

Agenda item	052/21			
Report	Integrated Performance Report			
Executive Lead	Louise Barnett , CEO			
√ tick only those applicable	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	√
√ tick / input only those applicable, usually only one	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			
Presented to:	The paper has been provided to Senior Leadership Committee members.			
	Relevant sections of this paper have also been presented to: <ul style="list-style-type: none"><li>• Quality and Safety Assurance Committee on 24.03.2021</li><li>• Finance and Performance Assurance Committee on 02.03.2021.</li></ul>			
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 take assurance from the 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. It reports the key performance measures determined by the board using analysis over time to demonstrate the type of variation taking place and the level of assurance that can be taken in relation to the delivery of performance targets.

Where performance is below expected levels an exception report is provided. This outlines the key issues, actions and mitigations being taken to improve the performance.

The report is aligned to the Trusts functional domains and includes an overarching executive summary together with domain executive summaries for: Quality, Covid-19 and Recovery, Operational Performance, Workforce, Finance and Transformation.

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## 2.0 Executive Summary

**Louise Barnett Chief Executive Officer**

- The 3<sup>rd</sup> wave of Covid-19 intensified in January 2019, resulting in a significantly higher level of hospital admissions than in either of the previous 2 waves. The Trust has responded well to the additional demands and has worked closely with the regional adult critical care network to provide additional regional capacity. We have worked closely with partners including RJAH, Shropcom and the military, who have provided us with appropriately skilled staff for deployment in wards and the emergency department as part of our escalation plan. At the end of January, we had 150 patients with Covid-19 in our beds and 22 patients in Critical Care.
- The increased Covid-19 demand has unfortunately resulted in the temporary suspension of some routine services and the need to delay some more urgent treatments. The impact has been minimised by working with the Independent Sector and RJAH, and through liaison with the regional West Midlands Cancer Hub. In the second half of January, we were unable to maintain the low risk green pathway on the RSH site, resulting in the delay of some more urgent cases, including cancer. This is a decision we have not taken lightly and are striving to recover this pathway as a matter of urgency to mitigate the risk of harm and anxiety for our patients.
- We are continuing to manage a number of Covid-19 outbreaks across our sites, some of which are further reducing capacity through the closure of beds and/or a reduction in available staffing. Despite this challenge, we have made improvements across a number of our infection prevention and control indicators, including E-coli and c.Difficile infections. We will continue to learn from incidents through root cause analysis, so that we can further improve patient safety, experiences and outcomes.
- Our Quality Improvement Strategy, launched this month, will support improved patient safety and experiences arising from our care. We are working on reducing the time we take to respond to concerns, recognising the importance of this to patients and their families. We are pleased to report that our friends and family metrics continue to show positive performance at over 95%.
- Our staff have worked tirelessly throughout the pandemic in providing care to our patients and also filling in where colleagues are absent. We recognise that our sickness absence levels have increased overall due to the impact of Covid-19 and that we do have a number of colleagues who are also shielding. Where possible we have facilitated home-based working or identified redeployment opportunities for those staff unable to undertake their normal duties.
- Despite the pressures on our ED there are positive improvements in the time to first assessment, sepsis awareness and there are fewer patients leaving the department without being seen. We remain concerned around the delays for ambulance handover, the long trolley waits and the 4 hour performance and are working to improve flow through multi-agency discharge planning activities.
- We have been actively supporting the delivery of the Covid-19 vaccination programme, enabling the first cohorts to receive their vaccinations by the end of January and are working hard to ensure that the top nine cohorts receive their vaccinations in line with national target timescales.

### 3.0 Overall Dashboard

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception
<b>Mortality</b>								
HSMR	Nov 20	114.95	100.0			64	116	Yes
RAMI	Dec 20	97.1	100.0	100.0		60.7	121.3	Yes
<b>Infection</b>								
HCAI - MSSA	Jan 21	0	2*	2		-2	7	Yes
HCAI - MRSA	Jan 21	1	0	0		0	1	Yes
HCAI - c.Difficile	Jan 21	3	3.58**	3.58		-1	7	No
HCAI - E.coli	Jan 21	3		3.75		-2	10	No
<b>Patient harm</b>								
Pressure Ulcers - grade 2 and above	Jan 21	10	14	14		3	27	No
VTE	Dec 20	95.0%	94.1%	95.0%		93.0%	96.3%	No
Falls - per 1000 Bed Days	Jan 21	6.72	6.60	5.00		2.47	6.81	Yes
Falls - total	Jan 21	135	86	86		49	143	Yes
Falls - with Harm per 1000 Bed Days	Jan 21	0		0.2		-0.1	0.3	No
Never Events	Jan 21	0	0	0		-0.9	1.5	No
Coroners Regulation 28s	Jan 21	0	0	0		0	1	No
SIs	Jan 21	6	0	0		-2	11	Yes
Mixed Sex Breaches	Jan 21	64	0	0		-10	66	Yes
<b>Patient Experience</b>								
Complaints	Jan 21	55		58***		25	86	No
Complaints -acknowledged within agreed time	Jan 21	98%	100%			97%	102%	No
Complaints -responded within agreed time	Dec 20	43%		85%		47%	77%	Yes
<b>Quality Compliance</b>								
CQC transactional action plan compliance	Dec-20	94%						
Section 29a requirements delivered	Dec-20	79%						
<b>Operational - KPI</b>								
<b>Elective Care</b>								
RTT Waiting list -total size	Jan-21	31198 (28445 English)	19199			21837	25389	Yes
18 week RTT % compliance -incomplete pathways	Jan-21	57% (English Only)	92.0%			69.9%	82.2%	Yes
52 week breaches	Jan-21	2637 (2268English)	0	1661		56	503	Yes
<b>Cancer</b>								
Cancer 2 week wait	Dec-20	85.6%	93.0%	93%		80.8%	97.1%	Yes
Cancer 62 day compliance	Dec-20	71.30%	85%	85%		61.5%	87.9%	Yes
<b>Diagnostics</b>								
Diagnostic % compliance 6 week waits	Jan-21	53.5%	99%			66.6%	88.8%	Yes
<b>Emergency Department</b>								
ED - 4 Hour performance	Jan-21	67.5%	95.0%			66.6%	83.7%	Yes
ED - Ambulance handover > 60mins	Jan-21	406	0			-15	448	Yes
ED 4 Hour Performance - Minors	Jan-21	95.3%	95.0%	95%		91.7%	99.0%	No
ED 4 Hour Performance - Majors	Jan-21	45.6%	95.0%	95%		32.2%	62.3%	Yes
ED time to initial assessment (mins)	Jan-21	18	15	15		14	29	Yes
12 hour ED trolley waits	Jan-21	134	0			-51	156	Yes
Total Emergency Admissions from A&E	Jan-21	2582				2188	2973	Yes
<b>Hospital Occupancy</b>								
Bed Occupancy -G&A	Jan-21	83.0%	92.0%	92%		72.2%	95.2%	
<b>Restore and Recovery - KPI</b>								
<b>Activity</b>								
ED activity (type 1)	Jan-21	7324		10097		7506	10850	Yes
Total Non Elective Activity	Jan-21	4023		5276		3982	5603	Yes
Outpatients Elective Total activity inc Nurse led and	Jan-21	47000		57947		36957	68322	Yes
Total Elective IPDC activity	Jan-21	4074		6059		3572.5	6735.6	Yes
Diagnostic Activity Total	Jan-21	14730		16500		11780	17793	Yes
<b>Covid</b>								
Covid-19 positive Inpatients	31.01.21	150						
Critical care beds occupied	31.01.21	22						
Covid-19 patients with Oxygen	31.01.21	114						
Covid 19 suspect patients with Oxygen	31.01.21	12						
Covid-19 vaccinations completed	31.01.21	52,824						

Year to Date	Year to Date Trajectory	Year End Forecast	Year End Planned Trajectory
			100
			100
22	20	26	24
1	0	1	0
24	35.8	29	43
33	37.5	40	44
126	140	151	168
95.2%	95.0%	95.3%	95.0%
			5.00
991	860	1189	1032
			0.2
4	0	4	0
0	0	0	0
42	0	50	0
266	0	319	0
460	580	552	696
		100%	100%
			85%
Year to Date	Year to Date Trajectory	Year End Forecast	Year End Planned Trajectory
		29737 (English)	19199
			92%
		(3129 English)	0
91.20%			93%
77.10%			85%
			99%
78.35%		66.70%	95%
1672		2006	0
96.30%		95%	95%
61.00%		45%	95%
		16	15
271		325	0
24414		29297	
			92%
Year to Date	Year to Date Trajectory	Year End Forecast	Year End Planned Trajectory
82501	100965	99001	
40253	52761	48304	
435263	579467	522316	
37449	60594	44939	
121884	165000	146261	

Workforce - KPI					Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception
Activity												
WTE Employed**Contracted					Jan-21	5725		6173		5249	5499	Yes
Total temporary staff -FTE					Jan-21	682				518	667	No
Staff turnover rate (excludes junior doctors)					Jan-21	0.90%	0.9%	0.75%		0.07%	1.72%	No
Sickness absence rate Excluding Covid Related					Jan-21	4.30%		4.00%		3.63%	4.98%	Yes
Appraisal Rate					Jan-21	84%	90%	90.0%		85.34%	90.21%	Yes
Appraisal Rate ( Medical Staff)					Jan-21	94.00%		90.0%				No
Vacancies					Jan-21	457	<10%	<10%		397	746	No
Statutory and Mandatory Training					Jan-21	85%	90%	90.0%		82.2%	88.0%	Yes
Finance KPIs					Latest month	Actual Month Performance	Target		Performance Assurance	Lower process limit	Upper Process limit	Exception
Total Reported Expenditure (including Finance Costs)					Jan-21	41,596				31,222	44,932	No
Normalised Pay (including Agency)					Jan-21	27,189				23,579	26,372	No
Normalised Non-Pay (excluding EDDs)					Jan-21	8,245				6,547	9,864	No
Cash					Jan-21	34,293				35,313	46,706	No
7 day payments performance					Jan-21	34%				10%	39%	Yes
Agency					Jan-21	2,019	1,186			1,871	2,769	Yes
Cumulative Capital Expenditure					Jan-21	20,106	23,291					Yes

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

	Year-end trajectory cannot be achieved			
	Year-end trajectory not forecast to be delivered			

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

Key risks and issues within each domain	Actions
<b>Quality:</b> 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. All actions reported last month are continuing including:</p> <ul style="list-style-type: none"> <li>Daily IPC visits to outbreak areas,</li> <li>Enhanced cleaning,</li> <li>Proactive/ reactive staff &amp; patient screening,</li> <li>Monitoring of compliance with PPE and hand hygiene,</li> <li>Ongoing education and support to ensure patients to wear masks</li> <li>Monitoring to ensure patient Covid-19 swabbing</li> <li>Installation of plastic protective curtains for use in ED and wards</li> </ul>
<b>Covid-19 and recovery:</b> Increasing admissions due to Covid-19	<ul style="list-style-type: none"> <li>Daily covid-19 review and redeployment meetings and actions</li> <li>Maintain super surge capacity in Critical Care up to 179% baseline (25 beds)</li> <li>Creation of high dependency respiratory wards outside of critical care</li> <li>Reduction in theatre and endoscopy activity to use staff for acutely ill covid-19 patients</li> <li>Implementation of system-wide escalation plan</li> <li>Suspension of non-essential services to release staff for redeployment to support Covid-19</li> <li>Employment of additional cleansing company to support facilities staffing</li> </ul>
<b>Operational:</b> Impact of Covid-19 pandemic on	<ul style="list-style-type: none"> <li>Clinical review and prioritisation of inpatient and daycase waiting lists</li> <li>Increase utilisation of the Independent Sector for urgent daycase and some cancer surgery to 20 lists per week from 22.2.21.</li> <li>Continued use of technologically enabled virtual clinics</li> </ul>

elective capacity	<ul style="list-style-type: none"> <li>Increased capacity for diagnostics on site at RSH and PRH</li> <li>Virtual clinics, telephone and video being used</li> <li>Mobile MRI and CT plus capacity for MSK scans at RJAH in place</li> <li>A small volume of MRI capacity established at Nuffield</li> <li>Retained low risk green pathway at RSH for major cancer work for majority of the month, however unable to continue at the peak of the 3<sup>rd</sup> wave as additional space needed for Critical Care</li> </ul>
<b>Operational:</b> Backlog of routine patients developed during wave 1 of the pandemic – increasing risk of patient harm	<ul style="list-style-type: none"> <li>Backlog is continuing to grow. Actions aim to minimise risk of harm and communicate with patients waiting</li> <li>Growth is also seen in the non-admitted pathways and diagnostics</li> <li>Alternatives to face to face consultations such as patient initiated follow up and virtual clinics being provided and further developed</li> <li>Lists clinically prioritised for surgery</li> <li>Phased de-escalation plans with priority being given to re-establishment of cancer surgery</li> </ul>
<b>Operational:</b> Increase in patients over 62 days on cancer pathway	<ul style="list-style-type: none"> <li>Clinical prioritisation of care, based on latest treatment advice</li> <li>Diagnostics are being prioritised</li> <li>Protected surgical capacity on RSH site maintained for as long as possible and plans developed to restore the services at the earliest opportunity</li> <li>Assistance sought from the West Midlands Cancer Hub</li> <li>Harm reviews (including at 104 days)</li> </ul>
<b>Operational:</b> A&E performance is below plan target	<ul style="list-style-type: none"> <li>SDEC model continuing to develop with access to 2 short stay beds in MAU</li> <li>Priority Admission Unit opened at PRH</li> <li>Admission avoidance schemes in place and evaluation of their effectiveness commenced</li> <li>Multi-Agency Discharge Events supporting improved flow for unscheduled care patients and front door pathways</li> <li>Partnership working with NHSEI to improve pathways</li> <li>Integrated working with all partner organisations</li> <li>UEC group monitoring performance and acting on information</li> </ul>
<b>Workforce:</b> Staff absence due to covid-19 and additional staff required to address surge demands	<ul style="list-style-type: none"> <li>Lateral flow testing implemented</li> <li>Daily review of staffing hot-spots</li> <li>Encourage staff to abide by PPE and social distancing guidance in and out of work to minimise risk of infection</li> <li>Redeployment has taken place to provide staffing to priority areas, focus is now moving towards de-escalation planning</li> <li>Covid-19 wave 3 actions including: redeployment of staff and system workforce response</li> <li>Staff Wellbeing Psychological support provided to staff</li> <li>Support staffing hot-spots with overtime/bank and agency if needed to provide service continuity</li> </ul>
<b>Finance:</b> The use of agency staff is creating financial pressures	<ul style="list-style-type: none"> <li>Overseas recruitment in 19/20 and 20/21 (212 staff recruited to date)</li> <li>Continuing promotion of SaTH bank, including enhanced bank scheme</li> <li>Recruitment and retention strategy approved, key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles</li> <li>Implementation of Locums Nest</li> </ul>
<b>Finance:</b> Capital expenditure remains behind plan	<ul style="list-style-type: none"> <li>Orders to be placed at the earliest opportunity</li> <li>Divisions reviewing outturn forecasts</li> <li>Scoping of alternative schemes that could be delivered in year</li> <li>Revised capital programme approved and being implemented</li> </ul>
<b>Transformation</b>	<ul style="list-style-type: none"> <li>A number of projects have been paused as staff have been re-deployed to support Covid-19 pressures</li> </ul>

Timely delivery  
of operational  
plan objectives

- Current year project deliverables have been extended to June 2021 and over the extending from July 2021 to March 2022
- Regular review of targets and mitigating plans
- Planned use of programme management software to improve effectiveness and efficiency



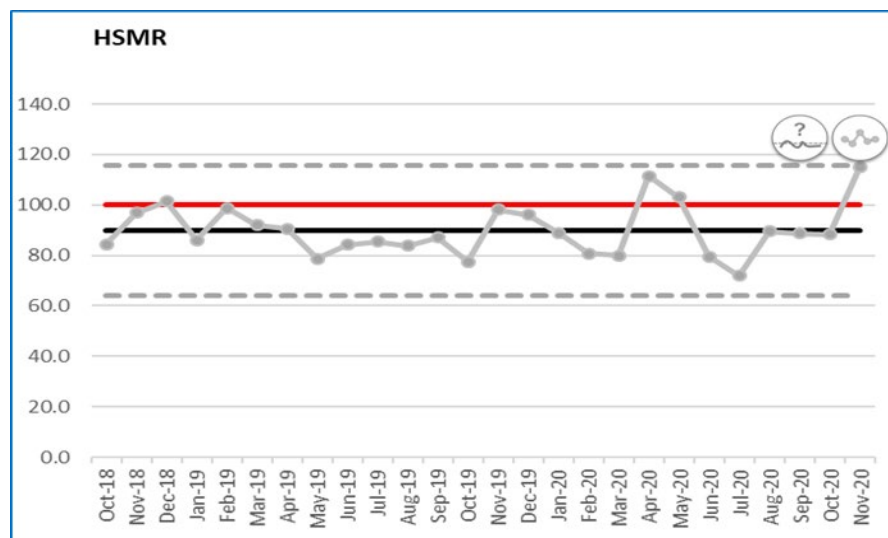
## 4.0 Quality Summary

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

- HSMR has increased above the reference level. This is being reviewed with CHKS and is likely to be due to the number of Covid-19 related deaths during the month. The increase is in line with trends seen in other Trusts. Excluding the Covid-19 related deaths, mortality rates are in line with expected performance.
- During January 2021 there was one MRSA reported. This is the first such infection this year and the root cause is being investigated. The forecast year end position shows that c.Difficile and E-coli performance is likely to be better than the plan for the year, while MSSA is forecast to narrowly fail to deliver the 20% improvement set as an internal target.
- There were 6 Serious Incidents reported this month and zero never events.
- There were 10 pressure ulcers at grade 2 or above this month. This is better than expected in the trajectory. The forecast for the year indicates we are likely to achieve the improvement trajectory set.
- The number of falls remains a key area of focus for improvement as this represents the highest volume of safety incidents reported in the Trust. The number of falls increased in January, as did the rate of falls per 1000 occupied bed days putting the year-end improvement plan at risk of not being achieved. However, during the month there were no falls with serious harm.
- There were 64 mixed sex breaches this month, primarily due to discharge readiness from ITU/HDU and capacity constraints within the wards impacted by covid-19. The volumes were highest in PRH, where the level of Covid-19 at that time was also highest. Actions have been taken to ensure escalation to Director of Nursing (or the Director on call) for discussion 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 and requires increased prioritisation within the Divisions. Work has commenced to improve the thematic analysis of concerns and ensure learning is shared promptly whilst also improving response times to complainants.
- Family and Friends test scores have remained consistently above the 95% target.
- The Quality Improvement activities have continued to progress with 94% of the transactional actions being completed and 79% of the S29a actions being completed.
- VTE performance shows sustained improvement and remains above target.
- 23 Covid-19 outbreaks have been closed, 17 remain open across the Trust.



## Mortality - HSMR



**November 2020 actual performance**

114.95

**Variance Type**

Common Cause

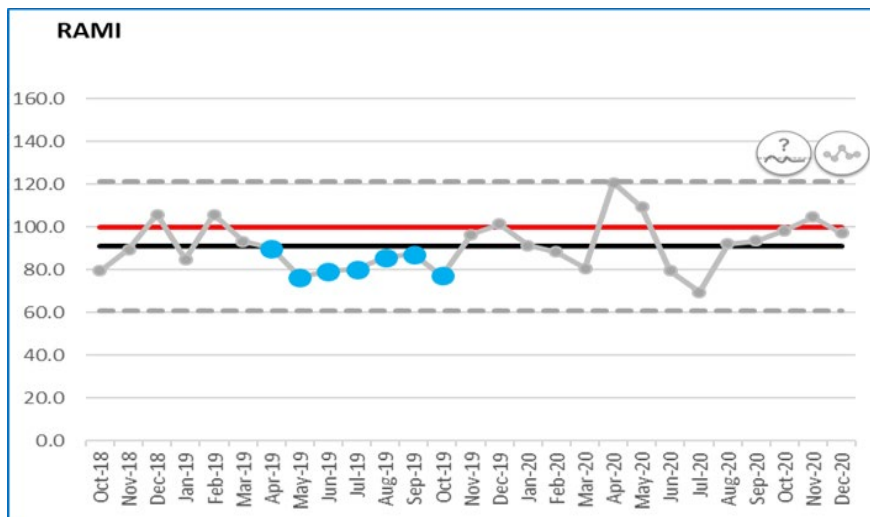
**National Target**

100

**Target/ Plan achievement**

Performance being reviewed against peers to reflect impact of Covid-19 on the reference value

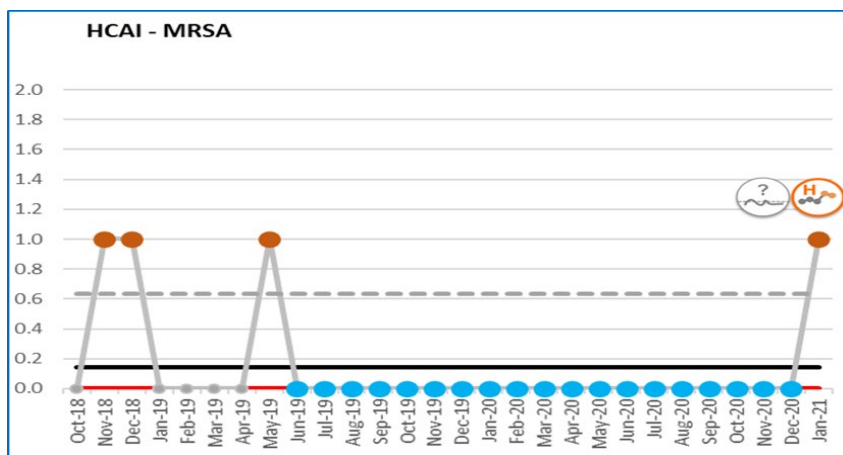
Background	What the chart tells us	Issues	Actions	Mitigations
The Hospital Standardised Mortality Ratio (HSMR) is the quality indicator that measures whether the number of deaths across the hospital is higher or lower than expected	The HSMR increase in November is being partly affected by Covid. There were 120 deaths in the month and 20 of these were coded with Covid somewhere in the spell (HSMR only excludes patients where Covid was the primary diagnosis on the first episode of the spell). The HSMR excluding Covid deaths for November would have been 99.	This is still an increase from previous months, so covid is not likely to be the whole story. There also appears to have been a slight fall in depth of coding which could be contributing to a decrease in the denominator and so an increase in the index.  The Peer average for November has also increased.	Performance against HSMR is reported on a quarterly basis to the Trust Mortality Group where any potential mortality outliers are identified and appropriate remedial actions agreed.	Ongoing external review of our data and processes by external facilitators and NHSI to ensure our data and reporting is robust.  The December data is not yet available to determine whether the November position is an isolated instance.



<b>December 2020 actual performance</b>
97.1
<b>Variance Type</b>
Common Cause
<b>National Target</b>
100
<b>Target/ Plan achievement</b>
Monthly variation means that the 100 reference level may not be delivered month on month

Background	What the chart tells us	Issues	Actions	Mitigations
The Risk Adjusted Mortality Index is a quality measure used to predict death within the organisation	A special cause improvement was noted in April 2019, however the index has returned to normal variance within the control limits from November 2019.	The RAMI appears to have been increasing steadily through June to November 2020	The Trust is working with CHKS to understand the impact of Covid-19 on the overall mortality rates of the Trust. A second report has been received from CHKS, which again appears to show the Trust in a positive light compared to the peer group and national performance, this is being monitored through the Trust Mortality Group.	Ongoing external review of our data and processes by external facilitators and NHSI to ensure our analysis and learning is robust.

## MRSA

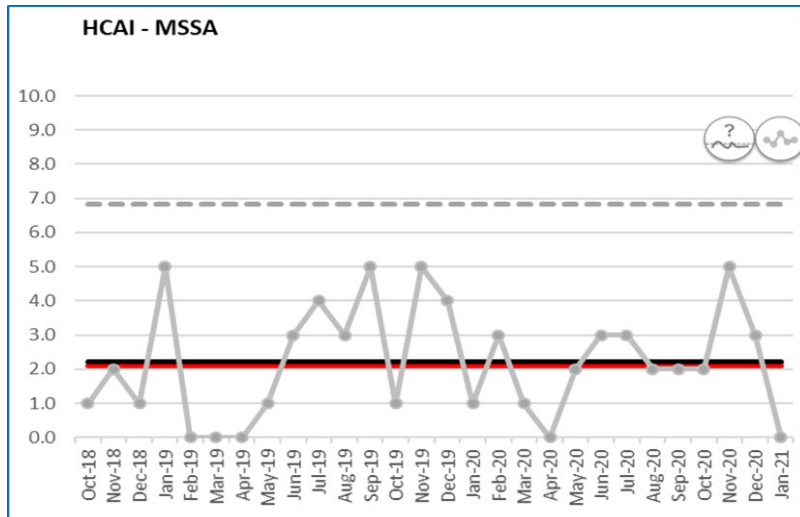


<b>January 2021 actual performance</b>
1
<b>Variance Type</b>
Special Cause
<b>Local Target</b>
0
<b>Target/ Plan achievement</b>
The year-end trajectory of zero tolerance of infections will no longer be achieved following this reported case

Background	What the chart tells us	Issues	Actions	Mitigations
The Target for all Acute Trusts is zero cases of MRSA bacteraemia	There was 1 case in January, after having no cases for the previous 19 months	This case is being investigated and may be due to a contaminant.  The investigation will consider whether this was avoidable.	Ongoing monitoring of IPC compliance and MRSA screening via the monthly IPC Operational Group and IPC Assurance Committee.  Elective screening is at 97.1% and emergency admission screening at 94.5% for January 2021 against targets of 95%.	No further action required at present

			<p>Ongoing daily VIPs report from Vital Pac and daily monitoring by matrons.</p> <p>Learning from the outcome of the investigation will be shared.</p>	
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## MSSA



### January 2021 actual performance

0

### Variance Type

Common Cause Variation

### Local Target

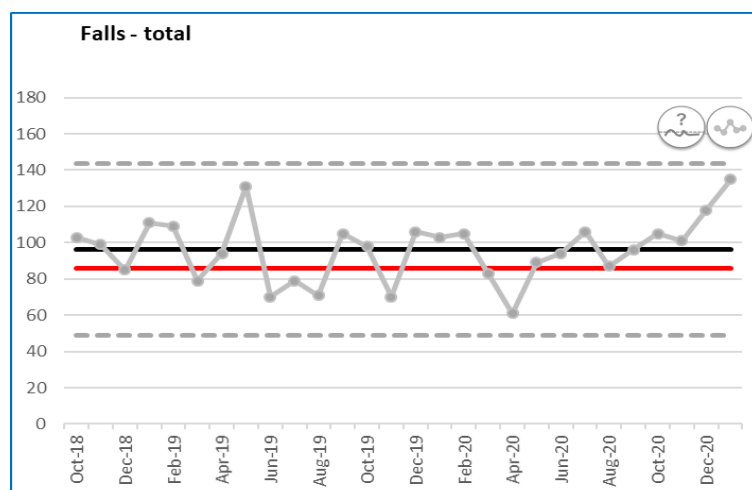
19/20 Less 20%  
( $\leq 24$  cases pa = 2 per month)

### Target/ Plan achievement

Forecast for year end is 26 cases which would be 2 above the 20% improvement target for the year.

Background	What the chart tells us	Issues	Actions	Mitigations
Reporting of MSSA bacteraemia is a mandatory requirement	<p>There were 0 cases of MSSA in January 2021.</p> <p>YTD there have been 22 cases against a full year target of no more than 24 cases</p>	The 20% reduction in cases set for 2020/21 is not forecast to be achieved given the number of cases YTD.	<p>RCAs for all MSSA bacteraemia have now commenced.</p> <p>Outcomes from RCAs undertaken for cases to date have shown that blood cultures and intravenous antibiotics have been prescribed according to Trust Policy.</p> <p>The urgency for completion of RCAs for MSSA and E.coli has been escalated to facilitate early learning from the outcomes.</p>	<p>Daily ward/clinical area report of Visual Infusion Phlebitis Scores (VIPs) reviewed and followed up by matrons daily to ensure all care in place.</p> <p>Cannula and devices audited as part of matrons monthly assurance audits included on ward dashboards.</p> <p>High impact intervention audits undertaken.</p> <p>Compliance monitored through IPC Operational and IPC Assurance Committee.</p>

## Falls –Total number of falls Exception Report



### January 2021 actual performance

135

### Variance Type

Common Cause

### National Standard

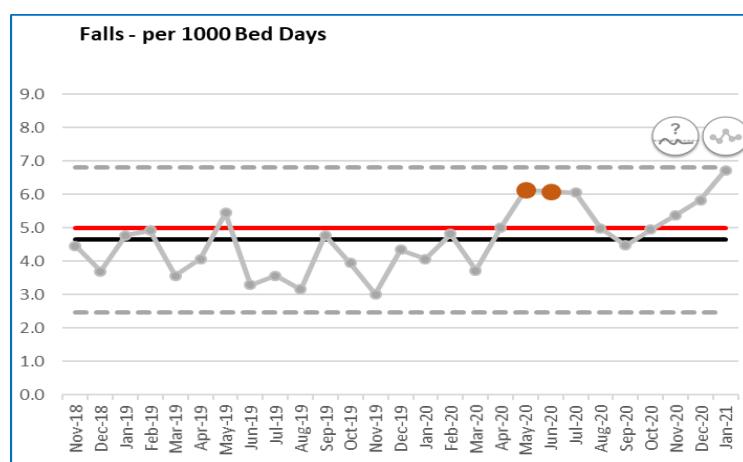
86

19/20 total less 7%

### Target / Plan achievement

The year-end forecast suggests this improvement plan will not be achieved as current monthly falls exceed the monthly trajectory.

## Falls –per 1000 Bed Days Exception Report



### January 2021 actual performance

6.72

### Variance Type

Common Cause

### National Standard

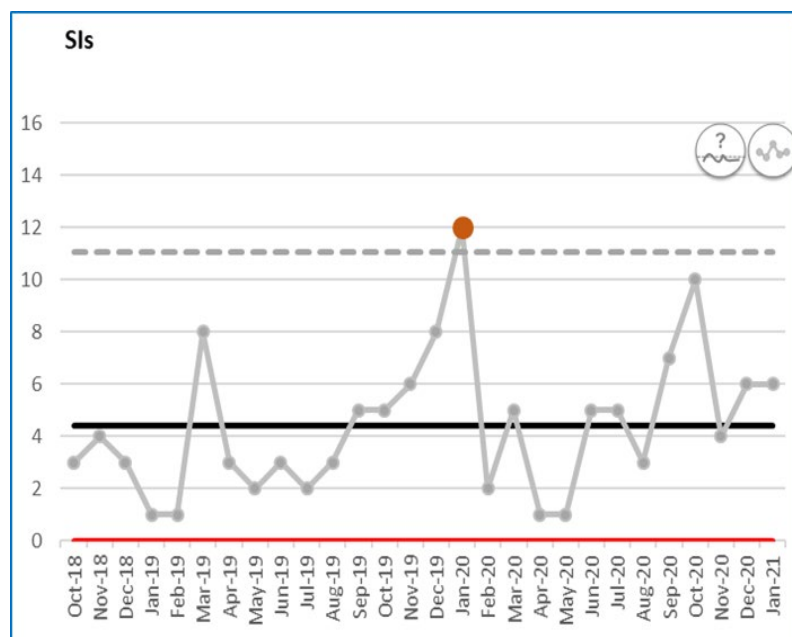
5.0

### 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.	<p>This month the falls per 1000 bed days exceeded the national benchmark of 6.6.</p> <p>Increase in falls during 2nd wave of Covid - this follows the pattern seen in first wave when falls increased relative to activity in the hospital. Wards had 40% less beds occupied and patient acuity was higher.</p>	<p>Increased acuity of patients with Covid-19 with increased incidence of falls is a pattern seen locally and nationally.</p> <p>Incomplete documentation particularly in relation to lying and standing BP on admission and falls prevention care plan.</p>	<p>Quality Facilitators daily review of falls risk assessments.</p> <p>Although quality of completion remains variable there are improvements in some areas in relation to lying and standing BP and prevention care plans.</p>	<p>All falls reviewed daily and feedback provided.</p> <p>Monthly audits of falls by matrons.</p> <p>Falls SIs reviewed and discussed at NIQAM to share learning.</p>

## Serious Incidents & Never Events Reports



### January 2021 actual performance

6

### Variance Type

Common Cause Variation

### Standard

No target set, however it is recognised that all SIs should be avoided

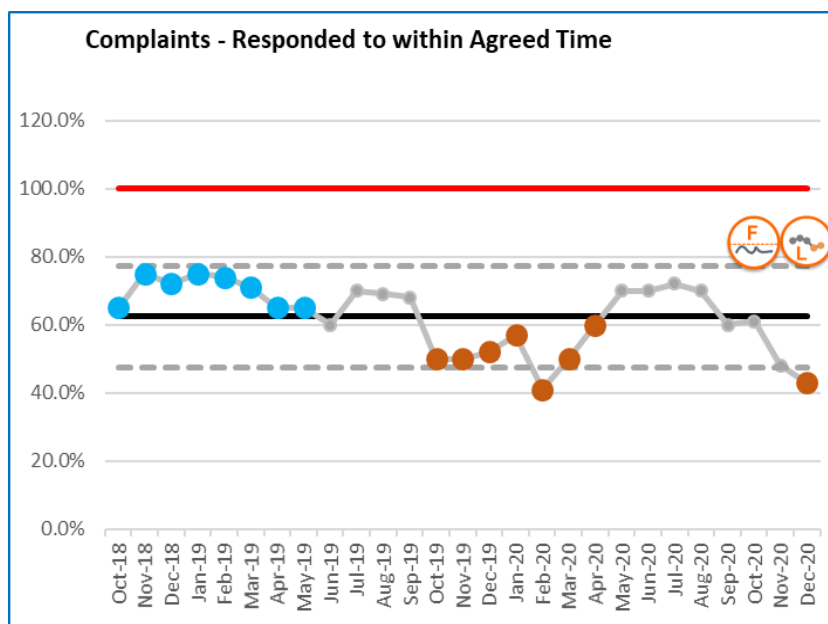
### Target/ Plan achievement

Data demonstrates monthly variation suggesting that it is unlikely that zero SIs could be achieved in any month. The year-end forecast of 50 for 2020-21 is an improvement on the 56 reported in 2019-20

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.	After a peak in reporting in October followed by a drop in November, from December SI numbers have remained slightly above the mean	Over the coming months, COVID 19 related incidents such as delayed diagnosis due to access issues, outbreaks and COVID related deaths may result in an increase	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

SI themes	Number occurring this month
Category 3 Pressure Ulcer Ward 26	1
Category 3 Pressure Ulcer Ward 24/35	1
Category 3 Pressure Ulcer ITU	1
Delayed Treatment Paediatrics	1
Maternity Obstetric Eclampsia	1
Delayed treatment Ophthalmology	1
<b>Total</b>	<b>6</b>

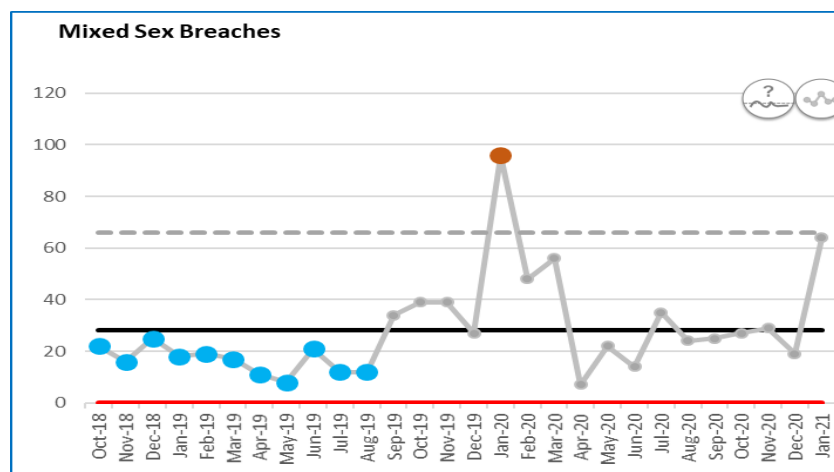
## Complaints – Responded within Agreed Time



December 2020 actual performance	
43%	
Variance Type	
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. The associated learnings must also be addressed in a timely fashion.	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. Rates have deteriorated further this month.	Prioritisation of clinical and managerial time to fully investigate and respond, particularly given significant pressures on clinical staff at present.	Escalated at Quality Operational Committee with Divisions required to provide a recovery plan to address backlog.  Regular meetings with Senior Managers to review open cases.  Processes being revised to enable greater engagement and simplification.	Complainants kept regularly updated by Complaints Team when responses are late.  Increased focus on improvement through QOC.

## Mixed Sex Breaches Exception Report



<b>January 2021 actual performance</b>
64
<b>Variance Type</b>
Common Cause variation
<b>Target</b>
0
<b>Target/ Plan achievement</b>
The forecast year-end position shows the planned trajectory will not be delivered for 2020-21

Background	What the chart tells us	Issues	Actions	Mitigations
Mix sex accommodation of patients on wards is to be avoided to support patient dignity	The number of mixed sex breaches is within common cause, although increased in January due to the increase in Covid-19 patients and increased focus on accurately recording Mix Sex breaches	<p>Mix sex breaches arise when bed occupancy increases and the following clinical situations arise:</p> <ul style="list-style-type: none"> <li>Admitting to specialist beds</li> <li>Discharging to release ITU capacity</li> <li>Management of patients due to Covid-19 infection prevention measures</li> <li>Higher Covid-19 admissions</li> </ul>	<p>Escalation of potential breaches to Director of Nursing in hours and Gold out of hours.</p> <p>Datix to be completed for each approved occurrence.</p> <p>To be reported daily on the site reports by the CSMs.</p> <p>Information collated locally and validated within the Division.</p> <p>Divisions to improve the capture and understanding of circumstances leading to mixed sex breaches.</p>	Clinical situation takes priority at the present time.

### Additional information for January 2021 breaches by location

Location	Number of breaches	Additional Information
CCU (PRH)	2	3 Secondary Breaches
ITU/HDU (PRH)	3	All Medical
Ward 6 (PRH)	7	
Ward 7 (PRH)	7	
Ward 8 (Medical) (PRH)	3	
Ward 10 (PRH)	21	
ITU/HDU (RSH)	19	17 Medical, 2 Surgical
CCU (RSH)	2	2 Secondary breaches



# 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%
<b>Total</b>		<b>403</b>	<b>12</b>	<b>368</b>	<b>10</b>	<b>12</b>	<b>1</b>	<b>94%</b>

## 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%
<b>Total</b>				<b>29</b>	<b>-</b>	<b>23</b>	<b>6</b>	<b>79%</b>

Background	What the chart tells us	Issues	Actions	Mitigations
The quality improvement work in line with the CQC recommendations is designed to improve patient outcomes and experience and improve the trust performance via the Getting to Good Programme	94% of the transactional plans are completed  79% of s29a actions are complete	There is evidence of sustained improvement in a number of areas and therefore the case is being prepared for lifting conditions in seven areas	Complete evidence review to prepare case for lifting conditions	

## Covid-19 outbreaks

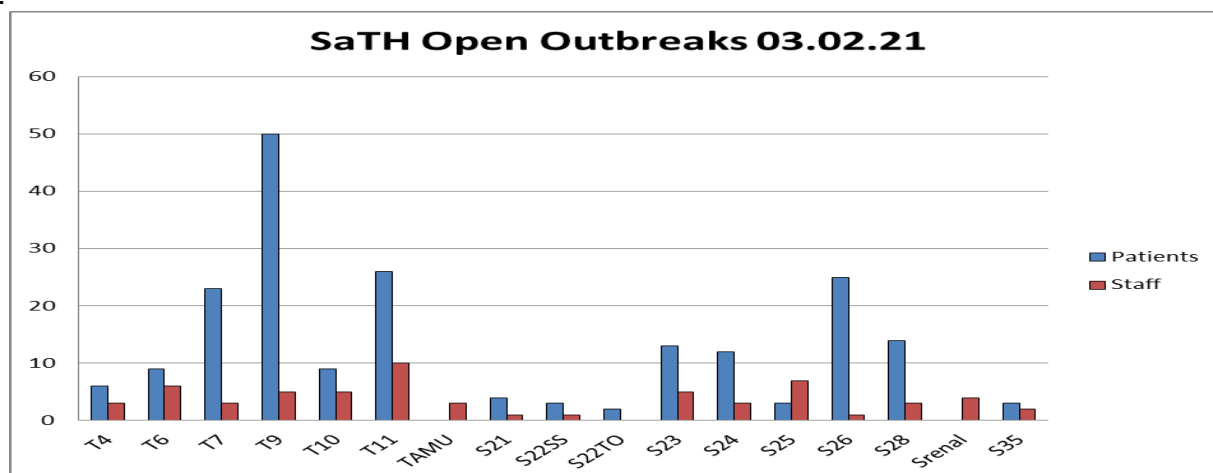
In relation to COVID 19, the criteria for an outbreak are defined as:

*“Two or more test-confirmed or clinically suspected cases of COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) associated with a specific setting (for example bay, ward or shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital”. (Public Health England, August 2020).*

## Current Open Outbreak Summary (Second Wave)

During January 2021 and into February 2021 the Trust has continued to have a number of Covid-19 outbreaks. A summary of the outbreaks including the number of patients and staff

involved and the current status of the Covid-19 outbreaks open as of the 3<sup>rd</sup> February 2021 are shown:

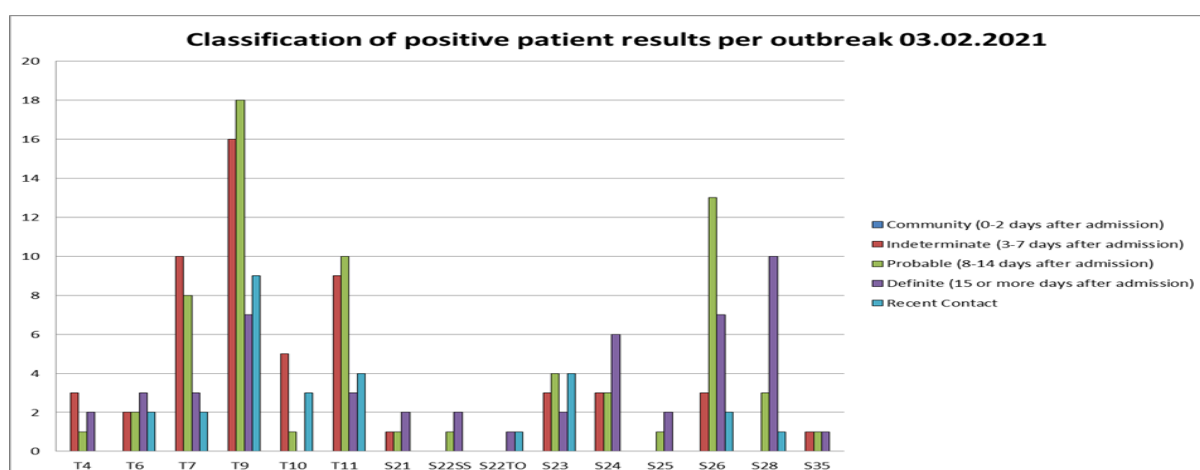


As of the 3<sup>rd</sup> February 2021 there were 17 Covid-19 outbreaks open across the Trust. A majority of these outbreaks included both patients and staff. However, 2 outbreaks related to staff only; these were on the Renal Unit at The Royal Shrewsbury Hospital and on the AMU at the Princess Royal Hospital. The outbreak on Ward 22 Trauma and Orthopaedic at the Royal Shrewsbury Hospital involved patients only. In total 202 patients and 62 staff were involved in these outbreaks.

#### Classification of Positive Patient Results per Outbreak

Definitions in relation to Hospital Onset (HO) COVID 19 is defined as illness onset (or positive first specimen) 15 days or more after admission. Probable Hospital Onset COVID-19 is defined as an illness onset (or first positive specimen date) between 8-14 days after admission and indeterminate as 3-7 days.

For the outbreaks reported and open as of the 3<sup>rd</sup> February 2021, the duration of time from admission to a patient being screened as positive is shown:



This indicated 28% of cases were classified as indeterminate i.e. between 3-7 days; another 33% were classified as probable (between day 8-14) and 25% were classified as definite hospital acquired cases (day 15 or above). A total of 14% of cases were contacts of recent cases.

Outbreak meetings take place twice weekly and are chaired by the Director of Infection Prevention and Control / Director of Nursing and are attended by key staff across the Trust, CCG, PHE and NHSI/E IPC leads.

Ongoing actions and monitoring in relation to the current outbreaks include:

- daily IPC visits to outbreak areas,
- enhanced cleaning,
- proactive/ reactive staff & patient screening,
- monitoring of compliance with PPE and hand hygiene,
- ongoing education and support to ensure patients to wear masks
- monitoring to ensure patient Covid-19 swabbing
- the installation of plastic protective curtains for use in ED and wards

#### Closed Outbreak Summary (Second Wave)

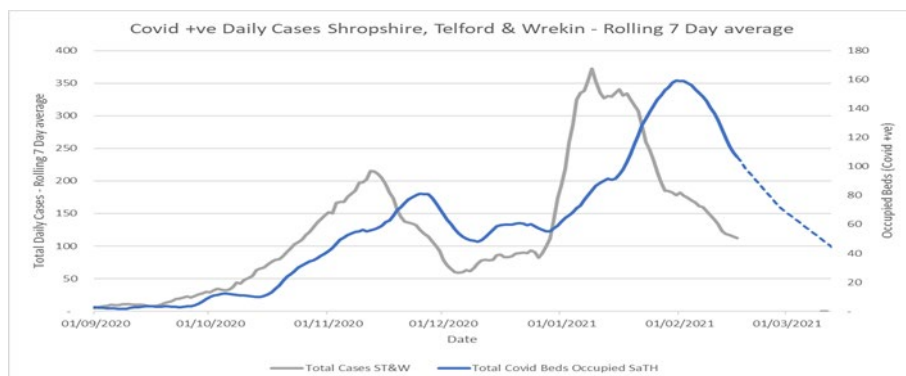
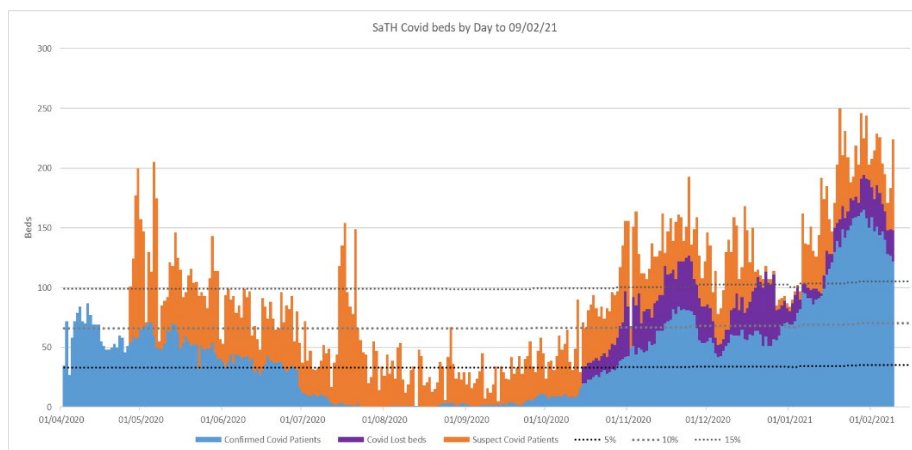
From October 2020, the Trust has reported a number of Covid-19 outbreaks across both hospital sites which at the time of this report had closed. There were a total of 23 outbreaks. 9 involved staff only, one outbreak involved patients only and the remaining 13 outbreaks involved both patients and wards.

## 5.0 Covid-19 and Recovery Summary

### Mr Nigel Lee Chief Operating Officer

- The 3rd wave of Covid-19 intensified during January 2021, resulting in a significant increase in the number of patients hospitalised, a number of whom required intensive support in our high dependency and ITU areas of both hospital sites. We increased our critical care footprint to 179% and this was staffed partly from within our own Trust and partly with the support of system partners. This meant that we were able to meet the demand for Shropshire residents and also support other Critical Care Units in the region.
- We also increased the capacity for patients requiring non-invasive ventilation to be managed within high-dependency respiratory wards, increasing the oxygen supply and the staffing on these wards. This capacity has prevented further patients requiring critical care, but has been an area that has presented staffing challenges during the period.
- The overall bed occupancy of Covid-19 patients was greater than the peak experienced in the first and second waves of the pandemic, reaching a peak of 165 patients on the 29th January, 2021. To put this in context our original winter plan had assumed 52 beds would be required for Covid-19 positive patients. As a consequence of the scale of the 3rd wave and the extended period of the wave, we have had to take action to release capacity from routine care and fully implement our escalation plan. This has resulted in redeployment of staff from both SaTH, RJA, Shropcom and the military to support the staffing of our wards and A&E. At the same time we have been effective in rolling out the vaccination programme to the first 4 priority cohorts of the population.
- We have strived to minimise the impact on elective (including cancer) patients by expanding our use of the independent sector at the Nuffield and retaining a low risk green pathway at RSH for as long as possible to treat urgent patients including cancer. Unfortunately, we could not maintain the RSH green pathway into February and have been seeking support from the West Midlands Cancer Hub for patients unsuitable for treatment at the Nuffield. We are moving back into our original critical care footprint from the 22 February, and will re-establish the low risk green pathway, prioritising the surgery of the highest risk patients including patients with cancer.
- We are working with system partners on the de-escalation plan to enable redeployed staff to return to their bases as soon as it is safe to do so, so that other services can recommence as quickly as possible.

## Covid-19 Inpatients



**31<sup>st</sup> January 2021  
actual performance**

150

**Variance Type**

The scale of the 3<sup>rd</sup> wave is demonstrated

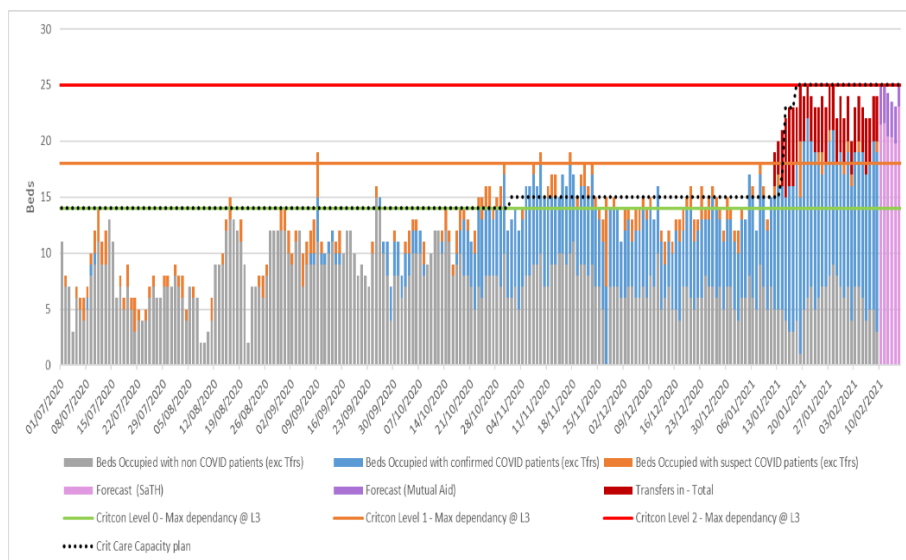
**National Target**

N/A

**Target/ Plan  
achievement**

The actual figures are shown in the upper graph, the lower graph shows the rolling 7 day forecast for admissions during February and early March – caution needs to be applied with this forecast given levels of uncertainty

## Covid-19 Critical Care Beds and Triggers



**31<sup>st</sup> January 2021  
actual performance**

22 beds occupied in critical care, with 15 covid +ve patients

**Variance Type**

Increasing proportion of critical care capacity being used to manage Covid-19 patients

**National Target**

N/A

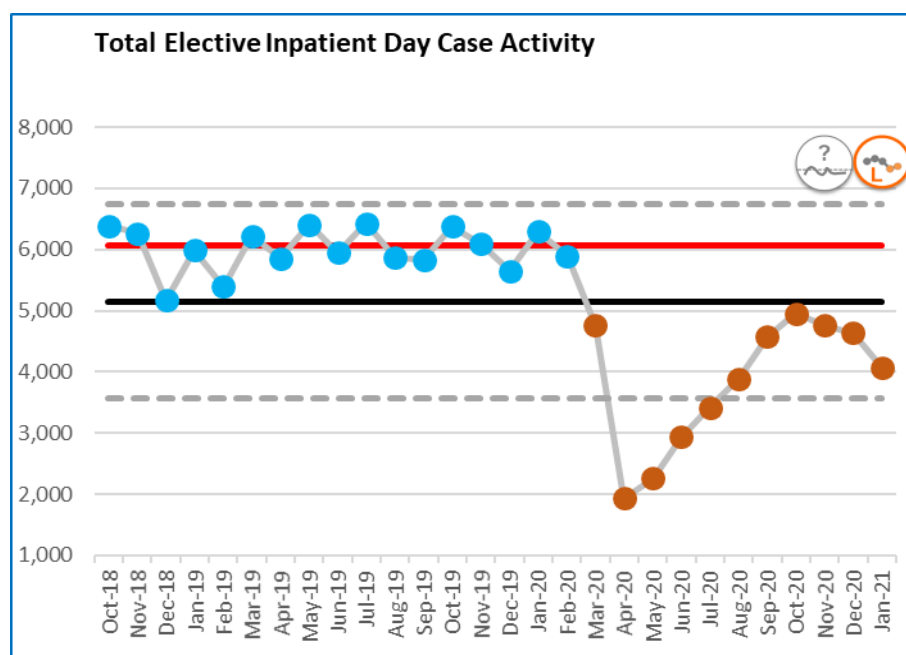
**Target achievement**

N/A

Background	What the chart tells us	Issues	Actions	Mitigations
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<p>Covid-19 positive, and admitted patients awaiting test results (suspect) are reported daily.</p>	<p>The upper 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.</p> <p>The lower chart shows the daily positive community cases and lag to hospital admissions (note the different scales for community prevalence and hospital admissions on the chart). The chart forecasts the possible continuing reduction in prevalence and hospitalisation.</p> <p>The Critical Care chart shows the increased provision and occupancy of our critical care beds during January and into February 2021.</p>	<p>Demand on Critical Care and respiratory wards has been particularly high.</p> <p>Capacity to meet needs of Covid-19 patients, patients awaiting test results on admission (suspect), seasonal urgent care and emergency admissions and urgent elective activity requirements.</p> <p>Temporary bed reductions due to managing Covid-19 outbreaks.</p>	<p>Implemented system wide plan for escalation.</p> <p>Redeployed staff to support Critical Care resulting in loss of theatre and endoscopy capacity.</p> <p>Super Surge capacity implemented for Critical Care from 18.1.21.</p> <p>Daily Covid-19 safe staffing review.</p> <p>Outbreak management.</p> <p>Increased use of IS for elective care.</p> <p>Suspended routine services to release staff to Covid-19 response.</p> <p>West Midlands Cancer Hub providing mutual aid for patients not suitable for surgery in the IS.</p>	<p>Surge capacity</p> <p>System capacity and staffing</p> <p>Triggers set and action plan for whole system in place</p>
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## Elective IP & DC Activity v Phase 3 recovery plan



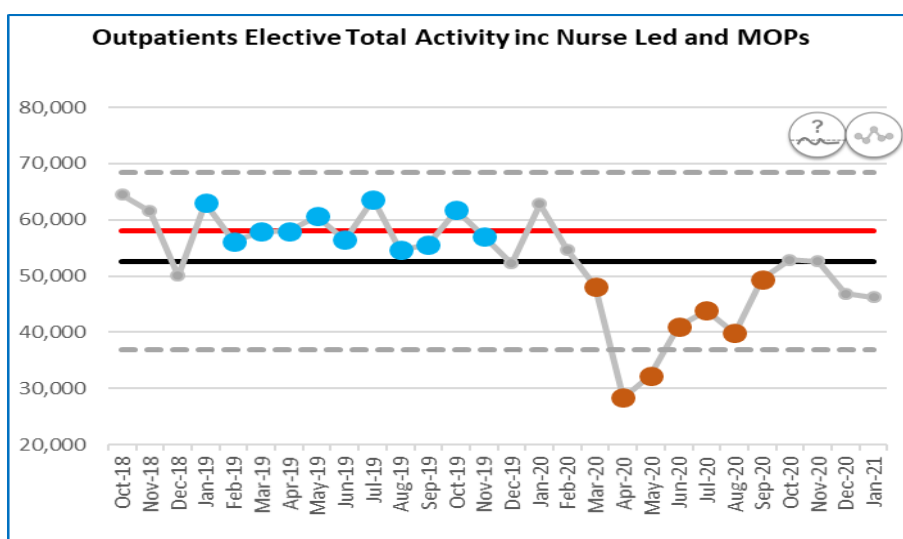
January 2021 actual performance
4074
DC 3,871 (64% of Jan '20) IP 203 (61% of Jan '20)
Variance Type
Special Cause Deterioration
National Target
Local DC 80%, Local IP 55%
National DC & IP 90%
Target/ Plan achievement
The target will not be achieved at present

Background	What the chart tells us	Issues	Actions	Mitigations
Activity remains below historic levels. There has been a further significant dip in January in relation to the standing down of further elective activity and	Available capacity to treat elective surgical patients is severely compromised and the loss of capacity on the acute sites is	Volume of Covid occupancy that compromises ability to provide low risk elective pathways,	Re-establish RSH DSU as a low risk pathway when critical care surge eases.  Negotiation with system to support critical care surge so that theatre staff can be deployed to recommence cancer operating.	Limited lists made available at Shrewsbury Nuffield. Vanguard unit re-prioritised for suitable urgent cases (including cancer pathway)



conversion of the low risk pathway (DSU) at RSH to support critical care surge and at PRH to support medical escalation	not offset by that made available by the System (around 14 lists / week at Shrewsbury Nuffield as at end January)	volume of critical care surge that requires theatre staff to be redeployed and further areas to be occupied as quasi critical care capacity	De-escalate out of PRH DSU to enable elective programme to restart.  Negotiation with System to support more Nuffield capacity being made available (20 lists / week by end Feb)  Negotiation with system to support PL2 patient placement in orthopaedics with RJAH.	Additional CEPOD operating established for super urgent time-critical patients (with enhanced patient consent as no low risk pathway available) – some vascular and time critical Ophthalmology.
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## Outpatient Activity - Phase 3 recovery plan



### January 2021 actual performance

47000

### Variance Type

Common cause

### Local Target

57947 (based on Apr-19-Feb-20 average)

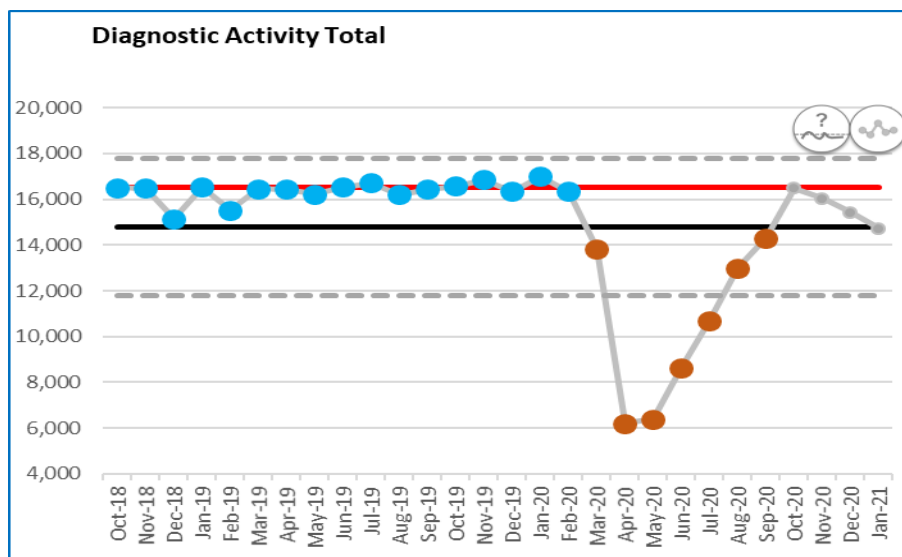
### Target/ Plan achievement

Below target with pre-covid delivery unachievable at the present time

Background	What the chart tells us	Issues	Actions	Mitigations
The availability of outpatient capacity remains constrained as a result of 2 metre social distancing, and the availability of staffing in some specialities where staff have been redeployed to support emergency and Covid related pressures.	<p>January activity has remained constrained and has not been at the pre-Christmas level.</p> <p>The ability to undertake aerosol generating outpatient procedures is severely constrained due to the lack of appropriate air handling infrastructure, which means that a number of high volume specialities (e.g. Oral Surgery) are severely compromised in being able to provide treatment.</p>	<p>Physical estate in outpatients does not support social distancing.</p> <p>Virtual appointments are not feasible for all specialities and some patients, having had such a consultation, are now awaiting diagnostics or Face to Face review.</p>	<p>Continued prioritisation of 2 week wait and other urgent activity whilst capacity remains constrained.</p> <p>Continued use of telephone / virtual consultation for appropriate patient pathways (c36% of outpatient activity is currently virtual).</p> <p>Deployment of additional clinics in some specialities where this is needed to satisfy urgent demand.</p> <p>Use of new "Bookwise" software to ensure that any free rooms are recycled for the specialities with most significant capacity gap.</p>	<p>Triage of referrals to ensure that urgent patients with "red flag" symptoms are prioritised.</p> <p>Continued review of overdue follow ups to ensure that any harm is minimised.</p> <p>Use of "wait in car" and other technology to minimise the number of patients in waiting rooms simultaneously to maximise Face to Face appointments available within clinic template.</p>

## Diagnostics phase 3 recovery plan



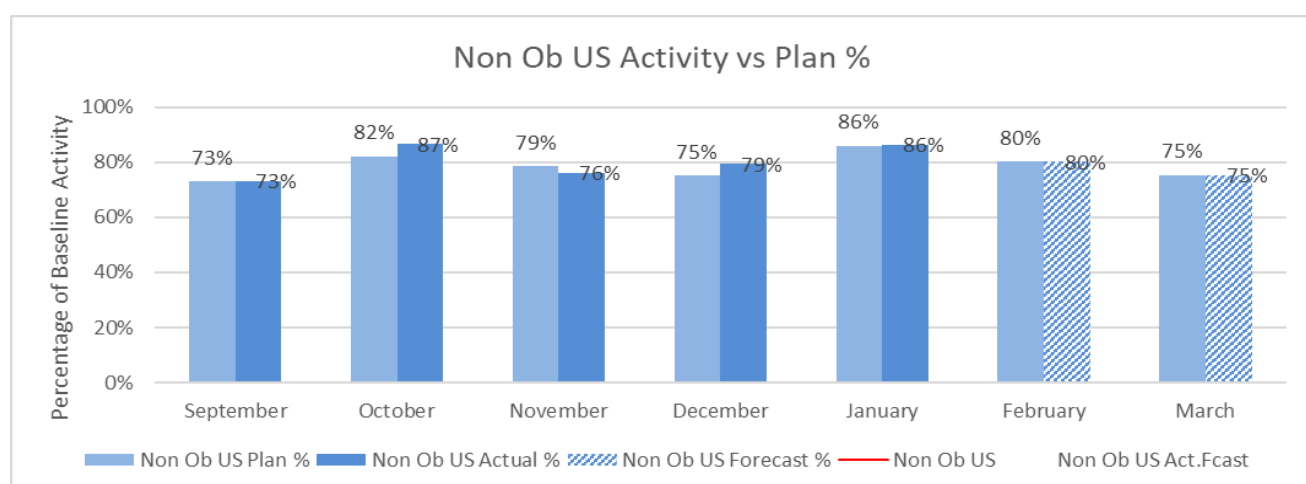
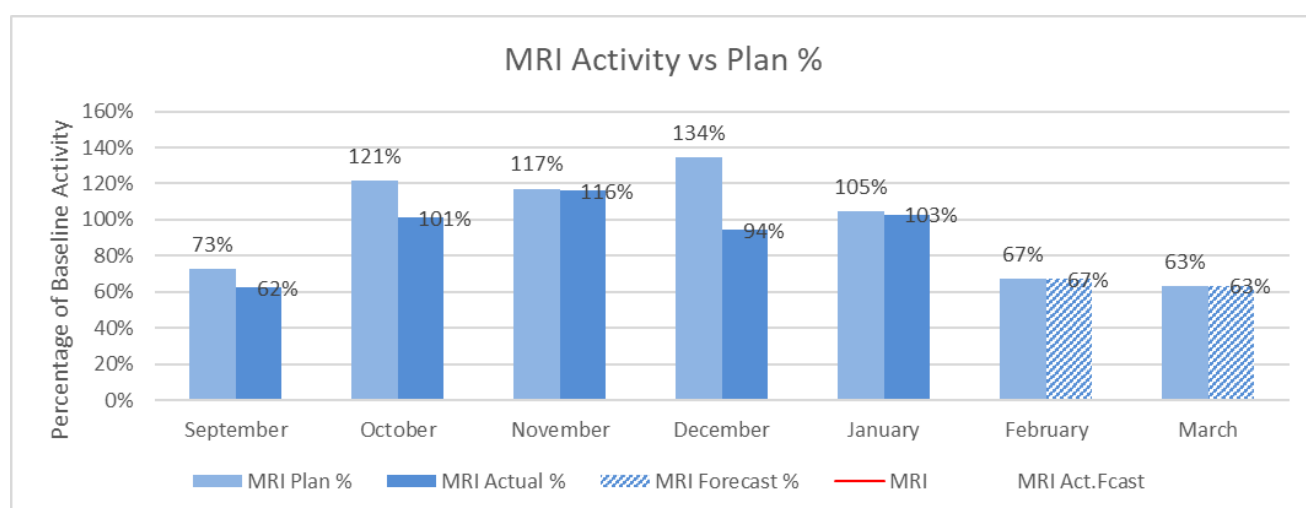
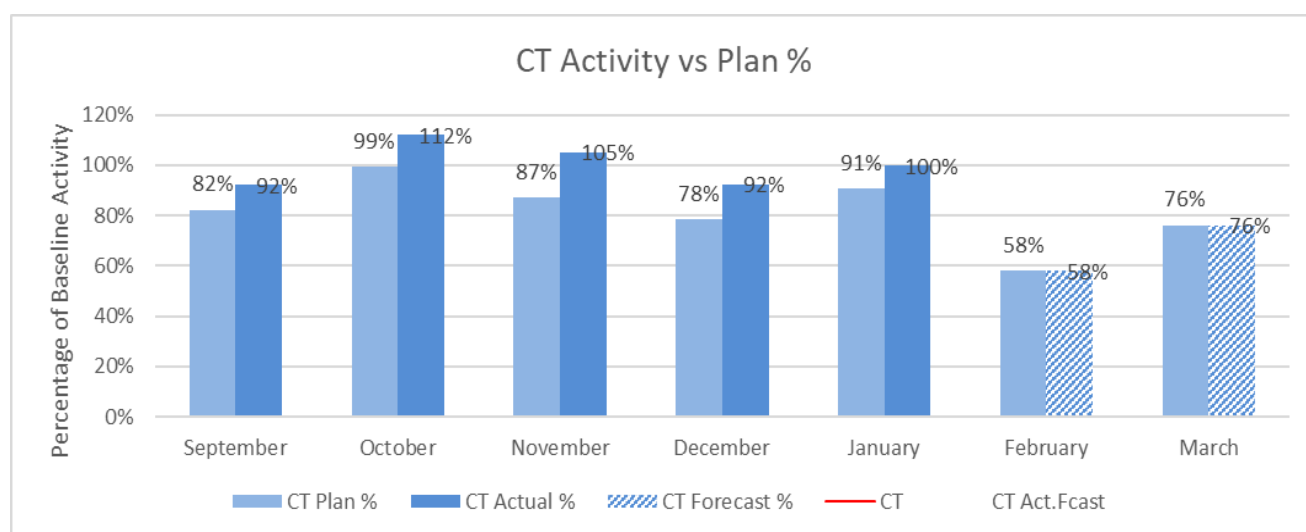


<b>January 2021 actual performance</b>
14730
<b>Variance Type</b>
Recovering to pre-covid Common Cause variation
<b>Local Target</b>
16500 (based on Apr-19-Feb-20 average)
<b>Target/ Plan achievement</b>
The target is not reliably achievable month on month

Background	What the chart tells us	Issues	Actions	Mitigations
Diagnostic activity is made of the number of tests/procedures including Imaging, Physiological Measurement and Endoscopy Tests	<p>There has been a reduction in activity against the recovery trajectory.</p> <p>Capacity is not sufficient to address the backlog created due to loss of activity during Covid19 1st wave</p>	<p>Insufficient baseline capacity in Imaging, exacerbated by national Covid countermeasures required to be in place particularly in Imaging and Endoscopy.</p> <p>Endoscopy and Imaging capacity reduced in January/February as staff are redeployed to Critical Care and other areas supporting acutely ill patients.</p> <p>Patients reluctant to accept appointments and/or travel to RJAH for Imaging.</p>	<p>Staffed mobile imaging for MRI and CT is on site at both sites to support return to previous activity levels.</p> <p>A small amount of MSK CT and MRI is available at RJAH and MRI at Nuffield</p> <p>Additional Ultrasound capacity is being provided by SaTH staff.</p> <p>Endoscopy plan re-profiled to reflect the delays to some interventions. Trans nasal endoscopes ordered</p>	<p>Risk stratification in place.</p> <p>Retain additional mobile capacity in this financial year to maintain progress. MRI business case approved up to July 2021.</p> <p>Plan to retain endoscopy capacity for urgent suspected cancer patients during wave 3 covid-19.</p> <p>Locum staff continue to be sought</p>

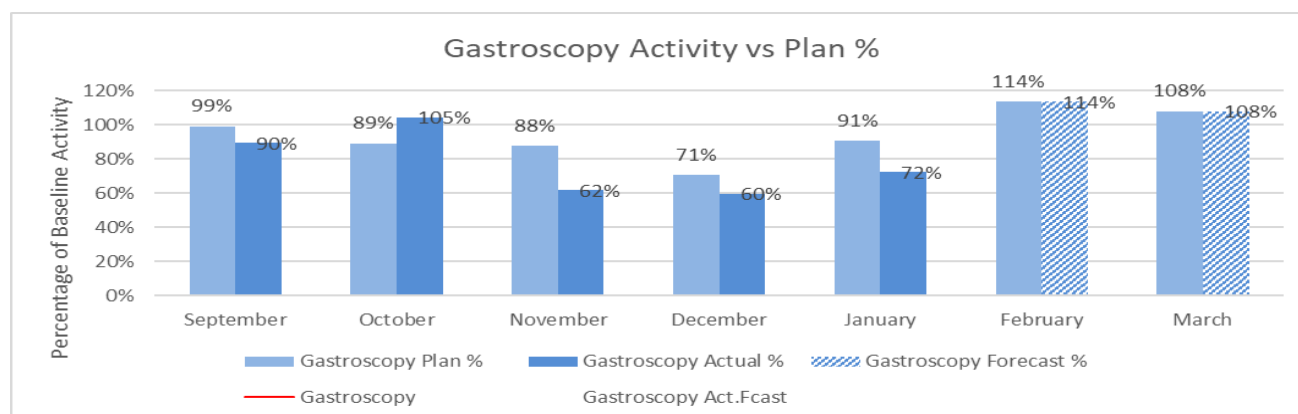
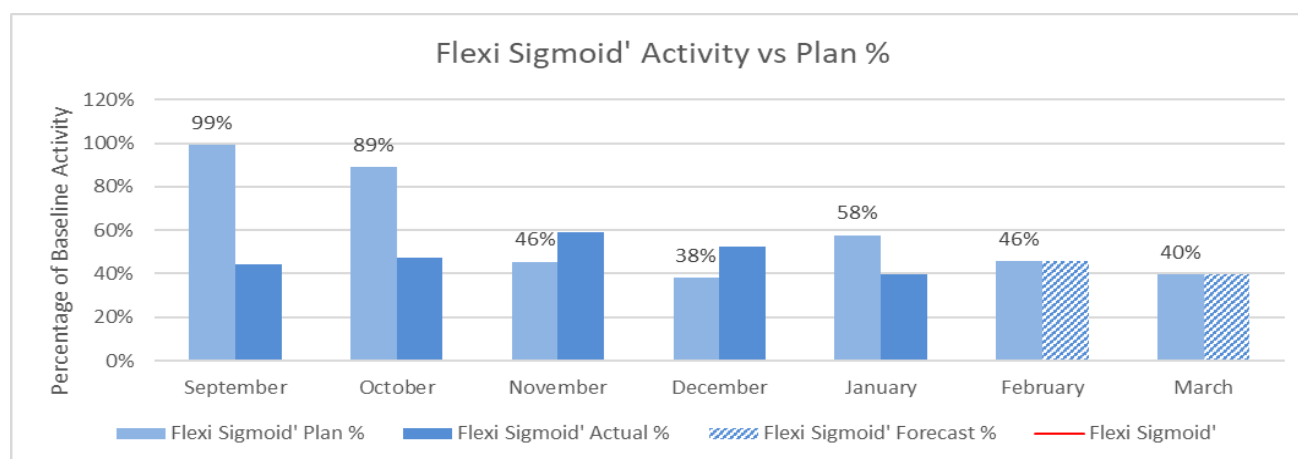
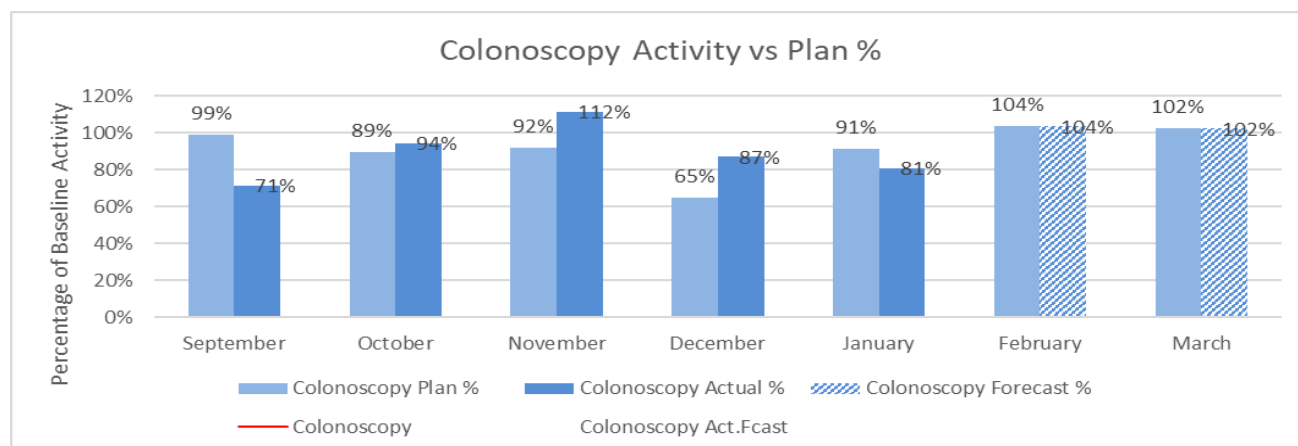
Imaging Recovery v plan (national target is 100% of 2019-20 baseline).

CT and MRI have performed well due to the additional mobile capacity available, but not sufficient to remove the backlog of patients over 6 weeks.

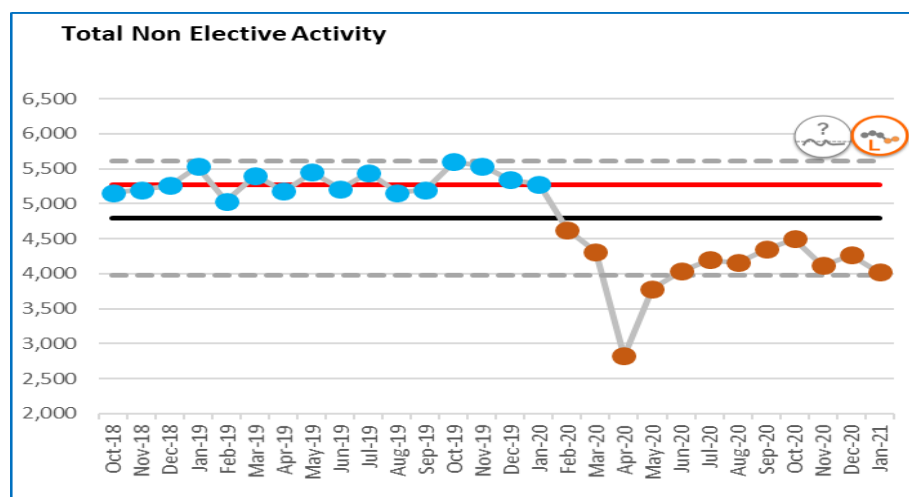


## Endoscopy recovery v plan (national target is 100% of 2019-20 baseline)

Endoscopy capacity has not been sufficient to deliver the expected activity or address the backlog of patients over 6 weeks. The priority has been to undertake procedures for urgent suspected cancer.



## Non-Elective Activity



**January 2021 actual performance**

4023

**Variance Type**

Special Cause

**National Target**

N/A

**Target/ Plan achievement**

The demand is unlikely to return to pre-covid levels in the short term

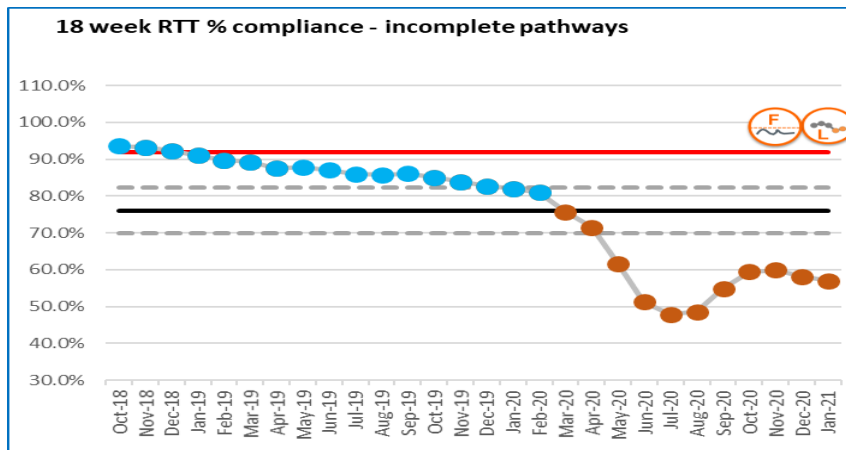
Background	What the chart tells us	Issues	Actions	Mitigations
Ability to respond to emergency demand in a timely fashion is important to meet the needs of patients unexpectedly taken seriously ill or involved in an accident requiring hospitalisation.	<p>Historically, non-elective activity has varied around 5,000-5,500 per month. During the 1<sup>st</sup> wave of covid non-elective demand fell considerably. This activity steadily increased towards the pre-covid levels over the summer.</p> <p>However further reduction is noted in the 3<sup>rd</sup> wave. The main area of reduced activity is in direct GP emergency admission.</p>	<p>Emergency department attendance has returned to close to the seasonally expected levels, while GP and other non-elective attendance remain considerably lower than pre-covid.</p> <p>The attendance to admission rate from ED has increased as the demand has not fully returned for patients with less serious presentations.</p> <p>The average length of stay for Covid-19 patients is longer than other emergency admissions driving up the bed occupancy and the overall Trust ALOS</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 in place and effectiveness being independently evaluated</p>	Continue to monitor non-Covid 19 emergency demand

## 6.0 Operational Summary

### Mr Nigel Lee Chief Operating Officer

- The delivery of unscheduled care targets has been challenging during January due to the rise in overall Covid demand combined with the challenge of segmenting patients suspected of and confirmed with Covid-19 from other patients. The average length of stay has been rising and despite the work of the Multi-Agency Discharge Events held in January the overall flow has not improved. This has led to delays in patients being admitted from the emergency department. This has meant that the emergency department occupancy has been high and caused delays in patients being handed over from the ambulance service. Clinical staff have worked hard to ensure that patients are assessed and managed safely during their waits. The overall numbers of handover delays has been slightly less than last year, but the length of some delays have been considerable. Whilst SATH has seen 12 hour breaches in the month, these have been significantly less than January 2020 (134 in Jan 2021 versus 411 in Jan 2020).
- It is good to see the improvement in the quality of care indicators within ED, providing assurance of improved recognition of Sepsis, reduction in Paediatric triage time (which is now consistently below the 15 minute target) and a reduction in the patients who have left without being seen. Early data also shows the benefits we are seeing from the initiatives implemented to support the peak winter period, such as the therapies at the front door and the opening of the SDEC.
- Wards across both sites have been affected by outbreaks and beds with bays and sometimes wards closed as a result. Our discharge lounges can also only support covid negative patients, which has also restricted flow on a number of occasions.
- Elective admissions have been reduced due to the impact of Covid-19 on our bed and theatre capacity. Assistance has been requested from the West Midlands Cancer Hub to support the surgical treatment of patients clinically unsuitable for treatment in the Nuffield. Other cancer and urgent surgery is being undertaken via 10 operating lists per week at the Nuffield and through continuing use of the Vanguard (the level of theatre lists is planned to expand at the Nuffield during February, rising to 20 lists per week by week commencing 22 Feb). However, this is a far lower level of activity than previously undertaken and cannot accommodate the full mix of patients given the lack of intensive care and theatres facilities, and critical care escalation.
- During February we will be returning to our previous footprints for Critical Care with funding provided to permanently increase the number of critical care beds by 2 to 16. We will continue to work at surge capacity (up to 25) in critical care whilst demand is at this level. As demand reduces, we will seek to re-establish the low risk and day surgery unit at the earliest opportunity to increase capacity for P2 patients who require surgery within a 4 week window. Our clinical teams are continuing to review patient clinical priorities to ensure the available capacity can be allocated to those patients with greatest clinical need.

## 18 week RTT Exception Report



**January 2021 actual performance**

57%

**Variance Type**

Special Cause

**National Target**

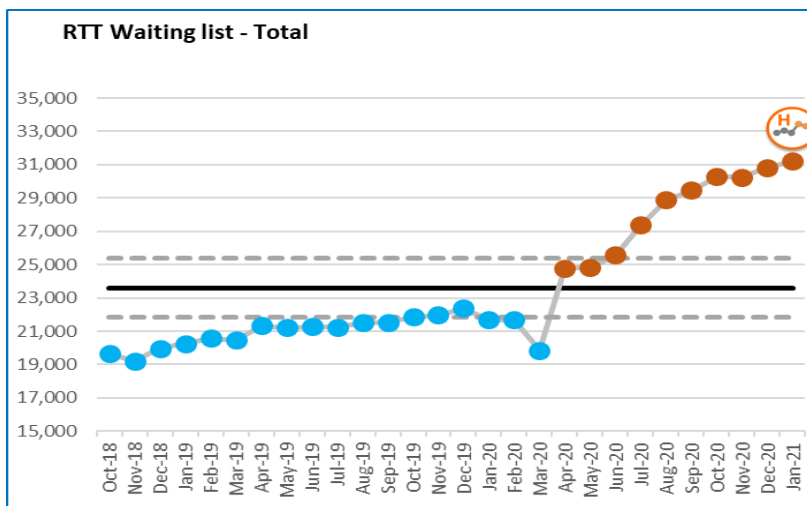
92%

**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
Headline performance against this measure has now stabilised (57.0% at end January compared to 58.2% at end December 2020). However, this is much lower than the performance that was being achieved before the pandemic.	<p>The stabilisation in performance is linked to an increase in referral volumes back towards normal levels, such that the count of patients waiting less than 18 weeks is higher.</p> <p>Within the combined figure, the admitted performance is 32.67% with 2,768 patients in excess of 18 weeks. The non-admitted performance is 61.11% with 9,463 patients in excess of 18 weeks.</p>	Lack of outpatient, diagnostic of theatre / elective bed capacity to treat routine patients. Urgent / cancer patients are prioritised for the very limited capacity available.	<p>Recommend elective operating as soon as it is practical to do so.</p> <p>Recommend face-to-face outpatient clinics for routine patients as soon as it is practical to do so.</p> <p>Recommend imaging for routine patient pathways when backlogs of urgent demand are cleared.</p>	Continued clinical triage and validation to ensure that patients who are a clinical priority (or whose condition deteriorates whilst waiting) are treated within the limited capacity available.

## RTT Waiting List – Total Size



**January 2021 actual performance**

31198

28445 (English),  
2753(Welsh)

**Variance Type**

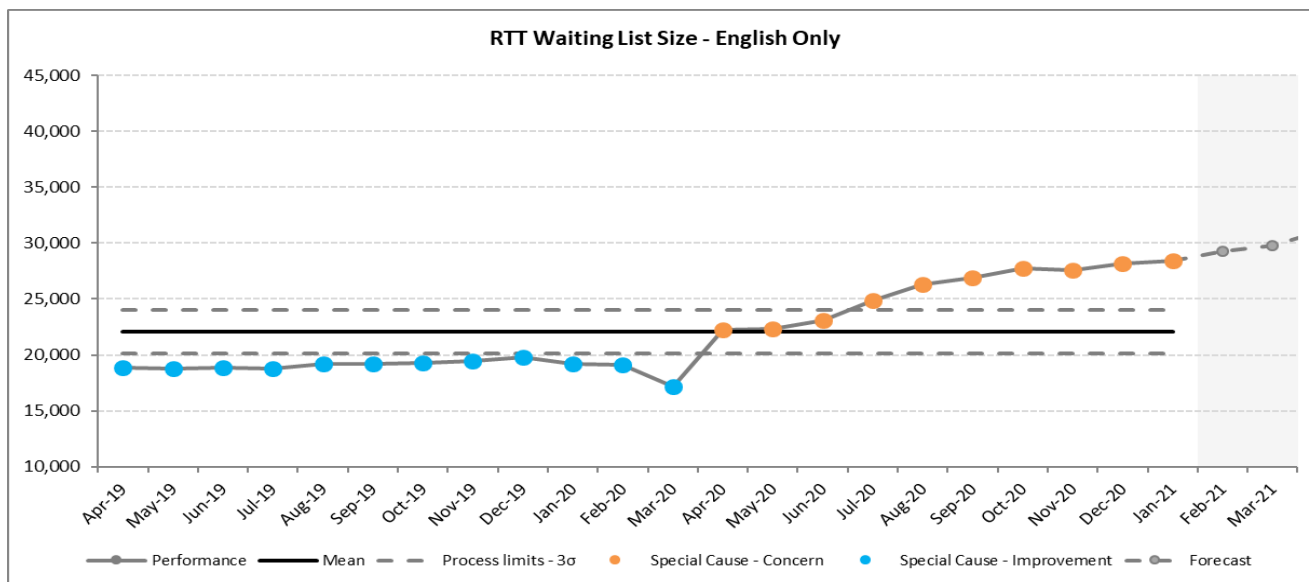
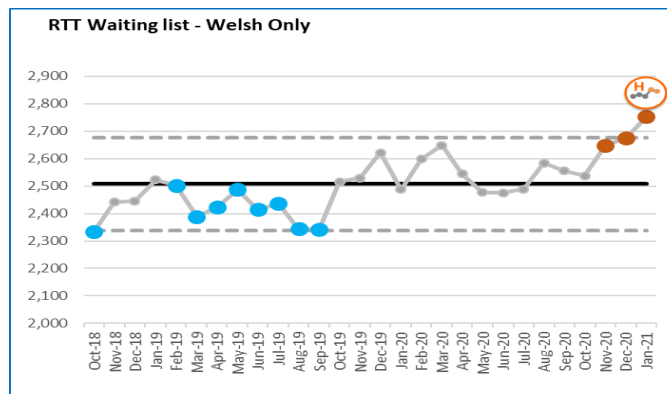
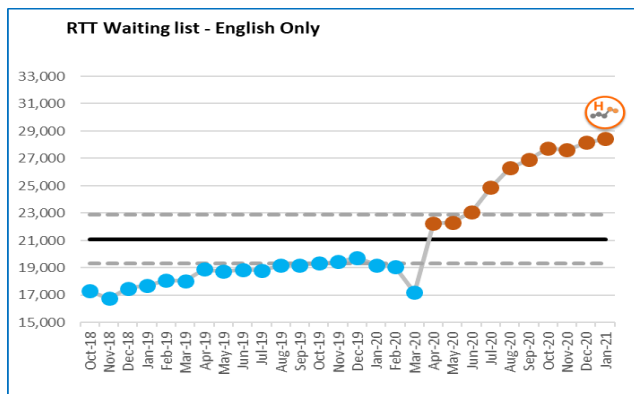
Special Cause

**Target**

19,199

**Target/ Plan achievement**

Impact of Covid-19 means that the waiting list is likely to continue to grow at present.

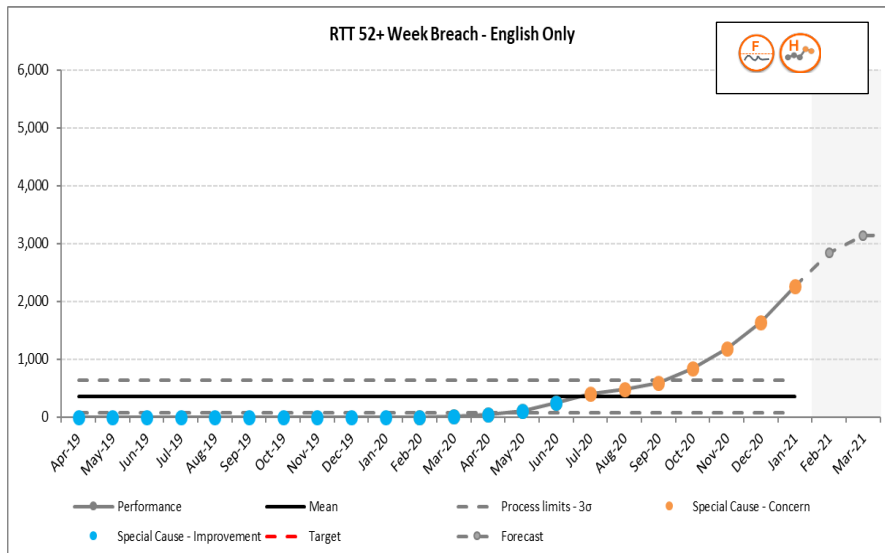


RTT waiting list Dec 2020	All England	SaTH
% within 18 weeks (target 92%)	67.8%	58.2%
Half of patients waiting less than	11 weeks	14 weeks
92 out of 100 patients were waiting less than	47 weeks	49 weeks

Background	What the chart tells us	Issues	Actions	Mitigations
<p>Total list size continues to increase because of the inability to treat clinically routine patients and to close the RTT pathways.</p> <p>There are 4,111 patients awaiting admitted care and 24,334 on an open non-admitted pathway. This is a total increase of 9,246 compared to the required standard (January 2020 position).</p>	<p>Numbers remained under relative control in the early stages of the pandemic due to the reduced number of referrals. Referrals are now returning to normal levels and combined with the ongoing inability to treat routine patients, leading to an increase in list size.</p>	<p>Very limited capacity (outpatients, diagnostics, theatres and elective beds) to see and treat any patients not on an urgent / cancer pathway.</p>	<p>Recommence routine activity as soon as it is feasible to do so and backlogs of urgent patients have been cleared.</p> <p>Implementation of additional capacity in speciality where this is feasible over Q2 &amp; Q3 2021-22, (subject to available funding) to reduce elective waits.</p>	<p>Clinical triage and prioritisation to ensure that urgent / cancer patients are treated and not in the backlog for an inappropriate time.</p>



## 52 Weeks Wait Exception Report



### January 2021 actual performance

2268 (English only) plus  
369 non English patients  
Total 2637

### Variance Type

Special Cause

### National Target

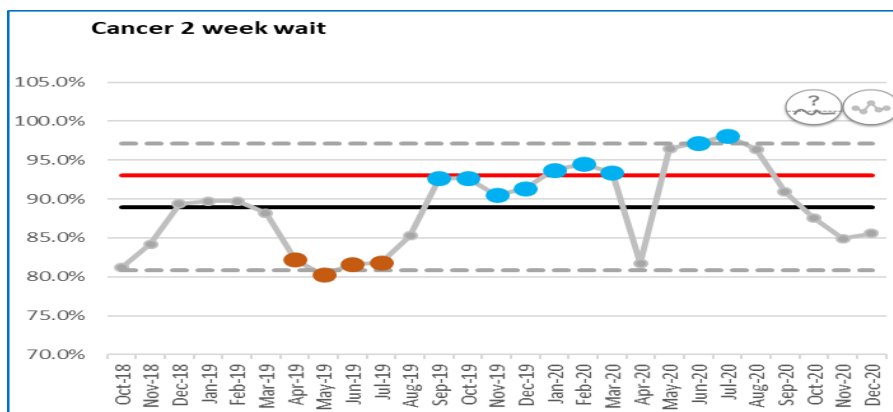
0

### 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
From a baseline position of zero pre-pandemic, the volume of patients waiting in excess of 52 weeks on an open RTT pathway has increased significantly. It continues to increase because routine patients are not currently being prioritised for treatment.	<p>We know that based on the volume of patients in excess of 40 weeks who are very unlikely to be treated before 52 weeks, and the limited treatment options available for those already at 52+, performance will continue to deteriorate significantly until there is capacity (outpatients, diagnostics &amp; theatres) to treat routine pathway patients.</p> <p>The year-end forecast is shown in the lower graph and predicts 3638 (3129 English) patients will be waiting in excess of 52 weeks by the end of March 2021</p>	<p>Limited capacity continues to be prioritised for clinically urgent patients.</p> <p>Referrals are expected to increase to pre-covid levels or above</p> <p>Clinically urgent patients tend to be in shorter waiting time bands and so will use available capacity before longer-waiting patients</p>	Demand and capacity analysis for each speciality completed to establish scale of the gap and what resources would be required to bring the 52 week wait position under control, but not at the expense of timely urgent / cancer pathways.	After all urgent / cancer capacity is restored and the backlog of urgent patients has been fully addressed, plans to reduce routine patient backlogs will begin to be implemented (Q2 2021-22).

## Cancer 2 week waits



### December 2020 actual performance

85.6%

### Variance Type

Normal variation

### National Target

93%

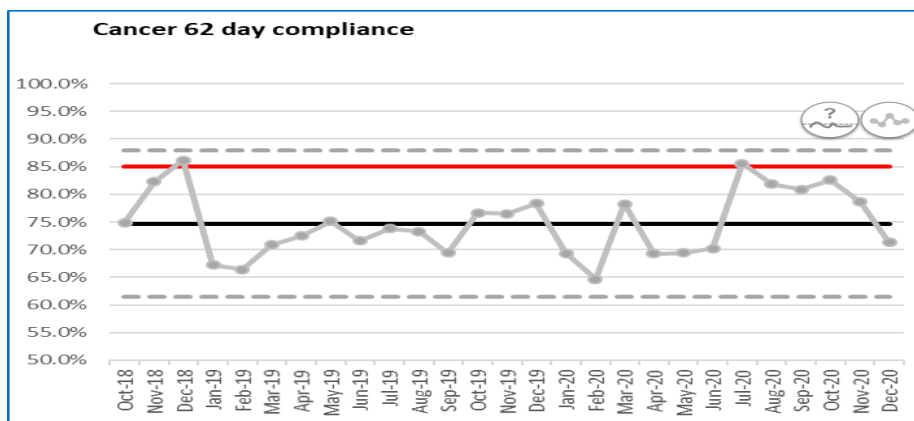
### Target/ Plan achievement

Measure is not capable of meeting the target

Background	What the chart tells us	Issues	Actions	Mitigations
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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 low levels of capacity within the breast service.	Capacity issues in the breast specialty have impacted negatively on SaTH's overall 2WW performance	Extra capacity being added to the Breast 2WW clinics	Implementation of revised 2WW Breast Referral Proformas
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## Cancer 62 day target



### December 2020 actual performance

71.3%

### Variance Type

Normal variation

### National Target

85%

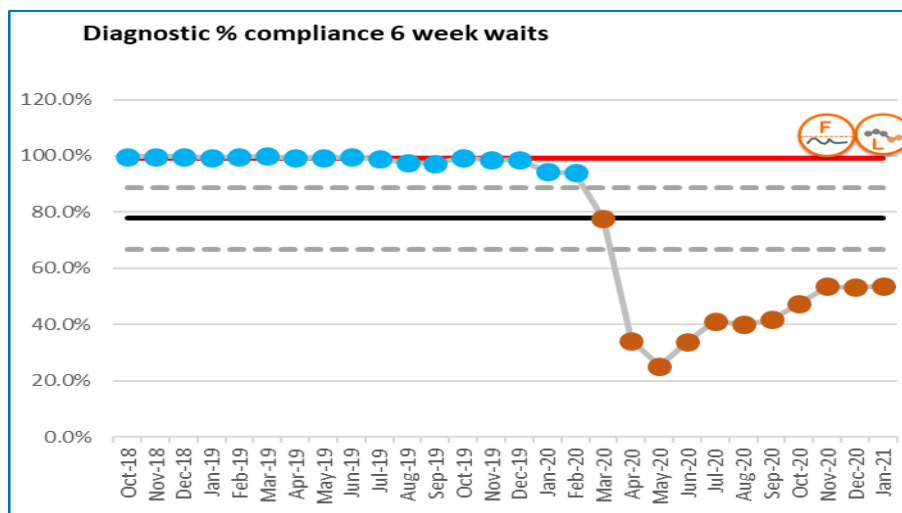
### Target/ Plan achievement

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 treated within 62 days of referral.	The present processes are unlikely to reliably deliver the target. Compliance with this target has been achieved once since April 2019.  Performance is currently deteriorating and will continue to do so while the backlog of patients are treated.	Huge reduction in surgical capacity due to Covid-19 complex pathways in many specialities  Capacity does not meet demand (diagnostic capacity remains an issue).	Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure  Extra capacity for CTVC in Feb/March.  Regular surgical planning meetings to prioritise cancer patients. Temporary CT and MRI scanners in use  Re-establishment of low risk green pathway  Increased use of the Nuffield IS capacity  Assistance sought from the West Midlands Cancer Hub	Pathway Project Managers introduced to review pathways and implement efficiencies to assist compliance with targets  Cancer Performance and Assurance Meetings chaired by Deputy COO

Cancer Performance December 2020 Comparator	2 Week Wait (target 93%)	31 days wait (First Treatment) (target 96%)	62 day wait (target 85%)
England	87.5%	96%	75.2%
SaTH	85.6%	98.7%	71.3%

## DM01 Diagnostic over 6 week waits



**January 2021 actual performance**

53.5%

**Variance Type**

Special Cause

**National Target**

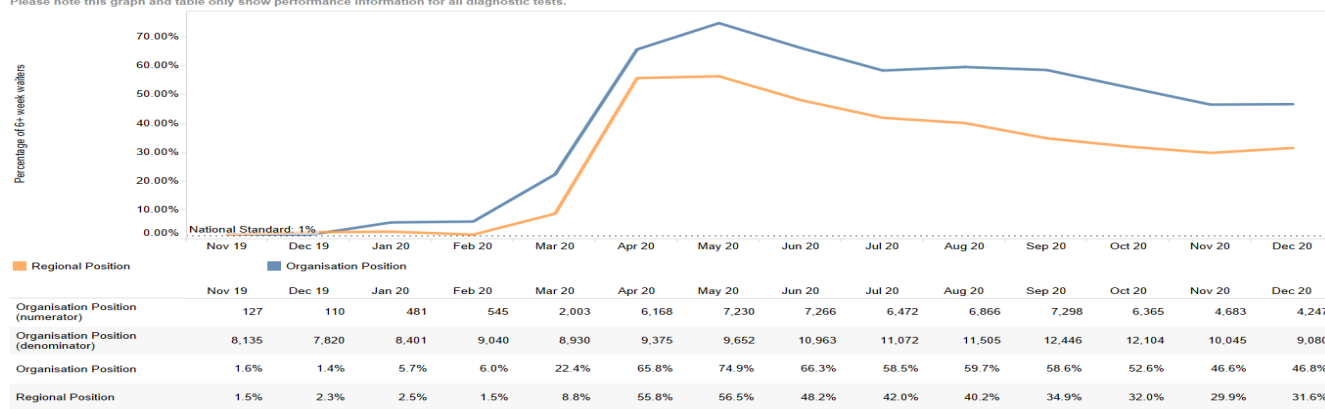
99%

**Target/ Plan achievement**

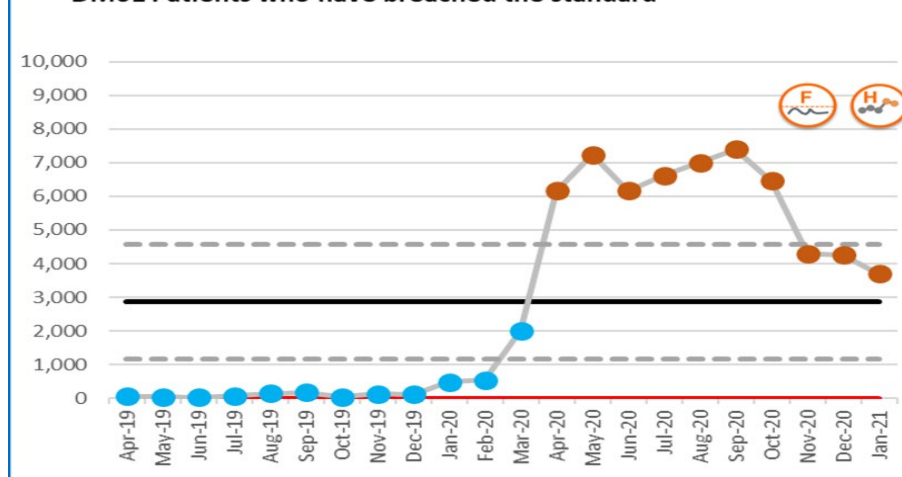
Target will not be delivered with present capacity constraints in some diagnostic services

### Performance comparison for all diagnostic tests

Please note this graph and table only show performance information for all diagnostic tests.



### DM01 Patients who have breached the standard



**January 2021 actual performance**

3700

**Variance Type**

Special Cause

**National Target**

0

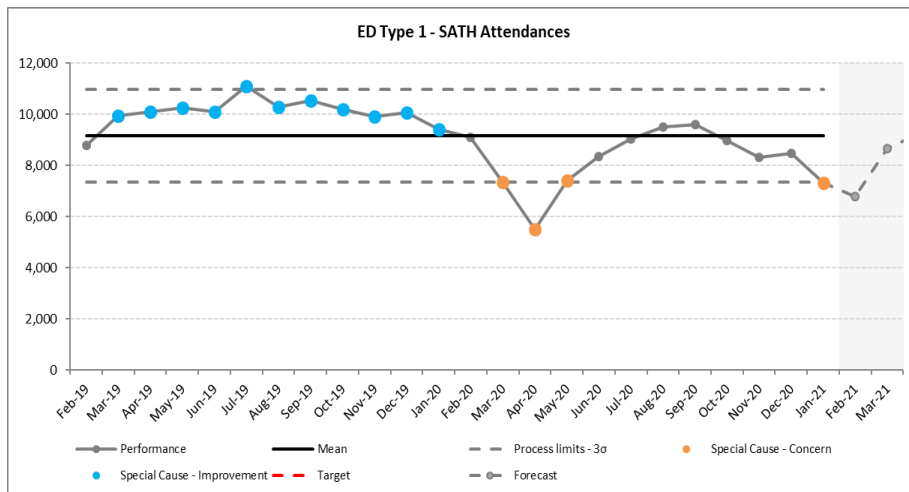
**Target/ Plan achievement**

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	<p>The overall standard has not been achieved this year.</p> <p>Special Cause variation is currently related</p>	<p>Progress has been interrupted by our response to the 3rd wave surge. This is expected to continue into February.</p> <p>Backlog created in diagnostic services</p>	<p>Imaging pod will be available from July 1st 2021 (delayed due to supplier constraints).</p> <p>Mobile capacity on site for CT and MRI, plus small amount of additional weekly capacity at RJA and</p>	<p>Risk stratification remains in place.</p> <p>Priority is allocated to the most clinically urgent patients including cancer.</p> <p>Business case approved for</p>

	predominantly to Covid-19.	from 1st Wave continuing.  Reluctance of patients to travel to RJAH and generally to accept MRI and Ultrasound appointments	Nuffield; 3rd party contracted to provide additional ultrasound capacity	additional mobile MRI capacity up to July 2021.  Progress with CT is dependent on availability of mobile CT continuing into next financial year
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## A&E Attendances



### January 2021 actual performance

7324

### Variance Type

Special Cause

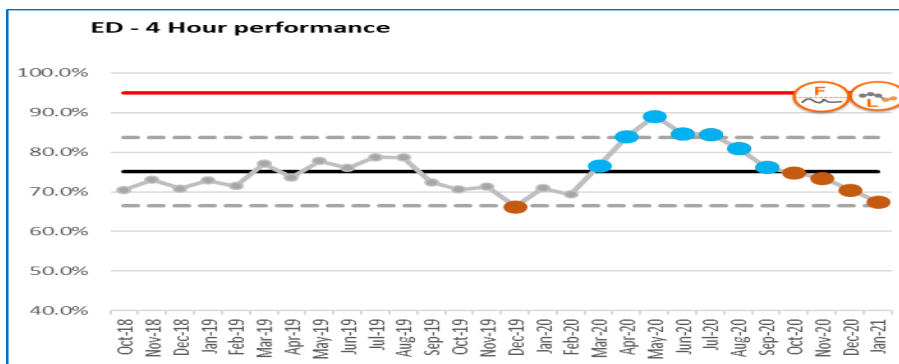
### Local Plan

9422 (Jan 2020)

### Plan achievement

ED attendances are forecast to increase post wave 3 of Covid-19 with the March 2021 level anticipated to be 8,648

## A&E 4 hour performance



### January 2021 actual performance

67.5%

### Variance Type

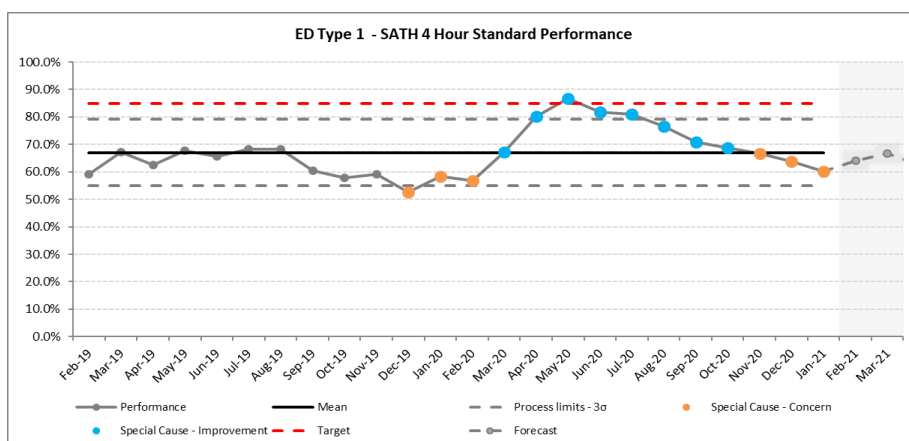
Special Cause

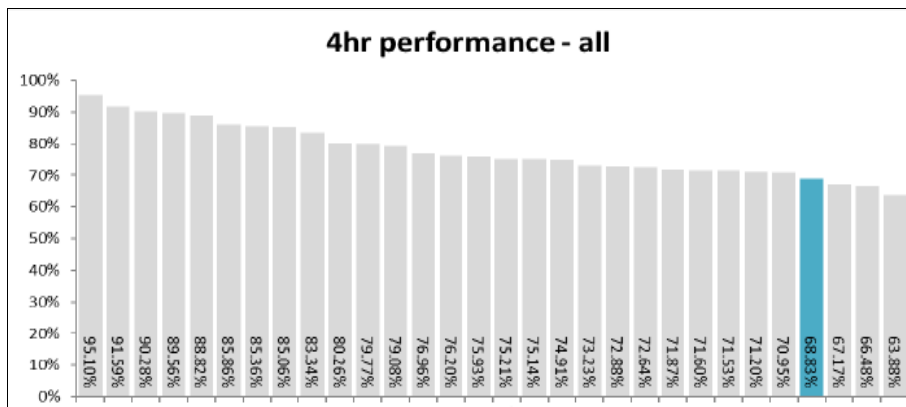
### National Target

95%

### Target/ Plan achievement

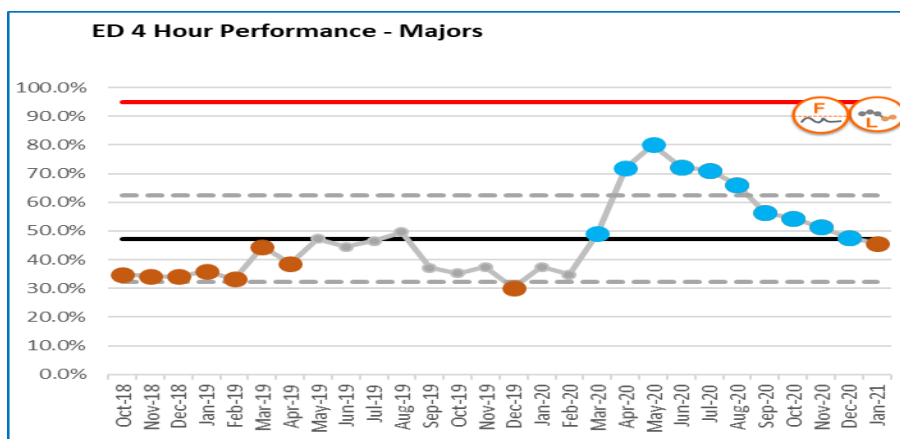
The target is above the upper process control limit and so will not be achieved without service re-design  
The forecast is showing slight improvement expected in February and March Type 1 ED performance which will be reflected in the 4 hour ED total performance





Regional performance information (w/e 4.2.21) shows SaTH is one of four trusts delivering performance of below 70%

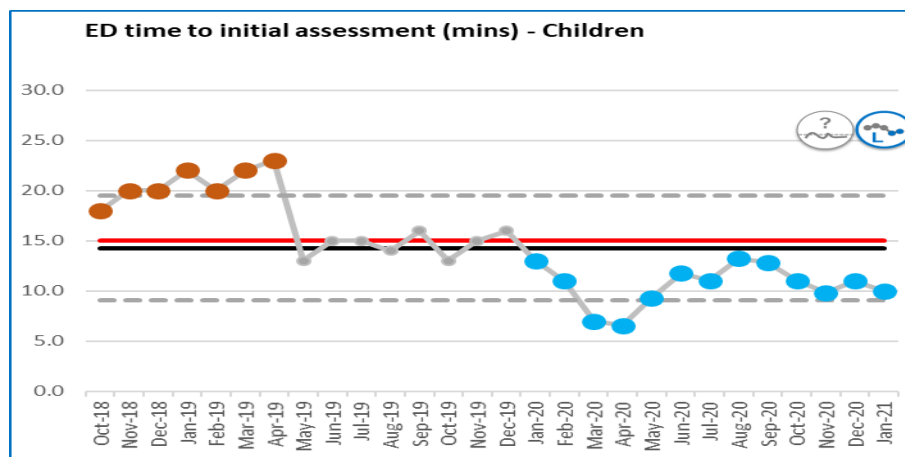
## ED Majors Performance



<b>January 2021 actual performance</b>
95.3%
<b>Variance Type</b>
Common Cause Variation
<b>National Target</b>
95%
<b>Target/ Plan achievement</b>
Delivered for last 3 months

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	<p>ED 4 hour performance – 67.5% is showing special cause effect following eight consecutive months of decline.</p> <p>The previous improved performance is due to fewer ED attendances during wave 1 of Covid-19 and was not typical of the previous performance</p> <p>ED majors performance is the key driver to ED 4 hour performance delivery</p>	<p>Continued challenge in managing Covid-19 high risk and medium pathways</p> <p>Known shortfall in bedded capacity to meet demand impacts upon flow from departments to inpatient areas</p> <p>Reduction in minors attendances has had an impact on overall 4 hour performance this month</p>	<p>Continued daily oversight and management of site by Divisions</p> <p>Internal improvement plan and actions in place to address internal flow issues</p> <p>Capacity gap escalated to regulators with proposal for additional resource to address shortfall to improve performance going forward</p> <p>Continued drive to divert to medical SDEC wherever possible</p> <p>Increased focus on morning discharges</p>	<p>'Safe Today' process in place for EDs to rapidly identify and mitigate any potential risks associated with long waits in departments</p>

## ED Time to Initial Assessment - Children



**January 2021 actual performance**

10 mins

**Variance Type**

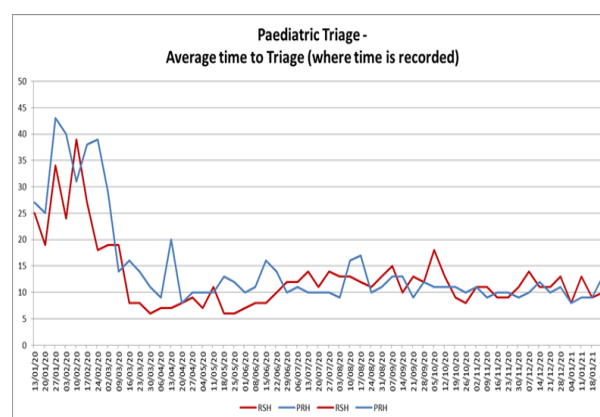
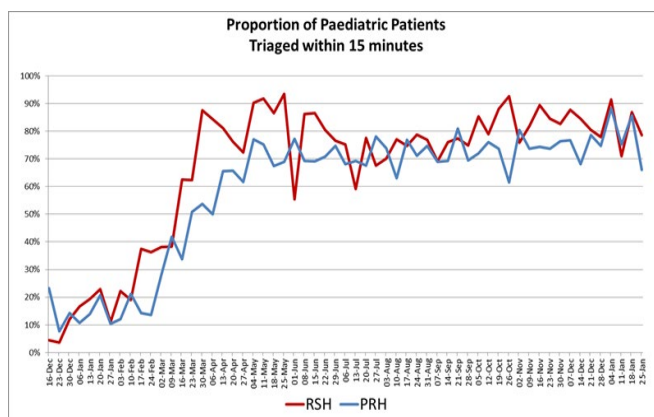
Special Cause

**National Target**

15 mins

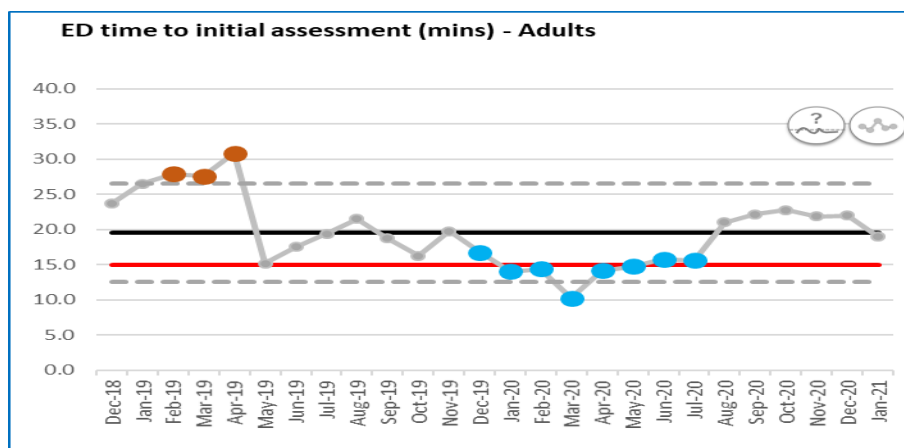
**Target/ Plan achievement**

Target is being consistently achieved month on month



Background	What the chart tells us	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator	<p>The system is showing improving special cause variation which has now been sustained for 12 months.</p> <p>Process limits will now be reset around this sustained improvement</p>	Sustained improvement required	<p>Paediatric staffing plan developed and in process of being implemented to ensure sufficient capacity of appropriately skilled staff available to meet demand</p> <p>ED IT system implementation – will further improve recording and reporting of this key metric</p>	<p>Daily audits undertaken to maintain oversight of process and metric for paediatrics</p> <p>Continued focus on ED systems and processes with support from ECIST</p>

## ED Time to Initial Assessment - Adult



**January 2021 actual performance**

19

**Variance Type**

Common Cause

**National Target**

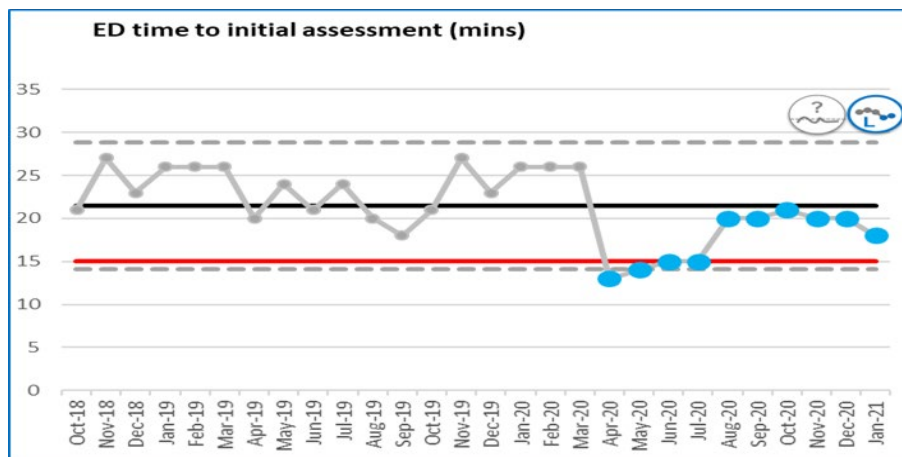
15

**Target/ Plan achievement**

Performance remains worse than target but improving



## ED Overall Time to Initial Assessment



**January 2021 actual performance**

18

**Variance Type**

Common Cause

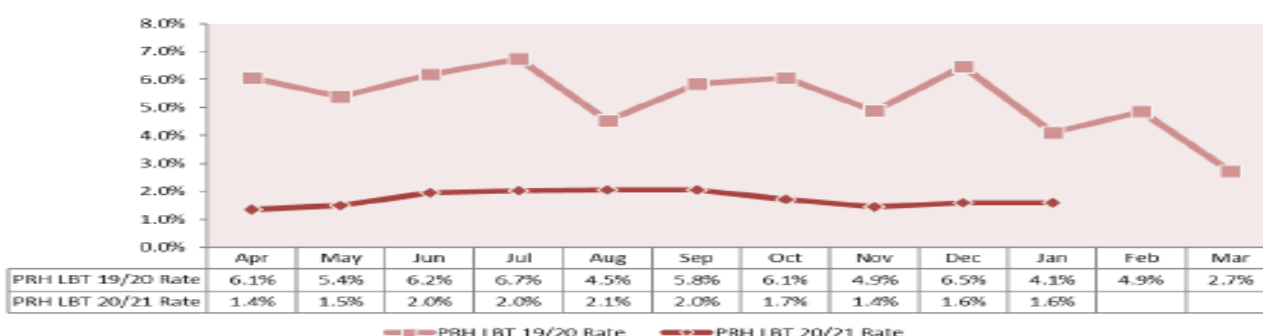
**National Target**

15

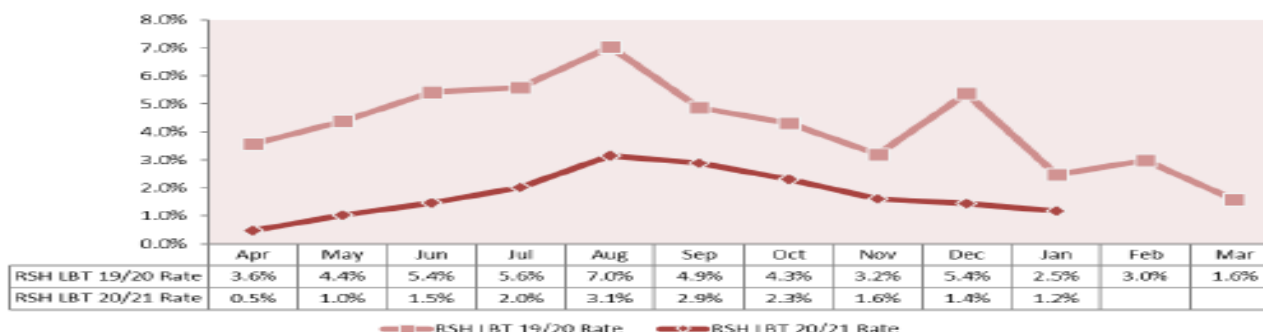
**Target/ Plan achievement**

Performance remains above target

### PRH Left Before Treatment



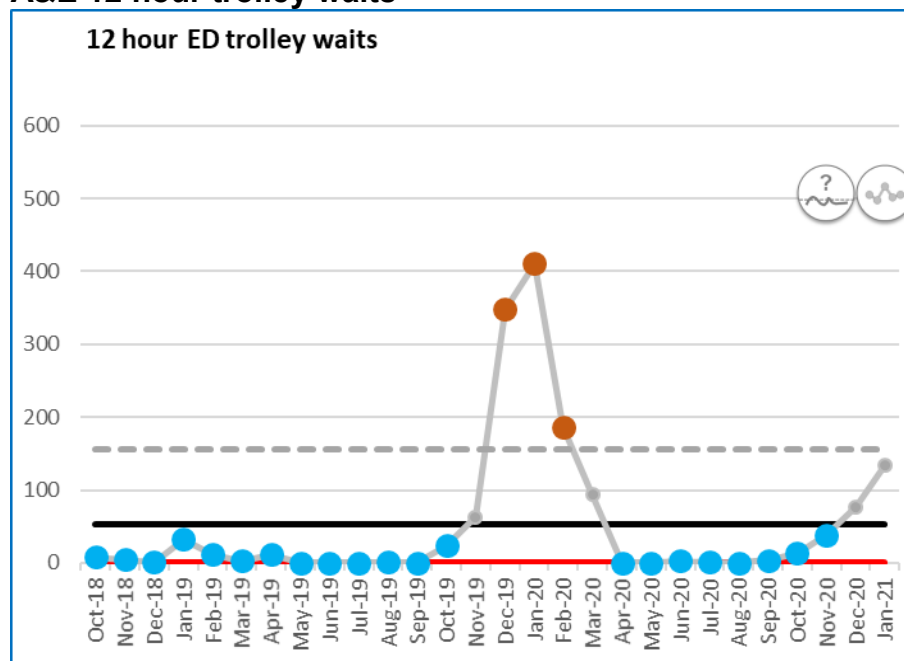
### RSH Left Before Treatment



Background	What the chart tells us	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator.	<p>Performance against this metric is slightly worse than the overall target</p> <p>The % leaving the department without being seen has significantly improved at both EDs and is better than the &lt;5% target</p>	Capacity constraints within the departments especially when patients arrive in close time intervals	<p>Continued recruitment into vacant ED posts will allow resilience in planning rota's to support expected peak arrival times and further improve initial assessment times</p> <p>Think 111 implemented on a phased approach to drive patients to pre booking walk in appointments where appropriate which can be staggered</p>	Internal escalation processes



## A&E 12 hour trolley waits



### January 2021 actual performance

134

### Variance Type

Common Cause

### National Target

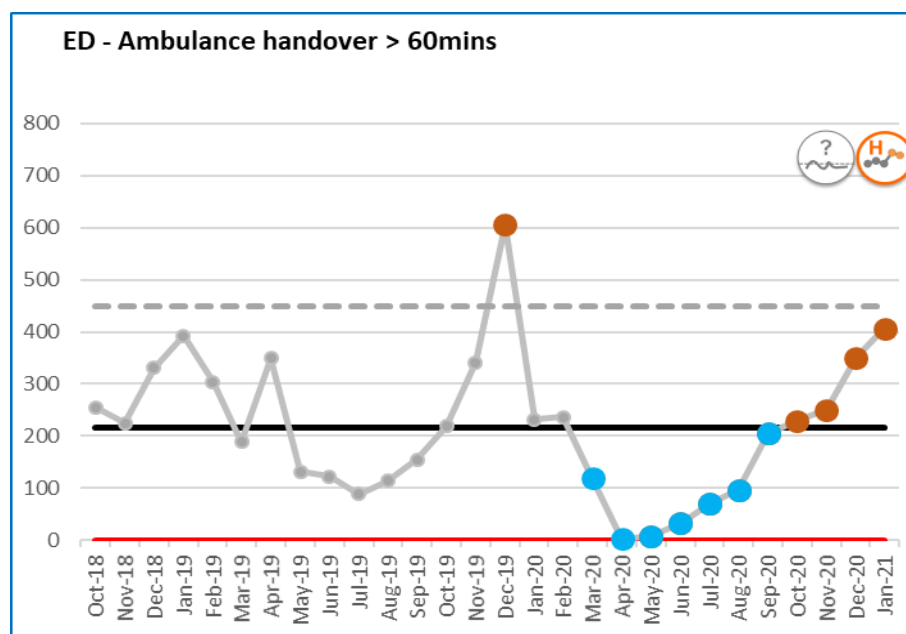
0

### Target/ Plan achievement

The target was breached for the 3<sup>rd</sup> consecutive month with year-end forecast anticipating a total of 325 over 12 hour trolley waits. This will be a considerable improvement on the 1140 in 2019-20

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 the volume has increased during January 2021	<p>Insufficient bedded capacity to meet demand at these times of peak activity.</p> <p>This has been exacerbated by the requirement to cohort patients by their Covid-19 status/ waiting for swab results before moving patients.</p> <p>An increase in overall LoS has been noted for January, particularly for Covid-19 positive patients, which has exacerbated the capacity issue</p> <p>Discharges occurring late in the day</p>	<p>Capacity proposals to secure additional resource to address known shortfalls</p> <p>Daily cohorting meetings in place with lead clinicians and site team to ensure our response is as agile as possible</p> <p>Revised focus upon stranded patient process with leadership from Medical Director in place</p> <p>MFFD delays escalated to system leads via Trust Executives</p> <p>Improvement plan in place to address internal flow issues</p>	<p>'Safe Today' process in place for EDs to rapidly identify and mitigate any potential risks associated with long waits in departments</p> <p>Additional capacity opened via medical SDEC on RSH site and PAU on PRH site in an effort to reduce the known bed gap</p>

## Ambulance handover > 60 Mins



**January 2021 actual performance**

406

**Variance Type**

Special Cause

**National Target**

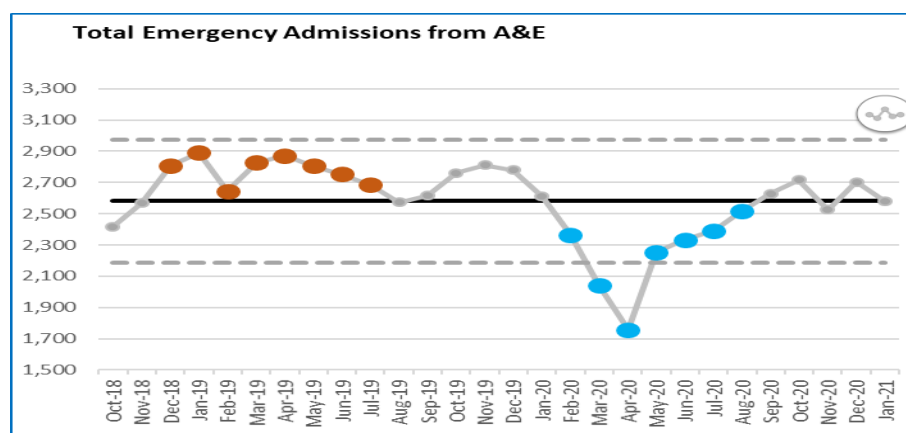
0

**Target/ Plan achievement**

The system is not capable of delivering this target consistently. The full year forecast of 2,006 is a significant improvement on the 2,714 delays that occurred in 2019-20

Background	What the chart tells us	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety and to support the release of ambulances to respond to 999 calls	Increase in ambulance handover delays over winter period but at a lower rate than the same period during the last two years	Capacity to offload reduced by departmental requirements to manage green and blue Covid-19 pathways separately  Reduced flow through departments to admission portals as demand outstrips capacity	Some additional capacity opened on both sites via medical SDEC on RSH site and PAU base on PRH site  Capacity proposal for additional resources to address shortfalls to improve performance going forward  Improvement plan in place to address internal flow issues	Process in place to review patients awaiting handover and to plan offload in order of clinical priority  Internal escalation process established

## Total Emergency Admissions from A&E



**January 2021 actual performance**

2582

**Variance Type**

Common Cause

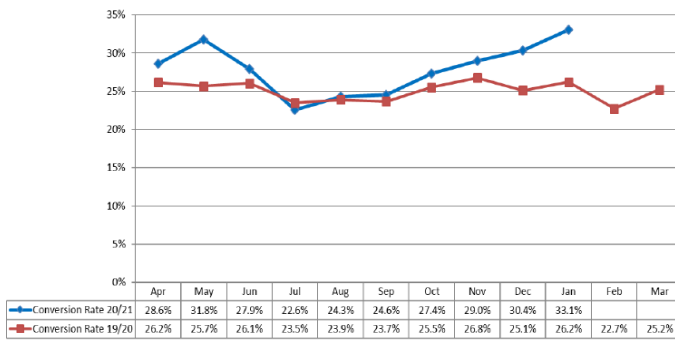
**National Target**

N/A

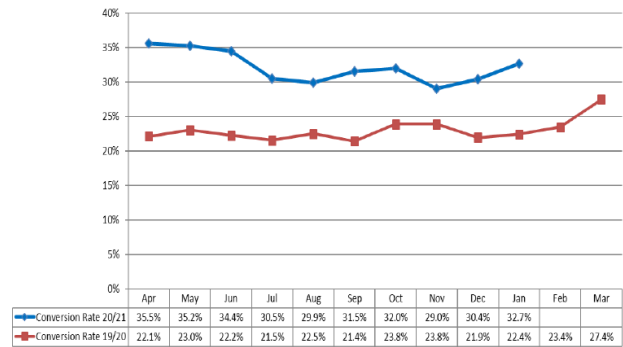
**Target/ Plan achievement**

N/A

A&E PRH Conversion Rate



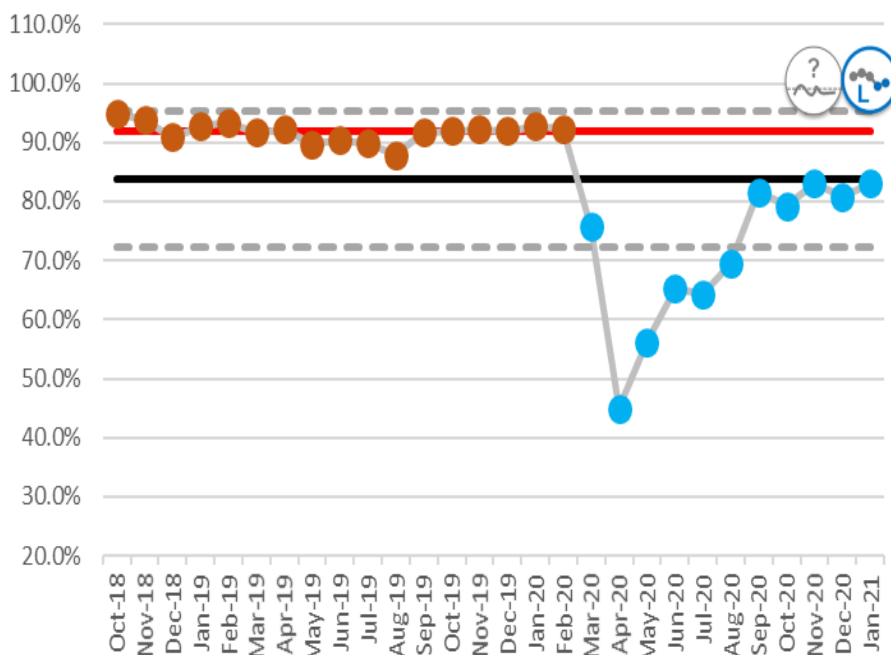
A&E RSH Conversion Rate



Background	What the chart tells us	Issues	Actions	Mitigations
The number of emergency admissions is an indicator of system performance and a reflection of the prevalence of serious illness and injuries in the community	The number of admissions from A&E are returning to their pre-covid levels	<p>The rate of admission has increased on both sites, reflecting both the lower number of minor presentations and the increased acuity of patients attending.</p> <p>Length of stay of Covid-19 positive patients is in excess of the average length of stay of other emergency admissions</p>	<p>Medical SDEC pathway implementation</p> <p>Consideration of surgical SDEC pathway</p> <p>Admission avoidance Schemes</p> <p>WMAS conveyance avoidance schemes</p> <p>Discharge pathway improvement</p>	

## Bed Occupancy

Bed Occupancy - G&A



### January 2021 actual performance

83.0%

### Variance Type

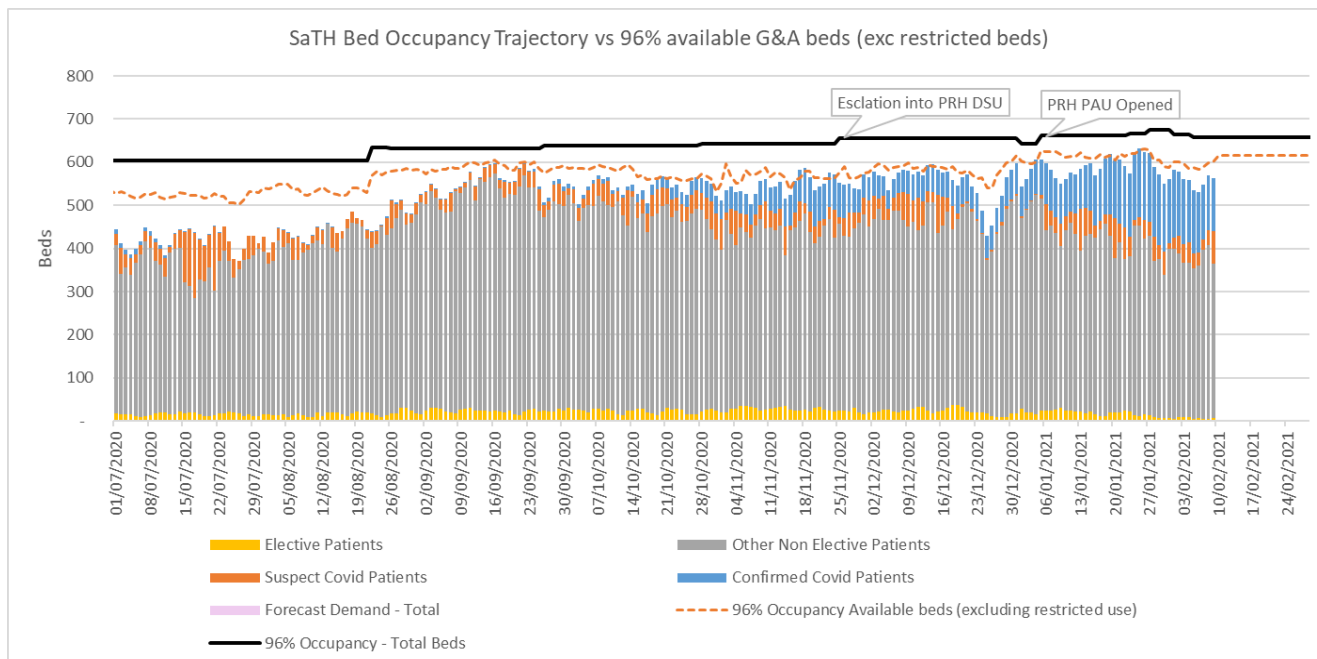
Special Cause improving

### National Target

92%

### Target/ Plan achievement

While core bed occupancy is lower than planned this does not take into account the available beds after Covid-19 and closed beds are taken into account. Operational occupancy levels are higher than core bed occupancy levels reported as shown below



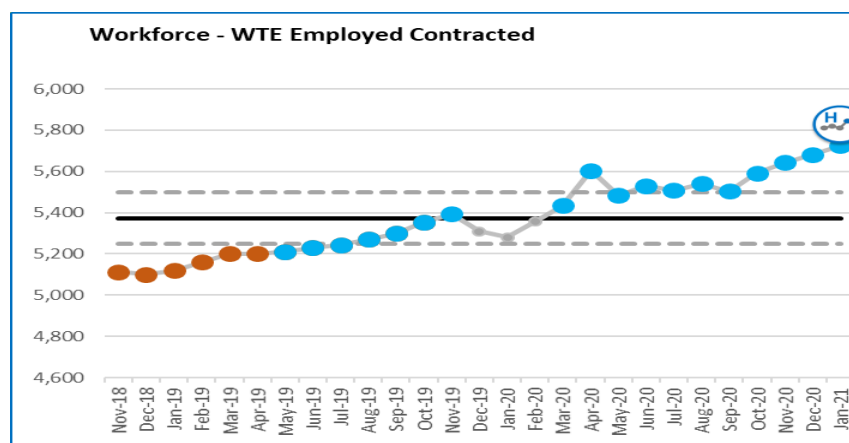
Background	What the chart tells us	Issues	Actions	Mitigations
Bed occupancy is an important measure indicating the flow and capacity within the system	<p>Admissions fell during the 1<sup>st</sup> wave of covid due to fall in non covid urgent care demand and cessation of elective care admissions</p> <p>Since this time emergency admissions through ED have returned to near normal levels and elective care has moved to recovery phase.</p> <p>The reduction in occupancy is largely due to non-ED admissions remaining below pre-covid levels</p>	<p>The bed occupancy formally reportable does not take account the available beds.</p> <p>These are reduced at the present time due to:</p> <ol style="list-style-type: none"> <li>Ring-fencing of capacity for Covid +ve patients</li> <li>The social distancing required between beds</li> <li>Temporary closure of beds due to outbreaks</li> <li>Specialty specific protected capacity</li> </ol> <p>January saw an increase in the occupancy of available beds and the level of occupancy by Covid-19 patients triggered escalation for mutual aid.</p>	<p>Bed modelling completed to show the daily impact of the factors on bed availability (see graph above)</p> <p>Winter plan includes admission avoidance and discharge schemes</p> <p>Clear curtains installed between beds to support infection control measures and reduce the need to close beds</p> <p>Mutual aid provided to support the level of covid-19 occupied beds in January 2021.</p>	Bed occupancy planned to increase to 96%

## 7.0 Workforce Summary

### Rhia Boyode, Director of Workforce

- COVID 19 related absence for January was 5.6% equating to 328 FTE; combined with non- COVID sickness this equates to an overall absence rate of 9.9% or 579 FTE. Non-COVID related absence continues to follow expected trends with a slightly lower non-COVID sickness rate for January than anticipated; this is likely due to the high COVID related absences.
- Increased COVID related absence is partly attributed to staff going back into shielding combined with an increase in staff testing. Staff that are required to isolate remained at fairly consistent levels, however staff being unwell as a result of COVID increased to peak levels in January.
- The average number of staff testing positive per day in December was 5 which increased to an average of 8 new cases per day in January.
- Up to 14th February, 314 staff have tested positive via lateral flow with an average of 5 testing positive per day throughout January; a total of 22 staff have returned negative PCRs following positive lateral flow results.
- Absence related to mental health continues to be high (32% of all non-COVID sickness) and equates to 81 FTE.
- The Mandatory Training compliance rate remains below the 90% target at 85%, with a slight deterioration in January 2021. Our clinical areas are currently under extreme pressure and are also supporting the Vaccination Programme which has impacted staff availability for training. Our Divisions, with support from HRBPs, are developing plans that will improve performance as quickly as possible.
- Staff are continuing to access the wellbeing support available to them and we are beginning to develop quantitative and qualitative data to demonstrate the uptake. Support for staff through 'Safe Spaces' conversations continues.
- The on-site psychologist has received 56 individual referrals and 39 team appointments from Jun 2020 – Feb 2021. Phoenix Psychology have received 45 contacts from Medical Staff from Mar 2020 - Feb 2021 and have held 4 Wellbeing Education and Training seminars, with 50 attendees. Care First (Employee Assistance Programme) have received 100 telephone counselling requests, 50 face to face counselling and a total of 59 staff have accessed their online wellbeing resources. From Sep 2020 – Nov 2020 they have received 54 new client requests.

## WTE employed



**January 2021 actual performance**

5725

**Variance Type**

Special cause Improvement

**Local Target**

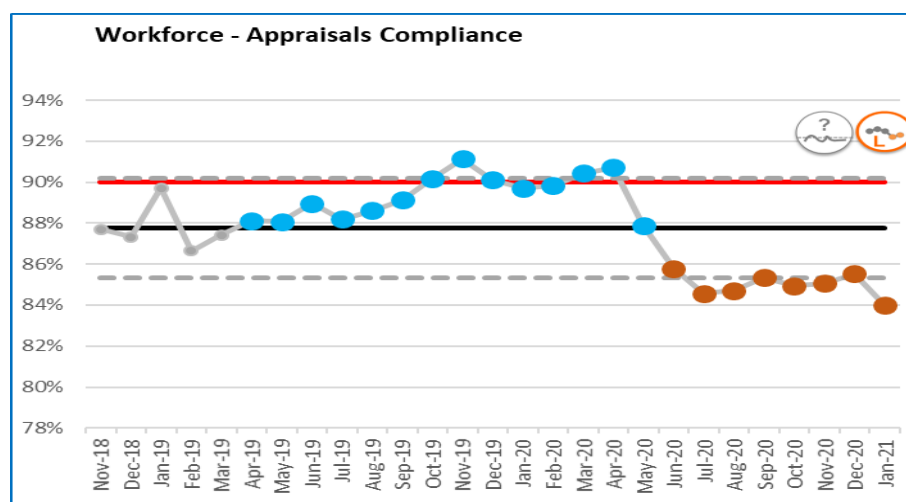
6173

**Target/ Plan achievement**

Continuous improvement

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 with January showing the highest WTE ever.	Although overall WTE numbers have continued to increase, staffing demands have also increased alongside this. Supporting the surge of covid patients alongside the covid vaccination programme 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



**January 2021 actual performance**

84%

**Variance Type**

Special Cause

**National Target**

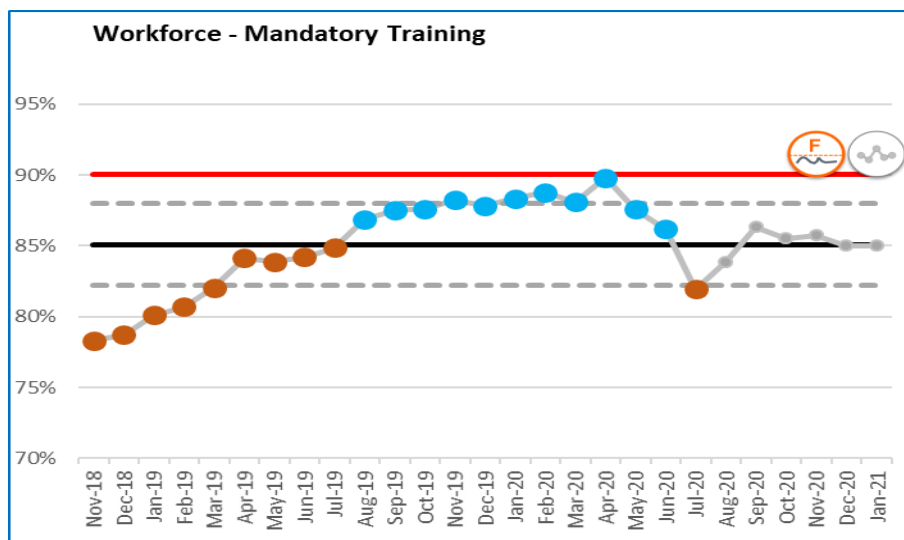
90%

**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 is currently 6% below target.	CV-19, staffing constraints have reduced the 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 appraisals will be undertaken once the behaviours and values work is complete to ensure alignment with overall Trust objectives	Appraisal form has been revised to include the new Trust Values, health and well-being and flexible working discussions

## Mandatory Training



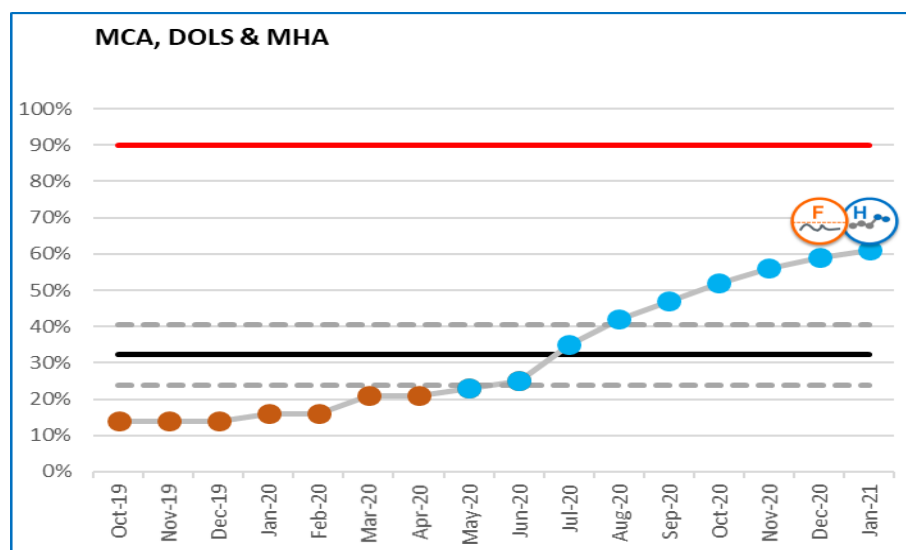
<b>January 2021 actual performance</b>
85%
<b>Variance Type</b>
Common Cause Variation
<b>National Target</b>
90%
<b>Target/ Plan achievement</b>
The target is above the upper process limit and so unlikely to be achieved at present

Fire Safety	Load Moving & Handling	Infection Prevention & Control	Hand Hygiene Competence	Patient Moving & Handling	Adult Basic Life Support	Paediatric Basic Life Support	Food Safety & Hygiene	Conflict Resolution Training	Equality & Diversity	Information Governance	Health & Safety Level 1	Training Compliance %
86%	83%	80%	92%	90%	74%	62%	87%	91%	91%	81%	83%	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 tailed off.  Safeguarding training compliance continues to improve month on month.	CV-19 & the Vaccination Programme, staffing constraints have reduced ability of Wards to release staff for training  Increased Statutory / Mandatory training requirements e.g. Hand Hygiene moving from triennial to annual  Poor IT literacy impacting on e-learning completion  Some data validation issues	Corp Ed is working with Divisions to identify and reduce data conflicts  Corp Ed is supporting Ward/Dep mangers to prioritise and schedule training completion  Corp Ed requested proxy facility to support remote e-learners effectively	E-learning and workbooks offered as alternatives to face to face training  Requirements made more transparent and newsletters to staff are signposting more clearly  Libraries supporting learners to access e-learning  Phone support for e-learning



## Trust MCA – DOLS & MHA



**January 2021 actual performance**

61%

**Variance Type**

Special Cause  
Improvement

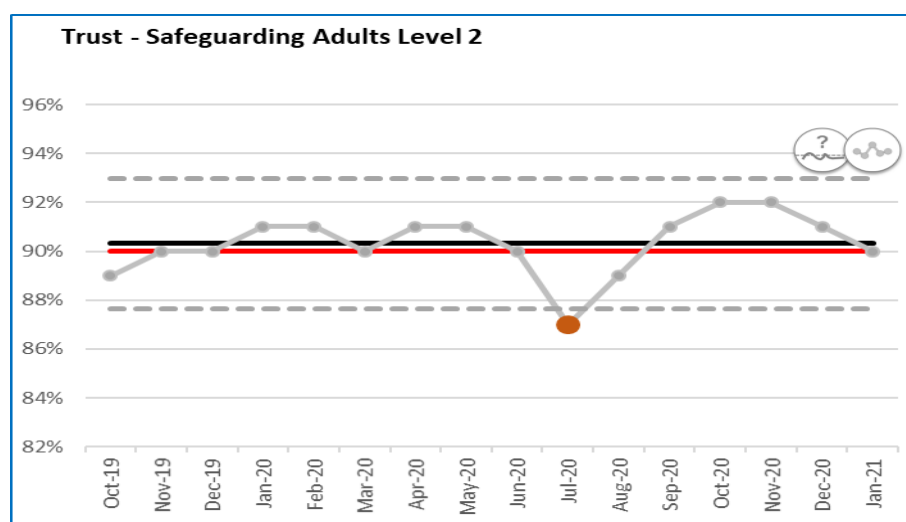
**National Target**

90%

**Target/ Plan achievement**

Remains significantly below target, with target above upper control limits

## Safeguarding



**January 2021 actual performance**

90%

**Variance Type**

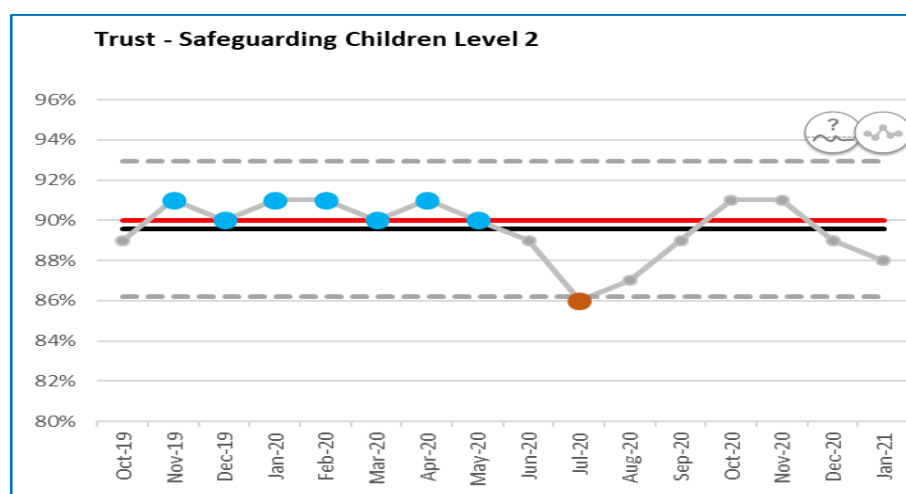
Common Cause

**National Target**

90%

**Target/ Plan achievement**

Current performing at the target, however this cannot be assured month on month



**January 2021 actual performance**

88%

**Variance Type**

Common Cause

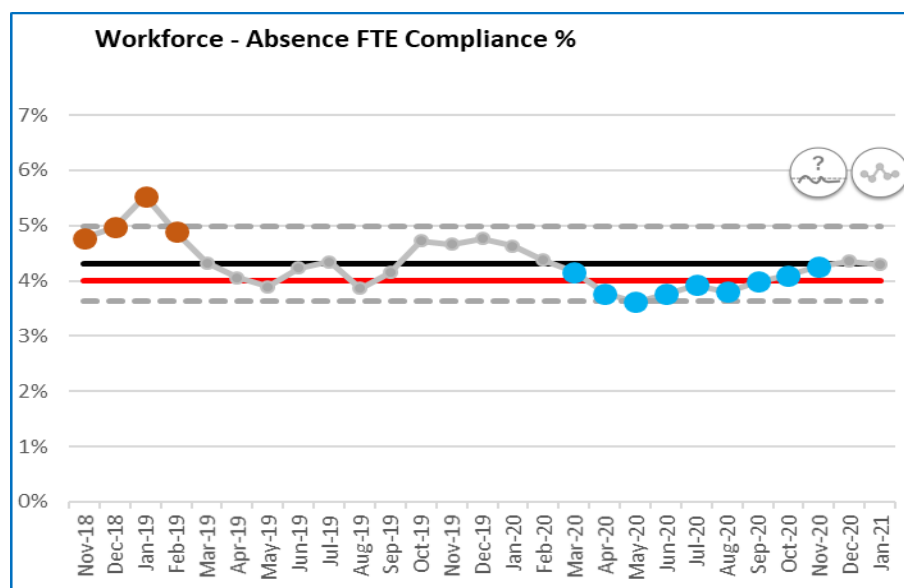
**National Target**

90%

**Target/ Plan achievement**

Performance is below target and varies each month

## Sickness Absence



### January 2021 actual performance

4.3% (exc. Covid related absences)

### 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

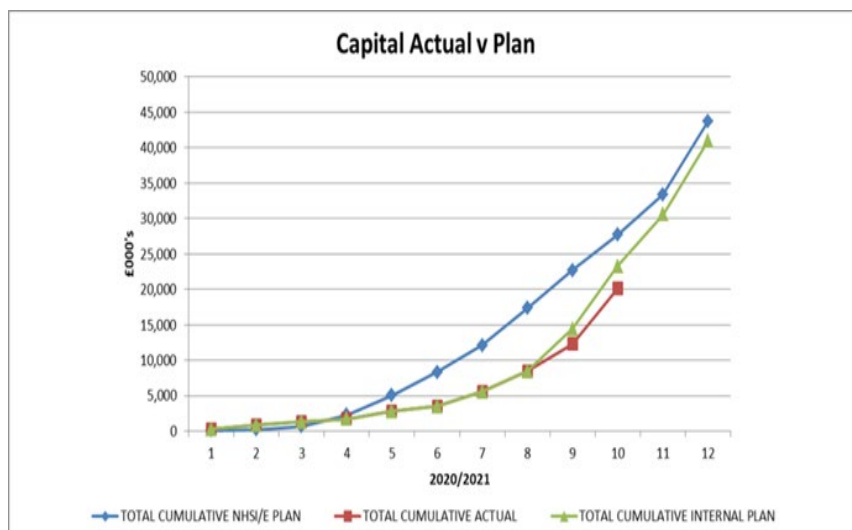
Background	What the chart tells us	Issues	Actions	Mitigations
<p>The measure is an indicator of staff sickness absence and is a % of FTE calendar days absent</p> <p>Covid-19 related sickness and absence is not included.</p> <p>Absences related to covid-19 increase the overall absence rate to above 10%</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 are likely to be lower 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 and review staffing levels</p> <p>Work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary</p>

## 8.0 Finance Summary

### Mr James Drury, Interim Finance Director

- A deficit of £1.933m was reported in the month, £0.505m adverse relative to plan. However, it is important to note that this position included a further £2.095m movement linked to the untaken annual leave provision. Excluding this provision the reported in-month position becomes £1.590m favourable to plan which is similar to the prior month's reported run rate saving.
- The Trusts underlying YTD position excluding the annual leave accrual (which now stands at £3.345m) is a deficit of £0.681m, £3.345m favourable to plan. This positive position is underpinned by continued development spend slippage and a reduction in variable costs linked to lower levels of activity delivery. It continues to be unlikely that this underspend 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 Trusts full-year financial forecast is now expected to be a deficit of £8.379m, £0.655m adverse to the £7.724m deficit control total for 2020/21. The FY position includes a £4m provision for untaken annual leave, which will be excluded from financial performance against the in-year control total. The adjusted FY financial position is £3.345m favourable to plan.
- There continue to be risks to delivery of this forecast over the final 2 months linked to the Trust's response to COVID 19 including the critical care surge. As mentioned last month, 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. 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 £0.962m compared to a forecast outturn plan of £1.150m. Further work will be undertaken to understand the implications of the Trust response to COVID19 surge as part of month 10 reporting.
- Total capital expenditure to date is £20.106m against a YTD external plan of £27.692m, and internal plan of £23.291m; £7.586m and £3.185m respectively below plan due to slippage in project start dates. However, the Trust has known capital commitments to date of £13.489m. The total YTD capital including commitments is £33.595m, 79% of the FY capital plan.
- Cash at the end of January amounted to £34.293m 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 improved this month with 90.6% by number, but deteriorated slightly to 92.1% by value, of undisputed invoices being paid within 30 days. In addition, 34% and 46% respectively of all invoices were paid within 7 days.

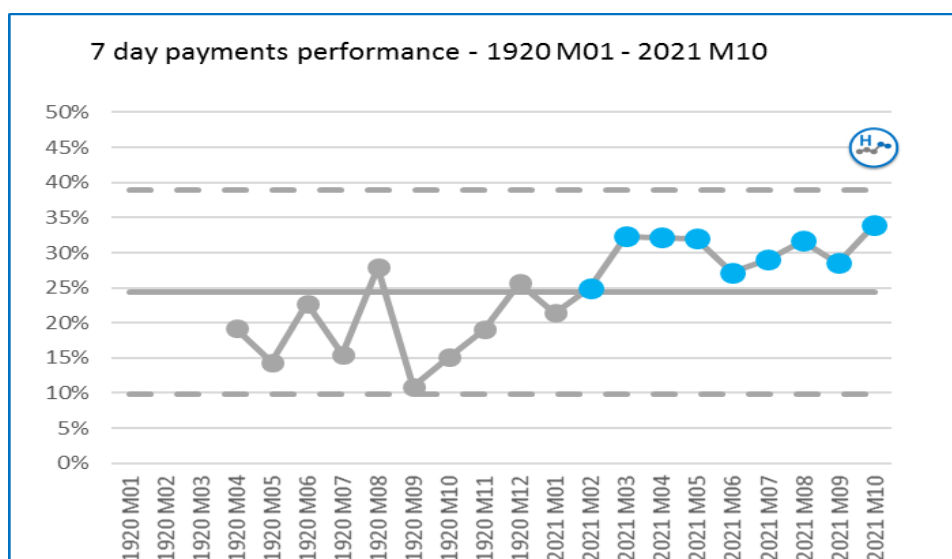
## Capital Expenditure



January 2021 actual performance
Spend year to date is £20.106m
Variance Type
Underspend
SATH Plan
£23.291m (revised Internal Plan)
Target/ Plan achievement
To meet the Trust's Capital Resource Limit (CRL) at year end – currently reported as £42.490m

Background	What the chart tells us	Issues	Actions	Mitigations
The Trust current total Capital Resource Limit (CRL) is forecast at £42.490m. It is not expected that the Internally Generated CRL will change within this. Additional external CRL of £4.113m has been received for LIMS; Digital Breast Screening; additional Covid-19 Capital and Local Health and Care Records.	The revised Internal Plan builds on actuals to M08 and then forecast based on revised Programmes submitted to Capital Planning Group (CPG) by Project Managers at December meeting. The planned spend was £23.291m and actual spend was £20.106m – an underspend of £3.185m against Plan.	The expenditure to date remains low, with 47% of the Capital Programme spent. A further 32% has been ordered, giving a total value of £33.595m expensed or ordered.  The external funding received is mainly for schemes which are being delivered late in the financial year.	Project Managers to review the outturn projections in view of the current access restrictions; place all remaining orders as soon as possible following finalisation of all outstanding scoping/tendering.	January CPG reviewed agreed schemes to confirm their deliverability before 31st March 2021. Additional schemes were proposed that can be delivered within the financial year and a revised Capital Programme was agreed. This revised Programme has subsequently been approved at FPAC and Trust Board.

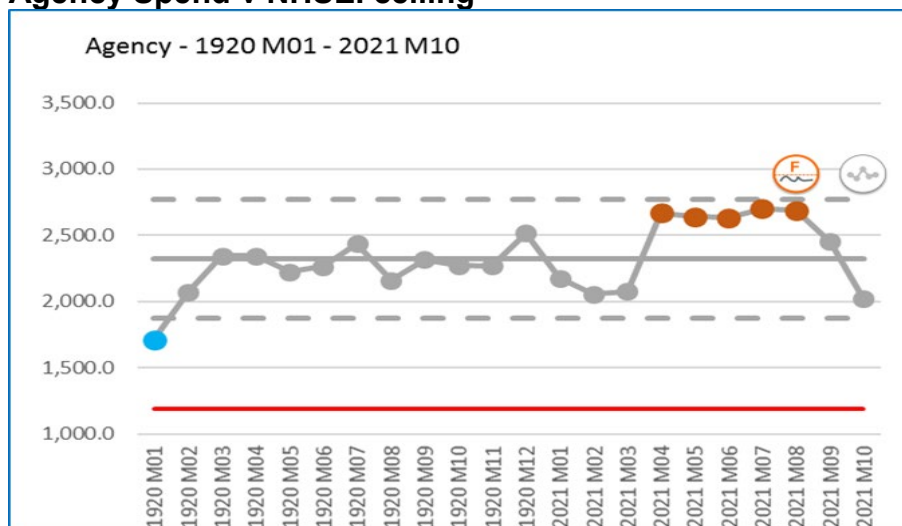
## Payments - 7 day volume and value



January 2021 actual performance
34% 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	Mitigations
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. 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.	In January 34% of invoices in volume (M09: 29%) and 46% in value (M09: 52%) were paid within 7 days.  Significant improvement on performance compared to 19/20.	Managers do not always approve invoices in a timely manner  Invoices may be disputed and a credit note awaited  Pharmacy invoices are uploaded from the Pharmacy JAC system on a weekly basis  Non-compliance with Cabinet Office Procurement Policy Notes PPN 02/20 and PPN 04/20	The number of payments per week has been increased to accelerate payments to suppliers  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	N/A

## Agency Spend v NHSEI ceiling



January 2021 actual performance	
£2.454m	
Variance Type	
Common Cause	
National Target	SATH Plan
£1.186m	£2.204m Control Total
Target/ Plan achievement	
£0.833m adverse variance	

Background	What the chart tells us	Issues	Actions	Mitigations
NHSEI sets expenditure ceilings on the total amount individual trusts can spend on agency staff across all staff groups.  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.	Agency spend is significantly above the NHSEI ceiling and 2019/20 levels.  Reductions in agency spend have occurred in the last 2 months.	Due to workforce fragility the trust is consistently overspent against its Agency ceiling.	Direct engagement groups now set up to focus on agency spend including review across nursing metrics  Overseas Registered Nursing recruitment in 19/20 and 20/21 (213 WTE to date)  Increased nursing bank rates in specific high agency areas  HCSW, Strands A & B NHSEI agreements.  Building brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles.	Develop measurable metrics and action plans to understand where we can control agency spend  Build on increased medical bank fill rates since implementation of Locums Nest  Deliver year one of Recruitment and Retention strategy to increase substantive workforce and improve retention levels.

## 9.0 Transformation Summary

### Chris Preston, Interim Director of Strategy and Planning

- The Trust's response to wave 3 of the pandemic along with the staffing requirements of the vaccination programme has resulted in a large number of staff across the organisation being re-deployed to support front line / vaccination programme activities. As a result, it was agreed that a number of projects should be temporarily paused. This has principally impacted progress in eight projects (and is reflected in their current RAG ratings), consisting of Quality Improvement Approach and Methodology, Clinical Standards, Skills and Capability, Communication and Engagement, Restoration and Recovery, Digital Transformation and Infrastructure, Service Sustainability, Improve Service Sustainability and the System Long Term Plan.
- The milestones for a number of projects are being reviewed this month to review and align milestones to internal de-escalation plans. There are 18 milestones due in March 2021, of which 6 are currently forecast as RED and further work is being undertaken to explore plans to mitigate.
- It was agreed at the 'Getting to Good' Committee that the development of the year 2 plans on a page would be postponed due to current operational pressures and would cover a nine month period from July 2021. The scope of existing year plans will be extended until June 2021.
- To increase the efficiency and focus of programme and project managers, a suitable best practice project management solution is planned to be implemented (and used across the health system). A joint approach and business case will be co-developed with system partners.
- The NHSE/I Programme Director role currently filled by Suzanne Rostron will be taken up by Cherry West and Simon Elliot from February 2021 onwards.

At the end of January 2021, the RAG status for the delivery of the 25 Getting to Good work programmes and relevant milestone is as follows:

RAG Rating	Last Month's Overall	Current Overall	Current Month's Milestones	Next Month's Milestones
<b>Good</b> - No material performance concerns	10	7	12 Achieved	1
<b>Reasonable</b> - Material risk(s) of non-delivery of objectives or targets, but robust plans in place to mitigate and/or recover	13	9		11
<b>Below required level</b> - Material risk(s) of non-delivery of objectives or targets, without clear plans to mitigate and/or recover	2	9	25 Not Achieved	6



## APPENDIX A – RAG STATUS AT PROGRAMME LEVEL

G2G Programme		UHB QIP Priority	RAG Status		Status Reason
			Previous Overall	Current Overall	
1.	<b>Quality Strategy and Plan</b>	a. Quality Improvement; b. Leadership Capacity; c. Clinical Improvement Plans			Draft Quality Strategy has been developed and is undergoing further review and iteration. Change request raised to change milestone for submission to Trust Board to March 2021.
2.	<b>Reducing Mortality and Excess Deaths</b>	e. Standards for clinical services; i. Comms. and engagement strategy;			The Trust mortality group approved the Oris Structured Judgement Review Plus Model as the preferred mortality review tool for the Trust on the 14 <sup>th</sup> January. An initial cohort of clinicians are being identified to undertake the training. Two initial training dates have been agreed as 23rd February & 3rd March and invitations are being circulated.
3.	<b>Quality / Regulatory Compliance</b>	c. Clinical Improvement plans			The unprecedented operational pressures through January have resulted in many of our routine confirm and challenge meetings being cancelled due to availability of appropriate personnel. However, the clinical and operational teams remain fully committed to these improvements and to embedding the associated changes.
4.	<b>Maternity Transformation</b>				Reprioritised all workstream project plans to incorporate 52 Ockenden actions. Presented workstream plans to Senior Leadership team. Recruited Quality Improvement Midwife. Milestone regarding review of LMS boundary will be amended as part of the extension of Year 1 plans to June 2021 (as agreed at G2G committee).
5.	<b>Increasing Community Engagement</b>				Public community meeting attended by over 40 members of the public. Response volunteer scheme has been launched at both hospital sites with over 50 volunteers' involved. The Trust held its second #SaTHhour on Mental health in Acute Care (with positive feedback received over twitter). A health lecture on



					this topic has been arranged for 18th March. Working with Clever Together to develop a public platform to support public engagement within the Trust.
6.	<b>Quality Improvement Approach and Methodology</b>				The KPO team continues to engage in the consultation process prior to recruiting, having had the opportunity to review the new Job Descriptions. Once feedback has been provided, the team will then go through the formal implementation phase of the process. Further work is being undertaken with Divisional teams to implement plans that embed continuous learning at every level of the organisation (although discussions have been restricted by operational pressures and increase in COVID cases).
7.	<b>Leadership, Development and Education</b>	b. Leadership capacity; a. Clinical leadership and mgr. development			The draft of the Organisational Development framework is complete and is aligned to the Leadership and Organisational Development framework that creates a cohesive approach at all levels across the organisation and will support the delivery of the People Strategy.  We have signed off and commenced the management development plan with the maternity team and have signed off the programme for triumvirate development and work is underway to design a framework for board development.
8.	<b>Clinical Standards, Skills and Capability</b>	c. Clinical improvement plans; e. Standards for clinical services; f. Benchmarking clinical outcomes and productivity			As planned, the SaTH SRO who was appointed in December 2020 has met with alliance colleagues to discuss the existing plan and milestones. Further development of the refreshed plan has been impacted by COVID clinical pressures. Further engagement with clinical leads has been scheduled for MTL cascade discussions February as e-mail communication was felt to be sub-optimal given high levels of COVID comms related to COVID/redeployment and discharge planning. COVID clinical and operational pressures and impact on clinical team's ability to engage with development of standards.
9.	<b>Culture and Behaviours</b>				The 'Making a Difference Together' conversation is in progress and due to end on 8th February after being extended, so far 560 staff have participated and over 1800 interactions with the conversation have been recorded. There have been some quick wins identified such as replacing keycard access with smart card in some areas and the publicity of our new values. We are continuing to support conversations around the Behavioural Framework and a refresh and relaunch of the values based behaviour conversations is to take place in March 2021.

10.	<b>Communication and Engagement</b>	i. Comms and engagement strategy			Progress in month has been severely limited by the focus on COVID related communications requirements resulting in minimal capacity within the team to support Getting to Good, this was discussed at the January Challenge Session and proposals formulated to 'pause' this programme of activity for 6 weeks to allow for COVID requirements to be prioritised. The overall status is now RED due to the lack of capacity within the team to support the programme.
11.	<b>Recruitment &amp; Retention</b>				The Trust Recruitment and Retention Strategy was approved at Trust Board in December. The International Nursing recruitment business case is due to be presented at February IIC. The Strand B submission was successful (420k) and the MoU will also be taken through for approval in Feb. The recruitment dashboard will be updated to reflect the metrics required to deliver the G2G milestones to enable tracking and assurance on interlinked activities.
12.	<b>Urgent and Emergency Care</b>				Winter pressures and COVID are placing huge strain on the urgent care system, with this being felt across both Emergency Departments and the medical wards in particular. The second MADE event held in January focused on reducing the number of MFFD and stranded patients in hospital. The MADE task and finish activity continues focusing on improving flow and site management through focused work on issues such as use of IDT working, Criteria To Reside, pharmacy support and access to transport, with activities feeding into an overarching improvement plan focused around the strategic '8 Point Plan' . The additional capacity provided by the modular building at RSH is enabling approximately 10 SDEC patients to be cared for each day which is helping to manage capacity within the ED.
13.	<b>Restoration &amp; Recovery</b>				The impact of the third wave of COVID and the redeployment of staff to the COVID vaccination programme has significantly impacted our capacity to restore and recovery our elective activity. The Trust was requested early in January to increase its critical care capacity which has meant that as of week commencing 25th January there is no theatre or green capacity to deliver elective activity this is why the status is shown as red as recovery of elective activity has been paused. Additional provision for outpatient and theatre capacity has been agreed with the Nuffield with this starting on the 1st February and increasing weekly throughout the month.
14.	<b>Digital transformation</b>	k. Joint Working with partner organisations			The ICT department has been focusing on the Covid Vaccination Programme, the Windows 10 roll out as well as being impacted by Programme staff redeployments to support clinical and operational pressures. The Trust has

	<b>and Infrastructure</b>				progressed the technical elements of the Vitals upgrade, Care Flow ED and EPR as far as is practical. The Careflow ED implementation is dependent on the trust wide Vitals upgrade and therefore the BadgerNet - Maternity system is being brought forward. A revised plan is in development.
15.	<b>Physical capacity and estates development</b>				The overall programme is progressing well against the plan. The approval of the Estates plan will be moved into G2G Year 2 plans in order to better align with operational planning and the Hospital Transformation Programme (HTP) submission. The redevelopment of A&E will also be included in the Year 2 G2G programme.
16.	<b>Service Sustainability</b>	h. Developing new models; k. Joint Working with partner organisations			Following confirmation of availability of resource to procure external support for producing date packs and initial risk assessment for specialties (to allow discussion of relative priority) a draft procurement document has been produced. Procurement support has been limited, linked to COVID pressures.
17.	<b>Improve Service Sustainability: Reduction in face-to-face clinic appointments</b>				Some progress made initially in month but this has been impacted by ongoing COVID pressures and decisions to step down activity and redeploy staff given emergency demand. A decision has been made after discussion at Executive Team level and Getting to Good Board to pause this objective for 4 to 6 weeks pending review of COVID situation
18.	<b>System Improvement and integration plan</b>				<p>System Improvement Plan: work is still ongoing to engage with System to review and set up the governance and monitoring arrangements for the System Improvement plan. Some of the immediate actions are being tracked through the UEC group. Discussions have been taking place about how we build the 6 month to 2 year improvement actions into the system annual integrated plan. Meetings are been set up to discuss this further with the System leads.</p> <p>System Annual Integrated Plan 21/22: the planning round for next year will not take place until Q1 due to the operational pressures currently dealing with the latest wave of COVID. However weekly meeting with System planning leads are continuing to take place and there is an agreed set of actions to develop plan for Q1 and draft baseline plane for Q2-Q4 by March.</p> <p>ICS application was submitted in January and awaiting formal feedback but informal feedback has been received and further work is required in a number of areas.</p>

19.	<b>Develop OBC for Hospital Transformation programme</b>				The recommendations of the Readiness Assessment undertaken by Attain will be incorporated into the programme scope and result in a number of new milestones. The Strategic Outline Case (SOC) is to be refreshed and approval will be dependent on the finalisation of the System Long Term Plan. Updated milestones are currently being reviewed and finalised.
20.	<b>System Long Term Plan</b>				The System currently has additional support being provided to develop a financial Recovery Plan. The system is developing a plan and approach to produce a medium term financially sustainable strategy. This will be an integrated strategy that is looking at how services and clinical models can be transformed to provide sustainable services that provide quality and financial improvements which would form the basis of the System Long Term Plan. As the approach is still to be finalised and given other short term priorities and resource capacity constraints, it is unlikely that the original milestones to have this in place by March will be achievable.
21.	<b>Oversight, assurance, roles and accountabilities</b>	g. Developing new working models; j. Clinical quality and risks			Progress is being made across all milestones although capacity constraints due to COVID have had some impact on timescales. Mapping of the Board Assurance Framework has been completed but is likely to further evolve as the Trust responds to, and learns from the Ockenden Report. In addition, there may be wider support required to enhance governance arrangements for the new Care Group Management Structure with the introduction of Divisions. The CQC Regulation 17 milestone is now flagged as red due to significant volume of work required to achieve compliance, and further time required to demonstrate improvements have been embedded. Additional resources would help to add some pace to the delivery but due to the nature of this milestone the Trust is unlikely to be fully compliant with Regulation 17 within the next 12 months.
22.	<b>Strong Financial Foundations</b>				Continued engagement with regional and national finance teams for 2021 forecast outturn and exit run rate from 20/21. The Finance Department FFF accreditation plan is progressing well with 68% of tasks complete and there is reasonable assurance that the 31 March target will be met. The Trust has become a pathfinder for implementation of best practice SPC (system process control) financial reporting in the NHS. A department wide development day has been held, with high levels of positive feedback, for the 100 staff within Finance and Contracts, and it is planned to continue and extend this activity in 2021.

23.	<b>Performance data and analytics</b>	f. Benchmarking clinical outcomes and productivity			IPR produced using KPIs determined for the board with expanded version using the same data sources provided to the two scrutiny committees: QSAC and F&P. In addition, monthly report provided for Quality Operational Group and CiC meetings. KPIs agreed for Maternity reporting and included in the Quality Operations Committee report. Dashboard developed and launched for Discharge pathways, in line with NHSEI making data count standards. Daily Gold pack introduced for operational focus on COVID status. Performance Review Group Templates revised to enable Divisional Group level reporting from KPIs and data disaggregated to Divisional level where appropriate. Internal Audit process established to be completed by March 2021.
24.	<b>Risk Management</b>	g. Developing new working models; j. Clinical quality and risks			Feedback received from leadership teams in relation to the Risk Management Strategy and Policy has resulted in further engagement and review to create a document to support operational use. Revised delivery date is anticipated to be March for formal Committee approval. Review of reported high risks continues with the exercise expanding into areas not originally included. Plans are being developed in collaboration with the internal auditors to develop a training session for the Board in March, followed by senior management training thereafter.
25.	<b>Programme and Project Management</b>	i. Providing assurance			Confirm and challenge sessions have been launched in month across all 25 plans on a page, utilising the new highlight reports escalations are now drawn out across the programme with procedures in place to report issues to SLC and the G2G Committee. Following agreement at G2G committee, year 1 plans on a page are currently being extended to incorporate milestones through to June 2021. Recruitment is on track to backfill two pending PMO vacancies and secure some short term resource as a result of the Vaccination Programme impact. Monday.com was approved by Head of PMO and launched in month to support Maternity Transformation Programme, pilot will now be running to review operational functionality and feasibility of wider roll out across all 25 plans.