Agenda item	102/21			
Report	Integrated Performance Report			
Executive Lead	Chief Executive			
	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	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance	√	BAF 1,2,3,4,5,7,8 and 9	
	For decision / approval		**Link to risk register:**	
	For review / discussion		CRR1, CRR2, CRR3, CRR4, CRR5, CRR6, CRR9, CRR10, CRR11, CRR12, CRR13, CRR15, CRR17, CRR19, CRR21, CRR22, CRR23, CRR27	
	For noting			
	For information			
	For consent			
Presented to:	SaTH Leadership Committee – Operational 22.04.2021. Finance and Performance Assurance Committee on 27.04.2021. Quality and Safety Assurance Committee on 28.04.2021.			
Dependent upon (if applicable)**:**	N/A			
Executive summary:	This report provides the committee with an overview of the performance of the Trust at the end of 2020-21. Key performance measures are analysed over time to understand the variation taking place and the level of assurance that can be inferred from the data.

Where performance is below expected levels an exception report has been included. The report describes the key issues, actions and mitigations being taken to improve the performance. The annual review of key performance indicators is currently being undertaken, and agreed changes will be incorporated into future reports.

The Board of Directors is requested to **NOTE** the content of this report. | | | |
| **Appendices** | n/a | | | |

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.

Table of Contents

2.0 Executive Summary
Louise Barnett, Chief Executive

- During March and into April, we have continued to focus on the delivery of our Getting to Good plan and particularly key maternity and quality improvements, whilst also developing and starting to implement our operational and financial recovery plans.

- We are also taking forward the actions arising from the recent CQC inspection into Children and Young People's services, working closely with health system partners and other key stakeholders.

- The quality of care we deliver to patients remains our highest priority. We have been able to demonstrate a number of areas of improvement in such areas as VTE assessment, number of falls, c.diff infections, E.coli infections and the number of complaints received (this year, compared to last year).

- During March 2021, the number of Covid-19 patients in our general adult and critical care units reduced, enabling us to release both internal and partner organisation staff to return to their substantive roles. We are grateful to our partners and their staff for the support provided during the last wave. By the end of March 2021, the number of patients we were caring for with Covid-19 had reduced to 6 and our critical care units were operating within 'normal' capacity levels.

- The reduction in Covid-19 admissions enabled us to re-establish green elective pathways, re-open elective theatres and re-commence surgery, prioritising patients by clinical urgency. We have a considerable backlog of patients waiting for treatment, in common with many other NHS organisations, and we are developing plans to address this backlog as quickly as possible. While we are re-establishing services, we continue to maintain social distancing and approved infection prevention practices and therefore are not yet able to return to pre-covid-19 levels of elective activity.

- A&E attendances have now returned to pre-covid-19 levels. Our operational performance remains below target and we are working on improvement plans for 2021-22 that deliver improved access times, reduce ambulance handover times and realise the full benefits from our investment in Same Day Emergency Care (SDEC) services. We have been able to demonstrate sustained improvement in the 'time to initial assessment' for our paediatric patients and are now delivering the 15 minute standard consistently. Our recruitment of staff into ED is continuing to improve, and a focus on addressing constraints has helped us to increase safe early discharges.

- 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.

- Our sickness absence levels have improved and are better than our target trajectory this month. We recognise that our staff have worked extremely hard during the pandemic and faced many challenges to support our patients. As a consequence, we are providing additional health and well-being support to our staff.

- We are continuing to progress our cultural change programme and staff are engaged from across all parts of the organisation in the development of a new behavioural framework that will align more closely with our values.

- The Trust's adjusted financial position, for performance purposes, was a deficit of £(3.752)m at the end of March, £3.972m favourable to the Trust's £(7.724)m planned deficit.

3.0 Overall Dashboard

SPC Variation Icons

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Planned Trajectory
Mortality											
HSMR	Jan 21	133.3	100.0				64	116	Yes		100
RAMI	Feb 21	86.6	100.0	100.0			60.9	123.0	Yes		100
Infection											
HCAI - MSSA	Mar 21	4	2*	2			-2	7	Yes	28	24
HCAI - MRSA	Mar 21	1	0	0			0	1	Yes	2	0
HCAI - c.Difficile	Mar 21	1	3.58**	3.58			-1	7	No	30	43
HCAI - E-coli	Mar 21	1		3.75			-2	10	No	36	44
Patient harm											
Pressure Ulcers - grade 2 and above	Mar 21	24	14	14			3	27	No	169	168
VTE	Feb 21	95.0%	94.1%	95.0%			93.0%	96.3%	No	95.0%	95.0%
Falls - per 1000 Bed Days	Mar 21	4.34	6.60	5.00			2.47	6.87	Yes		5.00
Falls - total	Mar 21	93	86	86			49	145	Yes	1194	1032
Falls - with Harm per 1000 Bed Days	Mar 21	0.05		0.2			-0.1	0.3	No		0.2
Never Events	Mar 21	0	0	0			-0.9	1.4	Yes	4	0
Coroners Regulation 28s	Mar 21	0	0	0			0	0	No	0	0
SIs	Mar 21	9	0	0			-2	11	Yes	64	0
Mixed Sex Breaches	Mar 21	23	0	0			-9	67	Yes	339	0
Patient Experience											
Complaints	Mar 21	75		58***			26	85	No	588	696
Complaints -acknowledged within agreed time	Mar 21	100%	100%				97%	102%	No		100%
Complaints -responded within agreed time	Feb 21	66%		85%			47%	77%	Yes		85%
Maternity											
Caesarean Sections	Mar 21	29.8%	25.5%				17.2%	29.5%	Yes		
Induction Of Labour	Mar 21	40.9%	28.5%				31.5%	51.5%	Yes		
Postpartum Haemorrhage	Mar 21	2.0%	2.7%				0.0%	5.3%	No		
Smoking rate at Delivery	Mar 21	11.0%	20.0%				8.6%	19.1%	No		
Third and Fourth Degree Tears	Mar 21	2.0%	3.5%				-0.6%	5.4%	No		
One to One Care In Labour	Mar 21	99.3%	100.0%				96.3%	100.8%	Yes		
Delivery Suite Acuity	Feb 21	85.9%	90.0%				70.6%	98.6%	Yes		
Term Admissions to Neonatal Baby Unit	Mar 21	3.7%	5.0%				0.9%	6.6%	No		

Operational - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Planned Trajectory
Elective Care											
RTT Waiting list -total size	Mar 21	32674 (29651) English Only	19199				22124	25669	Yes		19199
18 week RTT % compliance -incomplete pathways	Mar 21	56.14% (English Only)	92.0%				69.4%	81.4%	Yes		92%
52 week breaches	Mar 21	3702 (3271 English only)	0	1661			87	661	Yes		0
Cancer											
Cancer 2 week wait	Feb-21	81.6%	93%	93%			80.7%	96.8%	Yes	90.40%	93%
Cancer 62 day compliance	Feb-21	72.27%	85%	85%			61.6%	87.9%	Yes	77.00%	85%
Diagnostics											
Diagnostic % compliance 6 week waits	Mar 21	71.8%	99%				65.5%	89.0%	Yes		99%
Emergency Department											
ED - 4 Hour performance	Mar 21	75.8%	95.0%				66.4%	83.5%	Yes	75.80%	95%
ED - Ambulance handover > 60mins	Mar 21	174	0				-18	455	Yes	2093	0
ED 4 Hour Performance - Minors	Mar 21	95.9%	95.0%	95%			91.7%	99.0%	No	96.40%	95%
ED 4 Hour Performance - Majors	Mar 21	54.5%	95.0%	95%			32.4%	62.3%	Yes	60.00%	95%
ED time to initial assessment (mins)	Mar 21	21	15	15			14	29	Yes		15
12 hour ED trolley waits	Mar 21	23	0				-49	158	Yes	392	0
Total Emergency Admissions from A&E	Mar 21	2850					2189	2965	Yes	29744	
Hospital Occupancy											
Bed Occupancy -G&A	Mar 21	78.0%	92.0%	92%			72.2%	95.0%	yes		92%

Restore and Recovery - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Planned Trajectory
Activity											
ED activity (type 1)	Mar 21	9444		10097			7487	10734	Yes	99152	
Total Non Elective Activity	Mar 21	5108		5276			3978	5561	Yes	49483	
Outpatients Elective Total activity inc Nurse led and	Mar 21	55673		57947			37127.3	67659.2	Yes	538693	
Total Elective IPDC activity	Mar 21	5222		6059			3563.53	6655.02	Yes	46543	
Diagnostic Activity Total	Mar 21	17409		16500			11850	17701	Yes	153751	

Covid	Week Ending	Actual Month Performance									
Covid-19 positive Inpatients	31.03.21	6									
Critical care beds occupied	31.03.21	11									
Covid-19 patients with Oxygen	31.03.21	6									
Covid 19 suspect patients with Oxygen	31.03.21	58									

Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception	Year to Date	Year End Planned Trajectory
Activity											
WTE Employed**Contracted	Mar-21	5781		6173			5280	5524			
Total temporary staff -FTE	Mar-21	842					519	705			
Staff turnover rate (excludes junior doctors)	Mar-21	1.00%	0.9%	0.75%			0.07%	1.71%			4.0%
Sickness absence rate Excluding Covid Related	Mar-21	3.96%		4.00%			3.63%	4.97%	No		90%
Appraisal Rate	Mar-21	85%	90%	90.0%			85.16%	90.05%	Yes		
Appraisal Rate (Medical Staff)	Mar-21	87%		90.0%					Yes		
Vacancies	Mar-21	424	<10%	<10%			394	728			90%
Statutory and Mandatory Training	Mar-21	85%	90%	90.0%			82.3%	87.9%	Yes		190%

Finance - KPI	Latest month	Latest Value	Target	Mean	Performance	Assurance	Lower process limit	Upper process limit	Exception		
Cash	Mar-21	51425		22621			5969	38671	Yes		
7 Days Payments Peformance	Mar-21	36%		25%			11.47%	39.17%	Yes		
Agency	Mar-21	2855	1186	2331			1844	2864	Yes		
Cumulative Capital Expenditure	Mar-21	42968	43022						Yes		

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

Key risks and issues within each domain	Actions
Operational: Impact of Covid-19 pandemic on elective capacity	• Clinical prioritisation and scheduling of inpatient and daycase waiting lists • Continuing to implement covid-19 safe social distancing and infection prevention measures • Continual use of independent sector facilities throughout March, this is planned to reduce considerably from the beginning of April 2021. • Return of staff to their usual areas of work • Re-opening of elective theatres and pathways • Continued use of technologically-enabled virtual clinics • Increased capacity for diagnostics on site at RSH and PRH • Mobile MRI and CT plus capacity for MSK scans at RJAH in place • A small volume of additional MRI capacity established at Nuffield • Capacity planning for recovery of activity in first half of 2021-22 • Continuing use of the Vanguard theatre throughout 2021-22
Operational:	• Backlog is continuing to grow, although the rate of growth is predicted to slow over the next quarter due to the lower number of referrals in Q1 of 2020-21.

|	
Backlog of routine patients developed during wave 1 of the pandemic – increasing risk of patient harm	We are working to minimise risk of harm through clinical prioritisation of our capacity • Alternatives to face to face consultations such as patient initiated follow up and virtual clinics being provided and further developed • Seeking approval for recruitment to imaging POD radiographer roles from August 2020
Operational: Increase in patients over 62 days on cancer pathway	• Clinical prioritisation of care, based on latest treatment advice • Diagnostics for these patients are being prioritised • Assistance sought from the West Midlands Cancer Hub • Harm reviews (including at 104 days)
Operational: A&E performance is below plan target	• SDEC model continuing to develop with access to 2 short stay beds in MAU and performance reflected in delivery of 0 day stay target • Admission avoidance schemes in place and evaluation of their effectiveness underway • Focus on morning discharge and pre-5pm discharge to improve flow • Senior nurse focus on adult initial time to assessment and improved ambulance handover • Partnership working with NHSEI to improve pathways • Integrated working with all partner organisations • UEC group completed baseline assessment for whole system measures
Workforce: Staff absence due to covid-19 and additional staff required to address surge demands	• Encourage staff to abide by PPE and social distancing guidance in and out of work to minimise risk of infection • De-escalation and return of staff from mutual aid completed in month • Staff wellbeing psychological support provided • Daily review of staffing hot-spots with overtime/bank and agency if required to support service continuity • Staff vacancies reducing and cohort of overseas nursing commencing April 2021
Finance: The use of agency staff is creating financial pressures	• Overseas recruitment continuing • Ongoing promotion of SaTH bank, including enhanced bank scheme • Recruitment and retention strategy approved, key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles • Utilising Locums Nest
Finance: Capital expenditure	• Revised capital programme completed • Planning for April-September financial changes and elective recovery scheme implications
Transformation Timely delivery of operational plan objectives	• Improved performance management of programme delivery with early escalation of risks and issues • A number of projects that were paused as a result of staff re-deployments have now recommenced • Current year project deliverables have been extended to June 2021 and objectives for the rest of 21/22 year 2 plans submitted • Development of H1 operational plan and performance trajectories to be completed during April for May submission

4.0 Quality Summary
Hayley Flavell, Director of Nursing and Arne Rose, Medical Director

- There were 9 Serious Incidents reported this month and zero never events.

- There were 24 pressure ulcers at grade 2 or above this month. This is significantly higher than the level set in the monthly trajectory, resulting in the year end overall 20% improvement target being missed by one.

- The infection prevention and control indicators delivered the year end improvement trajectory forecast for c.Difficle and E-Coli, with one of each infection reported in March 2021. The full improvement expected for MSSA was not delivered as 4 infections were reported this month resulting in the total of 28 infections over the year. There was also one further MRSA infection this month, a total of 2 for the year.

- The number of falls remains a key area of focus for improvement, as this is the highest volume of safety incidents reported in the Trust. The number of falls at 93 in March was above the monthly trajectory, however both falls per 1000 bed days and falls with harm performance were better than the national and local standards set.

- There were 23 mixed sex breaches this month, an improvement on last month's performance.

- Acknowledgement of complaints on receipt is continuing to perform well. The response time to resolve complaints is below target but improved significantly from performance in the preceding 2 months, and shows a positive response to the increased senior leadership focus on this area.

- There is a lag in mortality data and work is taking place with CHKS to seek assurance that changes are in line with peers. More detailed mortality information is included as a quarterly report.

- VTE performance shows sustained improvement and remains on target. Further work is ongoing to strengthen the transfer arrangements between assessment units and wards to ensure that every patient has their VTE assessment completed before transfer.

- Maternity indicators are included in the dashboard to provide an overview of the performance within the service. These indicators form a small proportion of the overall maternity dashboard indicators, which are used to manage service performance.

- Of note, there is a further increase in the ratio of women giving birth by caesarean section, bringing this closer to the national average.

Quality Exception reports
Mortality – HSMR
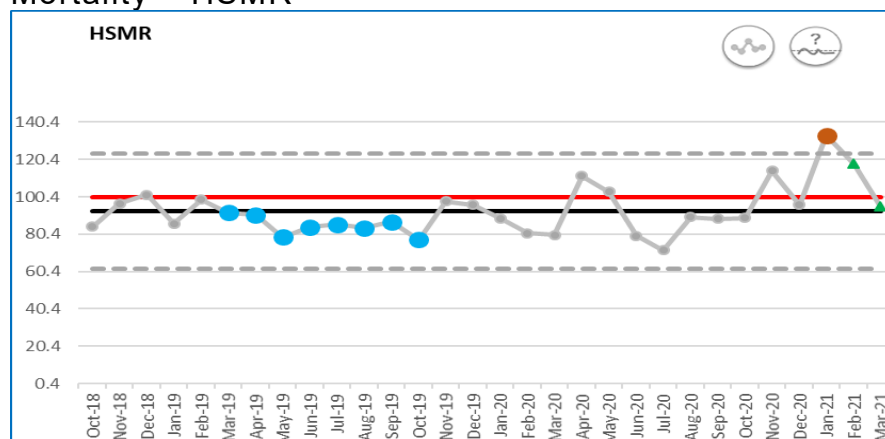
January 2021 actual performance
133.3 (Forecast Feb 118.0, March 95)
Variance Type
Common Cause
National Target
100
Target / Plan Achievement

Background	What the Chart tells us	Issues	Actions	Mitigations
The Hospital Standardised Mortality Ratio (HSMR) is the quality indicator that measures whether the number of deaths across the hospital is higher or lower than expected	The chart indicates that a further spike in HSMR performance was seen in January 2021. This is likely to be due to the increased wave of Covid-19 seen in the early part of quarter 4. The February and March forecast indicates that performance will return to within the expected range by the end of the financial year.	A number of diagnosis codes have been highlighted that warrant further investigation as individually they are out with the expected HSMR range, having the largest numbers of excess deaths. These are urinary tract infections, respiratory failure, acute bronchitis and congestive heart failure, all of which are high compared to the peer group.	79 patients identified within the cusum alert for urinary tract infection as the cause of death. An initial review has been undertaken by the Medical Lead for Mortality. A further deep dive is being completed by clinical coding to determine whether there are technical coding issues to be resolved.	The learning from deaths Group receives regular reports from CHKS which allows early identification of any potential mortality outliers.

Hospital Acquired Infections

MRSA
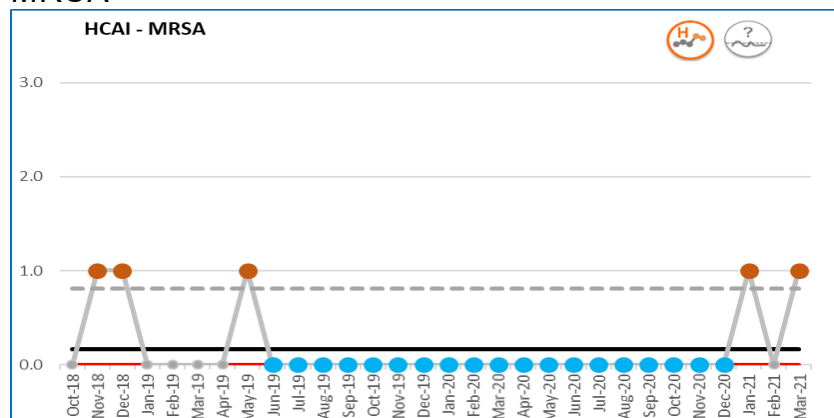
March 2021 actual performance
1
Variance Type
Special Cause
Local Target
0
Target / Plan Achievement
The year-end target was not achieved with 2 cases reported during 2020-21

Background	What the Chart tells us	Issues	Actions	Mitigations
The Target for all Acute Trusts is zero cases of MRSA bacteraemia	There was one MRSA bacteraemia in March. This is the 2nd case in the last 3 months, the 1st case was a contaminant	Immunocompromised patient, likely MRSA was present in sputum.\n\nAlthough cross infection was ruled out some improvements in relation to PPE were identified and issues with environmental cleanliness	Additional measures in relation to long sleeve gowns and sessional use if surge again in ITU\n\nAdditional cleanliness hours instigated in the unit and deep clean completed	C4C cleanliness audits with ward manager present\n\nQuality Ward walks IPC

MSSA
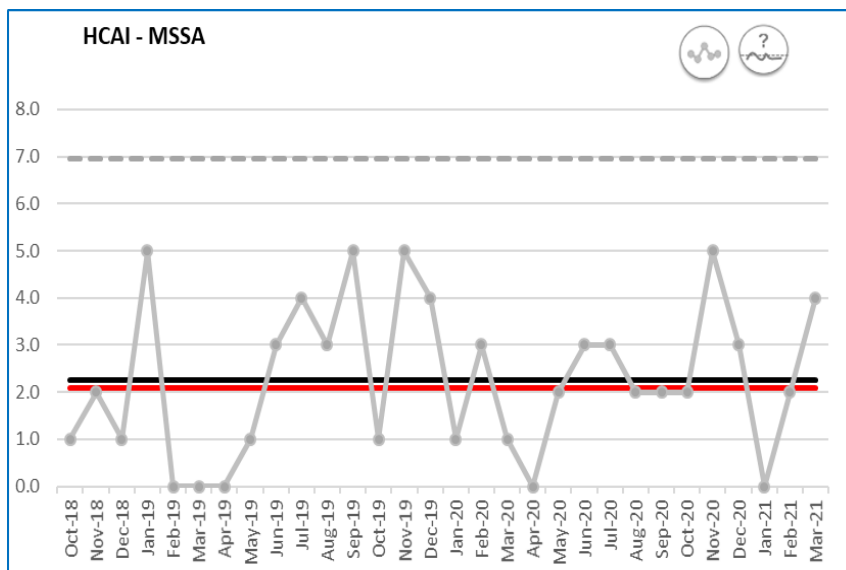
March 2021 actual performance
4
Variance Type
Common Cause Variation
Local Target
19/20 Less 20% (</=24 cases)
Target/ Plan achievement
While improving by 9.7% on 2019-20 performance, the 20% improvement was not achieved with 28 infections reported over the year – 4 more than the target

Background	What the Chart tells us:	Issues	Actions	Mitigations
Reporting of MSSA bacteraemia is a mandatory requirement	Overall in 2020/21 there was a reduction in MSSA bacteraemia with 28 reported against a previous year total of 31 cases.\n\nHowever, the improvement target for 2020/21 of no more than 24 cases was not achieved	One considered to be Device / intervention related and the source was a Catheter associated urinary tract infection.\n\nIssues identified from previous RCAs include identifying whether blood cultures have come from a line, peripheral sampling or cannula	Catheter care plan now in place and all wards reminded to ensure it is used for all patients with a catheter.\n\nStaff reminded about correct labelling of blood cultures	All MSSA Bacteraemia were the source is unknown or it is deemed device related have an RCA completed and learning is presented and discussed at the IPC Operational Group.

Pressure Ulcers – Category 2+
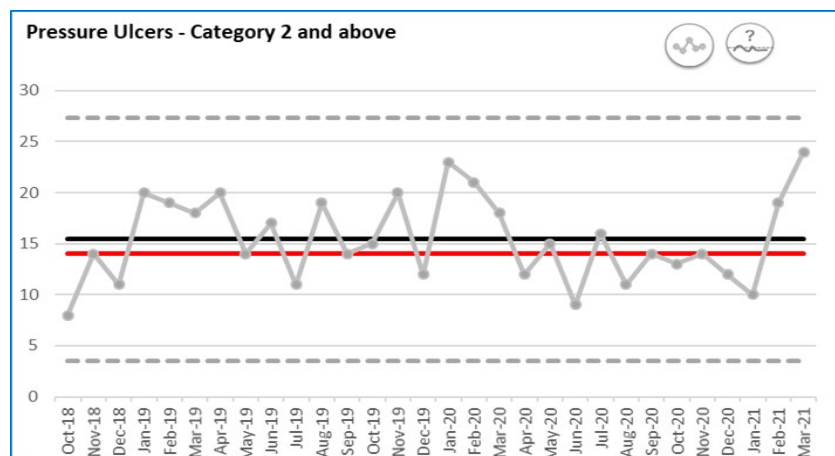
March 2021 actual performance
24
Variance Type
Common Cause
Target
14
19/20 Total less 20% (no more than 168 cases)
Target/ Plan achievement
The year-end target was not delivered by one case

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust aims to reduce the number of hospital acquired pressure ulcers	There was a significant increase in pressure ulcers in March with 24 cases.	There was an increase in category 2 pressure ulcers with 21 reported across medicine and surgery. Some of this increase has been due to a higher number of cases in ITU	All pressure ulcers have an RCA completed, but a themed review of the cases in ITU, lessons learnt and actions for the ITU cases are being progressed by TV team. Quality metrics audits and review process to be set up for ITU in line with adult inpatient areas. Additional support from Tissue Viability team to areas that have seen an increase in falls. Resource files for wards in relation to PU assessments and documentation.	All pressure ulcers which meet the threshold for an SI are reported and investigated Pressure Ulcer SIs presented at NIQAM to share learning from these investigation All pressure ulcers cat 2 and above have an RCA completed and presented at the Pressure Ulcer Panel meeting

Falls –Total number of falls Exception Report
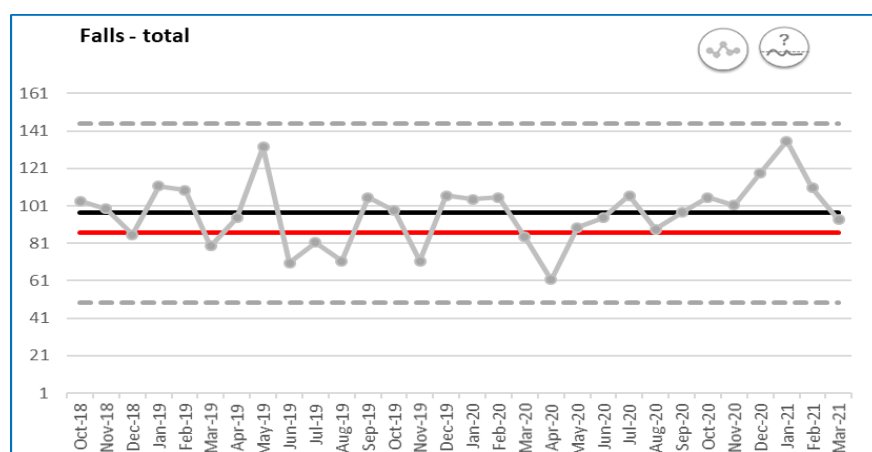
March 2021 actual performance
93
Variance Type
Common Cause
National Standard
86
= 19/20 Total less 7%
Target/ Plan achievement
The year-end target for improvement was not achieved

Background	What the Chart tells us	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust.

Reducing the number of patients who fall in our care is a key quality and safety priority | The number of falls reduced for the 2nd month. The Trust saw an increase in falls during the 2nd wave of the covid pandemic | 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 changes or post a fall

Embedding the enhanced patient supervision risk assessment and process requires ongoing support | New post falls bundle has been implemented. Ongoing falls training continues to meet the target set of 90%. Resource files to all wards.

Trial of falls alarm equipment ongoing

Ongoing monitoring of staff adherence to enhanced patient supervision processes

Standardisation of ward safety huddles to ensure a focus on falls included | All falls are 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 and presented at NIQAM to share lessons learnt and actions required in all areas.

Falls training remains at 83% for March |

Serious Incidents
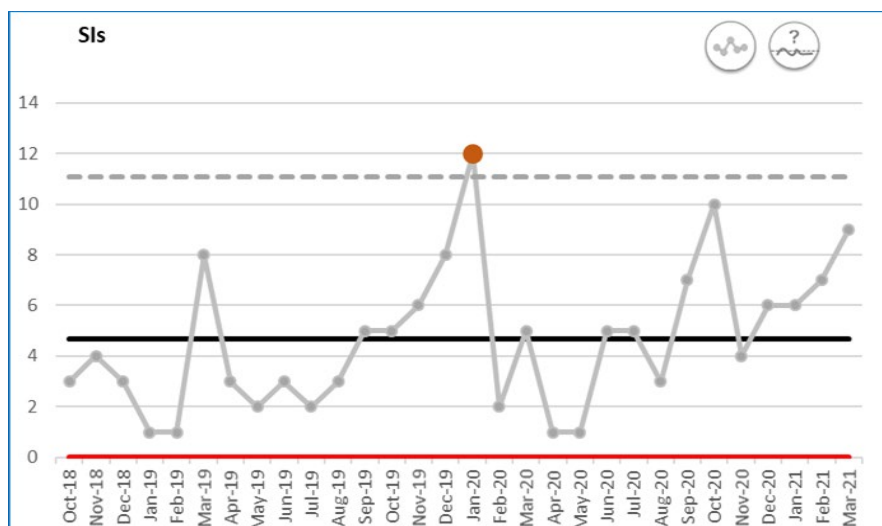
March 2021 actual performance
9
Variance Type
Common Cause Variation
Standard
No target set, however it is recognised that all Sis should be avoided
Target/ Plan achievement
monthly variation suggesting that it is unlikely that zero SIs could occur in any month

SI theme	Number Reported
2021/4684 Fall Radiology – Dislocated shoulder requiring surgery	1
2021/4759 Delayed diagnosis and treatment Urology	1
2021/4669 Treatment delay – Paediatrics	1
2021/5685 Fall Ward 35 – Head Injury	1
2021/5854 Delayed diagnosis and treatment- Urology	1
2021/5859 Delayed diagnosis - Sepsis	1
2021/5876 Delay in treatment	1
2021/6976 Vaccination Centre – scope of practice	1
2021/7061 COVID outbreak Ward 23	1
Total	**9**

Background	What the Chart tells us	Issues	Actions	Mitigations
Since June 2020 there has been an increasing trend in SI reporting, which may reflect a more open reporting culture.	Following a peak in reporting October during reporting has remained above the mean for the past four months. February has seen an increase in reporting, as detailed above.	Over the coming months COVID 19 related incidents such as delayed diagnosis due access issues/outbreaks and COVID related deaths will continue to see reporting 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

Complaints
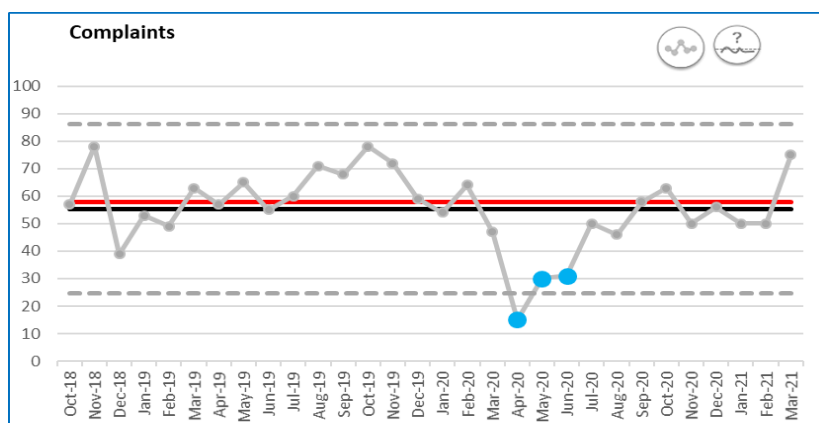
March 2021 actual performance
75
Variance Type
Common cause variation
SaTH internal target
58 10% reduction on 2019-20 total complaints
Target/ Plan achievement
Year-end target achieved

Background	What the Chart tells us	Issues	Actions	Mitigations
Complaints provide a valuable source of learning to the organisation.	75 formal complaints were received in March 2021; 34 complaints related to RSH, 35 related to PRH, and five related to community hospitals. Although higher than previous months, this number remains within normal variation, and year-end target reduction was achieved.	The Medicine and Emergency Division have seen an increase in complaints, although this is spread across the division. In addition, There has been an increase in complaints relating to care on Ward 26, which has been escalated to the Ward Manager and Matron.	The Ward Manager and Matron for Ward 26 are putting in place a number of measures to address the issues raised, including discharge learning sessions, a daily documentation audit and admissions checklist	See actions

Complaints – Responded within Agreed Time
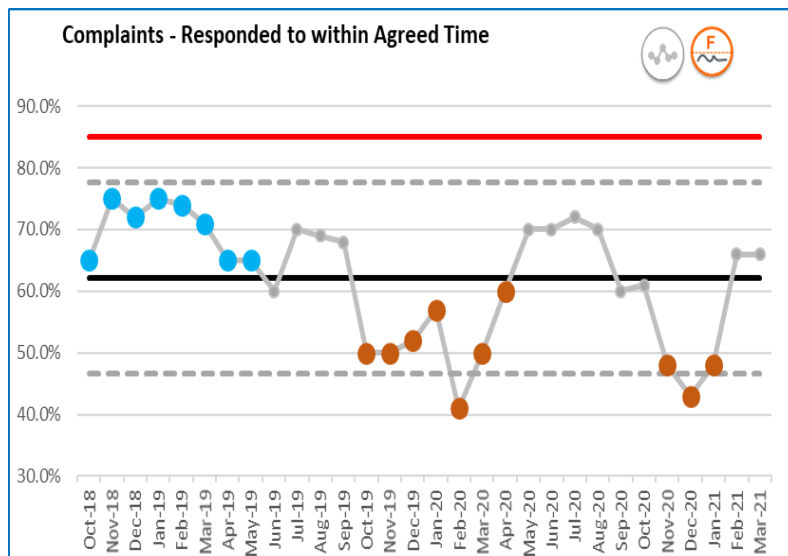
February 2021 actual performance	
66%	
Variance Type	
Common cause	
National benchmark	**SaTH internal target**
85% compliant with time agreed with complainer	85% responded to within 30 days of receipt
Target/ Plan achievement	
Target is not capable of being achieved without changes to process	

Background	What the Chart tells us	Issues	Actions	Mitigations
It is important that patients raising concerns have these investigated and the outcomes responded to in a timely manner as well as the Trust learning from these complaints	Response rates have shown some improvement, although they remain low.	Responses are delayed for a number of reasons, including competing clinical priorities, unavailability of staff and difficulties accessing records.	Work is ongoing within the divisions to investigate and respond to complaints in a more timely manner.	See actions

Mixed Sex Breaches Exception Report
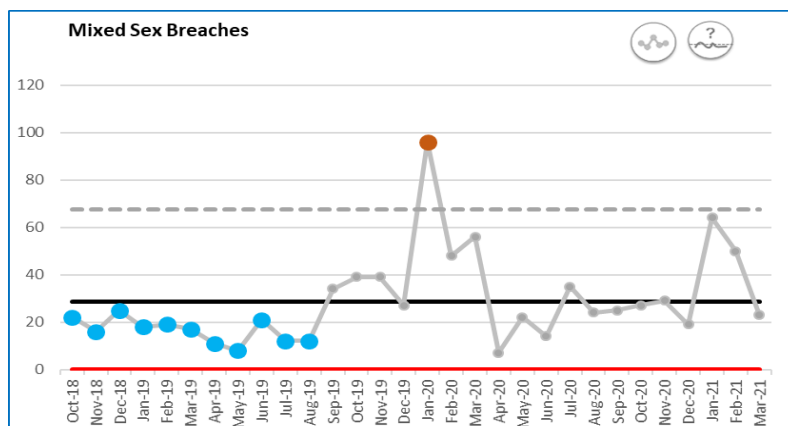
March 2021 actual performance
23 Primary mixed sex breaches
Variance Type
Common Cause variation
Target
0
Target/ Plan achievement
Continuing to breach this target, with some improvement this month

Location	Number of breaches	Additional Information
CCU (PRH)	4 primary breaches	8 secondary breaches over 4 occasions
CCU (RSH)	2 primary breaches	3 secondary breaches over 2 occasions
ITU / HDU	17 primary breaches	(7 Medical and 10 Surgical)

5.0 Covid-19 and Recovery Summary
Mr Nigel Lee Chief Operating Officer

- March 2021 saw a steady and rapid decrease in Covid-19 admissions, both to acute beds and to critical care. The first days of March still saw Covid-19 numbers on wards similar to numbers in the first wave in April and May 20 (over 50), but these have continued to reduce. Similarly, critical care levels for Covid-19 patients as well as non-Covid-19 remained high into early March but also reduced. By the end of the month, numbers reduced to below 20 and early April saw single figures. The PRH site reduced ahead of RSH, following a similar trend to that seen in previous waves.

- As demand reduced, the mutual aid of staff from system partners also reduced. Once again, the Trust wishes to thank other organisations and the staff themselves for their support during the peak period, which made such a difference to the theatre, ward and critical care teams, as well as to the care of our patients.

- As the level of critical care reduced, and access to theatres at RSH was re-established, a drive to increase high priority surgery cases was made. Additional activity was undertaken at weekends to ensure the maximum possible reduction in waiting lists, including Colorectal, Vascular and Urology. Activity was maintained at the Nuffield hospital for appropriate cases.

- Across the sites, the number of wards supporting Covid-19 positive or suspected cases has reduced. Strict infection control measures for ED and assessment unit pathways remain in force, and this is mirrored for wards and theatres. Separate 'Green' pathways remain for elective surgery. In addition, infection control measures remain in place for Outpatients to minimise the risk of infection.

Covid-19 Inpatients
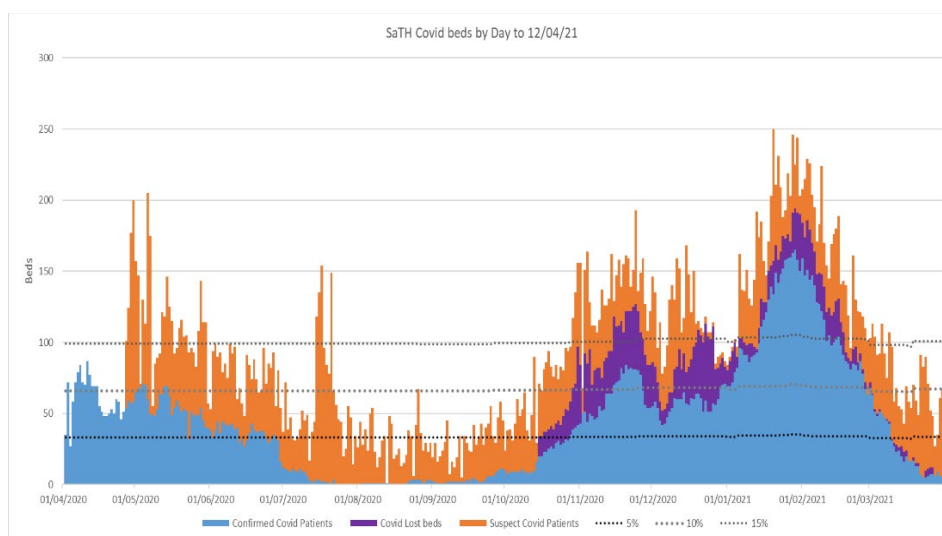
31st March 2021 actual performance
6
Variance Type
3rd wave of covid-19 peak has passed and low levels of in-patient admissions currently being experienced.
National Target
N/A
Target/ Plan achievement
N/A

Background	What the Chart tells us	Issues	Actions	Mitigations
Covid-19 positive and admitted patients awaiting test results (suspect) are reported daily.	The level of covid-19 inpatients has reduced to be at levels seen in the summer months prior to the 2nd wave. Beds closed due to the impact of covid-19 have also reduced.	Infection prevention and control measures need to continue and surveillance of any change in prevalence in the community is required to ensure the trust is well prepared.	Continuing to report Covid-19 activity daily Monitoring of any change in prevalence as lock down is released Continuing segmentation of "green" and covid-19 pathways Staff briefings on changes through the roadmap and reminders of need to maintain Covid-19 safe practices.	Review regional modelling and continue to provide Covid-19 pathways on both sites

Covid-19 Critical Care Beds and Triggers
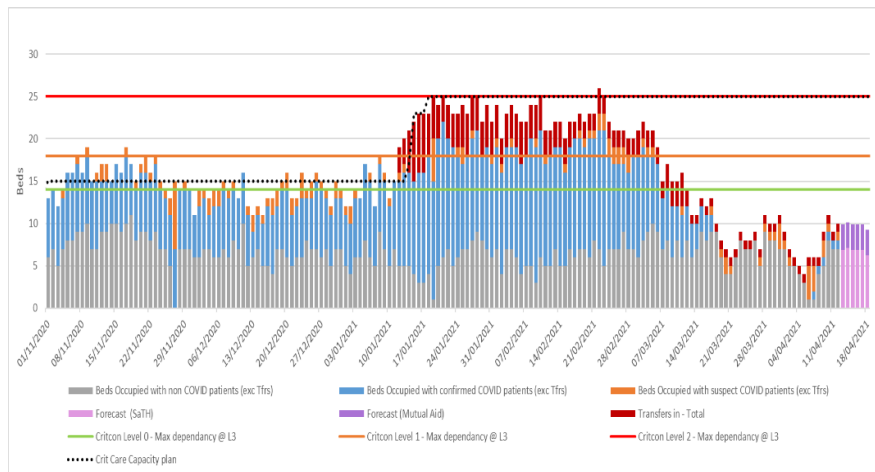
31st March 2021 actual performance
11 beds occupied with 0 covid +ve patients in critical care
Variance Type
Return to non-covid-19 related critical care activity
National Target
N/A
Target achievement
N/A

Background	What the Chart tells us	Issues	Actions	Mitigations
The third wave of Covid-19 impacting during the winter is increasing pressure on hospital beds. The available critical care bed capacity is impacted by needing to ensure within this bed base that covid, covid-suspect and non-covid patients are separated	The level of demand from Covid-19 on Critical Care has reduced over the month	Staff have worked under considerable pressure during the 3rd wave and may need some leave before facing the challenge of restoring and recovering services Recovery of services needs to be managed within the on-going constraints of social distancing and additional IPC measures	De-escalated mutual aid, releasing staff to return to their substantive roles Re-established Critical Care Unit within its normal footprint, enabling re-establishment of green pathway at RSH and preparation to re-establish the day surgery unit at PRH for elective care during April 2021.	See actions

ED Activity – Type 1
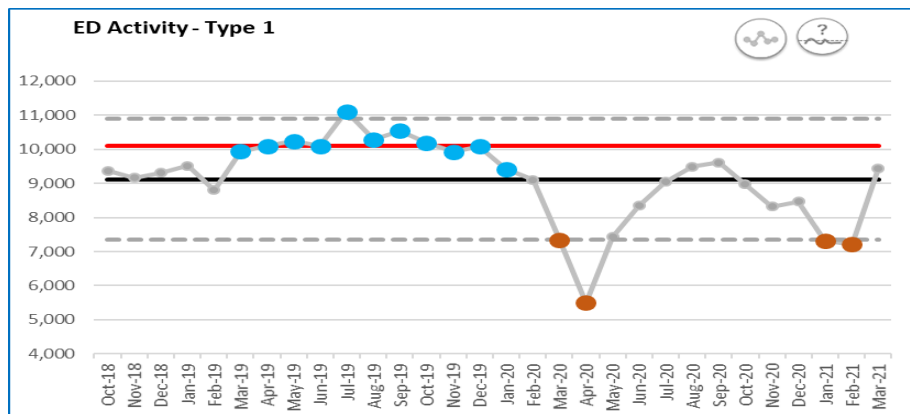
March 2021 actual performance
9444
Variance Type
Common Cause
National Target
n/a
Target/ Plan achievement
Below contracted activity level

Background	What the Chart tells us	Issues	Actions	Mitigation
The ED activity levels reflect the demand for unscheduled care presenting at the A&E departments.

Type 1 activity is the major A&E activity and excludes minor injury unit and urgent care centre activity | Demand in A&E fell significantly during the 1st Covid-19 wave and recovered over the summer. The second and third waves of Covid-19, also saw a fall in demand, however this was less pronounced than in the 1st wave despite the scale of the 3rd wave being considerably higher than in the 1st wave.

March has seen the A&E activity return to near pre-covid levels | Safe social distancing and testing within A&E impacted on flow through the department

New Urgent and emergency care measures being introduced to assist in focussing on flow within ED and as an integrated system for unscheduled care | A&E action plan

Quality Improvement evidence collated and submitted to CQC | See actions |

Elective IP & DC Activity v Phase 3 recovery plan
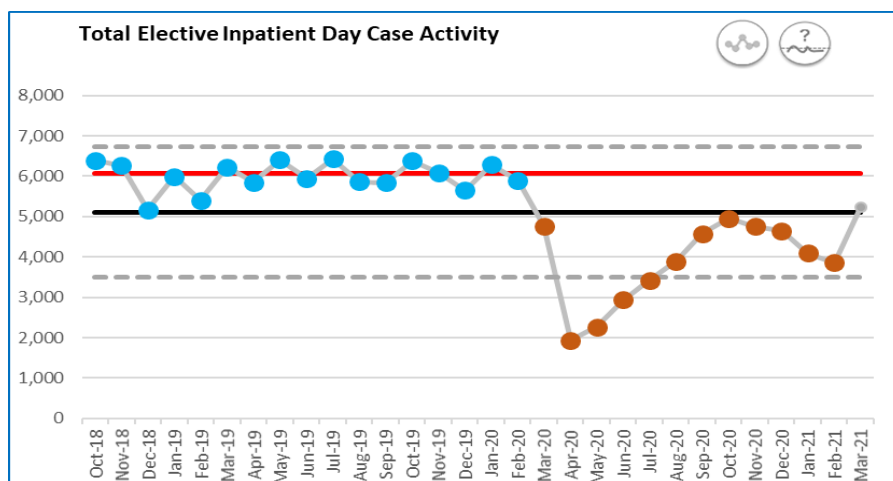
March 2021 actual performance
Total 5222 **DC** 4949 **IP** 273
Variance Type
Common Cause
National Target
Local: DC 80%, **IP** 55% **National DC & IP** 90%
Target/ Plan achievement
Yes (local); No (national)

Background	What the Chart tells us:	Issues	Actions	Mitigation
The Trust monitors delivery of its elective inpatient and daycase activity against its forecast demand. The level of activity delivered impacts on waiting times and waiting list size as well as contractual income.	Activity remains below historic levels due to the capacity constraints created through the pandemic. Activity has increased in March, reflecting the reduction in covid-19 related activity and re-opening of some elective theatres.	Insufficient green elective bed provision on both sites to increase activity 12 WTE theatre staffing gap	Collaborative working with Medical division to establish green elective inpatient bed base on both sites Recruitment – advert currently live with AFPP and NHS jobs Offering overtime and bank hours Recruited to maximum authorised agency Training supernumerary staff now lists have been re-instated Recovery plan developed	Restore and Recovery group established 6-4-2 meetings in place to link theatre scheduling to clinical priority of patients

Outpatients Elective Total Activity
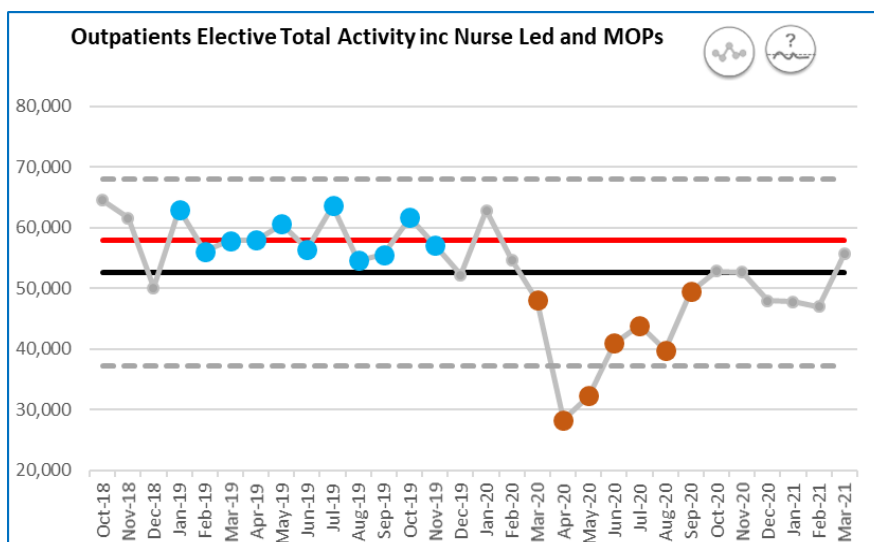
March 2021 actual performance
55673
Variance Type
Common cause
Local Target
57947 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
Below target with pre-covid delivery unachievable at the present time

Background	What the Chart tells us:	Issues	Actions	Mitigations
Outpatient activity is monitored against contracted values. Performance impacts on patient access times for treatment and on financial stability of the Trust	Activity is showing signs of recovery but remains slightly below the target at year end.	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.	Use of virtual clinics Recovery of face to face activity within safe social distancing constraints and using innovative approaches to patient attendance management in waiting areas	Clinical prioritisation of IPDC waiting list

Non-Elective Activity
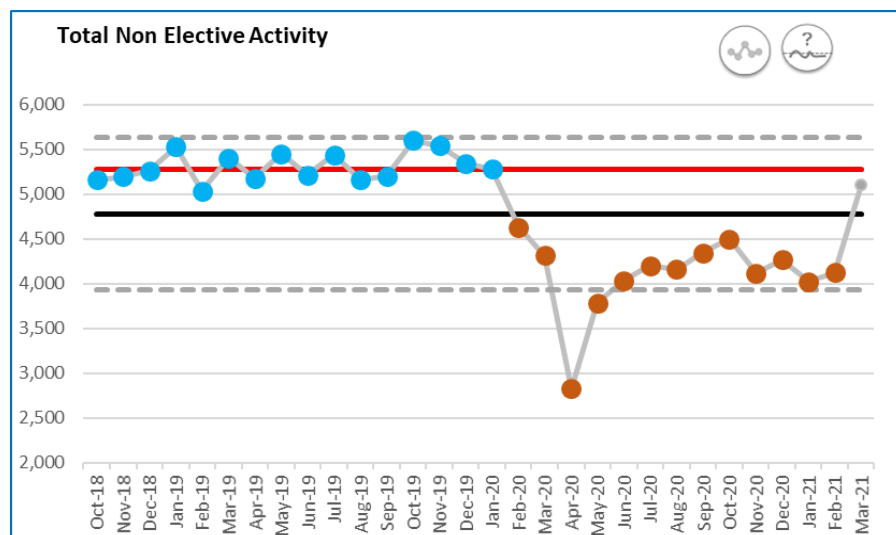
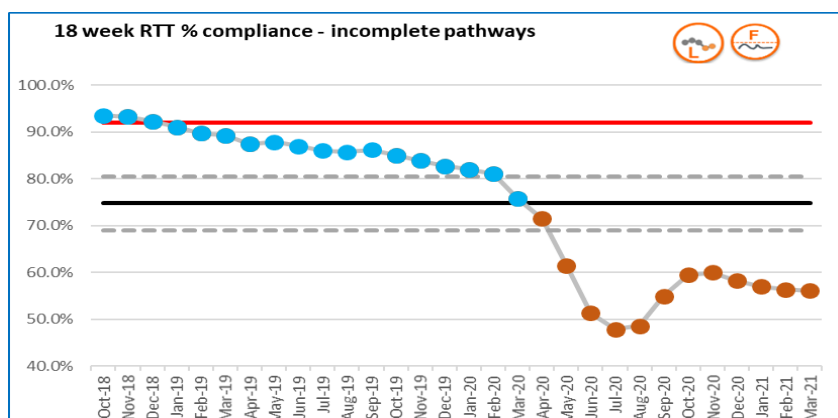| March 2021 actual performance |
|---|
| 5108 |
| **Variance Type** |
| Common Cause |
| **National Target** |
| N/A |
| **Target/ Plan achievement** |
| Demand is increasing in line with pre Covid levels and is significantly higher than the same month last year |

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.	March has seen an increase in non-elective activity, returning to close to pre-pandemic levels.	Unscheduled care non-covid-19 activity is increasing. However we need to continue to ensure we segment patients according to covid-19 status and this impacts on flow and bed management.	Monitor changes in demand. Retain segmentation of patient pathways.	See actions

6.0 Operational Summary
Mr Nigel Lee Chief Operating Officer

- March represented the start of a transition for the Trust, from a period of intense clinical pressure (and pressure on staff) and reduced elective services, to a period of re-establishing services, albeit with appropriate safety measures in force.

- The re-opening of a number of elective theatres has commenced, resulting in an increase in activity and enabling some priority treatment to be given to our cancer patients. This has resulted in a deterioration in the reported performance for the cancer 62 day pathway (which will continue through April), as patients in the backlog who had waited over 62 days prior to surgery are being treated.

- The increased capacity available during the month has enabled the improvement in 6 week wait times for diagnostics to continue, with the backlog of patients reducing in this area. The 'Diagnostic Monitoring' (DM01) metric improved accordingly.

- However, with the priority being rightly given to clinically urgent patients, the number of long waiting patients, along with the length of their wait, has continued to increase. Clinical prioritisation is at the core of decision-making. We are working through our plans for the first half of 2021-22 to re-establish our capacity to pre-covid levels, recognising that the trust will continue to be impacted by applying appropriate safe practices. Staffing risks relating to theatres, anaesthetics and radiology will constrain on-site recovery options. Plans for additional capacity, procured locally or coordinated by NHSEI regionally, are being finalised.

- Unscheduled care performance has improved as the level of Covid-19 has reduced. 4 hour performance improved from February, albeit to levels similar to this in March 2020. As with other Trusts in the Midlands, SATH is seeing a steady rise in Emergency activity to EDs, across all age groups including Paediatrics. We have seen bed occupancy reduce and have also seen a reduction in our long stay patients, performing extremely well on regional benchmarking in this regard. The whole-system discharge 'Alliance' has maintained a significant reduction in the length of stay for patients waiting in the acute beds whilst awaiting complex care support on discharge. Our ED performance has also improved and this is continuing into April 2021, a priority area within Trust plans.
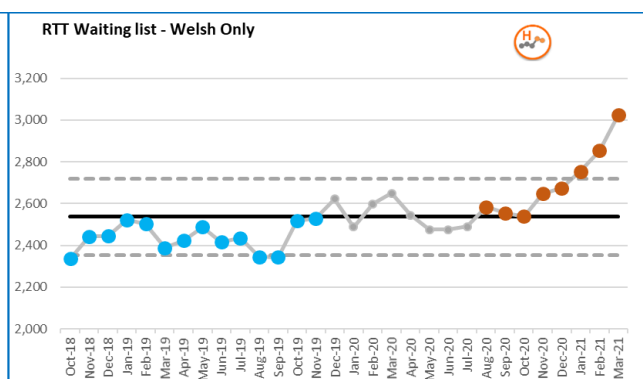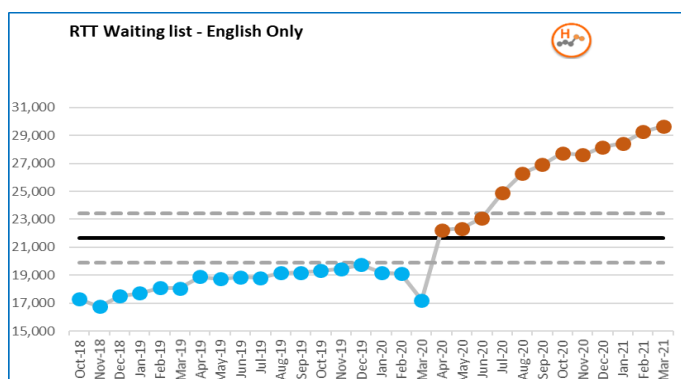
18 week RTT Exception Report

March 2021 actual performance
56.14%
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
18 weeks is the national target for referral to treat for elective care	Headline performance against this measure has now stabilised (57.00% at end January compared to 58.22% at end December 2021) but this compares to a much better performance with 18 week compliant pathways before the pandemic commenced	Backlog of patients waiting to be diagnosed and treated at outpatient, diagnostics and IP and DC. Need to ensure patients treated by clinical priority. These patients tend to have waited shorter times from DTA and so potentially adversely affect the performance of 18weeks	Specialty level capacity analysis undertaken for OPD, IPDC to inform activity plans for H1. Continuing use of virtual outpatient activity Additional mobile imaging capacity on site Capacity allocation based on clinical priority for IPDC	Restore and Recovery meeting established 6-4-2 Theatre scheduling sessions in place Clinical prioritisation of IPDC lists

RTT Waiting List – Total Size
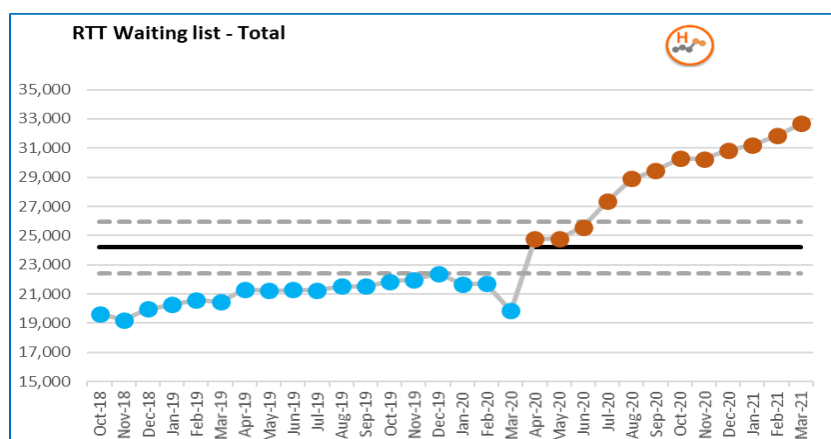
March 2021 actual performance
32674
29651 (English),3023 (Welsh)
Variance Type
Special Cause
Target
19,199
Target / Plan Achievement
Impact of Covid-19 means that the waiting list is likely to continue to grow at present.

Background	What the Chart tells us	Issues	Actions	Mitigations
The total waiting list size impacts on patient access times for consultation, diagnosis and treatment	Total list size continues to increase because of the inability to treat clinically routine patients and close RTT pathways.	Limited OPD capacity (social distancing) Limited operating capacity (theatre staffing & beds to enable segregation.) The prioritisation of urgent patients to the limited available	Theatre staff recruitment & deployment of agency to enable more theatres to be deployed. Resolution of elective bed capacity.	Continued clinical prioritisation to ensure the most urgent patients are treated, then chronological order based on length of wait.

|		capacity means that high volume procedures are not being cleared.	Restoration of further OPD face to face capacity.	

52 Weeks Wait Exception Report
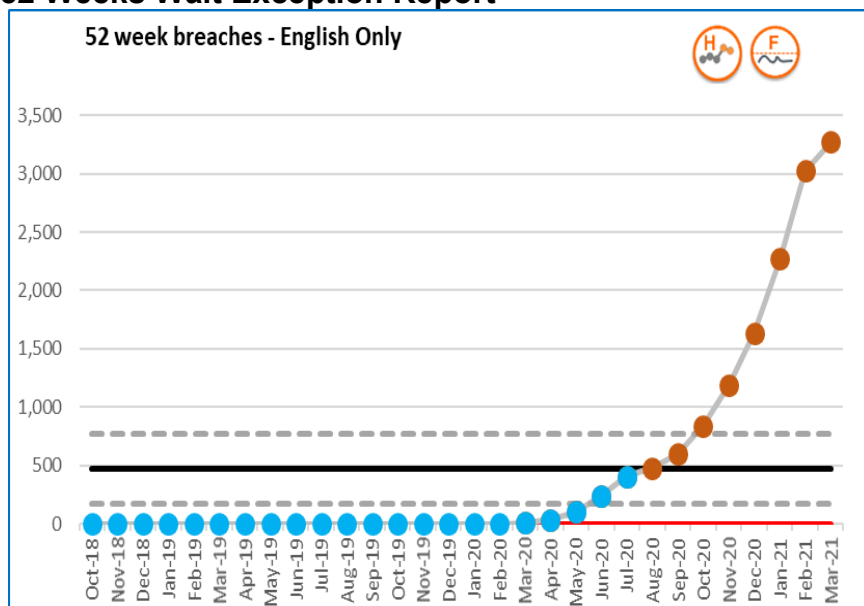
March 2021 actual performance
3702
3271 (English only)
431 (Non English patients)
Variance Type
Special Cause
National Target
0
Target / Plan Achievement
The size of the backlog and impact of covid-19 means that the target will not be delivered this year

Background	What the Chart tells us	Issues	Actions	Mitigations
As part of elective care pathways the long waiters are reported monthly.	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. The volume of 52 week breaches is continuing to increase.	The rate of accrual of 52 week breaches has now slowed because the volume of referrals 1 year ago (start of pandemic) was less. This may artificially mask the underlying backlog and the increasing length of wait.\n\nIt continues to increase because routine patients are not currently being prioritised for treatment.	Monitoring of long waiters expanded to visualise the extended time-bands of waiting.\n\nRestoration and recovery work focussing on both the clinically urgent but also in reducing the maximum wait time as well.\n\nSpecialty level capacity analysis completed and plans being developed for additional activity if resources are available	Clinical prioritisation of admitted pathway patients

Cancer 2 week waits
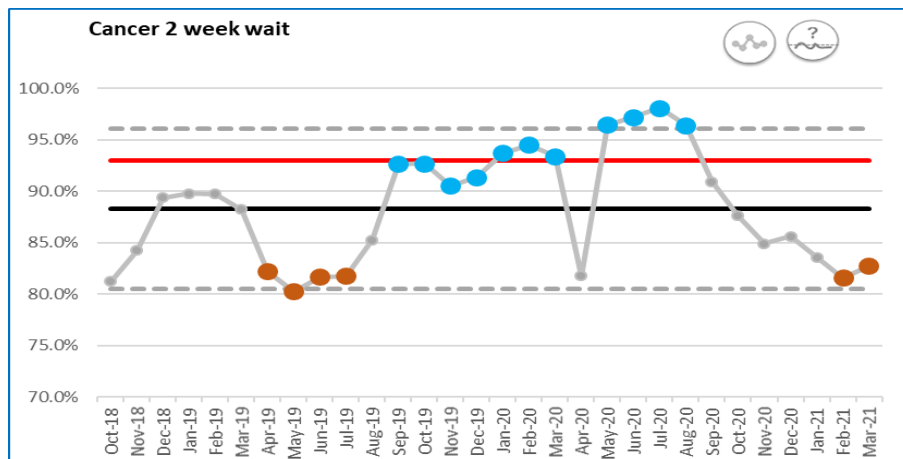
February 2021 actual performance
81.57% (March Prediction 82.68%)
Variance Type
Special Cause
National Target
93%
Target / Plan Achievement
Measure unlikely to meet the target

Background	What the Chart tells us	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer 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 have impacted negatively on SaTH's overall 2WW performance	Extra capacity being added to the Breast 2WW clinics and improvement trajectory now in place	Implementation of revised 2WW Breast Referral Proformas

Cancer 62 day target
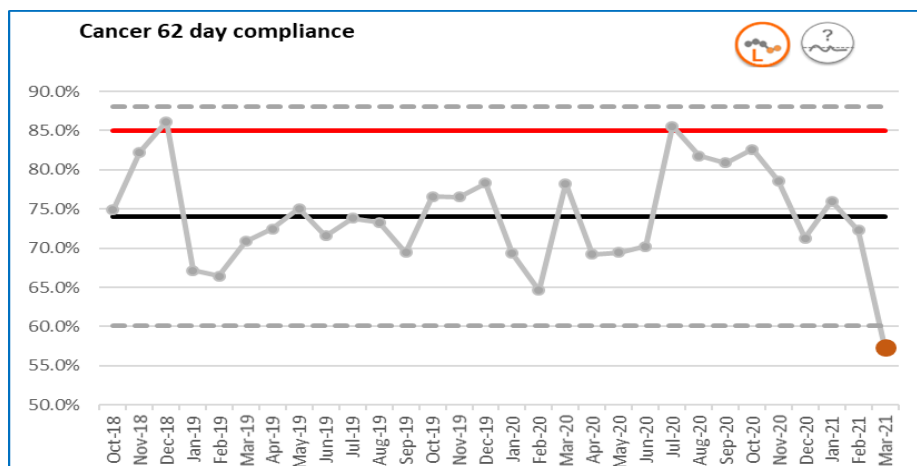
February 2021 actual performance
72.27% (March Prediction 57.32%)
Variance Type
Special Cause
National Target
85%
Target / Plan Achievement
Measure is not capable of meeting the target

Background	What the Chart tells us	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer is treated within 62 days of referral.	The performance is below target and expected March performance is lower as we treat patients who have already waited over 62 days as a priority.	Huge reduction in surgical capacity due to COVID. Complex pathways in many specialities Capacity does not meet demand (diagnostics a significant issues even prior to COVID).	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 CT and MRI scanners in use	Pathway Project Managers introduced to review pathways and implement efficiencies to assist compliance with targets Cancer Performance and Assurance Meetings on-going chaired by Deputy COO West Mids Cancer Hub taking referrals for surgery

DM01 Diagnostic over 6 week waits
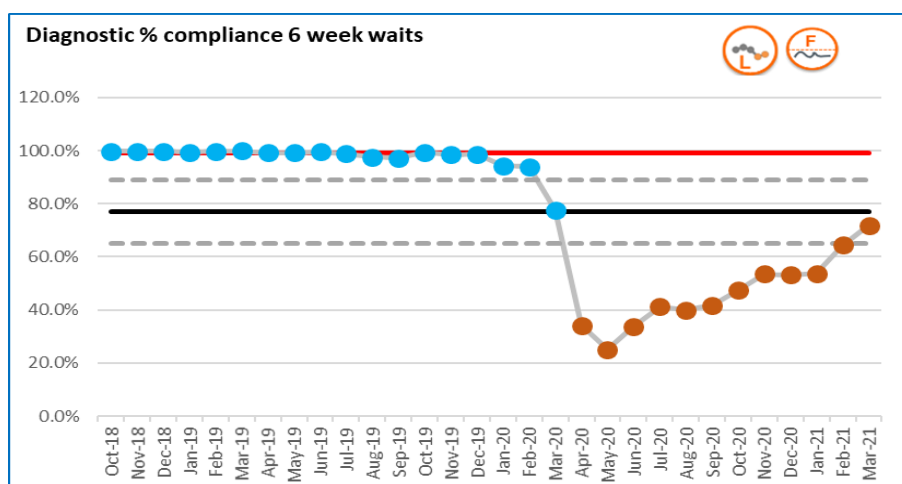
March 2021 actual performance
71.8%
Variance Type
Special Cause
National Target
99%
Target / Plan Achievement
Target will not be delivered with present capacity constraints in some diagnostic services

Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral	Performance is gradually improving, however remains below target and pre-covid-19 levels of performance	Capacity constrained and limited opportunity to recover further Unable to reduce cleaning regime in order to maintain good practice and reduce risk of cross-infection	Additional mobile capacity in use During March used some capacity at Nuffield and at RJAH Re-establishing fully the endoscopy capacity	Urgent and cancer referrals prioritised

DM01 Patients who have breached the standard
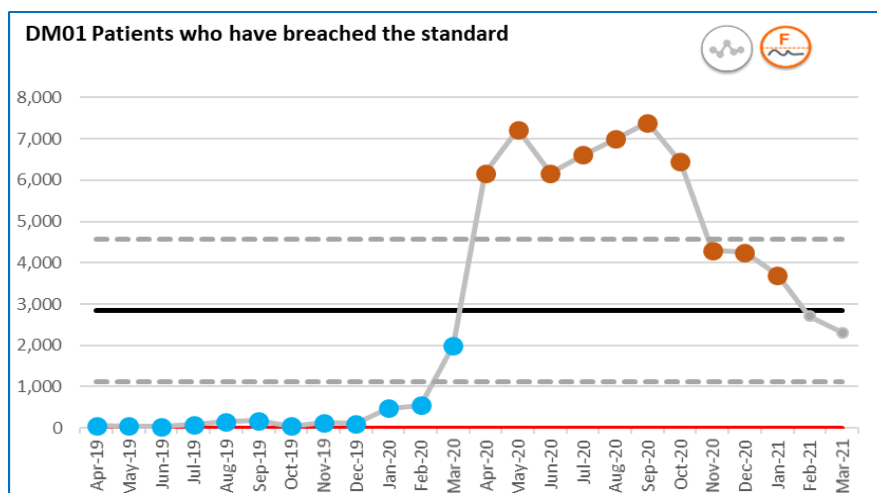
March 2021 actual performance
2316
Variance Type
Common Cause
National Target
0 - < 6weeks
Target / Plan Achievement
Target will not be delivered with present capacity constraints in some diagnostic services

Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral. There must be no more than 1% of patients waiting longer than 6w	Performance is showing signs of continuing improvement with a reduction in the backlog of patients waiting over 6 weeks.	Balancing the capacity to deliver urgent access for new referrals while delivering backlog reduction at a time of constrained capacity	Extended sessional working Use of mobile capacity Use of Nuffield MRI Use of CT and MRI at RJAH Continuing to utilise 2 endoscopy suites	Weekly tracking of activity v plan Prioritising cancer pathway referrals

A&E 4 hour performance

ED - 4 Hour performance
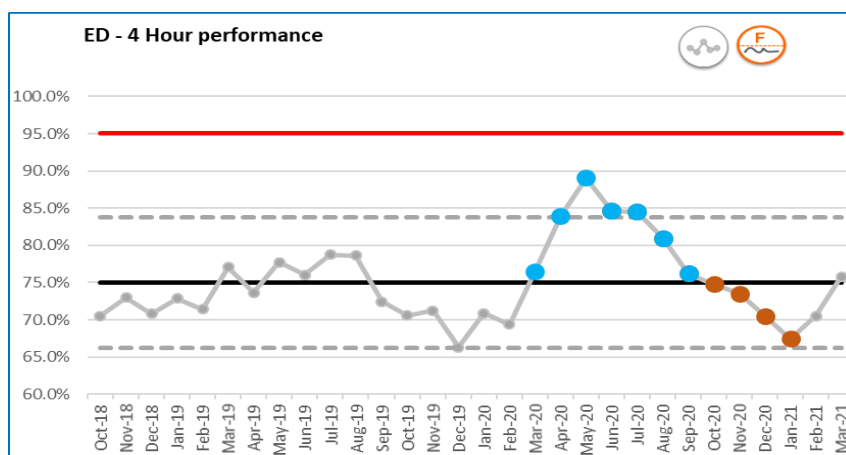
March 2021 actual performance
75.8%
Variance Type
Common Cause
National Target
95%
Target / Plan Achievement
The target is above the upper process control limit and so will not be achieved without service re-design

Background	What the chart tells us	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department	Following 8 months of deteriorating performance the performance has started to improve for the past 2 months in line with seasonal trends	ED attendances are returning to close to pre-covid-19 levels Ensuring whole system approach adopted to deliver improvement New UEC measures being introduced during 2021-22	Urgent Care Centre to return to acute site. Full benefits of SDEC investment to be realised, already supporting the achievement of 30% 0 day average length of stay. ED recruitment continuing to increase the staff available to support improvement within ED. Professional standards to be implemented to improve time from decision to admit to leaving ED. ED improvement action plan for 2021-22 to be developed by end of April 2021 to reduce breaches	Demonstrable improvement in the quality of care for patients within ED submitted to CQC

ED –Time of Initial assessment (mins)
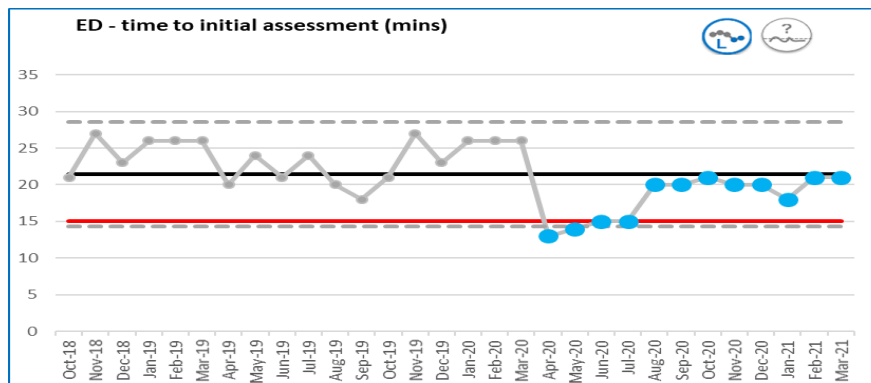
March 2021 actual performance
21 Minutes (24 mins adults)
Variance Type
Common Cause
National Target
15 Minutes
Target / Plan Achievement
Performance remains worse than target

ED Time to Initial Assessment - Adult

Background	What the Chart tells us	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator.	Overall time to initial assessment is worse than the target. The performance for adult initial assessment is the key contributor to this, with paediatric assessments being within target.	Capacity constraints within the departments especially when patients arrive in close proximity	Continued recruitment into vacant ED posts will allow resilience in planning rotas to support expected peak arrival times and further improve initial assessment times. Think 111 implemented on a phased approach to direct patients to pre booking walk-in appointments where appropriate, which can be staggered. Increased senior nurse focus in Q1 2021-22 as part of improvement plans.	Internal escalation processes Process review and root cause analysis

ED Time to Initial Assessment - Children
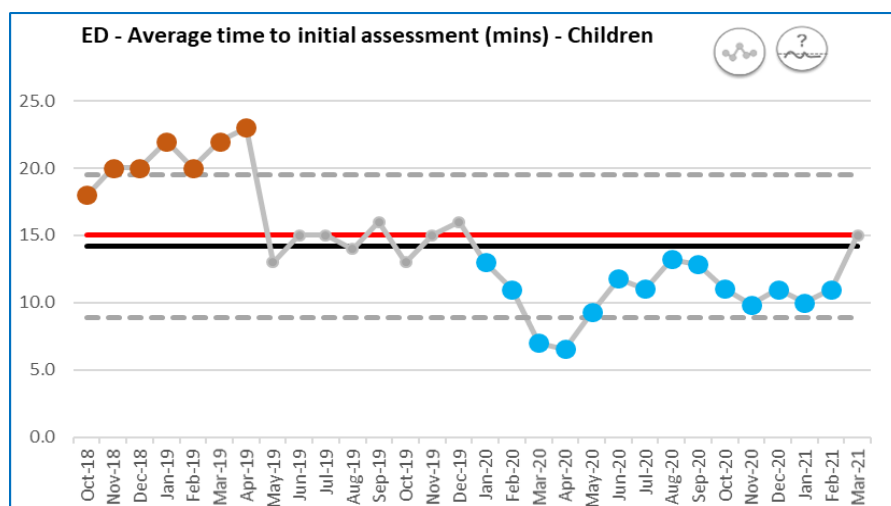
March 2021 actual performance
15 Minutes
Variance Type
Special Cause improvement
National Target
15 Minutes
Target / Plan Achievement
The target has been achieved consistently.

Background	What the Chart tells us	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator.	This target is continuing to be delivered and has been delivered for the last 15 months	Sustaining delivery consistently as a mean time, but also increasing the percentage compliance to achieve an outstanding performance for children	Increased focus from senior nursing on the consistency of achievement for all children and continuing to audit and address reasons for non-achievement.	See actions

12 Hour ED Trolley waits
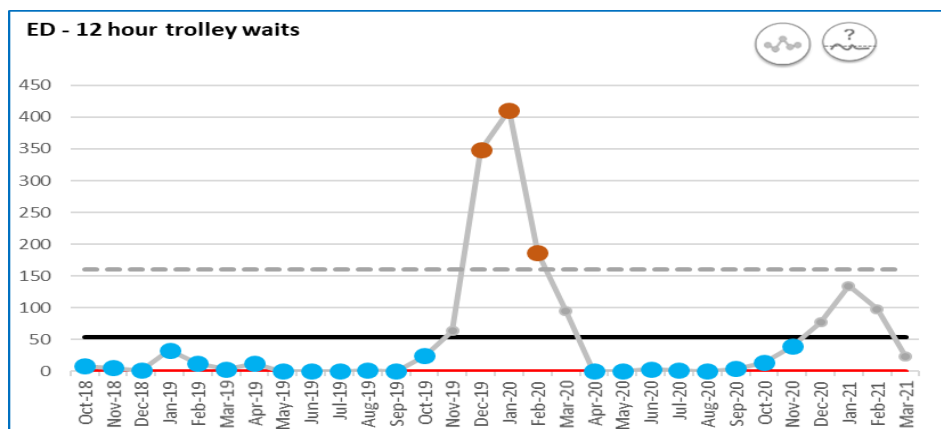
March 2021 actual performance
23
Variance Type
Common Cause
National Target
0
Target / Plan Achievement
The target was breached this month

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a patient experience and outcome measure	Performance has improved and is returning towards delivery of the target	Flow out of ED into available ward beds	Increased use of discharge lounge, morning and before 5pm discharges to release beds for new admissions	See actions

Ambulance handover> 60 Mins
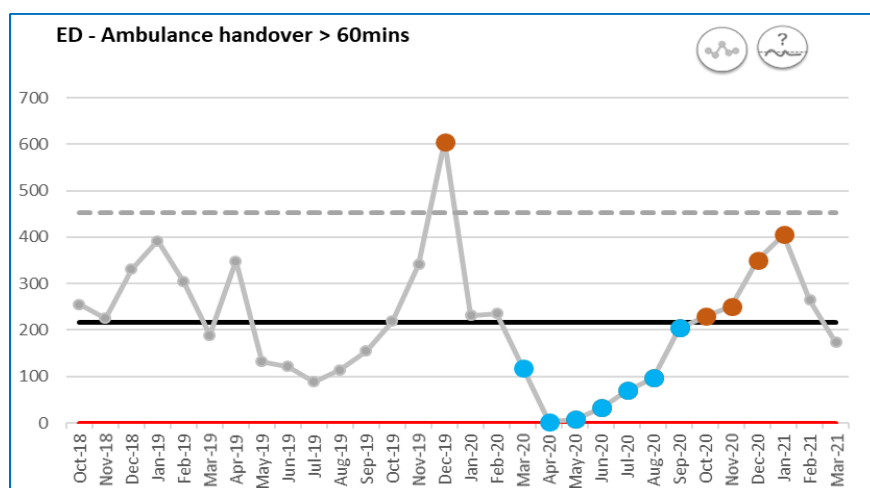
March 2021 actual performance
174
Variance Type
Common Cause
National Target
0
Target / Plan Achievement
The system is not capable of delivering this target consistently

| Background	What the Chart tells us	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety. Also supports the community response to 999 calls by releasing ambulances to respond.	Improvement is demonstrated in the number of delays, however this is still well above target	Flow through the system resulting in cubicles being full in ED and so impacting off-load from ambulances	Senior nursing priority for improvement in Q1.\n\nActions being taken as described for 12 hour trolley waits to improve flow	Clinical review process for patients while waiting

Bed Occupancy

Bed Occupancy - G&A

March 2021 actual performance
78.0%
Variance Type
Special Cause improvement
National Target
92%
Target / Plan Achievement
Occupancy continuing to be lower than pre-covid-19

SaTH Bed Occupancy Trajectory vs 96% available G&A beds (exc restricted beds)

Background	What the Chart tells us	Issues	Actions	Mitigations
Bed occupancy is an important measure indicating the flow and capacity within the system	Bed occupancy has stabilised at a lower level than pre-covid-19	Improvement in performance for ALOS and long stay patients is contributing to a lower bed occupancy	Continual focus on discharge improvements

Working with partners on timely discharge, embedding principles of discharge to assess and right to reside criteria. | See actions |

Operational Performance Benchmarking

KPI	Latest month	Actual Performance Ranking	Performance	Lower process limit	Upper process limit
A&E - Left without been seen (out of 120)	Feb 21	60		30	77
A&E - 4 Hour Standard (Type 1) (out of 110)	Mar 21	102		94	114
A&E - Reattendance Rate (out of 120)	Feb 21	13		3	26
Cancer 2 Week (out of 124)	Feb 21	103		49	122
Cancer 2 Week Breast Symptomatic (out of 116)	Feb 21	107		27	132
Cancer 62 Day Classic Metric (out of 124)	Feb 21	54		18	127
Cancer 62 Day Breast Cancer (out of 121)	Feb 21	117		1	147
Cancer 62 Day Lower Gastrointestinal Cancer (out of 123)	Feb 21	40		-1	114
Cancer 62 Day Lung Cancer (out of 120)	Feb 21	87		13	133
Cancer 62 Day Other Cancer (out 124)	Feb 21	18		31	131
Cancer 62 Day Skin Cancer (out 117)	Feb 21	51		28	136
Cancer 62 Day Urological Cancer (out of 121)	Feb 21	35		21	136
Diagnostic 6 Week Standard (out of 124)	Feb 21	87		31	96
Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 123)	Feb 21	8		3	39
Diagnostic 6 Week Standard - Audiology Assessments (out of 112)	Feb 21	71		5	102
Diagnostic 6 Week Standard - Urodynamics: pressures & flows (out of 99)	Feb 21	58		4	93
Diagnostic 6 Week Standard - Respiratory physiology : sleep studies (out of 93)	Feb 21	1		29	115
Diagnostic 6 Week Standard - Magnetic Resonance Imaging (out of 124)	Feb 21	109		42	107
Diagnostic 6 Week Standard - Computed Tomography (out of 124)	Feb 21	94		22	116
Diagnostic 6 Week Standard - Non-obstetric ultrasound (out of 124)	Feb 21	109		31	121
Diagnostic 6 Week Standard - Colonoscopy (out of 124)	Feb 21	29		-6	82
Diagnostic 6 Week Standard - Flexi sigmoidoscopy (out of 123)	Feb 21	39		-7	82
Diagnostic 6 Week Standard - Cystoscopy (out of 121)	Feb 21	68		-4	99
Diagnostic 6 Week Standard - Gastroscopy (out of 124)	Feb 21	35		3	76
RTT 52 Week Breach (out of 123)	Feb 21	81		54	79
RTT Incomplete 18 Week Standard – (out of 123)	Feb 21	103		36	78
RTT Incomplete 18 Week Standard Metric - Gynaecology (out of 122)	Jan 21	91		36	82
A&E Time to Initial Assessment (Out of 110)	Feb 21	17		-1	79

A&E - 4 Hour Standard (Type 1) (out of 110)

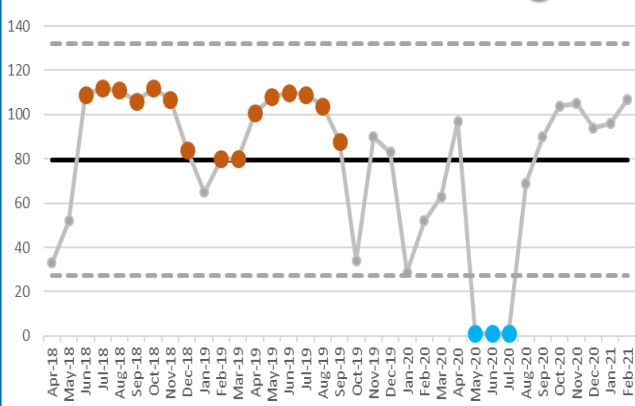A&E - Left without been seen (out of 120)
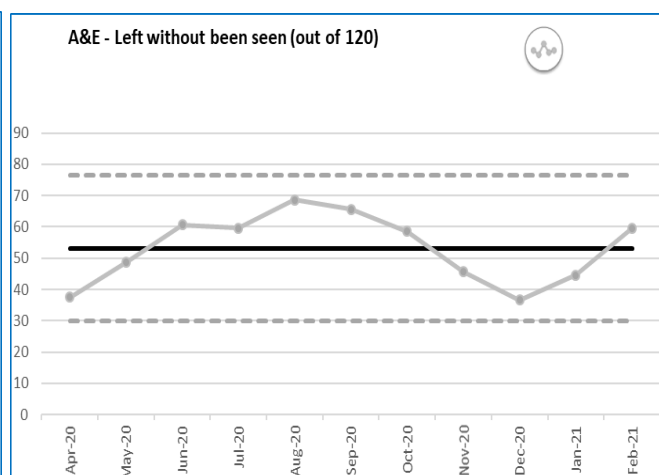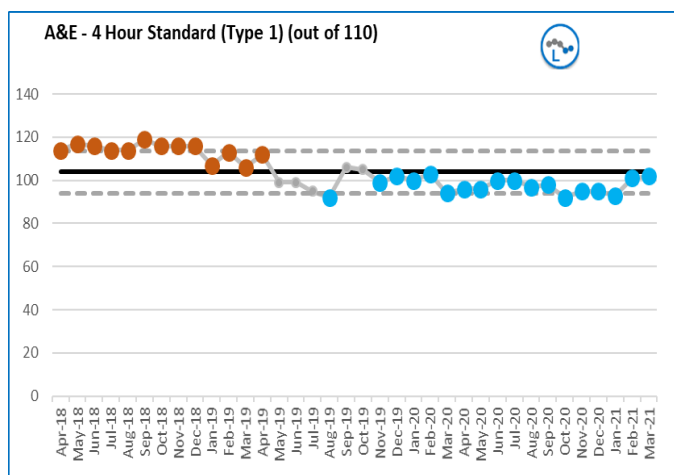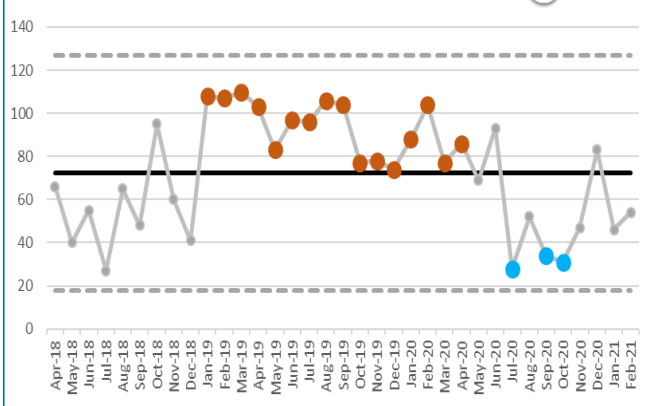
A&E - Reattendance Rate (out of 120)
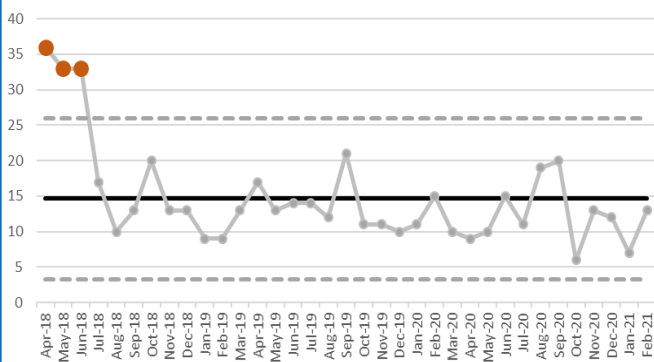
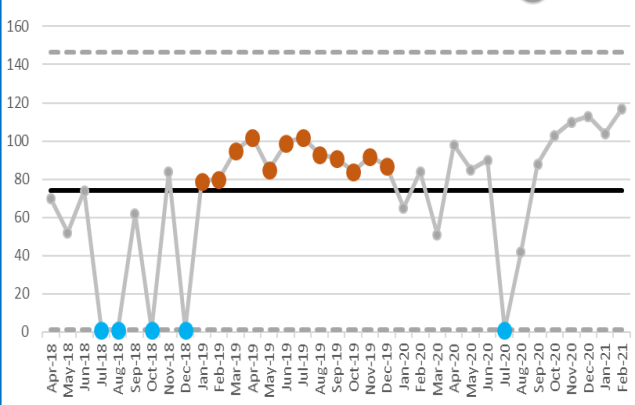**Cancer 2 Week (out of 124)**
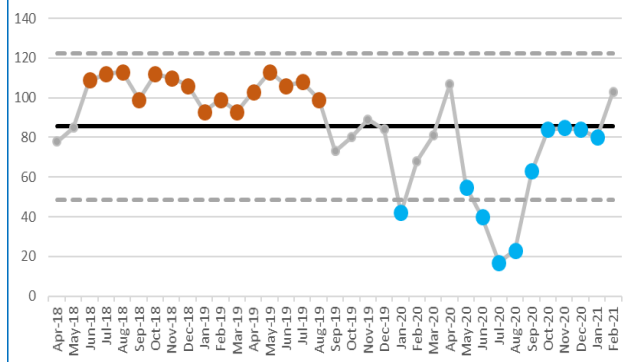
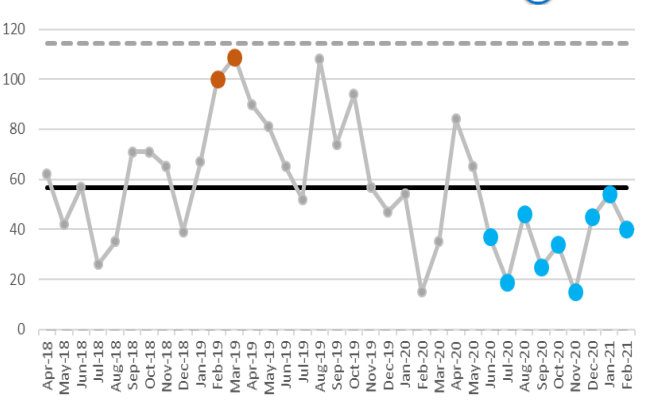**Cancer 2 Week Breast Symptomatic (out of 116)**

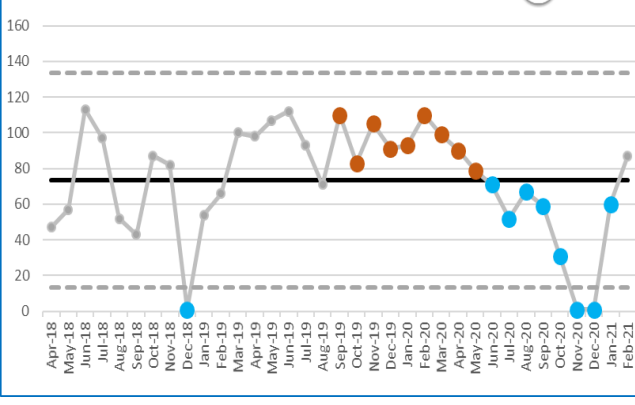**Cancer 62 Day Classic Metric (out of 124)**
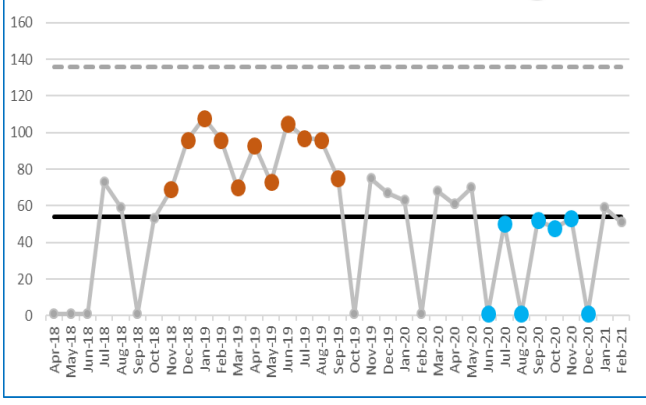
Cancer 62 Day Breast Cancer (out of 121)
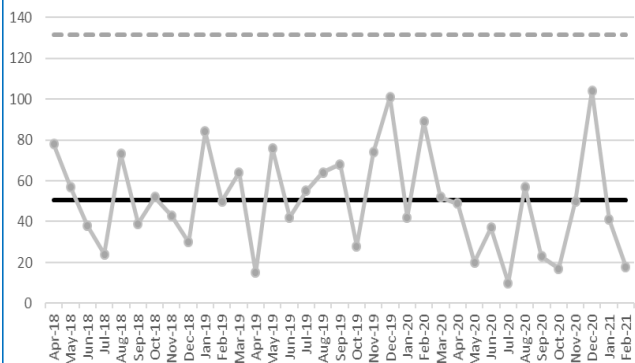
Cancer 62 Day Lower Gastrointestinal Cancer (out of 123)
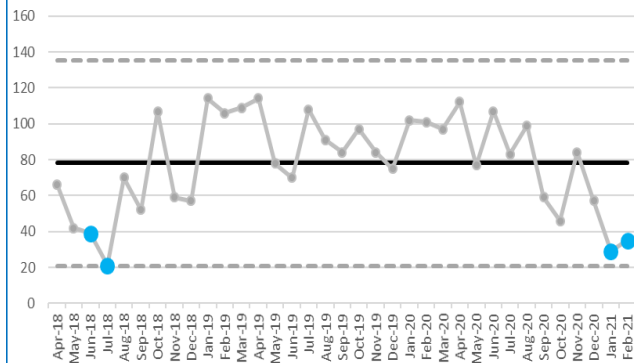
Cancer 62 Day Lung Cancer (out of 120)
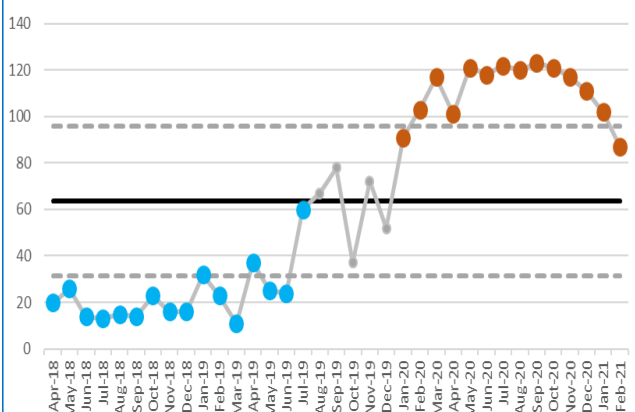
Cancer 62 Day Skin Cancer (out 117)

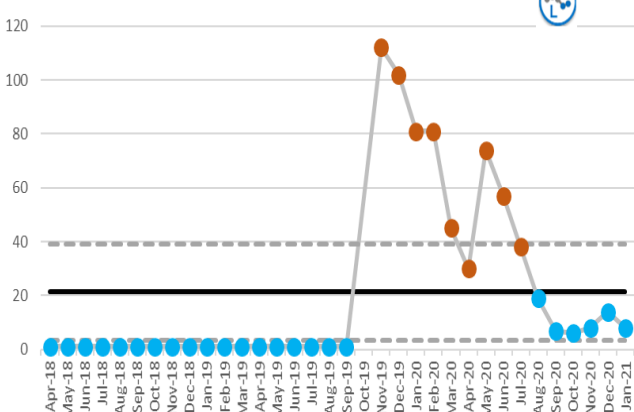**Cancer 62 Day Other Cancer (out 124)**

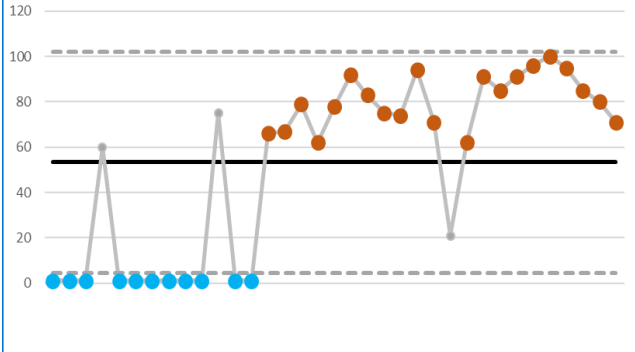**Cancer 62 Day Urological Cancer (out of 121)**

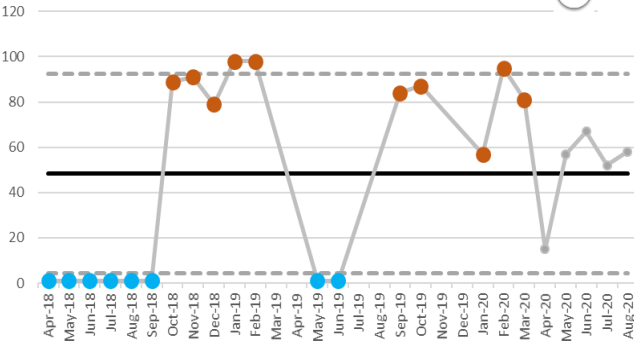**Diagnostic 6 Week Standard (out of 124)**

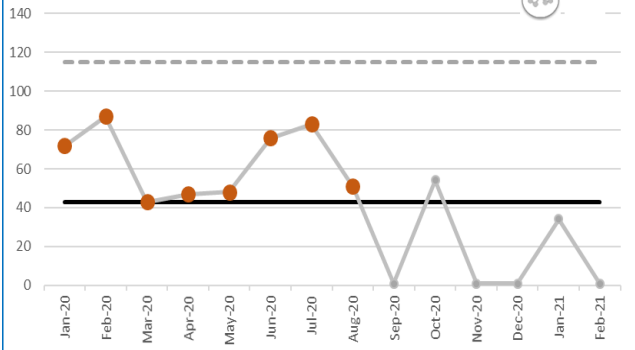**Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 123)**

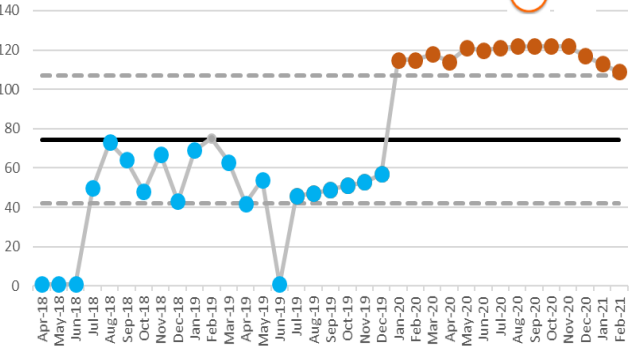**Diagnostic 6 Week Standard - Audiology Assessments (out of 112)**

Diagnostic 6 Week Standard - Urodynamics: pressures & flows (out of 99)
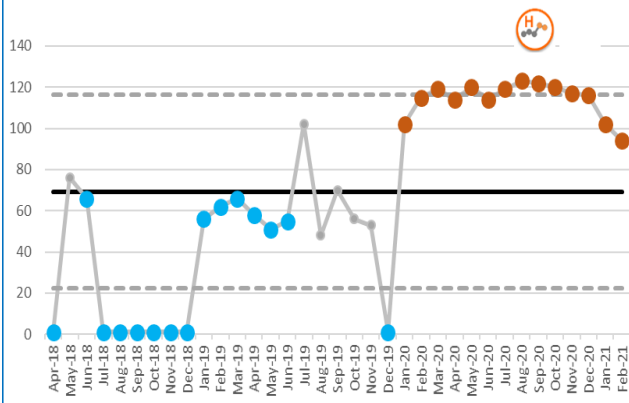
Diagnostic 6 Week Standard - Respiratory physiology : sleep studies (out of 93)

Diagnostic 6 Week Standard - Magnetic Resonance Imaging (out of 124)

Diagnostic 6 Week Standard - Computed Tomography (out of 124)
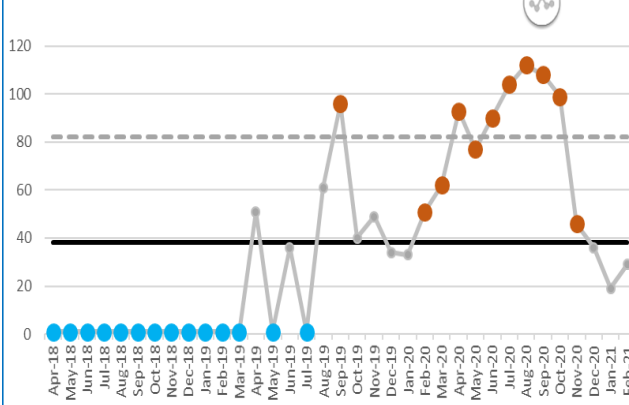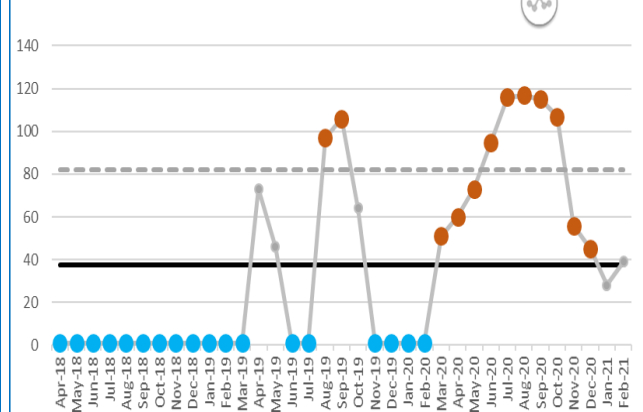
Diagnostic 6 Week Standard - Non-obstetric ultrasound (out of 124)
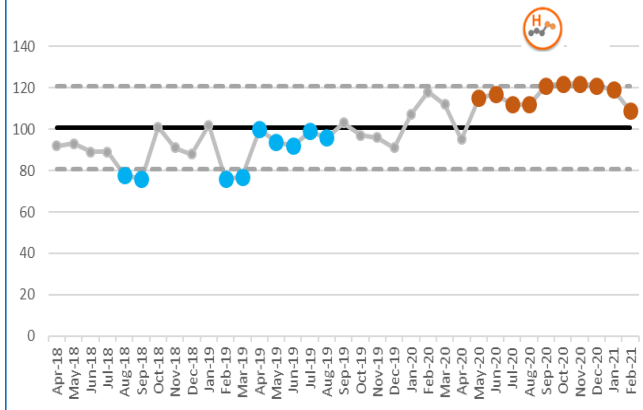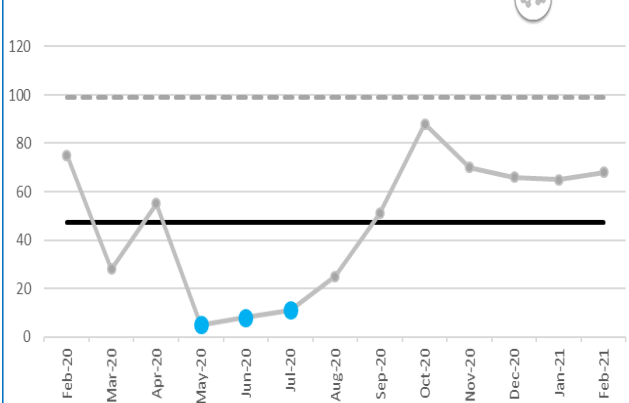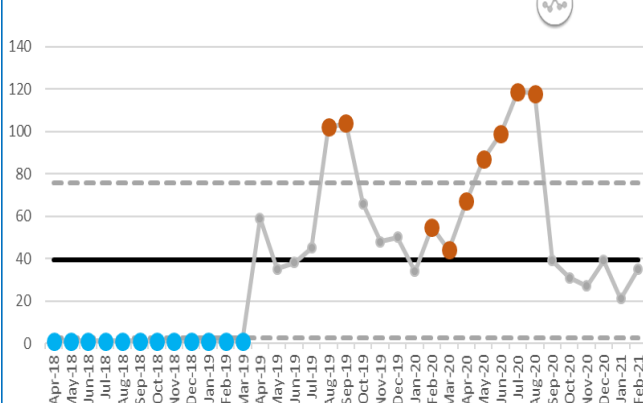
Diagnostic 6 Week Standard - Colonoscopy (out of 124)

Diagnostic 6 Week Standard - Flexi sigmoidoscopy (out of 123)
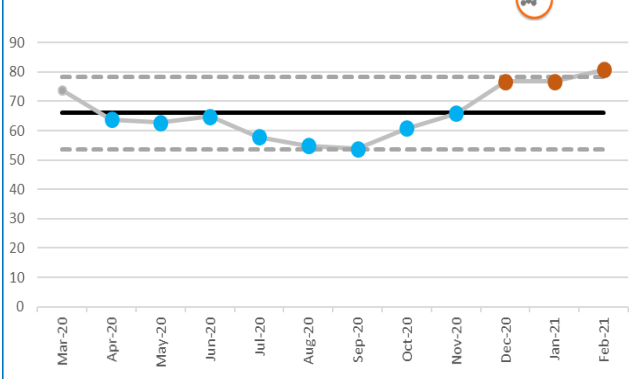
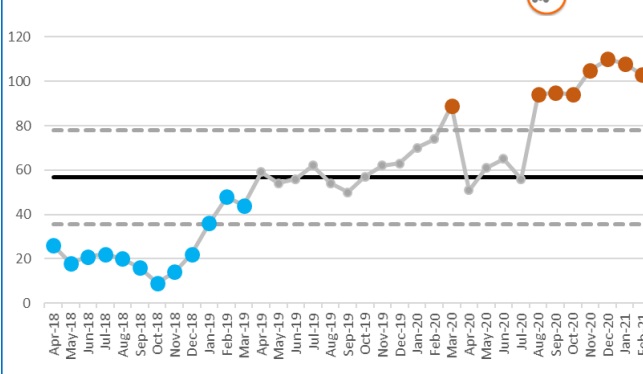Diagnostic 6 Week Standard - Cystoscopy (out of 121)

Diagnostic 6 Week Standard - Gastroscopy (out of 124)

RTT 52 Week Breach (out of 123)

RTT Incomplete 18 Week Standard – (out of 123)

7.0 Workforce Summary
Rhia Boyode, Director of Workforce

- Covid-19 sickness levels have reduced by 1.21% from February and now stand at 2.86% across the Trust. Non Covid-19 sickness is below target at 3.96%, and has continued to reduce since December 2020.

- The Mandatory Training compliance rate remains below the 90% target at 85%. However, increased management focus meant that performance did not decline as steeply during the third wave.

- Corporate Induction is being restarted in April 2021 as part of our post-Covid-19 restoration programme. It will run virtually and will include an introduction to the Trust and its values as well as covering other critical topics, such as improving patient experience and Equality, Diversity and Inclusion.

- We have launched a second conversation to support our Behavioural Framework and further develop our behavioural standards. The conversation closes at the beginning of April. The development of 'Commissioning of Courageous conversations' and 'Giving and Receiving feedback' workshops are nearing completion, with roll out planned for April 2021.

- To support our staff as the third wave of the pandemic subsides, we have developed our Pathway from the Pandemic and taking a Restore, Recover and Renew approach. Examples of activity this month include preparations to support staff returns from redeployment or shielding, recognition for staff providing mutual aid or being redeployed and supporting staff to take annual leave.

- We have also developed a briefing session for managers "Supporting staff in distress" which will inform and develop understanding of Mental Health & Psychological First Aid, Non-judgemental Listening Skills, REACT Mental Health Conversation Model, Trim Assessment, Debriefing, Suicide Prevention and Self-Care, Health & wellbeing resources and Appraisal & Attendance Management. The first of these sessions will run in April 2021.

- The Trust has launched our Covid-19 Hero awards through which we will recognise our people and achievements. The nominations are open to all, either teams or individuals, recognising their efforts over the last 12 months.

WTE employed
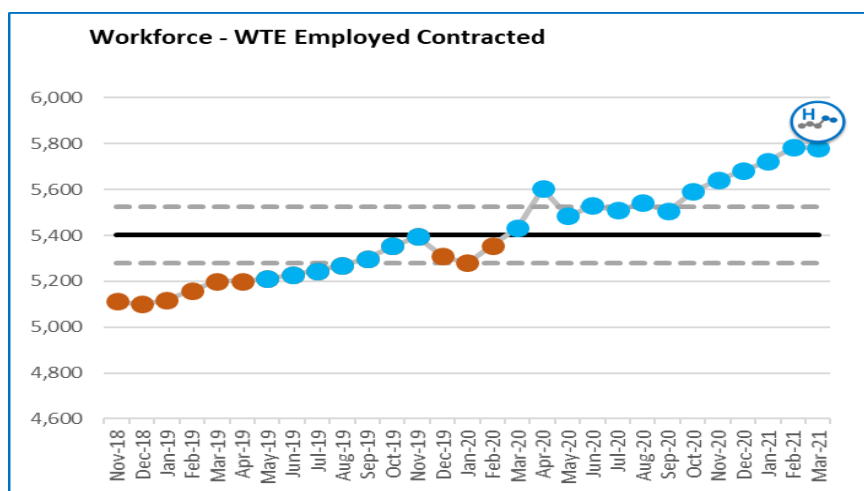
March 2021 actual performance	
5781	
Variance Type	
Special cause Improvement	
Local Target	
6173	
Target / Plan Achievement	

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the WTE contracted staff in post.	WTE numbers show continuing improvement with March maintaining consistent staffing levels.	Although overall WTE numbers have continued to increase, staffing demands have also increased alongside this. Staffing demands have been increased by high patient activity levels linked to the pandemic, combined with the staffing requirements of the vaccination programme. Staff absences attributed to covid continue to present challenges to staffing levels.	Recruitment activity continues at pace including encouraging expressions of interest	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

Temporary/ Agency Staffing
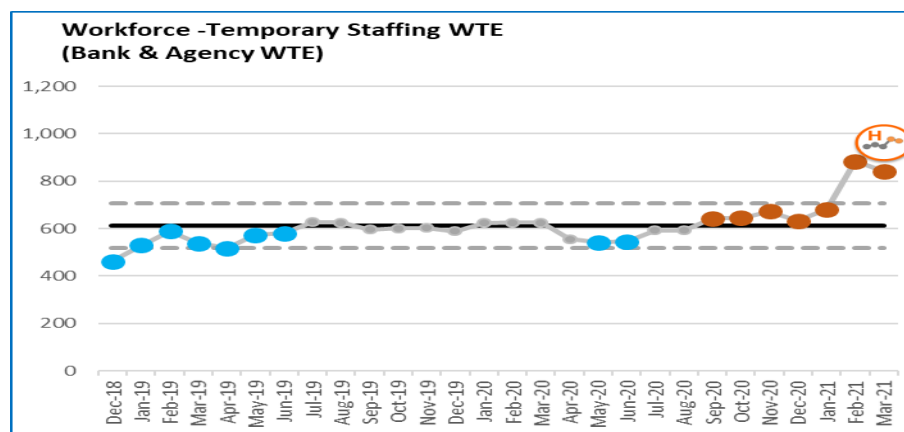
March 2021 actual performance	
842	
Variance Type	
Special Cause Concern	
National Target	
N/A	
Target / Plan Achievement	

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of agency and bank usage expressed as an WTE	Special cause concern over Winter period with high usage continuing through March.	Covid-related absences continue to present staffing challenges along with high patient acuity levels and escalation	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

Vacancies
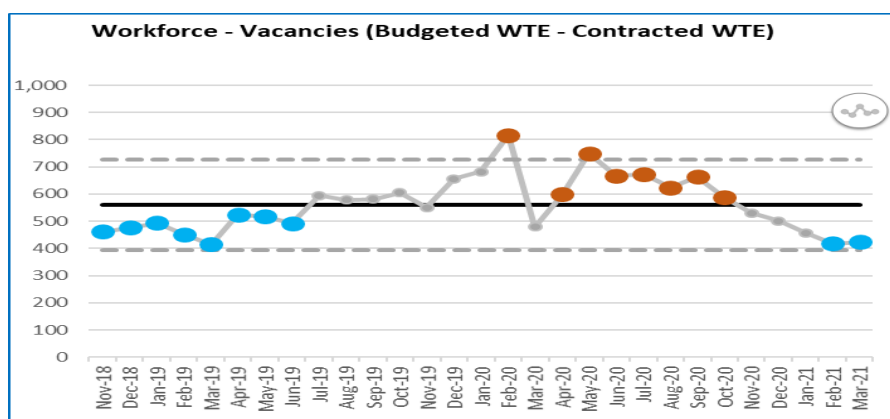
March 2021 actual performance
424
Variance Type
Special Cause Variation
National Target
<10%
Target / Plan Achievement
Better than target level of performance

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the gap between budgeted WTE and contracted WTE.	Special cause variation n Mar-21 due to ongoing reduction in vacant posts	Shortfall in gap between contracted WTE and budgeted WTE continues to put pressure on bank and agency usage.	Continue recruitment activities to increase contracted WTE staffing levels.	Recruitment activity continues to reduce workforce gaps. Use of temporary staff to cover vacant posts.

Staff Turnover Rate (excluding Junior Doctors)
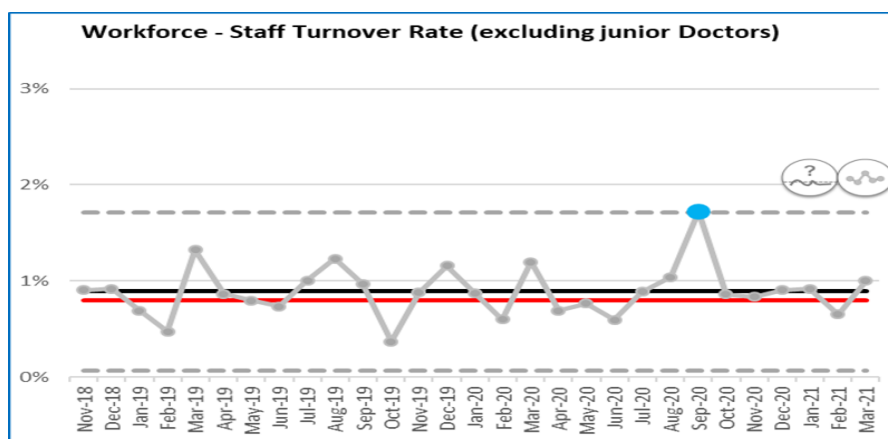
March 2021 actual performance
1.0%
Variance Type
Normal Variation
National Target
0.9%
Target / Plan Achievement
Below target level of performance

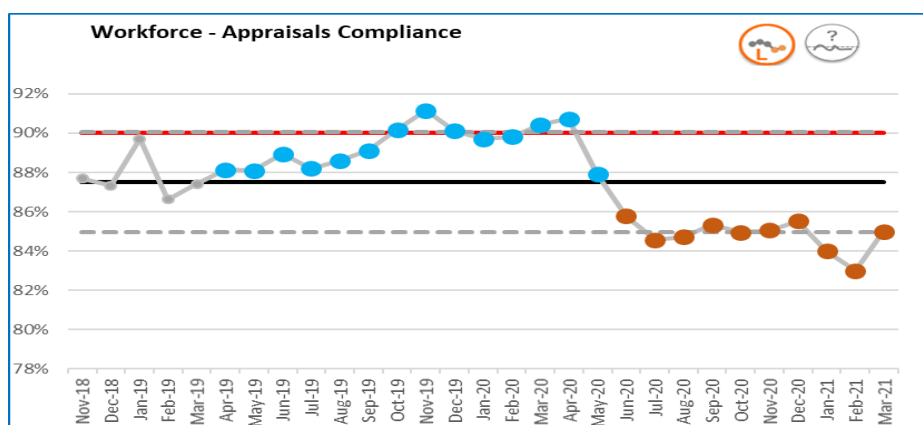| Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of the % of staff who have left the organisation	The % of staff who are leaving the organisation remains at fairly consistent levels	The number of staff who leave within the first 12 months of starting remains high; 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 those who have left over the last 12 months was due to a reason of work life balance, which was the highest reason for leaving; within this 30% (10 FTE) had less than 12 months service. Across all staff groups 25% (28 FTE) of those who leave within the first 12 months is due to a reason of work life balance.	Interventions in place to try to identify potential leavers prior to leaving. Opportunity to complete exit questionnaires to help learn lessons from why people are leaving. Review recommendations within the NHS People Plan regarding supporting staff to adopt flexible working practices.	Recruitment activity to help ensure minimal workforce gaps Utilisation of temporary workforce to maintain suitable staffing levels

Appraisals

Workforce - Appraisals Compliance

March 2021 actual performance
85%
Variance Type
Special Cause
National Target
90%
Target / Plan Achievement
Below target level of performance

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their annual appraisal.	The 90% target was achieved January to April 2020 then started to drop and has remained below target, with a 2% increase this month, following a decrease in winter / covid pressures.	CV-19, staffing constraints and service improvement have reduced ability of Wards to release staff for training	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 and health and well-being and flexible working discussions.

Mandatory Training

Workforce - Mandatory Training

March 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

| 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 %
85%	94%	80%	90%	88%	73%	58%	86%	92%	91%	80%	85%	85%

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.	Progress towards regaining 90% target has stalled.

Safeguarding training compliance continues to improve month on month. | 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 Hygiene moving from triennial to annual

Poor IT literacy impacting on e-learning completion

Some data validation issues. | Corporate Education is working with Divisions to identify and reduce data conflicts.

Corporate Education is supporting Ward/Dep managers to prioritise and schedule training completion

Corporate Education requested proxy facility to support remote e-learners effectively

New Learning Management System purchased – implementation started.

E-learning reminder sent to all staff who are non-compliant. | E-learning and workbooks offered as alternatives to face to face training

Requirements made more transparent and newsletters to staff are signposted more clearly

Libraries supporting learners to access e-learning

Phone support for e-learning |

Trust MCA – DOLS & MHA
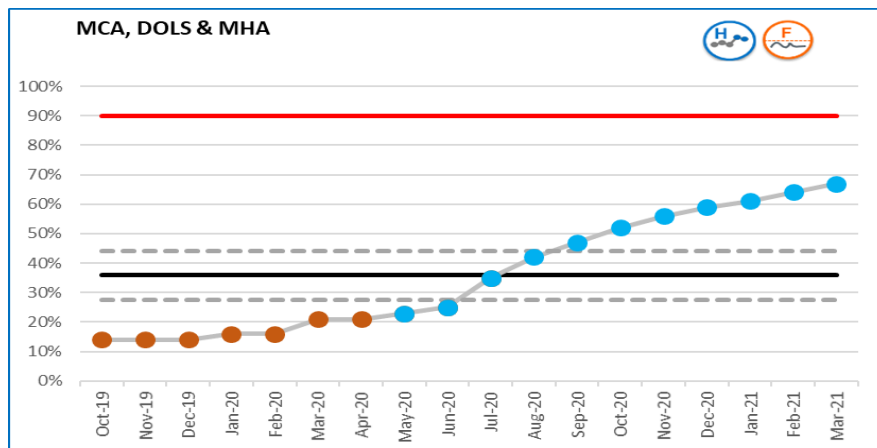
March 2021 actual performance
67%
Variance Type
Special Cause Improvement
National Target
90%
Target / Plan Achievement
Improving but below target

Safeguarding
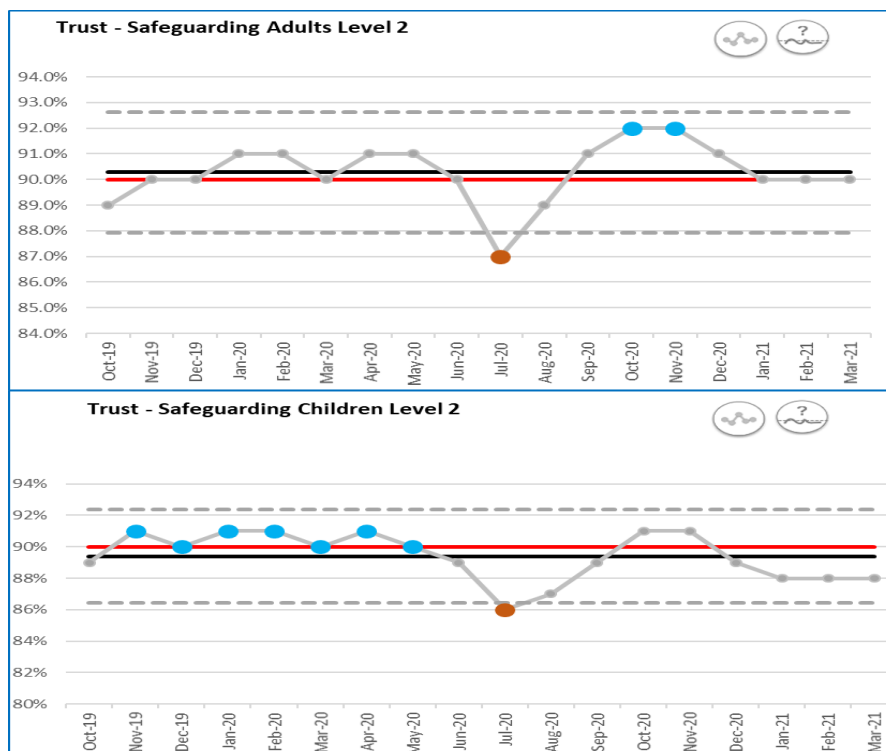
March 2021 actual performance
90%
Variance Type
Common Cause
National Target
90%
Target / Plan Achievement

March 2021 actual performance
88%
Variance Type
Common Cause
National Target
90%
Target / Plan Achievement

Sickness Absence
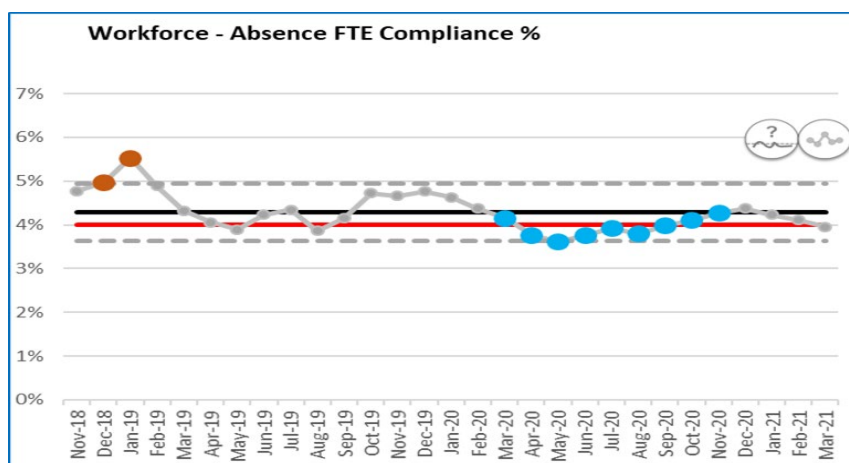
March 2021 actual performance
3.96%
Variance Type
Common Cause Variation
National Target
4%
Target / Plan Achievement
Performance improved to deliver national target

| 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 – Mar21 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 3.96% for February equates to 235 FTE of which 36% (87 FTE) is attributable to mental health reasons. Staff group of additional clinical services has the highest sickness rate at 5.8% (67 FTE). Sickness levels lower than anticipated due to the numbers of staff absent as a result of covid-19 related issues.	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
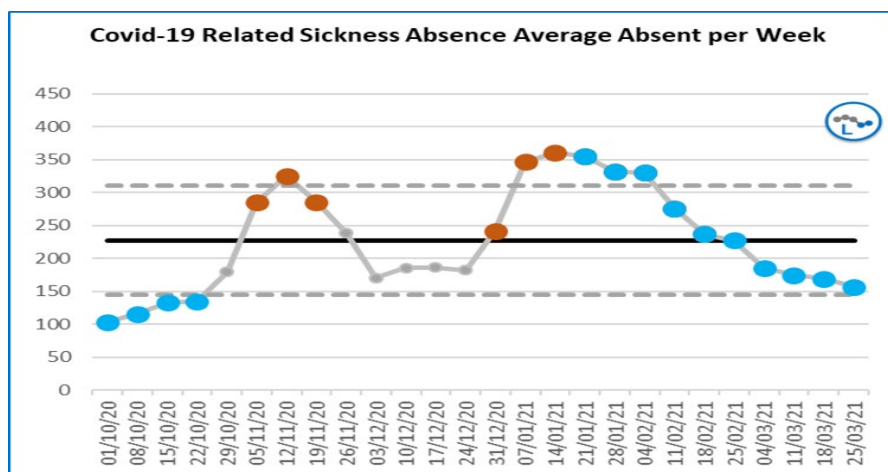
31St March 2021 actual performance
157
Variance Type
Special Cause improvement
National Target
N/A
Target / Plan Achievement

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 improvement through February and March.	Covid-19 positive cases have continued reduce through March. Covid absence rate of 2.8% (175 FTE) throughout March with an average of 1 colleague returning a positive test result per day.	Continue to encourage staff to follow government guidelines on isolation periods. Ensure PPE adherence and encourage social distancing. Continue to monitor numbers of staff undertaking LFT testing and Covid vaccine uptake.	Maintain social distancing, regular and timely staff testing. identification of positive cases and effective contact tracing.

8.0 Finance Summary
Helen Troalen, Finance Director

- The Trust reported a net surplus in the statutory accounts key data return of £4.213m at the end of the 2020/21 financial year. However, it is important to note that this position included £7.965m of technical adjustments linked primarily to the recent estate valuation, which increased by £55m relative to the previous valuation. This resulted in a positive 'below the line' impact for those assets which had increased in value but had previously been impaired (£6.797m). Conversely, the PDC was higher as a result (£1.2m).

- The Trust's adjusted financial positon, for performance purposes, was a deficit of £3.752m at the end of March, which was £3.972m favourable to the Trust's £7.724m planned deficit. Expenditure slippage linked to planned investments underpins this position.

- It is worth noting that the Trust received a number of key income allocations during March, following confirmation from the national NHSE/I finance team. These included:

  - £5.995m to fund the impact of the unused annual leave carry forward (offset by expenditure provision)

  - £1.544m to compensate for the lost non-NHS income during H2

  - £0.730m funding for overtime payments linked to a legal case (N Flowers and others v East of England Ambulance Trust) (offset by expenditure provision)

  - £12.029m central allocation linked to the additional employers pension contributions (offset in full by corresponding expenditure)

- It should also be noted that the Trust received £3.111m of additional income from the STW system in the month, partly to support the Trust's COVID-related expenditure pressures.

- Excluding costs relating to the vaccination and testing programmes, the Trust spent £20.382m on COVID-related expenditure during the year against a COVID funding envelope of £19.845m. Backfill for higher sickness levels and increased ITU capacity account for the main areas of expenditure.

- Total capital spend for 2020/21 was £42.968m against a CRL of £43.022m. The overall capital expenditure in the year was c£20m above the previous year's programme. The Trust having received additional capital funding to support a number of schemes including investment in urgent and emergency care (£8.300m), critical infrastructure (£5.756m), diagnostics (£3.975m) and other COVID-related (£1.897m).

- The Trust held a cash balance at the end of March of £15.405m which was significantly above the Trust's EFL. However this is acceptable given the temporary financial regime and the timing of a number of significant funding flows late in the financial year. The Trusts EFL will be adjusted prior to finalisation of the accounts.

- The Trust's payment performance against the Better Payment Practice Code deteriorated slightly this month with 91.5% by number but improved to 95% by value of undisputed invoices being paid within 30 days. In addition, 36% and 64% respectively of all invoices were paid within 7 days.

Capital Expenditure
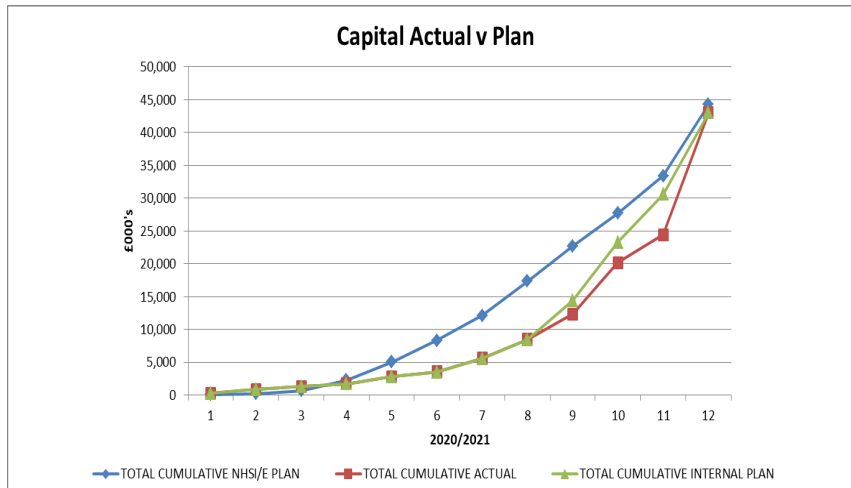
March 2021 actual performance
Spend year to date is £42.968m
Variance Type
Underspend
SATH Plan
£43.022m (revised Internal Plan)
Target/ Plan achievement
To meet the Trust's Capital Resource Limit (CRL) at year end.

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust's total Capital Resource Limit (CRL) is £43.022m.	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 Trust is not permitted to overspend its CRL. The Trust underspent by £0.054m.	The expenditure in M12 was high due to the profile of the delivery of the Capital Programme.	N/A	N/A

Agency Spend v NHSEI ceiling
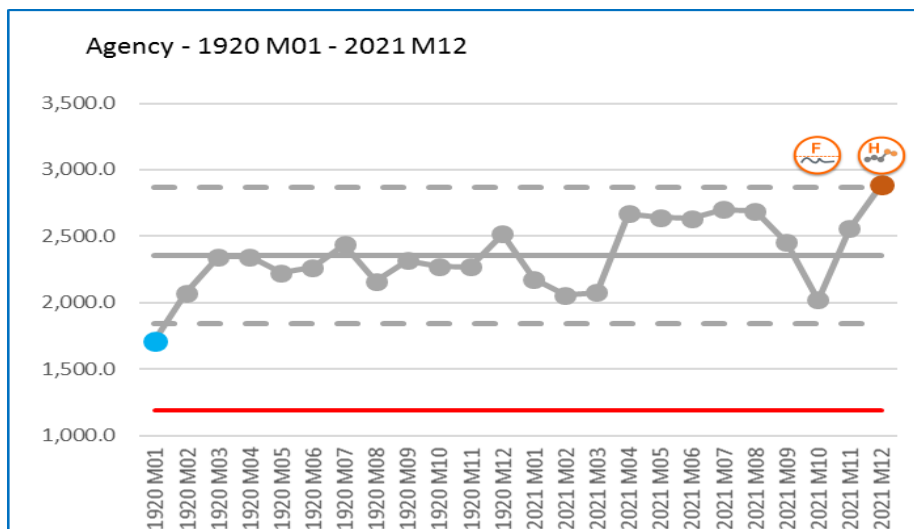
March 2021 actual performance	
£2.855m	
Variance Type	
Special Cause	
National Target	**SATH Plan**
£1.186m	£2.204m Control Total
Target/ Plan achievement	
£1.669m adverse variance	

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 months 11 & 12 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).	Develop measurable metrics and action plans to understand where we can control agency spend Build on increased medical bank fill rates since implementation of Locums Nest Deliver year one of Recruitment and Retention strategy to increase substantive workforce and improve retention levels.

Payments -7 day volume and value
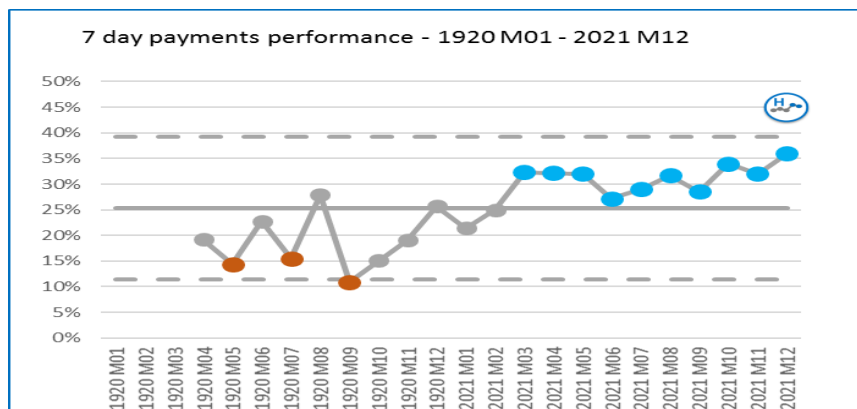
March 2021 actual performance	
36% Volume 64% value	
Variance Type	
Common Cause	
National Target	**SATH Plan**
No national target	7days
Target/ Plan achievement	
N/A	

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 March 36% of invoices in volume (M11: 32%) and 64% in value (M11: 49%) were paid within 7 days. Significant improvement on performance 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	The number of payments per week has been increased to accelerate payments to suppliers An e-mail has been sent to approvers in Oracle to remind them that they should set a vacation rule within Oracle when they are absent to ensure invoices can still be approved in their absence	N/A

9.0 Transformation Summary
Chris Preston, Interim Director of Strategy and Planning

- Across the 25 projects, the status of 12 have remained consistent in period, eight have improved and five projects have worsened. The five that have worsened are 2. Reducing Mortality and Excess Deaths; 18. System Improvement and Integration Plan; 20. System Long Term Plan; 21. Oversight Assurance, Roles and Accountabilities; 24. Risk Management. Explanations for the changes in performance ratings are contained in the status update below. In summary, capacity and system dependencies have been the main constraints as opposed to any new material concerns.

- To ensure we keep track of changes to milestones, dates, outcomes or benefits, highlight reports include a section in which to request minor changes. 16 minor changes were approved by the various Executive Sponsors (through the Getting to Good Challenge Sessions / Committee).

- There are 50 milestones due in April 2021, currently two of these are forecast as RED. One is the drawdown of funding to support the delivery of the SOC within the Finalise SOC for HTP objective (19), where feedback is still outstanding on the submitted funding request. The other is the review of sub-committees with the Oversight, Assurance, Roles and Accountabilities objective (21).

- Following sign off by SLC last period of the extended Year 1 plans through to June 2021, work has commenced 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 at the June 2021 SLC meeting.

BRAG ratings are based on progress towards overall delivery objectives:

BRAG RATINGS	PROJECT / MILESTONE:
BLUE	Complete
GREEN	No material performance concerns
AMBER	Material risk(s) of non-delivery of objectives or targets, robust plans in place to mitigate and/or recover
RED	Material risk(s) of non-delivery of objectives or targets, without clear plans to mitigate and/or recover
PURPLE	Paused as a result of COVID pandemic

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

FULL PROJECT STATUS	FEBRUARY	MARCH	TREND BETWEEN PERIOD		
			IMPROVING	CONSISTENT	WORSENING
GOOD	11	13	8	12	5
REASONABLE	13	12			
BELOW REQUIRED	0	0			
PAUSED	1	0			
COMPLETE	0	0			
TOTAL	25	25			

RAG STATUS AT PROJECT LEVEL

G2G Programme		UHB QIP Priority	RAG Status		Update on progress
			Previous Overall	**Current Overall**	
1.	**Quality Strategy and Plan**	*b. Develop the leadership capacity of SaTH* *c. Clinical improvement plans*	🟧	🟧	The Draft Quality Strategy is due to be presented to Board in March for final sign off. The delivery of milestones due this period has been delayed slightly due to focus being diverted to responding to CQC requirements during the month of March, however plans are in place to ensure delivery of these milestones in the next period. As such baseline metrics have been established and Initial engagement has taken place with the Patient Engagement Team to develop mechanisms for patient feedback around care quality as part of the qualitative measures to be included. The review of QOC is ongoing with feedback being sought from the membership.
2.	**Reducing Mortality and Excess Deaths**	*d. Determine standards for clinical services* *i. Developing a communications and engagement strategy*	🟩	🟧	Two training sessions for the SJR Plus Mortality Review Tool were held on 23d Feb and 2nd March. These were well attended by a wide group of clinicians. The key discussion point through March has been the definition of scrutiny plus or minus screening, plus or minus Structured Judgement Review. The change in the way mortality review will be carried out going forwards remains a point of contention as this will have a lesser or greater impact depending on the sub speciality.
3.	**Quality / Regulatory Compliance**	*c. Clinical improvement plans*	🟧	🟧	Throughout March the focus has been on preparing the portfolio of evidence of 9 regulatory conditions imposed within the Emergency Department to present to the CQC for consideration of having the conditions against our registration lifted. The evidence will be presented to the executive team on the 1st April 2021 prior to submission to CQC by 9th April. The team will have an opportunity to discuss their presentation with CQC colleagues at the engagement meeting on 23rd April. In addition a further 2 conditions will be included in the submission. A section 31 was received on 26th February in relation to the management of children and young people presenting with a crises of their mental health condition. This was following an unannounced visit to ward 19 PRH on the 24th February. The Trust has provided supporting information within the required timeframe and are working closely with system partners to address the wider system issues. A section 29a was received on 12th March, again in relation to children and young people. We are now aligning the actions to the wider Trust governance framework, with each identified group being accountable for a suite of actions relative to their role and purpose.
4.	**Maternity Transformation**		🟧	🟧	WS1: Critical care plan scoped and presented to WS4 lead, audit of continued risk assessment begun, new PCSP printed for issuing, new postnatal video acquired & rolled out, successful early implementer bid for Pelvic Health Clinic WS2: 'Making a difference' platform launched, MSW project steering group set up & project midwife recruited, safe space listening exercises held, BCU findings presented WS3: Quality Improvement Matron in post, CGC gap analysis begun, audit requirements of Ockenden delivery established, Ockenden ID 4.97 implemented in NNU

			🟧	🟧	WS4: BCU interim findings presented, partnership with UHB set up to aid with the quantitative research element WS5: Ongoing MVP meetings, funding agreed for revamp of maternity services website and social media pages, virtual tour of MLU and consultant-led unit created.
5.	**Increasing Community Engagement**		🟩	🟩	Our monthly community update meeting was well attended in March with over 40 members of the public in attendance (including members of HOSC, Healthwatchs CHC and patient groups). Funding has been approved to use the Clever Together Platform to engage with the Public around the development of our Public Participation Plan. The platform will go live to the public at the end of April for 4 weeks. Nearly 50 people attend our virtual health lecture by Mike Ford on "Mental Health in an Acute Hospital" (with individuals signed up from Canada, America and Australia). Our Social Inclusion Facilitator is strengthening links with members of our Polish community and individuals/employers who support migrant workers. A health economy-wide meeting was set up following concerns raised by the Polish community about the COVID19 vaccine. Links have been made to support Syrian Refugees within our community to become more involved with the Trust (e.g. through volunteering etc.). Our quarterly Community meeting was attended by over 35 people, and had a presentation about the local COVID19 Vaccine programme and the Director of Midwifery came to talk about improvements within maternity. We supported Corporate Nursing to engage with our communities around the Quality Strategy and action plan. We have met with the HOSC Chair's to discuss better partnership working, and how we can ensure that they are kept up to date with development within the Trust. The Trust's Response Volunteer Scheme has over 76 volunteers and in February over 1216 hours of time was given by volunteers involved in this scheme.
6.	**Quality Improvement Approach and Methodology**		🟧	🟩	The KPO team is now undergoing the implementation phase as it moves towards repositioning the team into a Consultancy model. All 1:1s have taken place and the target date for completion is mid-April. Once this has been completed, the "new" team should have more capacity to take forward this work at pace. The Head of KPO continues to re-engage with Divisions and has general agreement to develop a meeting focussed on delivery of improvements (Transforming Care Delivery Groups). The first "hybrid" Trust Board Genba walks took place this month with very positive feedback received. Due to constraints on attendance on site, particularly from the NEDS, a hybrid session was created combining a virtual and actual visit. This will continue to be developed until such time as all members of the Board are able to attend in person. The KPO team continues to work with staff shortages but is applying itself to provide a wraparound service following the MADE activity as it supports 4 PDSA activities.
7.	**Leadership, Development and Education**	*b. Develop the leadership capacity of SaTH* *d. Clinical leadership model and managerial development;*	🟩	🟩	7a. Leadership - The first triumvirate programme cohort took place during March, we have commissioned the design of our management/leadership development programmes and the executive development programme is due for sign off in April. 7b. Organisational Structure – consultations on revised job descriptions for the new clinically led structure continue 7c. Education – The Integrated Education strategy engagement continues ready to be presented to Board for agreement in May. Funding was secured for the LMS system which will enable improved oversight and management of skills and professional development.

8.	**Clinical Standards, Skills and Capability**	*c. Clinical improvement plans; e. Standards for clinical services; f. Benchmarking clinical outcomes and productivity*	🟩	🟩	Programme progressing well with further engagement and consultation with medical workforce, focusing particularly on the development of speciality clinical standards in this period. Challenges identified around the specific outcomes identified and proposed revised wording to reflect realistic and achievable outcomes for year 1 highlighted as a change request below
9.	**Culture and Behaviours**		🟩	🟩	The feedback from the Making a Difference Together shared at SLT and is available for staff to download, the second conversation was launched on 22nd March to agree behavioural framework. The Cultural Journey infographic will be signed off this month and work continues to finalise the cultural improvement plan based on the making a difference together feedback.
10.	**Communication and Engagement**	*i. Comms and engagement strategy*	🟧	🟧	The review of the Communications team is ongoing, and although capacity remains stretched discussions are underway for a possible new Head of Communications who is available immediately, and other temporary and substantive plans are in place to add more capacity to the team. The team are engaging with the BBC regarding a potential Panorama programme linked to the Ockenden Review, and a new Ockenden Assurance Committee chaired by a UHB colleague has been established which the team are feeding into.
11.	**Recruitment & Retention**		🟩	🟩	The remainder of the 19/20 International Nursing recruitment plan will be delivered by May when the final cohort of 6 nurses are in place. The business case for this year is fully approved and we have external funding for this is agreed. Strand B MOU is confirmed for £421, 149k on 4/12/2020 –, no recruitment commenced as internal agreement via business case required before actively recruiting. The Business case was agreed at IIC on 9/2/2021 (160 WTE), the first round of interviews commenced first week in March after liaison and shortlisting with HEE GLP and setting up of multiple interview panels. Strand B plus MOU for £330k received on 4/3/21 (further 40 WTE) . We are aiming to recruit a further 200 WTE Nurses during 2021/22 financial year. The business case approved was for 40 nurses a month from April. This is slightly delayed due to the timing required between interview and checks (8 weeks). There are 65 currently in the pipeline with 16 so far booked to arrive 27/5/21. OSCE's are being booked, allowing for national backlogs, we continued to work with divisions to ensure we are tackling those areas with high numbers of vacancies and temporary staffing spend.
12.	**Urgent and Emergency Care**		🟧	🟩	COVID pressures across the hospital are starting to subside, as the positive effects of lockdown and the vaccination programme take effect. Delivery on the three key UEC work streams continues with good progress being made in all areas. ED are preparing for engagement with CQC, with support from NHSEI, around the presentation of evidence in support of lifting 9 Section 31 conditions for the department, and the UTC has been relocated to PRH from Bridgnorth. Ward flow work progresses with a key focus in month on Community Capacity including a Community MADE, and the SDEC project continues to deliver with the capital work to the fracture clinic and SAU required for the development of a same day surgical pathway all on track for delivery by expected timescales. Planning has commenced in preparation for the roll out of new ED measures, including collaboration around development of a system wide uses dashboard. Clarity has been gained over the targeted delivery timescales of the ED digital system roll out, however detailed scoping is now required to ensure this is achievable.

13.	**Restoration & Recovery**		🟧	🟧	Demand and capacity modelling and segmentation of the backlog is underway to develop proposals for recovery and to share with the CCG and establish financial implications. The Restoration and Recovery Steering Group has been re-established to guide the recovery of elective and diagnostic services, and the operational sub groups covering diagnostics, outpatients and elective (including theatres, cancer and critical care). A review around requirements and options for the use of the independent sector to include insourcing and outsourcing is underway and will feed into the planning around additional capacity and prioritisation to address the backlog, linking to the CCG for system wide coordination of service recovery and capacity. A Business Case has been submitted for funding to increase the bed capacity, we await the decision from NHSI/E.
14.	**Digital transformation and Infrastructure**	*h. Developing new models to support the development of integrated health and care; k. Implementing joint working with partner organisations*	🟧	🟩	Digital Team deployed in Women's and Children's and progressing engagement with clinicians - flexible training approach developed to ensure that staff can access training externally as well as internally and time to complete training reduced - competence test developed instead of 12 hour face to face training sessions. Revised Digital Roadmap priorities and timescales agreed. Divisional Digital Roadmap discussions in progress.
15.	**Physical capacity and estates development**		🟩	🟩	The overall programme is progressing well against the plan.
16.	**Service Sustainability**		🟧	🟩	Approval at Innovation and Investment Committee on the 9th March to go out to external procurement for data intelligence pack support. Paperwork completed, milestones adjusted accordingly (see change request) and progress anticipated as per current BRAG
17.	**Using Technology to optimise Outpatient efficiency and experience**		🟪	🟧	Having been dormant for the last few months due to the pressures from the COVID pandemic, this workstream has only just been reactivated. Under a new SRO, the opportunity has been taken to re-evaluate the outcomes, benefits and risks. It is felt that, now, the workstream title, scope and KPIs better reflect the complexities and subtleties of the interrelated requirements.
18.	**System Improvement and integration plan**		🟩	🟧	System Improvement Plan: many of the immediate actions are being tracked through the UEC group. The system has undertaken a review of its governance structure this month, including the ICS sub committees for assurance and the operational meeting framework to support delivery of the system priority improvement programmes. System Annual Integrated Plan 21/22: Baseline system planning assumptions have been agreed at a system level. Representatives from SaTH attended a System Intervention workshop on 19th March to discuss interventions that can be taken as a system in the next 12 months to support the delivery of the System's annual integrated plan. The next step will be a system review of the investments that have been put forward by providers. SaTH will be clinically prioritising its proposed investment prior to a wider system discussion. On 25th March National planning guidance was published requesting all systems to submit activity, workforce and finance plans for the first half of the year with a draft to be submitted by 6th May.

			🟩	🟧	Partnerships: the Trust signed a memorandum of understanding with University of North Midlands NHS Trust to deliver and improve pathology services for patients across the North Midlands, Shropshire and Mid Wales.
19.	**Revise SOC for Hospitals Transformation Programme**		🟧		Round Table discussion held 12 March with NHSEI and system colleagues. Revised governance structure now in place, with newly established Programme Board held 30 March 21 to progress HTP and wider Future Fit programme of work. System partners have commenced scoping the development of system wide plan and financial recovery plan. Critical path constructed to show key milestones within redevelopment of SOC. Work is progressing to look at how the implementation of HTP can be accelerated. Commenced procurement exercise to appoint external resource to support SOC completion.
20.	**System Long Term Plan**		🟩	🟧	David Stout will be leading the production of the System 10 year plan which needs to be completed by June 2021 and signed off in July 2021 to align with the HTP BC milestones. Scope is being developed and resourcing requirements are being reviewed
21.	**Oversight, assurance, roles and accountabilities**	*g. Developing new working models; j. Clinical quality and risks*	🟩	🟧	To address some of the capacity constraints a senior interim level resource has been identified to provide short term support in the delivery of the key work related to the sub-committee review and associated documentation, band to draft the annual report. Work on the CQC Regulation 17 plan was not delivered as planned in month due to attention being diverted to responding to a new legal notice from the CQC, this action will therefore be carried forward to next month. After detailed discussion with NHSI agreement has been reached over our undertakings and these have been signed off for delivery.
22.	**Strong Financial Foundations**		🟧	🟩	The Trusts Finance and Performance Committee approved a budget for M1 on 30 March based on the funding and financial assumptions guidance received from NHSEI and current forecasts of income and expenditure. A further update will be presented on 27th April before the ICS system H1 budget is approved. Work is ongoing to agree efficiency targets across the system and for the Trust. Future investments will be linked to efficiencies (CIPs) and the process for agreement and approval is being developed by the ICS Investment Group. A breakeven position for 20-21 was reported at M11 as COVID costs reduce and elective recovery begins, with delayed investments due to pick up in H1 21-22. The Level 1 Future Focused Finance accreditation for Finance is now compete and will be submitted for formal approval on 30 April. Achievement reflects the hard work of staff across the Department along with invaluable project support from the Trust's PMO. The Departmental restructure is progressing well and on track with a strong shortlist of candidates interviewed this week.
23.	**Performance data and analytics**	*f. Benchmarking clinical outcomes and productivity*	🟧	🟩	The project team governance and structure has been revised and we have nominated the project team leads, these are in process of being formally agreed. Good progress has been made towards disaggregating IPR KPIs into divisional reporting and move to connecting through the divisional performance reviews. The Divisional PRM data sets are now being produced and discussions between Executives and divisions have taken place to fully implement from April 1st. Work is completing during the beginning of April in finalising the KPIs and agreeing the apportionment of the Trust target performance between divisions so enable trajectories to be

			🟧	🟩	developed at divisional level for the forthcoming year. The work of the Trust on improving its IPR has been recognised by NHSEI, with the Trust being asked to support another Trust to move in the same direction and with our current IPR being used as an example of what can be achieved in a short period of time for a Making Data Count meeting with the CQC Board. Internal are currently reviewing the IPR process and KPMG are also undertaking external audit work on VFM which includes reviewing our use of information. We are actively participating in both audits and providing the auditors with supporting evidence from the IPR.
24.	**Risk Management**	*g. Developing new working models;* *j. Clinical quality and risks*	🟩	🟧	The Risk Management Strategy and Policy have been revised, and are awaiting input from UHB colleagues prior to going for Committee and Board approval. Delays in the recruitment for a substantive Risk Manager was creating capacity shortfall which has now been mitigated by the appointment of an interim senior resource to support in the areas of Risk and Assurance, with responsibility for the delivery of some key actions and milestones. Recruitment for the substantive Risk Manager will continue in the background. As priority was given to CQC legal notices during the period, work on the BAF was slightly delayed and will now be presented for approval in May
25.	**Programme and Project Management**	*i. Providing assurance*	🟧	🟩	The temporary contractual resource was appointed in March and has been exploring the key requirements to develop the Leadership Learning modules in project and programme management that will be embedded into the Leadership Development programme as part of a compulsory training module. Work has also begun to start developing the key milestones required to develop a system solution feasibility assessment based on the single use of one system across all strategic partners.