Board of Directors' Meeting
10 March 2022

Agenda item	038/22			
Report	Integrated Performance Report			
Executive Lead	**Louise Barnett, Chief Executive Officer**			
	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:	QSAC and FPAC during February 2022.			
Dependent upon (if applicable)**:**	N/A			
Executive summary:	This report provides the Board of Directors with an overview of the performance indicators of the Trust to the end of January 2022. 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 that describes the key issues, actions and mitigations being taken to improve the performance. Planned year-end positions have been included in the overall dashboard and planned monthly performance trajectories have been included on a number of the SPC charts. The executive summary is included at the front of the report and metrics reported under functional headings for quality and Safety: Patient Harm, Patient Experience, and Maternity Services. Indicators performing in accordance with plan are included in Appendix 1 for completeness. The overarching dashboard indicates the Committee of the Board that has responsibility for scrutinising the performance of the particular indicator. The Committee is requested to **Discuss** the content of this report.			
Appendices	1.Indicators performing in accordance with expected standards. 2.Understanding SPC charts. 3. Glossary of terms			
Lead Executive				

Integrated Performance Report

Purpose

This report provides the Board 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. Narrative reports to explain the position, actions being taken and mitigations in place are provided for each measure. Following scrutiny by the appropriate Committees of the Board where performance is below expected levels the narrative provides an exception report for the Board of Directors.

The Board of Directors integrated performance report is aligned to the Trust's functional domains and includes an overarching executive summary.

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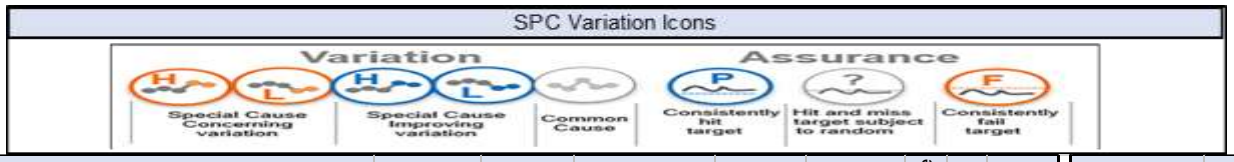
1. Executive Summary
Louise Barnett, Chief Executive

- January has continued to be a particularly challenging month for our staff, with both increasing level of COVID-19 in the community and within our own staffing and increased unscheduled care pressures. This pressure has continued into February resulting in the Trust needing to declare two internal critical incidents and requiring support from partners across the system to manage the high level of demand.
- The flow out of the hospital to safely discharge our patients has continued to be constrained, necessitating us continuing with our surge plans throughout the month. Unfortunately, this has resulted in loss of some of our elective activity, which we are working to recover both internally and with independent sector partners.
- Our continuous recruitment of staff has reduced the volume of nursing vacancies in January and at the same time our staff turnover also reduced. While this has had a positive impact on our workforce, staff absences in part due to COVID-19 or COVID-19 related absences remained particularly high and availability of bank and agency staff to cover gaps on our rosters increased after a slight dip in December. This had an overall negative impact of the time staff had available to undertake mandatory training or to undergo annual appraisals, with priority given to the immediate care of patients presenting to us.
- We are actively supporting staff to improve their health and well-being as well as promoting the vaccination programmes for both COVID-19 and influenza vaccines to staff. Our recruitment of overseas staff has continued and we also launched the academy for training future health care support workers.
- The Trust continues to implement Getting to Good, which is the programme of work focused on our improvement journey. The transformation of maternity services continues to be a high priority in this programme. The Maternity Transformation Project has 6 work streams and the 52 actions from the first Ockenden report are mapped into that programme of work. The board should note that 83% of those 52 actions are delivered. Recent improvements in maternity include a digital engagement platform for colleagues, user experience workshops and a new visual birth preference card. There also continues to be a successful programme of recruitment into key specialist and senior leadership roles in the service.
- We continue to work to ensure our most clinically urgent patients can access our services and are striving to meet our year-end aim of containing both the overall number of patients waiting and the length of wait for patients. While we continue to have a number of patients who have waited over 104 weeks, we are seeing the number of patients waiting over 78 and over 52 weeks reducing. We have a long way to go to recover elective wait times to pre-COVID-19 levels and are preparing plans for 2022-23 to further address these waits.
- We have run several multi-agency discharge events during the first half of January to support more timely discharge of patients so as to release beds for patients requiring admission and relieve the pressure in our emergency departments. We recognise that partnership working is key to this and that as ourselves many of our partners are challenged with staff absences and COVID-19 constraints at this time. The virtual ward we established in December is now starting to see a small

number of admissions and this will be an increasingly important way of supporting patients out of hospital.

- The financial position, while showing an improved cash flow, is one of an increased adverse deficit position. The forecast remains in line with month nine and it sits within an overall STW system position, which is within the approved plan. The capital programme has increased in value and is currently underspent. The efficiency programme is on course to deliver the full year benefits identified, however we are working to improve the recurrent nature of these savings.

2. Overall Dashboard



Quality - KPI	Scruitinising Committee	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Perfomance	Assurance	Exception	Year to Date	SaTH 2021-2022 Plan
Mortality										
HSMR	QSAC	Oct 21	122.8	100	100			Yes		100
RAMI	QSAC	Oct 21	98.8	100	100			No		100
Infection										
HCAI - MSSA	QSAC	Jan 22	3	0	<2.3			Yes	24	28
HCAI - MRSA	QSAC	Jan 22	0	0	0			No	1	0
HCAI - C.Difficile	QSAC	Jan 22	0	<4.08	<2.5			No	24	30
HCAI - E-coli	QSAC	Jan 22	3	<10.17	<3.16			No	41	38
HCAI - Klebsiella	QSAC	Jan 22	0	2	<1			No	10	13
HCAI - Pseudomonas Aeruginosa	QSAC	Jan 22	0	<0.83	0			No	6	3
Patient harm										
Pressure Ulcers - Category 2 and above	QSAC	Jan 22	13		<13			No	132	152
Pressure Ulcers - Category 2 Per 1000 Bed Days	QSAC	Jan 22	0.59							tbc
VTE	QSAC	Dec 21	91.4%	95%	95%			Yes		95%
Falls - total	QSAC	Jan 22	137		<89			Yes	1139	1074
Falls - per 1000 Bed Days	QSAC	Jan 22	6.2	6.60	<4.5			Yes	4.66	4.50
Falls - with Harm per 1000 Bed Days	QSAC	Jan 22	0.14	0.19	<0.17			No	0.10	0.17
Never Events	QSAC	Jan 22	0	0	0			No	1	0
Coroners Regulation 28s	QSAC	Jan 22	0		0			No	1	0
Serious Incidents	QSAC	Jan 22	9		N/A				82	57
Mixed Sex Breaches	QSAC	Jan 22	39	0	0			Yes	362	tbc
Patient Experience										
Complaints	QSAC	Jan 22	56		<56			No	576	672
Complaints Responded within agreed time	QSAC	Nov 21	62%	85%	85%			Yes		85%
Complaints Acknowldeged within agreed time	QSAC	Jan 22	100%		100%			No		100%
Compliments	QSAC	Jan 22	52	Letters of thank you received.					424	tbc
Friends and Family Test	QSAC	Jan 22	97.5%	80%	80%			No		80.00%
Maternity										
Smoking rate at Delivery	QSAC	Jan 22	9.9%	6%	6.0%			Yes	12.0%	6.0%
One to One Care In Labour	QSAC	Jan 22	97%	100%	100.0%			Yes	98.9%	100.0%
Delivery Suite Acuity	QSAC	Jan 22	61%	85%	85.0%			Yes		85.0%
Caesarean Sections rate of Robson Group 1 Delive	QSAC	Jan 22	12.2%						15.2%	
Caesarean Sections rate of Robson Group 2 Delive	QSAC	Jan 22	34.5%						38.8%	
Caesarean Sections rate of Robson Group 5 Delive	QSAC	Jan 22	73.8%						75.7%	
Workforce - KPI		Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Perfomance	Assurance	Exception	Year to Date	SaTH 2021-2022 Plan
Activity										
WTE Employed**Contracted	FPAC	Jan 22	6095		6732			Yes		6732
Total temporary staff -FTE	FPAC	Jan 22	767					Yes		tbc
Staff turnover rate (excludes junior doctors)	FPAC	Jan 22	1.0%	0.8%	0.75%			Yes	1.2%	0.8%
Sickness absence rate Excluding Covid Related	FPAC	Jan 22	4.7%		4%			Yes	5.0%	4%
Covid Related absence rate	FPAC	Jan 22	5.2%					Yes		
Agency Expenditure	FPAC	Jan 22	£2.585m		£2.860m			Yes	£26.549m	
Appraisal Rate	FPAC	Jan 22	78%	90%	90%			Yes		90%
Appraisal Rate (Medical Staff)	FPAC	Jan 22	90%	90%	90%			No		90%
Vacancies	FPAC	Jan 22	574 (9.4%)	<10%	<10%			No		<10%
Statutory and Mandatory Training	FPAC	Jan 22	83%	90%	90%			Yes		90%
Trust MCA – DOLS & MHA	FPAC	Jan 22	78%	90%	90%			Yes		90%
Safeguarding Adults - level 2	FPAC	Jan 22	86%	90%	90%			Yes		90%
Safeguarding Children – level 2	FPAC	Jan 22	88%	90%	90%			Yes		90%

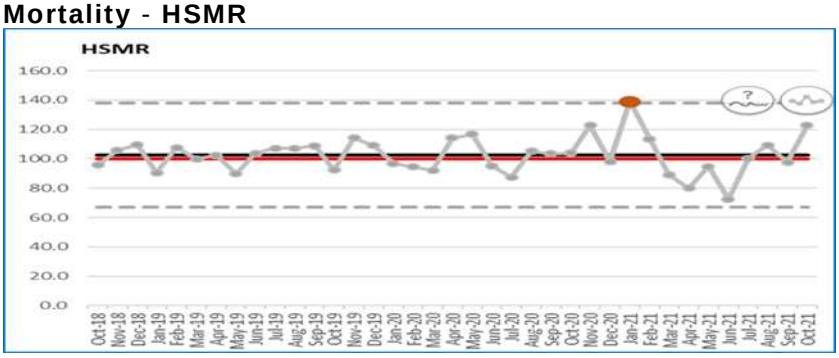
Operational - KPI		Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Perfomance	Assurance	Exception	Year to Date	SaTH 2021-2022 Plan
Elective Care										
RTT Waiting list -Total size	FPAC	Jan 22	34956					Yes		34443
RTT Waiting list -English	FPAC	Jan 22	31106		29614			Yes		30779
RTT Waiting list -Welsh	FPAC	Jan 22	3850					Yes		3503
18 Week RTT % compliance -incomplete pathways	FPAC	Jan 22	57.6%	92%				Yes		
26 Week RTT % compliance -incomplete pathways	FPAC	Jan 22	67.1%	92%				Yes		
52+ Week breaches - Total	FPAC	Jan 22	2446	0				Yes		2755
52+ Week breaches - English	FPAC	Jan 22	2188	0	2451			Yes		2485
52+Week breaches - Welsh	FPAC	Jan 22	258	0				Yes		272
78+ Week breaches - Total	FPAC	Jan 22	367	0				Yes		
78+ Week breaches - English	FPAC	Jan 22	338	0				Yes		
78+ Week breaches - Welsh	FPAC	Jan 22	29	0				Yes		
104+ Week breaches - Total	FPAC	Jan 22	59	0	44			Yes		74
104+ Week breaches - English	FPAC	Jan 22	55	0	40			Yes		71
104+ Week breaches - Welsh	FPAC	Jan 22	4	0	4			Yes		3
Cancer										
Cancer 2 week wait	FPAC	Dec-21	74.5%	93%	83%			Yes	80.3%	93%
Cancer 62 day compliance	FPAC	Dec-21	65.5%	85%	62%			Yes	64.2%	85%
Diagnostics										
Diagnostic % compliance 6 week waits	FPAC	Jan 22	60.1%	99%				Yes		tbc
DM01 Patients who have breached the standard	FPAC	Jan 22	5232	0	1254			Yes		tbc
Emergency Department										
ED - 4 Hour performance	FPAC	Jan 22	56.0%	95.0%	64%			Yes	63.0%	78%
ED - Ambulance handover > 60mins	FPAC	Jan 22	902 (29.4%)	0				Yes	7349	tbc
ED 4 Hour Performance - Minors	FPAC	Jan 22	90.5%	95%	95%			Yes	91.5%	95%
ED 4 Hour Performance - Majors	FPAC	Jan 22	27.3%	95%				Yes	37.2%	tbc
ED time to initial assessment (mins)	FPAC	Jan 22	39	15	15			Yes		15mins
12 hour ED trolley waits	FPAC	Jan 22	497	0	0			Yes	1616	tbc
Total Emergency Admissions from A&E	FPAC	Jan 22	2753					Yes	28717	29744
% Patients seen within 15 minutes for initial assessr	FPAC	Jan 22	43%					Yes	45.0%	
Mean Time in ED Non Admitted (mins)	FPAC	Jan 22	245					Yes	211	
Mean Time in ED admitted (mins)	FPAC	Jan 22	674					Yes	468	
No. Of Patients who spend more than 12 Hours in E	FPAC	Jan 22	1387					Yes	6479	
12 Hours in ED Performance %	FPAC	Jan 22	12%					Yes	6%	
Hospital Occupancy and activity										
Bed Occupancy -G&A	FPAC	Jan 22	88.1%	92%	91%			Yes		92%
ED activity (total excluding planned returns)	FPAC	Jan 22	11524		12521			No	125211	148493
ED activity (type 1&2)	FPAC	Jan 22	9658		9332			No	105592	123702
Total Non Elective Activity	FPAC	Jan 22	4737		5533			Yes	50027	65129
Outpatients Elective Total activity	FPAC	Jan 22	50901		49393			Yes	533306	565514
Total Elective IPDC activity	FPAC	Jan 22	4718		5807			Yes	52335	65183
Diagnostic Activity Total	FPAC	Jan 22	16583		19358			Yes		197619
Finance - KPI		Latest month	Latest Value (£m)	National Standard for month	Plan for year (£m)	Perfomance	Assurance	Exception	Year to Date(£m)	Year End Planned Trajectory (£m)
Cash	FPAC	Jan 22	11.005		1.700			Yes	26.325	4.189
Efficiency	FPAC	Jan 22	0.986		7.550			Yes	5.553	7.594
Income and Expenditure	FPAC	Jan 22	(0.912)		(7.043)			Yes	(8.841)	(10.898)
Cumulative Capital Expenditure	FPAC	Jan 22	1.562		48.961			Yes	16.336	43.319

3. Quality Executive Summary
Hayley Flavell, DoN, Richard Steyn and John Jones, Acting Medical Directors

- HSMR has now been rebased and this is reflected in the higher than reference level shown. We have now learnt that the rebasing reported in last month's report had not in fact taken place. We are exploring in more detail what conditions might explain the high HSMR. We are also exploring the impact of different timings of peak COVID-19 in different parts of the country may impact on this.
- The fall in VTE assessments shows special cause deterioration, which requires further investigation and remedial actions to be taken. The effective interventions in past have been educational and this will be the focus again recognising the rotational nature of staff. Given that, an electronic prescribing system is not planned in the immediate future we will explore further whether paper-based systems at other Trusts might be an interim option. Medical and nursing leadership will work together to consider how further checks in a patients journey might improve adherence without creating significant delays in patient handovers.
- Our performance on all the HCAIs remains better than the national standard set. There have been no further cases of MRSA, C.Difficile, Klebsiella or Pseudomonas Aeruginosa this month. MSSA, C.Difficile and Klebsiella infection rate for the year to date are broadly in line with delivery of the local improvement trajectory set. Pseudomonas Aeruginosa infections, E.Coli and MRSA have exceeded the local improvement trajectory set for the year. The three cases of MSSA this month were deemed not to be related to indwelling devices or catheter care. One case of E.Coli was associated with catheter care.
- There were 13 pressure ulcers (0.59 per 1000 beddays) last month. The Trust is running at slightly above the stretch target set for the year, with year to date 132 pressures ulcers grade 2 or above (86% of the stretch target for the year).
- The number of falls continues to remain an area of concern, with 137 reported this month. The number of falls is consistently higher than the improvement target, with 1139 falls having occurred in the year to date exceeding the stretch target of 1074 for the year. The falls per 1000 bed days remains above the local stretch target for improvement, however the falls with harm per 1000 bed days remains better than the local target.
- There were 9 serious incidents this month. Three relates to falls, three to pressure ulcers, two to delay to treatment and one delayed diagnosis.
- There was a slight improvement in mixed sex breaches this month with 39 reported. Mixed sex breaches are due to being unable to step down wardable patients from Critical Care due to lack of beds and more occasionally COVID-19 on the wards
- All breaches related to transfers from critical care or COVID-19 designated wards.
- The response time for concerns remains unsatisfactory at 62% for November. This measure is currently reported 2 months in arrears due to the agreed extension to response times while the backlog is reduced. It is expected that this will return to the 30 day reporting standard and one month in arrears from early 2022.
- Delivery suite acuity level reported which reduced to 61% this month with 1-2-1 care in labour also reducing to 97%.
- Smoking at time of delivery has improved to 9.9%, however in line with most trusts; it would seem unlikely that the year-end target of 6% will be achieved.
- There are no coroner section 28s or never events to report this month.
- Cleanliness and food satisfaction scores remain above the locally set targets.

Quality Exception Reports – Harm

Mortality - HSMR



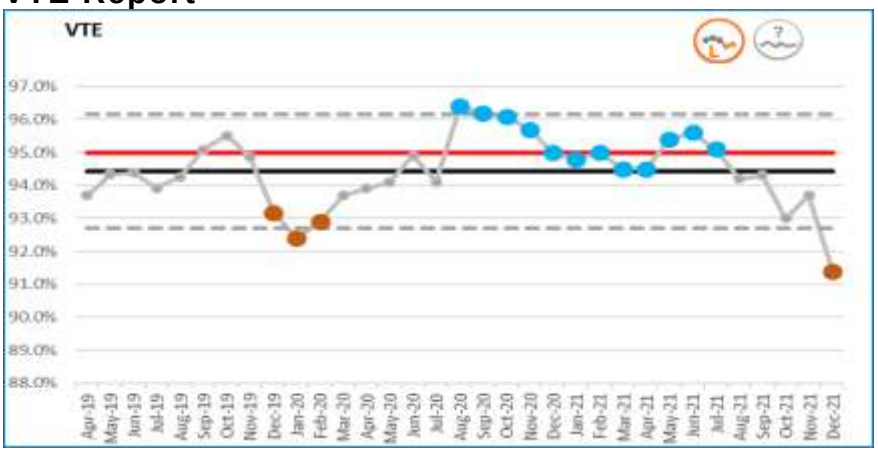
October 2021 actual performance
122.8
Variance Type
Common Cause
National Target
100
Target / Plan Achievement
Note rebasing of national reference level has taken place form this month's data

RAMI

October 2021 actual performance
98.84
Variance Type
Common Cause
National Target
100
Target / Plan Achievement
Monthly variation means that the 100 reference level may not be delivered month on month.

Background	What the Chart tells us:	Issues	Actions	Mitigations
The 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 risk adjusted mortality index (RAMI) is a quality measure used to predict death within the organisation.	The HSMR model has now been rebased to bring the mean performance nationally back to 100. As anticipated, the indicator has therefore increased for October 2021.Please note this had not happened at the time of the last report, which had incorrectly assumed the change had already taken place. Both HSMR and RAMI indicators continue to demonstrate common cause variation. Patients coded with a primary diagnosis of COVID-19 are excluded from the HSMR however if COVID-19 appears elsewhere in the spell or in subsidiary diagnoses, the patient may then be included in HSMR. The RAMI indicator excludes COVID-19 patients.	No Dr Foster Imperial alerts have been received this month. The December 2021 quarterly report from CHKS identifies that the conditions with the highest number of excess deaths continue to be pneumonia, UTI and acute and unspecified renal failure (based on primary diagnosis code only) within both the HSMR and RAMI models. Septicaemia has been added to these within the RAMI model only and is now the condition with the second highest number of excess deaths.	HSMR peak in October 2021 at 122.8 will be reviewed in more detail by the Learning from Deaths (Learning from Deaths) Team. To address the conditions identified with the highest number of excess deaths a recent audit for urinary tract infection as the primary diagnosis code, identified the need for two more reviews to be undertaken: 1. Care provided for patients who were readmitted within 30 days - complete. One case was referred to cardiology for a specialist review. All other cases, the readmission was not found to be related to the previous admission. 2. Patients within the cohort who had sepsis detailed on the death certificate. – Ongoing to be completed by mid-March and to be presented to the Learning from Deaths Group. Other audits include patients who have died where acute and unspecified renal failure was the primary diagnosis code has been completed. Presented at the January 2022 Learning from Deaths Group. In addition, an audit for patients who have died where pneumonia was the primary diagnosis code is underway.	Mortality performance indicators are a standing agenda item at the monthly learning from deaths group where all indicators that are above the expected range are discussed and appropriate action agreed. Additional monthly CHKS updates have been introduced to the learning from deaths group specifically to monitor mortality performance relating to urinary tract infections, septicaemia, pneumonia and acute and unspecified renal failure.

VTE Report



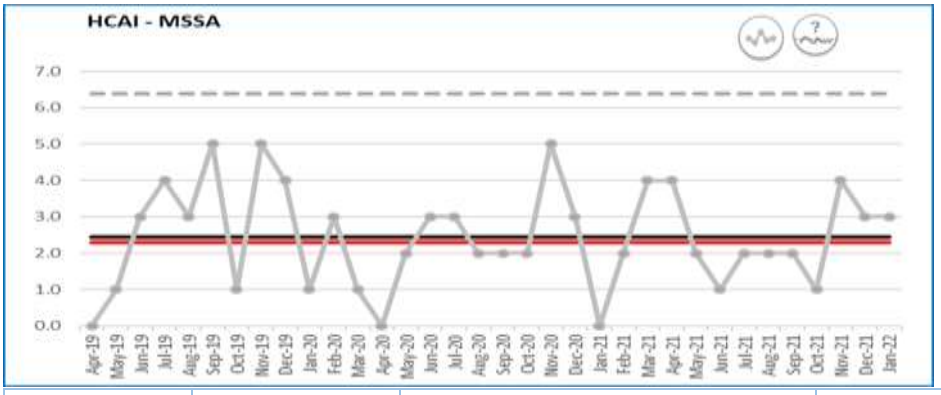
December 2021 actual performance
91.4%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
Performance has deteriorated and needs intervention to recover.

Background	What the Chart tells us	Issues	Actions	Mitigations
This is clinically important in order to protect inpatients from harm.	The graph is showing special cause concern for December 2021.	Performance improved following intervention in May/June 2021 but has varied around the target since this intervention and the target is now declining. Special cause concern requires further investigation and remedial action to be taken.	An action plan has been put in place to address the issues. Communication with Divisional MDs, CDs, Consultants, Matrons and Ward Managers to identify an outstanding VTE assessment and ensure completion in a timely manner. Monitoring will continue to ensure the change in practice is embedded.	Divisional PRMs review performance by division. Regular escalation of outlier wards and Consultants will be undertaken.

Hospital Acquired Infections-The national standard for the Trust performance on reportable infections has been received. Our local standards are more ambitious than the national expectations set out below. The forecast for the year based on year to date performance shows all national standards being achieved:

HCAI	National threshold set	Local Improvement target	Year to date	Forecast to year end (straight line)
C.Difficile	49	30	24	29
E. Coli	122	38	41	49
Pseudomonas aeruginosa	10	3	6	7
Klebsiella spp.	24	13	10	12

MSSA

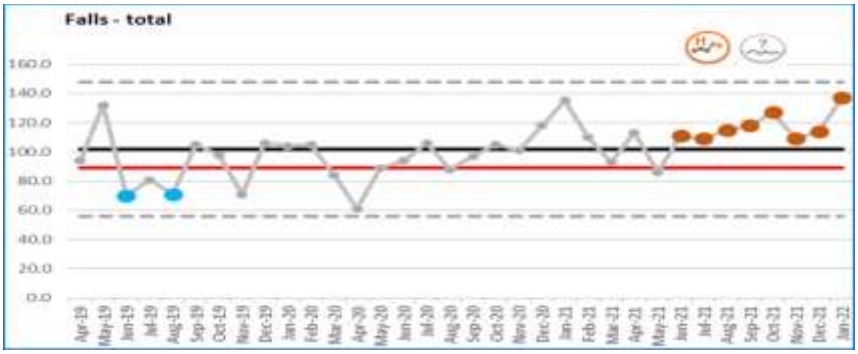


January 2022 actual performance
3
Variance Type
Common Cause
Local Standard
<ave.2.3 per month
Target / Plan Achievement
<28 infections for 21/22

Background	What the Chart tells us	Issues	Actions	Mitigation
Reporting of MSSA bacteraemia is a mandatory requirement.	There were 3 cases of MSSA bacteraemia in January 2022.	None of the cases in January 2022 were deemed to be device/intervention related. The sources were considered to be a chronic infected total hip replacement and the other two sources were unknown but not considered to be device or intervention related.	RCAs are undertaken on all cases were the source is deemed to be device or intervention related to ensure actions are taken and learning shared.	The issues, actions and learning from RCAs is monitored through IPCOG.

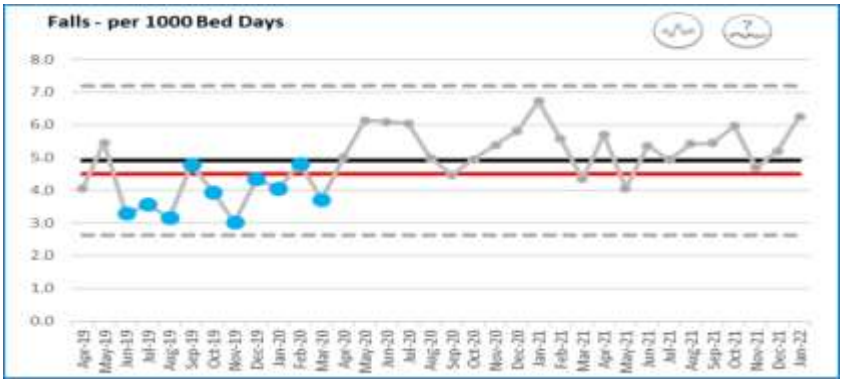
Falls

Falls – Total per Division	Number Reported
Medicine and Emergency Care	95
Surgery, Anaesthetics and Cancer	41
Other	1



January 2022 actual performance
137
Variance Type
Special Cause Concern
Local Target
<89
Target / Plan Achievement
10% reduction on 20/21

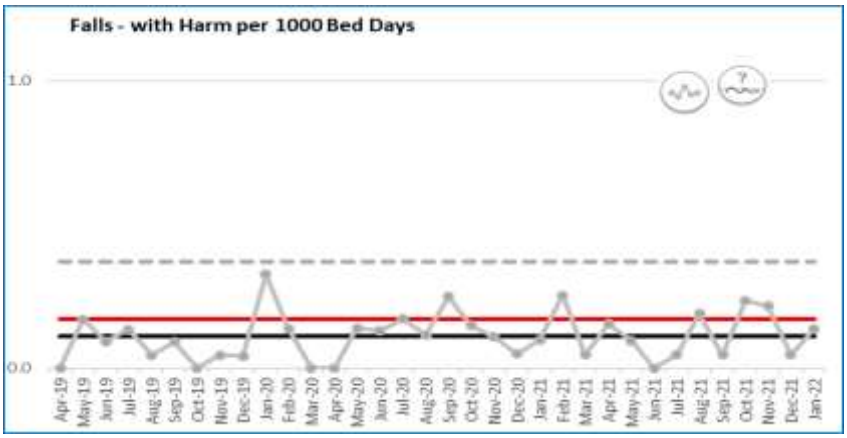
Falls – per 1000 Bed Days



January 2022 actual performance
6.2
Variance Type
Common Cause
Local Plan
4.5
National Standard
6.6
Target/ Plan achievement
Local Target set for 21/22

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 and number of falls per 1000 bed days reported in January 2022 increased with 137 falls reported compared to 114 in the month of December 2021. This is the highest number and number per 1000 bed days since the same time last year.	The number of falls across the Trust remains higher than our local target. The Trust saw more repeat falls in January- i.e. patients that fell on more than one occasion, these patients are those who would often be assessed as requiring an enhanced level of supervision. There were significant staffing challenges in January due to the Omicron variant which impacted the ability to undertaken cohorting with bay tagging (nurse in Bay at all times) and the provision of enhanced patient supervision.	Ongoing falls improvement work includes: Falls training delivered by falls practitioner, continued support of staff to ensure all risk assessments are completed, reviewed at least weekly or when patient's condition changes and that patient's at high risk of falls have a care plan in place. Trial of falls alarms continues on nominated wards. Revised documentation being implemented with education support provided by the quality team. Ongoing monthly review of falls risk assessment and care plans. Consideration of developing an EPS team.	All falls in the last 24 hours are reviewed daily. Weekly falls review meeting continues. Completion of risk assessments and care plans monitoring via monthly nursing metrics audits meetings with DoN. All SI investigations reviewed at NIQAM and summary report of cases will now go to RALIG.

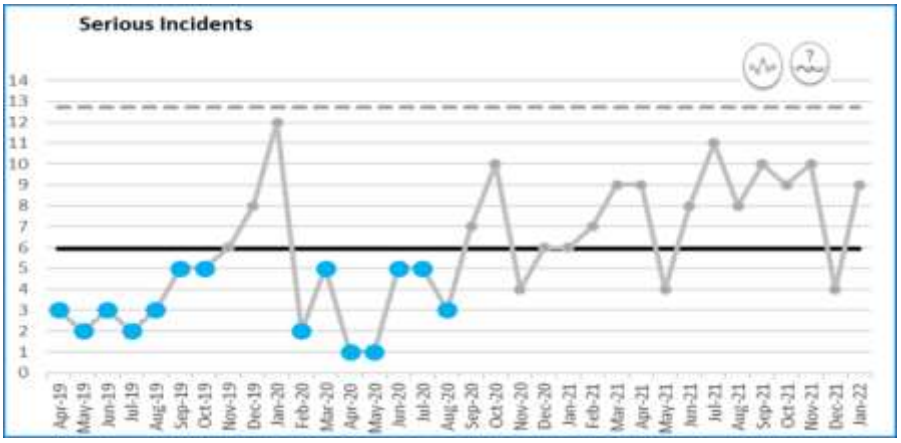
Falls – with Harm per 1000 Bed Days



January 2022 actual performance
0.13
Variance Type
Common Cause Variation
Local Target
0.17
National Standard
0.19
Target/ Plan achievement
10% reduction on 2020-21

Background	What the Chart tells us	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority.	Falls resulting in moderate harm or above increase in January from 0.05 in December 2021 to 0.13.	There were 3 falls with harm reported as Serious incidents.	As per falls slide	As per falls slide

Serious Incidents



January 2022 actual performance
9
Variance Type
Common Cause
Local Standard
n/a
Target/ Plan achievement
n/a –seeking to encourage reporting of incidents

SI theme –	Number Reported
Category 3 Pressure Ulcer – x2 W25 and x1 W26	3
Delayed treatment – PRH ED (medication delay)	1
Diagnostic delay – PRH ED (delayed investigation)	1
Fall – Head injury – RSH RIU (ED)	1
Fall - #NOF – RSH AMU	1
Fall – Head injury death – PRH ED	1
Delayed treatment – Paediatric death	1
Total	**9**

Background	What the Chart tells us	Issues	Actions	Mitigations
Serious incidents are adverse events with likely harm to patients that require investigation to support learning and avoid recurrence. These are reportable in line with the national framework.	There continue to be minor fluctuations in reporting. The average for January reporting over the last 3 consecutive years is nine. Monitoring of variations continues.	Common themes remain in relation to continued pressure and activity through the emergency departments – four of January's SIs occurred in the ED. Thematic reviews and monitoring of high-risk cases remains in place with a working group.	Monitor reviews. Maintain investigation reporting within national framework deadlines for timely learning. Embed learning from incidents.	Weekly rapid review of incidents. Early identification of themes. Standardised investigation processes. Early implementation of actions.

Serious Incidents – Total Open at Month End

SI – Total Open at Month End per Division	Number Reported
Medicine & Emergency Care	13
Surgery, Anaesthetics and Cancer	13
Women and Children's	9
Clinical Support Services	2
Other	1
Total	**38**

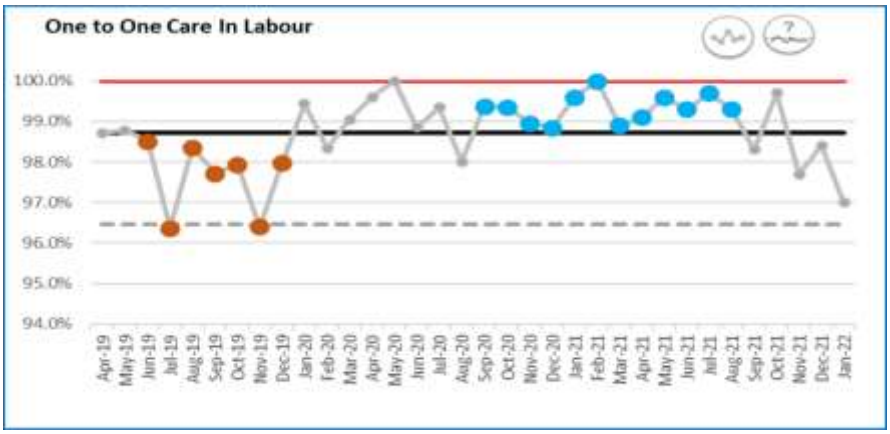
Background	What the Chart tells us	Issues	Actions	Mitigations
Current number of open serious incidents.	Number of open SIs.	There are currently 38 open SIs, of which 5 are being investigated externally to the Trust (4 by HSIB).	Monitoring of progress of investigation.	Weekly review of mitigations.

Serious Incidents – Closed in Month

SI – Closed in Month per Division	Number Reported
Medicine & Emergency Care	4
Surgery, Anaesthetics and Cancer	2
Women and Children's	1
Clinical Support Services	1
Total	**8**

Background	What the Chart tells us	Issues	Actions	Mitigations
Serious incidents have a 60-day life cycle. The number of SIs closed in month will vary dependent on the number reported.	There were eight SIs closed in month with a 100% completion within the 60 day target.	SIs to be completed in a timely manner.	Monitor reviews and feedback. Maintain investigation within national framework deadlines for timely learning. Attain sustainable learning from incidents.	Weekly review of progress of investigations.

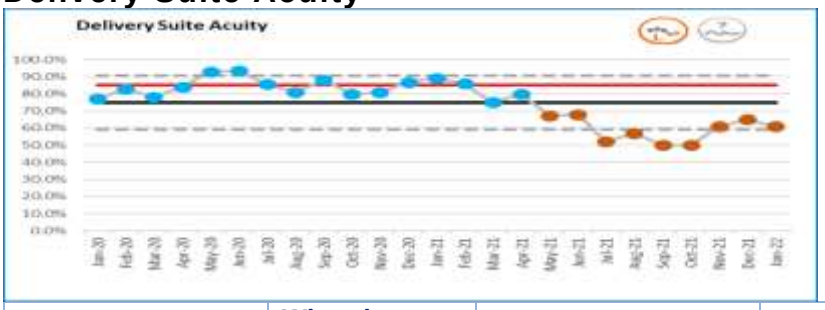
Maternity -One to One Care in Labour



January 2022 actual performance
97%
Variance Type
Common Cause
National Standard
100% (Better Births)
Target / Plan Achievement
Part of overall maternity care dashboard

Background	What the Chart tells us	Issues	Actions	Mitigations
Midwifery safe staffing should include plans to ensure women in labour are provided with 1:1 care, including a period of two hours after the birth of their baby. The provision of 1:1 care is part of the CNST standard safety action number 5 which requires a rate of 100% 1:1 care in labour.	The provision of 1:1 care in labour is a priority for the service and the result is reassuring that the actions and mitigations in place are effective.	Staffing often below template on delivery suite, despite ongoing successful recruitment, due to short-term COVID-19 absence and high unavailability rates due to maternity leaves.	Intermittent closure of the Wrekin birthing unit to support safe staffing levels on delivery suite. A review of all cases where the dashboard indicates that 1:1 care does not look like it has been achieved has been undertaken for a 3 month period. It highlights that there is some education required for the clinical teams as lack of 1:1 care is being reported when it has been provided. There were no poor outcomes attributed to lack of 1:1 care, which is reassuring.	Excellent compliance with the use of the Birth Rate + tool to measure acuity and use of the escalation policy to prioritise 1:1 care in labour.

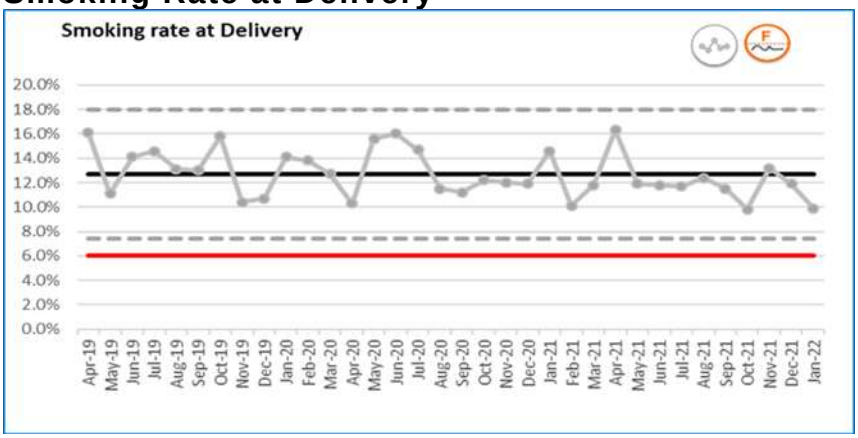
Delivery Suite Acuity



January 2022 actual performance
61%
Variance Type
Special Cause Concern
National Standard
85% (Birth Rate Plus)
Target / Plan Achievement
Part of overall maternity care dashboard and benchmarking

Background	What the Chart tells us	Issues	Actions	Mitigations
In 2015 NICE set out guidance for safe midwifery staffing which included the use of a tool endorsed by NICE to measure and monitor acuity. This has been in place at SaTH since 2018 and is reported monthly in line with the CNST standard safety action number 5.	There was a slight decline in acuity this month after an increase during the previous 2 months. Still showing special cause concern.	Staffing levels variable due to high levels of maternity leave and both short term COVID-19 related absence and long-term sickness rates. Assured by other indicators, such as one to one care in labour, PPH rates, 3rd and 4th degree tears below expected rates. Term admissions to NNU below national rates.	Intermittent closure of the Wrekin birthing unit to support safe staffing Levels on delivery suite. Vacancies identified and being monitored monthly to ensure staffing position understood. Recruitment ongoing with successful appointments to band 6 posts and advert out for next cohort of band 5 preceptee midwives. Use of temporary staffing to ensure staffed to template where possible.	Acuity tool consistently being completed – reassurance of data quality. Twice daily SMT huddles to monitor and manage acuity and instigate escalation policy when required. Incentivised bank shifts in place for CU areas.

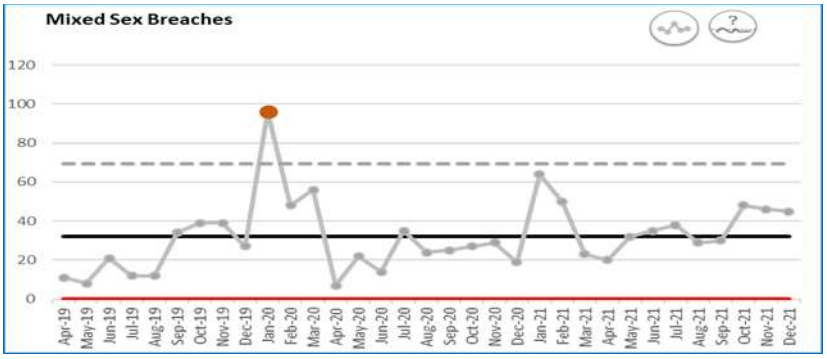
Smoking Rate at Delivery



January 2022 actual performance
9.9%
Variance Type
Common Cause
National Target
6% March 2022
Target / Plan Achievement
Part of overall maternity care dashboard and benchmarking

Background	What the Chart tells us:	Issues	Actions	Mitigations
The National SATOD government target for smoking at time of delivery has been set to 6% by March 2022. All pregnant smokers in Shropshire and Telford and Wrekin are referred to and supported by the Public Health Midwifery team based at PRH.	Further reduction in smoking rates after expected peaks of Christmas/New year period. Now in line with national average SATOD- national average 9.5%	Still remain above national government target of 6%. However, only 15 out of 106 CCG's are meeting this target.	SATH are to launch a new service to decrease smoking rates further in the county (HPSS) and address health inequality and other co-morbidities such as obesity, access to vaccinations, breastfeeding support (signposting).	6% target will not be achieved by March 2022. Should be no other mitigations to launching HPSS once staffing template is complete.

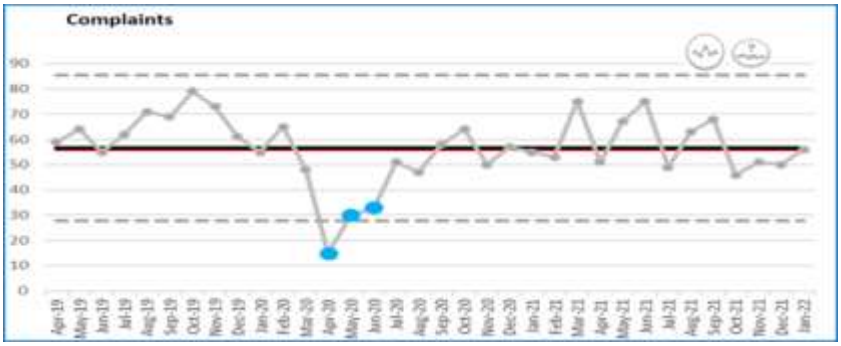
Quality Exception Reports – Patient Experience
Mixed Sex Breaches Exception Report



January 2022 actual performance
45
Variance Type
Common Cause
National Target
0
Target/ Plan achievement
Continuing to breach this target.

Location	Number of breaches	Additional Information
ITU / HDU (PRH)	14 Primary breaches	
ITU / HDU (RSH)	24 Primary breaches	
Ward 32R	4 Primary breaches	COVID-19 related ward
Ward 17 – Respiratory (PRH)	3 Primary Breaches	COVID-19 related ward

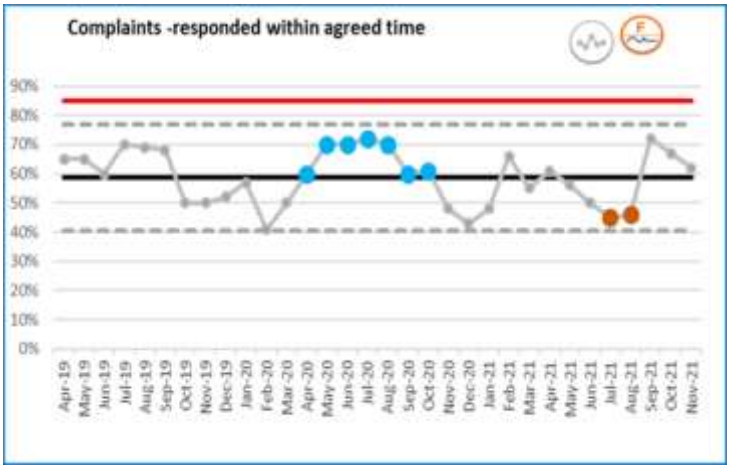
Complaints



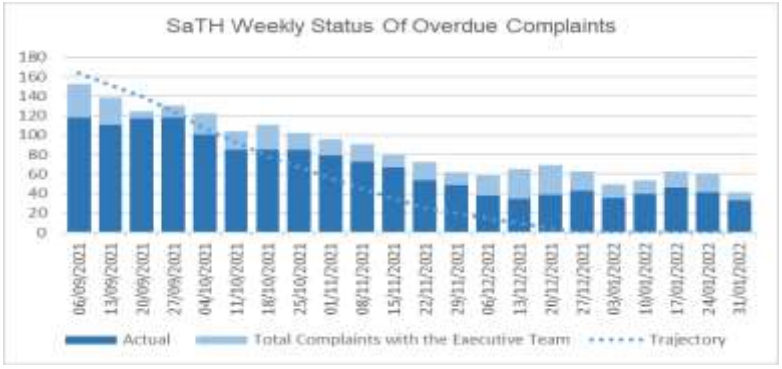
January 2022 actual performance
56
Variance Type
Common Cause
SATH internal target
<56
Target/ Plan achievement
>10% reduction on 19/20

Background	What the Chart tells us	Issues	Actions	Mitigations
Complaints provide a valuable source of learning to the organisation.	Numbers remain within the expected range.	Any trends or issues with complaints are discussed with the relevant division and will be reported here when required.	Issues highlighted to relevant senior management for further review	No Mitigations.

Complaints – Responded within Agreed Time



November 2021 performance	
62% (November Forecast 70%)	
Variance Type	
Common Cause	
National benchmark	**SaTH internal target**
85% compliant with time agreed with complainer	85% responded to within 60 days of receipt
Target/ Plan achievement	
Target is unlikely to be achieved within current processes.	



Overdue Complaints per Division	Number Reported
Medicine and Emergency Care	33
Surgical, Anaesthetics and Cancer	5
Women and Children's	3
Total	**41**

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.	Although rates remain higher than previous months, there has been a deterioration in performance.	The main delays relate to clinical pressures and delays in sign-off.	Processes for sign off have been improved. Work with divisions is ongoing, with strengthened forward look in place to stop new complaints going over timescale.	Complainants are kept updated regularly.

Compliments formally recorded

January 2022 actual performance
SATH
52
Divisions
MEC – 20
SAC - 10
CSS – 11
Other - 11

Background	What the Chart tells us:	Issues	Actions	Mitigations
By collecting data on positive feedback, the Trust will be able to identify well performing areas, and seek to spread good practice.	The number of compliments recorded remains within common cause variation. The number of compliments remains low; it is thought that this is due to low recording of compliments received.	This is still a new system, and staff may not be aware of the need to log thank yous.	Remind staff to use the Datix system to record positive feedback.	None.

4. Workforce Summary
Rhia Boyode, Director of People and Organisational Development

- During January, workforce unavailability was at 31% across our clinical rostered areas including sickness and annual leave. In response to high sickness levels driven by the COVID Omicron variant the Trust has re-established the absence reporting phone line. This service provides advice, records absence, initiates PCR referrals for COVID testing and ensures timely visibility of our workforce gaps. Where we have seen high levels of absence in areas such as our Emergency Department, Theatres, Pharmacy and Therapies we have been able to identify the risk quickly and put in place mitigation such as redeploying workforce or requesting mutual aid from across our system partners.

- Additional health and wellbeing support has helped address our highest reason for absence (mental health 28% January and 30% December) including regular site wellbeing walks, establishing a ‘listening ear’ service where our peer to peer listeners and coaches provide listening support, a counselling service and health first aiders. We continue to offer both Flu and COVID vaccines to our staff. Current uptake is 60% Flu and 74% COVID booster. The departments with low flu vaccine uptake (mainly ward areas) have been visited directly by vaccinators in recent weeks to encourage and facilitate vaccine uptake.

- Our agency usage has remained at a consistent level over the previous 12 months. The main reason for temporary staffing usage this month has been vacancies (62% of all temporary staffing used), short-term sickness (8%), long-term sickness (2%), 1:1 patient care (7%) and high activity and escalation (7%). A workforce cost improvement programme is being developed which will provide greater structure in the way in which we address the levels of agency workers at SaTH. This will include international recruitment, workforce planning and new role design, staffing templates for the nursing and medical workforce and review of service developments and future service investments required at SaTH.

- In January 2022, the Trust launched an academy to train health care support workers, alongside partner organisations within the county's health and care system and Telford College. Our trajectory is 30 new recruits per month via this programme to work across Medicine and Surgical wards.

- To support our long-term resourcing needs the number of active apprentices has increased with 186 enrolled and further apprentices planned to commence this year. These include, nursing associates, operating department practitioners and therapists. These apprentices will be working in areas such as Theatres, Pharmacy, Radiology and Medical Engineering.

- Statutory training compliance rate has now reduced to 83%. The launch of the new Learning Management is on track for full roll out be end of April. This system will give visibility individual level and make the process for undertaking and monitoring training far easier for our staff. This will help improve compliance rates and reduce risk across the Trust.

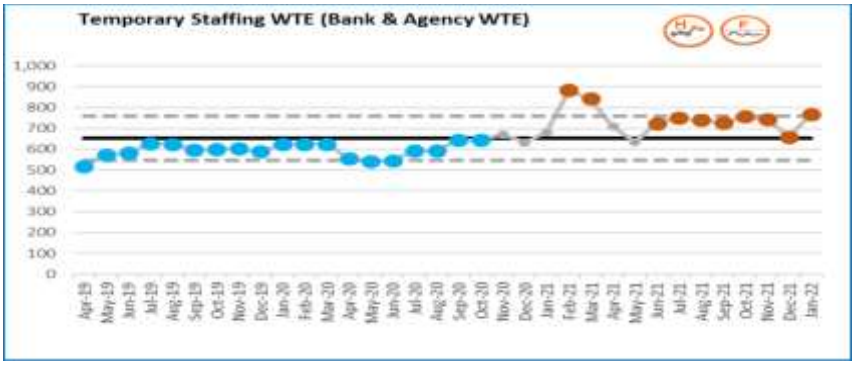
- A twelve-month calendar of leadership masterclass events is now in place, working collaboratively with NHSI/E, the Leadership Academy and internal subject matter experts to deliver a series of lunchtime virtual events to support our leaders.

WTE employed

January 2022 actual performance
6095
Variance Type
Special Cause Improvement
Local Target
6732
Target / Plan Achievement
Seeking month on month improvement

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the WTE contracted staff in post.	The number of contracted employees is continuing to improve but remains below the targeted whole time establishment.	Some areas are hard to recruit too locally and nationally. Inability to recruit results in increased use of temporary staffing.	Continuing all recruitment processes and changes to skill mix. Use of overseas recruitment. HCSW Academy development.	Use of bank staff prior to use of agency to cover shortfalls. Use of new roles and apprentices such as expanding Nursing Associates, ODP's etc.

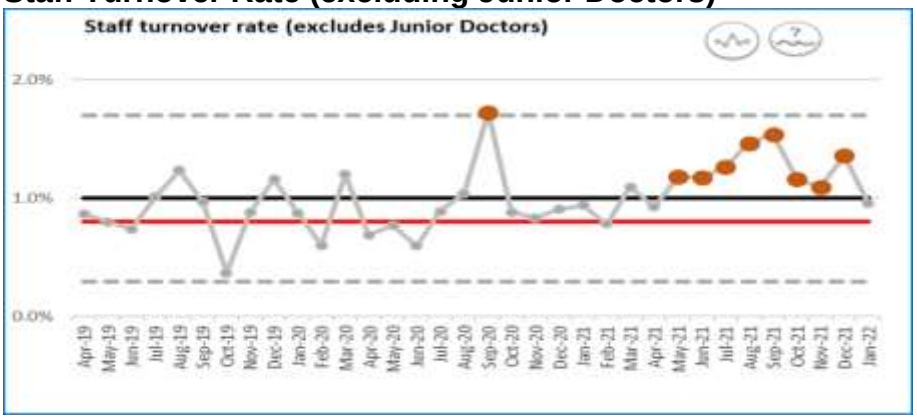
Temporary/ Agency Staffing



January 2022 actual performance
767
Variance Type
Special Cause Concern
National Target
N/A
Target / Plan Achievement
TBC

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of agency and bank usage expressed as WTE.	Special cause concern between Feb21 and Jan22.	High levels of staff absences attributed to both sickness (non-COVID-19) and COVID-19 related absence due to requirements to isolate 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. Ongoing work with system to support agency utilisation cost improvement programme; increase in bank workers over the last 12 month.	Progress with recruitment activities to increase substantive workforce including international nurse recruitment.

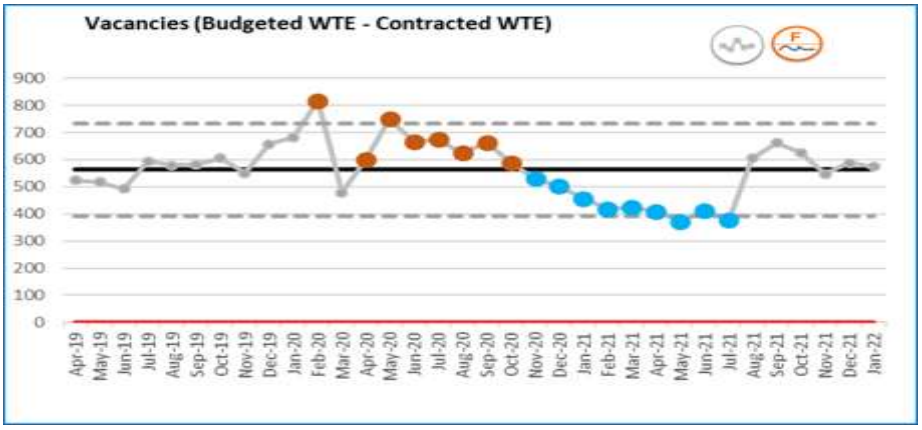
Staff Turnover Rate (excluding Junior Doctors)



January 2022 actual performance
0.95%
Variance Type
Common Cause
National Target
0.8%
Target / Plan Achievement
Target not achieved

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of the % of staff who have left the organisation.	Special cause concern between May 2021 and Dec 2021 with common cause variation in Jan-22.	Staff leavers in January (58WTE) is below the average number of leavers per month of 68 WTE over the last 12 months. Top reasons for leaving in December work life balance (8WTE) relocation (7WTE). 26% (13WTE) of leavers in January had less than 1 years' service.	Ongoing work to support turnover include: A focus on retention and flexible working with a range of practices to support our workforce Further, focus on leadership and development giving our leaders the skills and experience they need to become great leaders. Focus on response to staff survey and interventions to increase levels of employee engagement	Facilitated 'stay conversations' which has helped identify reasons that people may consider leaving the Trust and supported action to prevent resignations. Staff Survey Action Plan. Review of Benefits and Rewards

Vacancies

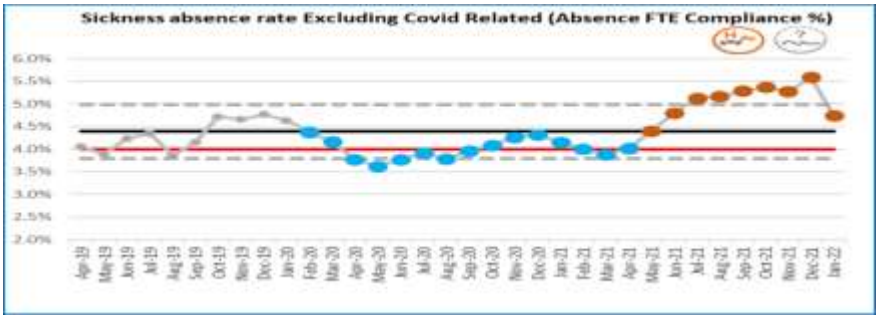


January 2022 actual performance
574 = 9.4% *
Variance Type
Common Cause
National Target
<10%
Target / Plan Achievement
Note change post reconciliation work

*Please note the vacancy chart this month has been adjusted to reflect the substantive vacancy position from August 21 (point at which budgets where adjusted). The vacancy position from August is based on substantive budget only (and does not include temporary staff budget as recorded in previous months). This change to our vacancy reporting provides greater clarity of the vacant roles SaTH are actively recruiting to. Vacancies will now be reported in this way each month.

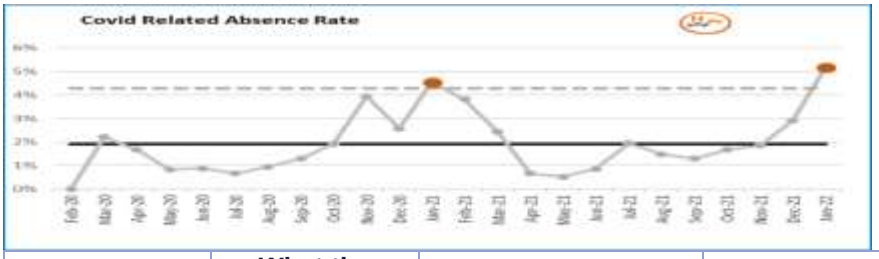
Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the gap between budgeted WTE and contracted WTE. Further review of establishments will continue as part of operational planning this year.	Decrease in vacancies from August following budget adjustment. Marginal decrease from December in vacancy position showing substantive vacancies, which we are actively recruiting to.	Revised budget position from Aug21. Shortfall in gap between contracted WTE and budgeted WTE continues to put pressure on bank and agency usage	International recruitment programme 2022/23. Nursing template review to be completed by 31 Mach. Medical Workforce Improvement Plan.	Recruitment activity continues to reduce workforce gaps. Use of Temporary staff to cover vacant posts.

Sickness Absence



January 2022 actual performance
4.74%
Variance Type
Special Cause Concern
National Target
4%
Target / Plan Achievement
4%

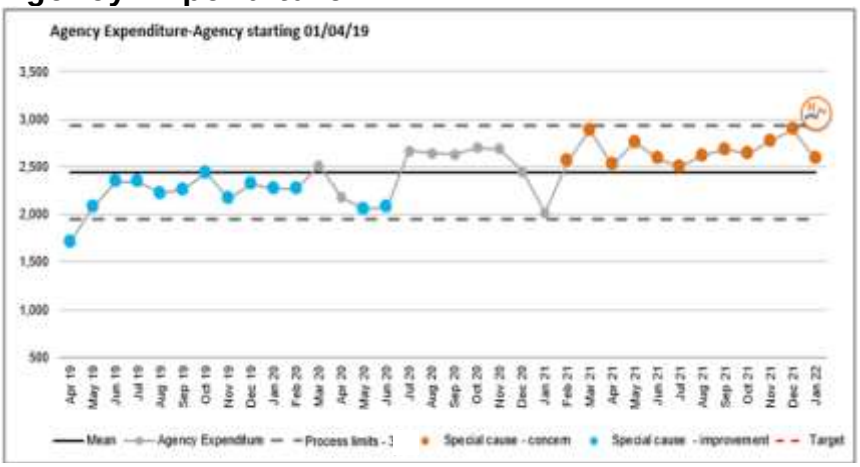
Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of staff sickness absence and is a % of WTE calendar days absent. COVID-19 related sickness and absence is not included.	Special cause concern from Apr21 – Jan22.	Absence levels remain high for non-COVID-19 related sickness. Absence rate of 4.7% equating to 287WTE. COVID-19 related absence in January has shown a noticeable increase therefore overall sickness and absence rates remain high creating significant staffing challenges. Absence attributed to mental health continues to be high with 186 episodes equating to 80WTE in January. Absence levels attributed to other known causes and musculoskeletal and remain high. Estates and facilities remains the staff group with the highest absence % at 6.6% (33WTE) with additional clinical services at 6.3% (75WTE) and nursing and midwifery at 5.7% (100WTE).	Continue to promote health and wellbeing initiatives. HR team supporting with welfare conversations. Care for you days to help provide additional respite and recognise efforts made by colleagues. Embedding of new employee wellbeing and attendance management policy. Work to highlight importance of return to work conversations. Review unavailability rates to identify areas of risk.	Work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary. Encourage bank uptake of shifts; escalated rates in challenged areas.



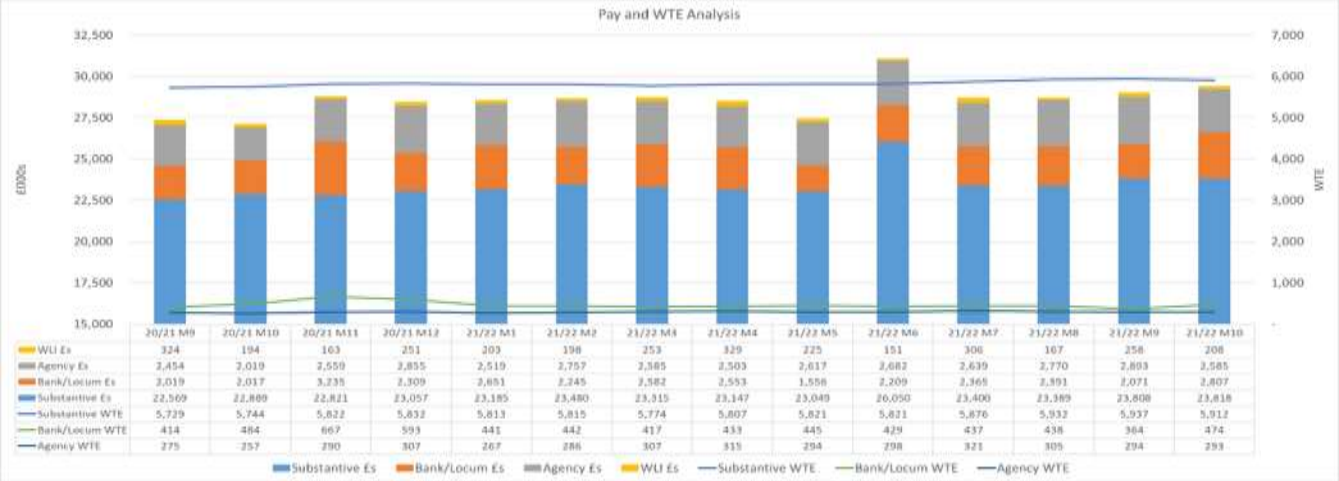
January 2022 actual performance
5.16%
Variance Type
Special Cause Concern
National Target
N/A

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of staff COVID-19 sickness absence. It reports the average number of staff absent due to COVID-19 related sickness.	COVID-19 related absence shows normal variation between Feb 2021 and Dec 2021. Common cause concern in Jan 2022.	High levels of COVID-19 related absence in January along with high non-COVID-19 sickness continues to add to staffing pressures. High levels of staff testing positive with COVID-19. Average of 22 new cases of staff testing positive per day through January.	Continue to encourage staff to follow government guidelines on isolation periods. Ensure PPE adherence and encourage social distancing. Continue to encourage undertaking of LFT testing and COVID-19 vaccine uptake including promoting of booster jab and flu vaccine. Re-introduce staff absence reporting line to monitor absence levels and help ensure staff are able to safely return to work following risk assessments.	Maintain social distancing, regular and timely staff testing, identification of positive cases and effective contact tracing. Continue risk assessments for staff identified as contacts.

Agency Expenditure

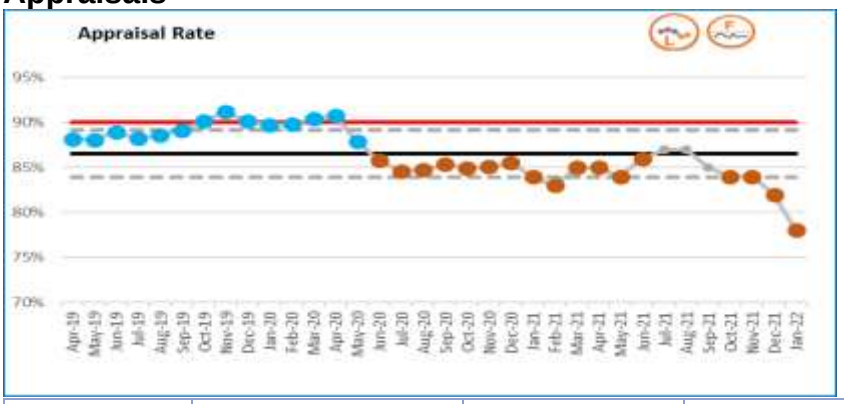


January 2022 actual performance
£2.585m Spend Year to date £26.549m
Variance Type
Special cause Concern
SaTH Plan
£2.860m
Target/ Plan achievement
Remaining within annual plan overall.



Background	What the Chart tells us:	Issues	Actions	Mitigations
The Trusts agency costs have increased over the past 2 years due mainly to the COVID-19 pandemic and additional quality service investment requirements. There is a strong focus on reducing agency spend across the Trust which is integral to the Trust efficiency programme.	Agency costs were £2.585m in the month, £0.308m lower than December and at their lowest since summer 2021. This is primarily due to the level of supply available and an increased bank fill rate.	Due to workforce fragility, the Trust is consistently reliant upon agency premium resource. There has been a significant increase in the use of agency health care support workers linked to an increase in acuity and 1:1 care. Operational and workforce pressures force and increase in agency spend but agency supply has been affected by COVID-19 related sickness.	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, 20/21 and 21/22. 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). Action plan agreed to understand increase in HCSW agency usage.	A new programme of work will shortly be introduced which will provide greater structure in the way in which we address the levels of agency workers at SaTH. This will include international recruitment programmes, workforce planning and new role design, staffing templates for the nursing and medical workforce and review of service developments and future service investments required at SaTH.

Appraisals



January 2022 actual performance
78%
Variance Type
Special Cause Concern
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.	In August 2021, we achieved 87% but this has dropped to 84% in November and 82% in December. This has reduced by 4% to 78% in January 2022, winter pressures, escalation levels and staff sickness would have contributed to the % decrease.	COVID-19, staffing constraints, escalation levels and service improvement has reduced ability of ward staff to have time to complete appraisals.	Appraisals being linked to pay progression. Focused support is being provided to the managers of any ward that is below target. Linking in with HPBPs with regards to any areas of concern. This support has been extended to 1:1 advisor support for 72 wards/departments. Appraisal training sessions are available on the training diary as part of a new line manager induction. An eLearning package is also being developed.	Training support is advertised widely throughout the Trust and staff are aware of support available to complete appraisal. Internal audit of appraisal record accuracy

Appraisal –Medical Staff

January 2022 actual performance
90%
Variance Type
Common Cause
National Target
90%
Target / Plan Achievement
90%

Statutory & Mandatory Training

January 2022 actual performance
83%
Variance Type
Special Cause Concern
National Target
90%
Target / Plan Achievement
The target is above the upper process limit

January 2022 actual performance
77%
Variance Type
Common Cause
National Target
90%
Target / Plan Achievement
90%

Fire Safety	Load Moving & Handling	Infection Prevention & Control	Hand Hygiene Competence	Patient Moving & Handling Class	Adult Basic Life Support	Paediatric Basic Life Support	Equality & Diversity	Information Governance	Health & Safety Level 1
79%	**89%**	**78%**	**95%**	**91%**	**70%**	**67%**	**88%**	**77%**	**88%**

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 training needs.	Compliance rate has been at 85% for the past few months but has now dropped to 83%. DNA % has dropped from 26% to 23%. 3% increase in Prevent L1. 2% increase in Adult Safeguarding Level 1.4% increase in Adult Safeguarding Level 2.4 % increase in Children's Safeguarding Level 2. Medical staff compliance with mandatory training is lower than the overall staff compliance.	COVID-19 and staffing constraints and service improvement have reduced ability of wards to release staff for training. 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 additional ward/department managers with 1:1 advisor support to prioritise and schedule training completion and validate data within the report. Linking in with HPBPs with regards to any areas of concern. Face to face It support was suspended during Covid – 1:1 Team's sessions were provided on request. New learning management system purchased – implementation started. Pilot in maternity in October 2021 with full roll out across the Trust in April 2022, which on track. This system will give visibility of staff competencies at individual level and make the process for undertaking and monitoring training far easier for our staff. This will help improve compliance rates and reduce risk across the Trust. Phase 3 of the LMS project to link unavailability due to training to Health Roster E-Learning reminder email continues to be sent to all staff who are non-compliant to support completion of mandatory training.	E-learning and workbooks offered as alternatives to face-to-face training, which has been well received. Completing via eLearning. Requirements made more transparent to divisional teams and staff. Libraries supporting learners to access e-learning. Phone support for e-learning.

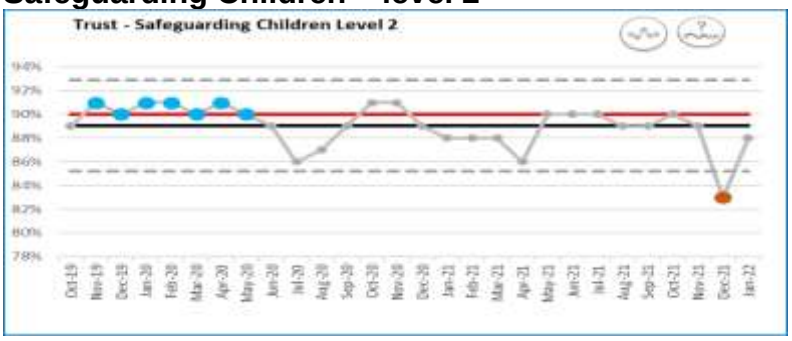
Trust MCA – DOLS & MHA

January 2022 actual performance
78%
Variance Type
Special Cause Improvement
National Target
90%
Target / Plan Achievement
Improvement trajectory in place

Safeguarding Adults – level 2

January 2022 actual performance
86%
Variance Type
Special Cause Concern
National Target
90%
Target Achievement
90%

Safeguarding Children – level 2



January 2022 actual performance
88%
Variance Type
Special Cause Concern
National Target
90%
Target Achievement
90%

5. Operational Summary
Nigel Lee, Chief Operating Officer

As expected, January 2022 has been an extremely challenging month for both urgent and emergency care as well as elective care (including cancer services). COVID-19 levels in the community rose to a peak during the month, affecting our local population, staff and families as well as driving an increase in COVID-19 related admissions. In this wave, more patients were admitted for a variety of conditions, but also had COVID-19, rather than COVID-19 being the main illness. Nevertheless, these patients still required the same careful segregation and the same high level of respiratory care.

The main pressure during the month has been Urgent and Emergency Care (UEC). Demand has remained significant, in terms of both activity levels but also acuity and complexity of patients. At ward level, staff absence levels for all clinical staff groups and infection control management have created ongoing difficulties for teams to maintain good flow. The Trust has worked closely with local authorities and community teams, but

they too have seen the same pressures on staff and infection control, and also leading to constraints in capacity. Bed occupancy remains higher than in the previous year, and emergency admissions too are higher than in the baseline year (19/20); however, the greater contribution to increased bed occupancy is length of stay due to a range of factors. Ambulance handover delays as well as 12-hour breaches have been a significant feature during the month. The Emergency Department team have worked closely with Ambulance Services, to ensure continued clinical prioritisation and ongoing and regular checks on all patients waiting for handover, and regular use of cohorting, with many patients inside the EDs rather than remaining in vehicles and with appropriate investigations started alongside support for nutrition and hydration. All teams in the Trust and across the health and social care system are focused on the pressures and risk. Daily discussions at Bronze, Silver and Gold level are also focused on the UEC risks, with a whole-system view and actions being taken.

Primarily as a result of the pressures noted above, elective capacity (both physical capacity as well as staff pressures) has been impacted. Some factors have been short term (such as key staff absent with COVID-19-related sickness, including consultants) whilst the continued high level of escalation means that both day surgery units (RSH and PRH) are being used for non-elective capacity. Clinical prioritisation is also paramount for elective services; cancer patients are prioritised (for outpatients, diagnostics and surgery), but even these services have been affected at times. Patients are rapidly re-booked. Sickness is also affecting patients, with some short-notice cancellations. The divisions continue to prioritise cancer and other 'Priority 2' cases, with parallel focus on the very long waiting patients, but there has been an increase in cancer patients waiting over 62 days (albeit a number of patients will not have had a final diagnosis, nor result in a positive diagnosis). The Trust is also continuing to focus on meeting the year-end objective for patients waiting over 104 weeks.

As part of the contingencies for the winter, the Trust has retained mobile imaging equipment (CT and MRI) as well as a stand-alone Vanguard theatre unit. These facilities have been vital to maintain delivery.

Throughout this difficult period, the staff across the sites and across all departments have worked extremely hard to provide the best possible care for patients, and support each other. As part of the operational summary this month, I also want to record my sincere thanks for the huge efforts by everyone.

Elective Care

The H2 plan agreed for elective activity from October 2021-March 2022 is under pressure due to the reduction in elective beds. The additional interventions are being supported and aim to deliver a positive impact on the volume of patients waiting for treatment, although not being sufficient to remove the backlog developed in a single year. The plan is being closely monitored both for activity delivered, aligned to each intervention and its impact on waiting times and waiting lists in line with the profile agreed to year end:

H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
The number of incomplete RTT pathways (patients waiting to start treatment) of 52 weeks or more at the end of the reporting period	2486	2458	2451	2243	2159	2108
The number of incomplete RTT pathways (patients waiting to start treatment) of 104 weeks or more at the end of the reporting period	42	24	44	41	59	74
The total number of incomplete RTT pathways at the end of the reporting period (often referred to as the size of the RTT waiting list)	30806	30325	29614	28907	28260	27832

The cohort of patients who potentially could be waiting over 104 weeks from referral to treatment is continuing to reduce each week, although the rate of reduction reduced during December and January, in part due to lost bed capacity, the staffing challenges and the bank holiday period. Performance in January was therefore worse than the plan for actual 104 weeks wait (59 v 41); however, the cohort of patients to needing to be treated to avoid 104-week waits at 31.3.2022 had reduced. The position as at 13th February shows 133 patients remain within the 97 week+ cohort for treatment prior to year-end. The latest trajectory show the risk to delivery of the year-end target primarily being in the surgical specialties due to the loss of elective capacity and the risk of patients transferred to the IS for treatment either not completing treatment by the end of March or choosing to return to SaTH for that treatment.

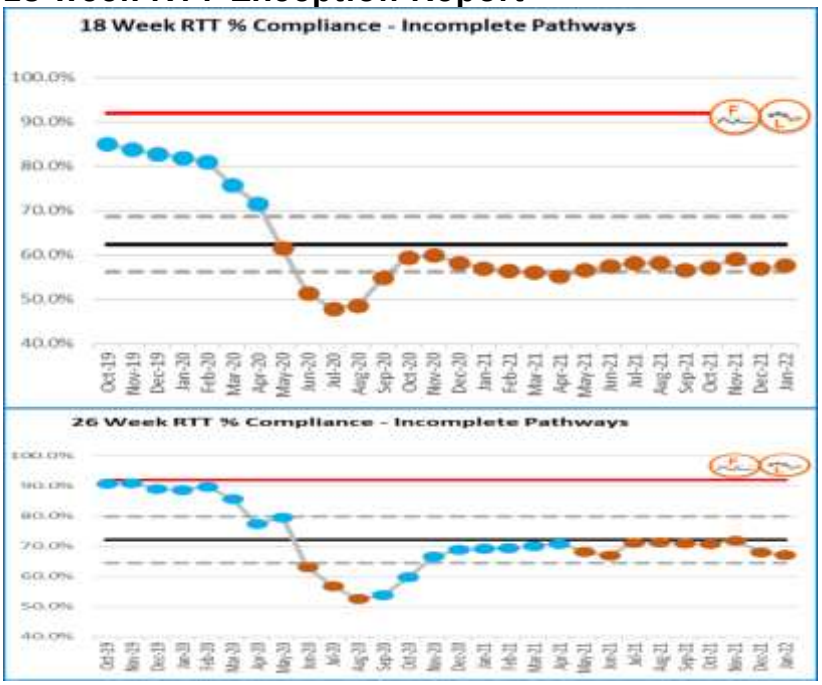
RTT Waiting List – Total Size

January 2022 actual performance
34956 (English 31106, Welsh 3850)
Variance Type
Special Cause Concern
Local Plan
34,443 total, 27,832 (English) by Mar 2022
Target / Plan Achievement
H2 to hold Sept.2021 position

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust are required to hold the size of the English waiting list at the	The total waiting list size is above the September 2021 level. With the interventions agreed in H2 it	Reduced capacity to see and treat patients due to clinic space restrictions, bed capacity due to emergency pressures and staff absences/theatre	Weekly Restore and Recovery meetings in place. Increased use of the independent sector. Training staff for surgical transfer to Vanguard. Optimising utilisation of eye unit and vanguard.	As actions Additional 32-bedded unit from April will mitigate some bed pressures and support 16

September 2021 level.	was expected that the waiting list size will start to reduce but remain at a higher level than pre-COVID-19 by March 2022. This reduction is not strongly evident at the present time.	vacancies. Increase in cancer referrals particularly in colorectal. Conversion rate as more patients are seen in outpatients and placed on a waiting list. Increased routine diagnostic waiting times Emergency demands. Loss of elective Inpatient capacity on both PRH and RSH sites in January 2022.	Outsourcing of pain interventions, some urological procedures, some ophthalmology and some general surgery to IS providers. Continuing used of virtual clinics where appropriate. Adoption of patient initiated follow up as clinically appropriate. Phased recovery of elective inpatient capacity within day surgery units.	additional elective beds from July 2022. Theatre staff recruitment and supernumerary to substantive trajectory. Development of elective hub bid for PRH site from late 2023.

18 week RTT Exception Report

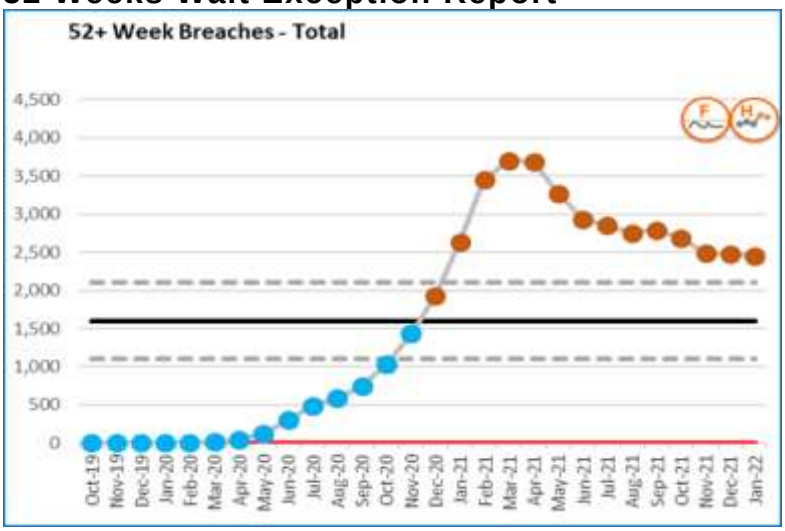


January 2022 actual performance
57.6%
Variance Type
Special Cause Concern
National Target
92%
Target / Plan Achievement
Clinical prioritisation and the backlog developed mean target will not be achieved.

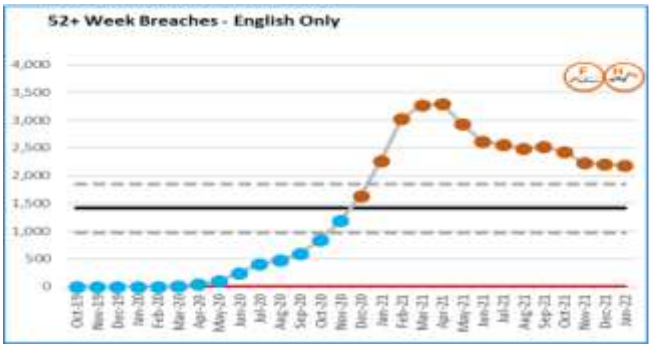
January 2022 actual performance
67.1%
Variance Type
Special Cause Concern
National Target
92%

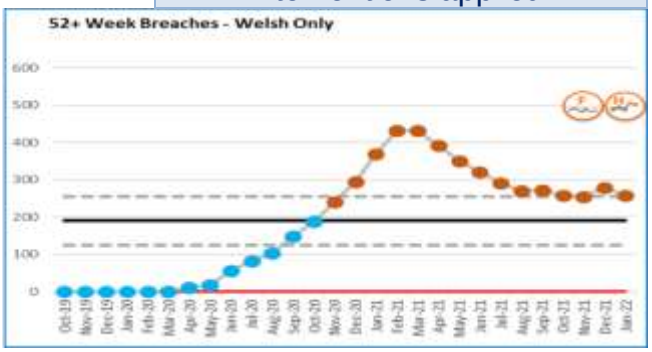
Background	What the Chart tells us	Issues	Actions	Mitigation
This is the National standard for patients referred for elective care. Headline performance against this measure has now stabilised but is well below the pre-pandemic performance.	Incomplete pathway appear to have stabilised at a level significantly below the national target. Total waiting list is forecast to reduce as the most urgent patients are treated. This means that the 18-week/26-week performance will continue to decline, as urgent patients tend to wait in shorter time bands.	Limited resources, outpatients with social distancing, theatre capacity due to theatre nursing teams and theatres prioritised to clinical urgent patients Staff related absences due to COVID-19. Increase in 2ww and urgent demand across a number of specialties. Loss of elective IP capacity through day surgery units.	Monitoring of referral demand and capacity Weekly centre PTL meetings Insourcing and outsourcing options.	Established system meeting to monitor elective and cancer.

52 Weeks Wait Exception Report



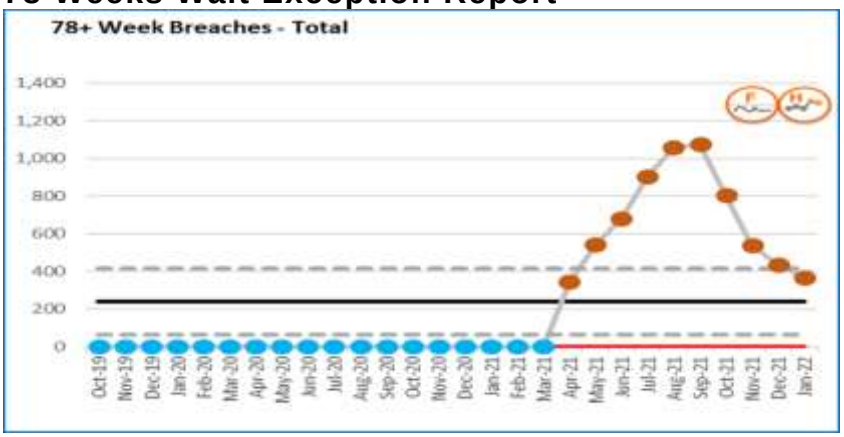
January 2022 actual performance	
2446 (English 2188, Welsh 258)	
Variance Type	
Special Cause Concern	
National H2 Target	**Local Forecast**
2755 (2485 English)	2108 (English)
Target / Plan Achievement	
Local forecast developed aligned to the H2 plan post interventions applied.	



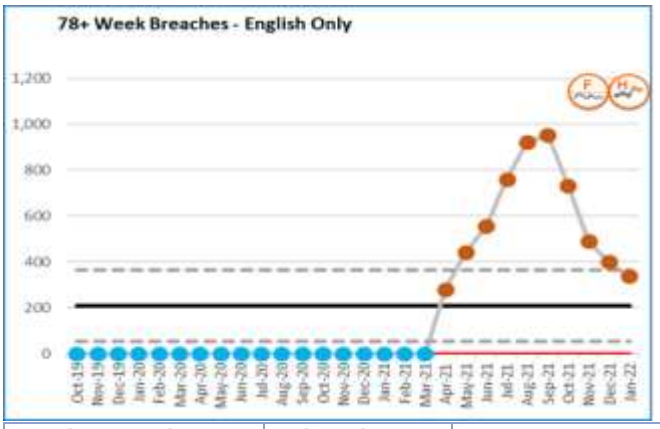


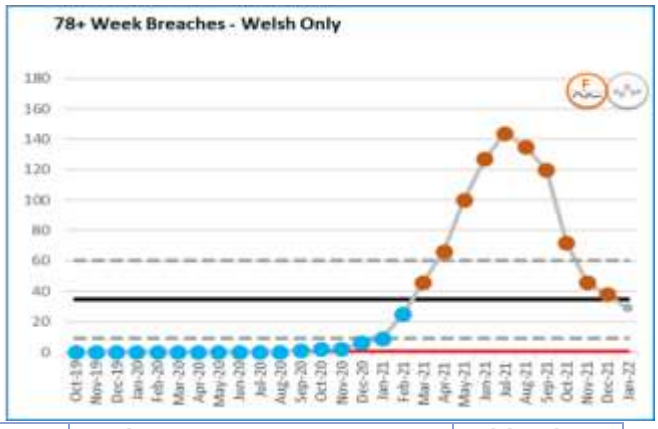
Background	What the Chart tells us	Issues	Actions	Mitigations
From a baseline position of zero pre-pandemic, the volume of patients waiting in excess of 52 weeks on an open RTT pathway has increased significantly. It reflects routine patients are not currently being able to be prioritised for treatment. H2 target of holding or reducing 52-week waits at September 2021 levels.	The reduction seen in over 52 weeks at present is forecast to be sustained with the additional interventions agreed in the H2 plan. The recovery will not be complete by March 2022 with 2108 patients on the England waiting list forecast to be waiting over 52 weeks at year-end. This will be increased by c10% to allow for the non-England waiting list. This performance is predicted to meet the H2 requirements set by NHSE.	Theatre staffing. Reduced elective capacity. Urgent care pressures resulting in the loss of elective 'green' capacity.	Clinical prioritisation patients. Use of outsourcing including: Rowley Hall, Nuffield, vanguard and insourcing capacity via 18 weeks. Continue to booking in line with clinical priority and longest wait.	Monitored by weekly RTT meeting & cancer performance meeting.

78 Weeks Wait Exception Report



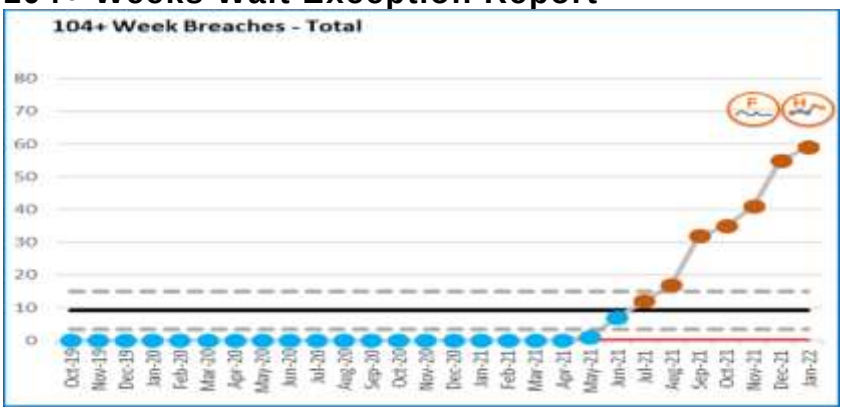
January 2022 actual performance	
367 (English 338, Welsh 29)	
Variance Type	
Special Cause Concern	
National Target	**Local Forecast**
0	tbc
Target / Plan Achievement	
The target will not be delivered in 21/22.	





Background	What the Chart tells us:	Issues	Actions	Mitigations
From a baseline position of zero pre-April 21, the volume of patients waiting in excess of 78 weeks on an open RTT pathway has increased significantly. There is no specific target for 78 weeks in 2021-22 but for 2022-23, it is expected that this recover to 0 over 78 weeks by 31st March 2023.	The proportion of these long waiting patients who are over 78 weeks has started to reduce as the additional interventions and recovery plans impact.	The volume of patients over 78weeks is related to the proportion of clinically urgent patients waiting and the unscheduled care demands reducing capacity for routine long waiting patients. The forecast for 2022-23 shows that additional interventions will continue to be required in order to reduce this back to zero by 31.3.2023.	Reduced theatre capacity and staffing Vacancies being addressed through recruitment and overseas nursing. COVID-19 and non COVID-19 related absences are being closely monitored. Urgent care bed pressures resulting in loss of elective beds. Ring-fenced elective capacity retained in eye suite and Vanguard unit plus green pathways and additional IS capacity secured. Develop recovery plans as part of the 2022-23 integrated operational planning cycle.	Monitored via weekly RTT meeting. H2 plan monitored through system and weekly divisional meetings.

104+ Weeks Wait Exception Report

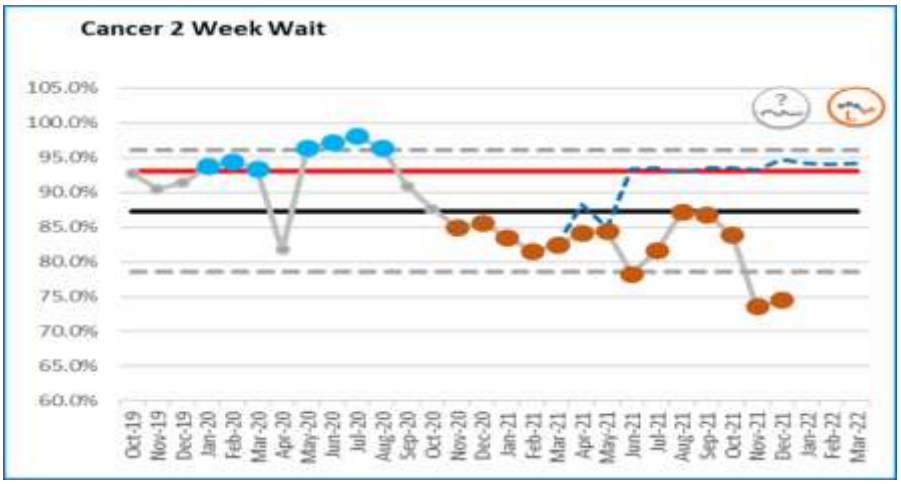


January 2022 actual performance	
59 (English 55, Welsh 4)	
Variance Type	
Special Cause Concern	
National Target	**Local Forecast**
0	74
Target / Plan Achievement	
H2 monthly trajectory	

Background	What the Chart tells us:	Issues	Actions	Mitigations
From a baseline position of zero pre-April 21, the volume of patients waiting in excess of 104+ weeks on an open RTT pathway has increased. It continues to increase because routine patients are not currently being prioritised for treatment. The H2 target is to reduce to zero by 31.3.22. The SaTH H2 plan including interventions has 74 patients remaining over 104+weeks at 31.3.22.	Number of 104+ week waiters is increasing. The end of Jan.22 position is 18 patients worse than the H2 planned trajectory.	Limited routine elective capacity due to medical escalation. Only limited PL2 and PL2Cs patients. Potential for IS activity to be incomplete at year-end. Potential for patients returning from IS providers increasing internal volume of patients to treat by end of March 2022.	Clinical priority of cases and allocation of theatre lists and capacity. Scoping options to use Nuffield for cancers and insourcing activity at weekends Optimising vanguard and training staff to undertake laparoscopic activity previously not done in vanguard Seeking alternative resolution to support for treatment of the patients awaiting Pain and Urology interventional procedures. Mutual aid with joint working on elective orthopaedic cases with RJAH.	642 theatre meeting List planning Weekly Restore and recovery meeting

Cancer

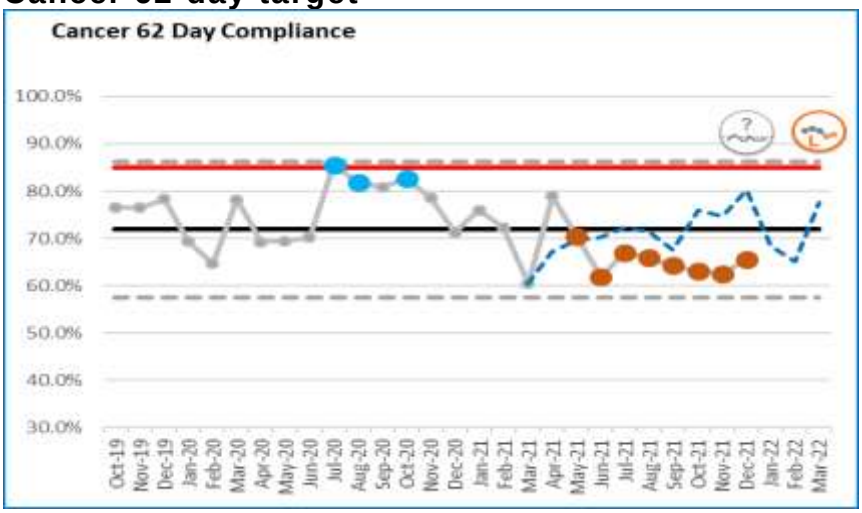
Cancer 2 week waits



December 2022 actual performance
74.5% (January 2022 Revised forecast 68.8%)
Variance Type
Special Cause Concern
National Target
93%
Target / Plan Achievement
Improvement trajectory not being achieved

Background	What the Chart tells us	Issues	Actions	Mitigation
This measure is a key indicator for the organisation's performance against the national cancer waiting time's 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/Gynaecology/ and Lung services.	Capacity issues in the Breast specialty has impacted negatively on SaTH's overall 2WW performance. Gynaecology PMB patients to be seen in one stop only, which will cause breaches of 2WW, but improve the 28 day target.	Breast Pain only clinics started in November, which will reduce the amount of 2WW, Breast referrals overtime but benefit, is not yet being fully seen. Gynaecology working on extra capacity and alternatives to one stop. Lung trying to recruit and also provide some WLI clinics Each Tumour site producing recovery plans during February 2022.	Implementation of revised 2WW breast referral Proforma. Implementation of revised 2WW gynaecology Proforma.

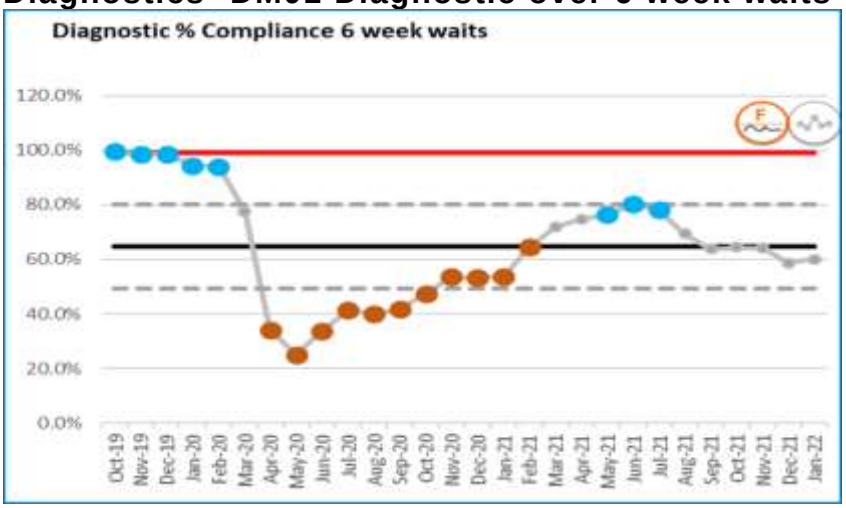
Cancer 62-day target



December 2021 actual performance
65.5% (January revised forecast 43.7%)
Variance Type
Special Cause Concern
National Target
85%
Target / Plan Achievement
Performance worse than improvement plan

Background	What the Chart tells us	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national cancer waiting times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer is treated within 62 days of referral.	The present system is unlikely to deliver the target. Compliance with this target has been achieved once since April 2019. Performance is also worse than plan. Revised forecast shows plan is not being delivered.	Capacity does not meet demand (diagnostics a significant issue even prior to COVID-19). Surgical capacity not back to pre COVID-19 levels. Rise in 2WW referrals. Loss of surgical capacity during Dec.21 and into Jan. 22.	Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure. New pod to house a CT/MRI scanner to be in place in Aug 2021, with a view to have capacity ready in Early 2022. This is staff dependant. Transfer of suitable patients to the Nuffield from January 2022. Recovery trajectories for each tumour site to be presented to deputy COO in February 2022.	Cancer Performance and Assurance Meetings on going chaired by Deputy COO. Improvement plans being written by divisions

Diagnostics -DM01 Diagnostic over 6 week waits



January 2022 actual performance
60.1%
Variance Type
Common Cause
National Target
99%
Target / Plan Achievement
Recovery is no longer expected to be achieved by March 2022. Plan for further additional capacity being developed for 2022-23.

Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6 weeks of the referral.	Continued failure to reach target. Slight improvement (1.43%) in performance since December 2021.	Continued staffing challenges leading to reduced capacity and short-notice cancellation of lists. Continued impact of COVID-19 restrictions. Cessation of mutual aid has slightly reduced available capacity for CT and MRI. Building work has reduced capacity for gastroscopy during the month.	Continued recruitment drives, including international routes. Clinical prioritisation of workload in line with capacity. Requested recommencement of mutual aid. Optimise use of renewed endoscopy facility once building work completed.	Approval for 12-month retention of mobile CT and MRI scanners. US insourcing due to begin in March.

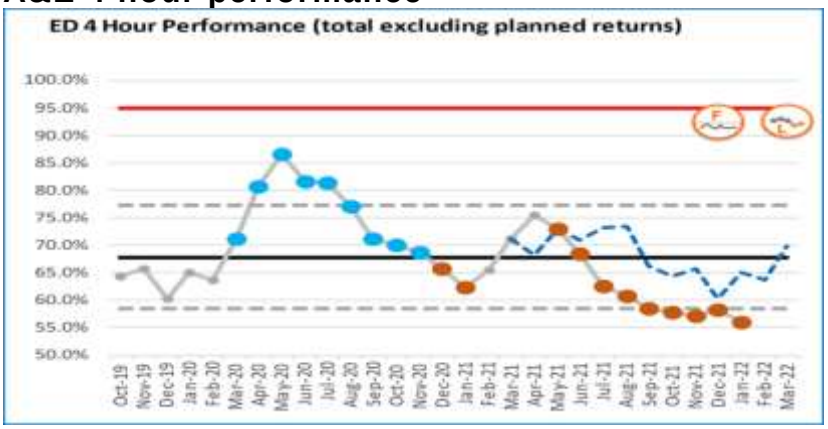
DM01 Patients who have breached the Standard

January 2022 actual performance
5232
Variance Type
Special Cause Concern
National Target
0 - < 6weeks
Target / Plan Achievement
Clinical prioritisation and then addressing longest waits.

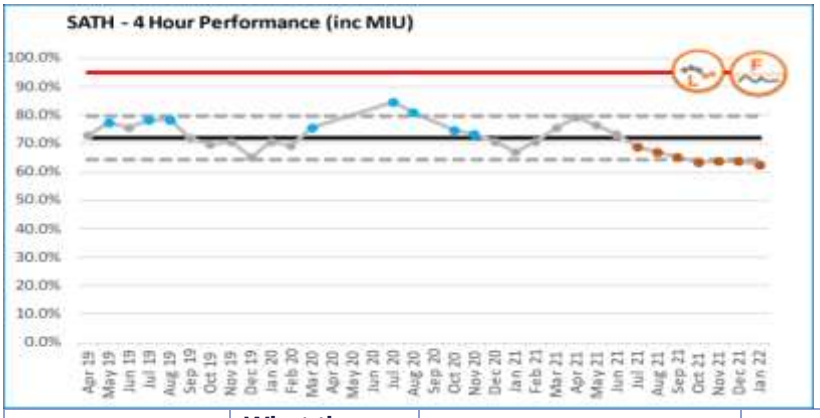
Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6 weeks of the referral. There must be no more than 1% of patients waiting longer than 6w.	Continued failure to reach target. The rise in patients breaching is reduced in comparison to previous months.	Continued staffing challenges impacting on capacity and leading to short-notice cancellation of lists. Ongoing COVID-19 restrictions.	Continued recruitment efforts, including international routes. Clinical prioritisation of workload.	Retention of mobile CT and MRI scanners confirmed until March 2023. US insourcing to begin in March.

Emergency Department

A&E 4 hour performance



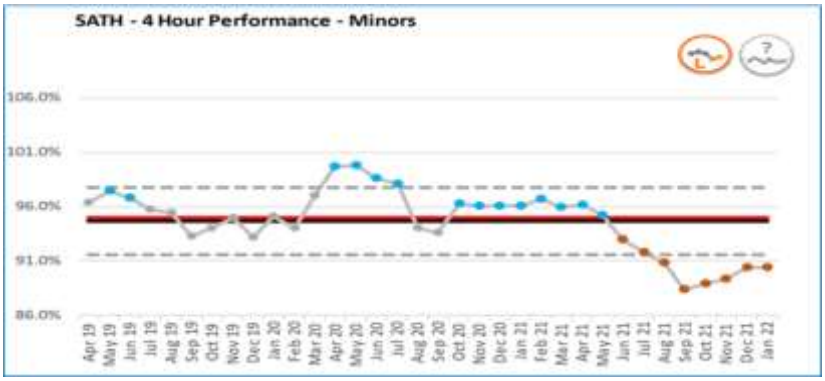
January 2022 performance
56%
Variance Type
Special Cause Concern
National Target
95%
SaTH Local Plan
60.4%
Target / Plan Achievement
Performance is worse than the improvement trajectory.



January 2022 performance
62.5%
Variance Type
Special Cause Concern
National Target
95%
SaTH Local Plan
66.1%

Background	What the Chart tells us	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department.	ED performance is forecast to continue to be below national target.	Flow out of ED restricted due to an overall lack of capacity as demonstrated within the Trust bed model, an increase in the number of MFFD patients, and a reduction in the number of complex discharges. Direct medical patients are being referred to ED due to a lack of AMA capacity as a result of COVID-19.	Continued full use of SDEC for suitable patients. Pull model in place and direct access for WMAS. Focus on the reduction in MFFD patients occupying beds with system partners. Admission avoidance and Single Point of Access (SPA) in place to reduce footfall to ED. Flow improvement work to be rolled out to all medical wards. Reconfiguration of wards on RSH to create an acute medical floor.	System UEC action plan. Support from NHSEI MFFD and criteria to reside.

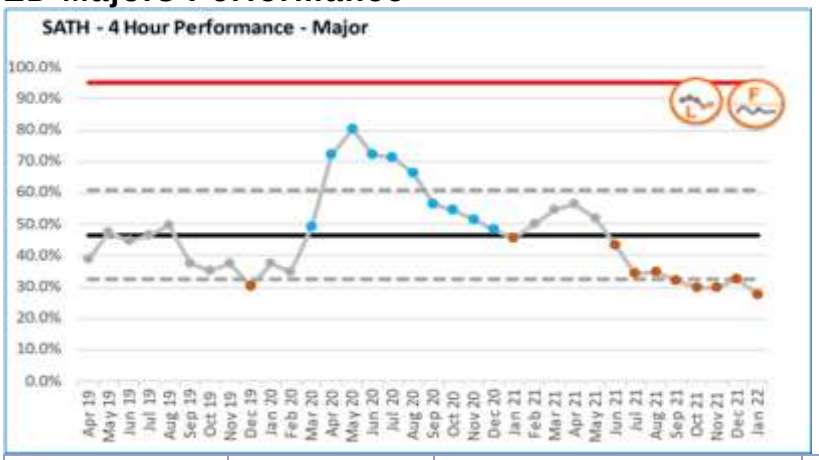
ED Minors Performance



January 2022 actual performance
90.5%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
The target cannot be delivered reliably each month

Background	What the Chart tells us	Issues	Actions	Mitigations
Maintaining streaming between minor and major conditions will support delivery of the 4-hour standard for patients with more minor presentations.	Improvement in performance since September 21 but still below the expected standard and with special cause variation demonstrating change from previous achievement of this target.	Workforce constraints – sickness absence and COVID-19 isolation. Physical space in departments.	Continuing to address workforce issues. Working with NHS 111 to improve utilisation of booked appointment slots. WMAS working with Community Trust to use MIU capacity. Single point of Access for referrals in place. Implementation of ED re-direction programme with NHSEI expected in Q4.	Patients assessed on clinical priority need.

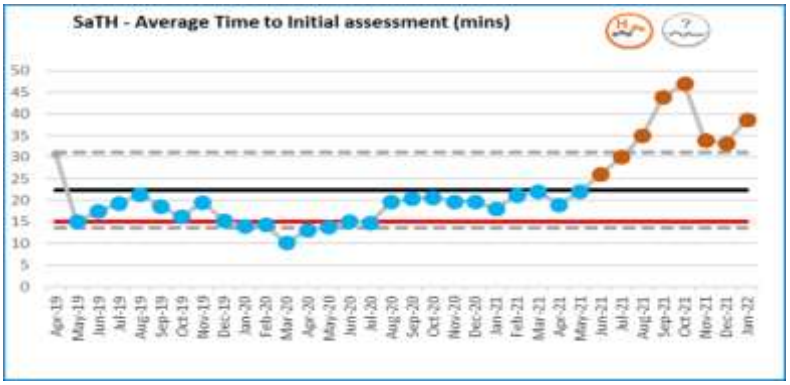
ED Majors Performance



January 2022 actual performance
27.3%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
The target is well above the upper process control limit and so will not be achieved without process re-design.

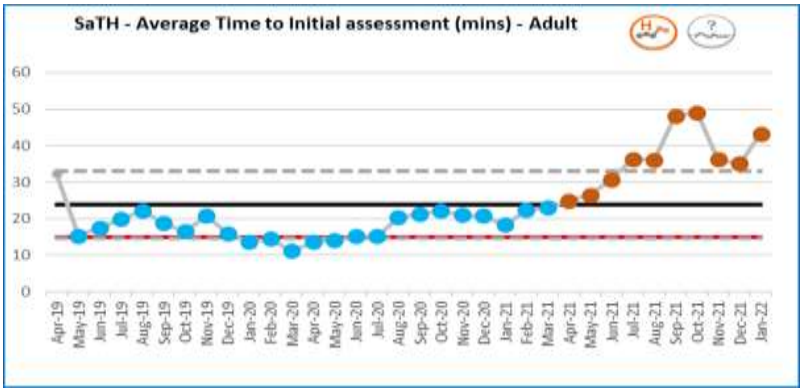
Background	What the Chart tells us	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department.	Deterioration in performance in Quarter 3 has continued in January 2022.	Physical space in the department to enable patients to be accommodated. Flow from the department constrained by access to beds, including segmentation of COVID-19 and non COVID-19 routes. Increasing MFFD list, which is resulting in an increase in length of stay.	Reconfiguration of wards and increase in acute medical capacity. Direct access plans in place to reduce footfall in ED. Improvement plan roll out for flow improvements in ED and wards.	Patients assessed on clinical priority need.

ED –Time of Initial assessment (mins)



January 2022 actual performance
39 Minutes
Variance Type
Special Cause Concern
National Target
15 Minutes
Target / Plan Achievement
Aim to recover to national target.

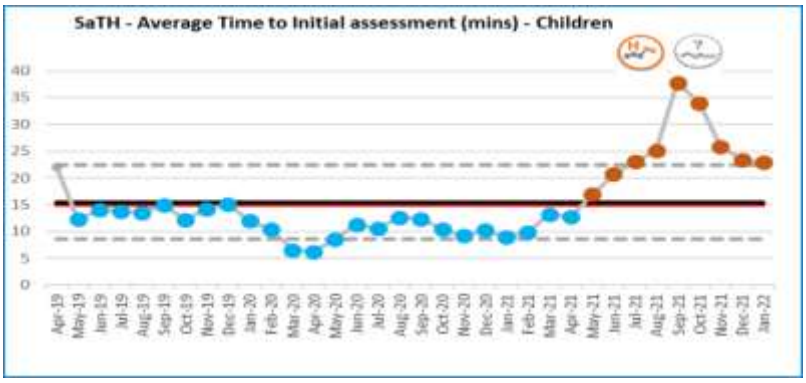
ED Time to Initial Assessment - Adult



January 2022 actual performance
43 Minutes
Variance Type
Special Cause Concern
National Target
15 Minutes
Target / Plan Achievement
Performance worse than target and above upper process limit

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 although deterioration has been seen in the paediatric time to initial assessment.	Workforce and physical capacity constraints to meet the demand for both walk in and ambulance arrivals leads to bottleneck in departments.	Matrons focussing on restoration of initial assessment times – action plan developed, now in the process of being implemented.	Oversight by Divisional Director and COO.

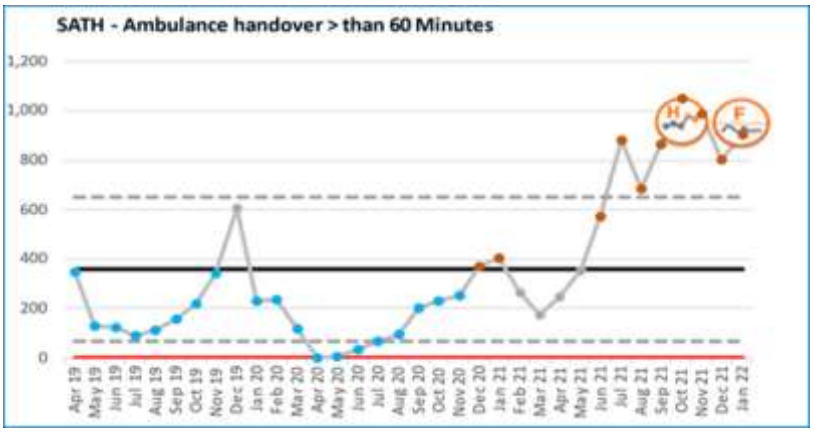
ED Time to Initial Assessment - Children



January 2022 actual performance
23 Minutes
Variance Type
Special Cause Concern
National Target
15 Minutes
Target / Plan Achievement
Performance deteriorated and now above upper process limit

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.	Space within both departments to assess patients within 15 minutes. Increase in paediatric activity.	Matrons focussing on restoration of initial assessment times, improvement plan developed, in the process of implementation. Paediatric support to ED at high escalation levels. Access to paediatric ward and PAU to avoid ED overcrowding.	Oversight by DD and COO.

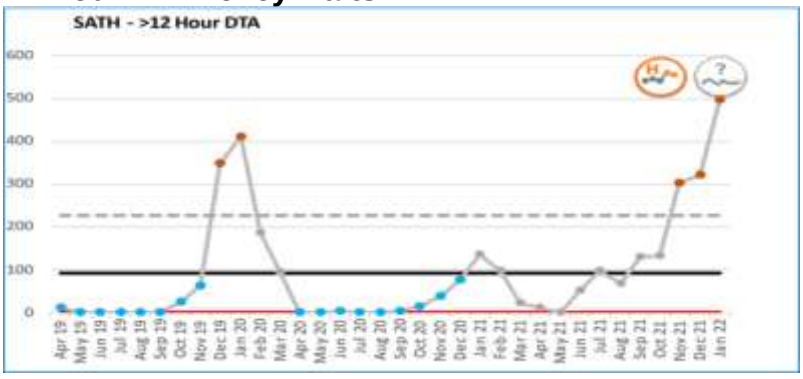
Ambulance handover> 60 Mins



January 2022 actual performance
902 (29.4%)
Variance Type
Special Cause Concern
National Target
0
Target / Plan Achievement
Performance deteriorated to above upper control limit

Background	What the Chart tells us	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety and to support the community response to 999 calls by release of ambulances to respond.	Handover delays have increased in volume and performance is showing special cause concern.	High volume of ambulance presentations with a large number presenting around the same time of day. The requirement to segregate patients arriving by COVID-19 pathway creates additional delays. Staffing of the departments has been challenging and has meant that some areas have not been able to open consistently to receive patients. Exit block associated with flow issues.	Direct Access to both SDECs by WMAS. Single point of access for redirection in the system. Bed reconfiguration plans. Validation of category 3& 4 patient by WMAS to avoid conveyance. Virtual ward for respiratory and frailty to increase discharges.	System UEC action plan. System transformation group. Focussed system IDT. .

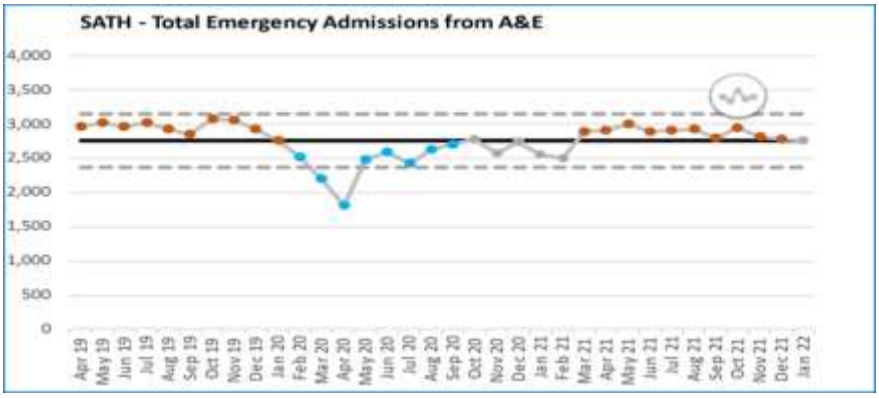
12 Hour ED Trolley waits



January 2022 actual performance
497
Variance Type
Special Cause Concern
National Target
0
Target / Plan Achievement
Not achieved

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a patient experience and outcome measure.	Following a period of improvement from January 2021-May, 2021 performance has deteriorated.	There has been a significant increase in both the number and length of stay for MFFD patients, which has impacted on flow from the departments. There is a known shortfall in medical bed capacity to meet demand. Increase in COVID - 19 presentations has impacted on flow due to the necessity to segregate patients.	Reconfiguration of wards and increase in acute medical capacity. Direct access plans in place to reduce footfall in ED. Improvement plan roll out for flow improvements in ED and wards.	ED Safe Today processes in place to mitigate risk where possible within the department.

Total Emergency Admissions from A&E



January 2022 actual performance
2753
Variance Type
Common Cause
National Target
N/A

Background	What the Chart tells us	Issues	Actions	Mitigation
The number of emergency admissions is an indicator of system performance and a reflection of the prevalence of serious illness and injuries in the community.	Emergency admissions from ED have returned to pre-COVID-19 levels.	Segmentation of patients continues to be necessary to ensure good IPC is maintained. Beds are required across elective and emergency care. Impact of admission avoidance schemes not fully realised in Dec.21.	Bed capacity is flexed to meet the demand of COVID-19 and non COVID-19 admissions. Criteria to admit programme being led by Medical Director. Monitoring through system of winter admission avoidance schemes. Working with partners to support schemes.	System wide plans to avoid admission and use of virtual ward and other pathways.

UEC metrics – shadow reporting.

The measures below are reported in shadow form ahead of adoption expected nationally for 2022-23. Deterioration is reported against all these measures.

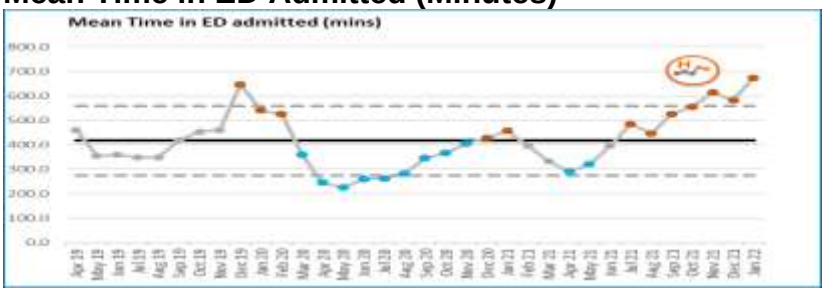
% Patients seen within 15 minutes for Initial Assessment

January 2022 actual performance
43%
Variance Type
Special Cause Concern
National Target
n/a

Mean Time in ED Non-Admitted (Minutes)

January 2022 actual performance
244
Variance Type
Special Cause Concern
National Target
n/a

Mean Time in ED Admitted (Minutes)

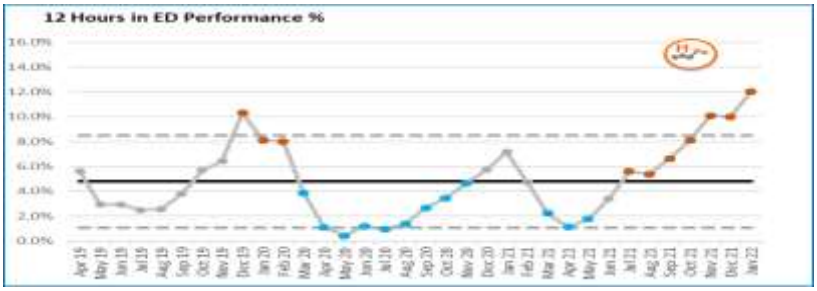


January 2022 actual performance
674
Variance Type
Special Cause Concern
National Target
n/a

Number of Patients who spend more than 12 hours in ED

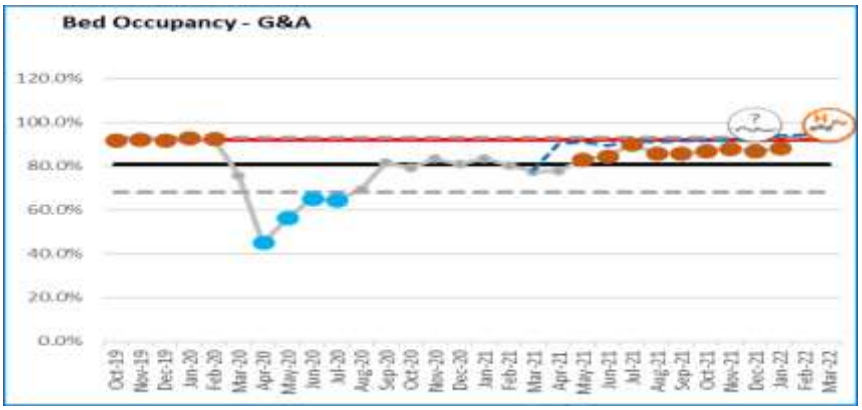
January 2022 actual performance
1387
Variance Type
Special Cause Concern
National Target
N/A

12 Hours in ED Performance %



January 2022 actual performance
12%
Variance Type
Special Cause Concern
National Target
N/A

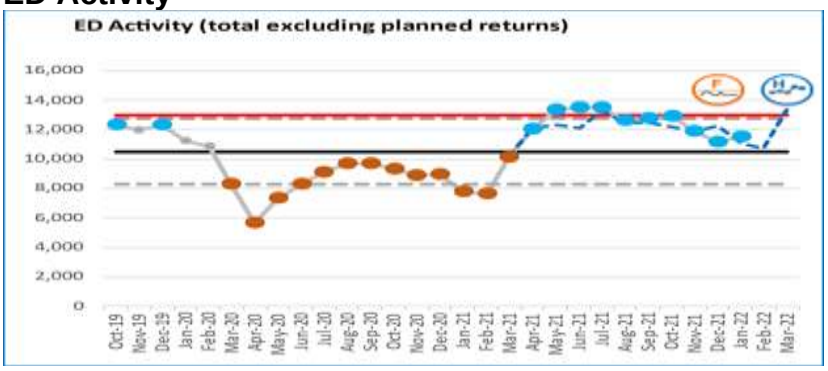
Hospital Occupancy and Activity
Bed Occupancy



January 2022 actual performance
88.1%
Variance Type
Common Cause
Local Target
92%
Target / Plan Achievement
Occupancy slightly lower than pre-COVID-19

Background	What the Chart tells us	Issues	Actions	Mitigation
Bed occupancy is an important measure indicating the flow and capacity within the system.	Bed occupancy has increased overall, however the majority of the increase represents an increase in emergency non-COVID-19 admissions. Occupancy levels remain slightly below the pre-COVID-19 levels but close to the forecast position.	Segmentation of beds has created smaller bed pools and reduced flexibility. The increase in NEL occupancy has reduced capacity to restore elective activity. Re-allocation of beds to specialties means that some wards will have lower occupancy levels however; their beds may not be clinically suitable to other specialty patients. Increase in MFFD times to discharge. Further work needed to mitigate against the forecast winter bed shortfall. The % occupancy is a national measure against G&A beds at midnight – due to the specialty specific nature of some beds, they are not all suitable for all patients. Occupancy on wards admitting emergency patients is much higher than the mean and occupancy at midday is higher than at midnight. Morning discharges remain low in number contributing to the flow issues in being able to admit patients from ED.	Bed base re-allocated to increase capacity for COVID-19 patients while protecting cancer activity within the day surgery unit. Focus on flow and discharge pathways with partners to increase bed capacity earlier in the day. Bed modelling completed demonstrating underlying bed shortfall for winter 2021-22. Winter planning schemes being implemented to continue admission avoidance.	Additional 32 beds planned from April 2022. Cross Divisional ward reconfiguration group established chaired by MEC Divisional manager to re-configure ward allocation and align more closely to specialty requirements for 2022-23.

ED Activity



January 2022 actual performance
11524
Variance Type
Special Cause Improvement
Local Target
12521
Target/ Plan achievement
Trajectory Based on H2 plan

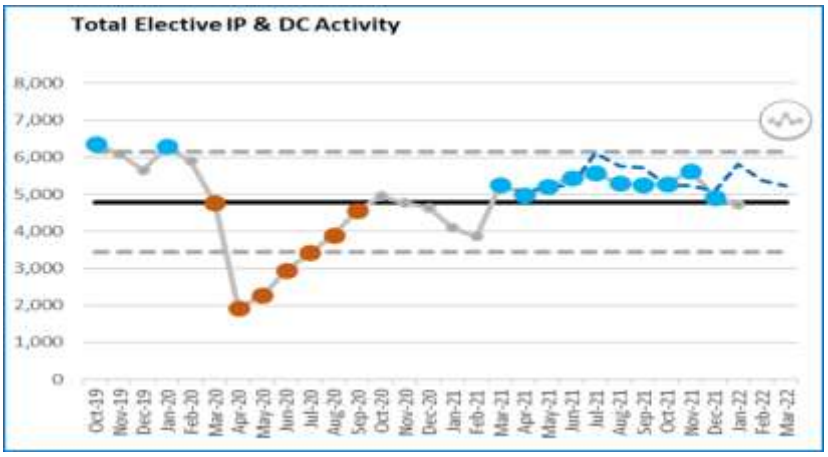
January 2022 actual performance
9658
Variance Type
Special Cause Improvement
Local Target
10559
Target/ Plan achievement
Trajectory Based on H2 plan

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.	ED activity has returned to pre-COVID-19 levels. Activity is performing in line with the H1 and H2 activity plans.	GP referrals are being managed through the ED due to the need for segregation of pathways. Flow out of ED is not sufficient to ensure timely management of patients now presenting to ED. Not all patients attending ED need the services of the ED.	Continued full use of SDEC for suitable patients. Pull model in place and direct access for WMAS. Focus on the reduction in MFFD patients occupying beds with system partners. Admission avoidance and Single Point of Access (SPA) in place to reduce footfall to ED. Flow improvement work to be rolled out to all medical wards. Reconfiguration of wards on RSH to create an acute medical floor. Re-direction programme of improvement to commence on the PRH site before the end of 2021-22.	Support from NHSEI MFFD and criteria to reside.

Elective IP & DC Activity v H2 recovery plan

The H2 activity plan has been submitted to the system and includes activity provided by our core services and our additional internal interventions and use of the Nuffield Hospital. In addition to this plan the IS has been commissioned by the CCG to provide additional eye care, urology, and general surgery cases.

H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total number of Specific Acute elective spells in the period	5225	5233	5098	5807	5368	5233
Total number of Specific Acute elective day case spells in the period	5034	5025	4908	5579	5141	5004
Total number of Specific Acute elective ordinary spells in the period	191	208	190	228	227	229

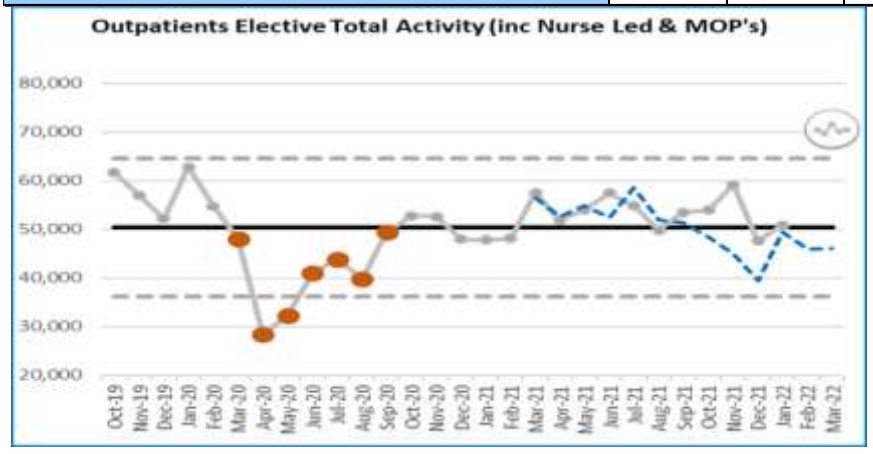


January 2022 actual performance	
4718 (Recovery 75%) (IP 185 , DC 4533)	
Variance Type	
Common Cause Variation	
National Target	**Local Target**
95%	5807
Target/ Plan achievement	
Trajectory Based on H2 plan above	

Background	What the Chart tells us	Issues	Actions	Mitigation
The Trust is working to recover services in line with the level of activity delivered in 2019-20, which is being used as a baseline. The trust has developed an activity plan for H2. This aims to optimise the internally available capacity to address urgent elective cases and to increase capacity via use of insourcing the Nuffield and RJAH to reduce the longest waits for routine surgery.	Performance is tracking is slightly below plan due to the reduced bed base.	Reduced elective bed base due to emergency pressures increased use of day surgery beds to support emergency admissions. Theatre staffing issues.	Patient treated based on clinical priority i.e. cancer and urgency cases. Additional sessions planned at Nuffield January 2022 and further sessions sought. Recovery of day surgery unit beds RSH during Jan.2022.	As Actions.

Outpatients Elective Total Activity –H2 plan

H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total outpatient attendances (all TFC; consultant and non consultant led)	48366	44973	39355	49393	45937	46064

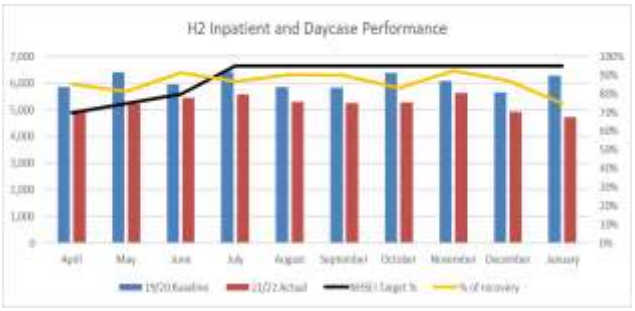


January 2022 actual performance
50901
Variance Type
Common Cause
Local Target
49393
Target/ Plan achievement
Delivery of H2 plan

Background	What the Chart tells us	Issues	Actions	Mitigation
The H2 activity plan aims to recover activity during Q3 and Q4 of 2021-22, using 2019-20 activity as a baseline. In addition, transformation is expected to support new ways of working such as virtual activity, patient initiated follow up (PIFU) and increased use of advice and guidance.	Actual v Planned activity has been above plan in Q3 however December and Jan saw a reduction in the level of activity undertaken.	Outpatient capacity remains a constraint due to staff / family related absence/ isolation/ COVID-19 is having some an impact on running clinic. Delivery of the plan itself does not eliminate the backlog of waits created during the pandemic. PIFU uptake remains low and the volume of virtual consultations is declining, especially for new referrals.	Waiting list initiative. Options for agency staff in challenged specialties. Bank staff support. Increased clinical leadership and engagement is taking place to spread the concept of PIFU.	Clinical prioritisation of patients.

The H1 elective recovery scheme has been revised for H2 and now considers the volume of closed RTT clocks compared to pathways closed in same month in 2019-20 rather than recovery of baseline activity. We are continuing to monitor activity levels for Outpatients, IPDC against the % of 19/20 baseline activity to assess the extent of service recovery. In addition, we are closely tracking the additional H2 interventions and the impact of these on reducing the volume of routine patients waiting long periods for treatment. The tables and charts below show the actual positions for April 2021- January 22. The diagnostic recovery plan is shown in the next section of the report.

The activity from October 2021 is part of the H2 plan and is in shown in relation to the 2019-20 baseline activity. Performance for January 2022 was below the baseline in Jan.2020.



Diagnostics Recovery v plan (national target is 95% of 2019-20 baseline).

Activity data for January shows a reduction in recovery in a number of modalities. This level of recovery is not sufficient to meet demand and start to reduce the backlog of patients waiting for diagnostics:

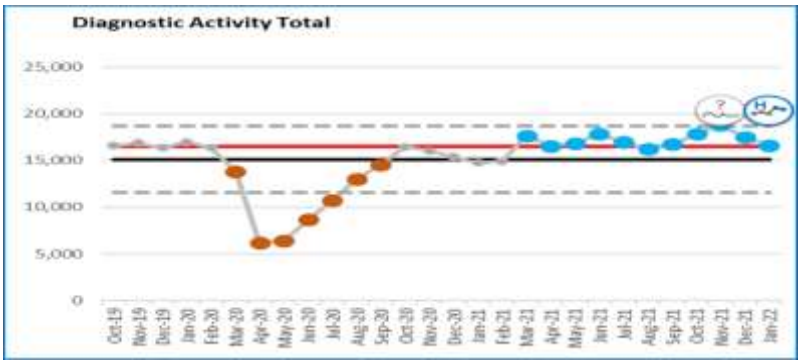
Indicator Name	21/22 Actual % of 21/22 H1 Plan
Diagnostic Tests - Magnetic Resonance Imaging	73%
Diagnostic Tests - Computed Tomography	83%
Diagnostic Tests - Non-Obstetric Ultrasound	88%
Diagnostic Tests - Colonoscopy	95%
Diagnostic Tests - Flexi Sigmoidoscopy	89%
Diagnostic Tests - Gastroscopy	68%
Diagnostic Tests - Cardiology - Echocardiography	89%

It is noted that the clinical pathway to flexi-sigmoidoscopy has changed with FIT testing being introduced and so this service has been reconfigured to reflect the change and lower resulting demand and therefore the activity is not expected to need to be at 2019 levels with capacity shifted to support colonoscopy.

Diagnostics recovery- H2 plan

The combined H2 activity plan for CT, MRI, NOUS, Colonoscopy, Flexi-sigmoidoscopy, gastroscopy and echocardiography is shown in the table below:

H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total	15954	16714	19240	19358	17590	18423

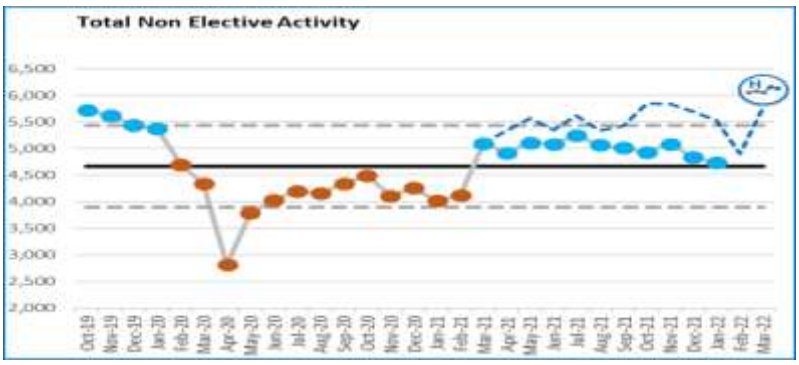


January 2022 actual performance
16583
Variance Type
Special Cause Improvement
Local Target
197,619 for year 19,358 Jan 2022
Target/ Plan achievement
Worse than H2 plan in Jan.

Background	What the Chart tells us	Issues	Actions	Mitigations
Diagnostic activity is made up of the number of tests/procedures carried out during the month; it contains Imaging, Physiological Measurement and Endoscopy Tests.	Continued special cause improvement in overall monthly activity through July 2021.	Radiology activity continues to exceed the 16,500. Ongoing staffing challenges and COVID - 19 restrictions continue to impact appointment capacity to meet the overall demand with increasing waiting lists and continued failure to meet DM01.	Active monitoring and clinical prioritisation of waiting lists to maximising use of all available capacity. Additional lists booked according to staff availability. Requesting re-instatement of mutual aid and business case of extension of staffed mobile capacity.	Approval for 12-month extension to CT and MRI mobile scanners. US insourcing due to start in March.

Non-Elective Activity

The H2 activity plan for non-elective admissions is shown in the table below:



January 2022 actual performance
4737
Variance Type
Special Cause Improvement
Local Target
5533 (H2 plan)
Target/ Plan achievement
Demand is forecast to return to 19/20 baseline

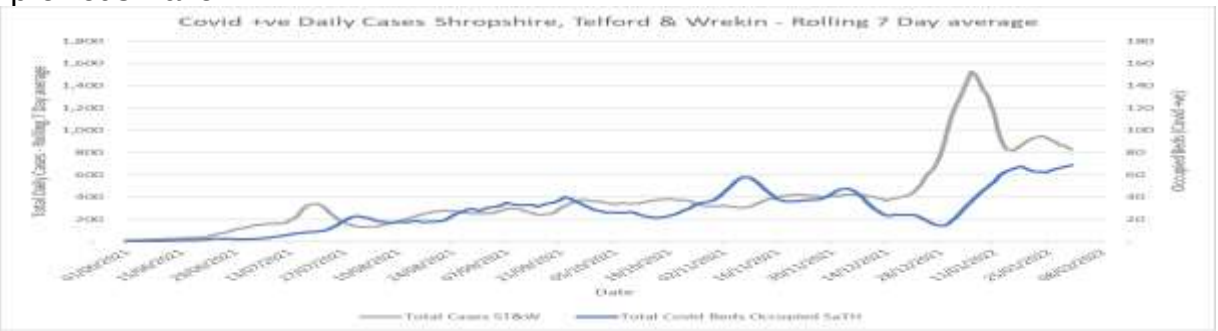
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Number of Specific Acute non-elective spells in the period	5851	5843	5697	5533	4908	5792

Background	What the Chart tells us	Issues	Actions	Mitigations
Non-elective activity reflects the demand from unscheduled care for admissions to hospital. It represents the greatest demand on beds and increases can result in constraints on elective activity, while reductions impacts negatively on contract income.	Activity remains lower than the 2019-20 baseline and the level expected in the H2 plan.	Increase in non-elective activity via ED. Increase in time from MFFD to discharge. Increase in length of stay. Flow issues across the site. COVID-19 admission increase resulting in segmentation of patients. Possible increase in surgical emergency admissions.	Dedicated CEPOD surgeon Clinical prioritisation Reduced elective 'green' capacity to increase emergency beds in both day surgery units.	See actions.

COVID-19

While we work through the recovery of elective services and manage the demand for urgent and emergency care, we are mindful of the increasing prevalence of COVID-19 in the community and the work needed to maximise the vaccination uptake to mitigate against further increases in hospitalisation in the coming weeks.

The graph below shows the rising prevalence of the virus in our communities has continued during quarter 3 and is leading to increases in hospitalisations, albeit at a lower level than in the previous wave.

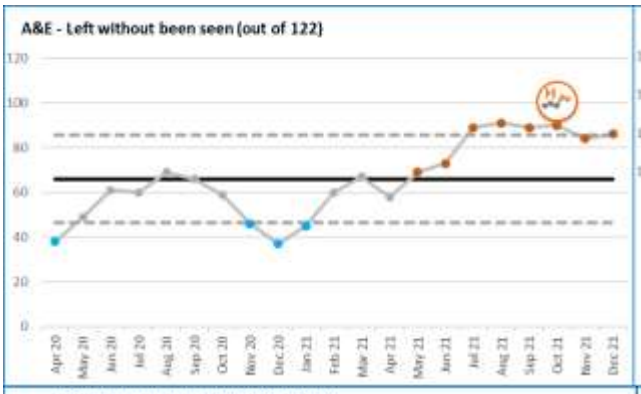


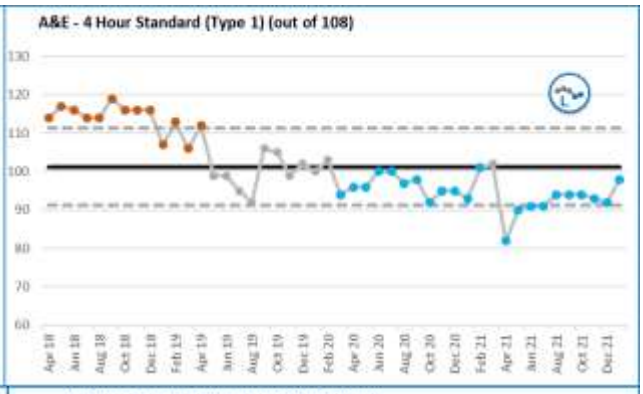
Operational Performance Benchmarking

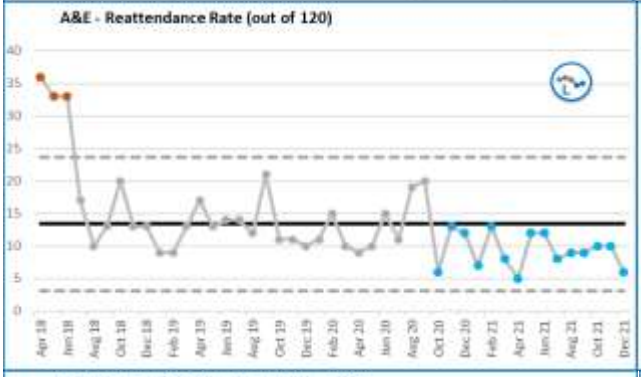
This table demonstrates the benchmarked position of the trust at a point in time compared to other English trusts reporting the same indicator. A lower actual performance ranking represents better relative performance compared to other Trusts for the latest reported month. The icon shows the trend of ranking over time of the trust in relation to other trusts. A blue icon represents improvement in relative ranking over time, while an orange icon shows a deterioration in ranking position over time.

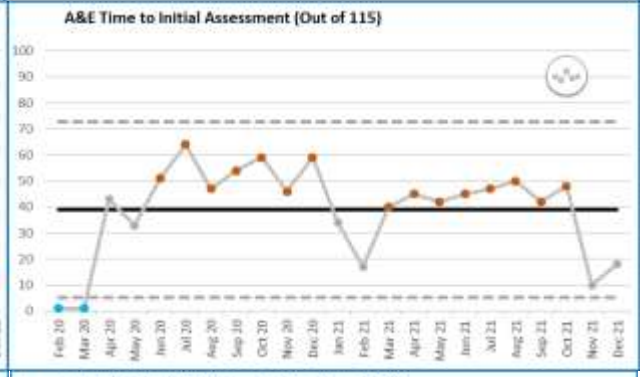
KPI	Latest month	Actual Performance Ranking	Performance	Lower process limit	Upper process limit
A&E - Left without been seen (out of 122)	Dec 21	86		46	86
A&E - 4 Hour Standard (Type 1) (out of 108)	Jan 22	98		91	111
A&E - Reattendance Rate (out of 120)	Dec 21	6		3	24
A&E Time to Initial Assessment (Out of 115)	Dec 21	18		5	73
Cancer 2 Week (out of 121)	Dec 21	81		51	120
Cancer 2 Week Breast Symptomatic (out of 113)	Dec 21	101		37	128
Cancer 62 Day Classic Metric (out of 122)	Dec 21	75		21	131
Cancer 62 Day Breast Cancer (out of 117)	Dec 21	93		15	144
Cancer 62 Day Lower Gastrointestinal Cancer (out of 121)	Dec 21	66		-2	124
Cancer 62 Day Lung Cancer (out of 115)	Dec 21	92		11	141
Cancer 62 Day Other Cancer (out 122)	Dec 21	89		-22	139
Cancer 62 Day Skin Cancer (out 114)	Dec 21	40		-22	134
Cancer 62 Day Urological Cancer (out of 120)	Dec 21	71		16	134
Diagnostic 6 Week Standard (out of 122)	Dec 21	100		39	97
Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 122)	Dec 21	10		-5	40
Diagnostic 6 Week Standard - Audiology Assessments (out of 110)	Dec 21	73		15	99
Diagnostic 6 Week Standard - Urodynamics: pressures & flows (out of 101)	Dec 21	94		11	103
Diagnostic 6 Week Standard - Respiratory physiology : sleep studies (out of 92)	Dec 21	32		-28	96
Diagnostic 6 Week Standard - Magnetic Resonance Imaging (out of 122)	Dec 21	113		48	108
Diagnostic 6 Week Standard - Computed Tomography (out of 122)	Dec 21	114		32	118
Diagnostic 6 Week Standard - Non-obstetric ultrasound (out of 122)	Dec 21	89		83	118
Diagnostic 6 Week Standard - Colonoscopy (out of 122)	Dec 21	117		4	87
Diagnostic 6 Week Standard - Flexi sigmoidoscopy (out of 121)	Dec 21	76		-3	91
Diagnostic 6 Week Standard - Cystoscopy (out of 118)	Dec 21	78		16	106
Diagnostic 6 Week Standard - Gastroscopy (out of 122)	Dec 21	93		8	80
RTT 52 Week Breach (out of 122)	Dec 21	85		68	86
RTT Incomplete 18 Week Standard – (out of 122)	Dec 21	99		50	86
Emergency C-Section (out of 105)	Oct 21	17		-1	33
Booking Appointment Before 10 Weeks (out of 119)	Oct 21	119		56	116
Breast Feeding Initiation (out of 95)	Oct 21	59		22	65
Elective C-Section (out of 104)	Oct 21	85		-1	99
Instrumental Assistance (out of 111)	Oct 21	10		-10	105
Premature Birth Rate (out of 99)	Oct 21	58		-36	149
Skin to Skin Contact (out of 117)	Oct 21	31		24	76
Spontaneous Delivery (out of 111)	Oct 21	23		-3	28
RTT Incomplete 18 Week Standard Metric - Gynaecology (out of 121)	Oct 21	72		44	86
Robson Group 1 - C-section with no previous births (out of 59)	Oct 21	38		12	66
Robson Group 2 - C-section with no previous births (out of 70)	Oct 21	40		2	30
Robson Group 5 - C-section with 1+ births (out of 73)	Oct 21	50		-8	44
Total Time in A&E - Admitted (out of 106)	Oct 21	97		59	113
Total Time in A&E - Non - Admitted (out of 120)	Oct 21	48		32	76

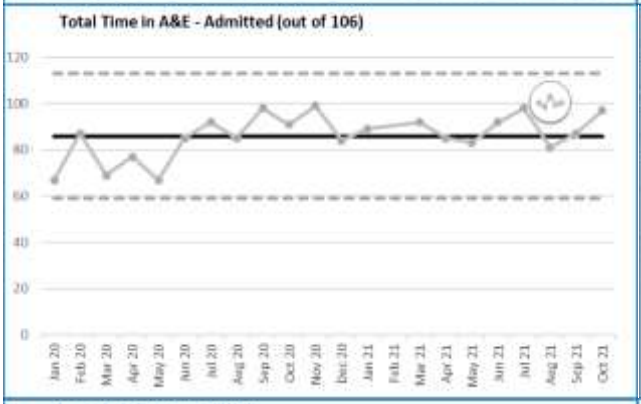
The SPC charts overleaf show the relative ranking of the Trust compared to other English trusts over time and so demonstrates the change in relative position compared to previous periods and the variation in the Trust ranking. The lower the ranking the better the relative position of the Trust is compared to others.

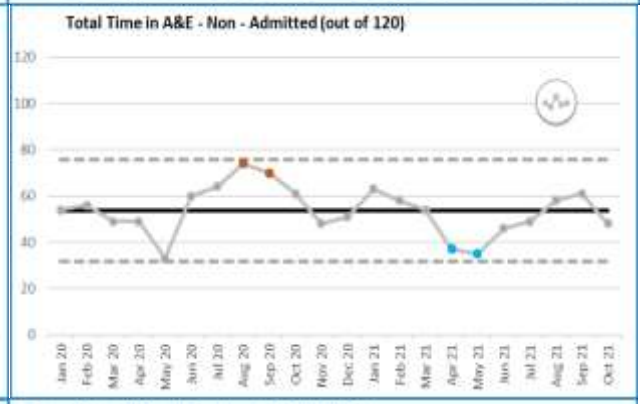

A&E - Left without been seen (out of 122)

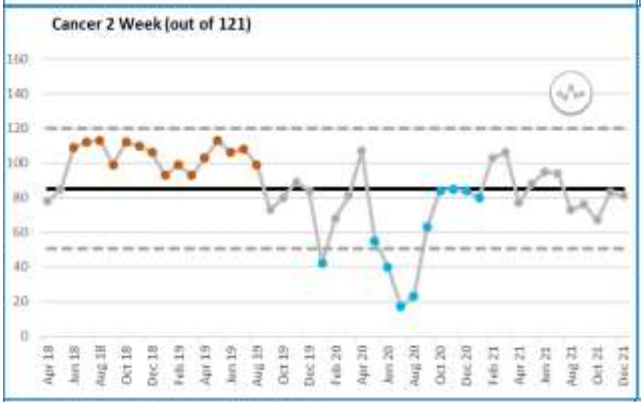

A&E - 4 Hour Standard (Type 1) (out of 108)

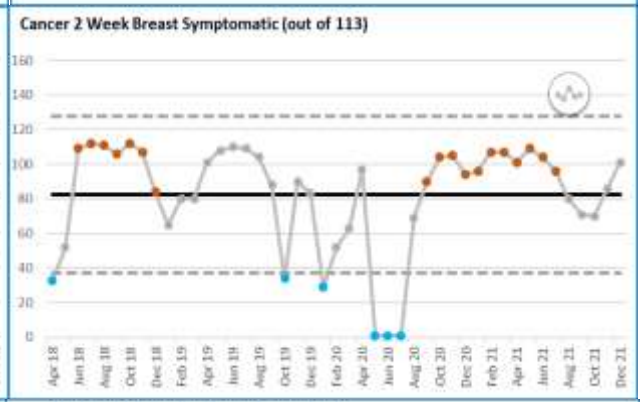

A&E - Reattendance Rate (out of 120)

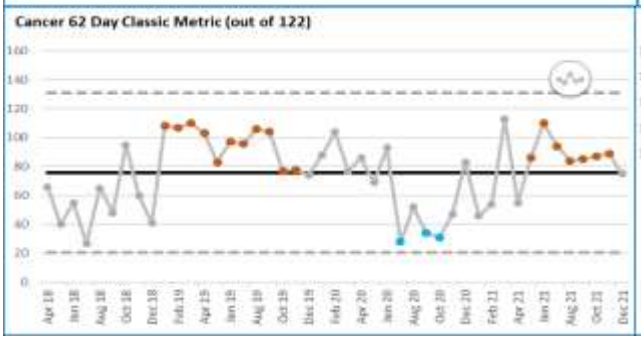

A&E Time to Initial Assessment (Out of 115)

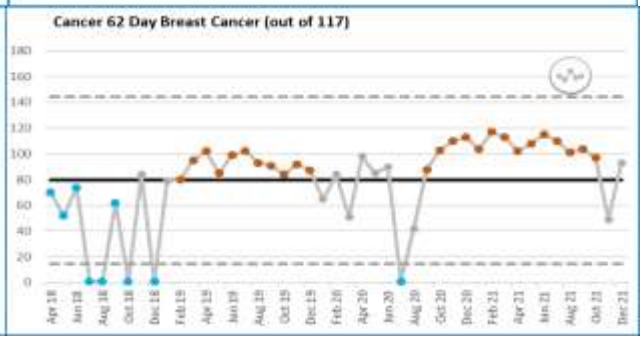

Total Time in A&E - Admitted (out of 106)

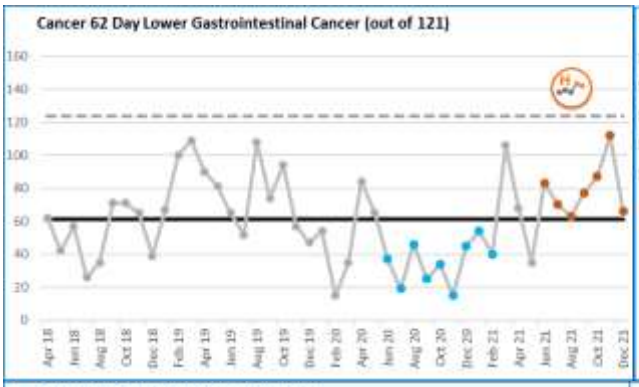

Total Time in A&E - Non - Admitted (out of 120)

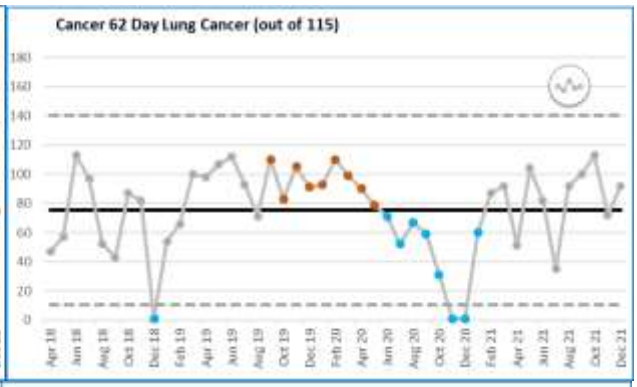

Cancer 2 Week (out of 121)

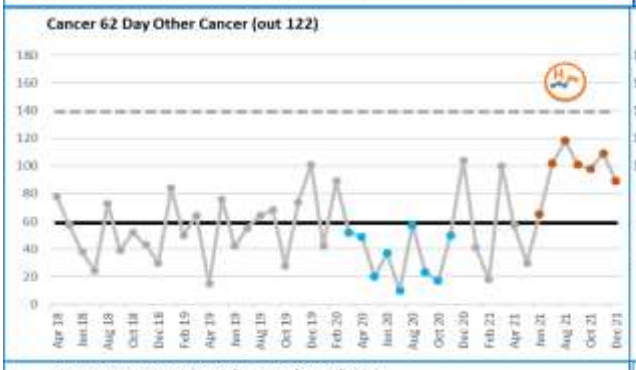

Cancer 2 Week Breast Symptomatic (out of 113)

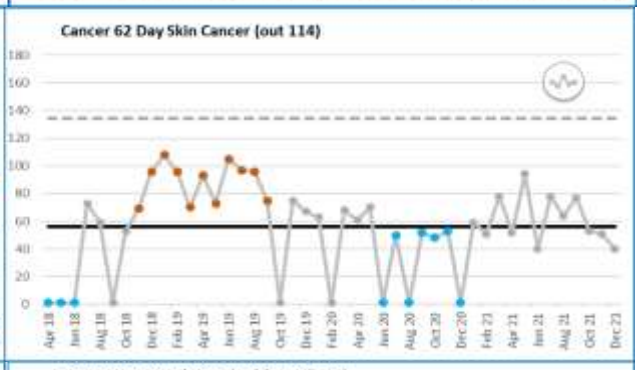

Cancer 62 Day Classic Metric (out of 122)

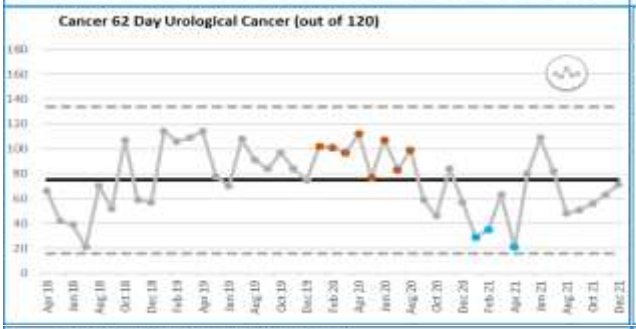

Cancer 62 Day Breast Cancer (out of 117)

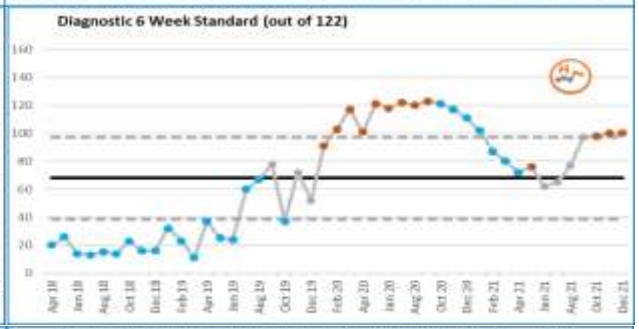

Cancer 62 Day Lower Gastrointestinal Cancer (out of 121)

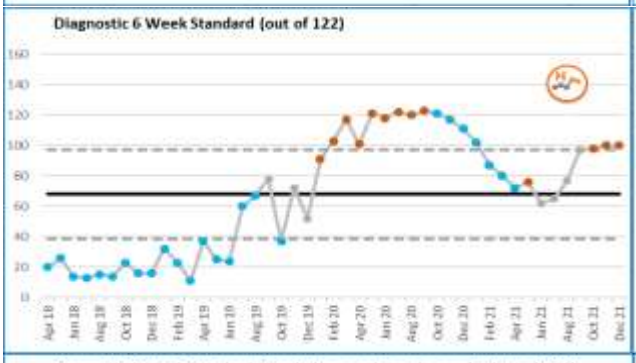

Cancer 62 Day Lung Cancer (out of 115)

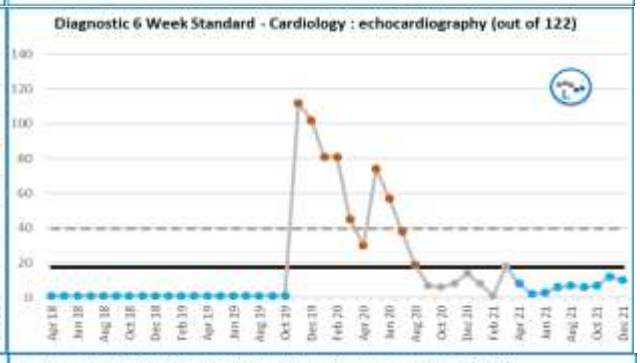

Cancer 62 Day Other Cancer (out 122)

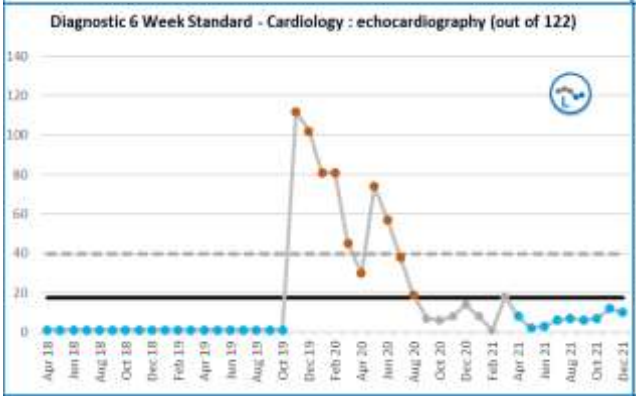

Cancer 62 Day Skin Cancer (out 114)

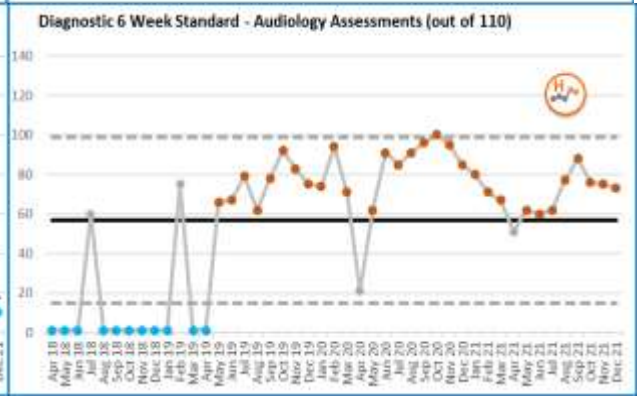

Cancer 62 Day Urological Cancer (out of 120)

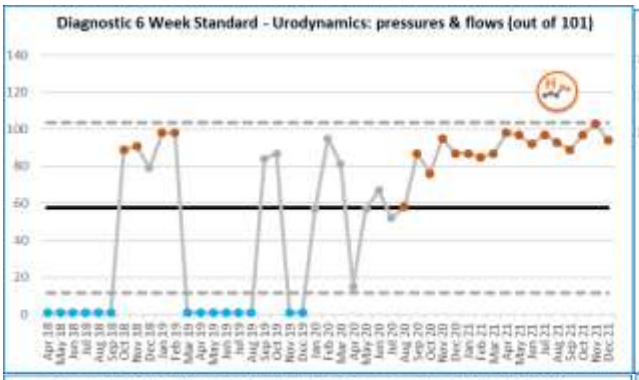

Diagnostic 6 Week Standard (out of 122)

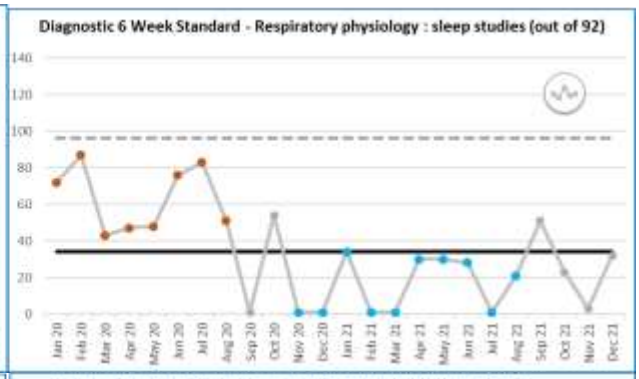

Diagnostic 6 Week Standard (out of 122)

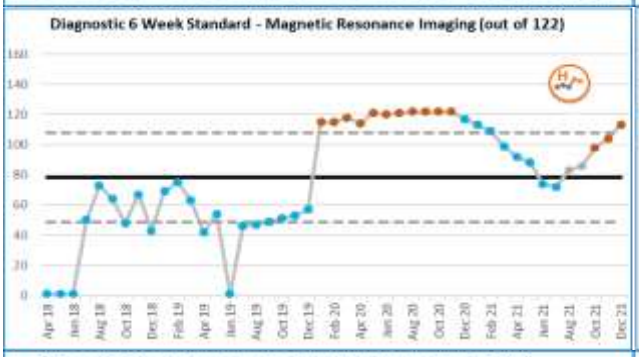

Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 122)

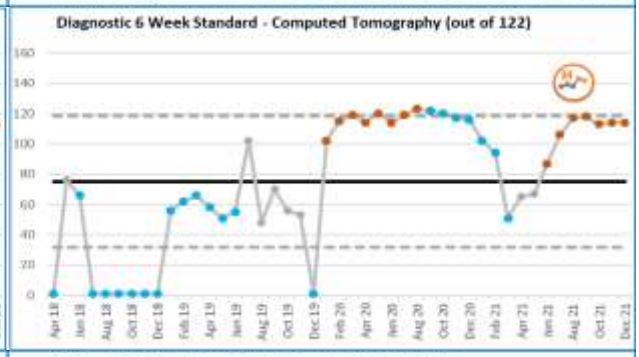

Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 122)

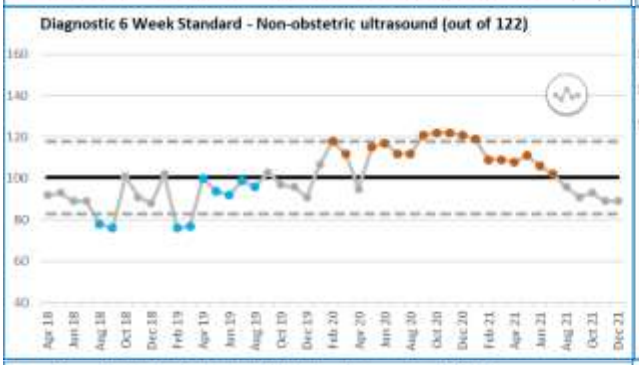

Diagnostic 6 Week Standard - Audiology Assessments (out of 110)

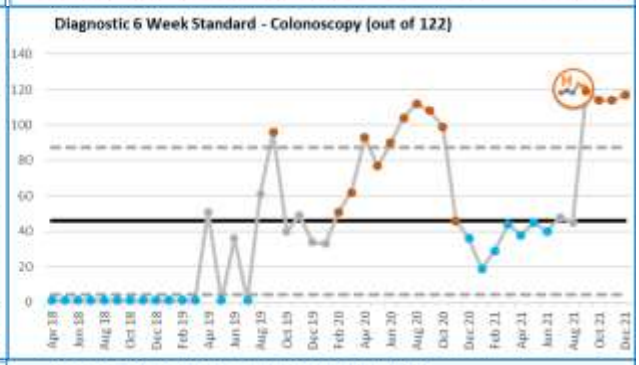

Diagnostic 6 Week Standard - Urodynamics: pressures & flows (out of 101)

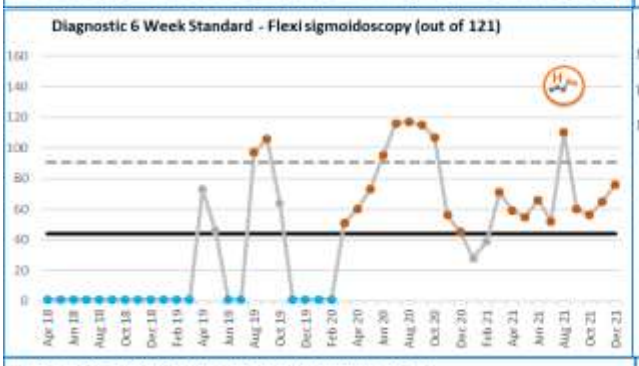

Diagnostic 6 Week Standard - Respiratory physiology : sleep studies (out of 92)

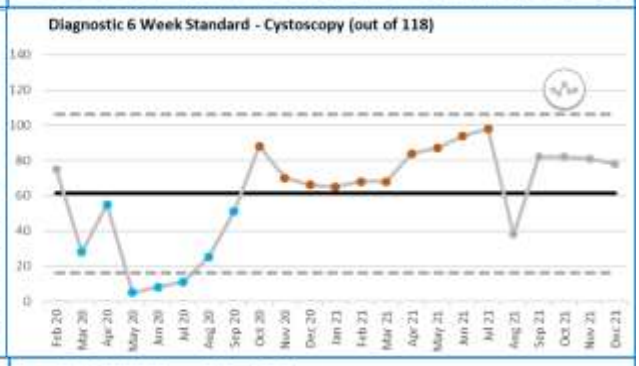

Diagnostic 6 Week Standard - Magnetic Resonance Imaging (out of 122)

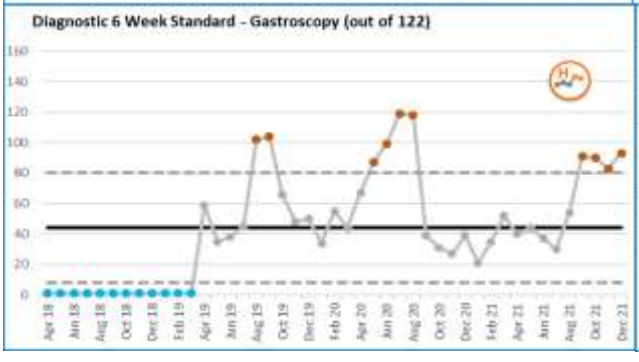

Diagnostic 6 Week Standard - Computed Tomography (out of 122)

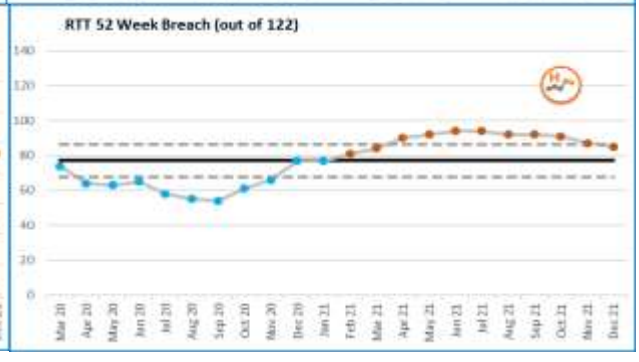

Diagnostic 6 Week Standard - Non-obstetric ultrasound (out of 122)

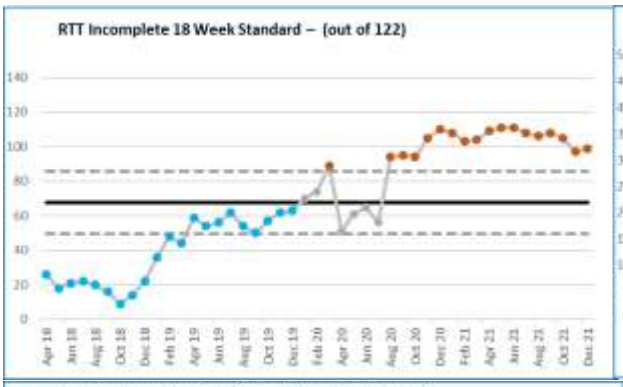

Diagnostic 6 Week Standard - Colonoscopy (out of 122)

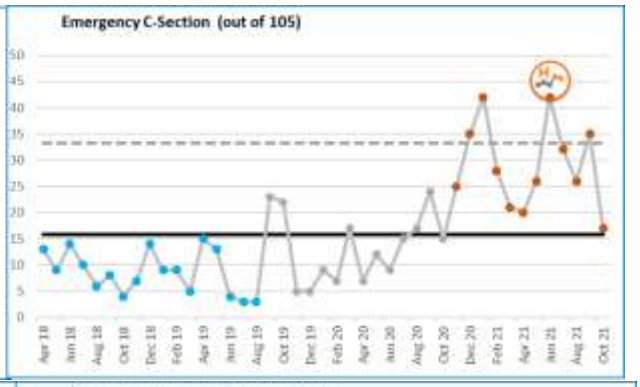

Diagnostic 6 Week Standard - Flexi sigmoidoscopy (out of 121)

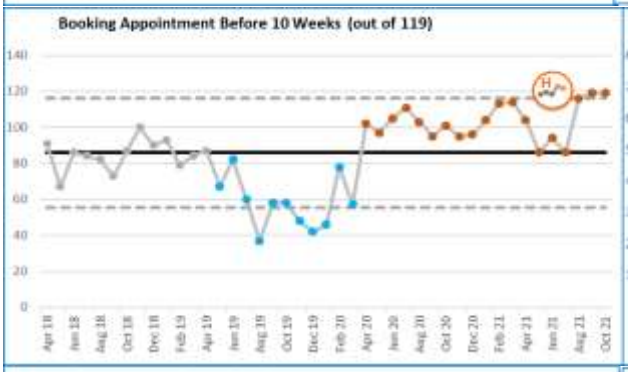

Diagnostic 6 Week Standard - Cystoscopy (out of 118)

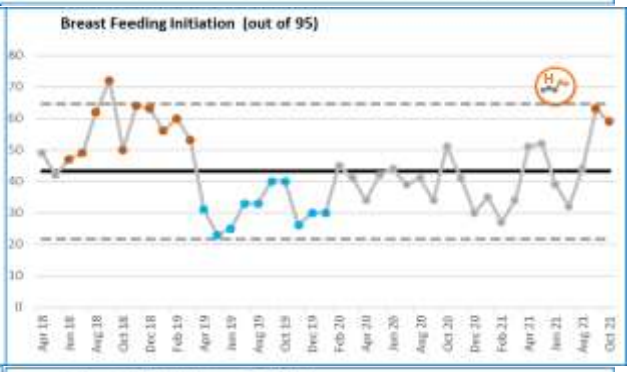

Diagnostic 6 Week Standard - Gastroscopy (out of 122)

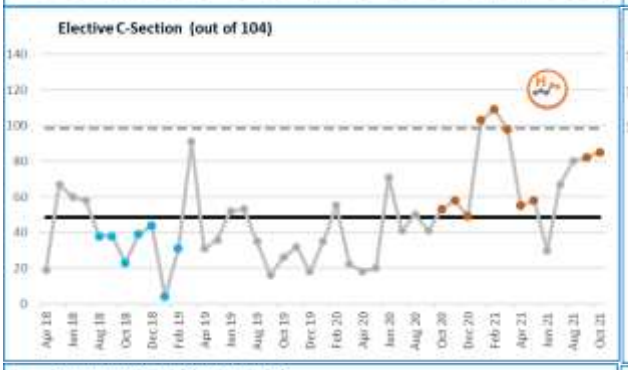

RTT 52 Week Breach (out of 122)

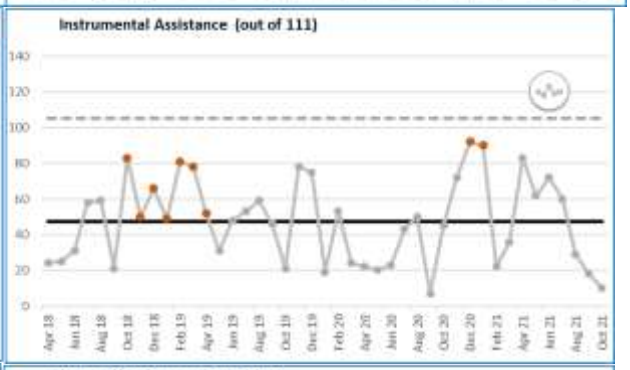

RTT Incomplete 18 Week Standard – (out of 122)

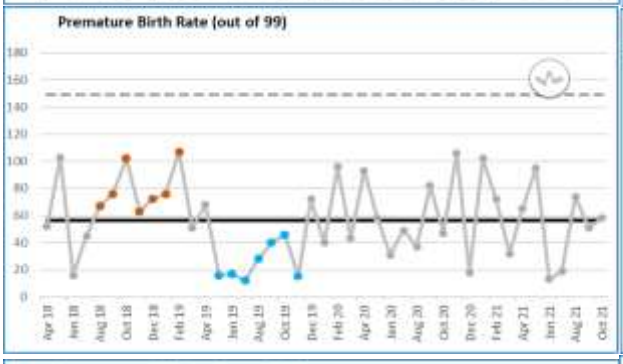

Emergency C-Section (out of 105)

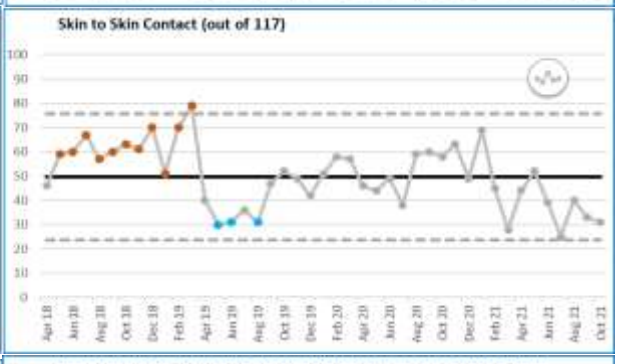

Booking Appointment Before 10 Weeks (out of 119)

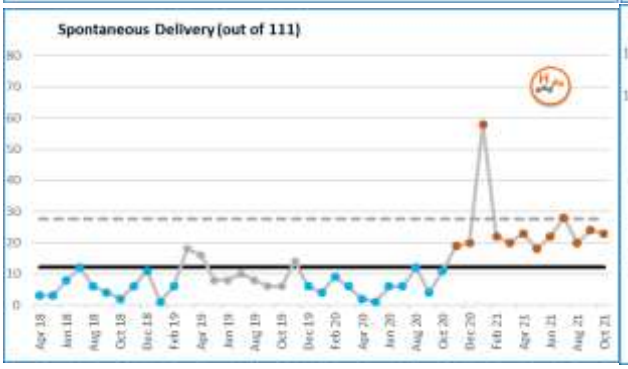

Breast Feeding Initiation (out of 95)

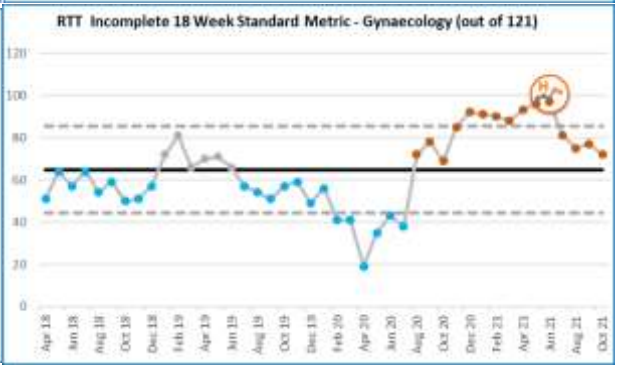

Elective C-Section (out of 104)

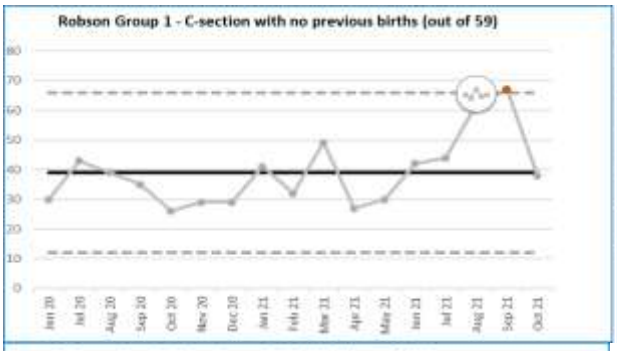

Instrumental Assistance (out of 111)

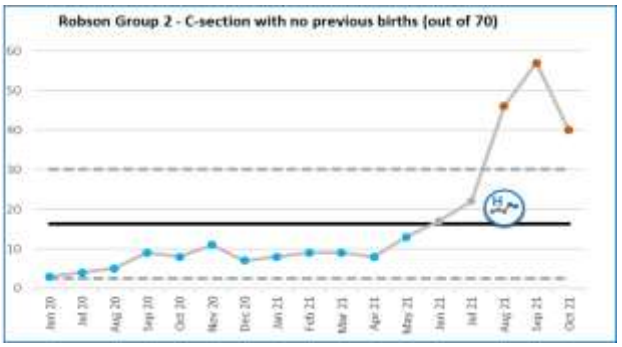

Premature Birth Rate (out of 99)

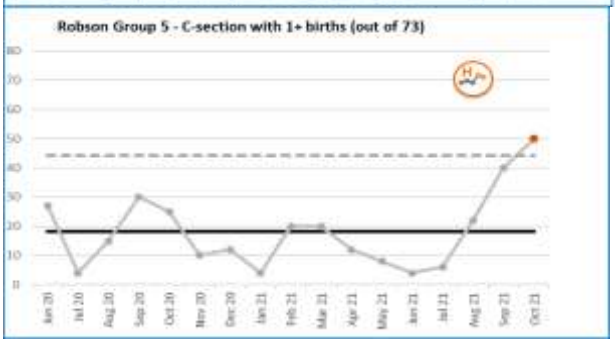

Skin to Skin Contact (out of 117)


Spontaneous Delivery (out of 111)


RTT Incomplete 18 Week Standard Metric - Gynaecology (out of 121)







6. Finance Summary
Helen Troalen, Director of Finance

- A deficit of £0.912m was recorded during the month, £0.246m adverse to plan. The cumulative deficit increases to £8.841m after ten months, £3.301m above the planned YTD deficit of £5.540m. This position is in-line with the latest forecast, which was formally reported via the ICS to NHSE/I at the end of Q3.

- The adverse position is attributable to three key issues:

    1. An acceptable overspend linked to the elective recovery programme during the first six months of the financial year (H1), £2.566m and;
    2. Additional costs associated with the operational and workforce pressures experienced during the winter and COVID-19 Omicron wave which continue into Q4;
    3. A material increase in energy (£0.462m) and maintenance (£0.220m).

- The in-month adverse position to plan was driven by excess pay and operating expenditure due to the issues outlined above. Pay costs were higher than plan but with reduced agency fill offset by an increase in bank fill. Agency supply has been affected by sickness during the past few months with temporary enhanced bank rates agreed to incentivise bank fill.

- Income is £7.862m higher than expected cumulatively. As previously reported, this is primarily due to additional unplanned income received mid-year to fund the pay award. The other key drivers include additional high-cost drugs and devices income, maternity transformation, screening income and income associated with the Trusts hosting the ICS budget. All these income streams are offset in full by additional expenditure.

- A total of £8.879m has been spent during the year on elective recovery and restoration. The in-month spend was lower than planned (£0.792m) due to both internal and external capacity constraints.

- The Trust's directly related COVID-19 spend was at its highest during January having spent £1.424m, £0.531m higher than December – this increase is primarily linked to increase sickness related backfill costs.

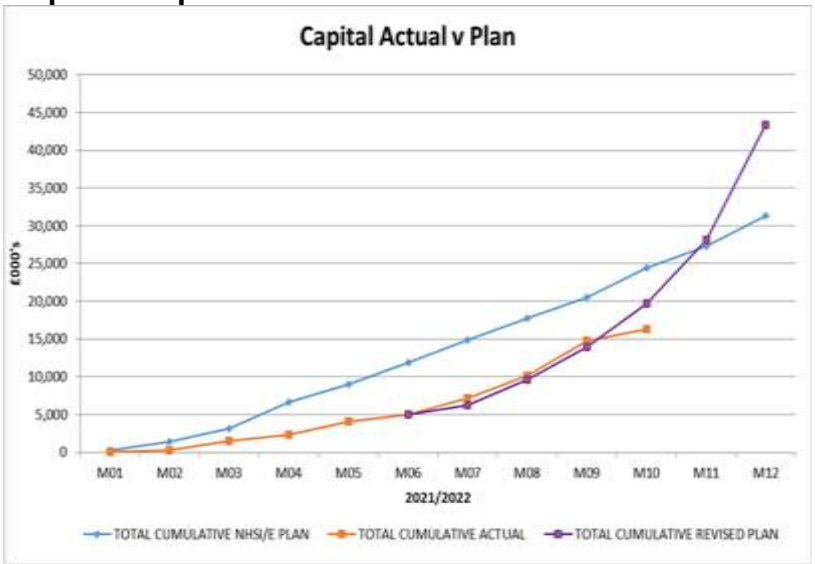
- The Trust submitted a revised forecast at the end of Q3, which estimated a full year deficit of £10.898m, £1.308m adverse to the previously agreed forecast deficit of £9.590m. This shortfall is accepted by the ICS and will be mitigated by favourable movements in ICS partner organisations.

- £5.553m of efficiency savings have been delivered YTD compared to a plan of £5.480m, with c40% delivered non-recurrently. The overall recurrent annual efficiency requirement is for £7.550m (1.6%) which the Trust is forecasting to deliver in full.

- The Trust's total capital allocation for 2021/22 as at month ten has been increased to £49.297m, following further allocations. Total capital spend year to date is £16.336m against a revised planned spend of £19.683m. The Trust is currently forecasting capital expenditure of only £43.319m, an underspend of £5.979m against allocation. This is due to a projected underspend of £2.900m relating to the transferred Community Diagnostic Centre Scheme and £3.079m underspend against additional PDC awarded to support increasing capacity due to TIF money being allocated later in the year.

- The Trust held a cash bank balance at the end of January 2022 of £26.325m. The increase from the month nine balance is mainly due to receipt of £10.746m of ERF income.

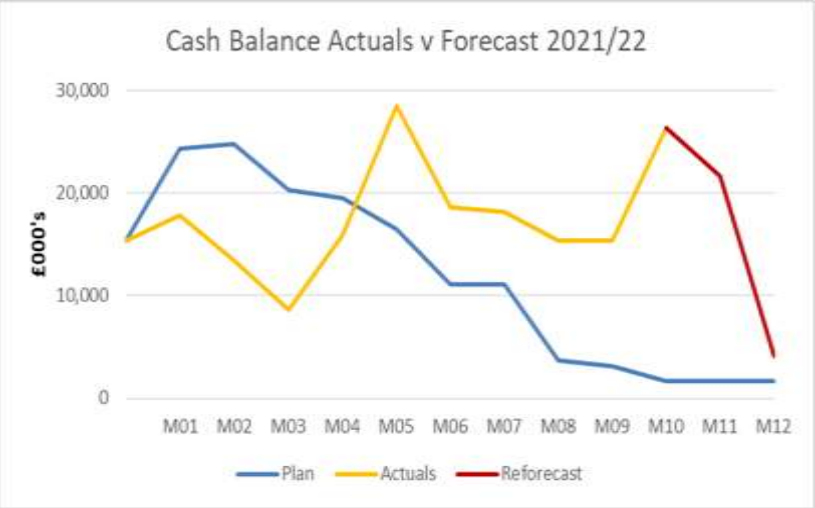
Capital Expenditure



January 2022 actual performance
£1.562m Spend year to date is £16.336m Underspend to date Is £8.109m
Variance Type
Underspend (against original NHSEI Plan)
SaTH Plan 2021/22
£43.319m
Target/ Plan achievement
To meet the Trust's capital resource limit (CRL).

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust's total capital allocation for 2021/22 as at month 10 has been increased to £49.297m. It should be noted that within this allocation is an allowance relating to sale of endoscopy assets to fund the endoscopy reconfiguration scheme (c£2.8m).	The status at M10 for the revised plan agreed at October's CPG (with adjustment for new allocations), is against a forecast spend of £19.683m, actual spend is £16.336m - £3.347m underspend from forecast.	Capital expenditure to date is lower than projected in original plan. The Trust is currently forecasting capital expenditure of only £43.319m, an underspend of £5.979m against allocation. This is due to a projected underspend of £2.900m relating to the transferred community diagnostic centre scheme; £3.079m agreed underspend against additional PDC awarded to support increased capacity due to TIF money being allocated later in the year.	Capital planning group have agreed schemes, which can be brought forward from next financial year to cover the projected slippage in the 2021/22 capital programme.	Mitigations in place to bring forward the maximum expenditure from 2022/23 to utilise projected slippage in 2021/22.

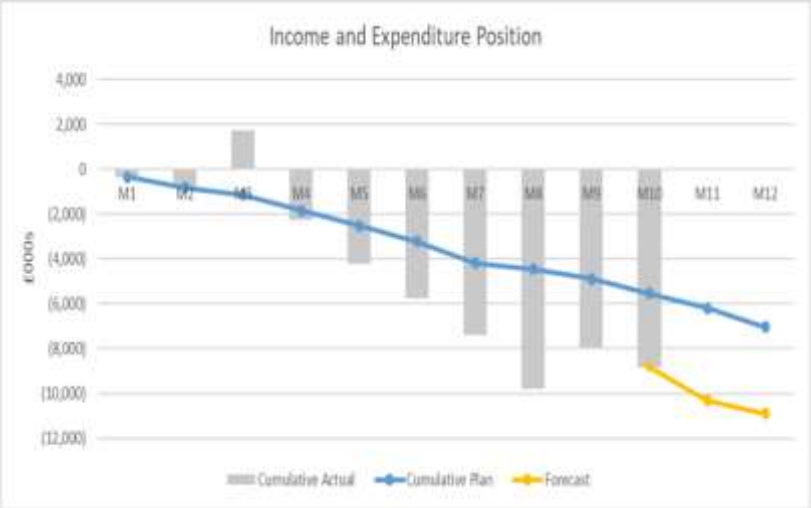
Cash



January 2022 actual performance	
£11.005m £26.325m cash in the bank	
Variance Type	
Higher Cash Balance	
SaTH Original Forecast	**SaTH Rolling Forecast**
£1.700m	£24.450m
Target/ Plan achievement	
Higher cash balance than rolling forecast.	

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust has revised the cash flow forecast and it is now based on average spend to date for the year, taking account of known variations and changes in working capital balances. The cash flow has been revised based on H2 Plan. The Trust reforecasts on a monthly basis.	The cash balance at the end of January 2022 was £26.325m (ledger balance of £26.211m due to reconciling items). The increase from month nine balance is mainly due to receipt of £10.746m of ERF income.	The Trust is not forecasting a requirement for cash support. The revised forecast currently projects a year-end cash balance of £4.189m against a required minimum cash balance of £1.700m.	The Trust to continue to review the assumptions within the cash flow. Rolling monthly forecasting to continue.	No mitigations required.

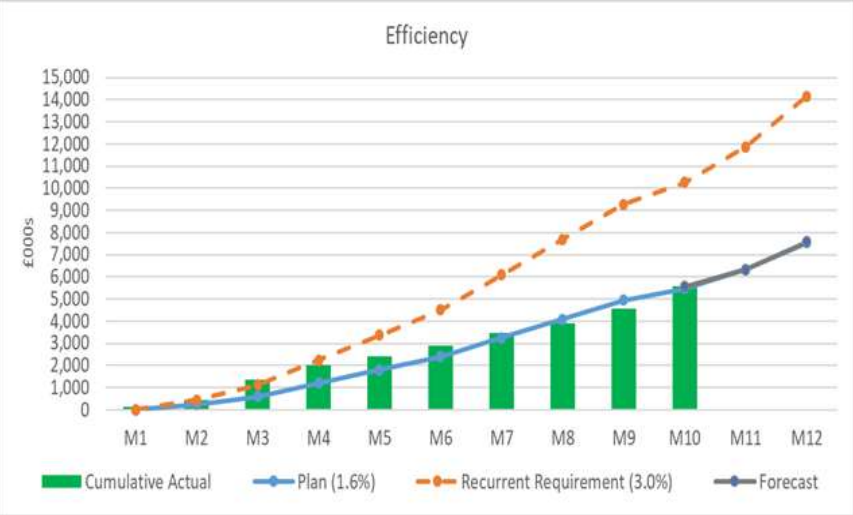
Income and Expenditure Position



January 2022 actual performance	
(£0.912m) Income & Expenditure Position year to date (£8.841m)	
Variance Type	
Adverse Overspend to date (£3.301m)	
National Target	**SaTH Plan 2021/22**
b/even	(£7.043m)
Target/ Plan achievement	
(£3.854m) Adverse full year	

Background	What the Chart tells us	Issues	Actions	Mitigations
The NHS continues to operate within a temporary finance regime for 2021/22 due to the COVID-19 pandemic. This regime, akin to the previous financial year, has been managed over two six-month periods (H1 and H2) due to the timing of the funding settlements agreed with HMT. The Trust's plan for H1 was to deliver a deficit of (£3.219m) and for H2 a planned deficit of (£3.824m) resulting in a full year planned deficit of (£7.043m).	The Trust recorded a £8.841m cumulative deficit after ten months, £3.301m adverse to plan YTD. £1.684m of this adverse variance relates to an agreed overspend against the elective recovery programme (this has reduced from prior month due to an underspend of £0.792m during the month). Excluding the impact of the elective recovery programme the financial position would be £1.617m adverse to plan YTD, which is driven mainly by increased pay costs, predominantly nursing, associated with operational pressures. Estates costs are also well above plan due to higher energy, utility and maintenance costs. The in-month deficit of £0.921m was £0.246m adverse to plan but in-line with the latest forecast. The Trust is forecasting a deficit of £10.898m, £1.308m adverse to plan (excluding the impact of ERF).	Operational pressures continue to increase cost and further limit the Trusts ability to recover elective activity. Recurrent efficiency savings are also compromised.	Mitigation plans discussed with STW partners to offset the increased costs in the Trust.	Additional system savings/underspends Non-recurrent funding

Efficiency



January 2022 actual performance	
£0.986m Efficiency year to date is £5.553m	
Variance Type	
Over delivery year to date £0.073m	
National Target	**SaTH Plan 2021/22**
£0.000m	£7,550m
Target/ Plan achievement	
£0.389m favourable variance FOT	

Background	What the Chart tells us	Issues	Actions	Mitigations
A minimum of 1.6% in year recurrent savings are required to maintain financial stability across the system. However further savings are required to fund additional priority investments.	The Trust has delivered £5.553 of efficiency savings after 10 months, £0.073m ahead of plan. The challenge is that 57% of the savings delivered are recurrent so the focus is on increasing the level of recurrent savings over the remainder of the year. £7.550m (1.6%) of recurrent savings are required over the period; the current forecast is £7.939m.	Whist the Trust is ahead of plan YTD the level of recurrent savings need to be increased. There is also an accelerated need to identify efficiency savings beyond the 1.6% in order to enable additional investments to be made. Focus on efficiency has been stood down due to operational pressures; therefore, little progress has been made to address this issue.	Increased programme focus in H2 to progress the material efficiency schemes. Focus on developing recurrent pipeline for 2022/23 to address the gap from 2021/22.	Non-recurrent opportunities

7. Getting to Good - Transformation
Helen Troalen, Director of Finance

The Getting to Good programme is currently providing a triple A report to the QSAC of the Board and therefore this section of the IPR will provide an overview of progress against the milestones set for each project within the programme.

7.1 Executive Summary

Five of the nine programmes are progressing well with the following programmes reporting all of their projects as being **on track** this period.

- Culture
- Corporate Governance
- Leadership
- Quality and Safety
- Workforce

The Finance and Resources programme shows an improvement this month having previously the Performance and Business Intelligence project as **off track**, this has now moved back to **on track**.
The Digital Transformation programme is also showing an improvement this month with the Digital Infrastructure project moving to **on track** from a previous status of **reasonable.**
Two programmes continue to report all projects with a status of **reasonable**:

- Operational effectiveness, comprising of:
    - Restoration and recovery
    - Theatre productivity
    - UEC (Non-Elective Pathways)
- Maternity Transformation Programme

7.2 Exceptions and Mitigations

Overall, there are 20 projects reporting a status of **on track,** an improvement of 33% from last month. The remaining six projects are showing a status of **reasonable.**

Six projects showed an improving trend since the previous reporting period and 19 projects retained a consistent delivery trend. Only one project has shown a worsening trend (Maternity) though subsequent information received during February provides some assurance that this will move back to **on track** in the next reporting period**.**

Details of all projects reporting a status of below **reasonable** are detailed below:

Maternity Transformation Programme has moved from **on track** to **reasonable** this month due to the occurrence of unforeseen factors, the high-level milestone of delivering all 52 Ockenden actions by March 2022 will not be delivered on time. One reason relates to the establishment of the Maternal Medicine Centres (MMC), which will not go live until April 2022, captured in January 2022 Maternity Transformation Assurance Committee (MTAC) minutes. Linked to this, are other actions which will not be fully delivered until the MMC have had sufficient time to embed themselves.

Digital Transformation: Scoping work continues to identify opportunities for changing clinical delivery models to make use of Applied Digital Healthcare and improve patient pathways. The Medical Director will work with clinical teams to identify opportunities and scope the projects. Once scoped, a new Senior Responsible Officer will be identified, and projects will be aligned to the Digital Roadmap.

Financial Literacy: The priorities scheduled to be delivered during the first half of the year have been completed in line with the original plan. However, due to operational pressures experienced during Q3 and into Q4, a number of key approval committees have been stood down, delaying the finalisation of some key objectives i.e., the business case governance process. The Resources Directorate have reprioritised resources to support Trust wide priorities during winter pressures. One of the key objectives, achievement of FFF Level 2 accreditation, will now be delayed due to the requirement for wider

organisation engagement and capacity within the finance team. The SRO is seeking approval for this milestone to be changed to October 2022. The objectives for the remainder of the year will be prioritised through the Finance Project Steering Group.

Financial Reporting and Planning: Following the delays outlined previously, the go live date for the implementation of the Oracle upgrade is now agreed as July 2022. This includes a pause in the project to allow for the year-end accounts to be produced in the current system. Mitigations are being worked through regarding the impact of the delay. The content of the financial effectiveness surveys has now been signed off by Workforce and the SRO. Both surveys (internal to finance dept. and external to SaTH budget holders) will be circulated in early February 2022. The Band 7 Deputy Finance Manager (Costing) role is currently out to advert, closing on the 7th of February 2002 and realistically the successful candidate will not be in post until June 2022. Meanwhile, the costing team are working closely with LOGEX (our costing software supplier) to transition over to the new system, and it is anticipated we will have a live SLR model to work with before the end of the financial year. This will then enable further interrogation of our cost drivers for which we have a programme of work to get these signed off by Financial Management and Budget Holders subject to colleague availability due to the current operational pressures.

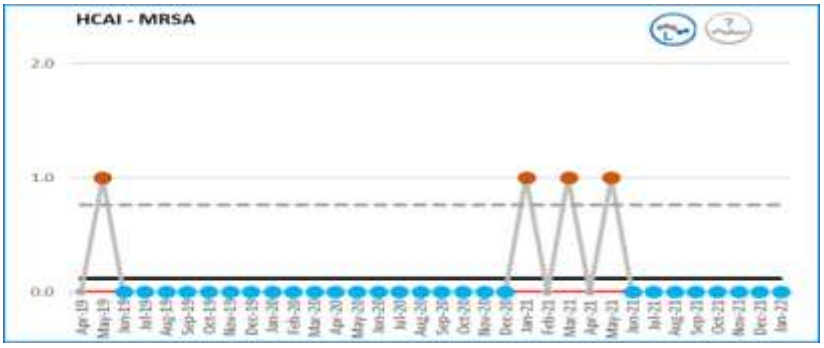
Restoration and Recovery: (Recovery against 19/20 Baseline) **Elective** - as of the end of December, Elective Day Case figures stood at 88% of 19/20 baseline with 86% of H2 plan. Elective Inpatient was at 70% of 19/20 baseline but this is more than was considered in the H2 plan (134%). **Outpatients** - as of the end of December first outpatient appointments was at 104% of 19/20 baseline, while follow up appointments were at 92% of 19/20 baseline. Both were slightly under the H2 plan targets, with first appointments at 92% and follow-ups at 86%.

Theatre Productivity: The revised 6-4-2 theatre meeting is now fully established along with a weekly TCI planning meeting to ensure we optimise our limited theatre capacity and bed base due to loss of bay A, B and C at DSU PRH and only 7-10 (subject to escalation) beds on DSU at RSH for electives. Revised IPC guidelines in place to allow backfilling of patient cancellations at short notice agreed with IPC.

63% Theatre Utilisation was realised for the month of January 2022, due to bed pressures and the cancellation of 220 routine operations to prioritise cancer and urgent patients. Theatre lists continue to be planned to between 85% and 100% through weekly list planning meetings and short notice patient cancellations are backfilled where possible. With the current escalation level at both sites, it is unlikely that we shall achieve 75% utilisation in February 2022 and the target of 85% set for March 2022 will not be achieved unless day surgery on both sites becomes elective. Bluespier theatre management software will be operational in the next few months, which removes the need for the separate data collection sheet, and a new theatre dashboard is also being created by the informatics team in the next few months.

Appendix 1: Indicators performing in accordance with expected standards

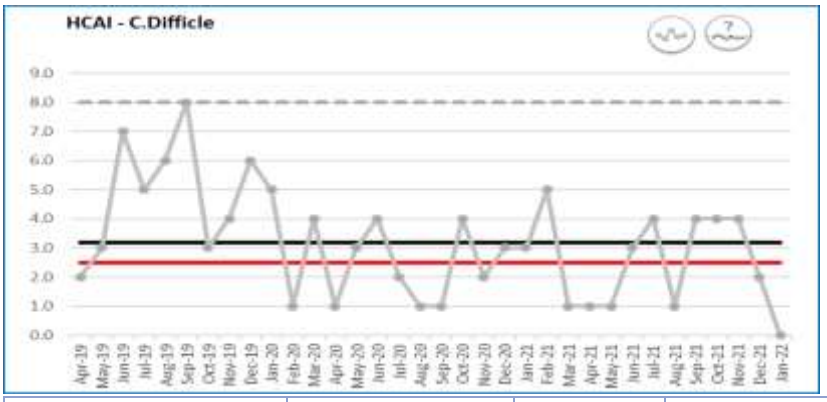
MRSA



January 2022 actual performance
0
Variance Type
Common Cause
Local Standard
0
Target / Plan Achievement
0 infections for 21/22 not achieved (1 infection in May)

Background	What the Chart tells us:	Issues	Actions	Mitigations
The Target for all Acute Trusts is Zero cases of MRSA bacteraemia.	There have been no MRSA Bacteraemia since May 2021.	No new issues identified.	Ongoing IPC actions in relation to preventing HCAIs continue to be undertaken.	Reported and monitored monthly through IPC Operational Group.

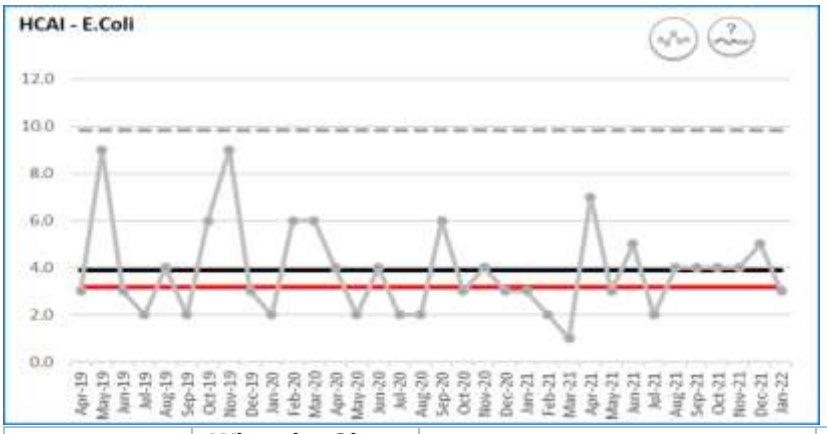
C-Difficile



January 2022 actual performance
0
Variance Type
Common Cause
Local Standard
<ave.2.5pm
Target / Plan Achievement
Sustain or improve on 2020/21.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Locally agreed continuous improvement target is set at 30, compared to the target of 43 agreed with the CCG for 2019/20. The National target has been set at 49.	There were no cases of C.Difficile in January 2022	No new issues identified	All C.Diff cases have an RCA completed. Actions from previous RCAs include ensuring prompt isolation of patients with loose stools. Anti-microbial prescribing as per Trust policy. Timeliness of obtaining stool sample.	All cases have an RCA investigation completed Actions and learning are reported to IPCOG via the Divisional reporting updates

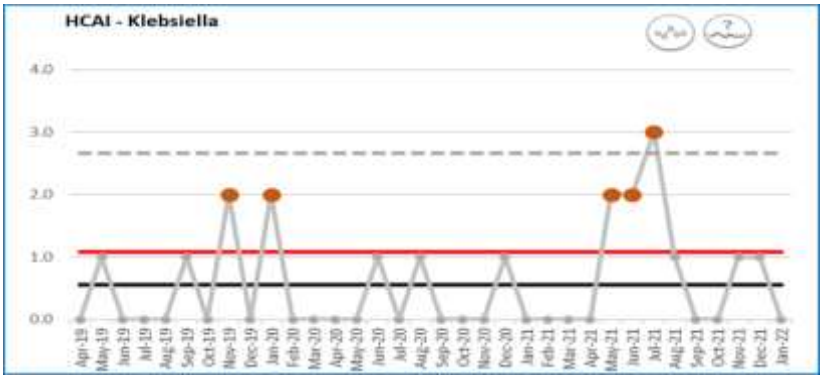
E-Coli



January 2022 actual performance
3
Variance Type
Common Cause
Local Standard
<ave.3.16pm
Target / Plan Achievement
Local target for 2021/22 of no more than 38 cases has been exceeded.

Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting E. Coli bacteraemia has been a mandatory requirement since 2011.	There was a reduction in E.Coli bacteraemia reported in January 2022, with 3 new cases reported.	RCA's are being undertaken in cases where the source is considered to be device or intervention related to establish any learning points. Of the three cases, one was considered to be device related and this was a catheter associated urinary tract infection.	Ongoing work continues around improvements in catheter care and catheter care planning supported by the quality team.	Catheter care is monitored for each adult ward via the matron's monthly quality audits and discussed at the monthly nursing metrics meetings.

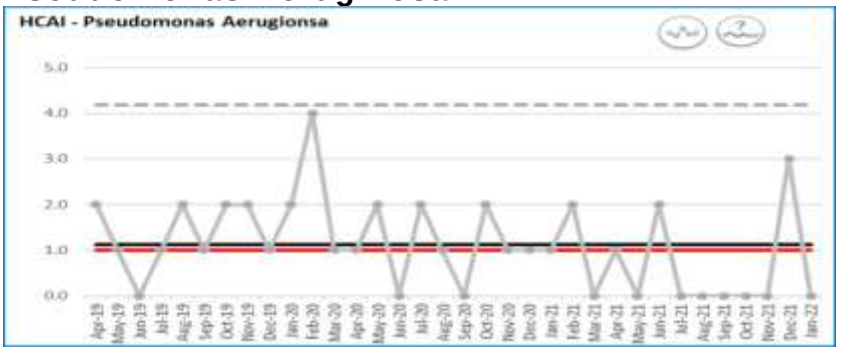
Klebsiella



January 2022 actual performance
0
Variance Type
Common Cause
Local Standard
<ave.1.1pm
Target/ Plan achievement
Sustain or improve on 2020/21

Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting of Klebsiella is a mandatory requirement.	Cases reduced for the first time since October with no cases reported in January 2022	No new issues identified.	Ongoing HCAI actions include: ensuring catheter insertion documentation and care planning.	Monitored at IPCOG and monthly nursing metrics meetings.

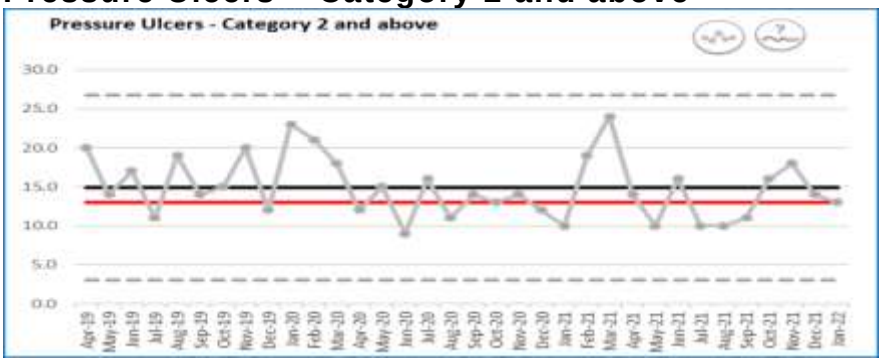
Pseudomonas Aeruginosa



January 2022 actual performance	
0	
Variance Type	
Common Cause	
National Target	**Local Standard**
No more than 10 per annum	No more than 3 per annum
Target / Plan Achievement	
The local standard not delivered	

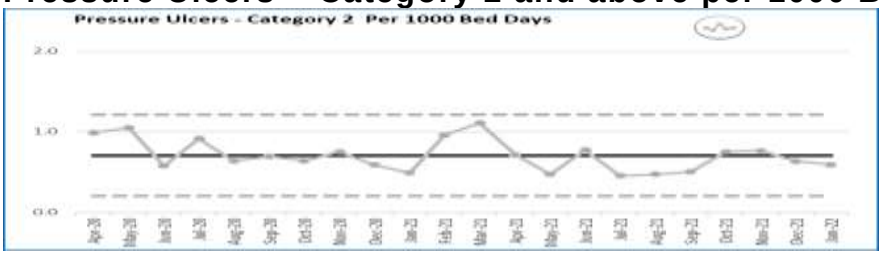
Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting of Pseudomonas is a mandatory requirement.	Cases of Pseudomonas Aeruginosa reduced in January 2022 compared to the previous month with no cases reported.	No new issues identified.	Ongoing HCAIs actions include: embedding of catheter insertion documentation, & ensuring consistent use of catheter care plans. This is being supported by the quality matrons. Urinary catheter insertion recording is now included on vitals electronic system since Vitals 4.2 was implemented in December 2021.	HCAI cases reported monthly at IPC Operational Group.

Pressure Ulcers – Category 2 and above



January 2022 actual performance
13
Variance Type
Common Cause
Local Standard
13
Target/ Plan achievement
10% Improvement on 20/21 prorata =<12.7pm (no more than 152 cases)

Pressure Ulcers – Category 2 and above per 1000 Bed days

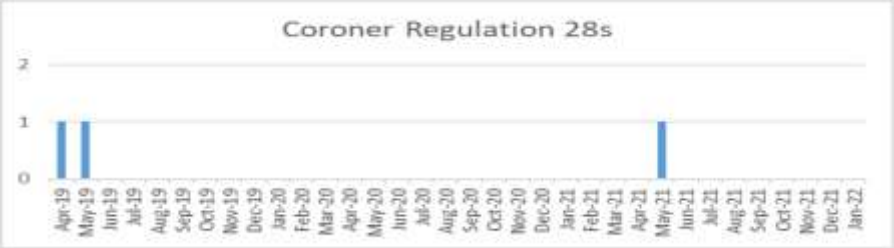


January 2022 actual performance
0.59
Variance Type
Common Cause
Local Standard
tbc

Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	6
Surgery, Anaesthetics and Cancer	7

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust aims to reduce the number of hospital acquired pressure ulcers.	The Overall number of Pressure Ulcers reduced in January 2022, there has been a reduction in the number of pressure ulcers reported in Medicine but an increased number reported in Surgery.	Increased number of pressure ulcers reported in Surgical Division, 2 of these were category 3 and met the threshold to be reported as a serious incident, these were on Ward 26 and Ward 25.	Tissue viability lead nurse (TVN) meeting Head of Nursing in Surgery to discuss support required for ward 25 as Category 3 pressure ulcer also reported in Dec 2021 Ongoing Actions include: • TVN and Quality Team support for wards with pressure ulcers (PU) • Tuesday talks with TVN continue • Thematic review of all PU investigations is being carried out and overarching improvement plan developed • Spot checks of documentation by ward managers/matrons to ensure assessments and care plans in place Work to improve ward safety huddles to ensure includes all patients at risk of PU.	All category 2 or above pressure ulcers have an investigation completed and presented at the pressure ulcer panel Those which meet the threshold for an SI are investigated and presented at NIQAM and a summary reported through to RALIG.

Coroner Regulation 28s



January 2022 actual
0
Variance Type
Common Cause
Local Standard
0
Target/ Plan achievement
Achieving Target

Background	What the Chart tells us	Issues	Actions	Mitigations
Key patient safety measure.	No Regulation 28s have been submitted to the organisation since May 2021.	No issues.	No Actions	No Mitigations.

Never Events

January 2022 actual
0
Variance Type
Common Cause
Local Standard
0
Target/ Plan achievement
1 never event ytd.

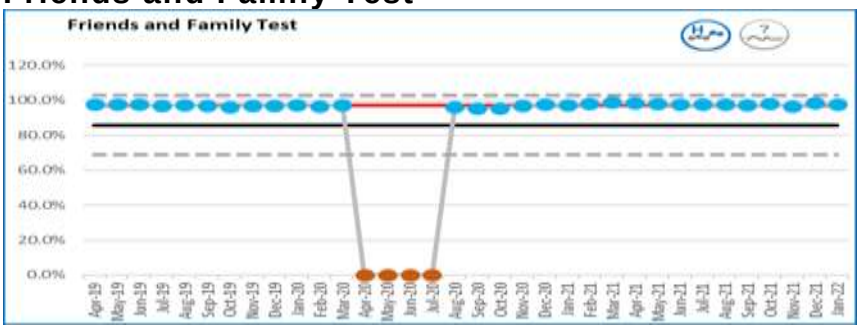
Background	What the Chart tells us	Issues	Actions	Mitigations
Key patient safety measure.	The last never event was reported in October 2021.	Never events pose a risk for the organisational reputation as well as potential harm to patients.	The investigation into the never event in nearing completion in preparation for presentation at RALIG.	Initial risk reduction measures were identified and action instigated to address the system issue. Further risk reduction measures will be identified as part of the investigation process.

Complaints Acknowledged within agreed time

January 2022 actual performance
100% (91% within two days)
Variance Type
Special Cause Improvement
National Target
100%
Target/ Plan achievement
Target achieved consistently

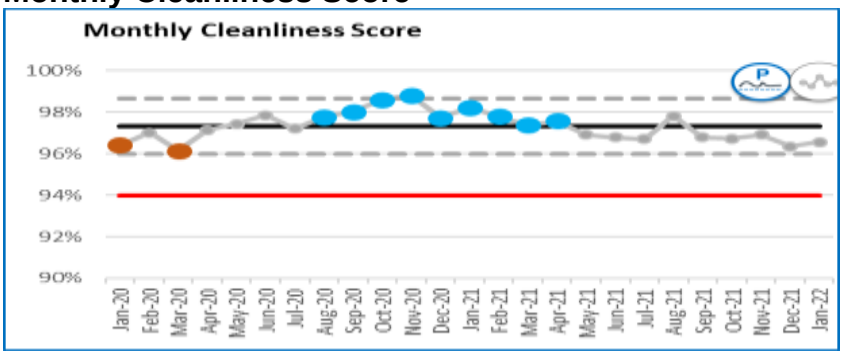
Background	What the Chart tells us	Issues	Actions	Mitigations
Acknowledging a complaint on receipt is important for patients raising concerns to both ensure that the patient knows we have received the complaint and are addressing it.	This target continues to be met.	No issues	No actions.	No mitigations.

Friends and Family Test



January 2022 actual performance
97.5%
Variance Type
Special Cause Improvement
National Standard
85%
Target/ Plan achievement
Target achieved consistently

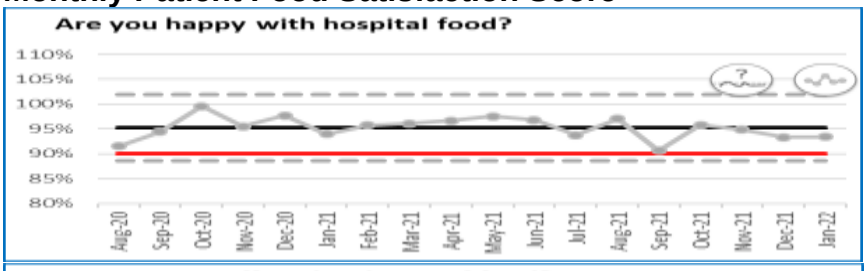
Monthly Cleanliness Score



January 2022 actual performance
96.55%
Variance Type
Common Cause
Local SaTH standard
94%
Target/ Plan achievement
On target to achieve above local standard

Background	What the Chart tells us:	Issues	Actions	Mitigations
This is an independent monthly audit which gives assurance of the standard of cleanliness undertaken by the cleanliness team.	Performing between the mean and the lower control point with some slight common cause variation.	The cleanliness score over the last few months have seen a slight decline, which has taken them below the mean. There are continuing issues at RSH who are struggling to recruit and have high sickness levels. Circulation spaces remain a problem as clinical areas are given priority.	The staff recruited in the November recruitment campaign are starting have imminent start dates. We continue to struggle though as we have high turnover rates. This has been escalated through Silver and Gold Command and we have made a request for mutual aid. We continue to use agency and contract staff to cover as many gaps as possible.	Not applicable

Monthly Patient Food Satisfaction Score

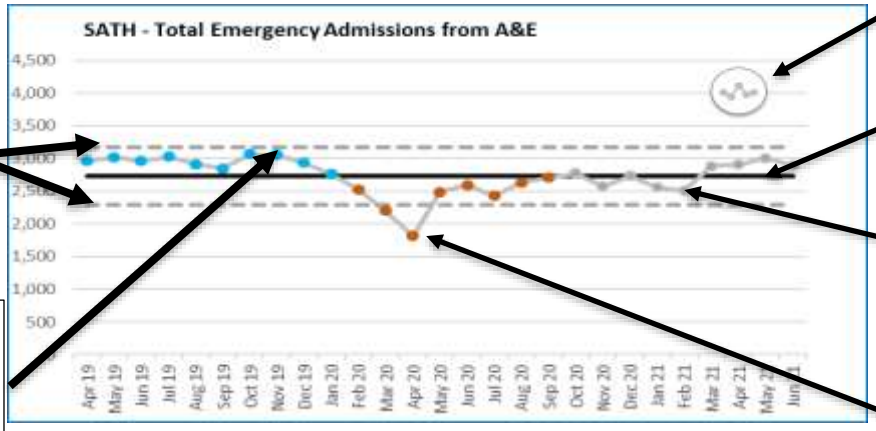


January 2022 actual performance
93.42% for satisfaction with food. 100% for satisfaction with choice.
Variance Type
Common Cause
Local SaTH standard
90%
Target/ Plan achievement
On target to achieve local standard

Background	What the Chart tells us:	Issues	Actions	Mitigations
This data is taken from the monthly Matron's Audit where 10 patients per month per ward are asked whether they are happy with the hospital food and the choice, they were given.	There is common cause variation with both measures for hospital food and they are both at the medium this month.	No issues.	Not applicable.	Not applicable.

Appendix 2: Understanding Statistical control process charts in this report

The charts included in this paper are generally moving range charts (XmR) that plot the performance over time and calculate the mean of the difference between consecutive points. The process limits are calculated based on the calculated mean.



Icon showing most recent point type of variation

Process limits – upper and lower

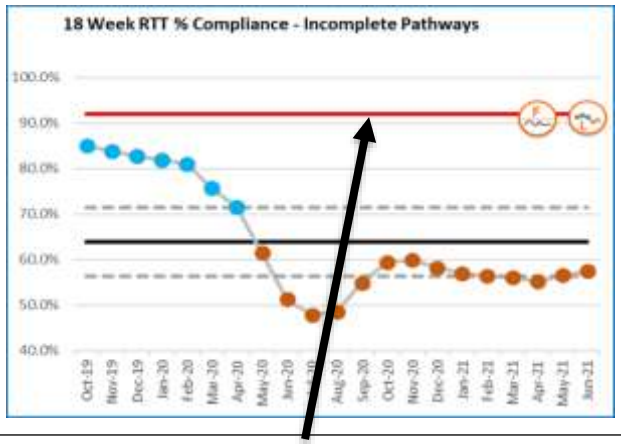
Mean or median line

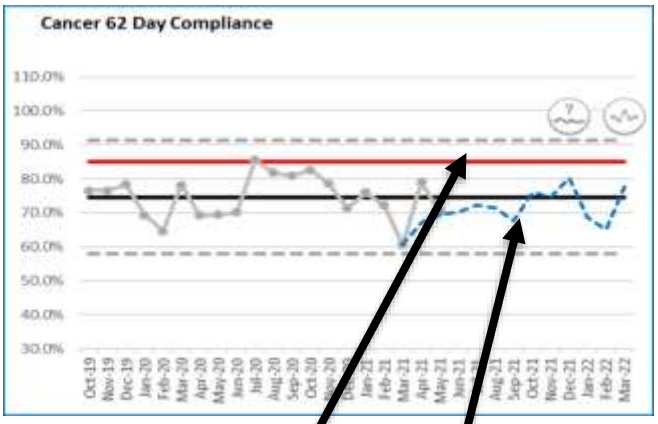
Common cause variation

Special cause variation -7 consecutive points above (or below) the mean

Special cause variation – data point outside of the process limit

Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.





Target line –outside the process limits. In this case process is performing worse than the target and target will only be achieved when special cause is present or process is re-designed

Target line – between the process limits and so will be hit and miss whether or not the target will be achieved

Plan – this is the Operational Plan trajectory submitted for the current year.

Appendix 3: Abbreviations used in this report

Term	Definition
2ww	Two week waits
A&E	Accident and Emergency
AGP	Aerosol-Generating Procedure
ANTT	Antiseptic Non-Touch Training
BAF	Board Assurance Framework
BP	Blood pressure
CAMHS	Child and Adolescence Mental Health Service
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
C.Difficile	Clostridium Difficile
CNST	Clinical Negligence Scheme for Trusts
COO	Chief Operating Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRR	Corporate Risk Register
C-sections	Caesarean Section
CSS	Clinical Support Services
CT	Computerised Tomography
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DTA	Decision to Admit
E.Coli	Escherichia Coli
Ed.	Education
ED	Emergency Department
EQIA	Equality Impact Assessments
ERF	Elective Recovery Fund
Exec	Executive
F&P	Finance and Performance
FTE	Full Time Equivalent
FYE	Full year effect
G2G	Getting to Good
GI	Gastro-intestinal
GP	General Practitioner
H1	April 2021-September 2021 inclusive
H2	October 2021-March 2022 inclusive
HCAI	Health Care Associated Infections
HCSW	Health Care Support Worker
HDU	High Dependency Unit
HMT	Her Majesty's Treasury
HoNs	Head of Nursing
HSMR	Hospital Standardised Mortality Rate
HTP	Hospital Transformation Programme
ICS	Integrated Care System
IPC	Infection Prevention Control
IPC Ops.	Infection Prevention and Control Operational Committee
IPDC	In patients and day cases
IPR	Integrated Performance Review
ITU	Intensive Therapy Unit
ITU/HDU	Intensive Therapy Unit / High Dependency Unit
KPI	Key performance indicator
LFT	Lateral Flow Test
LMNS	Local maternity network
MADT	Making A Difference Together
MCA	Mental Capacity Act
MD	Medical Director

Term	**Definition**
MEC	Medicine and Emergency Care
MFFD	Medically fit for discharge
MHA	Mental Health Act
MRI	Magnetic Resonance Imaging
MRSA	Methicillin- Sensitive Staphylococcus Aureus
MSK	Musculo-Skeletal
MSSA	Methicillin- Sensitive Staphylococcus Aureus
MTAC	Medical Technologies Advisory Committee
MVP	Maternity Voices Partnership
NEL	Non Elective
NHSEI	NHS England and NHS Improvement
NICE	National Institute for Clinical Excellence
NIQAM	Nurse investigation quality assurance meeting
OPD	Out Patient Department
OPOG	Organisational performance operational group
OSCE	Objective Structural Clinical Examination
PID	Project Initiation Document
PIFU	Patient Initiated follow up
PMO	Programme Management Office
POD	Point of Delivery
PPE	Personal Protective Equipment
PRH	Princess Royal Hospital
PTL	Patient Targeted List
Q1	Quarter 1
Q&A	Question and Answer
QOC	Quality Operations Committee
QSAC	Quality and Safety Assurance Committee
R	Routine
RAMI	Risk Adjusted Mortality Rate
RCA	Route Cause Analysis
RJAH	Robert Jones and Agnes Hunt Hospital
RN	Registered Nurse
RSH	Royal Shrewsbury Hospital
SAC	Surgery Anaesthetics and Cancer
SaTH	Shrewsbury and Telford Hospitals
SATOD	Smoking at the onset of delivery
SDEC	Same Day Emergency Care
SI	Serious Incidents
SMT	Senior Management Team
SOC	Strategic Outline Case
SRO's	Senior Responsible Officer
T&O	Trauma and Orthopaedics
TOR	Terms of Reference
TV	Tissue Viability
UEC	Urgent and Emergency Care service
VIP	Visual Infusion Phlebitis
VTE	Venous Thromboembolism
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent
YTD	Year to Date