

Agenda item	078/21			
Report	Integrated Performance Report			
Executive Lead	Chief Executive			
✓ 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 SaTH Leadership Committee – Operational 25.03.2021			
	Relevant sections of this paper have also been presented to: Finance and Performance Assurance Committee on 30.03.2021 Quality and Safety Assurance Committee on 31.03.2021			
Dependent upon (if applicable):	N/A			
Executive summary:	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.			
	This month, year end forecasts have been included along with comparative data showing the relative performance of the Trust (associated with a number of key operational metrics). Please note that the forecasts are based predominantly on recent historical performance patterns.			
	The Board of Directors is asked to <b>NOTE</b> the content of this report.			

<b>Appendices</b>	n/a
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## 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 progressed 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**

- Throughout February 2021, the number of patients that we have in our care due to Covid-19 has remained at high levels. The 3<sup>rd</sup> wave reached a peak at the end of January 2021, and has slowly reduced during February from 159 patients at the beginning of the month to 63 patients by 28<sup>th</sup> February. The high number of patients meant a continuation of the external support from partners including RJAH, Shropcom and ongoing military support.
- The demand for Critical Care beds reached the highest level we have seen during the pandemic, a total of 26 patients at the peak this month reducing to 20 occupied beds by 28<sup>th</sup> February 2021. This is in the context of our normal maximum critical care capacity of 14 beds.
- High levels of Covid-19 activity have unfortunately resulted in continuing delays for routine treatments and the loss of capacity for some of our more urgent cases as a result of the expansion of our critical care capacity. We are now in the process of restoring a number of these services and are prioritising our cancer and urgent surgery patients so that we minimise the risk of additional harm. We are continuing to develop plans to restore our full elective capacity and we also continue to utilise the Nuffield (Shrewsbury) for surgical procedures.
- Increasing levels of emergency activity, combined with the complexity of segmenting pathways for Covid-19 and non-Covid-19 patients, has adversely impacted our A&E 4 hour performance (and resulted in a low relative performance against other Trusts when compared nationally).
- The Same Day Emergency Care (SDEC) facility at RSH continues to become embedded and circa 40% of the acute medicine activity at RSH is now being managed through this unit. At PRH, the level is circa 31%, and work to bring the learning together from each site is being led by the medical and nursing leaders in the service.
- We continue to drive forward the delivery of the Covid-19 vaccination programme with strong relative performance across all of the targeted cohorts of our population.
- We recognise that our sickness absence levels have increased 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.
- Our staff have worked tirelessly for our patients during the pandemic and have shown a high degree of flexibility in adapting to different work situations and/or filling in for colleagues that are absent.
- We have increased the recruitment of substantive staff, helping to reduce our vacancy rate to below the national standard of 'less than 10%'. Our turnover rate is also better than target and we are working hard to reduce the number of staff that leave the Trust in the first 12 months of their employment.
- The Trust is now forecasting a deficit of £(4.286)m as compared to a £(7.724)m deficit control total for 2020/21.

### 3.0 Overall Dashboard

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH planned trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Forecast	Year End Planned Trajectory
Mortality											
HSMR	Dec 20	97.7	100.0			64	116	Yes			100
RAMI	Jan 21	118.1	100.0	100.0		60.9	123.0	Yes			100
Infection											
HCAI - MSSA	Feb 21	2	2*	2		-2	7	No	24	26	24
HCAI - MRSA	Feb 21	0	0	0		0	1	No	1	1	0
HCAI - c.Difficile	Feb 21	5	3.58**	3.58		-1	7	Yes	30	33	43
HCAI - E-coli	Feb 21	2		3.75		-2	10	No	35	38	44
Patient harm											
Pressure Ulcers - grade 2 and above	Feb 21	13	14	14		3	27	Yes	142	155	168
VTE	Jan 21	94.8%	94.1%	95.0%		93.0%	96.3%	Yes	94.1%	96.1%	95.0%
Falls - per 1000 Bed Days	Feb 21	5.58	6.60	5.00		2.47	6.87	No			5.00
Falls - total	Feb 21	110	86	86		49	145	Yes	1101	1229	1032
Falls - with Harm per 1000 Bed Days	Feb 21	0.25	0.19%	0.19%		-0.1	0.3	Yes			0.19
Never Events	Feb 21	0	0	0		-0.9	1.4	No	4	4	0
Coroners Regulation 28s	Feb 21	0	0	0		0	0	No	0	0	0
Slis	Feb 21	7	0	0		-2	11	Yes	55	63	0
Mixed Sex Breaches	Feb 21	50	0	0		-11	68	Yes	316	366	0
Patient Experience											
Complaints	Feb 21	53		58***		26	85	No	513	565	696
Complaints -acknowledged within agreed time	Feb 21	100%	100%			97%	102%	No		100%	100%
Complaints -responded within agreed time	Jan 21	48%		85%		47%	77%	Yes			85%
Quality Compliance											
CQC transactional action plan compliance	Dec-20	94%									
Section 29a requirements delivered	Dec-20	79%									
Operational - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH planned trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Forecast	Year End Planned Trajectory
Elective Care											
RTT Waiting list -total size	Feb 21	31831 (29247 English Only)	19199			22124	25669	Yes		32500	19199
18 week RTT % compliance -incomplete pathways	Feb 21	56.37% (English Only)	92.0%			69.4%	81.4%	Yes		55.5%	92%
52 week breaches	Feb 21	3456 (3024 English only)	0	1661		87	661	Yes		3814	0
Cancer											
Cancer 2 week wait	Jan-21	83.6%	93.0%	93%		80.7%	96.8%	Yes	90.40%	80.8%	93%
Cancer 62 day compliance	Jan-21	76.00%	85%	85%		61.6%	87.9%	Yes	77.00%	80.3%	85%
Diagnostics											
Diagnostic % compliance 6 week waits	Feb 21	64.5%	99%			65.5%	89.0%	Yes		64.3%	99%
Diagnosics>6weeks	Feb 21	2705	0			2822	1054	Yes		1918	
Emergency Department											
ED - 4 Hour performance	Feb 21	70.5%	95.0%			66.4%	83.5%	Yes	77.73%	75.70%	95%
ED - Ambulance handover > 60mins	Feb 21	265	0			-18	455	Yes	1919	2129	0
ED 4 Hour Performance - Minors	Feb 21	96.4%	95.0%	95%		91.7%	99.0%	No	96.40%	95%	95%
ED 4 Hour Performance - Majors	Feb 21	50.1%	95.0%	95%		32.4%	62.3%	Yes	60.00%	50.10%	95%
ED time to initial assessment (mins)	Feb 21	21	15	15		14	29	Yes		21	15
12 hour ED trolley waits	Feb 21	98	0			-49	158	Yes	369	475	0
Total Emergency Admissions from A&E	Feb 21	2481				2189	2965	No	26897	29695	
Hospital Occupancy											
Bed Occupancy -G&A	Feb 21	80.0%	92.0%	92%		72.2%	95.0%	Yes			92%
Restore and Recovery - KPI	Latest month	Actual Month Performance	Year end forecast	SaTH planned trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Forecast	Year End Planned Trajectory
Activity											
ED activity (type 1)	Feb 21	7207	7891	10097		7487	10734	Yes	89708	97599	111062
Total Non Elective Activity	Feb 21	4123	4179	5276		3978	5561	Yes	44376	48555	58037
Outpatients Elective Total activity inc Nurse led and	Feb 21	45489	48885	57947		37127.3	67659.2	Yes	480752	529637	637414
Total Elective IPDC activity	Feb 21	3856	3854	6059		3563.53	6655.02	Yes	41305	45159	66653
Diagnostic Activity Total	Feb 21	14458	14737	16500		11850	17701	Yes	136342	151079	181500
Covid											
Covid	Week Ending	Actual Month Performance							Year to Date	Year End Forecast	Year End Planned Trajectory
Covid-19 positive Inpatients	28.02.21	63								20-30	n/a
Critical care beds occupied	28.02.21	20								16	14
Covid-19 patients with Oxygen	28.02.21	39									n/a
Covid 19 suspect patients with Oxygen	28.02.21	36									n/a

Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH planned trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception
Activity								
WTE Employed**Contracted	Feb-21	5785		6173		5262	5515	yes
Total temporary staff -FTE	Feb-21	883				511	696	No
Staff turnover rate (excludes junior doctors)	Feb-21	0.70%	0.9%	0.75%		0.07%	1.71%	No
Sickness absence rate Excluding Covid Related	Feb-21	4.11%		4.00%		3.63%	4.97%	Yes
Appraisal Rate	Feb-21	83%	90%	90.0%		85.16%	90.05%	Yes
Appraisal Rate ( Medical Staff)	Feb-21	89%		90.0%				No
Vacancies	Feb-21	418	<10%	<10%		394	738	No
Statutory and Mandatory Training	Feb-21	85%	90%	90.0%		82.3%	87.9%	Yes
Finance - KPI								
Total Reported Expenditure (including Finance Cos	Feb-21	43428		38309		31545	45074	No
Normalised Pay (including Agency)	Feb-21	28709		25138		23621	26655	No
Normalised Non-Pay (excluding EDDs)	Feb-21	10219		8293		6471	10115	No
Cash	Feb-21	51425		22621		9882	35360	No
7 Days Payments Performance	Feb-21	32%		25%		10.77%	38.80%	Yes
Agency	Feb-21	2559	1186	2331		1837	2825	Yes
Cumulative Capital Expenditure	Feb-21	26291	22731					Yes
Transformation Project Status	Jan 2021	Feb 2021	Trend between period					
GOOD	7	13	IMPROVING	CONSISTENT	WORSENING			
REASONABLE	9	11	11	13	1			
BELOW REQUIRED	1	0						
PAUSED	8	1						
COMPLETE	0	0						
TOTAL	25	25						
SPC Variation Icons								
Common Cause	Concern (High)	Concern (Low)	Improvement (High)	Improvement (low)	Year end Forecast			

Year to Date	Year End Forecast	Year End Planned Trajectory
	5835	6173
	779	
	0.74%	0.75%
	4.40%	4.0%
	83%	90%
	89%	90%
	7.4% (432)	<10%
	84%	90%

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 resulting in a reduction in the number of open outbreaks this month. Lessons learnt are being identified and applied. Key actions include:</p> <ul style="list-style-type: none"> <li>Daily IPC visits to outbreak area</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> High level of admissions due to Covid-19	<ul style="list-style-type: none"> <li>Daily Covid-19 review with active redeployment meetings and actions</li> <li>Maintain super surge capacity in Critical Care up to 179% baseline (25 beds), increasing to 26 beds at the peak of this month</li> <li>Relocation of RSH Critical Care Unit to the Day Surgery Unit to increase the footprint of the unit</li> <li>Reduction in theatre and endoscopy activity so that we can utilise staff to support 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 cleaning company to support facilities staffing</li> </ul>

<b>Operational:</b> Impact of Covid-19 pandemic on elective capacity	<ul style="list-style-type: none"> <li>• Clinical prioritisation and scheduling of inpatient and daycase waiting lists</li> <li>• Maintained delivery of Priority 1 surgical cases and Emergency theatres</li> <li>• Increase utilisation of the Independent Sector continuing until 31.3.21</li> <li>• Continued use of technologically-enabled virtual clinics</li> <li>• Increased capacity for diagnostics on site at RSH and PRH</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> </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, with benchmarking showing rate of deterioration is high. We are working to minimise risk of harm through clinical prioritisation of our capacity</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>• Phased de-escalation plans enabled 2 elective theatres to be re-opened in March, 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 for these patients are being prioritised</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>• 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 completed baseline assessment for whole system measures</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>• 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>• Staff wellbeing psychological support provided</li> <li>• Daily review of staffing hot-spots with overtime/bank and agency if required to support 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 continuing</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>• Utilising Locums Nest</li> </ul>
<b>Finance:</b> Capital expenditure	<ul style="list-style-type: none"> <li>• Revised capital programme approved and being implemented</li> </ul>
<b>Transformation</b> Timely delivery of operational plan objectives	<ul style="list-style-type: none"> <li>• A number of projects that were paused as a result of staff re-deployments are now recommencing</li> <li>• Current year project deliverables have been extended to June 2021 and objectives for the rest of 21/22 are now being developed</li> <li>• Regular review of targets and mitigating plans</li> </ul>

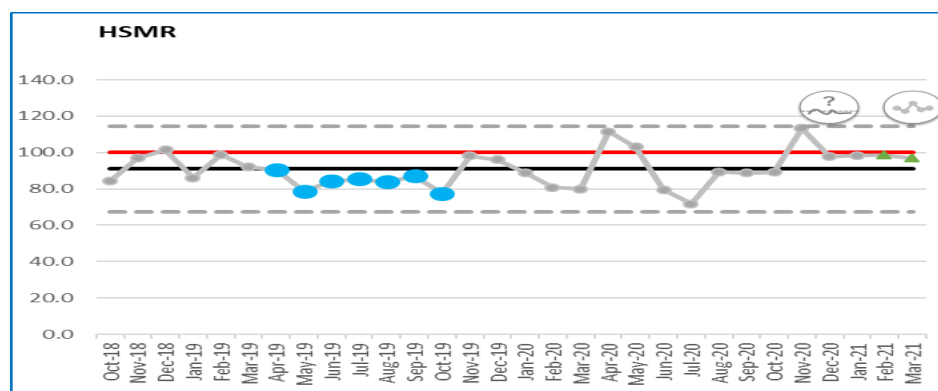


## 4.0 Quality Summary

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

- There were 7 Serious Incidents reported this month and zero never events.
- There were 13 pressure ulcers at grade 2 or above this month. This is one better than the improvement trajectory. The Trust is on course to exceed the improvement plan trajectory at year end.
- The infection prevention and control indicators show that delivery of the year end trajectory is forecast for c.Difficile and E-Coli. It is unlikely that the full improvement expected for MSSA will be achieved with 24 infections reported year to date which is the year-end total. The target of zero MRSA infections cannot be achieved as while there were 0 infections for 10 of the 11 months to date, there was 1 infection in January 2021.
- The number of falls remains a key area of focus for improvement as this is the highest volume of safety incidents reported in the Trust. This month the number of falls was 110 and while the number of falls per 1000 bed days was below the expected level, those resulting in harm were not.
- There were 50 mixed sex breaches this month, primarily due to discharge readiness from ITU/HDU. These have been caused by capacity constraints within the wards impacted by covid-19. Actions have been taken to ensure escalation to Director of Nursing for discussion prior to a patient being accommodated within mixed sex accommodation.
- Acknowledgement of complaints on receipt is continuing to perform well. Response times improved this month but remains the focus of management action as the rate remains unacceptable at 48%.
- The Quality Improvement actions have resulted in 94% of the transaction actions being completed and 79% of the S29a being complete.
- CHKS are working with us to provide assurance that changes in mortality are in line with peers and investigate the changes observed in HSMR and RAMI over recent months. Further understanding of urinary tract infection and Aspiration Pneumonitis recorded mortality is underway and more detailed mortality information will be included in a quarterly report.
- VTE performance shows sustained improvement and remains close to target.

## Mortality – HSMR



**December 2020 actual performance**

97.66

**Variance Type**

Common Cause

**National Target**

100

**Target / Plan**

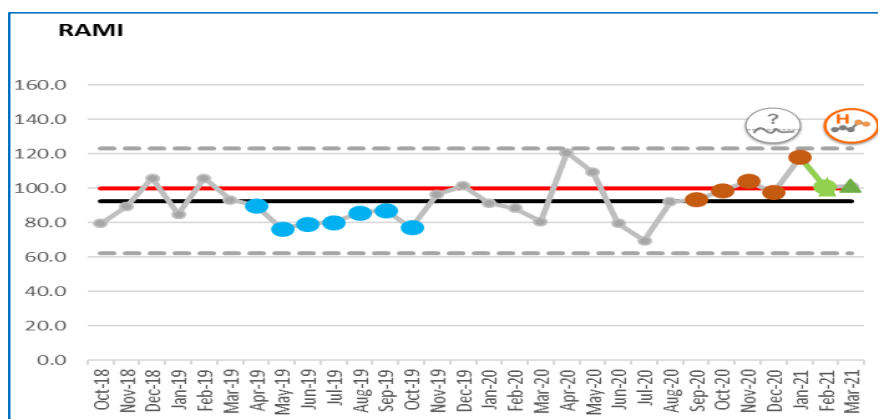
**Achievement**

Performance better than expected range



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	As reported in the February Integrated Performance Report there was a spike in the HSMR through November 2020, which was out of line with the peer group; however HSMR has decreased in December and is now within the expected range.  It should be noted that not all deaths relating to covid are excluded from the HSMR data, only those where Covid-19 is the primary cause of death.	Further analysis of HSMR data indicates there are three key diagnosis codes that have flagged on the cusum alerts – Respiratory failure, Urinary Tract Infection and Congestive Heart Failure. These will be contributing to the HSMR position. Urinary Tract Infection has the greatest number of excess deaths on both the Royal Shrewsbury and Princess Royal Hospital sites.	A review of the cases relating to Urinary Tract Infection will be undertaken to determine causal factors, coding anomalies and potential	Support from CHKS in the early identification of possible mortality outliers provides an opportunity for rapid intervention and

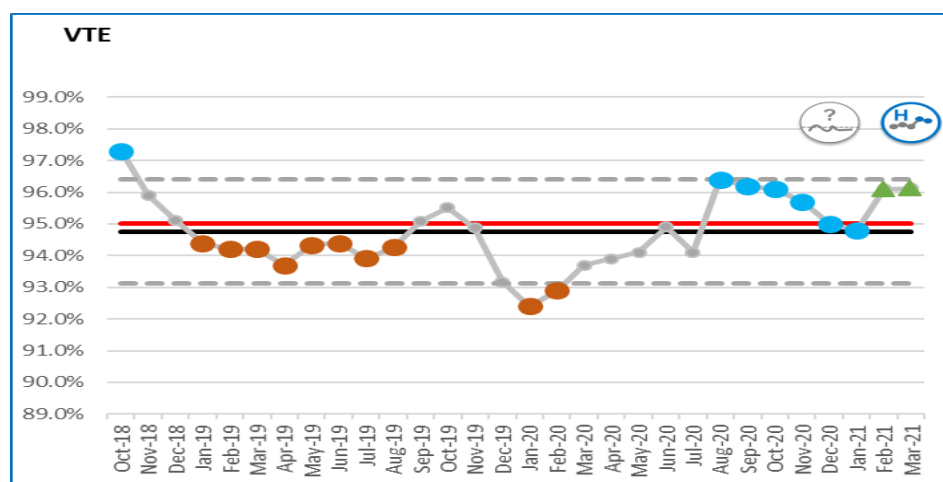
## Mortality - RAMI



January 2021 actual performance
118.06
Variance Type
Special Cause Variance
National Target
100
Target / Plan Achievement
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	There has been a significant increase in RAMI since last month's report, correlating to wave three of Covid-19. This is in line with the performance in March/April 2020 during wave one of Covid-19.	The current position could be due, in part to incomplete coding; however there are three diagnosis conditions that are an outlier for RAMI – Urinary Tract Infection, Respiratory Failure and Aspiration Pneumonitis with the latter being significantly raised in January on the Princess Royal Site.	As for HSMR further analysis will be conducted for the Urinary Tract cases with an additional review of those cases of Aspiration Pneumonitis at princess Royal to identify immediate actions/interventions required.	Support from CHKS in the early identification of possible mortality outliers provides an opportunity for rapid intervention and improvement.

## VTE Report



**January 2021 actual performance**

94.8%

**Variance Type**

Special Cause

**National Target**

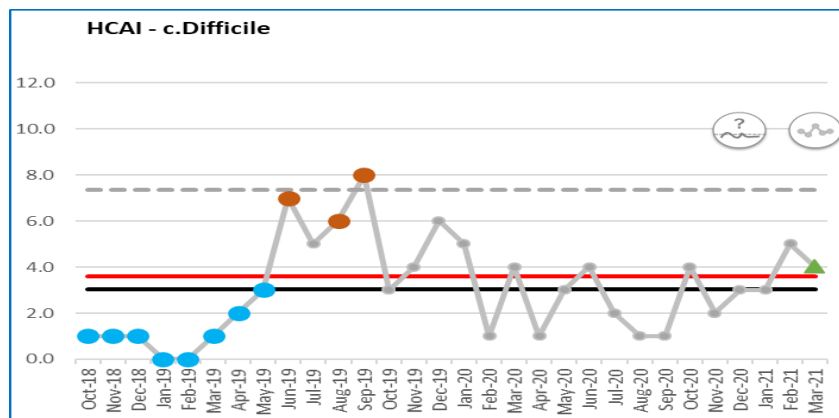
95%

**Target / Plan Achievement**

Performance is close to target and forecast to improve to above target for year-end

Background	What the Chart tells us:	Issues	Actions	Mitigations
Avoidable VTE is an important safety measure, requiring robust assessment of risk and preventative actions to be taken for those identified as at risk	After a period of improvement to deliver above the target performance has started to decline and is just below target this month	A number of patients continue to be admitted from assessment units without the VTE risk assessment being documented	Re-enforcement of requirement to check assessment completed prior to transfer to ward discussed with site managers	

## Hospital Acquired Infections - c.Diff



**February 2021 actual performance**

5

**Variance Type**

Common Cause Variance

**Local standard for improvement**

3

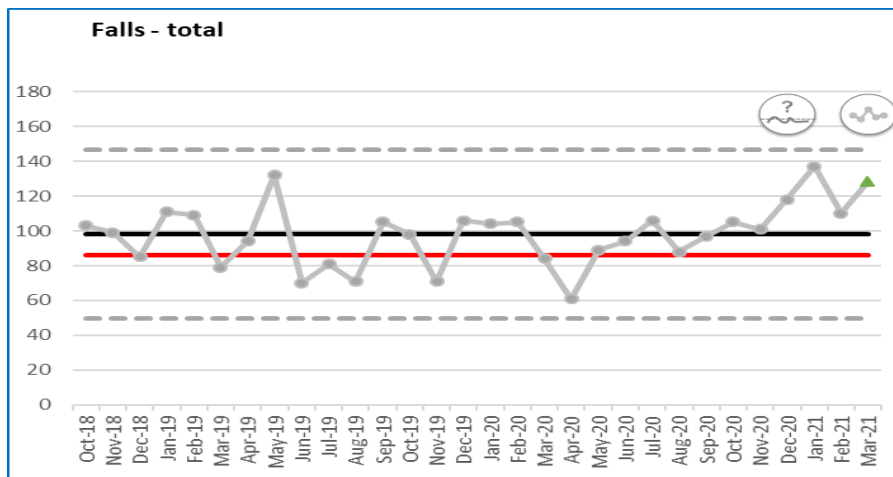
**Trajectory / Plan Achievement**

Trajectory for 2021/21 is no more than 43 cases, which is forecast to be achieved

Background	What the Chart tells us:	Issues	Actions	Mitigations
Locally agreed target with the CCG for 2020/21 is same as 2019/20 of no more than 43 cases. This is an improvement compared to 2019/20 actual	There were 5 cases of CDiff. Two were taken Post 48 hours of admission, and two had an inpatient stay in the 28 days prior to the positive sample being taken. This was above the locally agreed Trust target of no more than 3 cases but overall the Trust is well below the target for the year of no	Timeliness of obtaining stool sample, ability to isolate immediately due to side-room availability	Anti-microbial prescribing to be discussed at Medical Leadership Team meeting chaired by Medical Director  Redi-rooms to isolate patients when no side room available.  Discussed at IPC Operational Group importance of	Mitigations outlined in actions

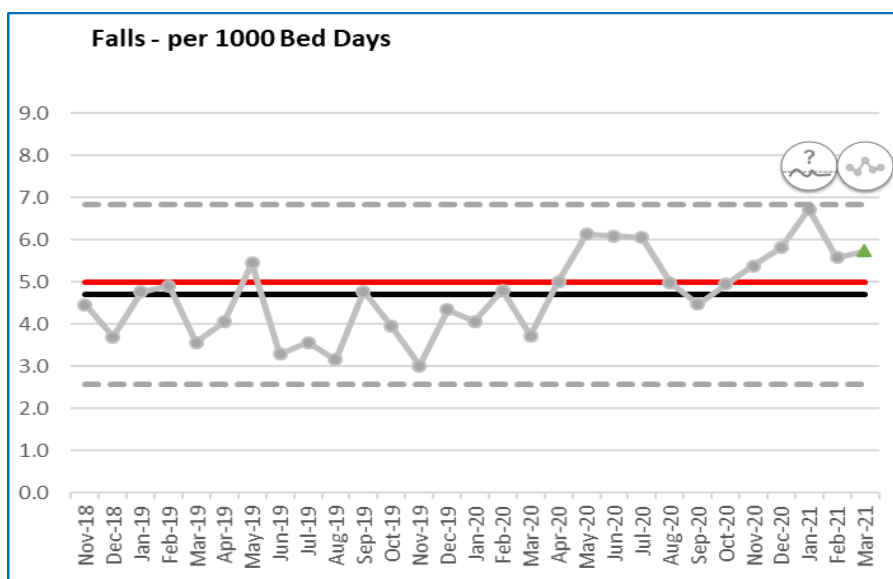
	more than 43 cases and the local improvement target with 30 cases reported against a target of 33 by month 11.		obtaining stool sample in timely manner, with Divisional Heads of Nursing to address at ward level.	
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## Falls –total number of falls Exception Report



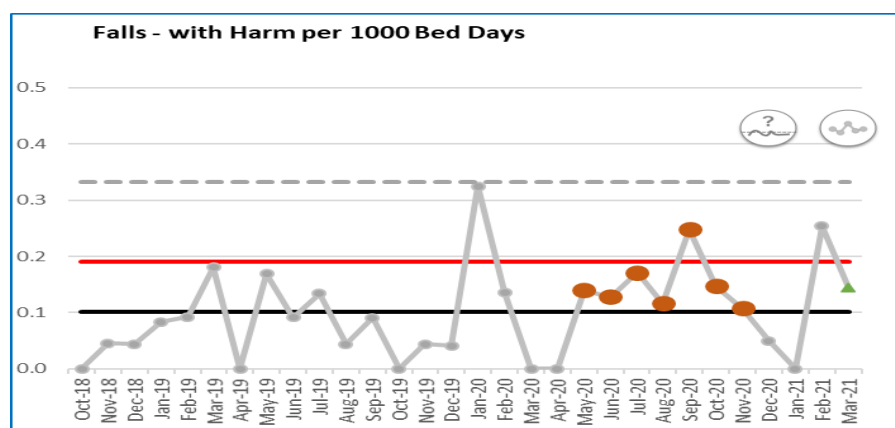
February 2021 actual performance
110
Variance Type
Common Cause
National Standard
86
19/20 total less 7%
Target/ Plan achievement
The Trust has not achieved the standard set for the year with 1101 falls in the year to date against the improvement plan of 1032

## Falls –per 1000 Bed Days Exception Report



February 2021 actual performance
5.57
Variance Type
Common Cause Variation
Standard
5.0
Target/ Plan achievement
The delivery of the year-end target cannot be assured, with performance in recent months above the 5 per 1000 bed days set

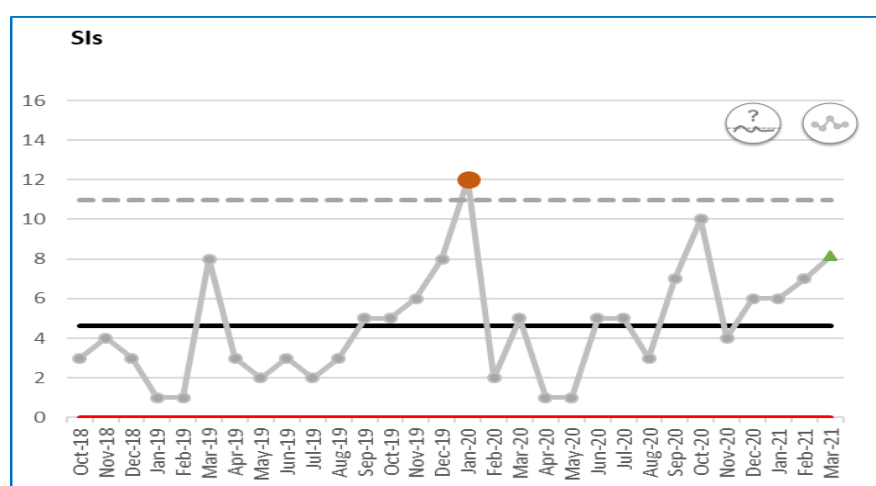
## Falls – Harm per 1000 Bed Days Exception Report



<b>February 2021 actual performance</b>
0.25
<b>Variance Type</b>
Common Cause
<b>National Standard</b>
0.19
<b>Target/ Plan achievement</b>
Performance month on month is variable and so year-end performance cannot be assured

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	Falls per 1000 bed days reduced in February 2021	Recording of lying and standing BP for patients at risk of a fall. Recording of neuro-observations following an unwitnessed fall. Ensuring all patients' risk assessments are carried out on admission, when condition	Every fall is reviewed daily by the quality team, immediate feedback is provided to the clinical team about pre and post falls care. All falls with significant harm are reported as serious incidents and investigated. New post falls bundle has been implemented. Ongoing falls training. Resource files to all wards. Trial of falls alarm equipment. Embedding enhanced patient supervision risk assessment and policy for patients at risk of falls.	All falls SIs are presented at NIQAM to share learning  Falls training now at 83% (end of Feb 2021)

## Serious Incidents

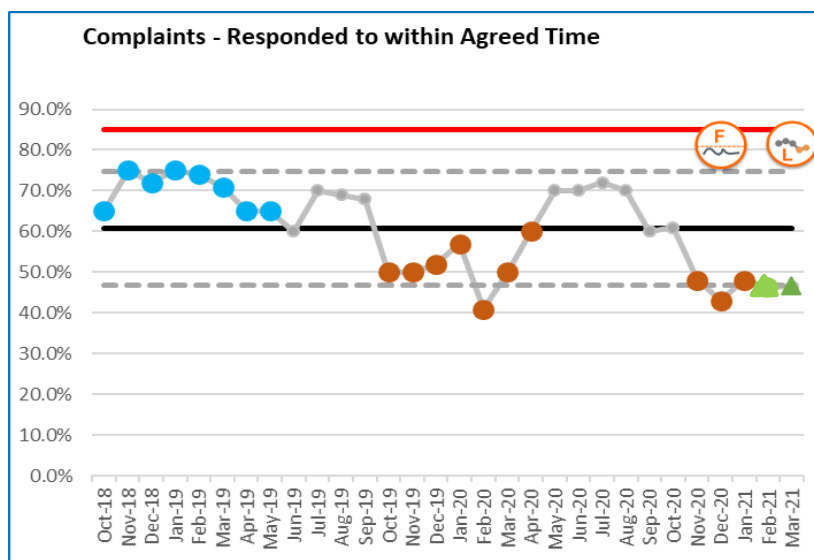


<b>February 2021 actual performance</b>
7
<b>Variance Type</b>
Common Cause Variation
<b>Standard</b>
No target set, however it is recognised that all SIs should be avoided
<b>Target/ Plan achievement</b>
Data demonstrates monthly variation suggesting that it is unlikely that zero SIs could occur in any month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Since June 2020 there has been an increasing trend in SI reporting, which may partly reflect a more open reporting culture.	Following a peak in reporting in October 2020, reporting has remained slightly above the mean for the past three months. February has seen an increase in reporting, as detailed above.	Over the coming months COVID 19 related incidents such as delayed diagnosis due to access issues / outbreaks and COVID related deaths will continue to see reported figures increase	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 theme	Number Reported
2021/2995 Maternity Obstetric/Neonatal death	1
2021/3074 Maternity Obstetric/Gestational discrepancy	1
2021/3508 Maternity Obstetric/Potential omissions in care	1
2021/3872 Infection Control/COVID Related/ITU	1
2021/3948 Unexpected death/Restraint Ward 9	1
2021/4068 Collapse/death – oxygen related	1
2021/4101 Sudden death/management of deterioration – oxygen issue	1

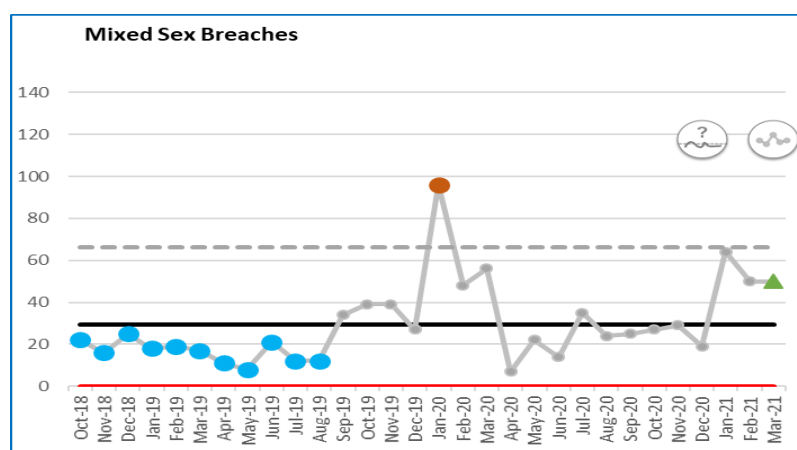
## Complaints – Responded within Agreed Time



<b>January 2021 actual performance</b>	
48%	
<b>Variance Type</b>	
Special Cause Variation –	
<b>National benchmark</b>	<b>SaTH internal target</b>
85% compliant with time agreed with complainer	85% responded to within 30 days of receipt
<b>Target/ Plan achievement</b>	
Given the current performance it is unlikely that the performance will improve sufficiently to deliver the target set	

Background	What the Chart tells us:	Issues	Actions	Mitigations
It is important that patients raising concerns have these investigated and the outcomes responded to in a timely manner as well as the Trust learning from these complaints	The target of 85% responses within the agreed time is not within the process control limits and so will not be reliably achieved without process re-design.	Prioritisation of clinical and managerial time to fully investigate and respond, particularly given significant pressures on clinical staff at present	Changes to regular meetings with senior managers to strengthen process and increase ownership at a local level. Use of bank hours in complaints team to draft responses as divisions clear their backlogs	Regular contact with complainants to keep them updated

## Mixed Sex Breaches Exception Report



### February 2021 actual performance

50 primary mixed sex breaches

### Variance Type

Common Cause variation

### Target

0

### Target/ Plan achievement

The year-end target of zero breaches cannot be achieved as 316 breaches have been recorded year to date.

Location	Number of breaches	Additional Information
ITU/HDU (RSH)	15 primary breaches	No secondary breaches reported
CCU (RSH)	1 primary breach	7 secondary breaches
CCU (PRH)	4 primary breaches	8 secondary breaches
Ward 7 (PRH)	3 breaches	No secondary breaches reported
Ward 10 (PRH)	18 breaches	
SAU (RSH)	4 breaches	
Ward 25 (RSH)	5 breaches	

Background	What the Chart tells us:	Issues	Actions	Mitigations
Mix sex accommodation of patients on wards is to be avoided to support patients dignity	The number of mixed sex breaches is within common cause. The February performance is 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> <p>Admitting to specialist beds. 15 of the mixed sex breaches during February 2021 were primarily due to discharge readiness from ITU/HDU. 26 of the mixed sex breaches reported during February 2021 were within general wards due to Covid-19 infection prevention measures and higher Covid-19 admissions</p>	<p>Escalation of potential breaches to Director of Nursing in hours and Gold out of hours. Datix to be completed for each approved occurrence. To be reported daily on the site reports by the CSMs. 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.

# 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>

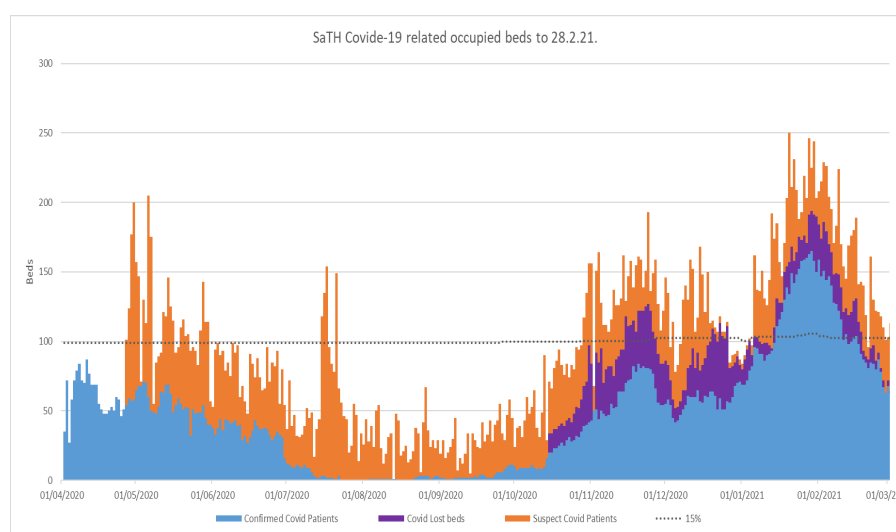


## 5.0 Covid-19 and Recovery Summary

### Mr Nigel Lee Chief Operating Officer

- The largest wave of Covid-19 admissions continued into February, and both sites continue to see a significant number of inpatients, with a number of those patients requiring enhanced specialist respiratory and/or critical care support. The level of Covid-19 inpatients remained high in early February, but thankfully has reduced during the month. As forecast, the numbers of patients requiring critical care remained high throughout the month, and late February saw the highest level of patients in the critical care units since the start of the first wave in March 2020. Only 4 patients of this total were transfers in from other centres, so the majority were local patients.
- The pressure on a wide range of clinical teams remained high, and many staff were re-deployed to support the most critical services. In January, SATH was supported by staff from Shropshire Community Trust and Robert Jones and Agnes Hunt Trust, particularly in critical care, respiratory wards and theatres. This support was invaluable and, as Covid-19 levels reduce, a phased return of these staff to normal duties has been planned.
- The impact on elective activity (including cancer) remained significant. Patients continue to be clinically prioritised, with priority 1 activity maintained, and priority 2 including cancer cases also maintained as much as possible. All patients delayed in mid-February have now been treated or have dates planned, and SATH has added additional weekend theatre sessions during March and April to clear any urgent backlogs. As Covid-19 levels reduce in March, a phased re-introduction of services will be carried out.
- The complexity of pathways continued to cause pressure in both A&Es, with associated ambulance handover delays at times of peak activity. The clinical teams focused on categorising emergency patients into the high risk/covid positive or the medium risk pathways, in A&E, assessment units and wards.

## Covid-19 Inpatients



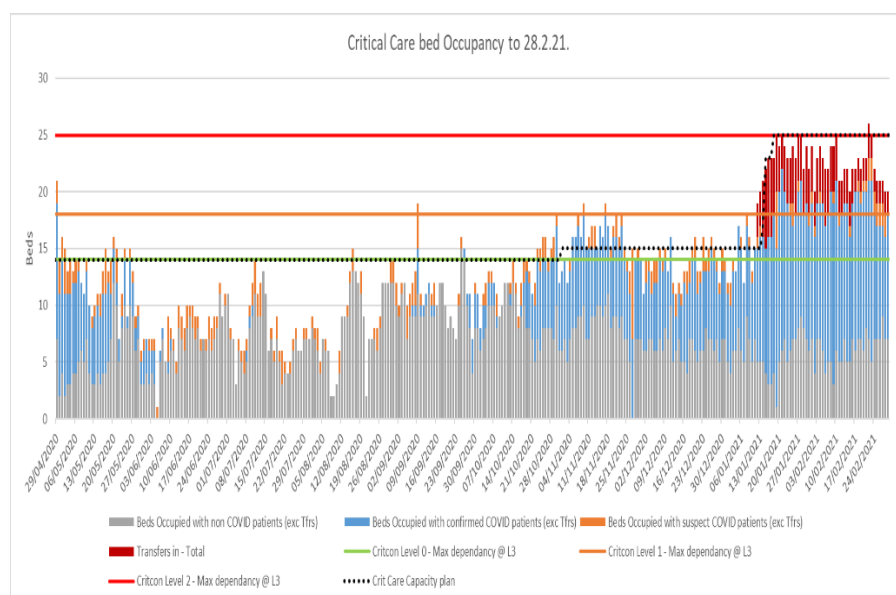
### 28th February 2021 actual performance

63

### Variance Type

During the 3rd wave of Covid-19 high levels of admissions together with bed closures due to outbreaks and for infection prevention and control occurred. The peak at end of January has reduced at the end of February to levels seen in the 1<sup>st</sup> wave during April and May 2020.

## Covid-19 Critical Care Beds and Triggers



### 28<sup>TH</sup> February 2021 actual performance

20 beds occupied with 10 covid +ve patients in critical care

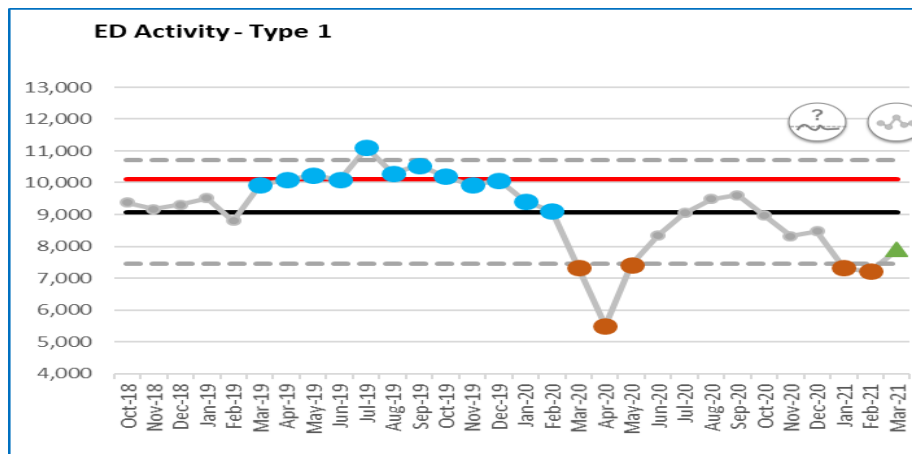
#### Variance Type

Increasing proportion of Critical Care Capacity being used to manage Covid-19 patients

Increased number of critical care beds needed peaking at 26 beds occupied on one day (baseline 14 critical care beds). Mutual aid provided to other critical care units.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Covid-19 positive and admitted patients awaiting test results (suspect) are reported daily	The 3 <sup>rd</sup> wave has seen much higher levels of hospital admission than in the 1 <sup>st</sup> or 2 <sup>nd</sup> waves. This reduced during February, resulting in month end numbers of patients being similar to those in April and May of the 1 <sup>st</sup> Wave	<p>The high volume of covid-19 admissions and high volume of patients those needing respiratory support and/or critical care</p> <p>High overall % of beds occupied by covid-19 and covid-19 related patients limiting capacity for non-covid-19 patients</p> <p>Inability to maintain all elective services at this time.</p> <p>Segmentation of covid-19 and non-covid -19 patients required for IPC purposes</p> <p>Staff absences increased due to Covid-19</p>	<p>System-wide escalation plan fully implemented with mutual support provided by RJA, Shropcom and military colleagues to support Critical Care, Respiratory wards and A&amp;E, in addition to the internal re-deployment of staff</p> <p>Critical Care Unit expanded to 175% of base capacity and moved into theatre recovery and day surgery units</p> <p>Unfortunately the level of admissions and need to segment patients did result in the temporary suspension of elective surgery</p> <p>Outbreak management and contact management</p> <p>Lateral flow testing in place, additional well-being support and reminders on IPC measures to support staff</p>	All surgical waiting lists patients clinically reviewed and prioritised. P1 activity maintained and P2 activity suitable for Nuffield or Vanguard theatre continued.

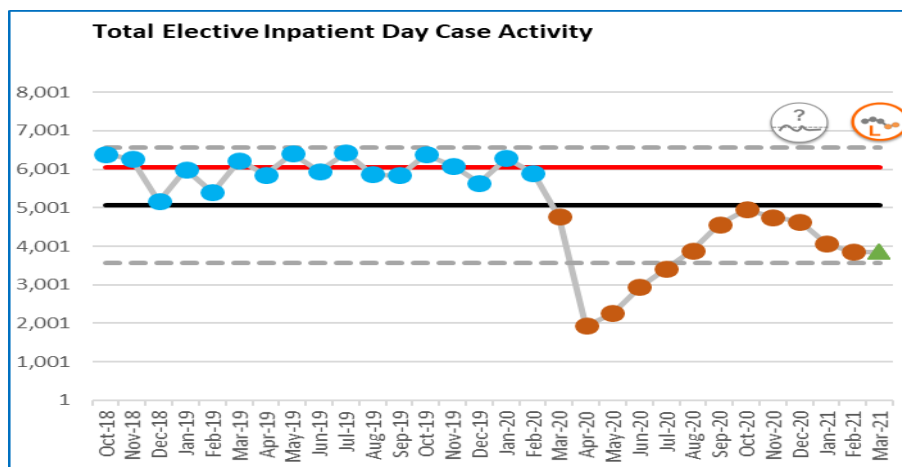
## ED Activity – Type 1



<b>February 2021 actual performance</b>
7207
<b>Variance Type</b>
Special Cause concern
<b>SaTH target</b>
10,097
<b>Target/ Plan achievement</b>
Forecast for March is 7891, not expecting to deliver year end plan of 111,062. Year-end forecast is 97,599

Background	What the Chart tells us:	Issues	Actions	Mitigations
The ED activity forms part of the non-elective contract activity for the Trust	During each wave of the pandemic the level of ED attendances have fallen	<p>The decrease in ED activity has largely been seen in the minor conditions presenting, however there is a risk that some patients with more serious conditions have not presented when they needed to.</p> <p>Disproportionate reduction in denominator for patients with shorter stays in ED impacting on overall ED performance</p>	<p>Patients encouraged to continue to seek assistance when experiencing symptoms which need urgent medical assistance.</p> <p>Additional mutual aid provided to support activity for complex patients in ED.</p>	

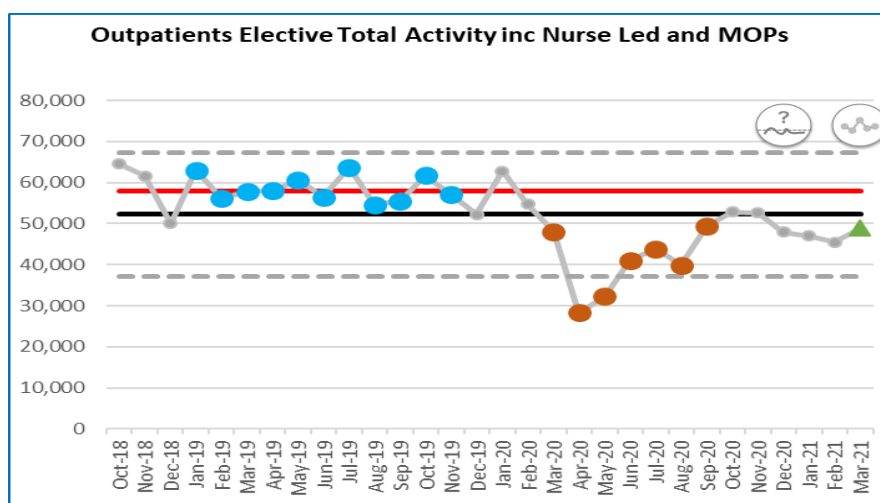
## Elective IP & DC Activity v Phase 3 recovery plan



<b>February 2021 actual performance</b>
3856- DC 3,700 IP 156
<b>Variance Type</b>
Special Cause
<b>Targets</b>
Local :DC 80%,IP 55%
National DC & IP 90%
<b>Target/ Plan achievement</b>
Yes (local)No (national) Forecast for March 2021 only slight improvement

Background	What the Chart tells us:	Issues	Actions	Mitigations
Activity remains below historic levels and below expectation with regard to "Restoration & Recovery." There has been a further significant dip in February in relation to the standing down of further elective activity and conversion of the low risk pathway (DSU) at RSH to support critical care surge and at PRH to support medical escalation.	The chart as presented reflects the significant constraint in the ability to undertake inpatient elective activity. Due to the changes that have needed to be made to support emergency activity and the management of Covid, there has been a net decrease of 5 theatres for elective activity compared to regular provision	Implementation of a low risk pathway for elective work. Significant increase in theatre staff vacancies through the Covid period. Deployment of theatre and endoscopy staff to support critical care surge.  Non-availability of DSU PRH due to medical escalation. Non-availability of elective orthopaedic ward	Plan in place to gradually recover elective theatre provision through March and April. However, the positive impact of this will be masked by the reduction in Shrewsbury Nuffield capacity	Limited use of Independent Sector. Limited use of RJAH for priority orthopaedic cases. Use of prioritisation scoring to ensure access to the most clinically urgent (including cancer) activity.  Deployment of Saturday operating at RSH (max 20 lists agreed.)

## Outpatients Elective Total Activity

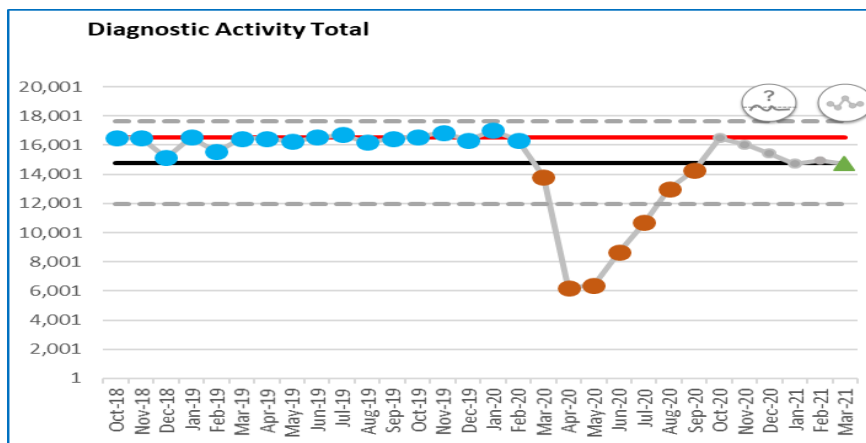


<b>February 2021 actual performance</b>
45489
<b>Variance Type</b>
Common cause
<b>Local Target</b>
57947 (based on Apr-19-Feb-20 average)
<b>Target/ Plan achievement</b>
Activity forecast to increase in March 2021. However year end activity is forecast to be 10,777 below plan for the year.

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 manpower in some specialities where staff have been redeployed to support emergency and Covid related pressures.	The level of outpatient activity remains below pre-covid-19 levels and well below the target level	Outpatient activity is not at a level that supports safe, timely care. The number of overdue follow ups is rising, as is the number of new referrals not yet seen and held in "shadow clinics."  The ability to run to pre-Covid clinic templates is limited due to 2 metre social distancing and limited facilities to undertake procedures that are aerosol generating in a safe environment (particularly impacting Oral Surgery and ENT.)	Use of phone consultations (approximately 36% of OP activity is virtual).  Initiatives to reduce waiting room volumes ("wait in car.")  Agreement of pathways to reduce the need for follow up or switch to PIFU (IT support required due to Sema limitations.)	Clinical triage of referrals to ensure the most clinically urgent are seen promptly. Adaptations in Radiology achieved to get breast 2WW capacity back to pre-Covid level.

		Likely need for capital expenditure to make further adaptations to achieve Covid safe environment.	Use of Vanguard for OP procedures	
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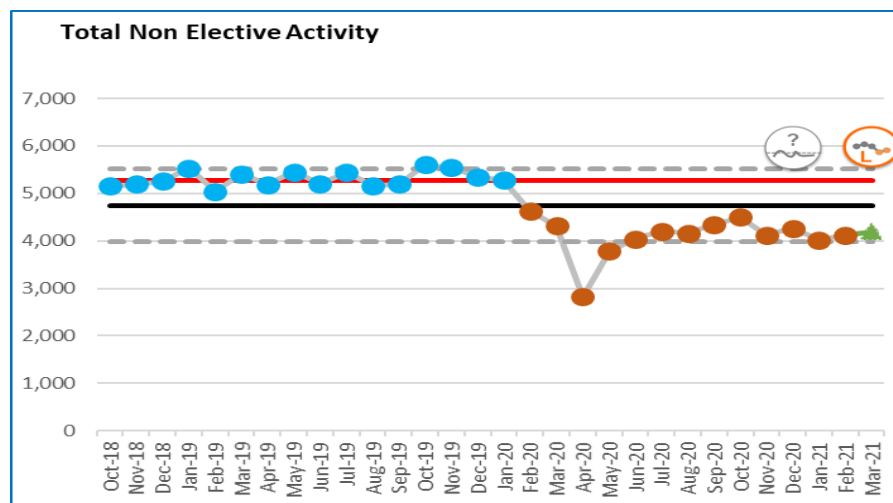
## Diagnostics phase 3 recovery plan



<b>February 2021 actual performance</b>
14458
<b>Variance Type</b>
Common Cause variation
<b>Local Target</b>
16500 (based on Apr-19-Feb-20 average)
<b>Target/ Plan achievement</b>
Forecast for March 2021 is to remain below target at c14,737 and overall c30,400 below plan

Background	What the Chart tells us:	Issues	Actions	Mitigations
Diagnostic activity is made up of the number of tests/procedures carried out during the month; it contains Imaging, Physiological Measurement and Endoscopy Tests.	The downward trend in activity continued in February, although the reduction was not as great as seen in the 1 <sup>st</sup> wave reflecting the investment in additional mobile diagnostic services implemented.	<p>Insufficient baseline capacity in Imaging, exacerbated by national Covid countermeasures required to be in place particularly in Imaging and Endoscopy. Downward trend since October due to combined impact of less mobile CT capacity from November, availability of staff and services stood down during 3<sup>rd</sup> wave as staff are redeployed to support Critical Care and other areas supporting acutely ill patients. Minimal mutual aid available for CSS (radiographers) requested; not made available.</p> <p>Endoscopy capacity was reduced by one suite of each site to redeploy staff to support critical care demands.</p>	<p>Max possible utilisation of staffed mobile imaging available. A small amount of MSK CT and MRI is available at RJA and MRI at Nuffield.</p> <p>Additional Ultrasound capacity is being provided by SaTH staff but limited. Business cases for additional staffed mobile capacity submitted and approved by IIC subject to backlog resource being available to the system.</p> <p>Endoscopy plan re-profiled to reflect the delays to some interventions. Trans nasal endoscopes ordered. Locum staff continue to be sought</p>	<p>Risk stratification in place. Plan to retain additional mobile capacity. MRI business case approved up to July 2021. Plan to retain endoscopy capacity for urgent suspected cancer patients during wave 3 covid</p>

## Non-Elective Activity



<b>February 2021 actual performance</b>
4123
<b>Variance Type</b>
Special Cause
<b>National Target</b>
N/A
<b>Target/ Plan achievement</b>
The demand is unlikely to return to pre-covid levels at this time. Forecast for end of March 2021 is a slight increase in activity post 3 <sup>rd</sup> wave.

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. The non-elective activity is demand led activity.	Emergency admissions remain at lower levels than prior to Covid-19	<p>ED admission rate has increased however direct GP admissions remain low</p> <p>It is a concern that some patients may not be presenting. However it may be that patients and community self-care and admission avoidance schemes are contributing to the reduction- this is presently being evaluated.</p>	Admission avoidance schemes including therapy at the front door , community schemes and increased use of SDEC and ambulatory care in place and currently being evaluated to assess impact	

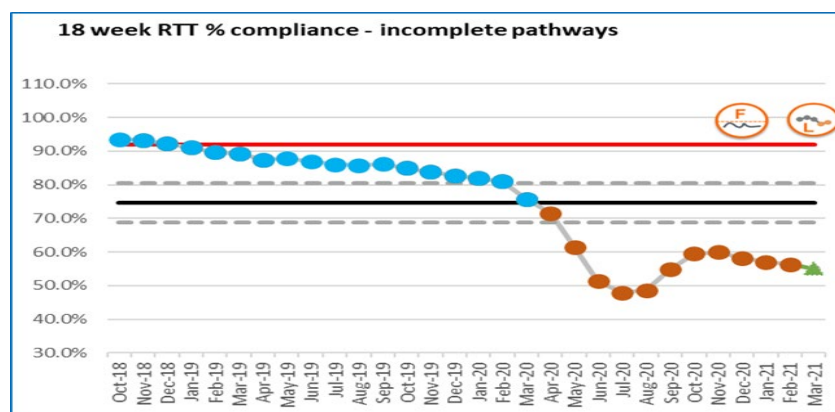


## 6.0 Operational Summary

### Mr Nigel Lee Chief Operating Officer

- The high level of Covid-19 activity presented the main challenge during February, and a number of services were affected. Where possible services have been maintained, including imaging (CT, MRI), urgent outpatients (including non face-to-face appointments) and urgent endoscopy. The diagnostic patients waiting over the 6 week standard has continued to reduce. However, there have continued to be rises in the RTT waiting list and the number of patients waiting over 52 weeks.
- Cancer referrals remain close to pre-Covid levels, and 2 week wait performance is at a good level in many specialties; breast surgery is below target due to demand and capacity – an action plan to recover this is in place and reduce waits to under 14 days by mid-April. The Trust continues to use capacity at the Shrewsbury Nuffield in February and March for appropriate patients (including cancer cases) and we have a combined approach for high priority Orthopaedic cases being treated at RJAH.
- A&E Performance is slightly better than January but remains low; the volume of activity remains below last year, but this is predominantly lower in the minors activity group. The pressure remains in the admitted majors pathway.
- The new medicine Same Day Emergency Care (SDEC) facility at RSH continues to become embedded and circa 40% of the acute medicine activity at RSH is now being managed through this unit. At PRH the level is circa 31% and work to bring learning together from each site is led by the medical and nursing leaders in the service.

## 18 week RTT Exception Report



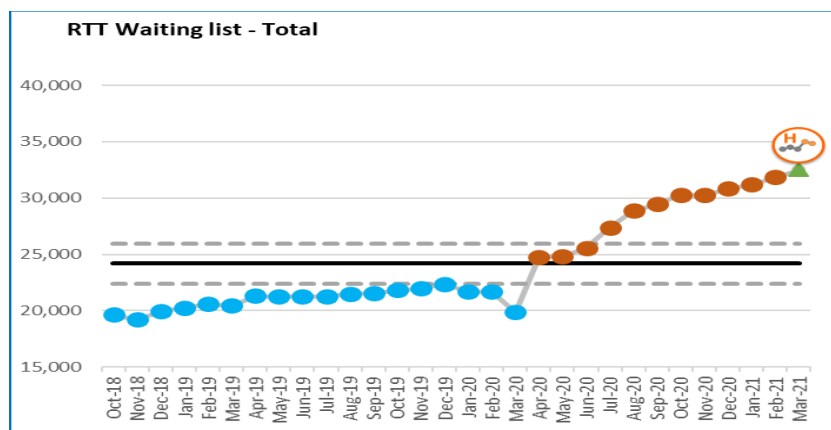
February 2021 actual performance
56.37% (English only)
Variance Type
Special Cause
National Target
92%
Target / Plan Achievement
Due to the size of the backlog developed during Covid the target will not be achieved.

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>This is the nationally reported measure for access to elective secondary care.</p> <p>It is important for patients to obtain assessment, diagnosis and treatment of conditions in a timely manner, to</p>	<p>Performance against this measure has been gradually deteriorating as a result of emergency pressures and limited access to beds. However the pandemic greatly accelerated this deterioration. Some recovery was</p>	<p>Elective Capacity reduced during the third wave with the loss of the low pathway at RSH as a result of necessary critical care expansion.</p> <p>Social distancing has reduced physical space available for face to face consultations and diagnostics</p> <p>Priority has been given to clinically urgent and cancer pathways which means that</p>	<p>Restore theatre capacity at the earliest opportunity, although initial allocation will continue to be for clinically prioritised patients.</p> <p>Optimise use of theatres including increased theatre</p>	

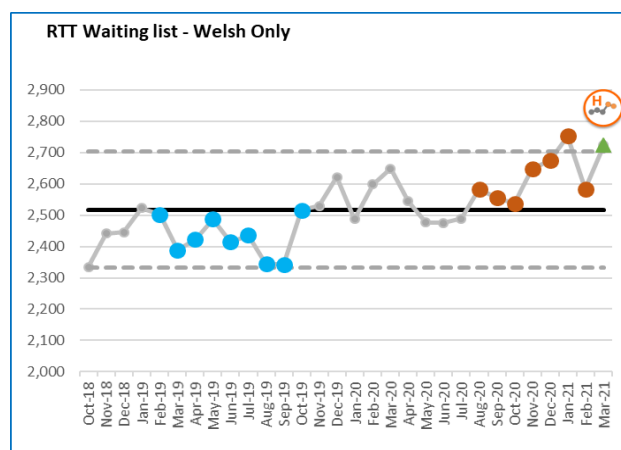
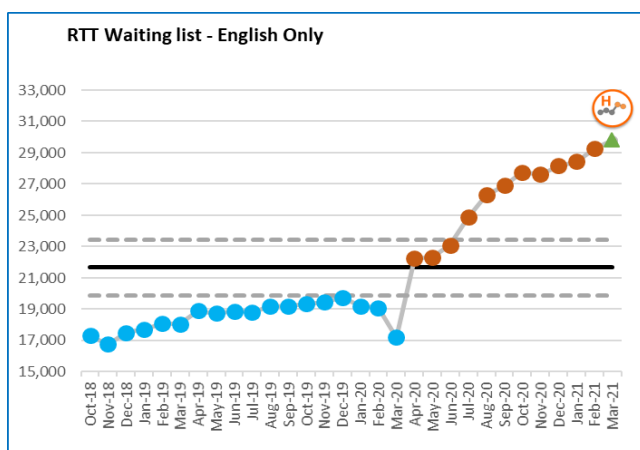


manage chronic disease, prevent harm, provide re-assurance and enable them to maintain the quality of life.	observed in Q3 as the recovery plan was implemented. However with the 3 <sup>rd</sup> wave of the pandemic performance has again shown deterioration.	activity is focussed on waits that are shorter than 18weeks. This is the right thing to do clinically, but with the limitations on capacity available for other patients overall RTT performance is adversely affected.	availability at Nuffield in March 2021.  Optimise use of virtual clinic activity and tactical actions to improve throughput of face to face consultations.	
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## RTT Waiting List – Total Size

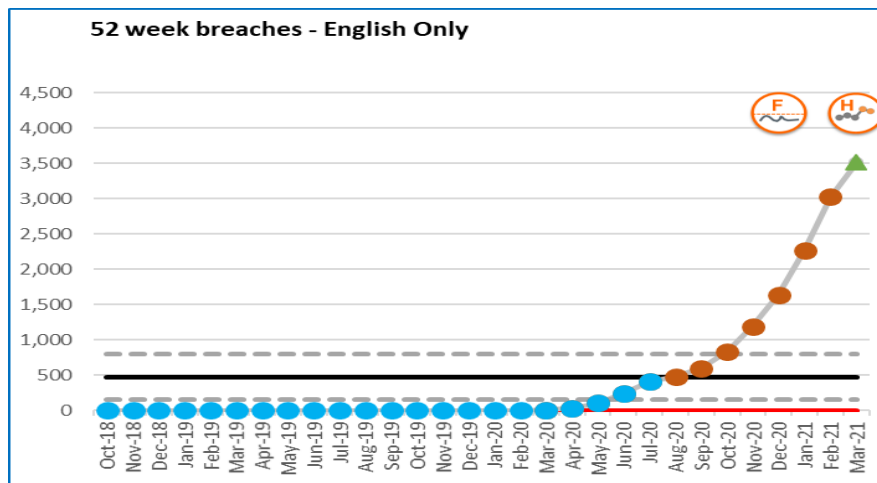


February 2021 actual performance
<b>31831</b> - 29247 (English), & 2584(Welsh)
Variance Type
Special Cause
Target
19,199 (English)
Target / Plan Achievement
Impact of Covid-19 means that the waiting list is likely to continue to grow at present. Forecast 32,500 at year end.



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.</p> <p>There is a total increase of 10,048 English patients compared to the required standard (January 2020 position).</p>	<p>Total list size has continued to increase through the Covid period.</p> <p>The level of referrals is now returning to pre-pandemic levels and at a quicker rate that we are able to see and treat patients.</p>	<p>Limited outpatient capacity as a result of social distancing. Constraints with beds and theatres for the admitted pathway.</p> <p>Deployment of staff to support critical care impacting activity through theatres and endoscopy.</p>	<p>Plans under development to restore as much elective activity as is feasible within the constraints of Covid and social distancing, and overall Trust bed gap to support emergency care.</p>	<p>Clinical triage to ensure the most urgent patients are seen and treated in the context</p>

## 52 Weeks Wait Exception Report



### February 2021 actual performance

**3456**

3024 (English only)  
432 (Non English patients)

### Variance Type

Special Cause

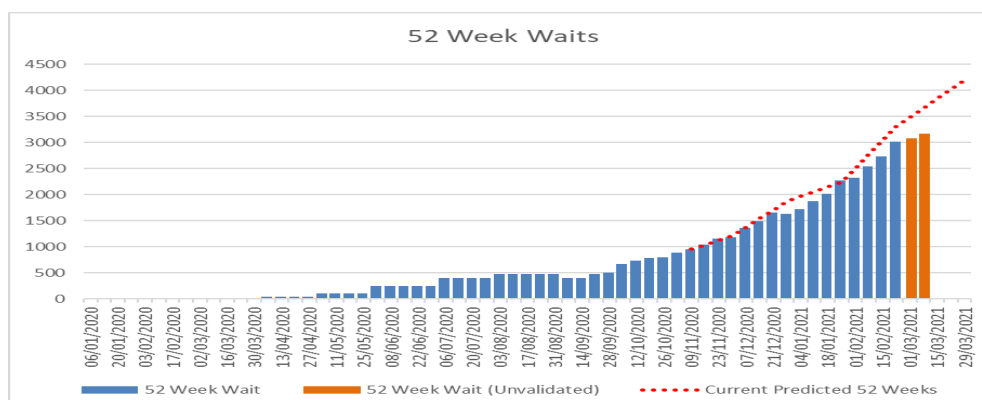
### National Target

0

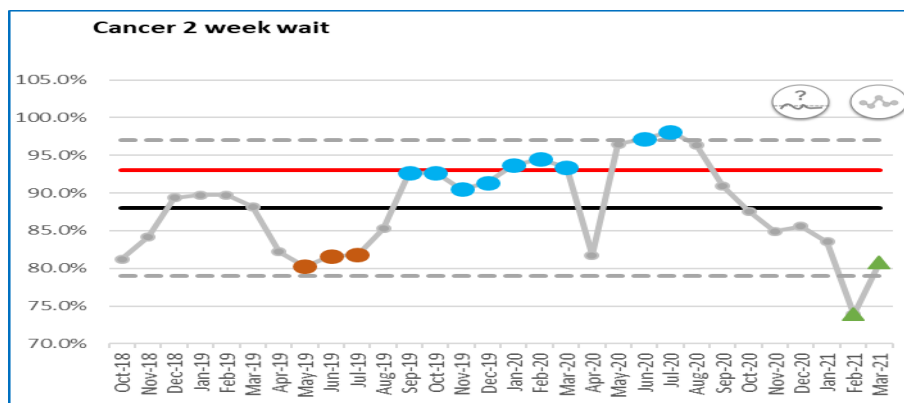
### Target / Plan Achievement

The size of the backlog and impact of covid-19 means that the target will not be delivered this year

Background	What the Chart tells us:	Issues	Actions	Mitigations
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.	The volume of 52 week breaches is now increasing at a significant rate.	The very limited outpatient and elective admitted capacity that is available is being prioritised for urgent and cancer pathways. This means that clinically routine patients now have a significant wait.	Until sufficient capacity is restored, it will not be feasible to treat routine patients, and the clinically urgent and cancer pathways will continue to be prioritised. Activity plans for 2021-22 are being prepared together with proposals to address the backlog. It is expected that these proposals will be considered via the national resource allocated for backlog reduction so as to increase capacity	Some capacity that is not suitable for complex patients through Shrewsbury Nuffield and Vanguard and so some of this capacity is also being deployed to accommodate the longest waiting elective patients. Performance will artificially improve for the next period due to the fall off in routine referrals one year ago, such that less patients will reach 52 weeks.



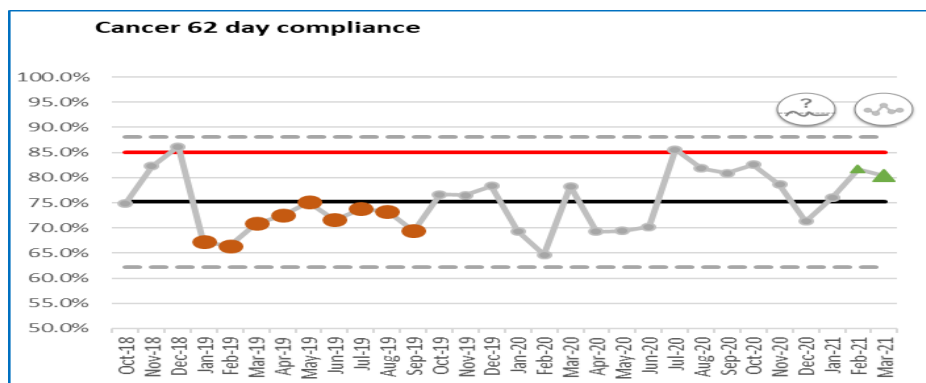
## Cancer 2 week waits



<b>January 2021 actual performance</b>
83.6%
<b>Variance Type</b>
Normal variation
<b>National Target</b>
93%
<b>Target / Plan Achievement</b>
Forecast for year-end 80.8%

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer has a first appointment within 14 days	The present system is unlikely to deliver the target. Compliance with this target has fluctuated since April 2019 – attributed to poor performance (capacity) within the breast service.	Capacity issues in the Breast specialty has impacted negatively on SaTH's overall 2WW performance	Extra capacity being added to the Breast 2WW clinics + improvement trajectory in place with expectation to deliver 14 days by mid-April 2021.	Implementation of revised 2WW Breast Referral Proformas

## Cancer 62 day target

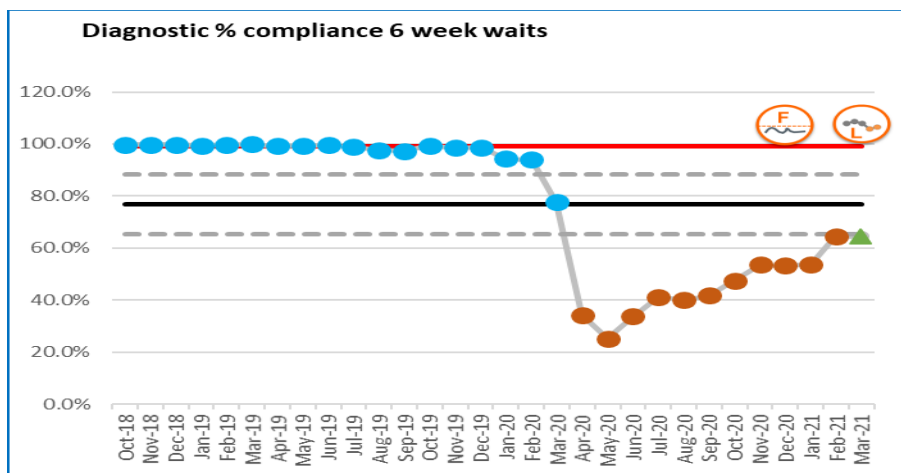


<b>January 2021 actual performance</b>
76.0%
<b>Variance Type</b>
Normal variation
<b>National Target</b>
85%
<b>Target / Plan Achievement</b>
Year-end forecast 80.3%

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 system is unlikely to deliver the target. Compliance with this target has been achieved once since April 2019.	Huge reduction in surgical capacity due to COVID. Complex pathways in many specialities  Capacity does not meet demand (diagnostics a significant issue)	Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure. Extra CTVC capacity in March. Theatres reopening due to less COVID inpatients.  Regular surgical planning meetings to prioritise cancer patients. Temporary	Pathway Project Managers introduced to review pathways and implement efficiencies to assist compliance with targets  Cancer Performance and Assurance Meetings are on-going and chaired by Deputy COO

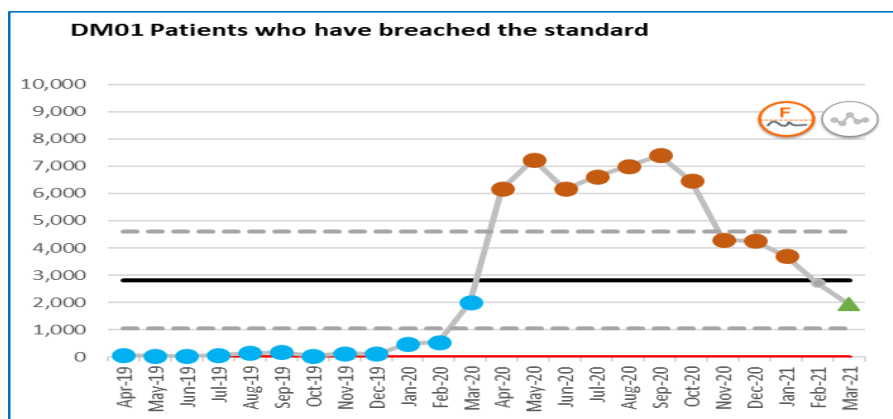
		even prior to COVID).	CT and MRI scanners in use	West Mids. Cancer Hub taking referrals for surgery
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## DM01 Diagnostic over 6 week waits



<b>February 2021 actual performance</b>
64.5%
<b>Variance Type</b>
Special Cause
<b>National Target</b>
99%
<b>Target / Plan Achievement</b>
Target will not be delivered with present capacity constraints in some diagnostic services. Forecast same level of performance at year end

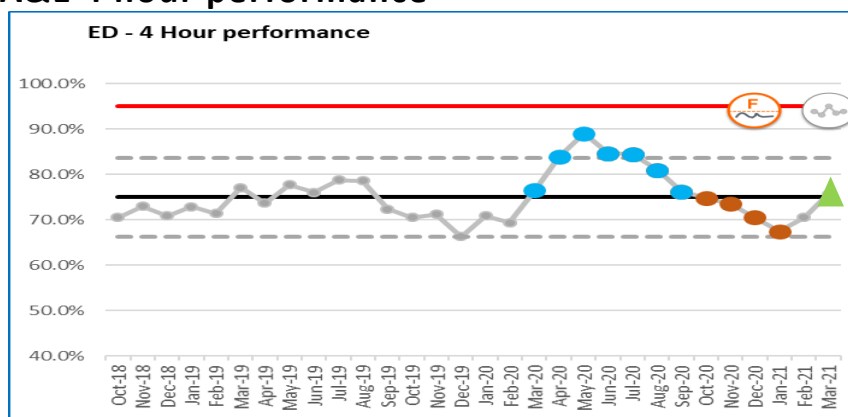
Background	What the Chart tells us:	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral	The overall standard has not been achieved this year and progress remains below target in February.	Progress has been interrupted by our response to the 3rd wave surge as expected through February as Endoscopy and Imaging staff were redeployed to support the surge plan to manage the increased diagnostic demands from acutely ill patients. Backlog created in diagnostic services from 1st Wave continuing. There is reluctance from patients to travel to RJAH and generally to accept MRI and Ultrasound appointments. 3rd party contracted to provide additional Ultrasound unable to provide capacity needed.	Imaging pod expected to be available from July 1st 2021. Mobile capacity on site for CT and MRI, plus small amount of weekly capacity at RJAH and Nuffield providing small amount of MRI capacity. Business case submitted and supported (subject to backlog funding) to continue mobile CT, together with Imaging pod including workforce plans. Plans re-phased based on interventions planned	Priority is allocated to the most clinically urgent patients including cancer. Business case approved for additional mobile MRI capacity up to July 2021. Progress with CT is dependent on availability of mobile CT continuing via the national contract



<b>February 2021 actual performance</b>
2705
<b>Variance Type</b>
Common Cause
<b>National Target</b>
0 - < 6weeks
<b>Target / Plan Achievement</b>
Forecast improvement to continue but still not meeting standard by year end.

Background	What the Chart tells us:	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral. There must be no more than 1% of patients waiting longer than 6w	Progress continued in reducing the backlog in patients waiting longer than 6w during February. Special Cause variation relates to Covid-19.  Forecasting continued improvement in March 2021.	Endoscopy and Imaging staff were redeployed to support the surge plan to manage acutely ill patients, thereby preventing greater progress being made. Reluctance of patients to travel to RJAH and generally to accept MRI and Ultrasound appointments. 3rd party contracted to provide additional Ultrasound, but unable to deliver	Imaging pod expected to be available July 1st 2021. Mobile CT and MRI capacity on site, plus small amount of weekly capacity at RJAH and Nuffield providing small amount of MRI capacity. Business case submitted to continue mobile CT, together with Imaging pod including workforce plans. Capacity plan re-phased based on planned interventions	Risk stratification in place. Priority is allocated to the most clinically urgent patients. Business case approved for additional mobile MRI capacity up to July 2021. Progress with CT is dependent on availability of mobile CT continuing via the national contract and alongside the Imaging pod

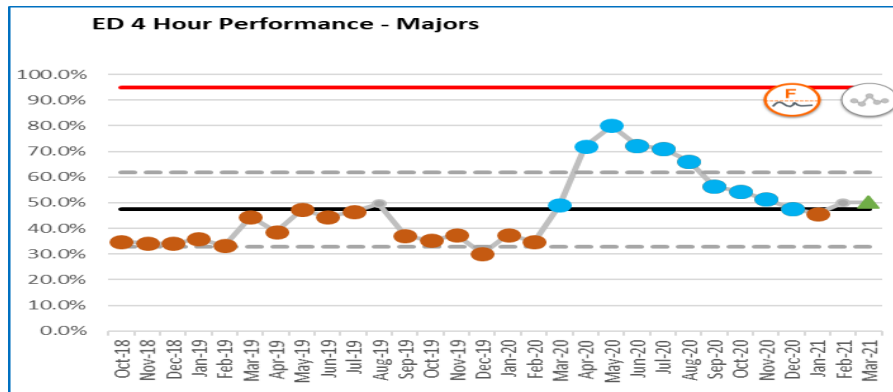
## A&E 4 hour performance



<b>February 2021 actual performance</b>
70.5%
<b>Variance Type</b>
Common Cause
<b>National Target</b>
95%
<b>Target / Plan Achievement</b>
The target is above the upper process control limit and so will not be achieved without service re-design

Background	What the Chart tells us:	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department	ED performance was 70.5%, this is a slight improvement on last month and on the same period last year.	Continued challenge in managing Covid-19 high risk and medium pathways. Known shortfall in bedded capacity to meet demand impacts upon flow from departments to inpatient areas. Reduction in minors attendances has had an impact on overall 4 hour performance this month.	Continued daily oversight and management of sites by Divisions. Internal improvement plan and actions in place to address internal flow issues. Capacity gap escalated to regulators with proposal for additional resource to address shortfall to improve performance going forward. Continued drive to divert to medical SDEC wherever possible. Revised performance improvement plan developed and implemented.	Safe Today' process in place for ED aims to rapidly identify and mitigate any potential risks associated with long waits in departments  Improved performance on time to initial assessment supporting risk mitigation.

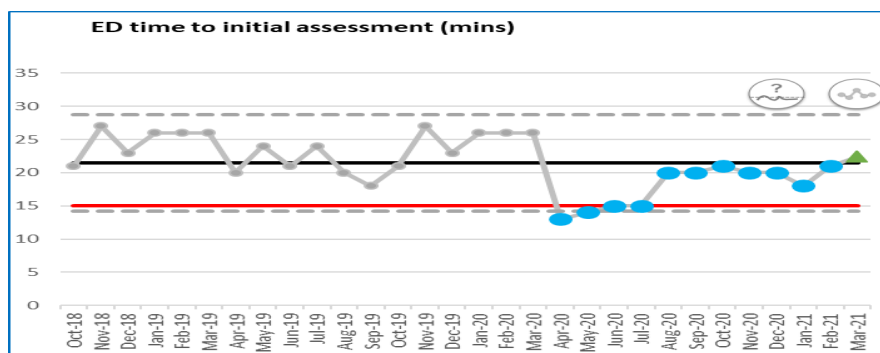
## ED Majors Performance



<b>February 2021 actual performance</b>
50.1%
<b>Variance Type</b>
Common Cause Variation
<b>National Target</b>
95%
<b>Target / Plan Achievement</b>
The performance is expected to remain well below target at year end.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Patients with major conditions presenting to ED are streamed to ensure diagnosis and treatment commences at the earliest opportunity. This measure is from time of arrival in ED to admission, discharge or transfer with the expectation of patients leaving the department within 4 hours.	A high proportion of patients presenting with major conditions are spending more than 4 hours in the ED. This performance improved during the initial phase of the pandemic but has deteriorated since, but remains better than the same period last year.	<p>Demand for ED has returned to close to pre-Covid-19 levels. Many of the patients presenting to ED are classified as majors and a significant proportion of these patients need admitting to a hospital bed.</p> <p>Flow from ED has been challenging during the 3<sup>rd</sup> wave due to restricted bed capacity and need to segment covid-19 and non covid-19 patients.</p>	Unscheduled care improvement plan in place as part of Getting to Good, including work on flow into and out of hospital.	SDEC at RSH is operational and pulling patients from ED into ambulatory care.

## ED –Time of Initial assessment (mins)



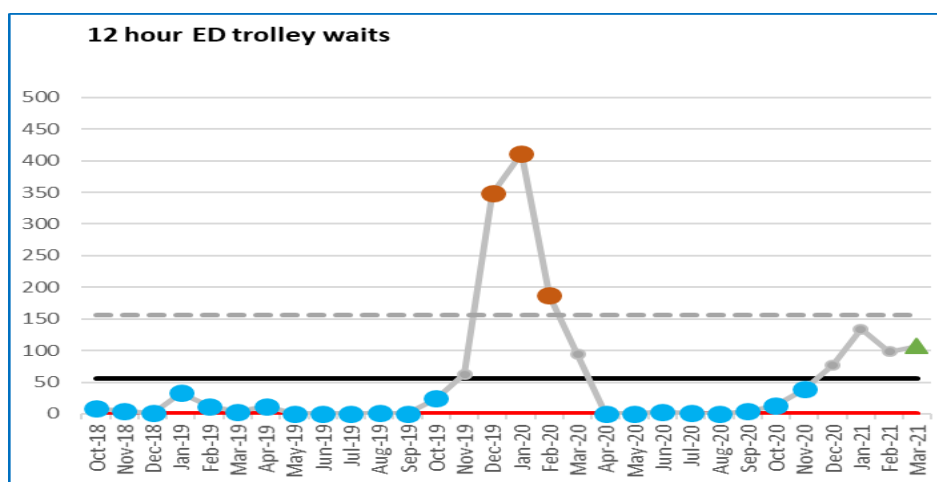
<b>February 2021 actual performance</b>
21 Minutes
<b>Variance Type</b>
Common Cause
<b>National Target</b>
15 Minutes
<b>Target / Plan Achievement</b>
Performance remains above target

Background	What the Chart tells us:	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator	Time to initial assessment overall has improved and is sustained at a	Paediatric assessment is	Unscheduled care improvement plan in place as part of Getting to Good, including work	



	better level of performance throughout this year than in previous years. However it is still slightly worse than the national target of 15minutes	now well within target.  Adult time to initial assessment is the area in need of further improvement to deliver the target.	on flow into and out of hospital.	
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## 12 Hour ED Trolley waits

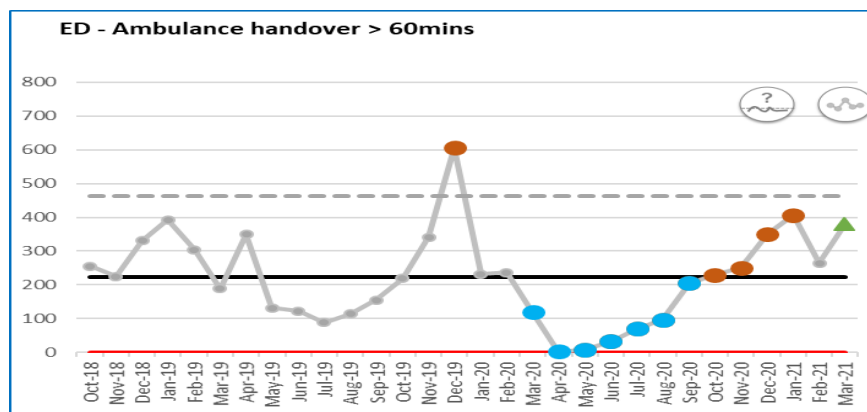


<b>February 2021 actual performance</b>
98
<b>Variance Type</b>
Common Cause Variation
<b>National Target</b>
0
<b>Target / Plan Achievement</b>
It is forecast that 12 hour ED waits will continue in March 2021.

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 of breaches occurred last winter and a number have occurred this month	Insufficient bedded capacity to meet demand at these times of peak activity. This has been exacerbated by the requirement to cohort patients by their Covid-19 status/ waiting for swab results to be able to move patients on. Discharges occurring late in the day.	Proposal developed to address capacity issues. Daily cohorting meetings in place with lead clinicians and site team to ensure our response is as agile as possible.  Revised focus upon stranded patient process with leadership from Medical director in place. MFFD delays escalated to system leads via Trust Executives. Improvement plan in place to address internal flow issues	'Safe Today' process in place for ED@s to rapidly identify and mitigate any potential risks associated with long waits in departments. Additional capacity opened via medical SDEC on RSH site and PAU on PRH site in an effort to reduce the known bed gap



## Ambulance handover > 60 Mins



### February 2021 actual performance

265

### Variance Type

Common Cause

### National Target

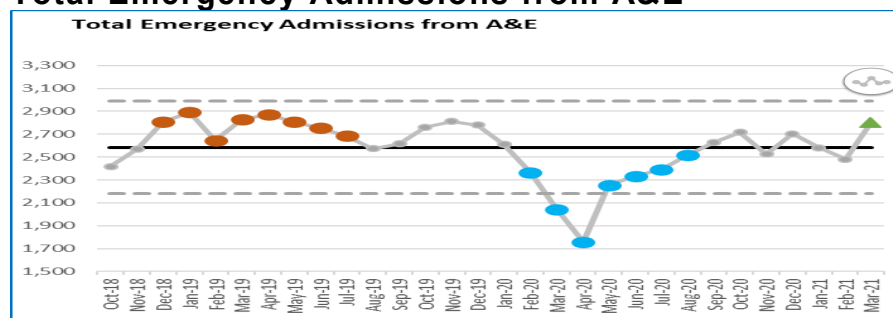
0

### Target / Plan Achievement

Handover delays are forecast in March as unscheduled care activity is expected to increase.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety and to support the community response to 999 calls by release of ambulances to respond.	A similar number of ambulance handover delays have occurred this month as experienced in Feb 2020. This is an improvement on last month but remains higher than target	Capacity to offload is significantly reduced due to the requirements to manage Covid-19 pathways. Exit block from the departments due to the known shortfall in bedded capacity. Late in the day discharges affects ability to move patients through to wards in a timely manner	Some additional capacity opened on both sites via medical SDEC on RSH site and PAU base on PRH site. Capacity gap escalated to regulators with proposal for additional resource to address shortfall to improve performance going forward. Improvement plan in place to address internal flow issues. Plans developed to swop ward 35 (supported discharge) with the renal ward in March which will increase the number of medical beds on the RSH site.	Process in place to review patients awaiting handover and to plan offload in order of clinical priority. Internal escalation process established.

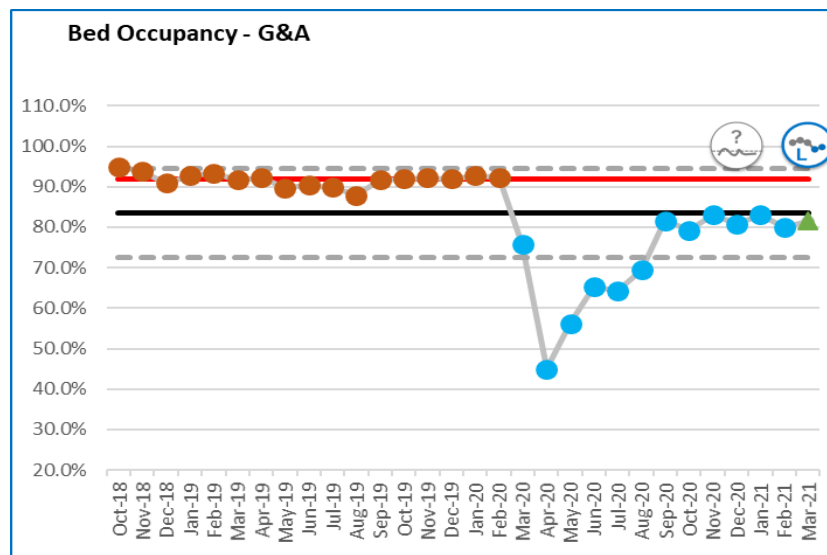
## Total Emergency Admissions from A&E



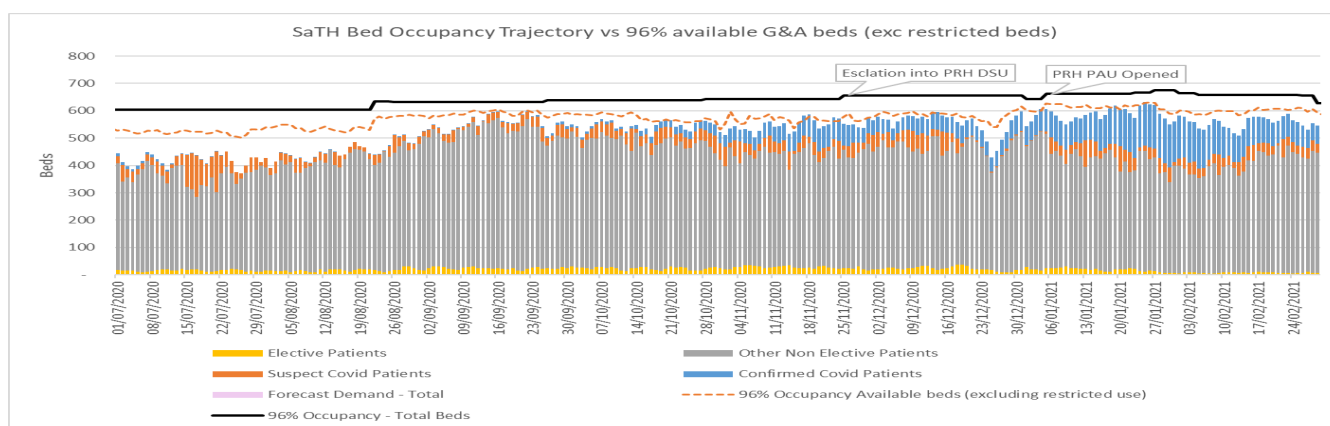
<b>February 2021 actual performance</b>
2481
<b>Variance Type</b>
Normal variation
<b>National Target</b>
N/A
<b>Target / Plan Achievement</b>
N/A

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 volume of emergency admissions from ED has returned to the previous pattern and is within normal variation.	With the reduction in Minor ED attendances the conversion rate to admission has increased	Evaluation of the benefits from the Winter plan schemes is underway SDEC is managing medical patients through an ambulatory care model to minimise hospital admissions and enable patients to return to their normal place of residence on the day of attendance	

## Bed Occupancy



<b>February 2021 actual performance</b>
80.0%
<b>Variance Type</b>
Special Cause improvement
<b>National Target</b>
92%
<b>Target / Plan Achievement</b>
While core bed occupancy is lower than planned this does not take into account unavailability of beds resulting from patients with Covid-19 and therefore operational occupancy levels are higher than the core bed occupancy performance shown in the chart

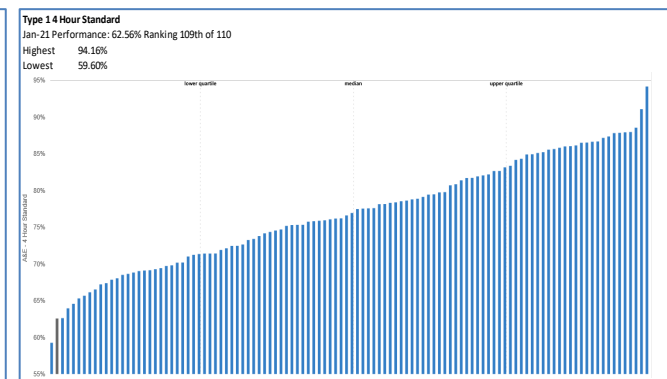
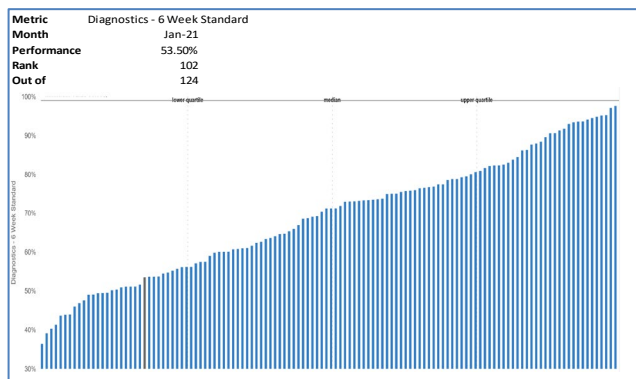
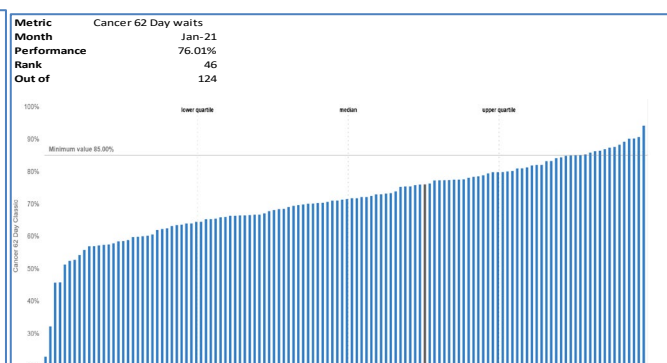
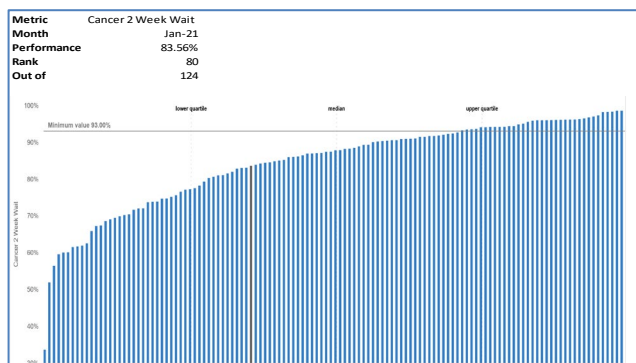
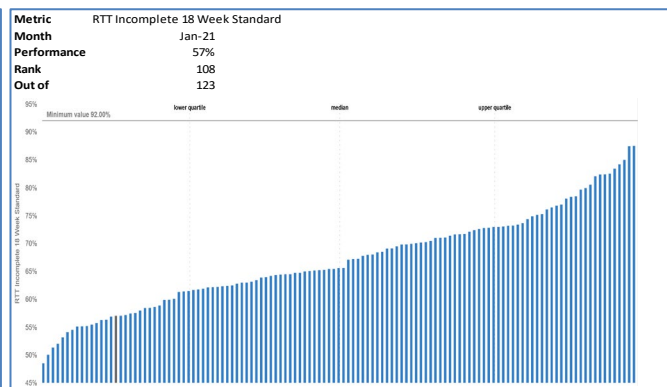
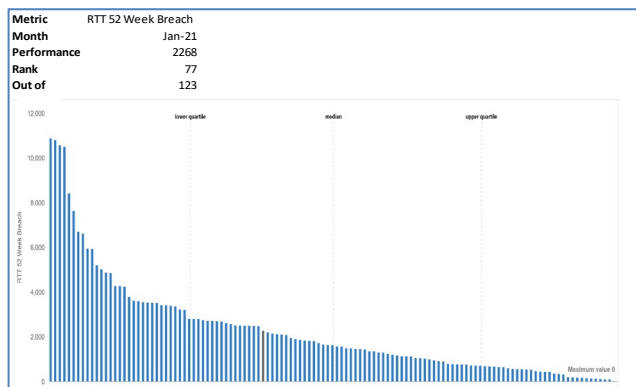


Background	What the Chart tells us:	Issues	Actions	Mitigations
Bed occupancy is an important measure indicating the flow and capacity within the system	Our established bed occupancy is lower than in the pre-covid period. However the impact of covid-19 on beds has reduced the number of available beds due to social distancing and ensuring segmentation of covid-19 +ve, covid-19 contacts and none covid-19 patients. Therefore the second chart is provided to show bed occupancy by patient admission type against the available beds. During February the occupancy of available beds reduced from the over 96% peak seen at the end of January 2021.	<p>The segmentation of patients for good IPC reasons has reduced our flexibility in the use of our bed base. This is reflected in the much lower level of available beds than the funded bed establishment.</p> <p>The lower available beds does mean that flow of patients has been affected and impacting on ability to ensure timely admission from ED to wards.</p>	<p>Patients are rapid tested in ED to reduce the number of patients for whom the Covid-19 status is not known and so reduce the number of beds which need to be managed as suspect covid-19.</p> <p>20 beds reduced to improve social distancing</p> <p>Lessons from outbreaks applied to reduce the volume of closed beds</p> <p>Increase focus on discharge to assess process and discharge pathway management, with learning from MADE being implemented.</p>	96% occupancy of available beds used as trigger for system wide support

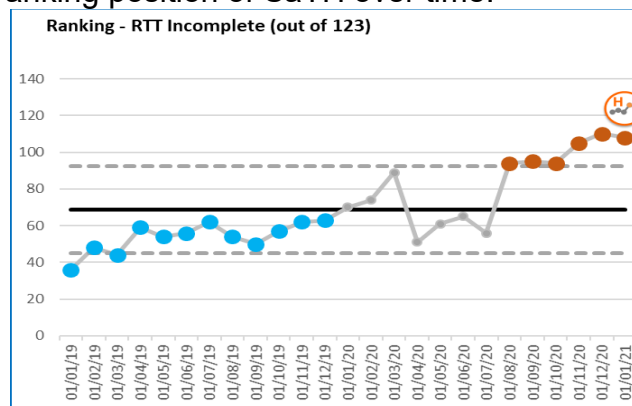
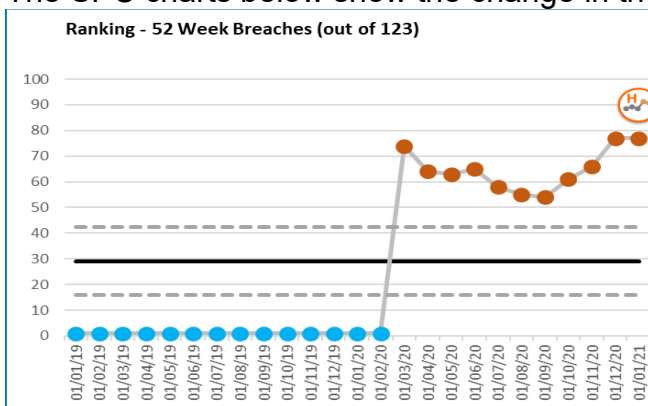
## Relative Operational Performance

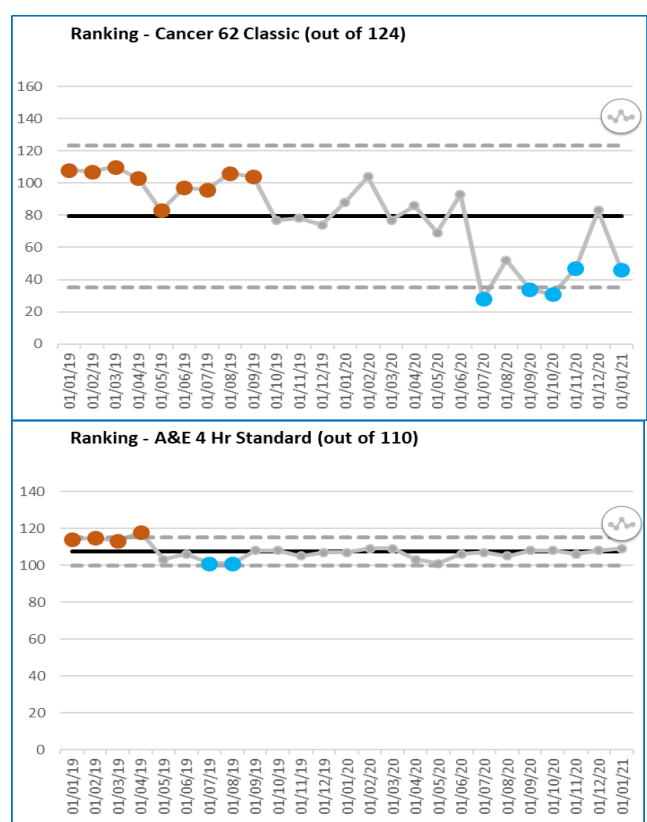
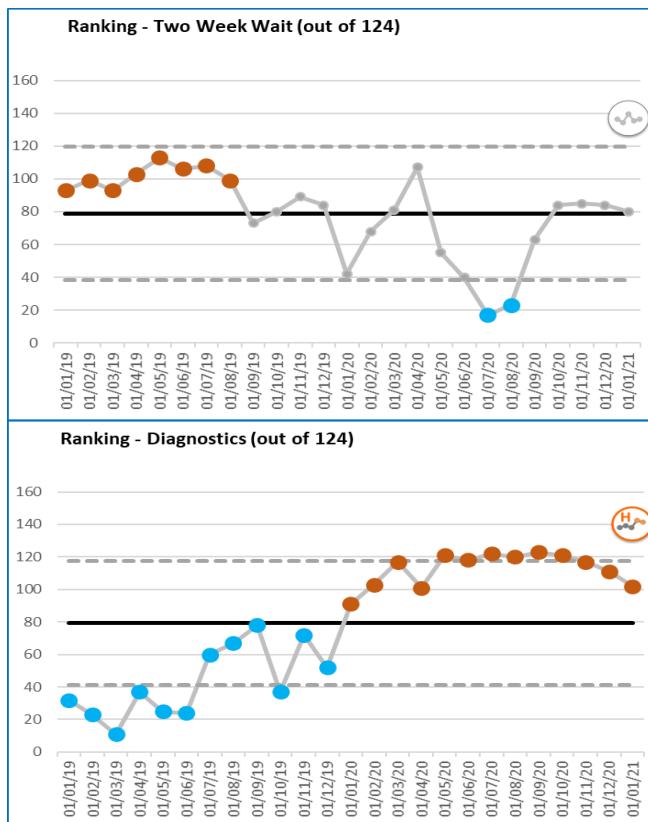
The following table shows SaTH's ranked position for January 2021 versus other NHS England Trusts.

Benchmark ranking for KPIs	Ranked position
Ranking - 52 Week Breaches (out of 123)	77
Ranking - RTT Incomplete (out of 123)	108
Ranking - A&E 4 Hr Standard (out of 110)	109
Ranking - Two Week Wait (out of 124)	80
Ranking - Cancer 62 Classic (out of 124)	46
Ranking - Diagnostics (out of 124)	102



The SPC charts below show the change in the ranking position of SaTH over time:





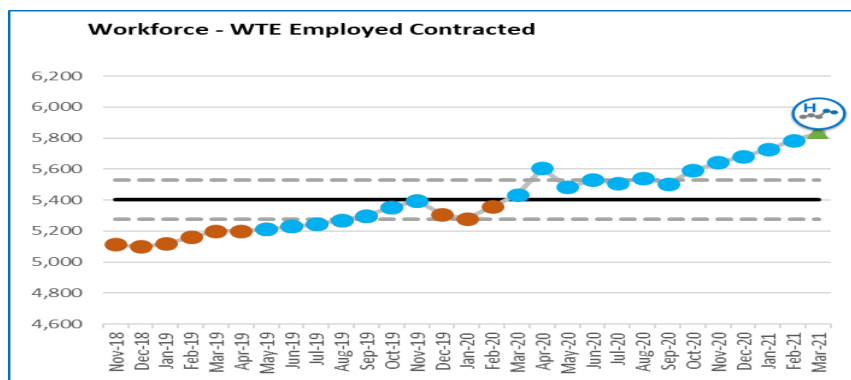
The charts above demonstrate that the relative position of SaTH has remained static for 4 hour ED performance, improved for cancer 62 day performance and is around the mean for 2 week wait performance but has deteriorated for RTT and diagnostic waits, with diagnostics showing some signs of improvement over the last quarter.

## 7.0 Workforce Summary

**Rhia Boyode, Director of Workforce**

- Covid-19 positive cases have continued to be high throughout February. COVID absence rate was 4.5% (266 FTE) throughout February, with an average of 5 staff returning a positive test result per day. An average of 92 staff absent due to requirement to shield throughout February.
- Staff requiring to isolate due to test and trace and household isolation remained at fairly consistent levels, however staff being unwell due to COVID increased to peak levels in January.
- High levels of absence were attributed to mental health reasons. Staff absence of 4.1% for February equates to 243 FTE of which 34% (82 FTE) is attributable to mental health reasons.
- Health and Wellbeing resources and wellbeing packs developed and distributed – new Z card which captures our full offer delivered.
- Wellbeing Wednesday's launched, with a focus on different aspects of Wellbeing each week. Wellbeing walks take place every Wednesday on 'Wellbeing Wednesday' – members of the OD team visit all sites to speak to staff and check in around our wellbeing offer.
- Support for Women and Children's staff through 'Safe Spaces' conversation continues this month.
- The number of staff who leave within the first 12 months of starting remains high and this is particularly prominent within the nursing and midwifery staff group. Across all staff groups over the last 12 months, the reason for leaving with the highest rate was work life balance with 19% (84 FTE) of staff leaving for this reason.
- Within the nursing and midwifery staff group, 22% (34 FTE) of leavers in the last 12 months left due to a reason of work life balance.
- The Mandatory Training compliance rate remains below the 90% target. Our Education team are supporting Ward/Department managers to prioritise and schedule training completion.

## WTE employed

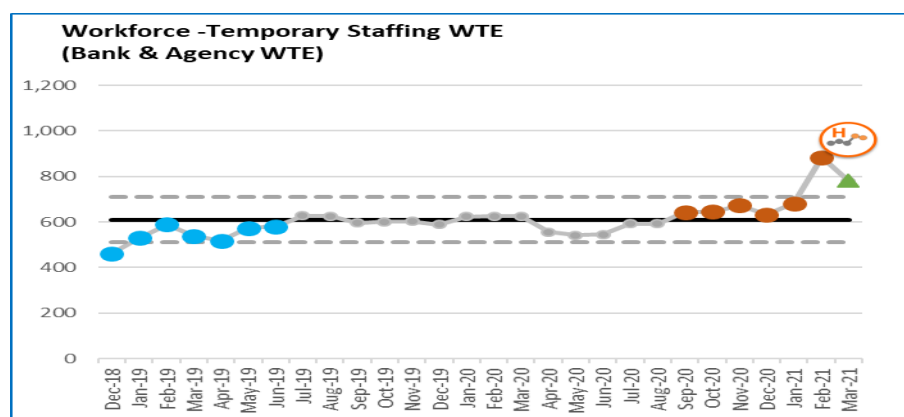


<b>February 2021 actual performance</b>
5785
<b>Variance Type</b>
Special cause Improvement
<b>Local Target</b>
6173
<b>Target / Plan Achievement</b>
Continuing Improvement towards the establishment target

Background	What the Chart tells us:	Issues	Actions	Mitigations
This is a measure of the WTE contracted staff in post.	<p>WTE numbers show continuing improvement with February showing as the highest WTE staffing level for the fifth consecutive month.</p> <p>Forecast to continue to increase in March 2021, although remaining short of the target.</p>	<p>Although overall WTE numbers have continued to increase, staffing demands have also increased alongside this. High patient activity levels of attributed to covid alongside support to the covid vaccination programme are compounded by staff absences attributed to covid; this continues to present challenges to staffing levels.</p>	<p>Recruitment activity continues at pace including encouraging expressions of interest</p>	<p>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</p>



## Temporary/ Agency Staffing



**February 2021 actual performance**

883

**Variance Type**

Special Cause Concern

**National Target**

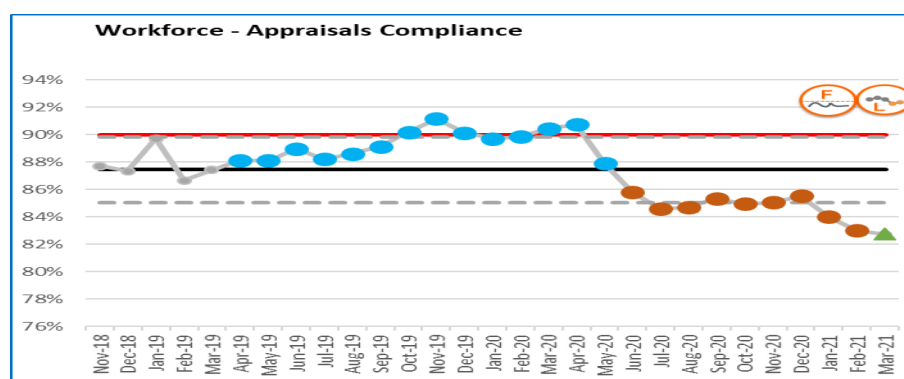
N/A

**Target / Plan Achievement**

The use of agency is expected to reduce as sickness absence due to Covid-19 reduces

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of agency and bank usage expressed as an WTE	Following reduced bank and agency usage over Summer20 levels increased through Sep20 - Nov20. Increase in temporary staffing use reflecting increased demand and high levels of covid related absences	High levels of covid-related absences continue to present staffing challenges along with high patient numbers.	Continue to monitor staff absence levels. Monitor roster approvals to help ensure unfilled duties are sent to temporary staffing in timely manner	Escalated bank rates in ITU.  Progress with recruitment activities to increase substantive workforce.  Utilisation of staff via redeployment group. Mutual aid continues to offer support to staffing levels

## Appraisals



**February 2021 actual performance**

85%

**Variance Type**

Special Cause

**National Target**

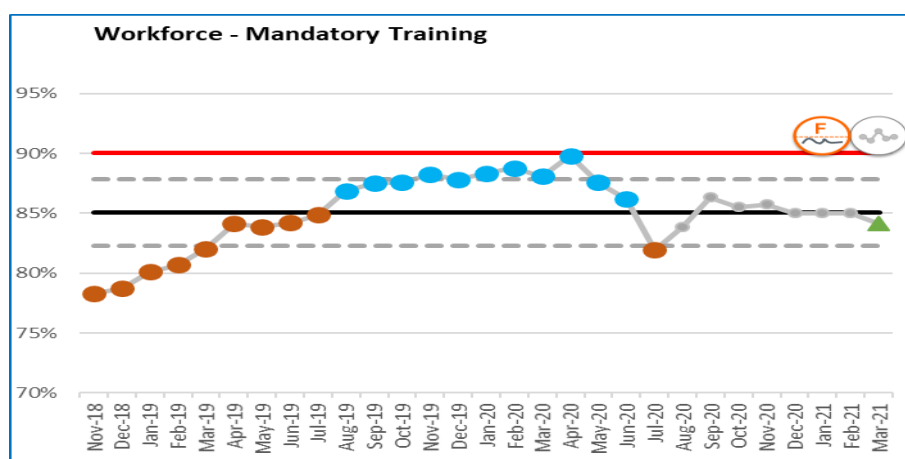
90%

**Target / Plan Achievement**

Worse than target and not forecast to improve before year end

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

## Mandatory Training



**February 2021 actual performance**

85%

**Variance Type**

Common Cause Variation

**National Target**

90%

**Target / Plan Achievement**

The target is above the upper process limit and so unlikely to be achieved at present

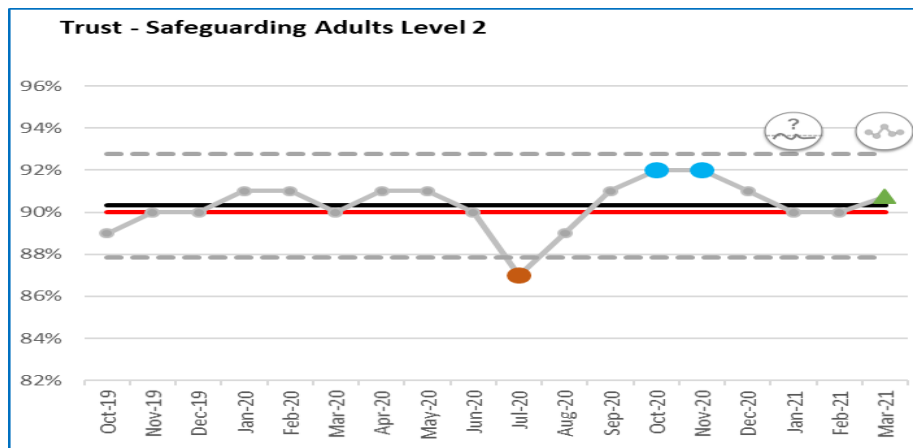
## Training compliance by training programme:

Fire Safety	Load Moving & Handling	Infection Prevention & Control	Hand Hygiene Competence	Patient Moving & Handling Class	Adult Basic Life Support	Paediatric Basic Life Support	Food Safety & Hygiene	Conflict Resolution Training	Equality & Diversity	Information Governance	Health & Safety Level 1	Training Compliance %
86%	84%	80%	91%	89%	74%	59%	86%	92%	91%	81%	84%	85%

## Training compliance by Division:

	Trust	Surgery	Medicine and Emergency Care	W&C	Support Services
Jan-20	88%	89%	84%	90%	89%
Feb-20	88%	90%	85%	90%	90%
Mar-20	89%	90%	85%	90%	90%
Apr-20	88%	89%	85%	89%	91%
May-20	90%	91%	86%	92%	92%
Jun-20	88%	88%	85%	90%	90%
Jul-20	86%	87%	83%	90%	90%
Aug-20	82%	83%	77%	86%	87%
Sep-20	84%	84%	81%	88%	89%
Oct-20	86%	87%	84%	90%	90%
Nov-20	86%	86%	85%	89%	89%
Dec-20	86%	87%	85%	89%	88%
Jan-21	85%	85%	85%	89%	87%
Feb-21	85%	85%	84%	88%	88%
Mar-21	85%	85%	84%	87%	88%

## Safeguarding



### February 2021 actual performance

90%

### Variance Type

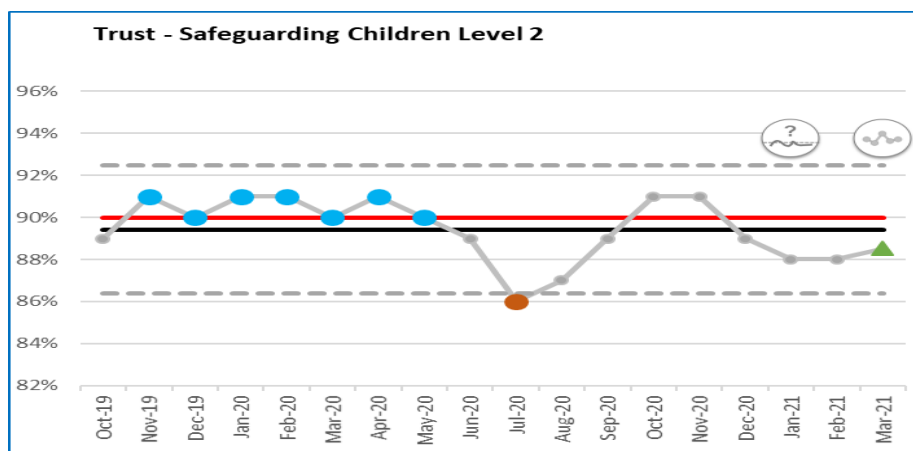
Common Cause

### National Target

90%

### Target / Plan Achievement

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



### February 2021 actual performance

88%

### Variance Type

Common Cause

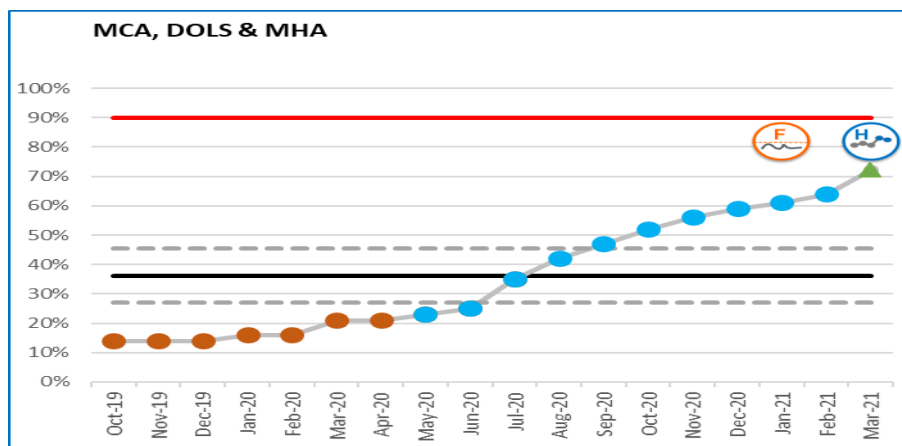
### National Target

90%

### Target / Plan Achievement

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

## Trust MCA – DOLS & MHA



### February 2021 actual performance

64%

### Variance Type

Special Cause Improvement

### National Target

90%

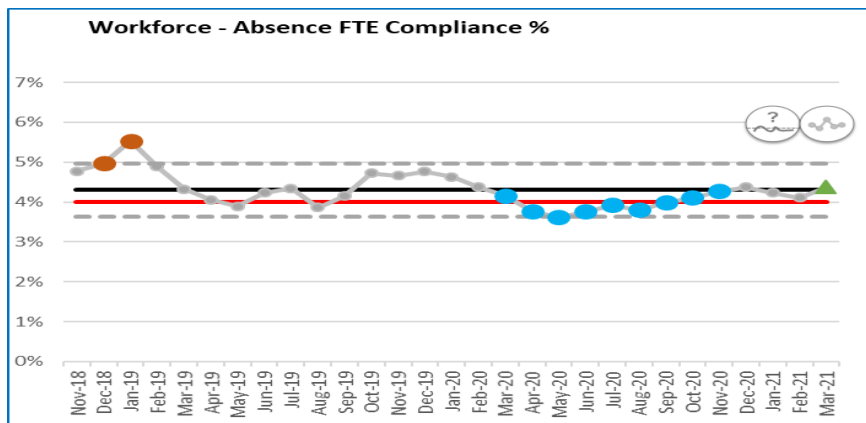
### Target / Plan Achievement

Remains significantly below target, with target above upper control limits

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 mandatory	Progress towards regaining 90% target has stalled, remaining at 85% for the last 3 months.  Safeguarding training compliance continues to improve month on month and is not at target. However	CV-19 & the Vaccination Programme, staffing constraints and service improvement have reduced ability of Wards to release staff for training. Increased Stat/Mand training requirements e.g. Hand	Corporate Education is working with Care Groups to identify and reduce data conflicts. Corp Ed is supporting Ward/Dep managers to prioritise and	E-learning and workbooks offered as alternatives to face to face training  Requirements made more transparent and newsletters to staff are signposting more clearly

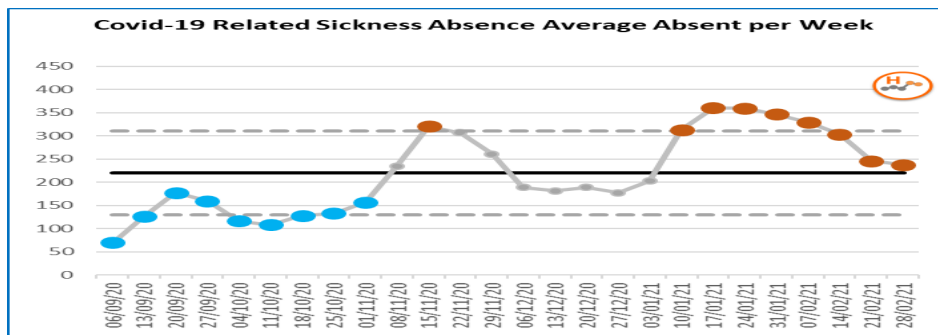
training requirements	further work is required to achieve this for Mental Capacity Act training and children's safeguarding compliance	Hygiene moving from triennial to annual Poor IT literacy impacting on e-learning completion. Some data validation issues	schedule training completion. Corp Ed requested proxy facility to support remote learning	Libraries supporting learners to access e-learning. Phone support for e-learning
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## Sickness Absence



<b>February 2021 actual performance</b>
4.1%
<b>Variance Type</b>
Common Cause Variation
<b>National Target</b>
4%
<b>Target / Plan Achievement</b>
The target is within the process control limits and so is unlikely to be delivered consistently month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of staff sickness absence and is a % of FTE calendar days absent Covid-19 related sickness and absence is not included.	Special cause improvement between Mar20 – Nov20 with common cause variation through Dec20 – Feb21 reflecting expected seasonal trends.	High levels of absence attributed to mental health reasons. 12 month average of sickness absence 4%.  Staff tired and feeling strain of covid-19 cases and increased work pressures. Staff absence of 4.1% for February equates to 243 FTE of which 34% (82 FTE) is attributable to mental health reasons. Staff group of additional clinical services has the highest sickness rate at 5.7% (66 FTE). Sickness levels likely lower than anticipated due to the numbers of staff absent with covid-19 related absences.	Continue to promote health and wellbeing initiatives. HR team undertaking welfare conversations with staff	Work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary  Mutual aid support and redeployment of staff to ensure continuity of service provision.



<b>28th February 2021 actual performance</b>
238
<b>Variance Type</b>
Special Cause Variation
<b>National Target</b>
N/A
<b>Target / Plan Achievement</b>
Monthly improvement

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of staff Covid sickness absence average per week and is the number of staff absent Covid-19 related sickness.	Covid-19 related absence shows special cause concern through February as covid-19 absence levels continue at an escalated level.	Covid-19 positive cases have continued to be high throughout February. Covid absence rate of 4.5% (266 FTE) throughout February with an average of 5 staff returning a positive test result per day. Average of 92 staff absent due to requirement to shield throughout February.	Encourage staff to follow government guidelines on isolation periods. Ensure PPE adherence and encourage social distancing. Encourage regular staff testing along with monitoring of numbers of staff undertaking LFT testing. Continue to review staff shielding to support in undertaking alternative duties where possible.	Maintain social distancing; regular & timely staff testing; identification of positive cases & effective contact tracing. Redeployment of staff where necessary to support any workforce gaps.

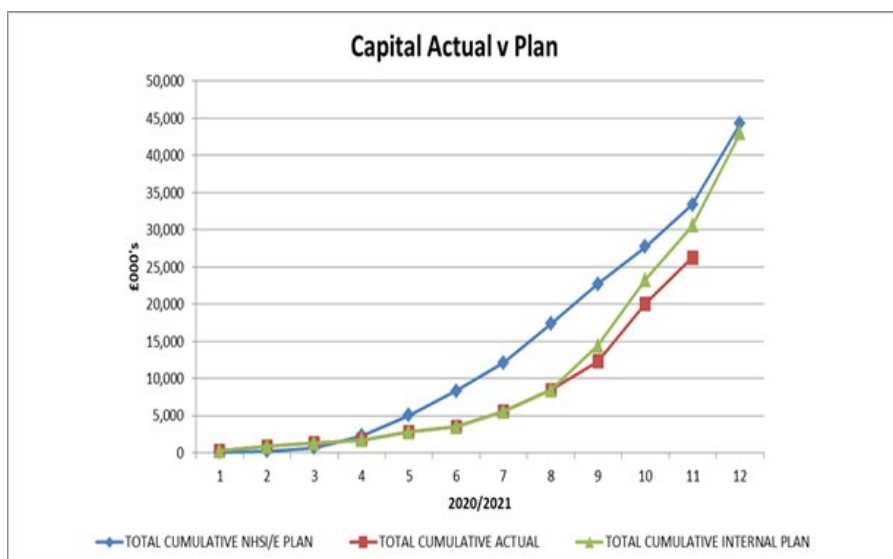
## 8.0 Finance Summary

### Mr James Drury

- Cumulatively the Trust's position, excluding the annual leave accrual, is a deficit of £1.892m, £3.587m favourable to plan. Expenditure slippage linked to planned investments and a reduction in variable costs due to lower levels of activity delivery underpin this position. The annual leave accrual, which now stands at £3.673m YTD, is excluded from the measurement of performance against the Trust forecast outturn and is reported as a below the line item.
- Excluding the annual leave accrual the reported in-month position reported was £0.242m favourable to plan. This favourable position includes £0.306m of income received from NHSE/I in the month to compensate for part of the lost non-clinical income.
- Including the annual leave accrual, the Trust recorded a deficit of £1.538m during February, £0.085m adverse relative to plan. However, in line with previous months, this position is distorted by the impact of another month of the untaken annual leave provision (£0.328m in month) which is excluded from financial performance this financial year.
- The Trusts full-year financial forecast is now expected to be a deficit of £4.286m as compared to the £7.724m deficit control total for 2020/21. There remain a number of potential upsides to be resolved in month 12 that may impact this position. These may include a redistribution of system funding linked to underspends in other organisations, support for the Trust's excess COVID costs, additional national funding from NHSE/I (annual leave accrual) and compensation for lower non-NHS income.
- Including the annual leave accrual of £4.0m the Trust's full year financial forecast will be £0.561m adverse to the deficit control total of £7.724m.
- Total cumulative capital spend is £26.291m with £13.084m of additional capital commitments agreed. Total spend at the end of February including commitments is £39.495m which is 92% of the FY forecast of £43.022m.
- COVID-19 capital expenditure and commitments to date are £1.082m against a forecast outturn of £1.150m.
- The Trust held a cash balance at the end of February of £51.4m which includes the prepayment of one month's block. This cash position is expected to unwind in month 12 as no prepayment will be made. The Trust may exceed (overshoot) its external financing limit at the year-end.
- The Trust's payment performance against the Better Payment Practice Code improved this month, with 92.3% by number, but deteriorated slightly to 91.8% by value of undisputed invoices being paid within 30 days. In addition, 32% and 49% respectively of all invoices were paid within 7 days.



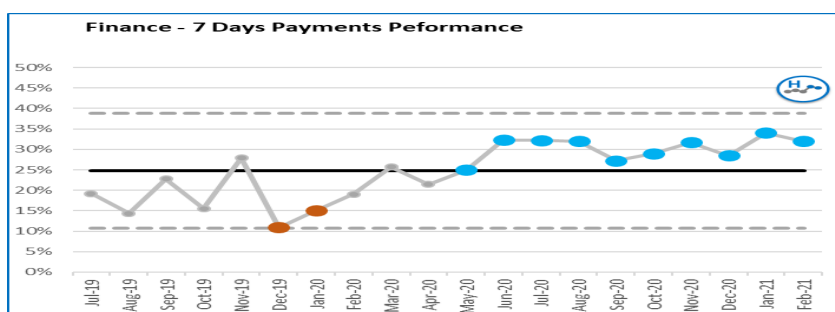
## Capital Expenditure



February 2021 actual performance
Spend year to date is £26.291m
Variance Type
Underspend
SaTH Plan
£30.553m (revised Internal Plan)
Target / Plan Achievement
To meet the Trust's Capital Resource Limit (CRL) at year end – currently reported as £43.022m

Background	What the Chart tells us:	Issues	Actions	Mitigations
The Trust current total Capital Resource Limit (CRL) is forecast at £43.023m. It is not expected that the internally generated CRL will change within this. Additional external CRL of £0.533m has been received for rapid testing technologies and additional Adult Critical Care Equipment	The revised Internal Plan is based on actuals to M08 and then forecast based on revised programmes submitted to Capital Planning Group (CPG) by project managers at December meeting. The planned spend was £30.553m and actual spend was £26.291m – an underspend of £4.262m against Plan.	The expenditure to date remains low, with 61% of the Capital Programme spent. A further 31% has been ordered, giving a total value of £39.495m expensed or ordered. The external funding received is mainly for schemes, which are being delivered late in the financial year	Project Managers have reviewed the outturn projections in view of the current access restrictions and are placing all remaining orders	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. Any unspent allocations will be reallocated to next year schemes in line with agreement at Capital Planning Group

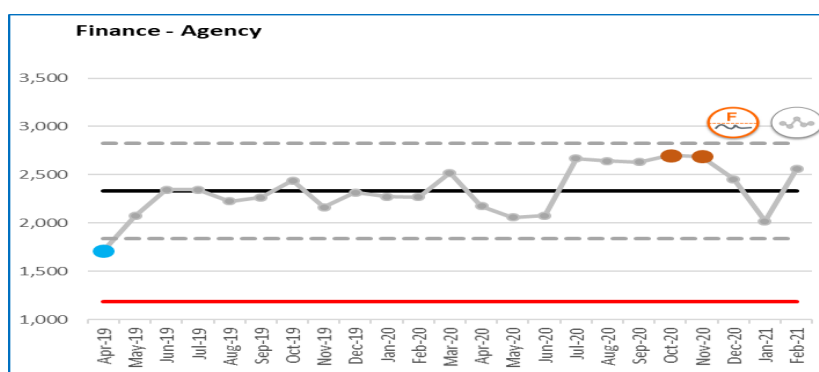
## Payments -7 day volume and value



February 2021 actual performance	
32% Volume	
Variance Type	
Special cause improvement	
National Benchmark	SaTH Internal Target
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 February 32% of invoices in volume (M10: 34%) and 49% in value (M10: 46%) were paid within 7 days. Significant improvement on performance in compared to 2019/20.	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	

## Agency Spend v NHSEI ceiling



February 2021 actual performance	
£2.559m	
Variance Type	
Common Cause	
National Benchmark	SaTH Internal Target
£1.186m	£2.204m Control Total
Target / Plan Achievement	
£1.373m 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. Whilst there had been reductions in agency spend in months 9 & 10, in month 11 there has been increase broadly back to previous levels.	Due to workforce fragility, the trust is consistently overspent against its Agency ceiling. Increased requirement for temporary staffing due to increased levels of substantive staffing absence due to COVID-19	Direct engagement groups now set up to focus on agency spend and approval hierarchy; including monthly dashboard review across key nursing metrics. Overseas Registered Nursing recruitment in 19/20 and 20/21 (213 WTE recruited to date). Increased nursing bank rates in specific high agency areas. HCSW, Strands A & B NHSEI agreements to fund focussed substantive nursing recruitment. Recruitment and retention strategy approved key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles. Review of agency procurement strategy with National Procurement team (HTE).	<p>Develop measurable metrics and action plans to understand where we can control agency spend</p> <p>Build on increased medical bank fill rates since implementation of Locums Nest</p> <p>Deliver year one of Recruitment and Retention strategy to increase substantive workforce</p>

## 9.0 Transformation Summary

Chris Preston, Interim Director of Strategy and Planning

- There has been a marked improvement in performance across the programme this period, following the temporary pause of eight key projects last period that were affected by our response to wave 3 of the pandemic along with the staffing requirements of the vaccination programme.
- De-escalation plans detailed in the January 2021 report were actioned in period, resulting in a number of amendments to milestones which are now reflected in the current period RAG status improvement, thus reducing those projects rated Purple last period and on pause due to COVID from eight to one this period.
- During the month of February, plans were revised and extended to span into Quarter 1 of Year 2. These new milestones are reflected in this month's highlight reports.
- Developments have also taken place in period to update the RAG rating to provide opportunity to better reflect the status of complete or embedded milestones, or those paused due to COVID.
- Revised BRAG ratings based on overall objective delivery (purple represents the COVID pause) is as follows:
- There are 55 milestones due in April 2021, currently none of which are forecast as RED. 5 are suggested to be on pause related to COVID, specifically within the Digital and Improve Service Sustainability: Reduction in face-to-face clinic appointments, which has been discussed in section 3.
- Following sign off last period on the extended Year 1 plans through to June 2021, work will now commence to develop the Year 2 Plans on a Page covering the period of July 2021 through to March 2022 which will be scheduled for review and sign off in June 2021.

At the end of February 2021, the RAG status for overall delivery of the 25 'Getting to Good' work plans is as follows:

**BLUE** – Project / Milestone is **Complete**.

**RED** – Project / Milestone is **Below Required Level** - Material risk(s) of non-delivery of objectives or targets, without clear plans to mitigate and/or recover

**AMBER** – Project / Milestone is **Reasonable** - Material risk(s) of non-delivery of objectives or targets, robust plans in place to mitigate and/or recover

**GREEN** – Project / Milestone is **Good** - No Material Performance concerns

**PURPLE** – Project / Milestone is on **Corporate Pause** - COVID impact

FULL PROJECT STATUS	JANUARY	FEBRUARY	TREND BETWEEN PERIOD		
			IMPROVING	CONSISTENT	WORSENING
<b>GOOD</b>	7	13	11	13	1
<b>REASONABLE</b>	9	11			
<b>BELOW REQUIRED</b>	1	0			
<b>PAUSED</b>	8	1			
<b>COMPLETE</b>	0	0			
<b>TOTAL</b>	<b>25</b>	<b>25</b>			

## Mitigating Actions (for those plans rated RED / PURPLE)

G2G PLAN		UHB PRIORITY	MITIGATION
17.	Improve Service Sustainability: Reduction in face-to-face clinic appointments	n/a	<p>A new SRO has been appointed in period to support this work stream and the project has been placed on a temporary pause to enable a review of the plan and a revision of existing milestones.</p> <p>Despite the pause in period there is a broader link regarding the key objective to reduce face to face appointments with the work taking place across the Digital Directorate.</p> <p>The Dermatology department has in period began verbal explorations with UHB regarding telecommunication technologies.</p> <p>Discussions have been planned in the coming period with the SROs across both work streams (Digital and Virtual Out Patients) to discuss broader dependencies.</p>

## RAG STATUS AT PROJECT 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 has been presented to QOC, and will go to QSAC, and be presented to Board next month. The review of QOC has started, and following observations of speciality governance meetings a new quality governance framework has been drafted and will be shared with Executive next month. Changes made to RALIG have been positively received with increased attendance from Divisional Medical Directors and Senior Doctors, as well as clearance of incident backlog and improved timeliness of information going into STEISS.
2.	<b>Reducing Mortality and Excess Deaths</b>	e. Standards for clinical services; i. Comms. and engagement strategy;			The initial training for SJRPLus took place on the 23rd of February with good attendance from consultant medical staff. In addition to the second planned for 2nd March further training sessions will be available for a wider cohort of staff groups. Due to significant operational pressures, the Mortality Group was stood down for January and February, but will go ahead on 11th March.
3.	<b>Quality / Regulatory Compliance</b>	c. Clinical Improvement plans			The unprecedented operational challenges continued through February, however confirm and challenge meetings did continue. A gap analysis was conducted for the section 29a warning notices in addition a number of section 31 conditions were identified for consideration to be lifted. This work will inform the focus through March and April. As part of the phase 2 approach we are establishing a monthly Quality Compliance and Regulation Steering Group comprised of representatives from clinical, corporate and specialist areas to drive the next phase of our journey, in a collaborative and cohesive way to deliver Trust wide improvement. It is expected that a number of regulatory conditions against our licence will be lifted through this period.
4.	<b>Maternity Transformation</b>				WS1: New Personal Care and Support Plan published, successful early implementer bid for Perinatal Pelvic Health Services  WS2: 'Making a Difference' platform launched, project steering group established for MSW role, key influencers programme launched  WS3: Quality and Improvement Matron recruited, CQC gap analysis begun, Medical and Nursing notes combined in NNU (per Ockenden action 4.97)

					<p>WS4: Birmingham City University (BCU) produced Interim research report for families regarding SaTH maternity service improvement, partnership with UHB to aid with the quantitative research to improve maternity services</p> <p>WS5: Monthly MVP meetings conducted to create a safe space for open and honest conversations to aid with Maternity improvement, Funding agreed and plans being developed for maternity pages website redesign</p>
5.	<b>Increasing Community Engagement</b>				<p>Our monthly community update meeting was well attended in February with over 40 members of the public in attendance (including members of HOSC, Health-watch CHC and patient groups) A presentation was given by Clever Together, and there was positive feedback about using this model to engage with our communities around the Public Participation Plan. Our Social Inclusion Facilitator has completed a gap analysis of Seldom Heard groups and is currently making links with BAME groups and rural organisation across Powys. Draft terms of reference have been developed for the Public Assurance Forum and discussion about this forum with HW, CHC and patient groups has generated positive feedback. We are support Corporate Nursing directorate with engaging with our communities in relation to the Quality Strategy and action plan. SaTH have been awarded a further £18k to continue the response volunteer scheme.</p>
6.	<b>Quality Improvement Approach and Methodology</b>				<p>The KPO team continues to work towards repositioning to a more "consultancy model", however, the formal implementation phase of the change management process for the re-structuring of the team has yet to commence. Despite this issue, coupled with some re-deployment of the team, the KPO continues to take a proactive approach in supporting organisational objectives with improvement activity, particularly in regard to the Vaccination centres, introduction of a "Swab Squad" for our complex patients, and UEC/Flow as part of the MADE activity. The Head of KPO is re-engaging Divisions following their restructure, to gain feedback on how to move forward with the concept of introducing Transforming Care Delivery Boards by April. Following a delay, due to the pressures of the Trust, the Trust Board Genba walks have been relaunched. The KPO is also linking in with OD to co-design/develop an award/recognition system, as well as a Trust-Wide approach to leadership training and development.</p>
7.	<b>Leadership, Development and Education</b>	<p>b. Leadership capacity;</p> <p>a. Clinical leadership and mgr. development</p>			<p>The integration of education paper is drafted and ready to share with executive directors, in addition the LMS pre-business case is developed. The executive development programme is being finalised and delivery of this rolling programme will commence in March.</p>
8.	<b>Clinical Standards, Skills and Capability</b>	c. Clinical improvement plans;			<p>The SaTH SRO met with alliance colleagues to discuss the existing plan and milestones. Feedback from meeting with CDs suggest need to start with understanding of a standard-based approach to clinical care. Direct Engagement and consultation with medical</p>

		e. Standards for clinical services; f. Benchmarking clinical outcomes and productivity			workforce via teams (MLT cascade) and email planned, followed by setting of Trust clinical standards. These have also been mapped to the CQC Key Lines of Enquiry.
9.	<b>Culture and Behaviours</b>				The MADT conversations completed with over 1000 participants, this has now concluded with findings being reported throughout March, the outcomes from this will inform the next steps in the ongoing culture and behaviours work. Within workforce there are weekly maternity assurance meeting to track progress against the maternity transformation programme, we have also facilitated the 'Safe Space' supportive sessions for Maternity staff.
10.	<b>Communication and Engagement</b>	i. Comms and engagement strategy			Capacity to deliver has been severely limited by the focus on COVID related communications requirements. Alongside this the teams capacity is reduced due to resignations, redeployment and imminent maternity leave, hence the programme has been reshaped to reflect the current circumstances. Focus has shifted on to key activities to resolve the immediate challenges and to extend the plan into Q1 of year 2. A review of the requirements for the Communications Team has been undertaken and the agreement gained on the vision and way forward which will link into the review of skills and capacity, as well as informing planning for year two of this programme.
11.	<b>Recruitment &amp; Retention</b>				The International business case for 21/22 was approved at IIC in February, the first draft of the integrated plan has been submitted for Executive review and approval. Throughout March we will revisit the milestone for marketing and branding to assess the appetite for this given the ongoing changes in workforce. The remainder of the 19/20 International Nursing recruitment plan will be delivered by April when the final cohort of nurses are in place.
12.	<b>Urgent and Emergency Care</b>				Winter pressures and COVID continue to place huge strain on the urgent care system, adding complexity to cohorting and limiting surge capacity meaning that performance on some key metrics such as ambulance handovers and 12 hour breaches are below target. The MADE activity that occurred in period generated an uplift of almost 50% in discharges across the Trust for the two days of activity and saw some excellent examples of what can be achieved through system partnership working. Overall the programme is making reasonable progress, although the key barriers of COVID pressures and resulting workforce constraints are still impacting delivery.
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 recover our elective activity. In spite of this Urgent and Cancer Treatment has been restored as of



					the 23rd February. Furthermore, demand and capacity modelling and segmentation of the backlog is underway to develop proposals for recovery by the end of March, to share with the CCG and establish financial implications. As agreed in the last period planning for the 2021/22 financial year has been paused with milestones revised and added to reflect the impact of wave 3 on capacity and potential changes to funding or Q1 of next year.
14.	<b>Digital transformation and Infrastructure</b>	k. Joint Working with partner organisations			Revised priorities agreed and staff diverted onto agreed priorities. Additional resource allocated to priorities increases the likelihood of delivery. All dates are tentative pending the agreement of revised dates with clinical divisions and software readiness for deployment.
15.	<b>Physical capacity and estates development</b>				The overall programme is progressing well against the plan. The MoU has now been received for £9.3m in 2021/22 for the RSH ED reconfiguration and the approval process is in motion. This should allow the enabling and main works to start as planned. A firm completion date will be agreed when the contract award process is completed in March 2021.
16.	<b>Service Sustainability</b>	h. Developing new models; k. Joint Working with partner organisations			Draft procurement paper produced for review by G2G committee. Further feedback received. New PMO support from Matt Mellors and Keith Roberts assigned to facilitate paper submission to IIC.
17.	<b>Improve Service Sustainability: Reduction in face-to-face clinic appointments</b>				There has been no progress made in month as the decision was made at Executive Team level and Getting to Good Board in January to pause this objective for 4 to 6 weeks as a result of COVID pressures. A new Senior Responsible Officer - Ashley May will be leading the objective from March 2021.
18.	<b>System Improvement and integration plan</b>				<p>Short Term: The System are working on an agreed a set of triggers and actions that all partners will take as we de-escalate from dealing with the third Wave of COVID.</p> <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 System approach, framework and timescales for developing this plan has been agreed and the system baseline plan assumptions have been produced and work is starting on the process and actions that need to be taken to develop the system intervention that need to be built into the plan.</p>

19.	<b>Develop OBC for Hospital Transformation programme</b>				<p>Readiness Assessment has been completed and report has been received - findings of which have been shared with Trust Board. The findings of the report assess the system's and Trust's readiness to progress HTP and identified a number of recommendations which are now being implemented.</p> <p>Review of existing capital design has commenced.</p>
20.	<b>System Long Term Plan</b>				<p>During February a draft approach, scope and revised timescale for the development of the System Long Term Plan has been produced and weekly meetings are being held between the system planning leads to agree and finalise this by early March 2021. The Milestones outlined below are indicative and will be updated once the system has agreed the final milestones next month.</p>
21.	<b>Oversight, assurance, roles and accountabilities</b>	g. Developing new working models; j. Clinical quality and risks			<p>Good progress is being made in spite of some capacity constraints due to COVID. Milestones have been realigned in line with escalations made last month and with the development of the Quarter 1 Year 2 plans to depict more realistic delivery timescales in light of operational pressures. The Board have commenced with development seminars, with a more intensive Board development programme ready to be delivered from May at the request of the Chair. Recruitment is underway for a Head of Clinical Governance, with the possibility of support from NHSI on an interim basis from April. The milestone around CQC Regulation 17 now features solely in this plan and has been updated to reflect the significant scale of the work required to deliver compliance.</p>
22.	<b>Strong Financial Foundations</b>				<p>The Trust has agreed standard financial assumptions with a baseline and a normalised out-turn for 20-21 as part of an STP plan, subject to ongoing NHSEI discussions about investment prioritisation and impact. Future year investment costs and efficiencies are being developed for discussion with NHSEI and system partners. The normalised (non-COVID) 21-22 plan will be developed further in M12 alongside the interim Q1 plan which will be on a revised rollover basis as the level of COVID cases remains above that which permits return to normal operations. In M10 a breakeven year-end position was forecast that included £4M accrued annual leave costs arising from COVID requirements during the year, these leave costs fall outside the Trust's performance target and performance will be reported as an improvement to the M7-M12 plan. Workforce spending control risks are being mitigated non-recurrently by slippage in the pace of investments, although this is unlikely to continue beyond Q1 of 21-22. The job descriptions for the two Deputy Directors of Finance have been advertised and substantive appointments are expected by end March.</p>
23.	<b>Performance data and analytics</b>	f. Benchmarking clinical outcomes and productivity			<p>Due diligence checks and pre-procurement checks undertaken including DPIA completion ahead of completion of procurement of product to support drillable visualisation of performance information. Draft Terms of reference and draft accountability framework produced to reshape Divisional Accountability reviews, aligning these to the priorities set</p>

					out by the Board through its integrated operational plan and KPIs. Work commenced on making data count dashboard. Team development progressed with weekly team meetings in place and team members sharing their knowledge and learning from work in assurance reporting and with Divisions. Baseline trajectories 2021-22 produced based on assumptions of capacity available. These will form part of the information required to assess progress of implementing the operational plan. Improvements to forecasting of future performance for KPIs is underway.
24.	<b>Risk Management</b>	g. Developing new working models; j. Clinical quality and risks			The Risk Management Strategy and Policy has been revised, and once approved by the Executive will be going to the Board in March. The outcome of the review into reported high risks is being presented to the Audit and Risk Committee for review. The internal auditors will be delivering a training session for the Board in March, followed by Senior Management training thereafter. Recruitment is ongoing for the substantive Risk Manager. Concern raised last period over compliance with CQC Regulation 17 has resulted in this milestone being removed from this project and featuring in greater detail in the Oversight and Assurance programme of work. The overall status of GREEN is reflective of the request to add two new milestones around a revision to the BAF which is already in progress.
25.	<b>Programme and Project Management</b>	i. Providing assurance			Extended Plans on a Page were submitted to SLC during the January reporting period, further work has taken place throughout February to revise submissions. In addition, the new Improvement Director is also revising the POP timescales, POPs will therefore be recirculated to SLC April Board for review and sign off. Interviews to recruit to TDP roles took place in month, no suitable candidates were identified, the JD will subsequently be revised and go back out to advert during March. A temporary contractual resource has been appointed and is due to start early March to provide interim support as a result of COVID redeployments. Amendments to the highlight report have been made in period to reflect the trend of RAG status, further updates will be made during March in line with Improvement Director modifications to incorporate Project Controls. A revised Business Case to secure more resources has been drafted and is scheduled for Investment Committee Review during April 21.