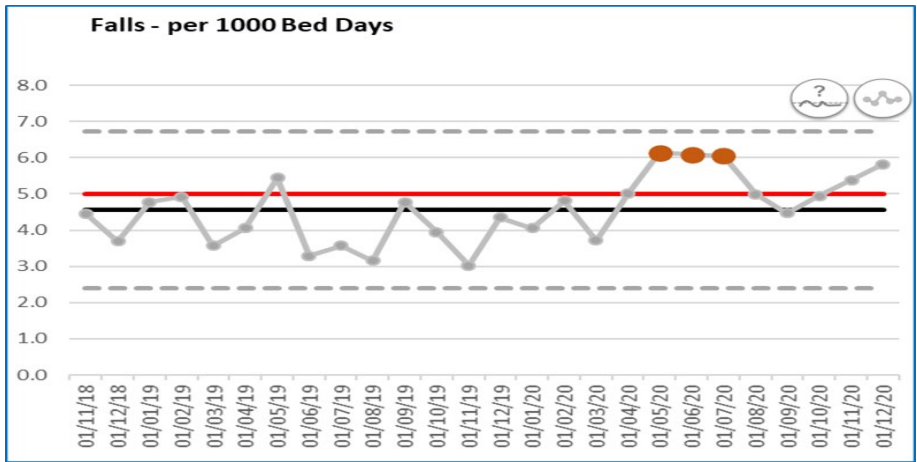


December 2020 actual performance
118
Variance Type
Common Cause
National Standard
86
19/20 Total less 7%
Target/ Plan achievement
The delivery of the target is not reliable month on month as the target is within the process control limits for common cause variation.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority	The number of falls is consistent with common cause variation. However the target is below the monthly mean performance and so unlikely to be achieved month on month. Falls increased in December 2020.	<p>Compliance in relation to staff having completed falls training.</p> <p>Inconsistent completion of falls risk assessments.</p> <p>Inconsistent completion of lying and standing BP as part of the falls risk assessment.</p> <p>Ensuring cohorting of high risk patients and use of bays "tagging" (staff</p>	<p>Principles and importance of cohorting emphasised in falls training.</p> <p>Delivery of falls training across the adult inpatient areas and implementation of all actions in Falls Prevention Plan.</p> <p>Focus on ensuring lying and standing BP completed as part of falls risk assessment</p> <p>Focus on ensuring neuro observations are</p>	<p>Daily review of falls and feedback to clinical teams</p> <p>All falls SIs reviewed at NIQAM (Nursing Incident Quality Assurance Meeting)</p> <p>Daily monitoring by Quality Team to ensure patients appropriately cohorted and tagging in place</p> <p>Weekly falls review meeting with falls practitioner, quality matron and patient</p>

		member in these bays at all times).	completed if a patient has an unwitnessed fall Ongoing education and support to ensure all patients have falls risk assessment and care plan in place Feedback of learning from falls Sis by ward managers and matrons who attend NIQAM	safety team review all falls Matrons assurance audits and monthly Nursing Metrics Assurance meetings
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Falls –per 1000 Bed Days Exception Report



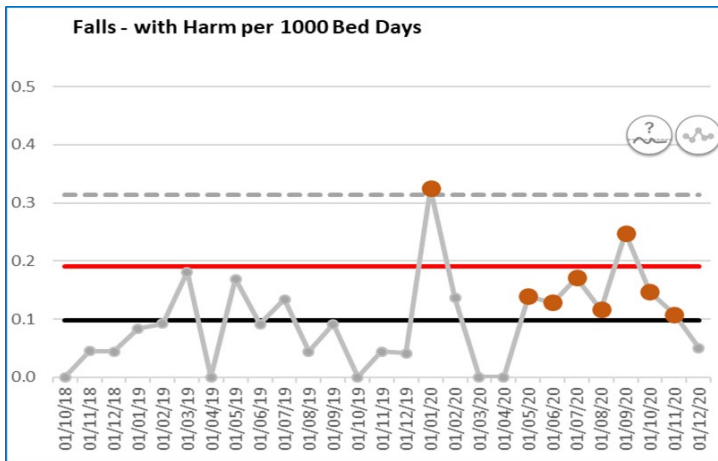
December 2020 actual performance
5.8
Variance Type
Common Cause Variation
National Standard
5.0
Target/ Plan achievement
Delivery of this measure cannot be assured month on month as the standard set is within the process control limits

Background	What the Chart tells us:	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority	Although the Trust remains below the national benchmark, the ratio of falls per 1000 bed days increased in December	As per number of falls slide	As per number of falls slide	As per number of falls slide

Falls – Harm per 1000 Bed Days Exception Report

December 2020 actual performance
0.05
Variance Type

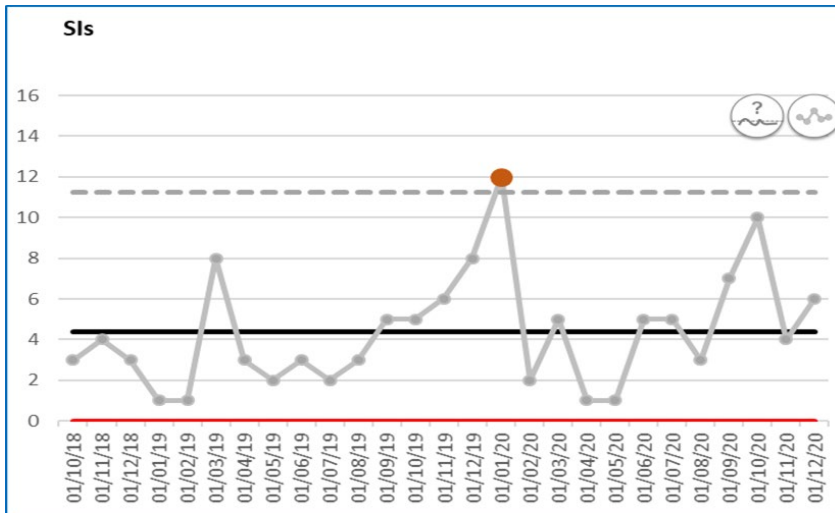




Common Cause
National Standard
0.19
Target/ Plan achievement
Performance better than the benchmark has been delivered for 10 of the last 11 months however cannot be fully assured as the target is within the process control limits

Background	What the Chart tells us:	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority	There was an increase in the number of falls resulting in Q2 of 2020/21. The number of falls resulting in harm has reduced month on month since September and was the lowest in December since April 2020.	There was one fall which resulted in significant harm on Ward 9, the patient sustained a fracture NOF	As per falls slide	As per falls slide

Serious Incidents & Never Events Reports

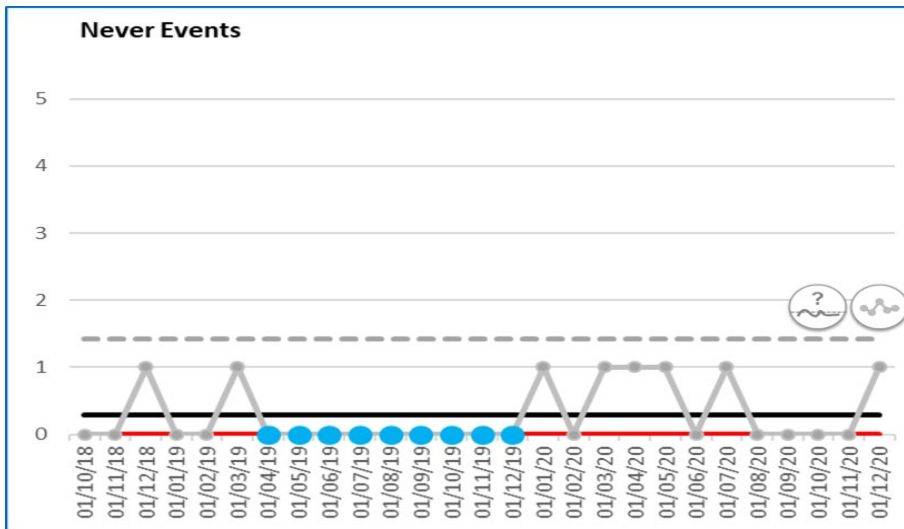


December 2020 actual performance
6
Variance Type
Common Cause Variation
Standard
No target set, however it is recognised that all Sis should be avoided
Target/ Plan achievement
Data demonstrates monthly variation suggesting that it is unlikely that zero Sis could occur in any month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Since June 2020 there has been an increasing trend in SI reporting, which may reflect a more open reporting culture.	Following a peak in reporting October during November, reporting has stabilised back to the mean reporting figure.	Over the coming months COVID 19 related incidents such as delayed diagnosis due access issues/outbreaks and COVID related deaths may increase over the winter period	Thematic reviews Maintain investigation reporting within national framework deadlines for timely learning. Embed learning from incidents	Weekly Rapid Review of incidents Early identification of themes Standardised investigation processes. Early implementation of actions

SUI theme –	Number occurring this month
Suboptimal Care Ward 11	1
Never Event Misplaced NG Tube	1
Fall Fracture Neck of Femur ward 9	1
Postnatal Readmission for surgery	1
Infection Control COVID Outbreak ward 26	1
Delayed Diagnosis Urology	1
Total	6

Never Events

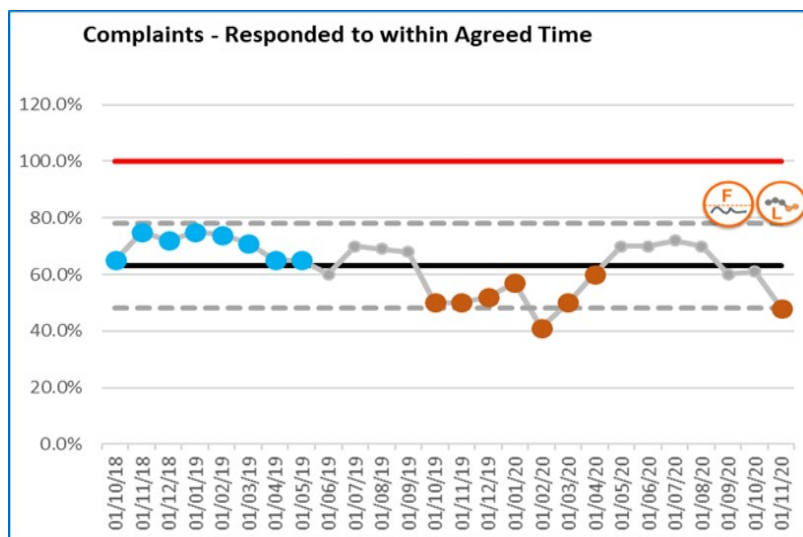


December 2020 actual performance
1
Variance Type
Common Cause Variation
National Target
0
Target/ Plan achievement
The target had been achieved consecutively for four months, however variation exists and therefore 100% achievement cannot be relied upon

Background	What the Chart tells us:	Issues	Actions	Mitigations
Key patient safety measure	1 Never Event reported in December	Misplaced NG Tube ITU - PRH	Investigate Share Learning	Immediate review of ITU protocols Immediate sharing of incident

November 2020 actual performance
48%
Variance Type

Complaints – Responded within Agreed Time



Special Cause Variation - deterioration	
National benchmark	SaTH internal target
85% compliant with time agreed with complainer	85% responded to within 30 days of receipt
Target/ Plan achievement	
Target is not capable of being achieved within present process	

Background	What the Chart tells us:	Issues	Actions	Mitigations
It is important that patients raising concerns have these investigated and the outcomes responded to in a timely manner as well as the Trust learning from these complaints	The target of 85% responses within the agreed time is not within the process control limits and so will not be reliably achieved without process re-design. Performance has deteriorated in December	Prioritisation of clinical and managerial time to fully investigate and respond, particularly given significant pressures on clinical staff at present.	Regular meetings with Senior Division Managers to review open cases. Processes being revised to enable greater engagement from Divisions at start of complaints process	Complainants kept regularly updated by Complaints Team when responses are late.

Quality Improvement

Action Plan Summary by Area

Total Number of Actions

Group	Scope	Total Actions	Embedded	Complete	In Progress	Off Track	Not Yet Started	Percentage Complete
Trustwide	Trust Wide	122	-	114	4	3	1	93%
Urgent and emergency care	Urgent and emergency care	157	11	136	2	8	-	94%
Medical care	Medical care	25	-	25	-	-	-	100%
Scheduled Care	Surgery	37	-	36	1	-	-	97%
	End of life care	10	-	8	1	1	-	80%
	Outpatients	2	-	2	-	-	-	100%
	Critical Care	3	-	3	-	-	-	100%
Women & Children	Maternity	34	1	31	2	-	-	94%
	Children and Young People care	13	-	13	-	-	-	100%
Total		403	12	368	10	12	1	94%

Section 29a Improvement Areas status

Total Number of S29a Areas for Improvement

Section 29A Notice	Area of inspection	Date	Improvement required	Total S29a Areas	Embedded	Complete	In Progress	Percentage Complete
Section 29A 2018 Part 1 - Wards Risk Assessment	Medical care	Aug-18	17/01/2019	1	-	1	-	100%
Section 29A 2018 Part 2 - Staffing	Critical Care	Aug-18	17/03/2019	4	-	4	-	100%
	Urgent and emergency care	Aug-18	17/03/2019	6	-	6	-	100%
Section 29A March 20	Urgent and emergency care	Nov 19 to Feb 20	31/05/2020	10	-	6	4	60%
Section 29A June 20	Medical care	Jun-20	31/08/2020	3	-	3	-	100%
Section 29A July 20	End of life care	Jul-20	30/09/2020	5	-	3	2	60%
Total				29	-	23	6	79%

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>The quality improvement work in line with the CQC recommendations is designed to improve patient outcomes and experience and improve the trust performance</p>	<p>94% of the transactional plans are completed</p> <p>79% of s29a actions are complete</p>	<p>12 of the 403 actions are currently off track and one is yet to commence.</p> <p>Recovery plans are in place for all of the off track actions and in many cases (where possible) interim workarounds have been put in place.</p>	<p>Deliver agreed recovery plans for all actions that are currently showing as off track.</p>	<p>Additional manual workarounds have been implemented where possible</p> <p>e.g. audit of Sepsis undertaken and reported manually.</p>

7.0 Covid-19 and Recovery Executive Summary

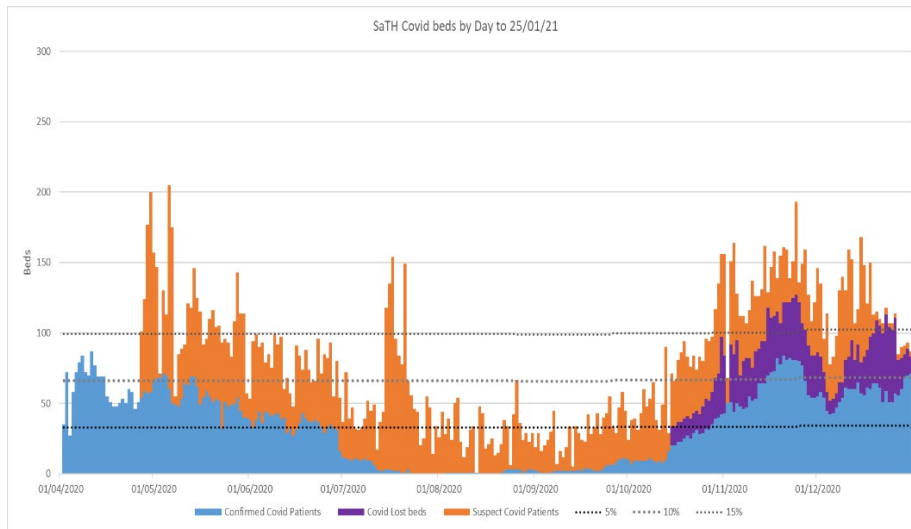
Mr Nigel Lee Chief Operating Officer

- The prevalence of Covid-19 continued to increase in Shropshire in December resulting in increasing hospital admissions during the month. This trend has continued into January 2021 and is impacting on the operational capacity of the Trust. Actions taken during December to meet the needs of our population included use of the day case unit at PRH for non-elective care to create additional capacity on the site through a number of ward moves.
- This resulted in a reduction in capacity for elective patients and a decision was taken to protect elective capacity for cancer and urgent surgery on the RSH site. Following national negotiations the contract for elective surgery at the Nuffield Hospital was extended until the end of March 2021, creating capacity for approximately 25 surgical procedures per week.
- Given the forward trajectory for increasing admissions due to Covid-19 in January 2021, work was concluded on the system wide triggers and action plan for mutual aid across the Health Care system. This included key trigger points based on Critical Care bed capacity and dependency, Covid-19 impacted bed occupancy, and general adult bed occupancy on the hospital sites together with consideration of staff availability and pressures on community services. This plan has been enacted during January 2021.
- At the end of December the capacity was further increased for non-elective care through the opening of the same day emergency admissions unit (SDEC) on the RSH site and the patient admissions unit (PAU) on the PRH site. PAU has a maximum capacity of 23 beds, staffing limitations enabled 10 of these beds to be opened at the end of December 2020.

8.0 Covid-19 and Recovery Dashboard

Restore and Recovery - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Activity										
ED activity (type 1)	Dec-20	8470		10097	75177			7628	10866	Yes
Total Non Elective Activity	Dec-20	4268		5276	36234			4003	5639	Yes
Outpatients Elective Total activity inc Nurse led an	Dec-20	46595		57947	386070			36440	69095	Yes
Total Elective IPDC activity	Dec-20	4950		6059	33319			3602	6782	Yes
Covid	Week Ending	Actual Month Performance								
Covid-19 positive Inpatients	31.12.20	71								
Critical care beds occupied	31.12.20	16								
Covid-19 patients with Oxygen	31.12.20	63								
Covid 19 suspect patients with Oxygen	31.12.20	3								

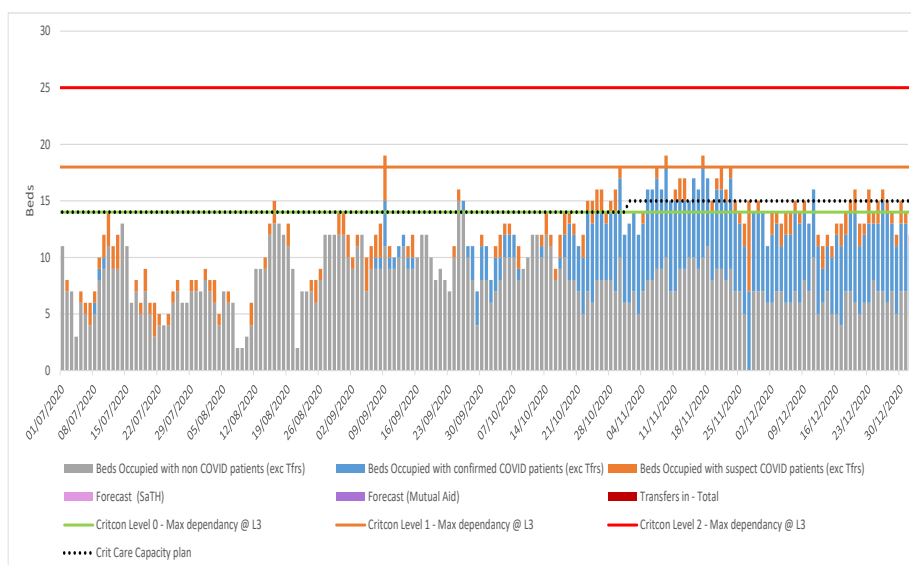
Covid-19 Inpatients



31st December 2020 actual performance
71
Variance Type
We are now in the 3 rd wave of Covid-19 and seeing increasing levels of admissions together with bed closures due to outbreaks and for infection prevention and control
National Target
n/a
Target/ Plan achievement
n/a

Background	What the Chart tells us:	Issues	Actions	Mitigations
Covid-19 positive, and admitted patients awaiting test results (suspect) are reported daily.	The chart demonstrates the daily change in number of admitted covid+ve patients, patients admitted and waiting outcome of swabbing and so being treated as covid-19 suspect and the number of temporary closed beds due to covid-19 outbreaks.	Capacity to meet needs of Covid-19 patients, patients awaiting test results on admission (suspect), seasonal urgent care and emergency admissions and elective activity requirements Temporary bed reductions due to managing Covid-19 outbreaks	System wide plan developed Daily Covid-19 reviews Outbreak management PRH DSU converted to ENT ward to releasing ward for covid patients SDEC and PAU opened to increase non-elective capacity Protected cancer surgery capacity at RSH Elective orthopaedic capacity at RJAH Elective surgery at Nuffield	Surge capacity System capacity and staffing Triggers set and action plan for whole system in place

Covid-19 Critical Care Beds and Triggers

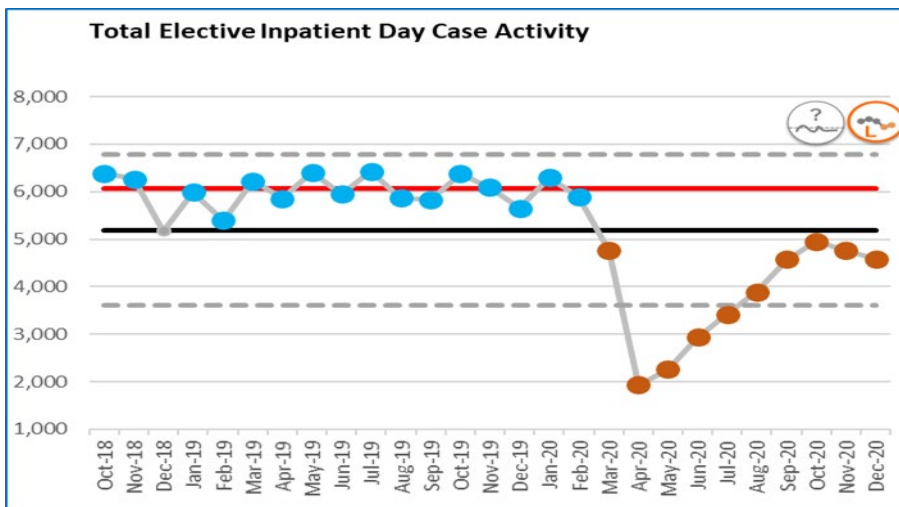


31st December 2020 actual performance
16 beds occupied with 6 covid +ve patients in critical care
Variance Type
Increasing proportion of Critical Care Capacity being used to manage Covid-19 patients
National Target
n/a
Target achievement
n/a

Background	What the Chart tells us:	Issues	Actions	Mitigations
The third wave of Covid-19 impacting during the winter is increasing pressure on hospital beds. The available critical care bed capacity is impacted by needing to ensure within this bed base that covid, covid-suspect and non-covid patients are separated	There are occasions where the combined bed occupancy in critical care is reaching the level 1 critcon trigger point	Challenging to maintain flow through the different cohorts of patients Reduction in routine elective activity required to manage demand for beds and protect Critical Care capacity Uncertainty as to future demand and increasing regional pressures on critical care beds	Triggers for additional action identified and shared with system Winter plan actions in place Internal staff released to support Critical Care	Daily Covid-19 review meetings Control centre re-established Mutual aid via CCU network System actions for staff redeployment if required

Note, since December, the admissions for Covid-19 have continued to increase, exceeding the 52 general adult beds originally planned to support Covid-19 patients. Regional pressures on Critical Care beds have resulted in SaTH providing mutual aid to other Trusts and increasing its own critical care capacity from the baseline of 14 beds to critical care level 2 of 25 bedded capacity. This level of capacity is supported by redeployment of suitably trained staff from across the system and a move to 1 to 2 nurse staffing ratios in Critical Care.

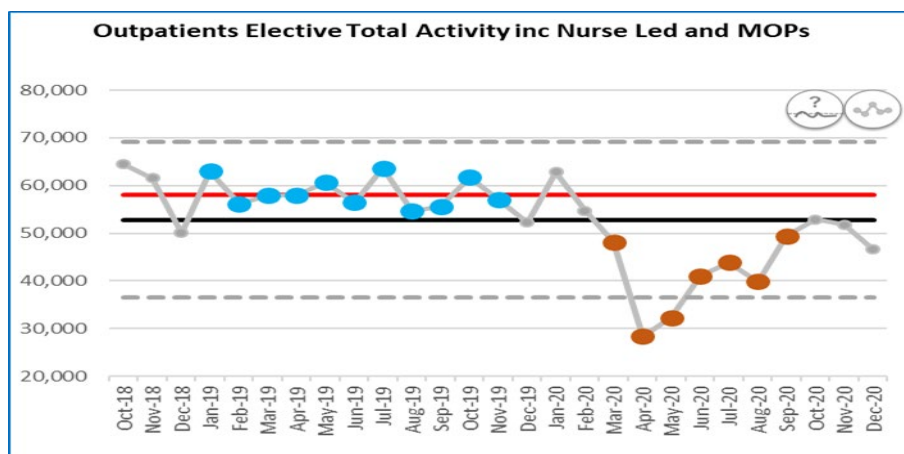
Elective IP & DC Activity v Phase 3 recovery plan



December 2020 actual performance
4590
DC 4,302 (82% of Dec '19)
IP 288 (72% of Oct '19)
Variance Type
Special Cause
National Target
Local DC 80%, Local IP 55%
National DC & IP 90%
Target/ Plan achievement
Yes (local)
No (national)

Background	What the Chart tells us:	Issues	Actions	Mitigations
Due to low risk bed and theatre availability and social distancing constraints, activity remains at below 2019 levels.	There has been a good level of compliance against the Trust's submitted plan. However, this does not meet the national expectation.	The availability of beds is constraining the elective IP delivery. Limited capacity available at Nuffield and RJAH. Covid-19 increase anticipated which may further reduce elective capacity.	Full utilisation of all staffed theatre lists including IS and Vanguard, which are not impacted by internal, Trust pressures. Continued protection of RSH DSU as low risk area. Scheduling of orthopaedics to RJAH based on clinical priority	Maintain low risk pathway for Cancer and Urgent Surgery at RSH

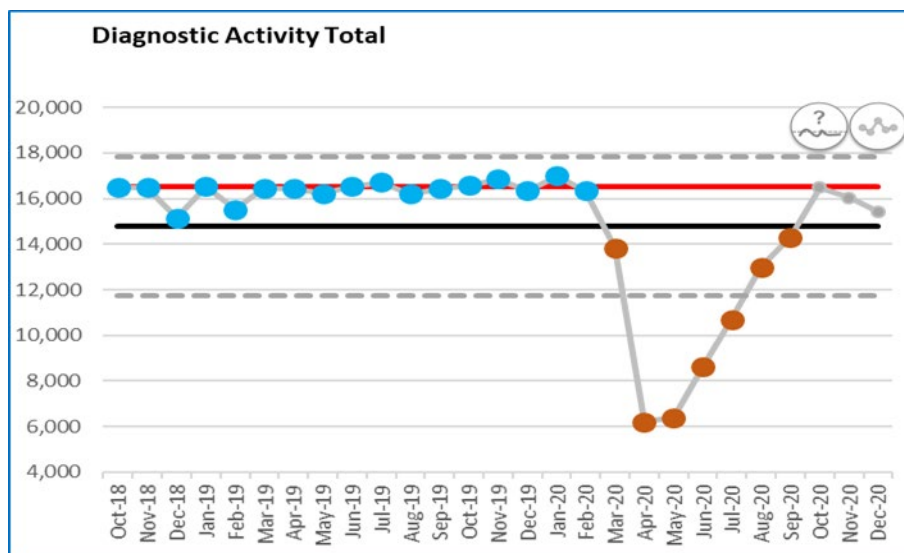
Outpatient Activity - Phase 3 recovery plan



December 2020 actual performance
46595
Variance Type
Common cause
Local Target
57947 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
Below target with pre-covid delivery unachievable at the present time

Background	What the Chart tells us:	Issues	Actions	Mitigations
Due to social distancing constraints and estate constraints, activity remains at below 2019 levels	<p>There has been a good level of compliance against the Trust's submitted plan.</p> <p>However, this does not meet the national expectation.</p>	<p>Waiting space has resulted in the numbers of patients per clinic being reduced</p> <p>Aerosol generating outpatient procedures have to be re-located into environments with suitable air changes etc.</p> <p>Virtual Consultations while valuable have limitations resulting in a number of patients needing face-to-face assessments</p>	<p>Pilots are in place for patients to wait in cars until called into clinics</p> <p>Virtual clinics – telephone and attend anywhere underway</p> <p>Patient initiated follow up commencing</p> <p>Text reminder service to be modified</p> <p>Outpatient procedures being clinically prioritised</p>	Clinical triage of referrals

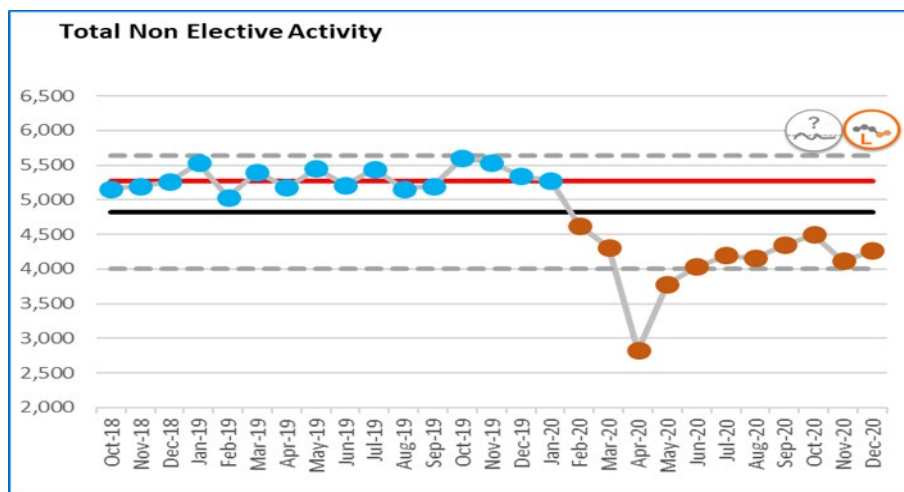
Diagnosics phase 3 recovery plan



December 2020 actual performance
16045
Variance Type
Recovering to pre-covid Common Cause variation
Local Target
16500 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
The target is not reliably achievable month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>Diagnostic Activity is made of the number of tests/procedures carried out during the month.</p> <p>It contains Imaging, Physiological Measurement and Endoscopy tests.</p>	<p>The Trust is returning to pre-Covid levels however there are variations in recovery level between tests and capacity is not sufficient to address the backlog created due to loss of activity during Covid-19 1st wave</p>	<p>Insufficient capacity post Covid restrictions in place particularly in Imaging and Endoscopy</p> <p>Endoscopy capacity likely to be reduced in January if staff need to be redeployed to support Critical Care</p>	<p>Additional mobile imaging for MRI and CT is on site at PRH and RSH to support return to previous activity levels.</p> <p>MSK CT and MRI available in RJAH</p> <p>MRI at Nuffield</p> <p>3rd party contracted to provide additional Ultrasound capacity</p> <p>Business cases for additional mobile capacity needed in all modalities, including workforce plans.</p> <p>Endoscopy plan re-profiled to reflect the delays to some interventions. Transnasal endoscopes ordered</p> <p>Locum staff continue to be sought</p>	<p>Risk stratification in place</p> <p>Additional mobile capacity is required to maintain progress</p> <p>Plan to retain endoscopy capacity for urgent suspected cancer patients during wave 3 covid-19</p>

Non-Elective Activity



December 2020 actual performance
4268
Variance Type
Special Cause
National Target
N/A
Target/ Plan achievement
The demand is unlikely to return to pre-covid levels at this time

Background	What the Chart tells us:	Issues	Actions	Mitigations
Ability to respond to emergency demand in a timely fashion is important to meet the needs of patients unexpectedly taken seriously ill or involved in an accident requiring hospitalisation.	<p>Historically, non-elective activity has varied around 5,000-5,500 per month.</p> <p>During the 1st wave of covid non elective demand fell considerably.</p> <p>This activity is steadily increasing towards the pre-covid levels over the summer.</p>	<p>Emergency department attendance has returned to close to seasonally expected levels, while GP and other non-elective attendance remains considerably lower than pre-covid</p> <p>Demand may fall during the 3rd wave of Covid-19</p>	<p>Bed modelling for winter adjusted to reflect lower than previous demand from direct GP and other HCP admissions</p> <p>Winter plan admission avoidance schemes agreed from December 2020</p>	Continue to monitor non-Covid 19 emergency demand

9.0 Operational Executive Summary

Mr Nigel Lee Chief Operating Officer

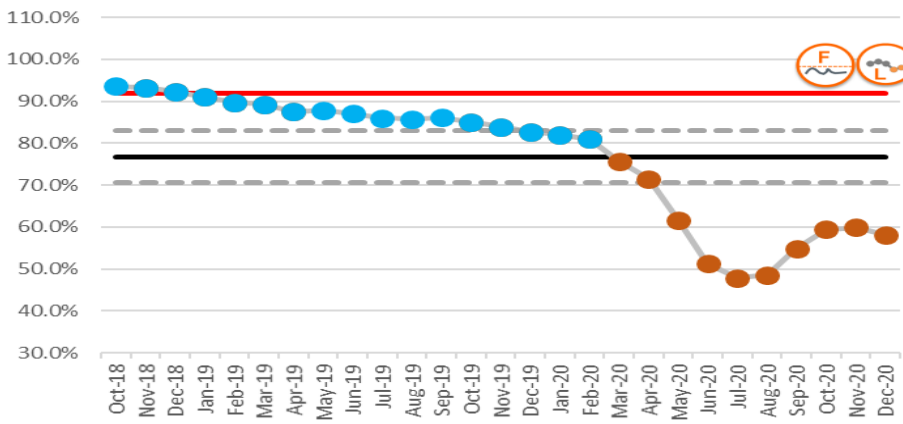
- The delivery of unscheduled care targets has been challenging during December with the ED demand being close to the levels seen in 2019-20 and the additional need to segment patients suspected of and confirmed with Covid-19 from other patients. This has impacted on flow throughout the hospital and led to delays in patients being admitted from the emergency department. This has meant that the emergency department occupancy has been high and led to delays in patients being handed over from the ambulance service. Clinical staff have worked hard to ensure patients are assessed and managed safely during their waits.
- The Same Day Emergency Care Centre (SDEC) at RSH and the Patient Admissions Unit (PAU) at PRH both opened towards the end of December creating additional capacity for emergency flow of patients and developing the urgent care pathways supported by the Acute Physicians. In addition the Trust hosted a multi-agency discharge event prior to Christmas focussing on improvements in the discharge processes and interfaces with partners. This work will continue in January with a view to reducing the time from patients being medically fit for discharge and discharge taking place. This will assist in improving flow for newly admitted emergency patients to in-patient beds.
- Elective admissions have been reduced for routine patients due to the need to use the day surgery unit at PRH for additional capacity to address Covid-19. Cancer and urgent surgery has been retained and protected on the RSH site and the Nuffield is continuing to be used for surgical procedures. Euston house continues to provide cataract surgery and the vanguard unit is undertaking day case surgery and urgent outpatient procedures. The orthopaedic elective capacity remains constrained and a single PTL across the system is being developed to prioritise cases for scheduling at RJAH.
- Available bed capacity remains limited with occupancy of the available beds considerably higher than the establishment bed level. This is due to covid-19 restricted bed use, ensuring social distancing between beds, and clinically appropriate specialty beds are retained to optimise inpatient experience and outcomes.

10.0 Operational Dashboard

Operational - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Elective Care										
RTT Waiting list -total size	Dec-20	28161	19199		28161	19199		19019	22647	Yes
18 week RTT % compliance -incomplete pathways	Dec-20	58.2%	92.0%			92%		70.5%	83.0%	Yes
52 week breaches	Dec-20	1932 (1638 English)	0	1661	5539	0		38	373	Yes
Cancer										
Cancer 2 week wait	Nov-20	84.9%	93.0%	93%		93%		80.7%	97.5%	Yes
Cancer 62 day compliance	Nov-20	78.60%	85%	85%		85%		61.9%	87.8%	Yes
Diagnostics										
Diagnostic % compliance 6 week waits	Dec-20	53.2%	99%			99%		67.1%	90.1%	Yes
Emergency Department										
ED - 4 Hour performance	Dec-20	70.5%	95.0%			95%		66.8%	84.0%	Yes
ED - Ambulance handover > 60mins	Dec-20	351	0		1248	0		-25	444	Yes
ED 4 Hour Performance - Minors	Dec-20	95.9%	95.0%	95%		95%		91.6%	99.3%	No
ED 4 Hour Performance - Majors	Dec-20	47.7%	95.0%	95%		95%		31.9%	62.7%	Yes
ED time to initial assessment (mins)	Dec-20	20	15	15		15		14	29	Yes
12 hour ED trolley waits	Dec-20	77	0			0		-52	152	Yes
Total Emergency Admissions from A&E	Dec-20	2702			21831			2186	2975	Yes
Hospital Occupancy										
Bed Occupancy -G&A	Dec-20	80.8%	92.0%	92%		92%		72.0%	95.5%	

18 week RTT Exception Report

18 week RTT % compliance - incomplete pathways

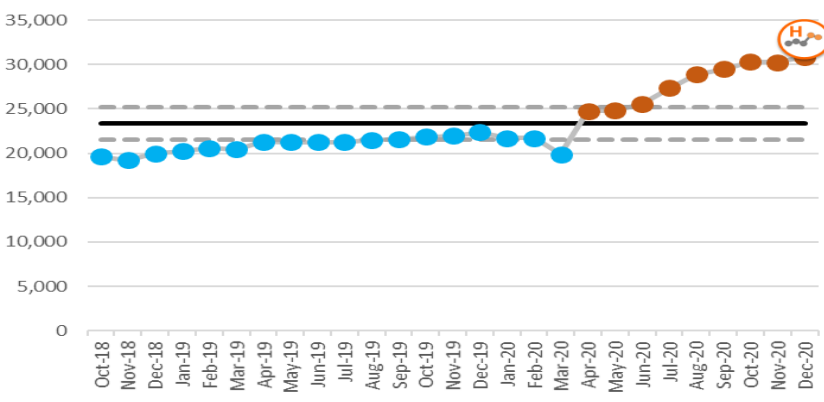


December 2020 actual performance
58.2%
Variance Type
Special Cause
National Target
92%
Target/ Plan achievement
Due to the size of the backlog developed during Covid the target will not be achieved

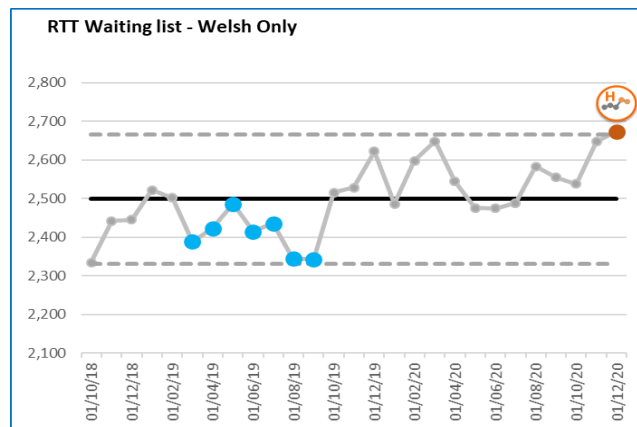
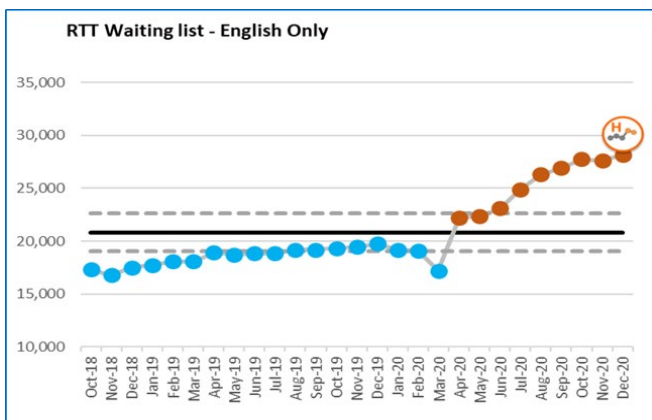
Background	What the Chart tells us:	Issues	Actions	Mitigations
RTT is an important measure reflecting the time to treatment in secondary care. RTT performance was falling prior to Covid-19 due to demand and capacity mismatch	Situation significantly worsened since start of Pandemic and reductions in elective activity.	<p>Admitted – lack of theatre capacity and low risk bed constraints.</p> <p>Non-Admitted – diagnostic delays and social distancing for Face to Face appointments</p> <p>Loss of PRH day surgery unit throughout December due to Covid-19.</p> <p>Decision to focus remaining capacity on P2 patients and so further reduce performance on this target as higher clinically urgent patients waiting time tend to be shorter.</p>	<p>After urgent and cancer pathway patients are allocated to available capacity, residual to be maximised based on length of wait.</p> <p>Validation in line with national guidance.</p>	<p>Full validation.</p> <p>Clinical triage of referrals.</p> <p>Admitted list is risk stratified.</p> <p>Harm proformas for longest waits.</p> <p>Allocation of lists based on speciality need.</p> <p>Use of Virtual appointments.</p>

RTT Waiting List – Total Size

RTT Waiting list - Total

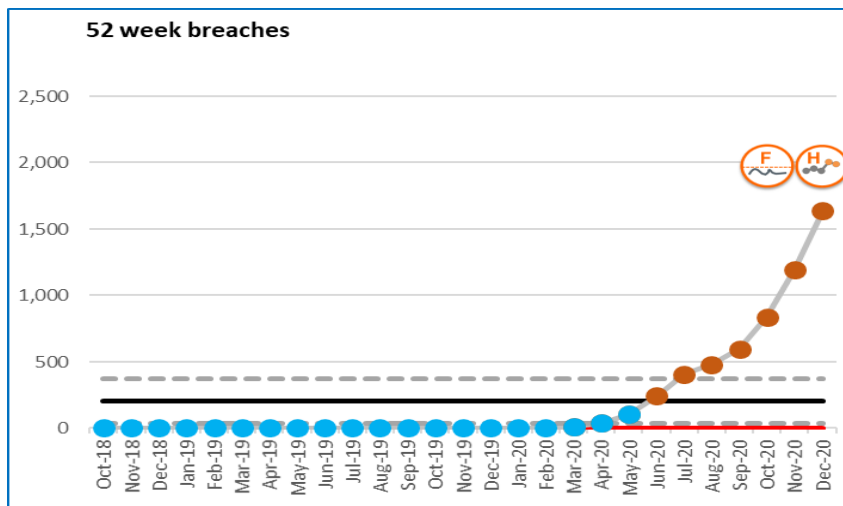


December 2020 actual performance
30835
28161 (English), 2674(Welsh)
Variance Type
Special Cause
Target
19,199
Target/ Plan achievement
Impact of Covid-19 means that the waiting list is likely to continue to grow at present.



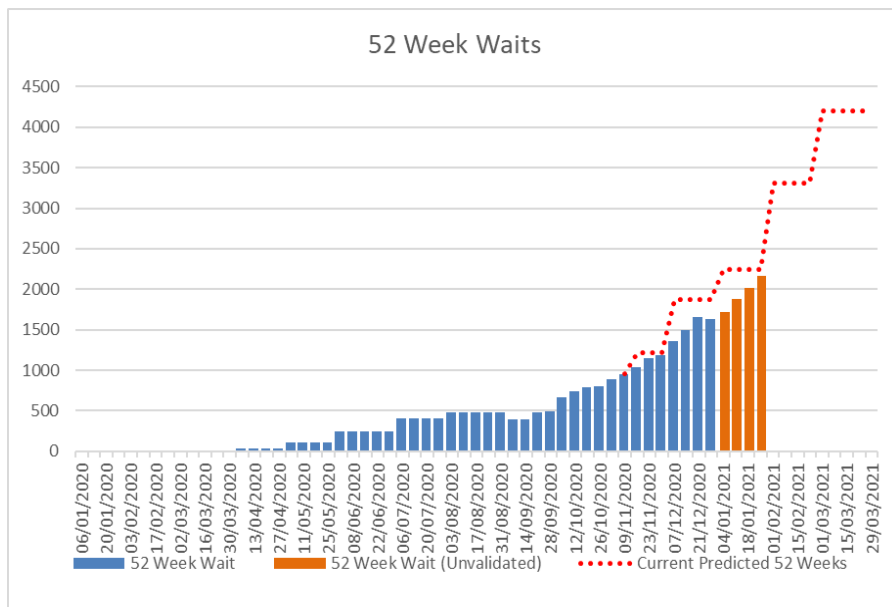
Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>The objective for overall list size is to get back to the end January 2020 position by the end of March 2021. At the end of December, the total number of patients waiting with an open RTT pathway was in excess of this figure by 8,414.</p> <p>This is driven by both admitted and non-admitted pathways.</p>	<p>The list size has increased significantly since the beginning of the pandemic.</p> <p>The dip in March 2020 was a technical data recording issue due to the setup of holding clinics during the week of the first lockdown.</p>	<p>The rate of new referrals is increasing at a rate quicker than the ability to treat patients, causing a net list size increase month on month.</p> <p>The availability of beds and theatres is constraining the ability to treat patients on an admitted pathway.</p> <p>For outpatients, there is not currently an ability to move away from the 2 metre social distancing standard (many specialities require physical examination of the patient.)</p>	<p>Full utilisation of all staffed theatre lists including IS and Vanguard which are not impacted by internal Trust pressures.</p> <p>Continued protection of RSH DSU as low risk area. Improvement of processes around consent and pre-op to ensure cases that are booked are performed.</p> <p>Resolve the significant volume of patients who have been referred and are awaiting appointment allocation.</p> <p>A range of approaches are needed, including 7 day working, changes to job plans, roll out of computer hardware, room allocation software and “wait in car” technology.</p>	<p>Maximise use of available capacity.</p> <p>Clinical triage of all referrals.</p> <p>Deal with all appropriate appointments through phone consultation.</p> <p>Validation of overdue follow ups.</p> <p>Clinically led group to roll out use of PIFU.</p>

52 Weeks Wait Exception Report



December 2020 actual performance
Total 1932 1638 (English only) plus 294 non English patients
Variance Type
Special Cause
National Target
0
Target/ Plan achievement
The size of the backlog and impact of covid-19 means that the target will not be delivered this year

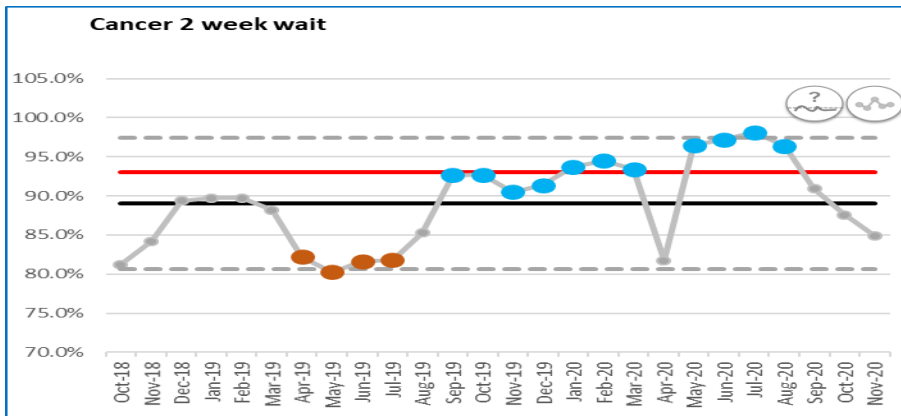
Background	What the Chart tells us:	Issues	Actions	Mitigations
Historically, the Trust has had no 52-week breaches. Since elective work was reduced at the start of the pandemic, the number has increased significantly.	The volume of breaches is increasing at a significant rate.	Insufficient capacity and a necessary focus on patients who are a clinical priority mean that routine patients will continue to wait longer. Some patients electing to wait at present prior to surgery (P6)	Full validation. Focus on non-admitted pathways. Increased CT and MRI capacity enabling reduction in diagnostic pathway waits	Risk stratification to ensure that only clinically routine patients are waiting > 52 weeks.



The performance is now in line with the forecast position for 52 week breaches, however with the further reduction in elective capacity expected during Wave 3 of covid-19 the trajectory may require further revision to reflect the impact of changes to the phase 3 recovery plan on long waiting patients and therefore the forecast may unfortunately deteriorate further.

Cancer 2 week waits

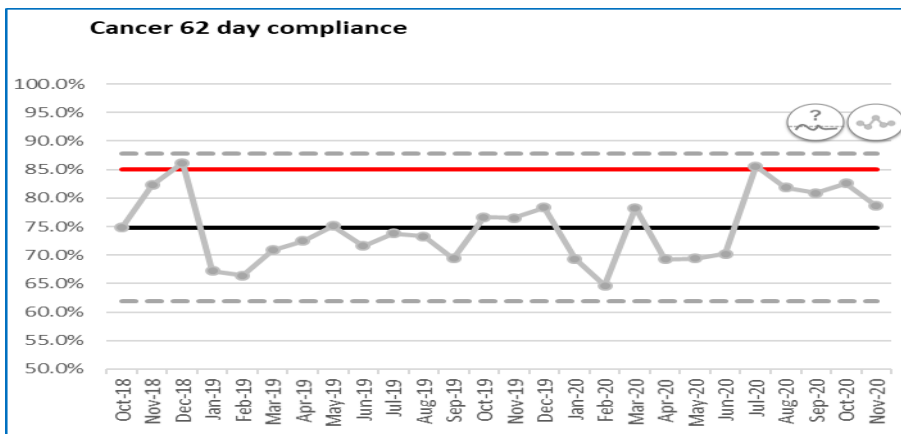




November 2020 actual performance
84.9%
Variance Type
Normal variation
National Target
93%
Target/ Plan achievement
Measure is not capable of meeting the target

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance, ensuring wherever possible that any patient referred by their GP with suspected cancer has a first appointment within 14 days.	The present system is unlikely to deliver the target reliably each month. Compliance with this target has fluctuated since April 2019 – attributed to poor performance (capacity) within the breast service.	Capacity issues in the Breast specialty has impacted negatively on SaTH's overall 2WW performance	Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure Breast Task and Finish Group meets fortnightly	Implementation of revised 2WW Breast Referral Proforma COVID Risk Assessment completed with a view to introducing additional capacity in Radiology

Cancer 62 day target

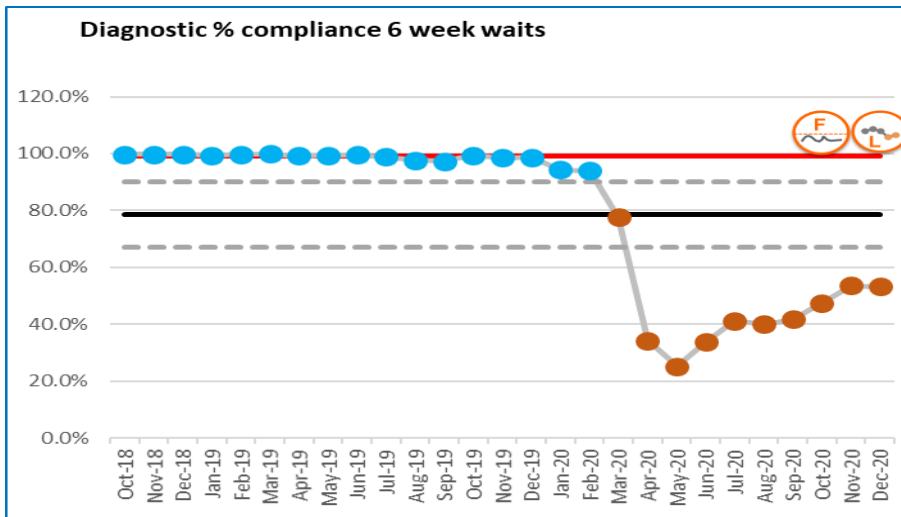


November 2020 actual performance
78.6%
Variance Type
Normal variation
National Target
85%
Target/ Plan achievement
Measure unlikely to meet the target

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer is	The present system is unlikely to deliver the target. Compliance with this target has been achieved once since April 2019.	Reduction in surgical capacity due to COVID. Complex pathways in many specialities Capacity does not	Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure Endoscopy USC capacity being retained to prioritise access for these patients, while	Pathway Project Managers introduced to review pathways and implement efficiencies to assist compliance with targets Cancer Performance and Assurance Meetings on-going chaired by Deputy COO

treated within 62 days of referral.		meet demand (diagnostics a significant issues prior to COVID-19). Over 62 day volume of patients increasing	some staff redeployed to manage Covid-19. Mobile CT and MRI scanners in use	West Mids Cancer Hub taking referrals for surgery Harm reviews at 104 days evidencing no harm
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DM01 Diagnostic over 6 week waits

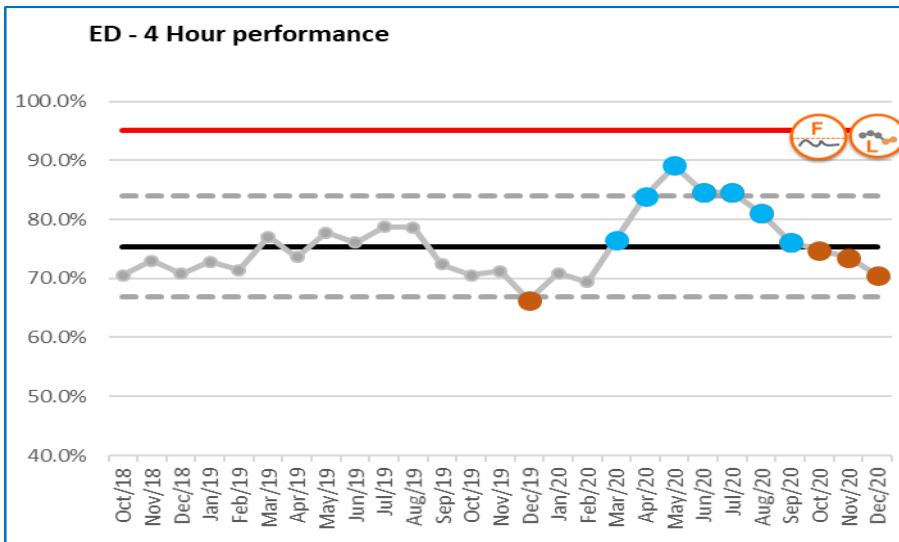


December 2020 actual performance
53.2%
Variance Type
Special Cause
National Target
99%
Target/ Plan achievement
Target will not be delivered with present capacity constraints in some diagnostic services

Background	What the Chart tells us:	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral	The overall standard has not been achieved this year. Special Cause variation is currently related to Covid-19	Capacity limited due to social distancing, PPE and cleaning requirements. Endoscopy staff redeployed to support Covid-19 Backlog created in diagnostic services from 1 st Wave continuing Priority being allocated to the most urgent patients	Imaging pod will be available from April 1 st 21. Mobile capacity on site for CT and MRI, plus weekly capacity at RJAH Nuffield providing some MRI capacity Business cases completed for additional mobile CT capacity, including workforce plans. 3 rd party contracted to provide additional Ultrasound Endoscopy plan re-phased based on interventions planned	Risk stratification in place. Additional mobile capacity is required in this financial year to maintain progress.

A&E 4 hour performance

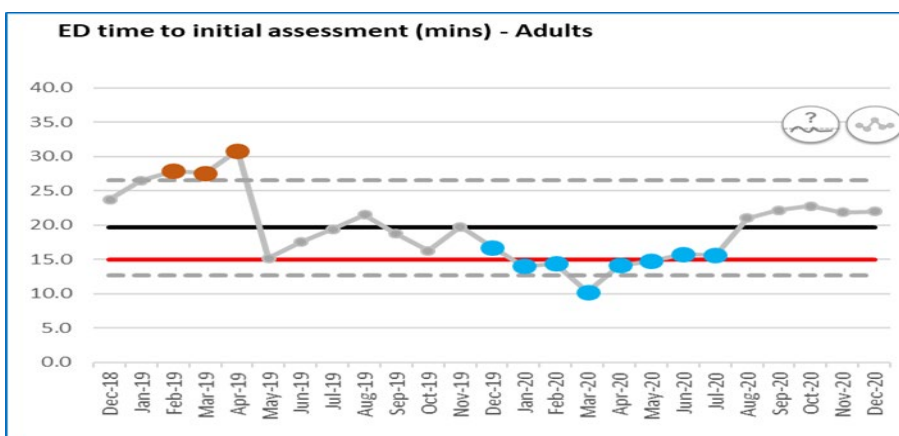
December 2020 actual performance
70.5%



Variance Type
Special Cause
National Target
95%
Target/ Plan achievement
The target is above the upper process control limit and so will not be achieved without service re-design

Background	What the Chart tells us:	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department	ED 4 hour performance was 70.5% 4.3% improvement compared to same month last year	Continued challenge in managing Covid-19 high risk and medium risk pathways Shortfall in capacity to meet demand impacts upon flow from departments to inpatient areas	Escalation plan for ED Covid-19 management established Capacity gap escalated to regulators with proposal for additional resource to address SDEC opened end of Dec PAU opened end of Dec Admission avoidance schemes in place	Support from ECIST for internal improvement plan focussing upon ward processes and site management in place Additional capacity provided by SDEC at RSH and PAU at PRH

ED Time to Initial Assessment - Adult

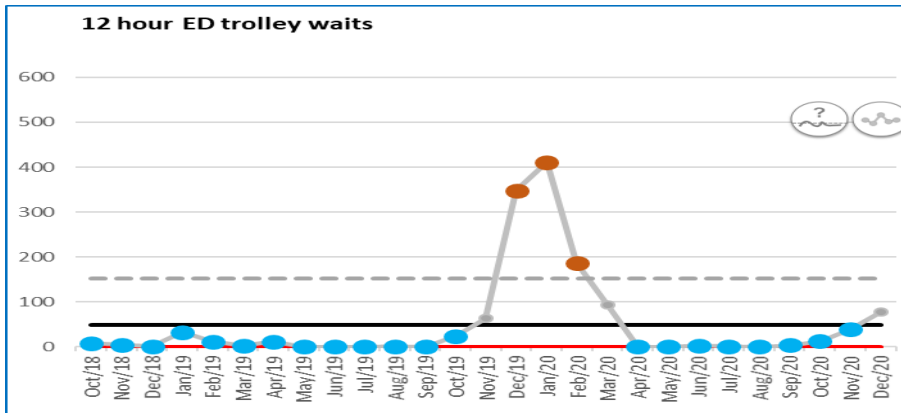


December 2020 actual performance
22
Variance Type
Common Cause
National Target
15
Target/ Plan achievement
Performance remains above target

Background	What the Chart tells us:	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator.	The system is working within normal variation. The target is within the process limits and therefore unlikely to be delivered month on month.	Capacity constraints in the departments especially when patients arrive in close time intervals or when flow out of the	Pull model being used to direct patients into SDEC where appropriate UTC signposting on arrival Wider improvement in flow	Continuous focus on ED system and process improvement

		department is limited due to admitted bed capacity	ED staff recruitment improved ED IT system to improve accuracy of data capture	
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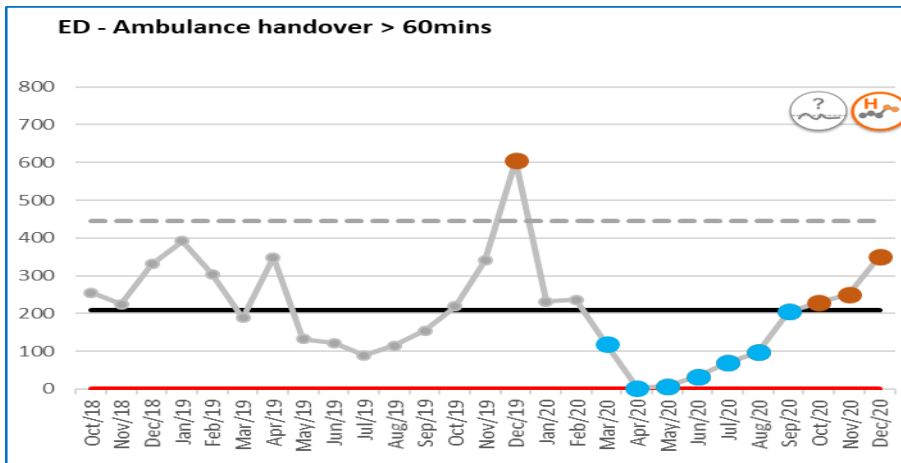
A&E 12 hour trolley waits



December 2020 actual performance
77
Variance Type
Common Cause Variation
National Target
0
Target/ Plan achievement
The target was breached this month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Supporting patients to be directed quickly to the most suitable bed for their on-going care should mean patients do not remain in A&E longer than clinically necessary	Breaches of the 12 hour target are relatively infrequent, however a significant number occurred last winter and a number have occurred this month	Flow to appropriate beds to meet patient needs Situation intensified during covid-19 second wave due to the need to maintain segmentation of the different patient groups Breaches are predominantly on the RSH site	SDEC to open with 10 trolleys to provide same day emergency care reducing demand on A&E and resulting in some admission avoidance PAU open and staffed for 10 of the 23 beds Community admission avoidance schemes start Nov 2020 Therapy at the front door in place to reduce need for admission & enable supportive discharge	Internal escalation processes

Ambulance handover > 60 Mins



December 2020 actual performance
351
Variance Type
Special Cause
National Target
0
Target/ Plan achievement
The system is not capable of delivering this target consistently

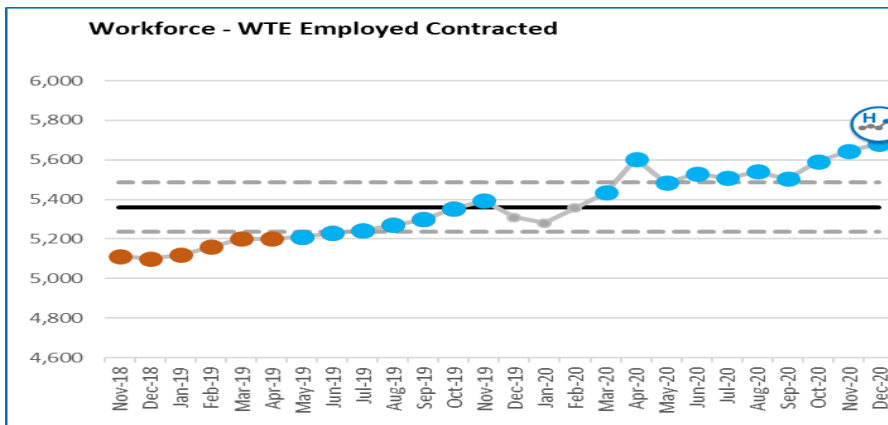
Background	What the Chart tells us:	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety and to support the community response to 999 calls by release of ambulances to respond	Increase in ambulance handover delays over winter period however to note, at a lower rate than the same period over last two years	Capacity to offload reduced by departments requirement to manage green and blue Covid-19 pathways separately Reduced flow through departments to admission portals as demand outstrips capacity	Medical SDEC unit will actively pull patients to release capacity in ED Internal forum established between ED clinical leads and ambulance representatives to identify and resolve any internal process issues System wide meeting held with WMAS to review conveyance rates, alternative services to ED Task and Finish Group established to develop and implement improvement plan	Ambulance handover SOP in place to support oversight and management of delayed handover patients HALO in place for RSH site to link with WMAS for intelligent conveyancing purposes

11.0 Workforce Executive Summary

Rhia Boyode, Director of Workforce

- Covid-19 related calendar day absence showed a reduction during December to 3.15%, equating to 183 WTE. Reductions in COVID-19 related absence in part attributed to easing of restrictions and reduction of absences relating to staff in the CEV/Shielding category.
- Following an increase in staff testing positive in November, December shows a slight easing, however January levels to 19th Jan show increasing levels again.
- Absence related to mental health continues to be high with 33% of all non-COVID sickness attributed to it which equates to 85 WTE.
- The Health and Wellbeing support for our staff the focus for the OD team in January. Much work has been done to ensure Psychological support is available and well publicised. This offer is tailored to ensure that all staff groups have equal access. Mental Health First aid training for managers has continued through the last two months, with specific support for Women and Children's in January. Health and Wellbeing packs have been developed and distributed on the wards. We also need to ensure that the provision of physical and emotional support is in place. Examples of improvements made in partnership with other teams include department access points for food and hydration, improved access to accommodation.
- The Mandatory Training compliance rate remains below the 90% Target at 85% a 1% reduction from November.
- Safeguarding training compliance continues to improve month on month. The Corporate Education team continues to work with Divisions supporting managers to prioritise and schedule training completion which has had good effect on compliance rates.
- There has been an increase in WTE across all staff groups with Additional Clinical Services increasing by 13% equating to 133 WTE – this in part will reflect pre-registration nursing staff who will transition to qualified nursing numbers when they have gained their PIN; Nursing and Midwifery increasing by 11% equating to 158 WTE; Estates and Ancillary increasing by 7% equating to 31 WTE; Medical and Dental increased by 6% equating to 37 WTE.

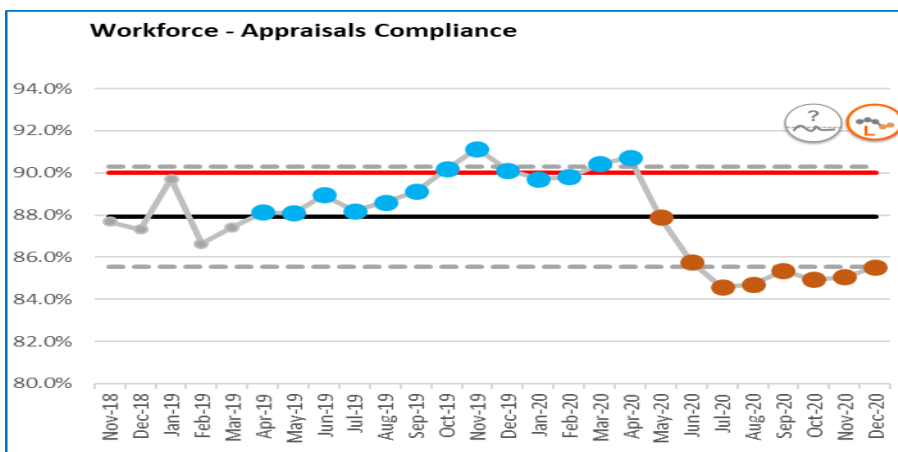
Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Year to Date	year end planned trajectory	Performance Assurance	Lower process limit	Upper process limit	Exception
Activity										
WTE Employed* <i>*Contracted</i>	Dec-20	5681		6173				5235	5485	
Total temporary staff -FTE	Dec-20	632						517	661	
Staff turnover rate (excludes junior doctors)	Dec-20	0.85%		0.75%				0.05%	1.74%	
Sickness absence rate Excluding Covid Related	Dec-20	4.41%		4.00%		4.0%		3.61%	5.01%	
Appraisal Rate	Dec-20	86%	90%	90.0%		90%		85.55%	90.29%	
Appraisal Rate (Medical Staff)	Dec-20	94.00%		90.0%						
Vacancies	Dec-20	501	<10%			10%		399	753	
Statutory and Mandatory Training	Dec-20	85%	90%	90.0%		90%		82.1%	88.1%	



December 2020 actual performance
5681
Variance Type
Special cause Improvement
Local Target
6173
Target/ Plan achievement
N/A

Background	What the Chart tells us:	Issues	Actions	Mitigations
This is a measure of the WTE contracted staff in post.	WTE numbers show continuing improvement December shows highest WTE ever.	Although overall WTE numbers have continued to increase, staffing demands have also increased alongside this. Demand surge of covid patients alongside support to the covid vaccination programme are compounded by staff absences attributed to covid. This continues to present challenges to staffing levels.	Recruitment activity continues at pace including encouraging expressions of interest to support the vaccination programme.	Utilisation of military personnel and staff from RJAH to support in key areas. Redeployment group is working to deploying retirees, volunteers and other offers of help to support across the Trust.

Appraisals

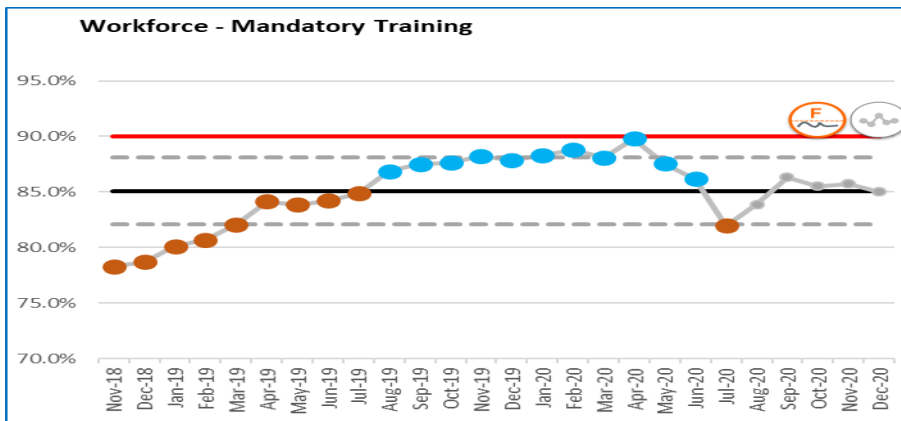


December 2020 actual performance
86%
Variance Type
Special Cause
National Target
90%
Target/ Plan achievement
Below target level of performance

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their annual appraisal.	The 90% target was achieved January to April 2020 then started to drop and has remained 5% below target for the last 4 months. Slight improvement noted in Dec.	CV-19, staffing constraints and service improvement have reduced ability of wards to release staff for training.	E-mail reminders due or outstanding are sent to all staff Focused support is being provided to the managers of any Ward that is below target A substantial review of appraisal will be undertaken once the	Appraisal form has had an interim revision to include the new Trust Values and health and well-being and flexible working discussions

			behaviours and values work is complete to ensure alignment with overall Trust objectives	
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Mandatory Training

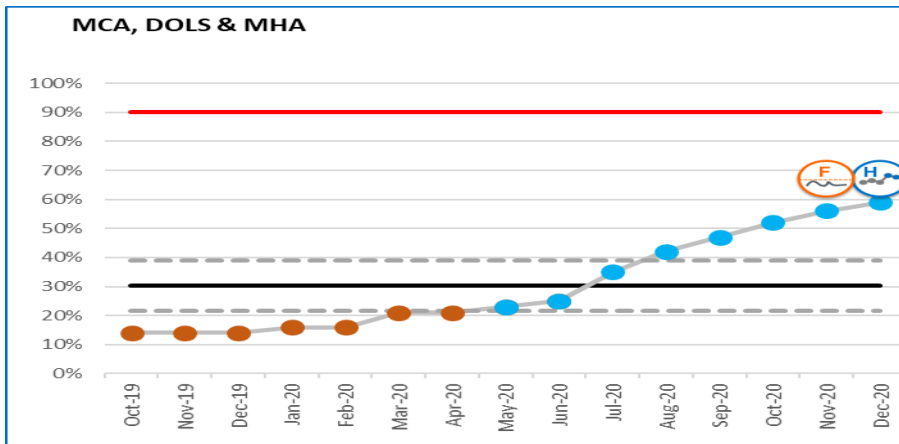


December 2020 actual performance
85%
Variance Type
Common Cause Variation
National Target
90%
Target/ Plan achievement
The target is above the upper process limit and so unlikely to be achieved at present

Fire Safety	Load Moving & Handling	Infection Prevention & Control	Hand Hygiene Competence	Patient Moving & Handling Class	Adult Basic Life Support	Paediatric Basic Life Support	Food Safety & Hygiene	Conflict Resolution Training	Equality & Diversity	Information Governance	Health & Safety Level 1	MCA, DOLS, MHA	Training Compliance %
87%	82%	78%	94%	90%	72%	63%	87%	92%	91%	82%	82%	59%	85%

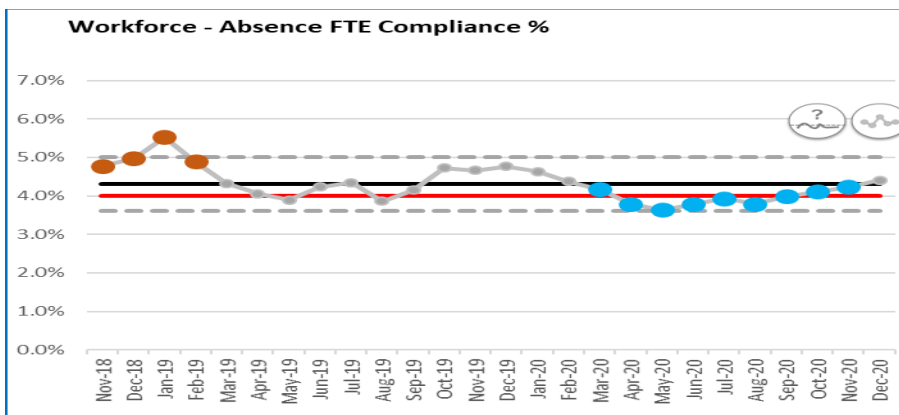
Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant with core mandated safety training.	Progress towards regaining 90% target has stalled in Nov 2020. This is a result of separating out Safeguarding training as a new discrete report in response to performance and CQC concerns. Safeguarding training compliance continues to improve month on month.	<p>CV-19, staffing constraints and service improvement have reduced ability of Wards to release staff for training</p> <p>Increased statutory and mandatory training requirements e.g. Hand Hygiene moving from triennial to annual</p> <p>Poor IT literacy impacting on e-learning completion</p> <p>Some data validation issues</p>	<p>Corp Ed is working with Divisions to identify and reduce data conflicts</p> <p>Corp Ed is supporting Ward/Dept. managers to prioritise and schedule training completion</p> <p>Corp Ed requested proxy facility to support remote e-learners effectively</p>	<p>E-learning and workbooks offered as alternatives to face to face training</p> <p>Requirements made more transparent and newsletters to staff are signposting more clearly</p> <p>Libraries supporting learners to access e-learning</p> <p>Phone support for e-learning</p>

Trust MCA – DOLS & MHA



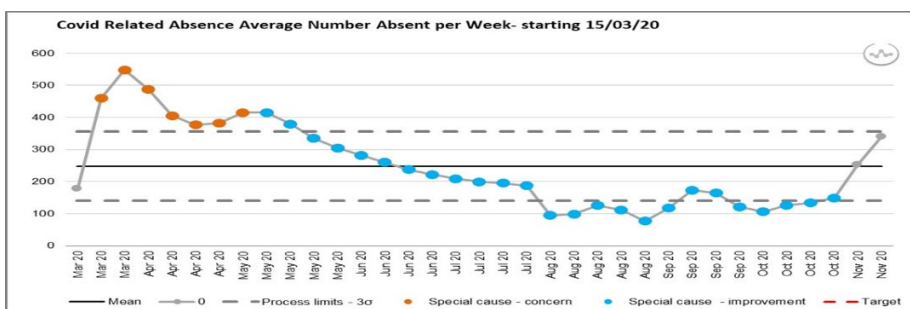
December 2020 actual performance
52%
Variance Type
Special Cause Improvement
National Target
90%
Target/ Plan achievement
Remains significantly below target, with target above upper control limits

Sickness Absence



December 2020 actual performance
4.4%
Variance Type
Common Cause Variation
National Target
4%
Target/ Plan achievement
The target is within the process control limits and so is unlikely to be delivered month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>The measure is an indicator of staff sickness absence and is a % of FTE calendar days absent</p> <p>Covid-19 related sickness and absence is not included.</p> <p>Absences related to covid-19 increase the overall absence rate to above 10%</p>	<p>Sickness absence levels since March have broadly followed target levels</p> <p>Performance is slightly above target when Covid-19 related absences are excluded.</p>	<p>High levels of absence attributed to mental health reasons</p> <p>Staff tired and feeling strain of covid-19 cases and increased work pressures</p> <p>Sickness levels likely lower than anticipated due to the numbers of staff absent with covid-19 related absences.</p>	<p>Continue to offer support packages via health and wellbeing initiatives</p> <p>Continue to monitor sickness levels within divisions.</p>	<p>Monitor staffing levels</p> <p>Work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary</p>



31st December 2020 actual performance
228
Variance Type
Common cause variation
National Target
N/A
Target/ Plan achievement

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>The measure is an indicator of the average number of staff absent per week with a covid-19 related reason for absence.</p>	<p>Covid-19 related absence was at its highest rate at the end of March / beginning of April. Current rates are rising however continue to operate within upper and lower control limits</p>	<p>Covid-19 positive cases are increasing therefore anticipate an increase in staff absences</p> <p>Covid-19 related absences equate to more than half of all staff absences</p>	<p>Encourage staff to follow government guidelines on isolation periods</p> <p>Ensure PPE adherence and encourage social distancing</p>	<p>Maintain social distancing</p> <p>Regular and timely staff testing</p> <p>Identification of positive cases and effective contact tracing</p>

12.0 Finance Executive Summary

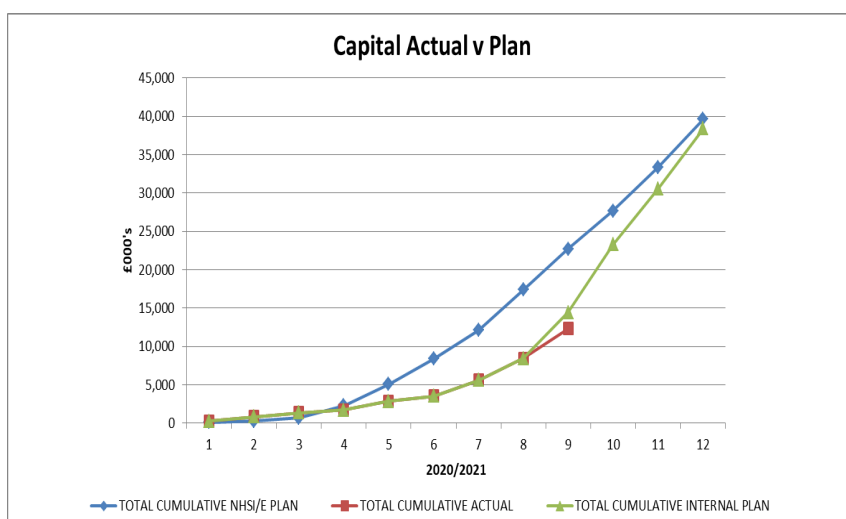
Mr James Drury

- The Trust reported a YTD deficit of £2.093m after 9 months of the 2020/21 financial year, £0.505m favourable to the revised plan. This position also includes a £1.25m provision for untaken holiday leave was included in the month.
- The favourable YTD variance to plan prior to holiday pay provision was therefore £1.775m, which is driven by development spend slippage and a reduction in variable costs linked to lower levels of activity delivery. It is not expected that this slippage will be reversed prior to year-end, although this expenditure will still be included in the 20/21 exit run rate, which will form the basis of the 21/22 budget setting process.
- The Trust is now forecasting to deliver a deficit of £7.974m, £0.250m adverse to the £7.724m deficit control total for 2020/21. However this position includes a FY holiday pay provision of £2.0m, subject to final validation as part of month 10 financial reporting, which will be excluded from financial performance against the in-year control total. The consequence is that the adjusted financial position will be £1.75m favourable to plan.
- It should be noted that there remains a risk to month 10-12 financial reporting linked to the Trust's response to COVID 19, including the critical care surge. At this point the extent to which COVID related expenditure will be offset by elective underspends, mutual aid and MoD input, and the notable drop in agency fill since December, remains materially uncertain. Further work will be undertaken to understand the implications of the Trust response to COVID19 surge as part of month 10 reporting. Other risks have been identified but it is expected that these will be mitigated during the remainder of the year, mainly through further slippage against planned developments.
- COVID-19 capital expenditure and commitments to date are £0.876m compared to forecast plan of £0.892m.
- Total capital expenditure to date is £12.324m against a plan of £22.731m due to slippage in project start dates. Following a detailed review of expenditure plans the Trust is forecasting delivery of CRL and capital plans. Where slippage has been identified additional schemes are being implemented.
- Cash at the end of December amounted to £41.708m including reconciling items, pre-payment of one month's block and top up payments received in April amounting to £32.3m. Payment of block in advance will cease in February so cash balances will reduce in March to pre COVID 19 levels.
- The Trust's payment performance against the Better Payment Practice Code deteriorated this month due to bank holidays, with 86.9% by number and 92.4% by value of undisputed invoices, paid within 30 days. In addition, 29% and 52% respectively of all invoices were paid within 7 days.

13.0 Finance Dashboard

Finance KPIs		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean	Exception Report
1	Total Reported Expenditure (including Finance Costs)			41,014		30,789	45,029	37,909	No
2	Normalised Pay (including Agency)			27,366		23,427	26,313	24,870	No
3	Normalised Non-Pay (excluding EDDs)			8,428		6,486	9,921	8,204	No
4	Cash			41,708		36,758	40,919	38,838	No
5	7 day payments performance			29%		9%	38%	24%	Yes
6	Agency			2,454	1,186	1,921	2,748	2,335	Yes
7	Cumulative Capital Expenditure			12,324	14,440				Yes

Capital Expenditure

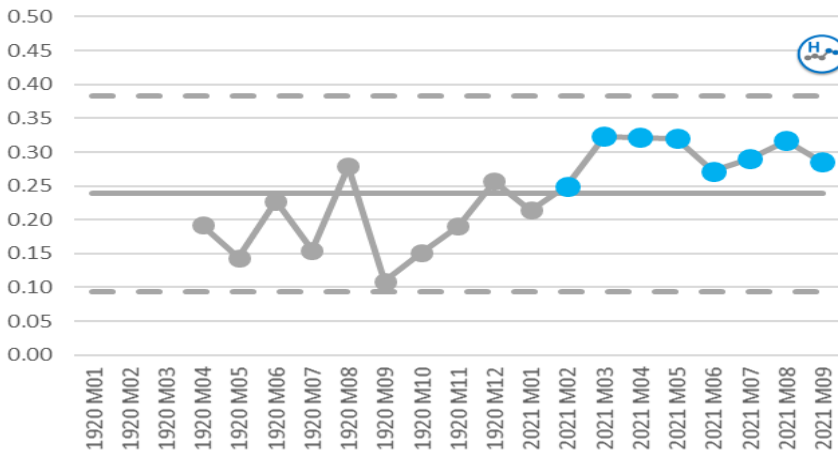


December 2020 actual performance
Spend year to date is £12.324m
Variance Type
Underspend
SATH Plan
£14.440m (revised Internal Plan)
Target/ Plan achievement
To meet the Trust's Capital Resource Limit (CRL) at year end – currently reported as £38.377m

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>The Trust current total Capital Resource Limit (CRL) is forecast at £38.377m.</p> <p>It is not expected that the Internally Generated CRL will change within this. However should any further external allocations be received the total CRL will change.</p>	<p>The revised Internal Plan is based on actuals to M08 and then forecast based on revised programmes submitted to Capital Planning Group (CPG) by Project Managers at December meeting.</p> <p>The planned spend was £14.440m and actual spend was £12.324m – an underspend of £2.116m against Plan.</p>	<p>The expenditure to date remains low, with 32% of the Capital Programme spent.</p> <p>A further 38% has been ordered, giving a total value of £26.897m expensed or ordered.</p> <p>The external funding received is mainly for schemes which are being delivered late in the financial year.</p>	<p>Project Managers to review the outturn projections in view of the current access restrictions</p> <p>All remaining orders will be placed as soon as possible following finalisation of all outstanding scoping/tendering.</p>	<p>Divisions receive monthly updates and members are working towards scoping schemes that can be delivered in-year to cover any slippage in the agreed schemes.</p> <p>It is planned that Project Managers report to January 2021 CPG those schemes that will not be delivered before 31st March 2020, in order that any unused CRL is reallocated.</p>

Payments -7 day volume and value

7 day payments performance - 1920 M01 - 2021 M09

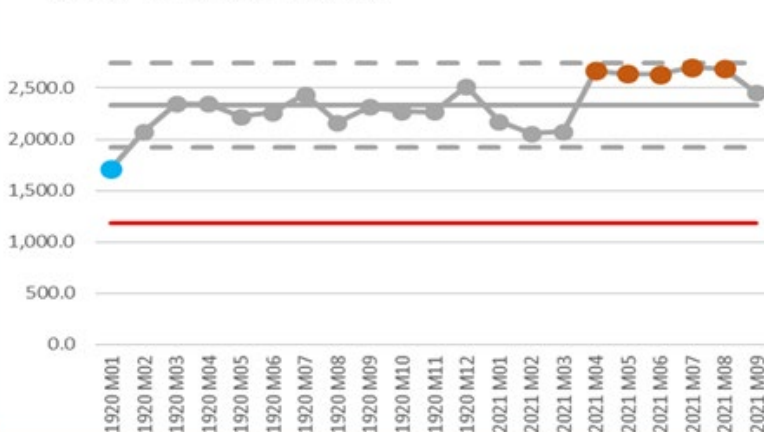


December 2020 actual performance	
29% Volume	
Variance Type	
Special Cause	
National Target	SATH Plan
No national target	No local target
Target/ Plan achievement	
N/A	

Background	What the Chart tells us:	Issues	Actions	Mitigation
<p>The Cabinet Office Procurement Policy Notes PPN 02/20 and PPN 04/20 state that the public sector must pay suppliers within 30 days under the Public Contracts Regulations 2015 (PCR) but recommends shortening this timescale to accelerate payments to 7 days to ensure that cash flows as promptly as possible during COVID-19.</p> <p>These notes expired on 31 October 2020 but the Trust has decided to continue with the 7 day payment target subject to cash flow availability due to continuation of block payment in advance.</p>	<p>In December 29% of invoices in volume (M08: 32%) and 52% in value (M08: 49%) were paid within 7 days.</p> <p>Significant improvement on performance in compared to 19/20.</p>	<p>Managers do not always approve invoices in a timely manner</p> <p>Invoices may be disputed and a credit note awaited</p> <p>Pharmacy invoices are uploaded from the Pharmacy JAC system on a weekly basis</p> <p>Non-compliance with Cabinet Office Procurement Policy Notes PPN 02/20 and PPN 04/20</p>	<p>The number of payments per week has been increased to accelerate payments to suppliers</p> <p>An e-mail has been sent to approvers in Oracle to remind them that they should set a vacation rule within Oracle when they are absent to ensure invoices can still be approved in their absence</p>	N/A

Agency Spend v NHSEI ceiling

Agency - 1920 M01 - 2021 M09



December 2020 actual performance	
£2.454m	
Variance Type	
Common Cause	
National Target	SATH Plan
£1.186m	£2.204m Control Total
Target/ Plan achievement	
£1.268m adverse variance	

Background	What the Chart tells us:	Issues	Actions	Mitigations
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<p>NHSEI sets expenditure ceilings on the total amount individual trusts can spend on agency staff across all staff groups.</p> <p>There is a strong expectation that all trusts will comply with this rule, and revise their plans to ensure agency expenditure is at or below their ceiling where necessary.</p>	<p>Agency spend is significantly above the NHSEI ceiling and 2019/20 levels.</p>	<p>Due to workforce fragility the trust is consistently overspent against its Agency ceiling</p>	<p>Direct engagement groups now set up to focus on agency spend and approval hierarchy</p> <p>Overseas recruitment in 19/20 and 20/21 (181 recruited to date)</p> <p>Re-establish workforce group to performance monitor bank, agency and locum groups</p> <p>Developing proposals to enhance and promote SaTH bank</p> <p>Recruitment and retention strategy approved key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles.</p>	<p>Develop measurable metrics and action plans to understand where we can control agency spend</p> <p>Build on increased medical bank fill rates since implementation of Locums Nest</p> <p>Deliver year one of our Recruitment and Retention strategy to increase substantive workforce and improve retention levels.</p>
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14.0 Transformational Change

Mr Chris Preston Director of Strategy and Planning

There are 25 workstreams established which are managed through the Senior Leadership Committee - Transformational and the Getting to Good Committee.

- Development of detailed underpinning delivery plans and associated project delivery and governance groups is in progress.
- The 'star chamber' style confirm and challenge sessions with the Exec Lead, SRO, Programme Manager, NHSE/I Improvement Director, Suzanne Rostron, and UHB Chief Transformation Officer, Cherry West, have commenced and the agenda and feedback from these sessions will be formalised and included in upward reporting.
- Over the coming months support will be provided to Executive Leads and SRO's by the respective programme Manager within the PMO to finalise the year 2 plans on a page for the 25 Getting to Good programmes.

At the end of December two of the programmes were RAG-rated red: Hospital Transformation Programme and the Digital Transformation Programme (exception reports are shown below).

RAG Rating	Last Month's Overall	Current Overall
Below required level - Material risk(s) of non-delivery of objectives or targets, without clear plans to mitigate and/or recover	1	2
Reasonable - Material risk(s) of non-delivery of objectives or targets, but robust plans in place to mitigate and/or recover	11	13
Good - No material performance concerns	13	10

Hospital Transformation Programme Exception Report

Background	Issues	Actions	Mitigations
<p>This programme was delayed while funding was confirmed to enable the progression of work to complete the outline business case.</p> <p>Funding has now been confirmed, in principle, to progress the programme.</p>	<p>Ensuring that there is alignment of the HTP with the local health economy system plan</p> <p>Out of hospital plan requires finalisation</p> <p>The Strategic Outline Case needs to be finalised</p>	<p>HTP readiness assessment has commenced and findings of the report will be discussed / reviewed in February 2021</p> <p>The report makes recommendations that will inform a 'reset' of the programme, enable the Trust to finalise the Strategic Outline Case and move forward to develop the Outline Business Case with confidence</p>	<p>Implement the recommendations contained in the readiness assessment report.</p>

Digital Transformation Programme Exception Report

Background	Issues	Actions	Mitigations
<p>The digital transformation programme is an ambitious programme with tight deadlines for achievement</p>	<p>The ICT department's capacity has been impacted by having to focus on: the national vaccination programme, Think 111 AND Windows 10 roll out</p> <p>Capacity is likely to continue to be constrained and therefore review of requirements of priorities and resources to delivery is required</p>	<p>Paper being prepared to consider future programme prioritisation and timescale and resource for safe implementation for the systems in the context of other ICT requirements</p>	

The status of each of the 25 workstreams (at the end of December) is show in the table below:

	G2G Programme	RAG Status		Narrative Summary
		Previous Overall	Current Overall	
1.	Quality Strategy and Plan			Overall status continues to be rated as 'Good - no material performance concerns'. Some milestones relating to overview of safety/quality Governance processes for December have been RAG rated as Amber but due to completion happening in January with a key paper being submitted to the January Committee in Common meeting, the significant proportion of key activity for these milestones has been completed in December.
2.	Reducing Mortality and Excess Deaths			The Trust mortality group continues to meet monthly, chaired by the Medical Director. The membership has been extended to include colleagues from the RJAH trust and the local hospice. The key highlights of December was the learning from deaths workshop held on the 1st December and lead by NHSI/E. The workshop was very well attended by clinical staff of all grades and stimulated positive and productive discussion. The workshop was further supported by a presentation of the "Better Tomorrow Structured Judgement Plus Model" by NHSI/E at the Mortality Group on the 16th December. The presentation outlined the benefits of the ORIS model mortality review, which is a mortality review tool being rolled out across a number of organisations.
3.	Quality / Regulatory Compliance			As of 21st December 92% of actions have been completed, this does not take into account of the final roll up of the plan for December and does not include the 8 actions being presented to the Quality and Safety Assurance Committee on 23rd December for endorsement as embedded (green to blue). The focus of November was the Safeguarding theme and this was reported positively to the board of directors in December. The theme for December has been End of Life care. The EoLC team prepared some questions that would allow the divisions to determine what good looks like , this has enables them to undertake a gap analysis in knowledge and understanding which will be fed back to the EoL team who can focus their support accordingly. In recognition of the links of the Quality and Regulatory compliance objective to the wider Getting to Good programme, we are starting to align themes to relevant key objectives in the Getting to Good programme.
4.	Maternity Transformation			On receipt of the first Ockenden report the focus has been on assessing progress against the 27 local actions for learning and the 7 immediate and essential actions. Transformation plans are in the process of being reviewed, updated and reprioritised in light of this. The workstream delivery plans for 2021/22 are due to be finalised during January.

5.	Increasing Community Engagement			Over 500 public responses to our Public Participation Plan survey. Over 100 people attended one of our focus groups on the Public Participation Plan. We held our first Twitter chat #sathour. We have involved our communities regarding service changes to Stroke rehabilitation and Patient initiated follow ups. We had our monthly public briefing attended by 50 members of the public
6.	Quality Improvement Approach and Methodology			The KPO continues to move towards developing a consultancy model approach to Continuous Improvement at pace. A paper has been completed outlining the new structure for the current KPO team that is required to deliver this model, and the KPO team has received some initial training. Additionally all Divisions have been engaged with, in order to gain feedback on the repositioning of the KPO , reiterating the requirements for divisions to build capacity and capability , and agree how they will provide time within meetings to discuss CI and ensure correct resources are assigned to achieve the required outcomes. Having completed a review of our current CI capability, it shows that the organisation is quite well off in resource categories and now needs to compare this with the challenges ahead. With a skills matrix established, work will now focus on how to make these tools accessible to Staff through an on-line resource. Now all previous improvement work has been captured into a simple repository, work is being developed with the Trust Library services to provide a suitable platform for sharing Case Studies, linked to the award and recognition mechanism.
7.	Leadership, Development and Education			We have made significant progress despite the increased and unexpected pressures as a result of Covid and the Vaccine programme. Good progress made towards the December deadlines for the leadership and development overarching plan and draft for integration of education. We have reviewed the workforce actions coming out of the Ockenden Independent Review and have commissioned additional support for these actions.
8.	Clinical Standards, Skills and Capability			Progress has been good based on initial milestones and objectives. The SRO for this objective was appointed in December 2020. Following review of the milestones and objectives outlined by UHB Alliance colleagues the SRO would like to revise some of the key milestones and objectives to more closely meet the outcomes which have been defined. A meeting is being organised for discussion between SRO and Alliance colleagues to review work undertaken so far and agree revisions. The overall objective has therefore been rated as 'Reasonable' pending agreement on any changes. Assumptions on risk will be reviewed once overall scope and objectives have been clarified and reported in January highlight report.
9.	Culture and Behaviours			We have made good progress with good engagement and support from divisions at the launch of our cultural steering group. Well-developed project and communication plans to support cultural improvement conversations. Local bank staff survey and COVID pulse checks supported and high level results show areas of immediate improvement which are supported by divisions. Intensive support to Woman's and Children's to ensure health and wellbeing initiatives and OD interventions continue to be implemented.

10.	Communication and Engagement			Review of internal communications channels has been completed, however due to focus on COVID communications requirements around safety at work and the vaccine programme development of communication programme to support Getting to Good has been delayed by one month and will now be delivered in January. Resignation of experienced team member in month was a disappointment, but leads to review of team capability and capacity. Ockenden report response compiled along with recommendations, and accepted by the Board early in January.
11.	Recruitment & Retention			The Trust Recruitment and Retention Strategy was approved at Trust Board in December. The International Nursing business case was fully completed and submitted to IIC for November and awaiting approval. The Integrated Plan (operational plan) work is ongoing and expected to be completed throughout January.
12.	Urgent and Emergency Care			This month we have taken handover and have commenced with clinical use of the new modular SDEC building at RSH, this will support the wider work to improve ED and flow more generally across both sites. Additional resources are now in post through substantive recruitment, and in the form of additional NHSI support which is enabling work on flow and site management improvement activities to gained traction, culminating in a MADE event in the week leading up to Christmas, and a further event planned for early January.
13.	Restoration & Recovery			Discussions have been held with our system partners however service demand is outstripping the bed capacity currently and is likely to continue to do so over the winter months. The discussions on how this risk can be mitigated are continuing at a system level with regards to the interventions which could be introduced to mitigate the level of risk both internally and externally with the system and the region. The impact of this risk has been modelled in our Phase 3 submission. Our overall rating of Amber reflects the fact whilst all milestones on the project have been delivered and restoration of services is in progress, service restoration is not at pre-COVID levels and does not meet the 90% specified in the Phase 3 guidelines, furthermore all the risks identified on this programme carry a risk score of 20 or more, meaning the impact of non-delivery holds particularly high significance in terms of patient safety and care quality.
14.	Digital transformation and Infrastructure			The ICT department has had to focus solely on the Windows 10 roll out, Vaccination Programme and Think 111 go live, and this has prevented resource from focussing on delivery of milestones identified in this plan. Paper is being produced to review timescales for priorities.
15.	Physical capacity and estates development			The overall programme is progressing well against the plan. The Same Day Emergency Care (SDEC) centre at RSH has been completed and handed over as has Ward 36 (previously the Maternity Led Unit)

16.	Service Sustainability			Status assessed as 'reasonable'. An overview of a standardised approach for service review is available (which will also inform terms of reference for service reviews). The key issue in terms of progress is related to procurement of external support for producing specialty intelligence packs to support clinically focused discussions on sustainability. A short form business case is being produced to requests resources to enable this procurement.
17.	Improve Service Sustainability: Reduction in face-to-face clinic appointments			The objective is RAG rated as reasonable. A detailed underpinning delivery plan has been outlined and is being further iterated. The Outpatient Innovation Task and Finish Group is now acting as Steering Group and will oversee progress against the delivery plan.
18.	System Improvement and integration plan			Emergency Surge action plans have been developed further this month to create SaTH trigger points for action required for the third wave of COVID predicted to take place in January 2021 which was presented at Gold on 18th December and partners are developing this further. Weekly activity and planning task and finish groups with the system are taking place to ensure approach, timescales and assumptions for the System Integrated plan for 2021/2022 are aligned. System priorities have been shared across all partner organisations and an initial triangulation exercise is being co-ordinated due for completion by the 6th January for a meeting on the 8th January.
19.	Develop OBC for Hospital Transformation programme			Readiness Assessment has commenced. The findings of the report, to be finalised in January, will assess the system's and Trust's readiness to progress HTP. The report will provide recommendations. Letter received approving funding in principle for HTP. Funding will be provided on a drawdown basis.
20.	System Long Term Plan			Due to capacity and other emerging immediate priorities, progress on the System Long Term Plan has not yet commenced. Further discussions required with System partners to agree approach and resources to support the development of the System Long Term Plan. The scope of this project needs to be revised in accordance with these emerging priorities and the lack of capacity due to Covid-19
21.	Oversight, assurance, roles and accountabilities			All milestones set for December have been delivered in month. Supported with an initial meeting with Cherry West, a review of the Trust's Policy Framework has been undertaken and SaTH's framework benchmarked with that at UHB. The findings will be presented to the SLC in January.
22.	Strong Financial Foundations			Continued engagement with regional and national finance teams for 2021 forecast outturn and exit run rate from 2021 to 2021/22. The Trust is forecasting to achieve its control total in 2020-21 (deficit £7.724m in STW STP M7-M12 submission). Risks totalling £3.70m (net) have been

				identified to delivery of the Plan, and mitigations are being developed. COVID-19 costs within the Plan (inside envelope) had a £0.405k adverse variance due to higher sickness and ITU costs. The Finance Department FFF accreditation plan is progressing well for April 21 certification, the Finance intranet site went live at the end of December 2020, the M8 Finance Board and Group performance reports utilised NHSI SPC reporting for first time and received positive feedback.
23.	Performance data and analytics			Programme structure revised to create governance framework to deliver programme effectively. Product for improving visualisation of data from Board to Ward identified and discussions held with existing users to understand benefits, implementation challenges. Revised format for IPR using exception reporting and statistical process control charts delivered to the Board of Directors December meeting. Weekly Executive Briefing of KPIs delivered. System wide analysis of benchmark information for Diagnostics completed. Recovery forecasts revised with divisions and submitted to CCG. Weekly forecasting group established to consider forward view for elective and covid-19 triggers. 3rd Wave Triggers for action based on data based -forecast developed. CiC report submitted covering Quality Indicators.
24.	Risk Management			New Risk Management Strategy and Policy being taken through leadership teams prior to going to Committee in February for formal approval. Significant activity in progress for operational management of risk through review of reported high risks, new risk management report in development for SLC and initial plans for risk training. Recruitment of Risk Manager also underway.
25.	Programme and Project Management			The PMO successfully scaled up to support and assure the delivery of 25 programmes of work in month. Reporting cycles and content requirements were met for SLC, Committee In Common (CIC) and the new assurance committees for Finance and Performance and Quality and Safety in period. Projects were profiled for the first time across the UHB Improvement Alliance key priorities using Gantt Charts which has been expanded to cover all 25 programmes during December. The new Highlight Reports were launched to support the triangulation of information requirements across the Getting to Good Programme and the UHB Improvement Alliance key priorities.