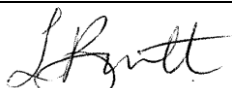


Board of Directors' Meeting

14 April 2022

Agenda item	064/22			
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:	Quality & Safety Assurance Committee and Finance & Performance Assurance Committee in February 2022.			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>This report provides the Board of Directors with an overview of the performance indicators of the Trust to the end of February 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.</p> <p>The overarching dashboard indicates the Committee of the Board that has responsibility for scrutinising the performance of the particular indicator.</p> <p>The Committee is requested to discuss and note the content of this report.</p>			
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

- 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 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 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 six work streams and the fifty-two actions from the first Ockenden report are mapped into that programme of work. The board should note that 83% of those fifty-two 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 continue to focus on timely discharge of patients 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 the submission to NHSE/I and the ICS at the end of Q3 2021/22, 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

SPC Variation Icons										
<div> <div>Variation</div> <div>Assurance</div> </div>										
<div> <div>Special Cause Concerning variation</div> <div>Special Cause Improving variation</div> <div>Common Cause</div> <div>Consistently hit target</div> <div>Hit and miss target subject to random</div> <div>Consistently fail target</div> </div>										
Quality - KPI	Scrutinising Committee	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	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	Feb 22	1	0	<2.3			No	25	28
HCAI - MRSA	QSAC	Feb 22	0	0	0			No	1	0
HCAI - C.Difficile	QSAC	Feb 22	2	<4.08	<2.5			No	26	30
HCAI - E-Coli	QSAC	Feb 22	4	<10.17	<3.16			Yes	45	38
HCAI - Klebsiella	QSAC	Feb 22	1	2	<1			Yes	11	13
HCAI - Pseudomonas Aeruginosa	QSAC	Feb 22	0	<0.83	0			No	6	3
Patient harm										
Pressure Ulcers - Category 2 and above	QSAC	Feb 22	17		<13			Yes	149	152
Pressure Ulcers - Category 2 Per 1000 Bed Days	QSAC	Jan 22	0.78							tbc
VTE	QSAC	Jan 22	92.7%	95%	95%			Yes		95%
Falls - total	QSAC	Feb 22	131		<89			Yes	1270	1074
Falls - per 1000 Bed Days	QSAC	Feb 22	6.07	6.60	<4.5			Yes	4.63	4.50
Falls - with Harm per 1000 Bed Days	QSAC	Feb 22	0.23	0.19	<0.17			Yes	0.11	0.17
Never Events	QSAC	Feb 22	0	0	0			No	1	0
Coroners Regulation 28s	QSAC	Feb 22	0		0			No	1	0
Serious Incidents	QSAC	Feb 22	6		N/A				88	57
Mixed Sex Breaches	QSAC	Feb 22	36	0	0			Yes	398	tbc
Patient Experience										
Complaints	QSAC	Feb 22	61		<56			No	637	672
Complaints Responded within agreed time	QSAC	Dec 21	74%	85%	85%			Yes		85%
Complaints Acknowledged within agreed time	QSAC	Feb 22	100%		100%			No		100%
Compliments	QSAC	Feb 22	31	Letters of thank you received.					455	tbc
Friends and Family Test	QSAC	Feb 22	97.9%	80%	80%			No		80.00%
Maternity										
Smoking rate at Delivery	QSAC	Feb 22	10.1%	6%	6.0%			Yes	11.8%	6.0%
One to One Care In Labour	QSAC	Feb 22	97%	100%	100.0%			Yes	98.8%	100.0%
Delivery Suite Acuity	QSAC	Feb 22	51%	85%	85.0%			Yes		85.0%
Caesarean Sections rate of Robson Group 1 Delive	QSAC	Feb 22	13.6%						15.10%	
Caesarean Sections rate of Robson Group 2 Delive	QSAC	Feb 22	36.7%						38.70%	
Caesarean Sections rate of Robson Group 5 Delive	QSAC	Feb 22	71.4%						75.40%	
Workforce - KPI		Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Exception	Year to Date	SaTH 2021-2022 Plan
Activity										
WTE Employed**Contracted	FPAC	Feb 22	6123		6732			Yes		6732
Total temporary staff -FTE	FPAC	Feb 22	800					Yes		tbc
Staff turnover rate (excludes junior doctors)	FPAC	Feb 22	0.99%	0.8%	0.75%			Yes	1.2%	0.8%
Sickness absence rate Excluding Covid Related	FPAC	Feb 22	4.2%		4%			Yes	5.0%	4%
Covid Related absence rate	FPAC	Feb 22	3.2%					Yes		
Agency Expenditure	FPAC	Feb 22	£2.598m		£2.860m			Yes	£29.149m	
Appraisal Rate	FPAC	Feb 22	80%	90%	90%			Yes		90%
Appraisal Rate (Medical Staff)	FPAC	Feb 22	92%	90%	90%			No		90%
Vacancies	FPAC	Feb 22	540 (8.8%)	<10%	<10%			No		<10%
Statutory and Mandatory Training	FPAC	Feb 22	83%	90%	90%			Yes		90%
Trust MCA – DOLS & MHA	FPAC	Feb 22	79%	90%	90%			Yes		90%
Safeguarding Adults - level 2	FPAC	Feb 22	87%	90%	90%			Yes		90%
Safeguarding Children – level 2	FPAC	Feb 22	88%	90%	90%			Yes		90%

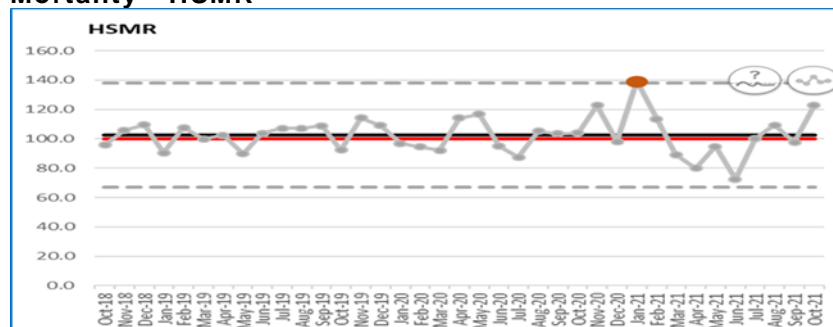
Operational - KPI			Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Exception	Year to Date	SaTH 2021-2022 Plan
Elective Care											
RTT Waiting list -Total size	FPAC	Feb 22	35772						Yes		34443
RTT Waiting list -English	FPAC	Feb 22	31810			29614			Yes		30779
RTT Waiting list -Welsh	FPAC	Feb 22	3962						Yes		3503
18 Week RTT % compliance -incomplete pathways	FPAC	Feb 22	58.2%	92%					Yes		
26 Week RTT % compliance -incomplete pathways	FPAC	Feb 22	68.2%	92%					Yes		
52+ Week breaches - Total	FPAC	Feb 22	2352	0					Yes		2755
52+ Week breaches - English	FPAC	Feb 22	2085	0	2451				Yes		2485
52+Week breaches - Welsh	FPAC	Feb 22	267	0					Yes		272
78+ Week breaches - Total	FPAC	Feb 22	343	0					Yes		
78+ Week breaches - English	FPAC	Feb 22	308	0					Yes		
78+ Week breaches - Welsh	FPAC	Feb 22	35	0					Yes		
104+ Week breaches - Total	FPAC	Feb 22	66	0	44				Yes		74
104+ Week breaches - English	FPAC	Feb 22	64	0	40				Yes		71
104+ Week breaches - Welsh	FPAC	Feb 22	2	0	4				Yes		3
Cancer											
Cancer 2 week wait	FPAC	Jan-22	68.8%	93%	83%				Yes	80.3%	93%
Cancer 62 day compliance	FPAC	Jan-22	43.8%	85%	62%				Yes	64.0%	85%
Diagnostics											
Diagnostic % compliance 6 week waits	FPAC	Feb 22	63.1%	99%					Yes		tbc
DM01 Patients who have breached the standard	FPAC	Feb 22	5149	0	1254				Yes		tbc
Emergency Department											
ED - 4 Hour performance	FPAC	Feb 22	55.9%	95.0%	64%				Yes	62.4%	78%
ED - Ambulance handover > 60mins	FPAC	Feb 22	800	0					Yes	8149	tbc
ED 4 Hour Performance - Minors	FPAC	Feb 22	88.6%	95%	95%				Yes	91.3%	95%
ED 4 Hour Performance - Majors	FPAC	Feb 22	27.5%	95%					Yes	36.3%	tbc
ED time to initial assessment (mins)	FPAC	Feb 22	42	15	15				Yes		15mins
12 hour ED trolley waits	FPAC	Feb 22	336	0	0				Yes	1952	tbc
Total Emergency Admissions from A&E	FPAC	Feb 22	2677						Yes	31394	29744
% Patients seen within 15 minutes for initial assessment	FPAC	Feb 22	36%						Yes	44.6%	
Mean Time in ED Non Admitted (mins)	FPAC	Feb 22	370						Yes	229	
Mean Time in ED admitted (mins)	FPAC	Feb 22	640						Yes	502	
No. Of Patients who spend more than 12 Hours in ED	FPAC	Feb 22	1199						Yes	9045	
12 Hours in ED Performance %	FPAC	Feb 22	11%						Yes	7%	
Hospital Occupancy and activity											
Bed Occupancy -G&A	FPAC	Feb 22	87.1%	92%	91%				Yes		92%
ED activity (total excluding planned returns)	FPAC	Feb 22	11061		10687				No	136272	148493
ED activity (type 1&2)	FPAC	Feb 22	9314		8990				No	114906	123702
Total Non Elective Activity	FPAC	Feb 22	4719		4908				Yes	54745	65129
Outpatients Elective Total activity	FPAC	Feb 22	50323		45937				Yes	586170	565514
Total Elective IPDC activity	FPAC	Feb 22	4794		5368				Yes	57142	65183
Diagnostic Activity Total	FPAC	Feb 22	17497		19358				Yes		197619
Finance - KPI											
		Latest month	Latest Value (£m)	National Standard for month	Plan for year (£m)	Performance	Assurance	Exception	Year to Date (£m)	Year End Planned Trajectory (£m)	
Cash	FPAC	Feb 22	0.508		1.700			Yes	26.833	3.963	
Efficiency	FPAC	Feb 22	0.393		7.550			Yes	5.946	7.671	
Income and Expenditure	FPAC	Feb 22	(0.469)		(7.043)			Yes	(9.309)	(10.898)	
Cumulative Capital Expenditure	FPAC	Feb 22	5.374		48.961			Yes	21.710	43.635	

3. Quality Executive Summary

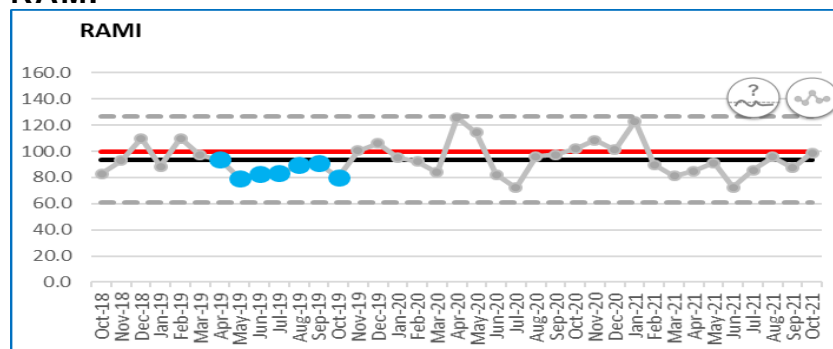
Hayley Flavell, DoN, Richard Steyn and John Jones, Acting Medical Directors

- 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. Communications to medical staff have been sent. 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 HCAs remains better than the national standard set. There have been no further cases of MRSA, C.Difficile 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. Four cases of E.Coli was associated with catheter care.
- There were 17 pressure ulcers (0.78 per 1000 bed days) last month. The Trust is running at slightly above the stretch target set for the year, with year to date 149 pressures ulcers grade 2 or above (98% of the stretch target for the year).
- The number of falls continues to remain an area of concern, with 131 reported this month. The number of falls is consistently higher than the improvement target, with 1270 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 and the falls with harm per 1000 bed days is above the local target.
- There were six serious incidents this month. Three relate to falls, one to delay in treatment and one delayed diagnosis.
- There was a slight improvement in mixed sex breaches this month with 36 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 74% for December. 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 April 2022.
- Delivery suite acuity level reported reduced to 51% this month with 1-2-1 care in labour also reducing to 96%.
- Smoking at time of delivery has improved to 10%, however in line with most trusts (national average 9.5%); 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.
- HSMR and RAMI data has not been updated since last month so remains October data
- We continue to report Robson Group caesarean section rates, but we do not have targets for caesarean sections. We are still exploring the Robson Group data and how this should be consistently reported and interpreted

Quality Exception Reports – Harm Mortality - HSMR



RAMI



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 from this month's data

October 2021 actual performance

98.84

Variance Type

Common Cause

National Target

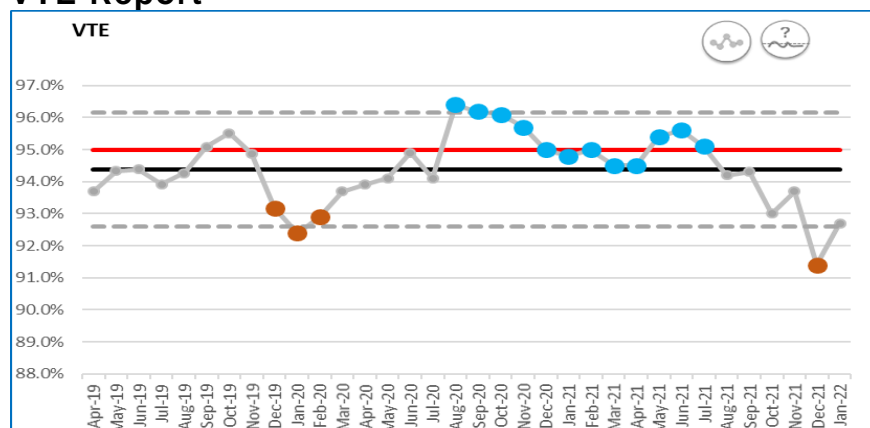
100

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 was recently rebased to bring the mean performance nationally back to 100. As anticipated, the indicator therefore increased for October 2021. Please note the rebase for HSMR as reported in November 2021, had not taken place. The report was based on information provided at the time, which was subsequently identified as incorrect. 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 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 and 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

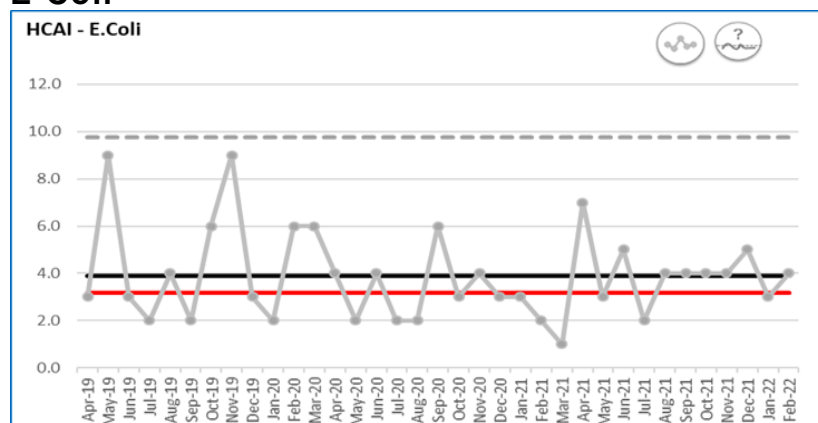


January 2022 actual performance
92.7%
Variance Type
Common Cause
National Target
95%
Target / Plan Achievement
Performance has deteriorated and needs intervention to recover.

Background	What the Chart tells us	Issues	Actions	Mitigations
The number and proportion of patients admitted to hospital (aged 16 and over at the time of admission) that had had a risk assessment for venous thromboembolism (dangerous blood clots). This is clinically important in order to protect inpatients from harm.	The graph is showing common cause for January 2022.	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

E-Coli

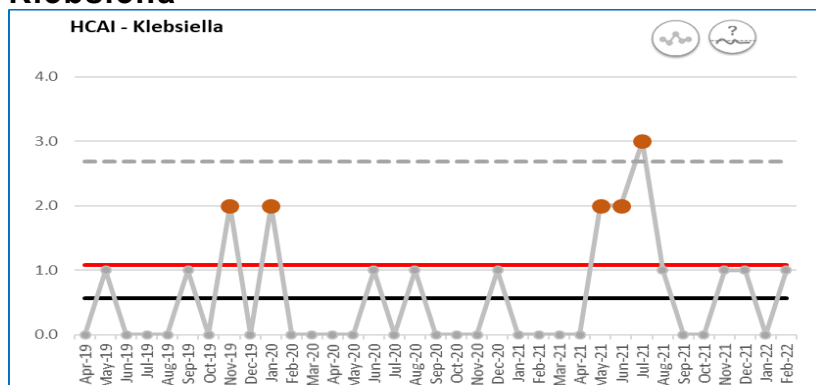


February 2022 actual performance
4
Variance Type
Common Cause
Local Standard
<ave.3.16pm
Target / Plan Achievement
Local target for 2021/22 of no more than 38 cases has been exceeded.

Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting E. Coli bacteraemia has been a mandatory requirement since 2011.	There were 4 cases of E.Coli in February 2022.	There have been 45 cases of E.Coli YTD. This is above the Trust local target of no more than 38	All cases deemed to be device related have an RCA investigation completed. All 4 cases for February 2021 are currently being reviewed to ascertain if they were device related. Ongoing work continues around improvements in catheter care and catheter care	Catheter care is monitored via the monthly matron's quality assurance

		cases in 2021/22 but well below the national target of no more than 122 cases.	planning. Catheter care is now included on Vital Pac following the implementation of Vials 4.2 in December 2021. Going forward compliance reports will also be generated from Vitals to inform clinical areas which need increased support in relation to improvements.	metrics and exemplars.
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Klebsiella



February 2022 actual performance

1

Variance Type

Common Cause

Local Standard

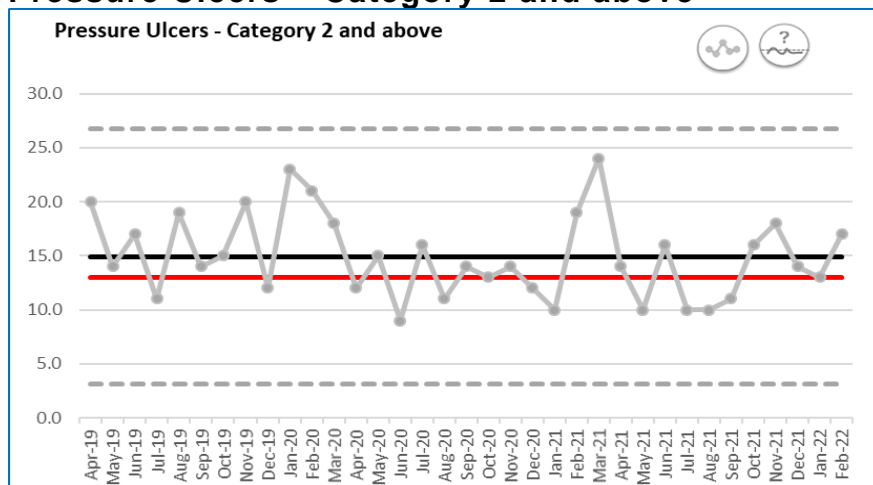
<ave.1.1pm

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.	There was 1 cases of Klebsiella in February 2022.	There have been 11 cases of Klebsiella bacteraemia YTD, although we have not achieved our local target we are below the nationally set target of no more than 24 cases in 2021/22.	Ongoing HCAI improvement actions.	Monitored through Nursing Quality Metrics audits undertaken monthly and Divisional reports in IPCOG.

Pressure Ulcers – Category 2 and above



February 2022 actual performance

17

Variance Type

Common Cause

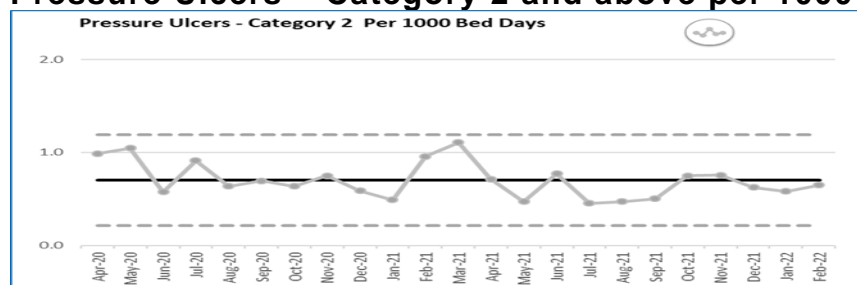
Local Standard

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



February 2022 actual performance

0.78

Variance Type

Common Cause

Local Standard

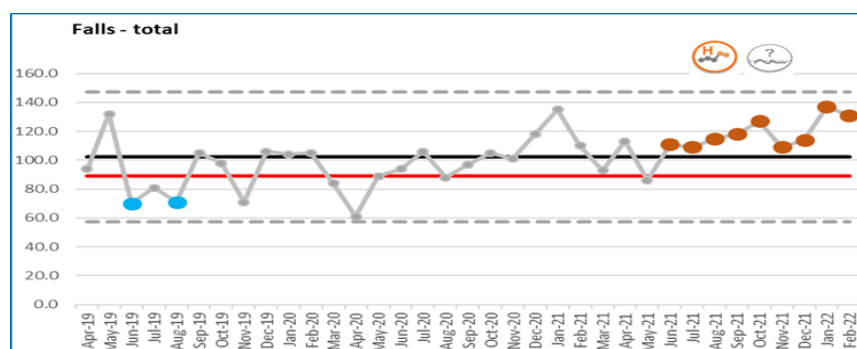
tbc

Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	12
Surgery, Anaesthetics and Cancer	5

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust aims to reduce the number of hospital acquired pressure ulcers.	The number of pressure ulcers increased to 17 in February 2022. Pressure ulcers per 1000 bed days increased in February.	There were 2 Category 3 pressure ulcers reported, one on ward 21 and one on ward 22RE, A RCA investigation is undertaken on all category 2 or above pressure ulcers to identify areas of good practice, omissions in care and share learning.	Ongoing work to ensure risk assessments, care plans and documentation of care in place. Quality team supporting improvement work in relation to pressure ulcer assessment. New documentation to be launched in February 2022.	All pressure ulcers have an RCA and are reviewed at pressure ulcer panel. Those that met criteria of serious incident are investigated, presented, and signed off at NIQAM. Skin assessments audited as part of the matron's monthly quality assurance audits.

Falls

Falls – Total per Division	Number Reported
Medicine and Emergency Care	94
Surgery, Anaesthetics and Cancer	35
Women and Children's	2



February 2022 actual performance

131

Variance Type

Special Cause Concern

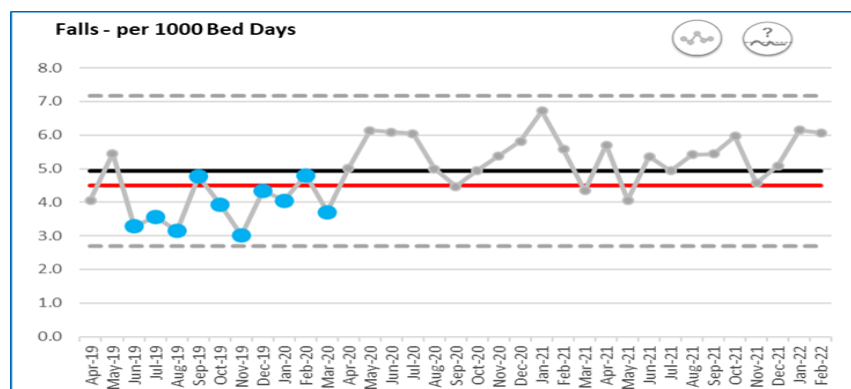
Local Target

<89

Target / Plan Achievement

10% reduction on 20/21

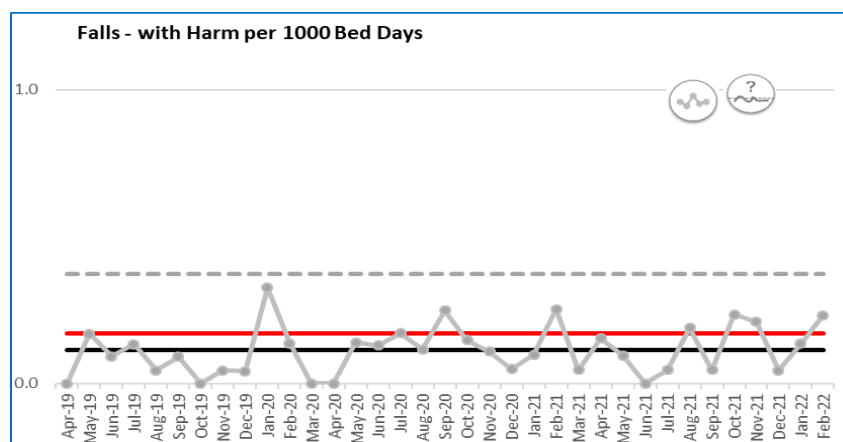
Falls – per 1000 Bed Days



February 2022 actual performance
6.07
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.	Falls remain above the internal target for improvement. Falls per 1000 bed days has been above the Trust target for the last 3 months.	Gaps in Staffing /unavailability (due to COVID-19) continued to impact on ability to provide EPS for patients requiring increased supervision in February (as in January). Lying and standing BP being recorded as part of assessments. Reassessment of patients when condition changes or at least weekly. Following post falls procedure for the recording of neuro obs post unwitnessed fall.	All falls continue to be reviewed daily to review what care was in place pre and post fall. Feedback is provided at time of review and a feedback letter sent to nurse who was caring for patient at time of fall to outline good practice and areas for improvement (letter copied to Ward manager). Work continues in relation to lying and standing BP, ongoing support/training from Falls Practitioner and Quality team. Ongoing work to ensure neuro-obs post fall are completed in line with the post falls bundle. Plans being developed to implement a substantive Enhanced Patient Supervision team across the Trust to undertake this enhanced level of observation.	Daily review of all falls. Weekly falls review meeting in place. Monthly audit of falls risk assessments via Matrons Assurance Audits. Results discussed at monthly falls group and nursing metrics meeting.

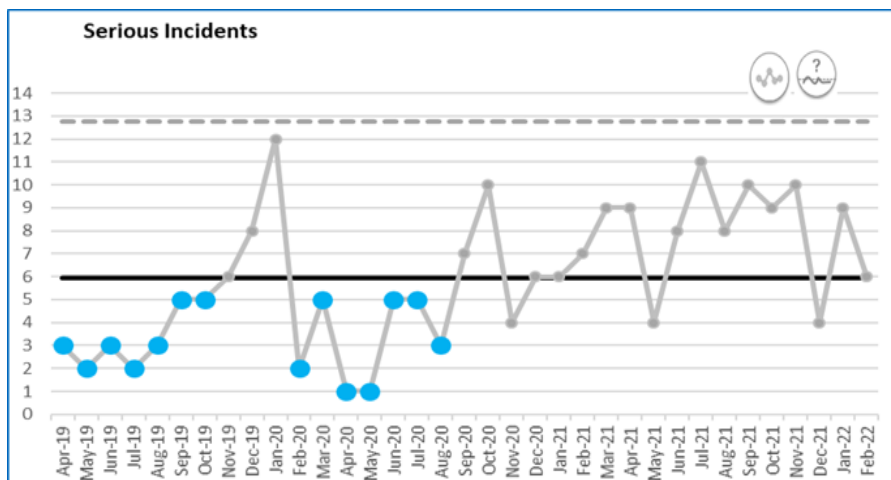
Falls – with Harm per 1000 Bed Days



February 2022 actual performance
0.23
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 per 1000 bed days increased in February 2022.	There were 5 falls with harm reported for February 2022 4 of these were reported as Serious Incidents: Ward 17, fall resulting in open fracture (wrist). Ward 27, fall resulting in fractured pelvis. Ward 25 fractured neck of femur. Ward 25, fall resulting in head injury.	As per falls slide	As per falls slide

Serious Incidents

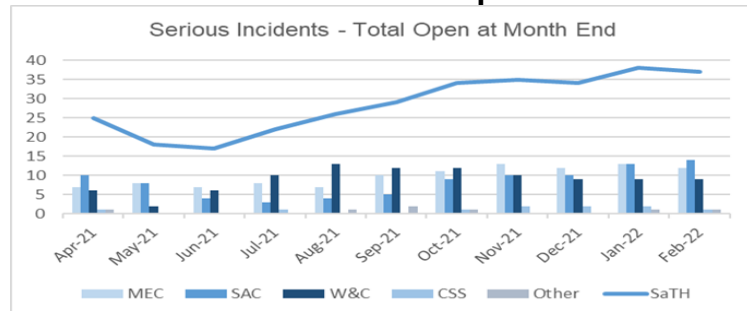


February 2022 actual performance
6
Variance Type
Common Cause
Local Standard
n/a
Target/ Plan achievement
n/a –seeking to encourage reporting of incidents

SI theme –	Number Reported
Fall – resulting in open fracture (wrist)	1
Fall – resulting in fractured neck of femur	2
Delay in treatment leading to death	1
Subdural haemorrhage caused by fall	1
Sepsis from pancreatitis	1
Total	6

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.	The number of SI reported continues to show Common Cause Variation.	No issues.	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.

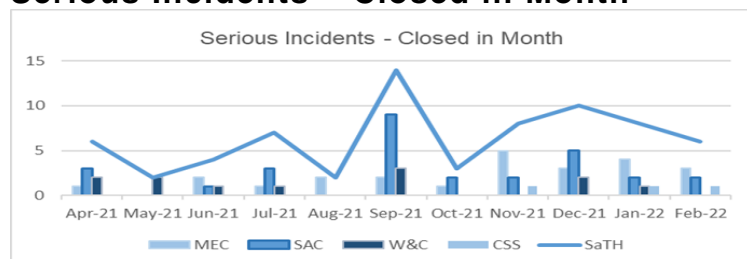
Serious Incidents – Total Open at Month End



SI – Total Open at Month End per Division	Number Reported
Medicine & Emergency Care	12
Surgery, Anaesthetics and Cancer	14
Women and Children's	9
Clinical Support Services	1
Other	1
Total	37

Background	What the Chart tells us	Issues	Actions	Mitigations
Current number of open serious incidents.	Number of open SIs.	There are currently 37 open SIs	Monitoring of progress of investigation.	Weekly review of mitigations.

Serious Incidents – Closed in Month

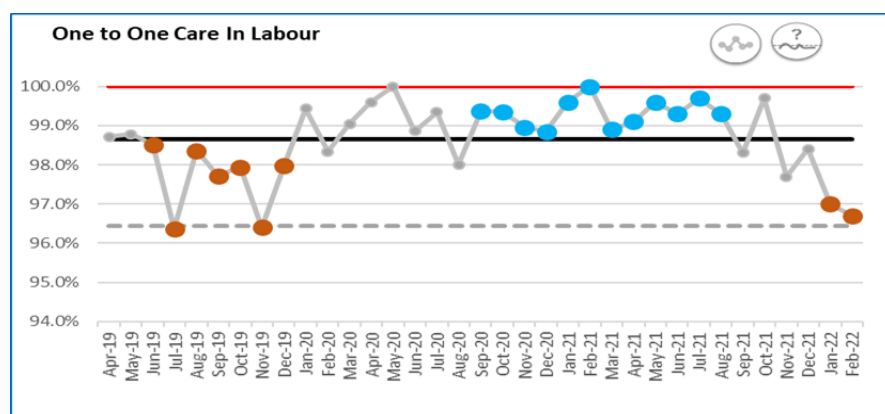


SI – Closed in Month per Division	Number Reported
Medicine & Emergency Care	3
Surgery, Anaesthetics and Cancer	2
Women and Children's	0
Clinical Support Services	1
Total	6

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 six 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.

Quality Exception Reports – Maternity Services

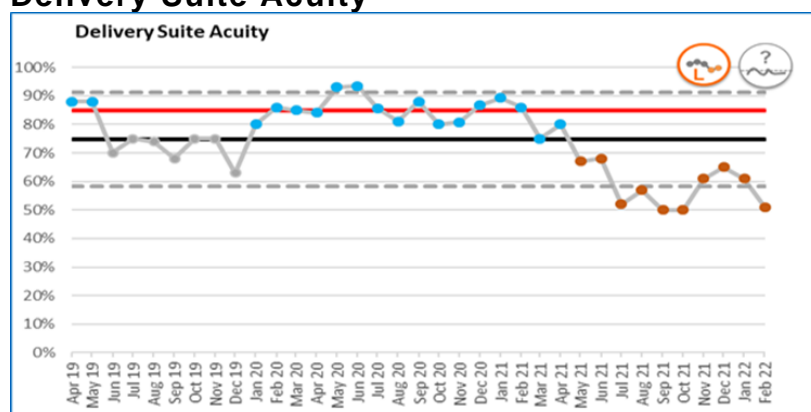
Maternity -One to One Care in Labour



February 2022 actual performance
96.7%
Variance Type
Special Cause Concern
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 that 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 continues to often be 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. Incentivised bank rate in place. 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 and when it has been provided. There were no poor outcomes attributed to lack of 1:1 care.	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



February 2022 actual performance

51%

Variance Type

Special Cause Concern

National Standard

85%

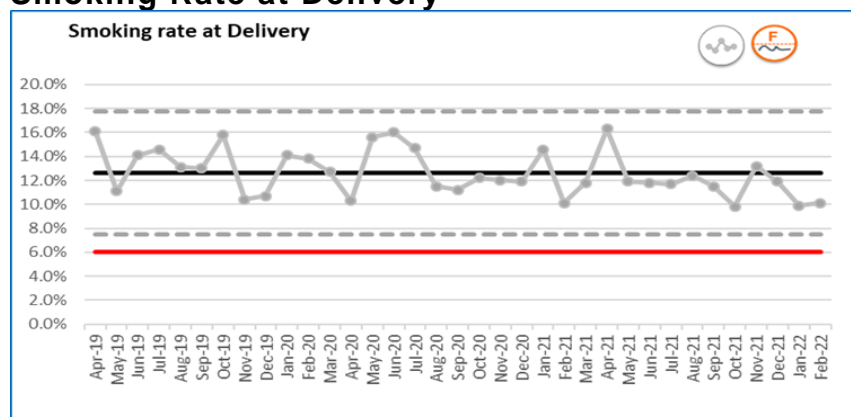
(Birth Rate Plus)

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.	Staffing levels variable due to high levels of maternity leave and both short term COVID-19 related absence and long-term sickness rates. Reassured by other indicators, such as one to one care in labour, 3rd and 4th degree tears below expected rates. Term admissions to NNU below national rates and no stillbirths or babies requiring therapeutic cooling.	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 both substantive, bank, and band 5 preceptee midwife interviews this month. 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



February 2022 actual performance

10.1%

Variance Type

Common Cause

National Target

6% March 2022

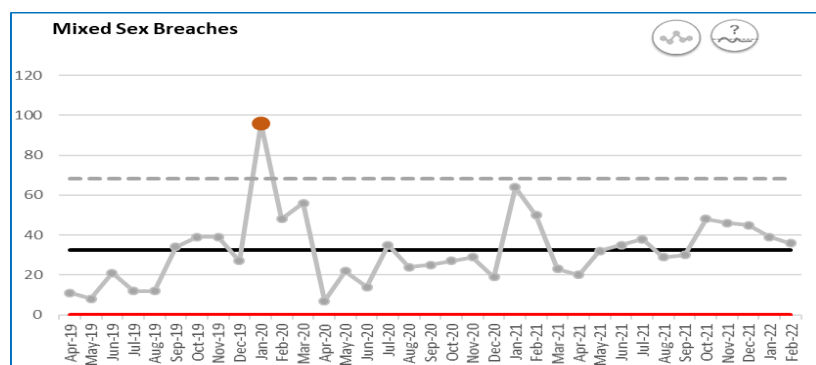
Target / Plan Achievement

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 CCGs 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



February 2022 actual performance

36

Variance Type

Common Cause

National Target

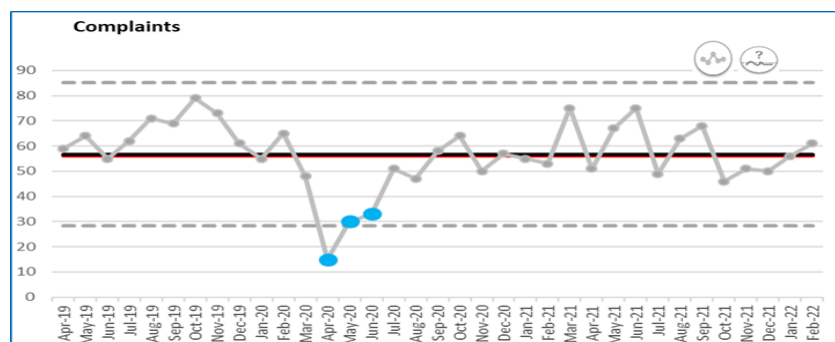
0

Target/ Plan achievement

Continuing to breach this target.

Location	Number of breaches	Additional Information
ITU / HDU (PRH)	4 Primary breaches	(3 Medical and 1 Surgical)
ITU / HDU (RSH)	20 Primary breaches	(9 Medical and 11 Surgical)
Ward 32	12 Primary breaches	3 Occasions resulting in 12 breaches

Complaints



February 2022 actual performance

61

Variance Type

Common Cause

SATH internal target

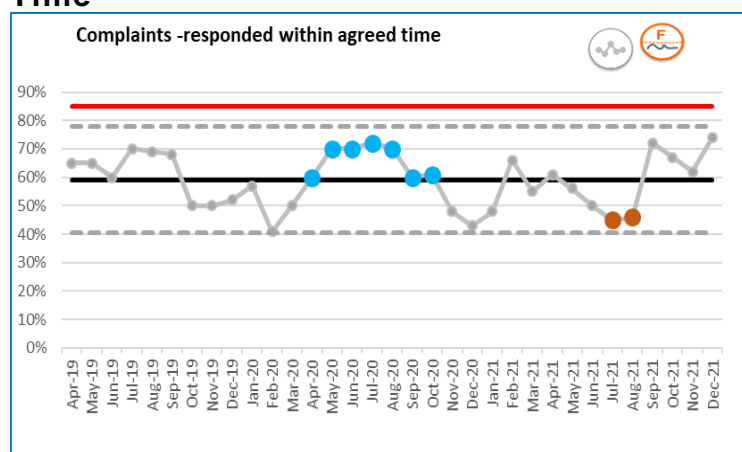
<56

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.	There has been an increase in complaints relating to PRH AMU. There has also been a significant decrease in complaints for the surgery, anaesthetics and cancer division.	The increase in complaints has been escalated to the ward manager and matron; there are high levels of sickness in this area, which are thought to be a contributory factor.	No mitigations.

Complaints – Responded within Agreed Time



December 2021 performance

74%

(January Forecast 70%)

Variance Type

Common Cause

National benchmark

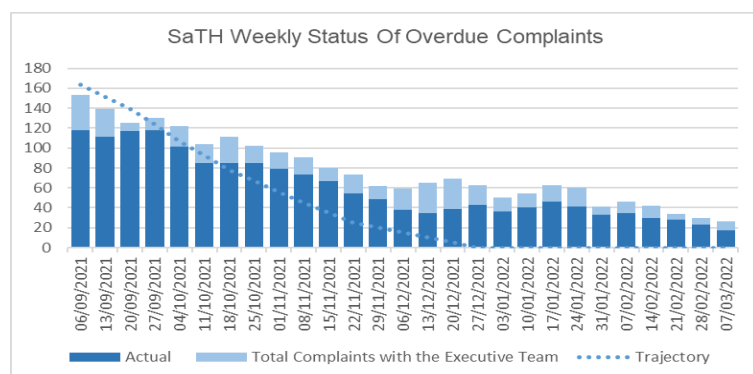
85% compliant with time agreed with complainer

SaTH internal target

85% responded to within 60 days of receipt

Target/ Plan achievement

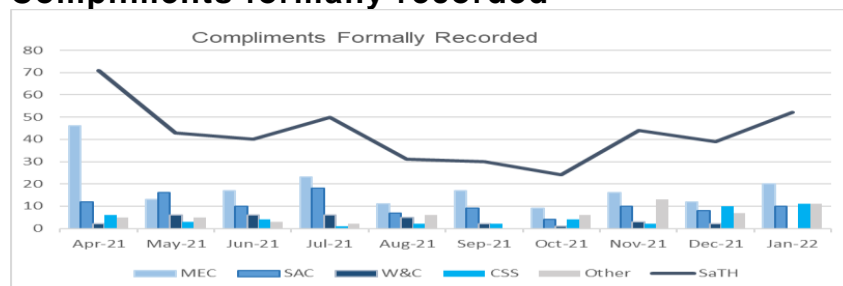
Target is unlikely to be achieved within current processes.



Overdue Complaints per Division	Number Reported
Medicine and Emergency Care	22
Surgical, Anaesthetics and Cancer	3
Women and Children's	2
Total	26

Background	What the Chart tells us	Issues	Actions	Mitigations
It is important that patients raising concerns have these investigated and the outcomes responded to in a timely manner as well as the Trust learning from these complaints.	The improvements made are being sustained.	Challenges of clinical pressures continue to impact on the ability of the divisions to respond in a timely way.	Ongoing focused work with the divisions is assisting in more timely responses.	Complainants are kept updated regularly.

Compliments formally recorded



February 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 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

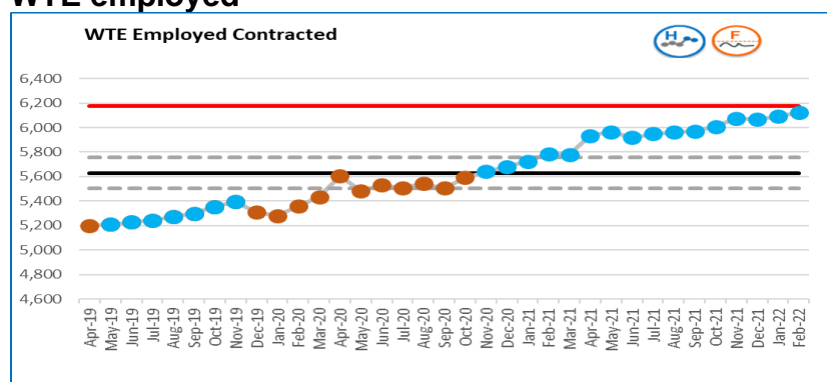
Rhia Boyode, Director of People and Organisational Development

- As we learn to live with the ongoing impact of COVID-19 we continue to run our staff testing regimes, risk assessment processes and sickness absence line all of which form part of how we now operate. This month has seen several significant events impacting our people. The recent flooding across Shropshire has affected many staff. Our people advisory team responded and set up support and advice and helped direct staff to support in the local community.
- The war in Ukraine will be of real concern to our staff but particularly for those who have family affected by the conflict. There are also the economic risks as we see rising costs impacting on our workforce. This is a risk we are closely monitoring in conjunction with NHS Employers as we look at the range of potential mitigations to help reduce the impact.
- Our Operational Plan for 2022/23 is on track to be completed by the end of April. Several key investments will help improve our quality standards and help provide improve staffing levels in departments such as renal dialysis, respiratory, critical care, and diagnostics as part of the Community Diagnostics Centre.
- Appraisal compliance rates have improved over the previous month increasing from 78% to 80% with several departments making significant increases in compliance to over 95%

including ward 9 and ED reception. Our medical appraisals have reached 92%, which is above our target of 90% for the first time in over a year.

- February was a busy month for recruitment teams as they recruited 153 new recruits (1364 year to date). The team recruited 16 new doctors and we currently have 12 Consultants and 5 Specialty Doctors due to start in the next few months.
- Preparations are in place for the junior doctor April changeover, and we are looking at new ways to streamline the induction process to give our new doctors the best possible welcome to SaTH.
- Workforce unavailability across our clinical rostered areas has been at 31% throughout February with relatively low rates of annual leave (12%) as clinical areas have kept leave to a minimum during the peak period of COVID-19. Sickness however has remained high (at 8 %) across these departments and wards.
- Staff absence due to COVID-19 as well as significant clinical demands of the Omicron variant and winter pressures has put significant pressure on services particularly in departments that support admission avoidance such as therapy services. These departments are redeploying staff to critical areas in ED and admission units, and we are calling on system partners to provide mutual aid to help cover workforce gaps.

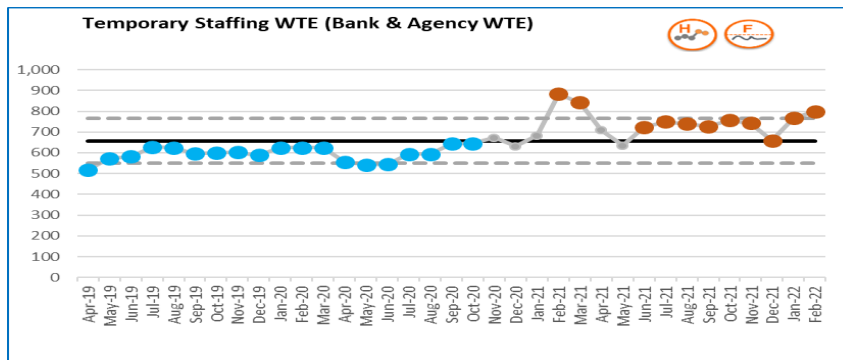
WTE employed



February 2022 actual performance
6123
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.	WTE numbers show special cause improvement since Apr 2020.	Overall WTE numbers have continued to increase however, staffing demands continue to present challenges; high patient activity levels and staff absences continue to present challenges to staffing levels along with higher overall levels of unavailability than planned.	Recruitment activity continues to increase staffing levels. Promote timely roster approvals to maximise opportunities for bank utilisation. Continue to monitor leavers and support with early intervention.	Utilisation of bank and agency staff to support workforce gaps.

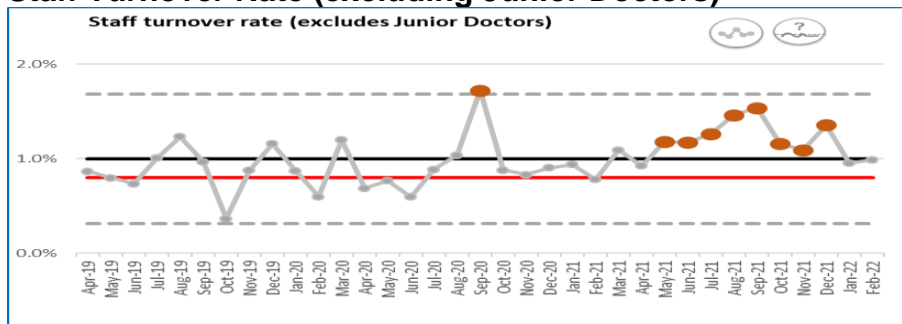
Temporary/ Agency Staffing



February 2022 actual performance
800
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 Feb22.	High levels of staff absences attributed to both sickness (non-COVID-19) and COVID-19 related due to the absence requirements to self-isolate. These self-isolating requirements 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.	Escalated bank rates in at risk areas. Progress with recruitment activities to increase substantive workforce including international nurse recruitment.

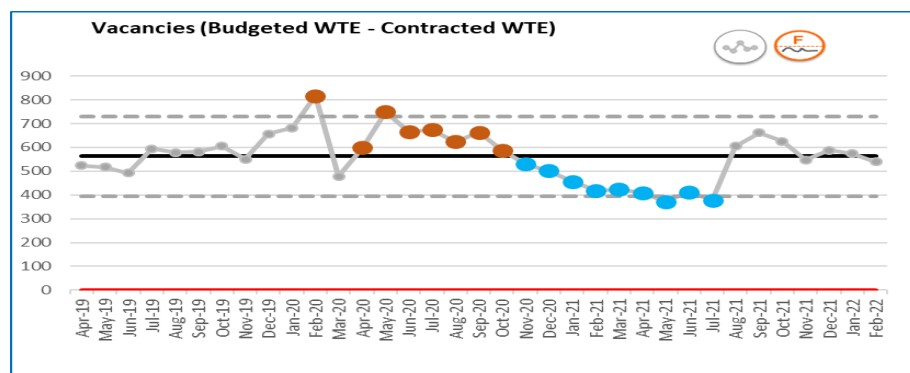
Staff Turnover Rate (excluding Junior Doctors)



February 2022 actual performance
0.99%
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 21 and Dec 21 with common cause variation in Jan 22 and Feb 22.	Staff leavers in February (60FTE) is below the average number of leavers per month of 72 FTE over the last 12 months. Top 3 reasons for leaving in February were Other/Not Known (14FTE); work life balance (7FTE), relocation (7FTE). 23% (14FTE) of leavers in February had less than 1 years' service.	Interventions in place to try to identify potential leavers prior to leaving. Opportunity to complete exit questionnaires to help learn lessons from why people are leaving. Ongoing work to adopt recommendations within the NHS People Plan regarding supporting staff to adopt flexible working practices. Improvement initiatives to improve culture and work-life balance. Monitoring of roster approval times to promote better work-life balance.	Recruitment activity to help ensure minimal workforce gaps. Utilisation of temporary workforce to maintain suitable staffing levels. Escalated bank rates in challenged areas.

Vacancies



February 2022 actual performance

540 = 8.8%

Variance Type

Common Cause

National Target

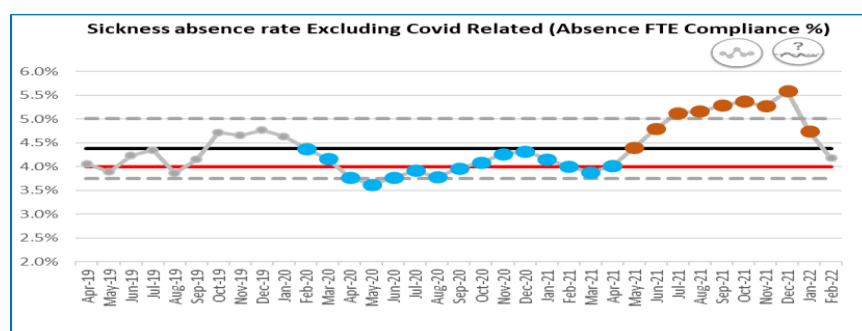
<10%

Target / Plan Achievement

Note change post reconciliation work

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.	Common cause between Aug21 – Feb22.	Revised budget position from Aug21. Review of vacancy reporting continues to ensure alignment and consistency in reporting. Vacancy gaps continue to put pressure on bank and agency usage.	Continue recruitment activities to increase contracted WTE staffing levels and reduce vacancy gap. Initiatives to help retain existing staff. Ongoing work to review vacancy gaps against temporary staffing usage, to gain a better understanding of the workforce utilisation. Review of fixed term working arrangements to support retention of staff and engage new recruits.	Recruitment activity continues to reduce workforce gaps. Use of temporary staff to cover vacant posts.

Sickness Absence



February 2022 actual performance

4.18%

Variance Type

Common Cause

National Target

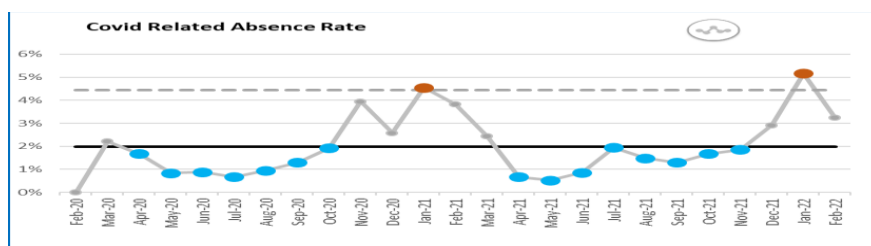
4%

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 with common cause in Feb22.	Absence levels remain above target for non-COVID-19 related sickness. Absence rate of 4.2% equating to 256FTE. COVID-19 related absence in February is still high therefore continuing to create significant staffing challenges. Absence attributed to mental health continues to be high with 145 episodes equating to 75FTE in February. Estates and facilities remain the staff group with the highest absence % at 6.3% (31FTE) with	Continue promoting health and wellbeing initiatives. Care for you days to help provide additional respite and recognise efforts made by colleagues. Continue to embed new employee wellbeing and attendance management policy. Work to highlight importance of return to	Continue to work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary. Encourage bank uptake

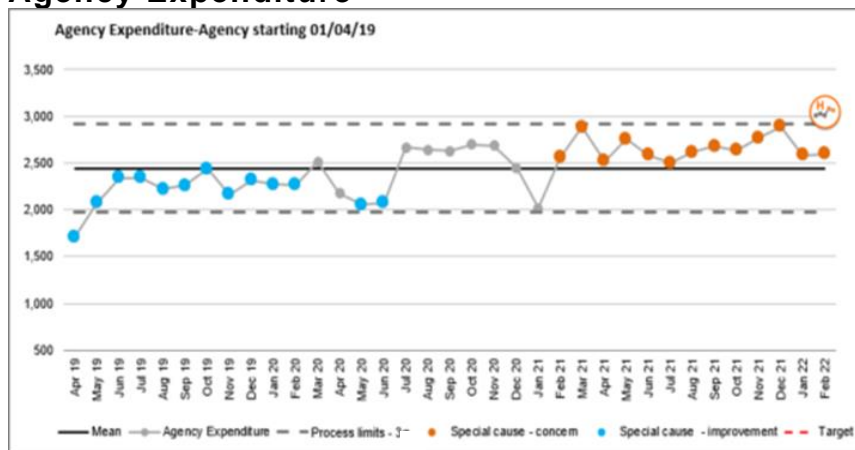
		additional clinical services at 6.1% (74FTE) and nursing and midwifery at 4.7% (84FTE).	work conversations. Review unavailability rates to identify areas of risk.	of shifts; escalated rates in challenged areas.
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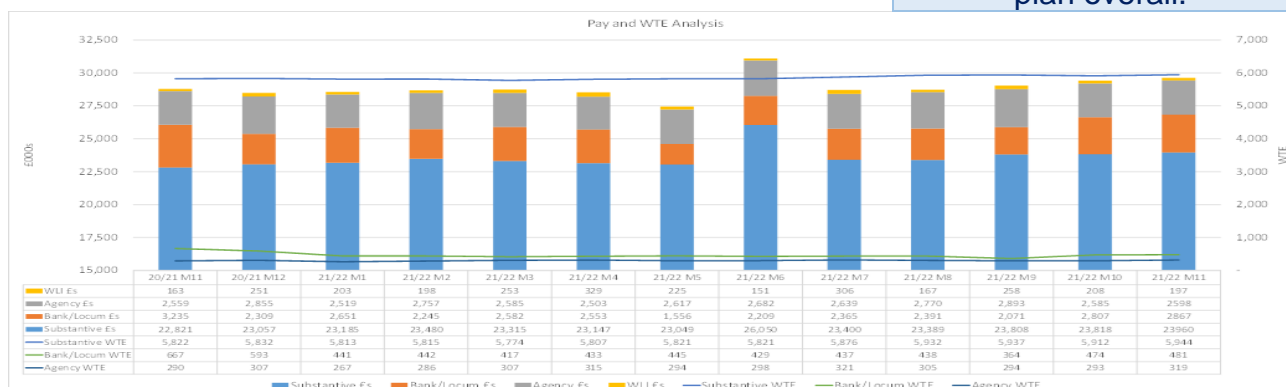
February 2022 actual performance
3.24%
Variance Type
Special Cause Concern
National Target
N/A

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 21 and Dec 21. Common cause concern in Jan 22 and normal variation in Feb 22.	High levels of COVID-19 related absence in February along with high non COVID-19 sickness continues to add to staffing pressures. Staff testing positive with COVID-19 continues to be high through February.	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-introduction of 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

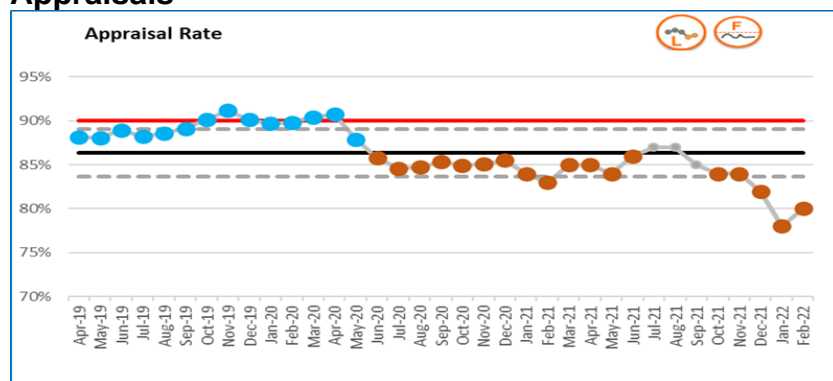


February 2022 actual performance
£2.598m
Spend Year to date
£29.149m
Variance Type
Special cause Concern
Underspend
SaTH Plan
£2.860m
Target/ Plan achievement
Remaining within annual plan overall.



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 £2.598m in the month, broadly in line with previous month and have been much lower over Q4 than previous months. 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 and this is 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.	Develop measurable metrics and action plans to understand where we can control agency spend. Build on increased medical bank fill rates since implementation of Locums Nest. Deliver year one of Recruitment and Retention strategy to increase substantive workforce and improve retention levels.

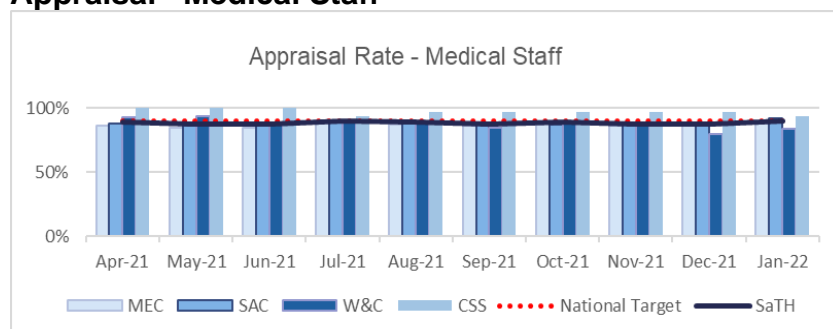
Appraisals



February 2022 actual performance
80%
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 progressively dropped where it reached 78% in January 2022, winter pressures, escalation levels and staff sickness would have contributed to the % decrease. In February 2022, this has increased to 80%. Ward 4 have increased 6% to 97%. A&E Reception have increased 8% to 100%.	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.	Ensure Health and Wellbeing offer is advertise widely throughout the Trust. Internal audit of appraisal record accuracy

Appraisal –Medical Staff



February 2022 actual performance

92%

Variance Type

Common Cause

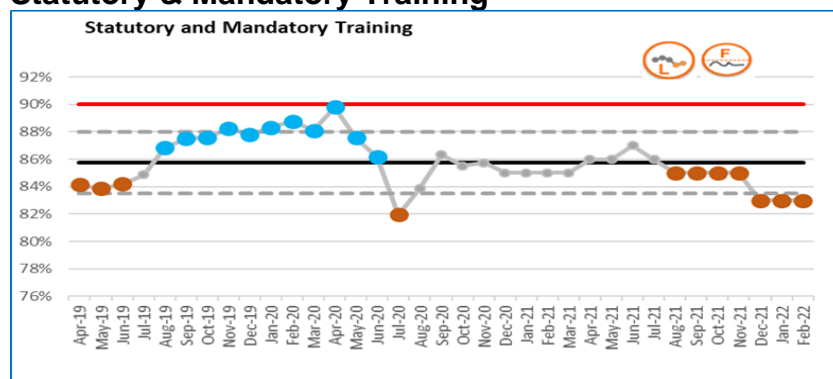
National Target

90%

Target / Plan Achievement

90%

Statutory & Mandatory Training



February 2022 actual performance

83%

Variance Type

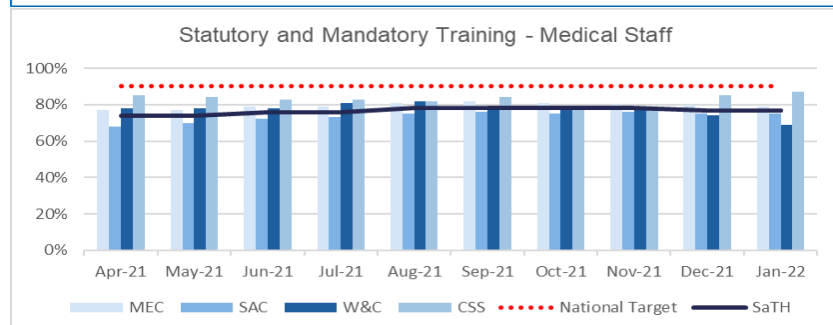
Common Cause

National Target

90%

Target / Plan Achievement

90%



February 2022 actual performance

78%

Variance Type

N/A

National Target

90%

Target / Plan Achievement

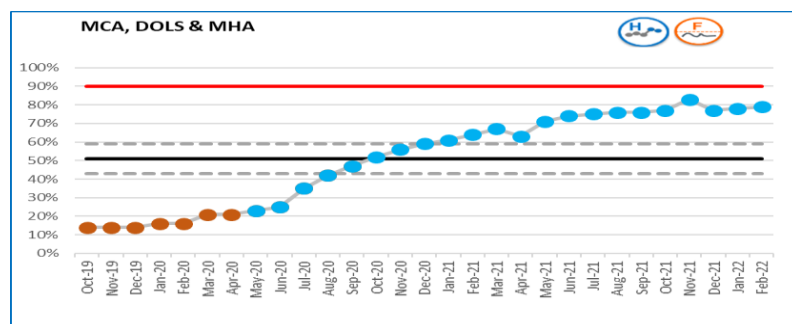
90%

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
83%	90%	77%	94%	91%	68%	67%	89%	79%	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	Compliance rate has been at 85% for the past few months but has now dropped to 83%. DNA % has dropped from 26% to 23%. Medical staff compliance with mandatory training is lower than the overall staff compliance. 3% increase in Fire	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.	New learning management system purchased – implementation started. Pilot in maternity in October 2021 with full roll out across the trust on the 20th April 2022, which is 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	E learning and workbooks offered as alternatives to face-to-face training, which has been well received. Although utilised by individuals there are three departments that use this method instead of completing via eLearning. Requirements made more transparent to divisional teams and staff. Libraries

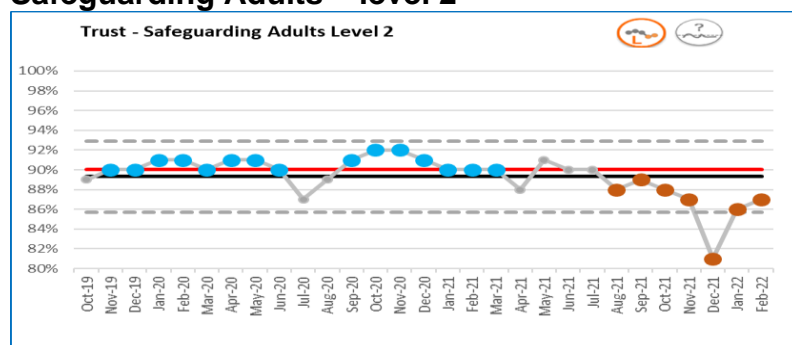
training needs.	Safety 5% increase in IPCL1.	Some data validation issues.	improve compliance rates and reduce risk across the trust. Phase 3 of the LMS project to link unavailability due to training to Health Roster.	supporting learners to access e-learning. Phone support for e learning.
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Trust MCA – DOLS & MHA



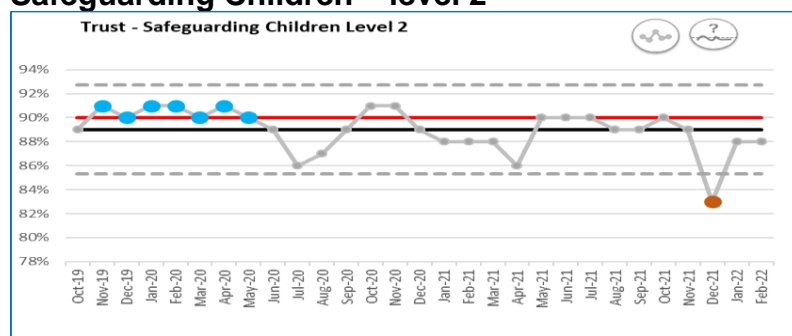
February 2022 actual performance
79%
Variance Type
Special Cause Improvement
National Target
90%
Target / Plan Achievement
Improvement trajectory in place

Safeguarding Adults – level 2



February 2022 actual performance
87%
Variance Type
Special Cause Concern
National Target
90%
Target Achievement
90%

Safeguarding Children – level 2



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

5. Operational Summary

Nigel Lee, Chief Operating Officer

In the midst of predicted winter pressures, February remained a challenging month for all services; Urgent & Emergency care (UEC) pressures remained high with demand presenting at the emergency departments and assessment areas, constraints remained on cancer and elective care capacity, and COVID-19 influenced not only the number of inpatients but also affected staff availability (and impacted their families). The Trust declared a critical incident on two occasions during the month, as a result of a range of pressures on the sites combining to reduce flow through the site and resulting in long ambulance handover delays. Whilst the actions result in some non-essential activity being stood down, the aim is to provide maximum possible clinical and operational capacity to reduce risk; support from partners across the

health and social care system is also vital, and there was a coordinated whole-system approach to the response.

UEC demand remained high and at times, ED performance including ambulance handover delays were a challenge. Joint work with WMAS continues to be a vital mitigation, with WMAS staff supporting 'cohorting' of patients inside the EDs, thereby releasing many crews to respond to calls in the community. The estate improvement work in RSH ED is almost completed (now in the final phase), with the increased capacity for ambulance 'pit-stop' (for handover), dedicated space for children and young people, and improved facilities for both majors and resuscitation patients all helping to provide patient care in a far better environment. The 'front-door' teams continue to work closely together, optimising streaming to the urgent treatment centres, using the same day emergency care pathways in medicine and surgery, as well as working with the new 'single point of access' routing for patients (building on the existing rapid response and 111 pathways). Pressures in both EDs, and resulting ambulance handover delays remains a pressure area, with occupancy on wards also very high, and continued work between SATH, WMAS as well as the whole system is a key priority.

The theme of demand coupled with staff absence has been seen in cancer and elective services too. Services continue to prioritise cancer and other urgent patients at all stages of treatment, although demand for CT and MRI is at high-level. This vital capacity benefits from additional mobile CT and MRI units, and the Trust expects to maintain these into 2022/23 as other capacity builds. Specialty teams continue to work on improvements for cancer waiting times, and a trajectory has been set. Workforce availability continues to be the main risk. In parallel, SATH has focused on reducing overall elective waiting times with a specific target for patients >104 weeks at the end of March 22. The Trust remains on trajectory despite major pressures including the continued escalation of both day surgery units (use of these areas for amber/non-elective inpatients), and is working to reduce this number to zero by July 2022 in line with the national objective. The Trust, along with system partners, is planning for continued recovery in detail, with joint action for orthopaedics with RJAH and use of a variety of independent sectors providers for in and out sourcing capacity being finalised.

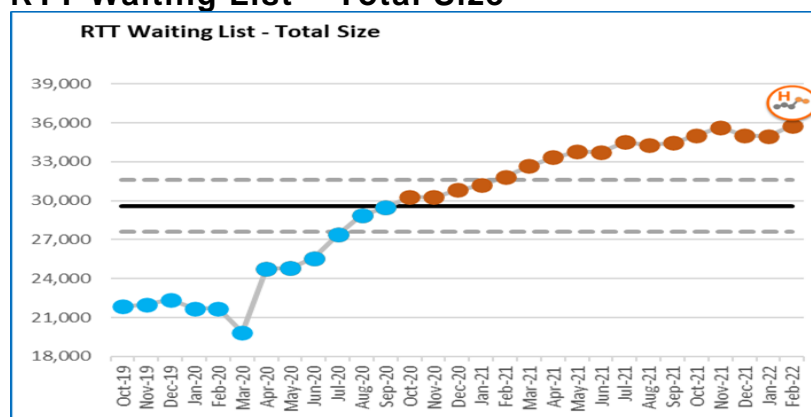
Elective Care

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 risk remains due to lost bed capacity and staffing challenges. The cohort of patients needing to be treated to avoid 104-week waits at 31.3.2022 has continued to reduce.

RTT Waiting List – Total Size



February 2022 actual performance

35772
(English 31810, Welsh 3962)

Variance Type

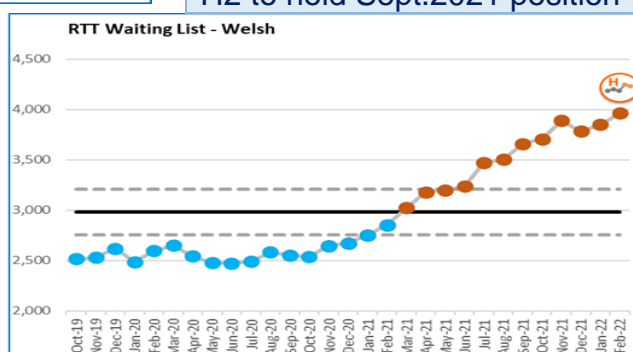
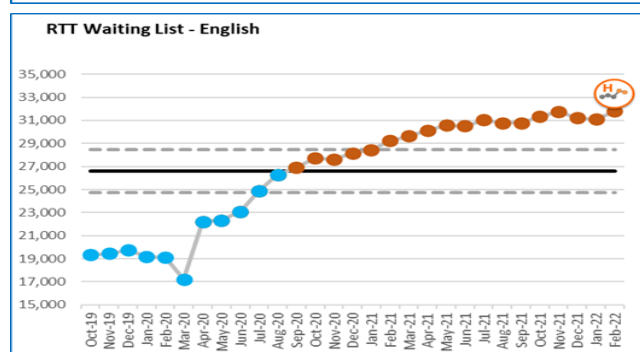
Special Cause Concern

Local Plan

34,443 total, 27,832 (English)
by Mar 2022

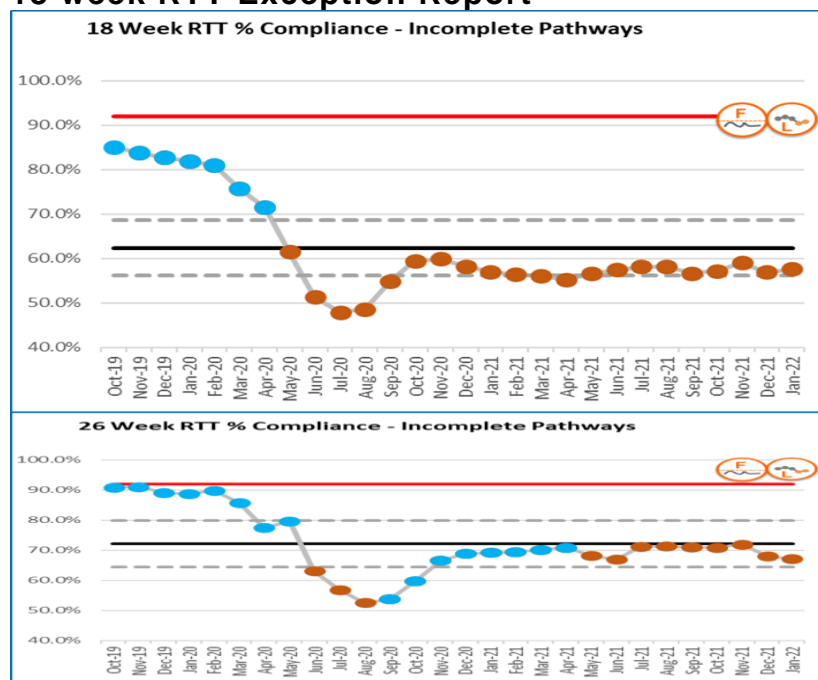
Target / Plan Achievement

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 September 2021 level.	The total waiting list size is above the September 2021 level. With the interventions agreed in H2 it 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.	Reduced capacity to see and treat patients due to clinic space restrictions, bed capacity due to emergency pressures and staff absences / theatre 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.	Weekly Restore and Recovery meetings in place. Training staff for surgical transfer to Vanguard. Optimising utilisation of eye unit and vanguard 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.	As actions, additional 32- bedded unit from end of April 22 will mitigate some bed pressures and support 16 additional elective beds from July 2022. Theatre staff recruitment is challenged and looking at all options, revised theatre structure, alternative roles, joint roles with RJA and Supernumerary training. Stage 2 of the elective hub bid for PRH site for day case capacity Dec 22 & Mar/Apr 23.

18 week RTT Exception Report



February 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.

February 2022 actual performance

67.1%

Variance Type

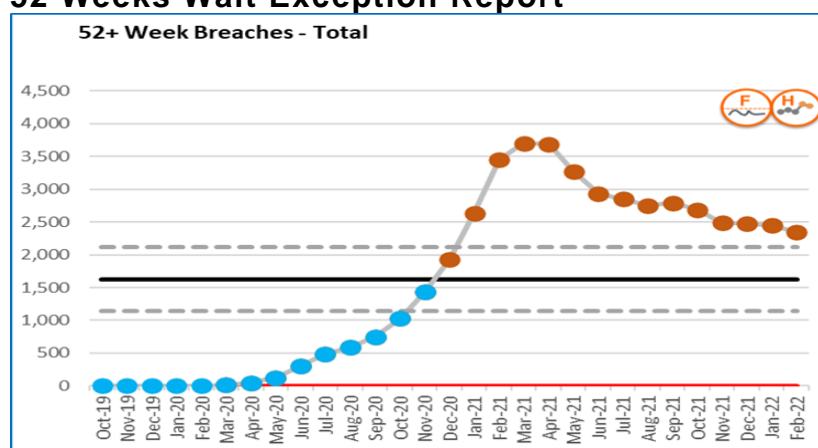
Special Cause Concern

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



February 2022 actual performance

2352

(English 2085, Welsh 268)

Variance Type

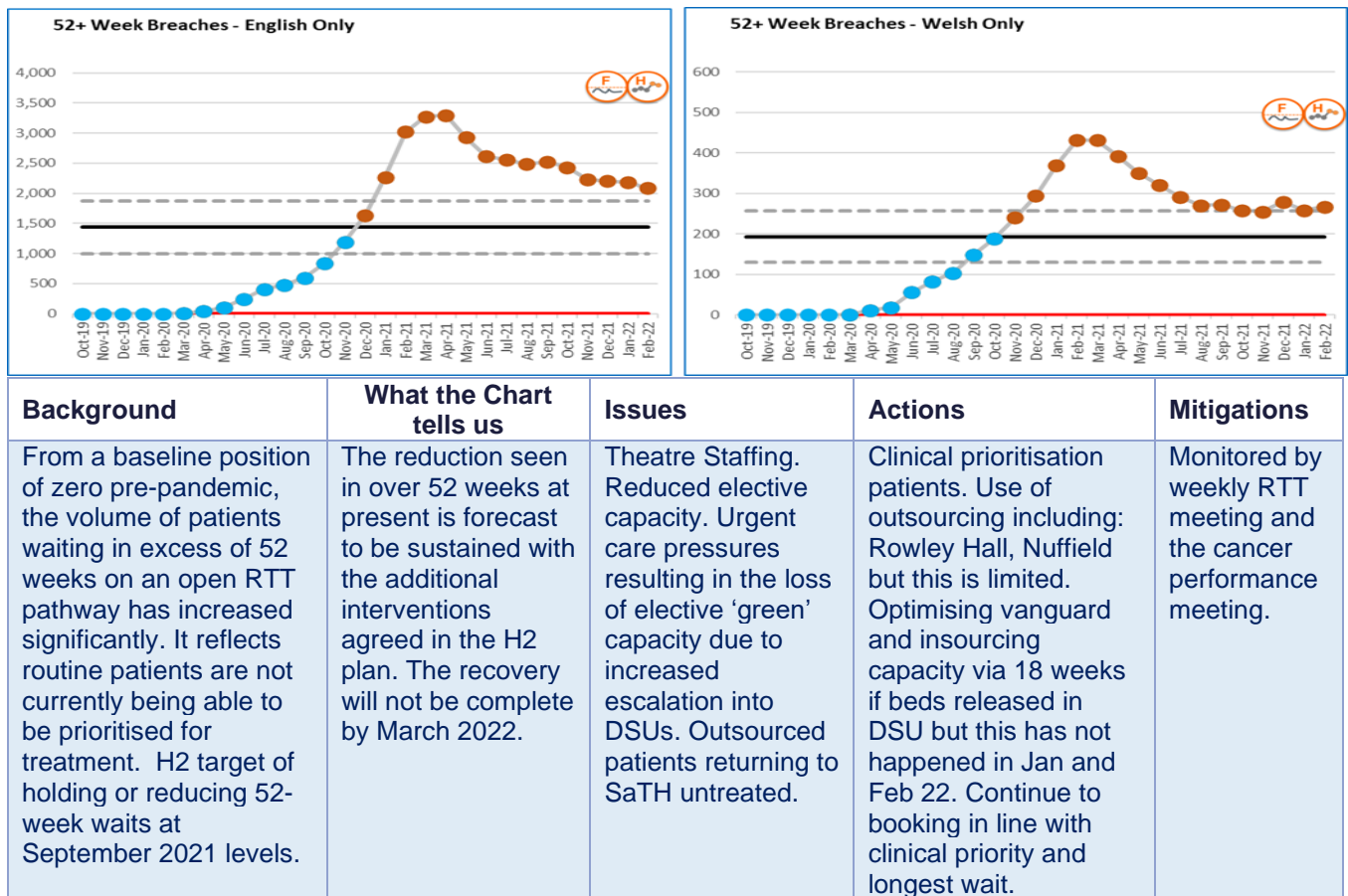
Special Cause Concern

Local Forecast

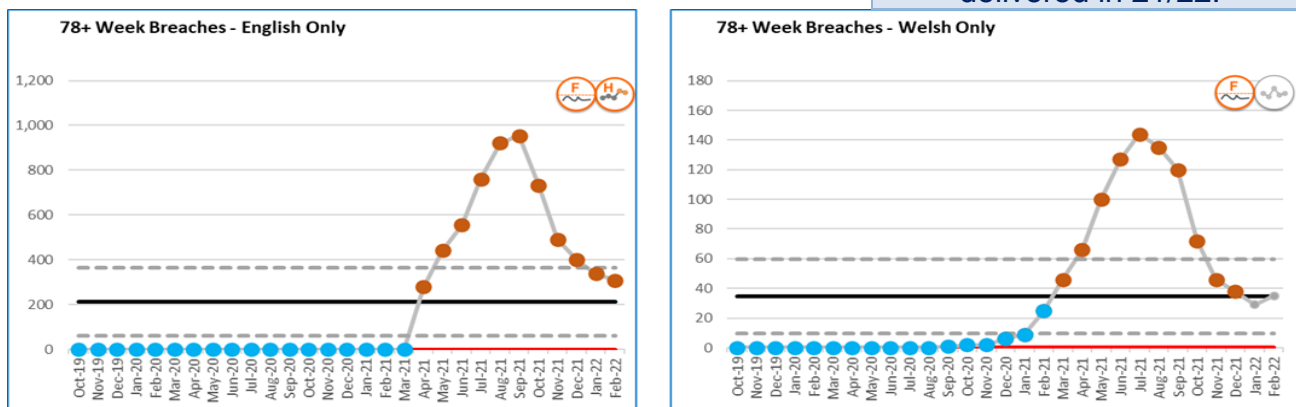
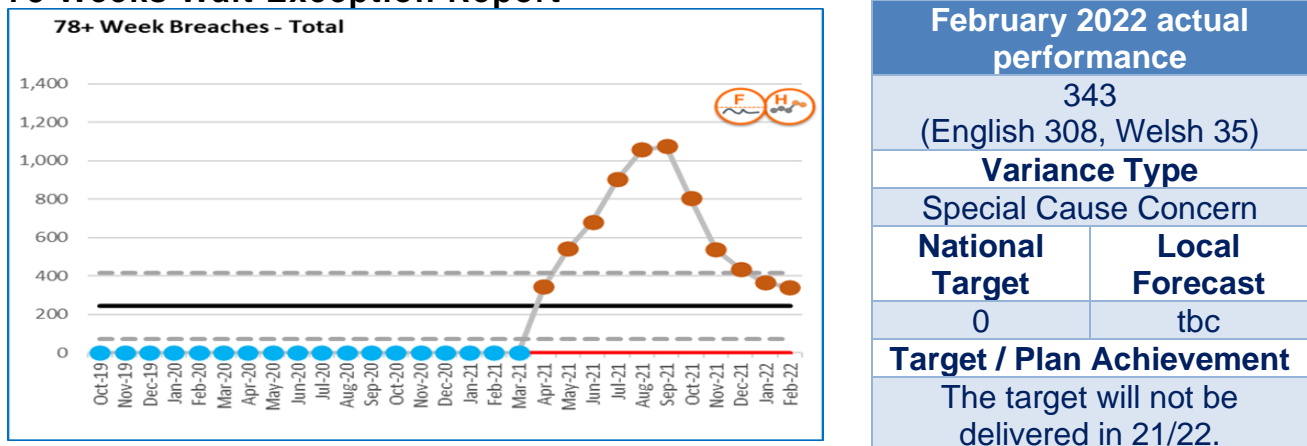
2108 (English)

Target / Plan Achievement

Local forecast developed aligned to the H2 plan post interventions applied.

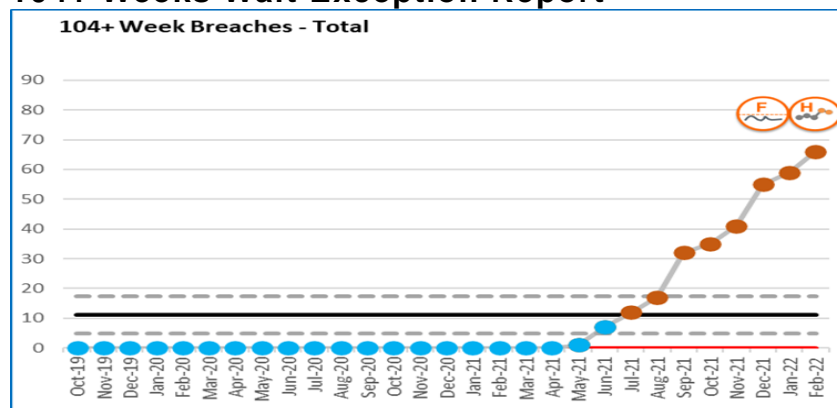


78 Weeks Wait Exception Report



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 31 st 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 78 weeks 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.

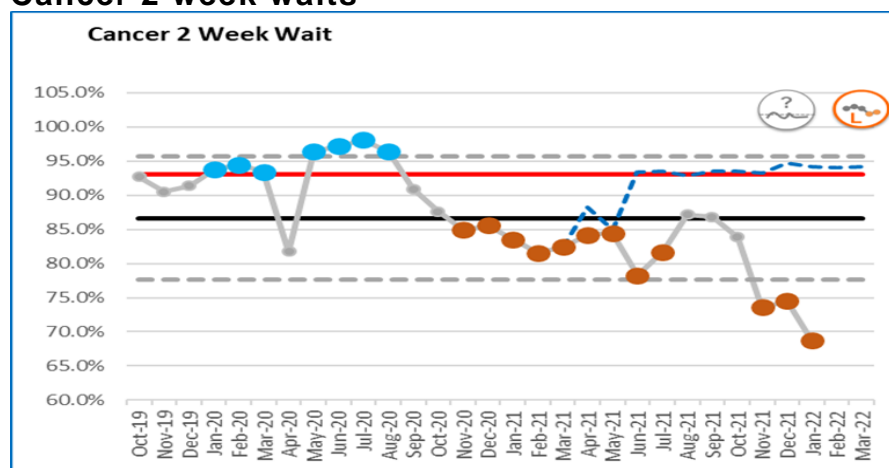
104+ Weeks Wait Exception Report



February 2022 actual performance	
66 (English 64, Welsh 2)	
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



January 2022 actual performance

68.8%

(February 2022

Revised forecast 75.5%)

Variance Type

Special Cause Concern

National Target

93%

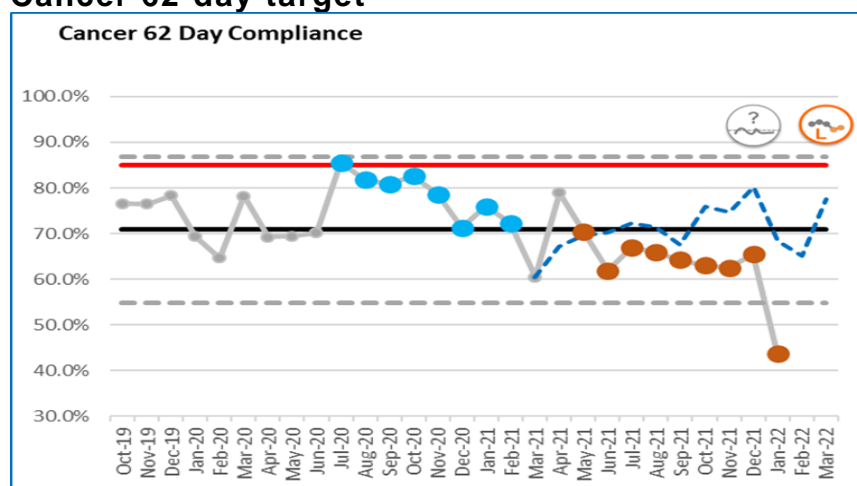
Target / Plan

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 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.	No Capacity to be seen within 2WW in breast, gynaecology, haematology and lung. This is due to radiology capacity for the one-stop clinics in breast and gynaecology and consultant capacity in lung and haematology.	Breast pain only clinics to start in November, which will reduce the amount of 2WW, breast referrals. Gynaecology working on extra capacity and alternatives to one stop. Lung trying to recruit and provide some WLI clinics.	Implementation of revised 2WW breast referral proformas. Implementation of revised 2WW gynaecology proformas.

Cancer 62-day target



January 2022 actual performance

43.8%

(February revised forecast 36.8%)

Variance Type

Special Cause Concern

National Target

85%

Target / Plan

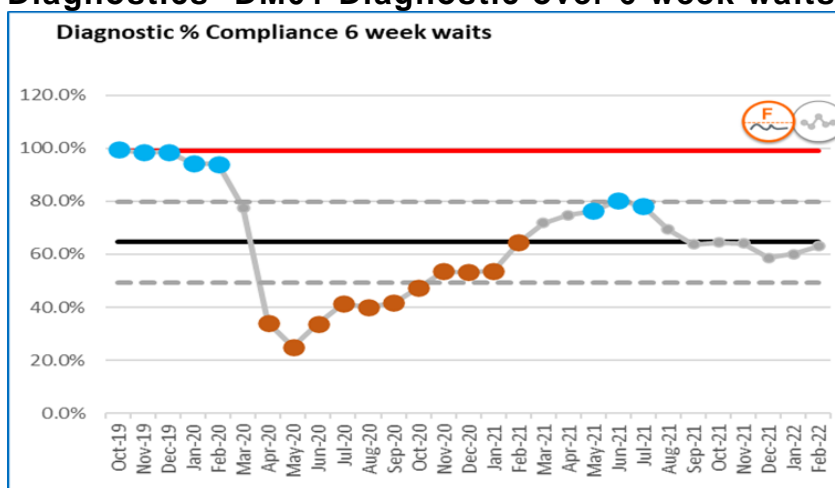
Achievement

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 time guidance	The present system is unlikely to deliver the target. Compliance	Capacity does not meet demand (diagnostics significant issues even prior to	Weekly review of PTL lists using Somerset cancer register – escalations made as per cancer escalation procedure. New pod to	Cancer performance and assurance meetings on going

ensuring wherever possible that any patient referred by their GP with suspected cancer is treated within 62 days of referral.	with this target has been achieved once since April 2019. Performance is also worse than plan. Revised forecast shows plan is not being delivered.	COVID-19). Surgical capacity not back to pre COVID-19 levels. Rise in 2WW referrals. Staffing levels in oncology. Loss of surgical capacity during Dec.21 and into Feb 22.	house a CT/MRI scanner to be in place in August 2021, with a view to have capacity ready in early 2022. This is staff dependant. Transfer of suitable patients to the Nuffield from February 2022. Recovery trajectories for each tumour site to be presented to deputy COO in February 2022.	chaired by Deputy COO. Improvement plans being written by divisions.
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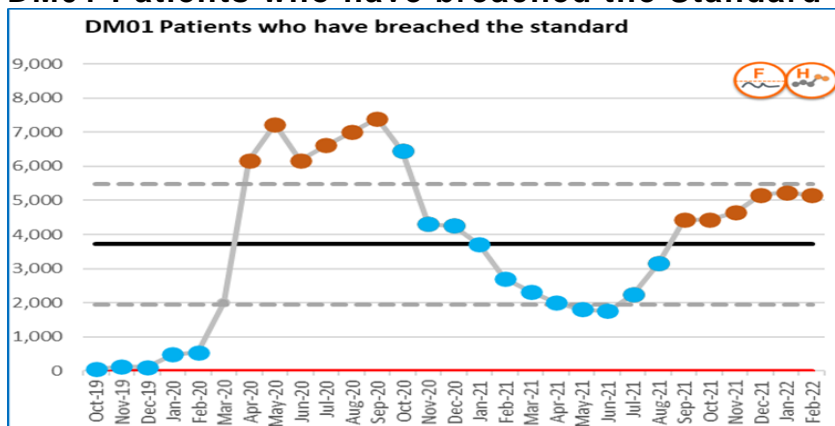
Diagnostics -DM01 Diagnostic over 6 week waits



February 2022 actual performance
63.7%
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.	Failure to reach target as predicted but there has been an improvement of 2.91% since last month.	Continued staffing challenges, resulting in reduced capacity and short notice cancellation of lists. Continued impact of COVID-19 restrictions. US insourcing delayed by sickness due to COVID-19. Building work has reduced capacity for gastroscopy during last month.	Continued recruitment drives, including international routes. Clinical prioritisation of workload in line with capacity. Requests for mutual aid, although none have been successful. Optimise use of renewed endoscopy facility once building work completed.	SaTH approval for 12-month extension of mobile CT and MRI scanners. US insourcing now to begin in April 2022.

DM01 Patients who have breached the Standard

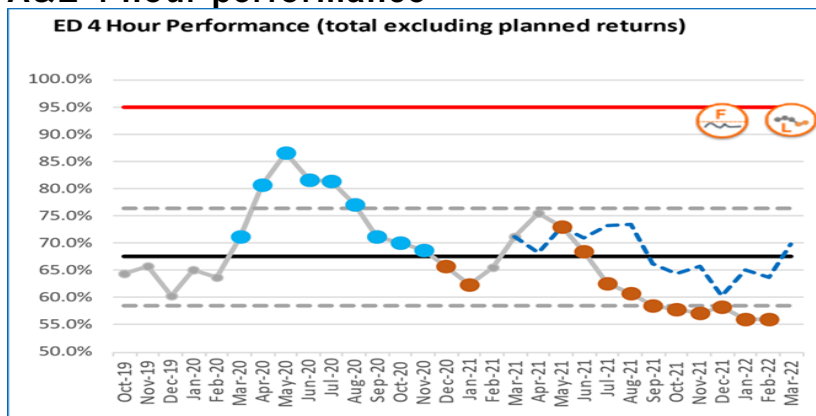


February 2022 actual performance
5149
Variance Type
Special Cause Concern
National Target
0 - < 6weeks
Target / Plan Achievement
Clinical prioritisation and then addressing longest waits.

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 the target as predicted. There was a very slight reduction in the number of patients breaching compared with previous months.	Staffing challenges continue to impact on capacity, leading to short notice cancellation of lists. Ongoing COVID-19 restrictions. No access to mutual aid. Commencement of US insourcing was delayed due to staff sickness.	Repeated recruitment attempts, including international candidates. Reliance on staff goodwill in working additional hours. Clinical prioritisation of workload remains in place.	SaTH approval to extend mobile CT and MRI scanners until March 2023 although this is dependent on confirmation of ERF. Breast screening insourcing. Planned insourcing for US from beginning of April 2022.

Emergency Department

A&E 4 hour performance



February 2022 performance

55.9%

Variance Type

Special Cause Concern

National Target

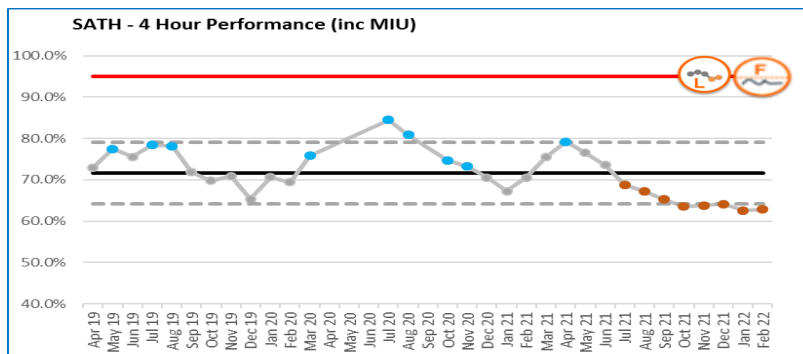
95%

SaTH Local Plan

63.6%

Target / Plan Achievement

Performance is worse than the improvement trajectory.



February 2022 performance

62.8%

Variance Type

Special Cause Concern

National Target

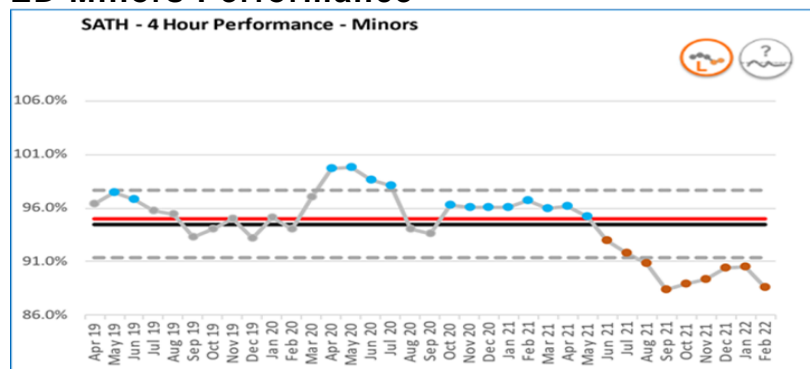
95%

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.

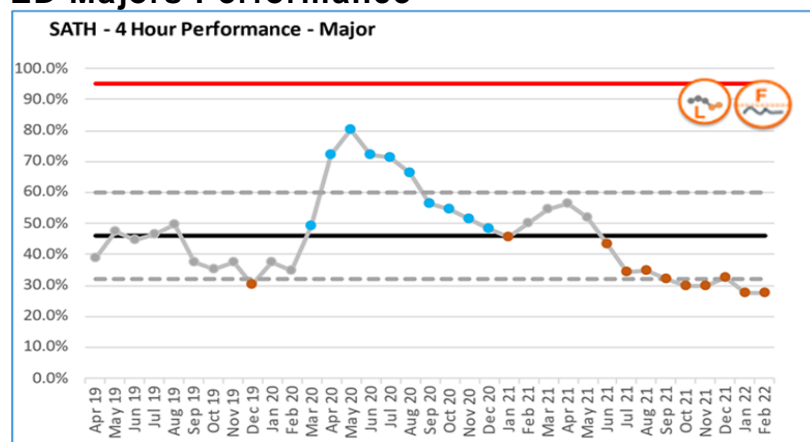
ED Minors Performance



February 2022 actual performance
88.6%
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



February 2022 actual performance

27.5%

Variance Type

Special Cause Concern

National Target

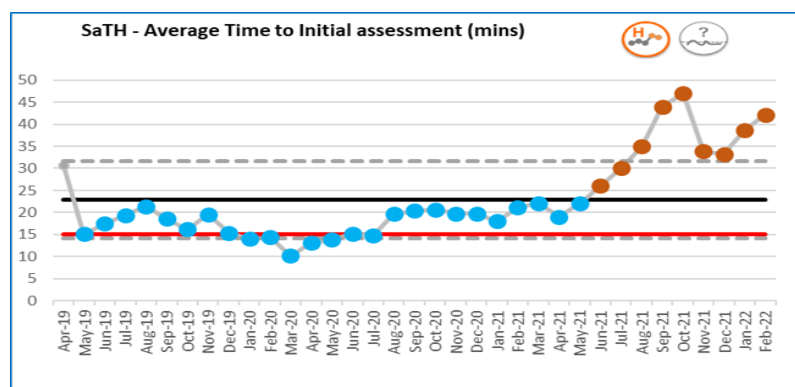
95%

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 February 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)



February 2022 actual performance

42 Minutes

Variance Type

Special Cause Concern

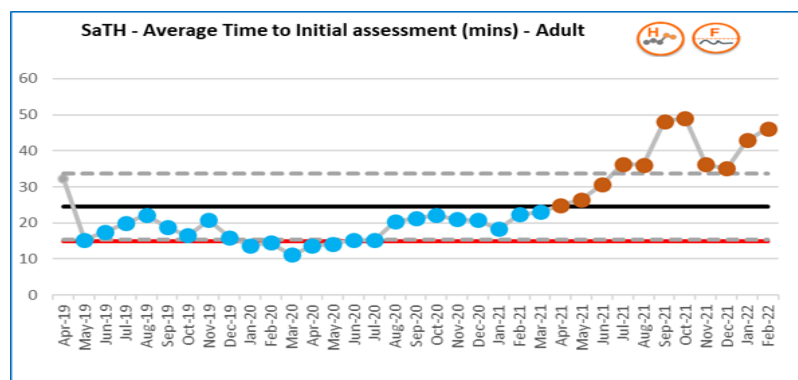
National Target

15 Minutes

Target / Plan Achievement

Aim to recover to national target.

ED Time to Initial Assessment - Adult



February 2022 actual performance

46 Minutes

Variance Type

Special Cause Concern

National Target

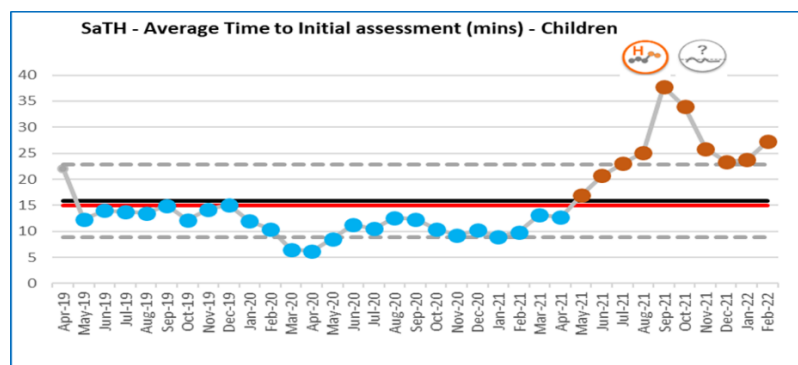
15 Minutes

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



February 2022 actual performance

27.2 Minutes

Variance Type

Special Cause Concern

National Target

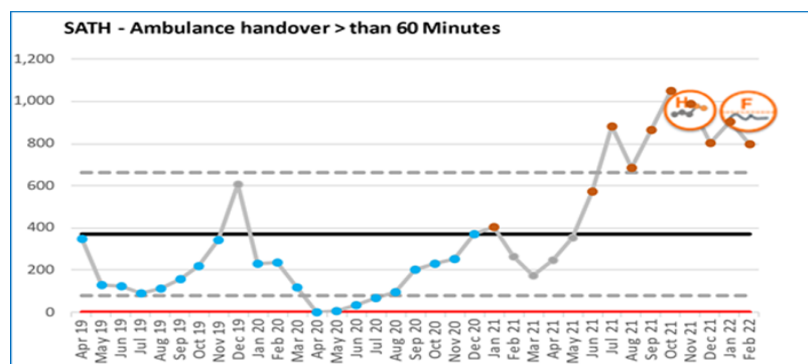
15 Minutes

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



February 2022 actual performance

800

Variance Type

Special Cause Concern

National Target

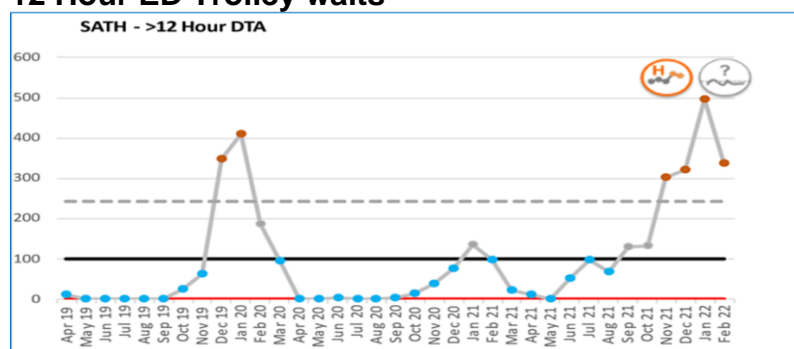
0

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



February 2022 actual performance

336

Variance Type

Special Cause Concern

National Target

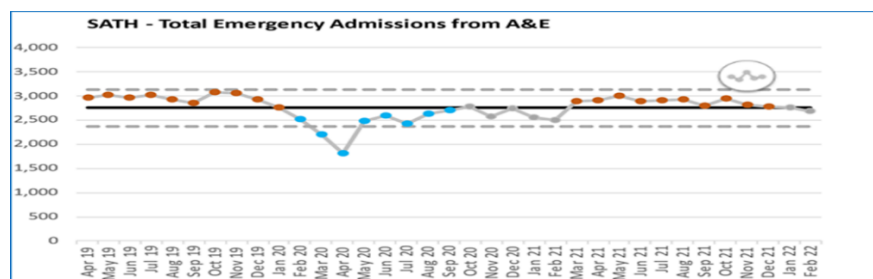
0

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



February 2022 actual performance

2677

Variance Type

Common Cause

National Target

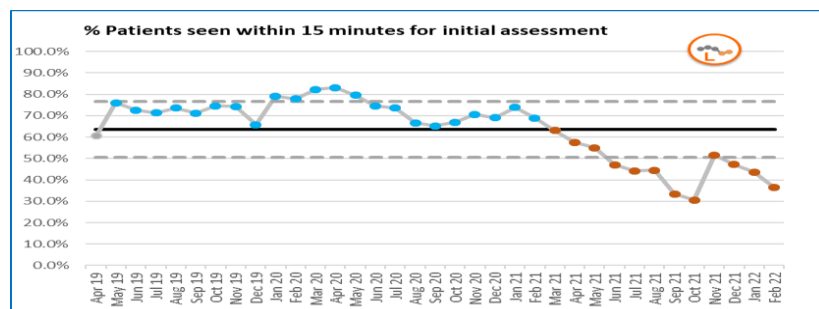
N/A

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



February 2022 actual performance

36.4%

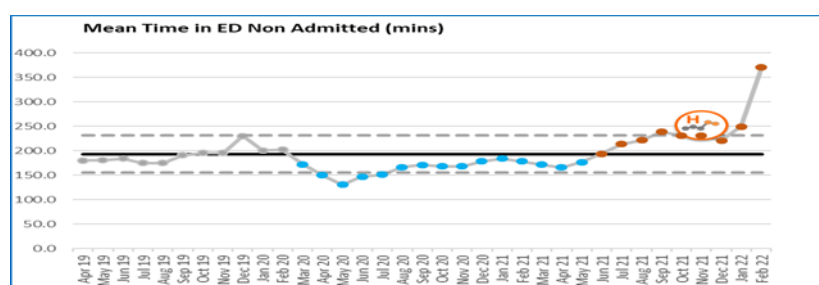
Variance Type

Special Cause Concern

National Target

n/a

Mean Time in ED Non-Admitted (Minutes)



February 2022 actual performance

370

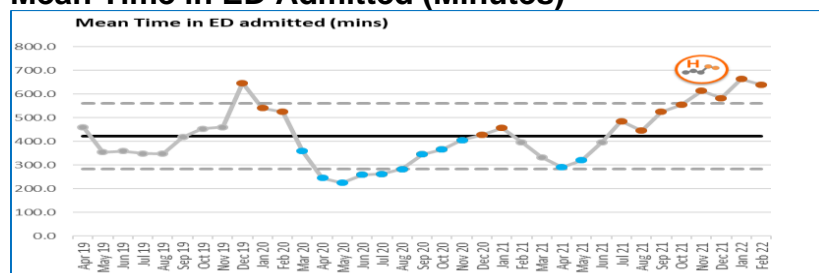
Variance Type

Special Cause Concern

National Target

n/a

Mean Time in ED Admitted (Minutes)



February 2022 actual performance

640

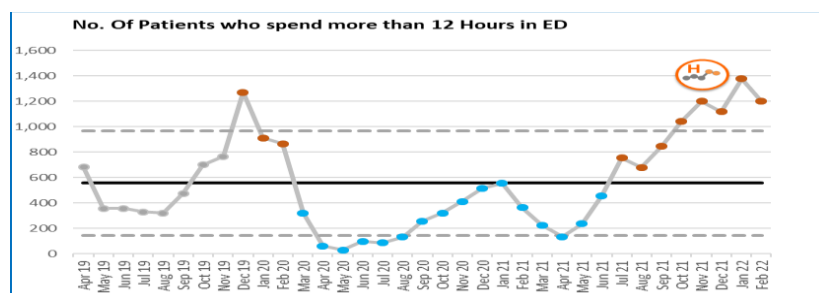
Variance Type

Special Cause Concern

National Target

n/a

Number of Patients who spend more than 12 hours in ED



February 2022 actual performance

1199

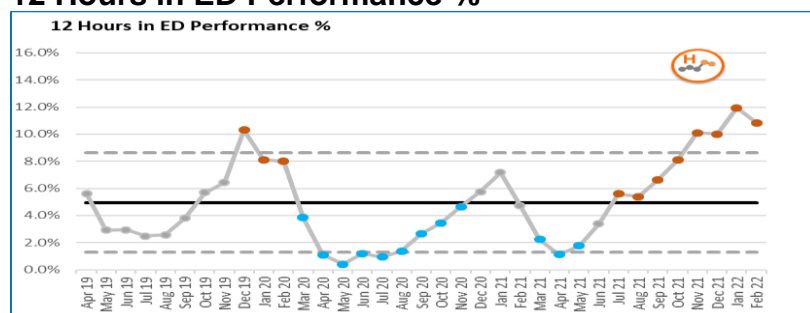
Variance Type

Special Cause Concern

National Target

N/A

12 Hours in ED Performance %



February 2022 actual performance

10.8%

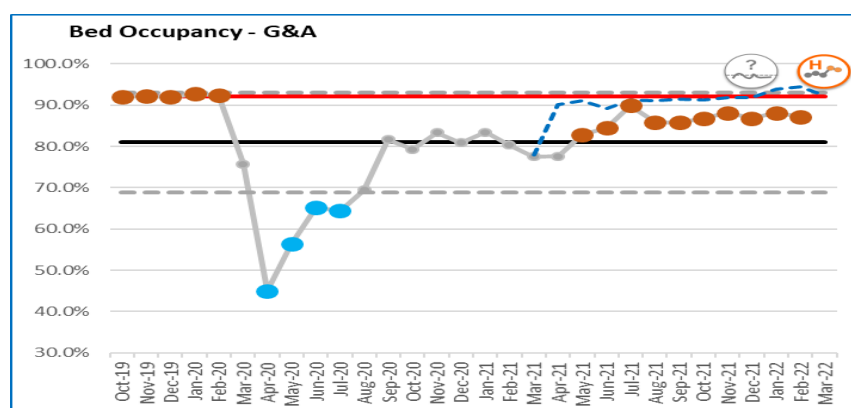
Variance Type

Special Cause Concern

National Target

N/A

Hospital Occupancy and Activity Bed Occupancy



February 2022 actual performance

87.1%

Variance Type

Special Cause Concern

Local Target

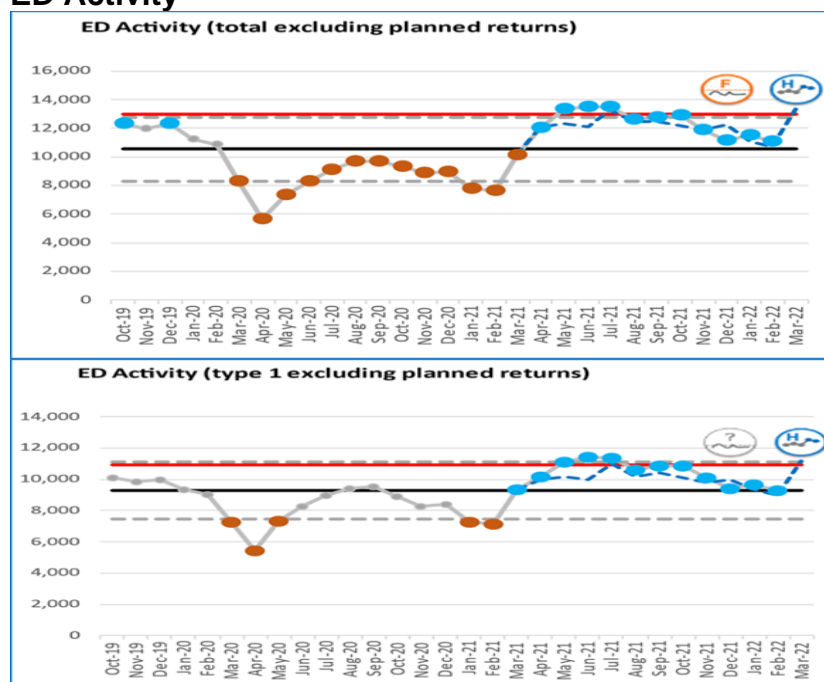
92%

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.	<p>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.</p> <p>Bed modelling completed demonstrating underlying bed shortfall for winter 2021-22. Winter planning schemes being implemented to continue admission avoidance.</p>	<p>Additional 32 beds planned from April 2022.</p> <p>Cross Divisional ward reconfiguration group established chaired by MEC</p> <p>Divisional manager to re-configure ward allocation and align more closely to specialty requirements for 2022-23.</p>

ED Activity



February 2022 actual performance

11061

Variance Type

Special Cause Improvement

Local Target

12521

Target/ Plan achievement

Trajectory Based on H2 plan

February 2022 actual performance

9314

Variance Type

Special Cause Improvement

Local Target

10446

Target/ Plan achievement

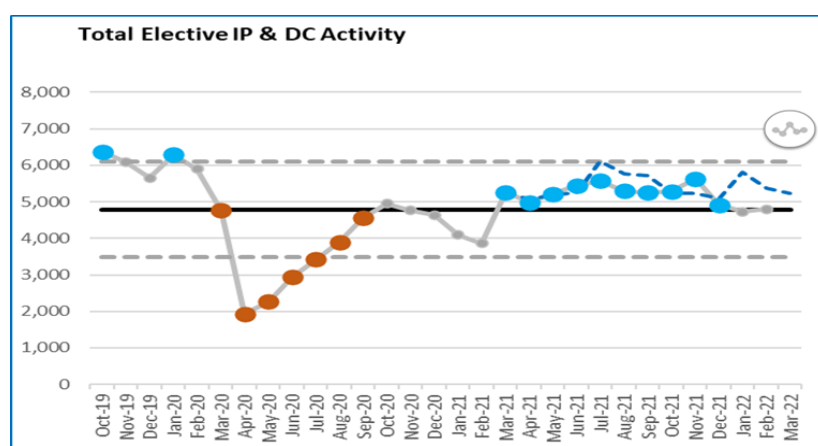
Trajectory Based on H2 plan

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



February 2022 actual performance

4794 (Recovery 75%)
(IP 260 , DC 4534)

Variance Type

Common Cause

National Target

95%

Local Target

5368

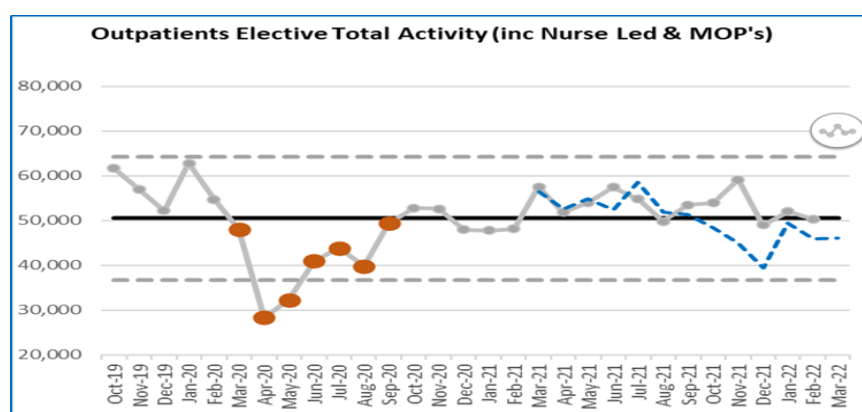
Target/ Plan achievement

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.	Activity remains below historic levels and below expectation with regard to "Restoration & Recovery." There has been a further significant dip in February in relation to the standing down of further elective activity and conversion of the low risk pathway (DSU) at RSH to support critical care surge and at PRH to support medical escalation.	Reduced theatre capacity, theatre-staffing constraints.	Clinical prioritisation of patients in terms of PL2 and PL2Cs and long waiters 642 process for theatre allocation Weekly restore and recovery meeting with specialties.	As actions.

Outpatients Elective Total Activity –H2 plan

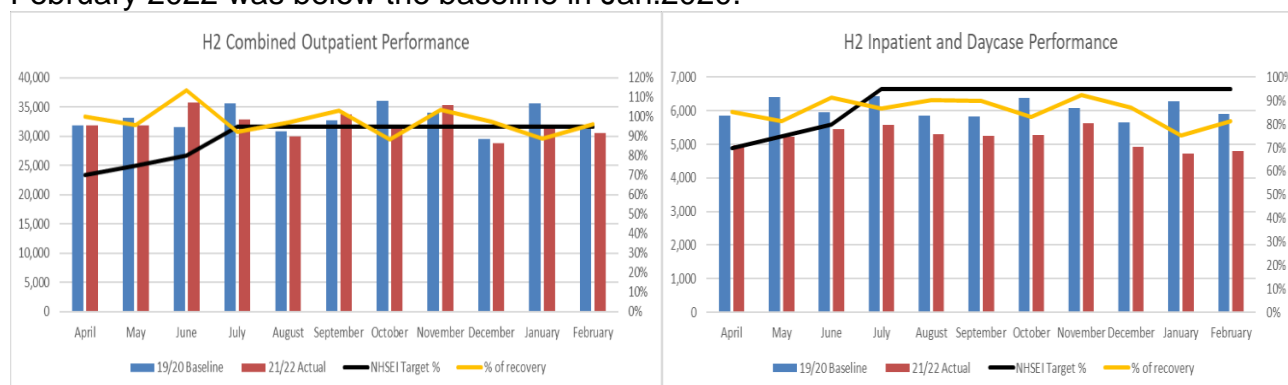
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total outpatient attendances (all TFC; consultant and non consultant led)	48366	44973	39355	49393	45937	46064



February 2022 actual performance
50323
Variance Type
Common Cause
Local Target
45937
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 Q4 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, as some patient groups are not appropriate, as they need examination.	Waiting list initiative. Options for agency staff in challenged specialties. Bank staff support. CD for outpatient transformation is working with the clinical teams to around clinical engagement.	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- February 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 February 2022 was below the baseline in Jan.2020.



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

Activity data for February 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:

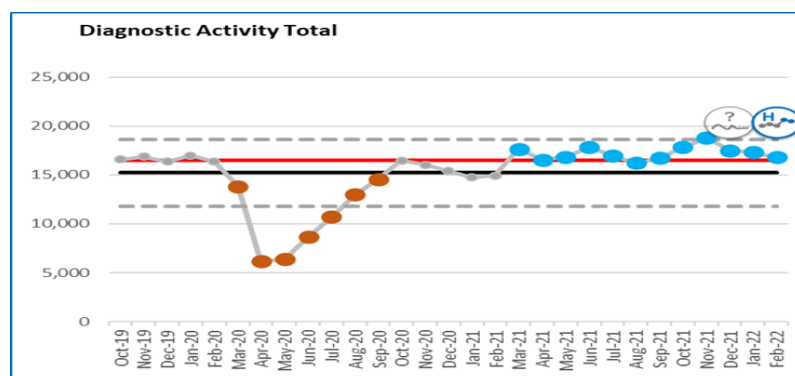
Indicator Name	21/22 Actual % of 21/22 H2 Plan
Diagnostic Tests - Magnetic Resonance Imaging	80%
Diagnostic Tests - Computed Tomography	92%
Diagnostic Tests - Non-Obstetric Ultrasound	97%
Diagnostic Tests - Colonoscopy	84%
Diagnostic Tests - Flexi Sigmoidoscopy	70%
Diagnostic Tests - Gastroscopy	73%
Diagnostic Tests - Cardiology - Echocardiography	105%

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:

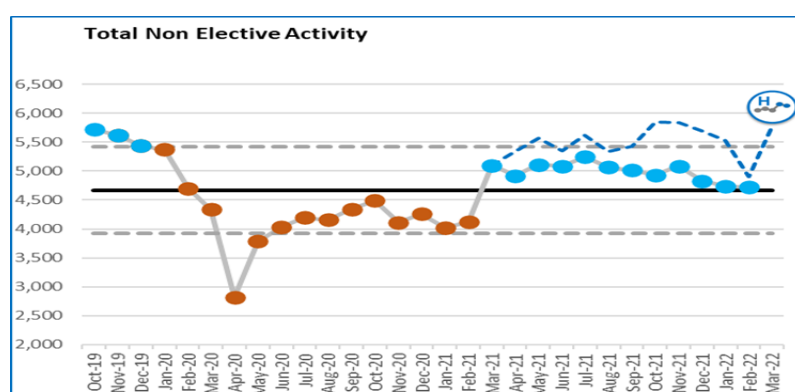
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total	15954	16714	19240	19358	17590	18423



February 2022 actual performance
16813
Variance Type
Special Cause Improvement
Local Target
197,619 for year 17,590 Feb 2022
Target/ Plan achievement
Below the H2 plan in Feb.

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.	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. Reliance on staff goodwill and overtime. Clinical prioritisation of available capacity.	Mobile CT and MRI scanners. Insourcing for Breast Screening under way and planned for US.

Non-Elective Activity



February 2022 actual performance
4719
Variance Type
Special Cause Improvement
Local Target
5533 (H2 plan)
Target/ Plan achievement
Demand is forecast to return to 19/20 baseline

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

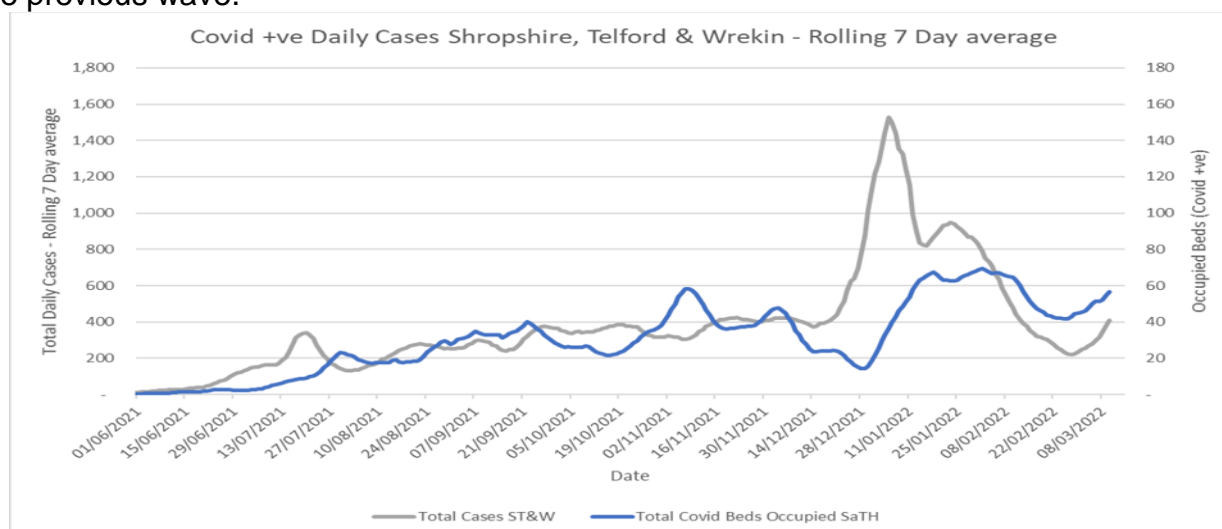
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Number of Specific Acute non-elective spells in the period	5851	5843	5697	5533	4908	5792

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. The icon shows the trend of ranking over time of the trust in relation to other trusts.

KPI	Latest month	Actual Performance Ranking	performance
A&E – Left without been seen (out of 121)	Jan 22	98	
A&E – 4 Hour Standard (Type 1) (out of 108)	Feb 22	95	
A&E – Reattendance Rate (out of 117)	Jan 22	9	
A&E Time to Initial Assessment (Out of 113)	Jan 22	63	
Cancer 2 Week (out of 121)	Jan 22	87	
Cancer 2 Week Breast Symptomatic (out of 112)	Jan 22	95	
Cancer 62 Day Classic Metric (out of 122)	Jan 22	111	
Cancer 62 Day Breast Cancer (out of 116)	Jan 22	110	
Cancer 62 Day Lower Gastrointestinal Cancer (out of 121)	Jan 22	109	
Cancer 62 Day Lung Cancer (out of 116)	Jan 22	106	
Cancer 62 Day Other Cancer (out 121)	Jan 22	97	
Cancer 62 Day Skin Cancer (out 113)	Jan 22	87	
Cancer 62 Day Urological Cancer (out of 121)	Jan 22	112	
Diagnostic 6 Week Standard (out of 122)	Jan 22	96	
Diagnostic 6 Week Standard – Cardiology : echocardiography (out of 122)	Jan 22	7	
Diagnostic 6 Week Standard – Audiology Assessments (out of 110)	Jan 22	64	
Diagnostic 6 Week Standard – Urodynamics: pressures & flows (out of 98)	Jan 22	96	
Diagnostic 6 Week Standard – Respiratory physiology : sleep studies (out of 122)	Jan 22	32	
Diagnostic 6 Week Standard – Magnetic Resonance Imaging (out of 122)	Jan 22	109	
Diagnostic 6 Week Standard – Computed Tomography (out of 122)	Jan 22	103	
Diagnostic 6 Week Standard – Non-obstetric ultrasound (out of 122)	Jan 22	91	
Diagnostic 6 Week Standard – Colonoscopy (out of 122)	Jan 22	120	
Diagnostic 6 Week Standard – Flexi sigmoidoscopy (out of 122)	Jan 22	75	
Diagnostic 6 Week Standard – Cystoscopy (out of 117)	Jan 22	85	
Diagnostic 6 Week Standard – Gastroscopy (out of 122)	Jan 22	97	
RTT 52 Week Breach (out of 122)	Jan 22	84	
RTT Incomplete 18 Week Standard – (out of 122)	Jan 22	96	
RTT Incomplete 18 Week Standard Metric – Gynaecology (out of 121)	Oct 21	72	
Total Time in A&E – Admitted (out of 106)	Nov 21	97	
Total Time in A&E – Non – Admitted (out of 120)	Jan 22	53	
RTT Total Incompletes (out of 122)	Jan 22	47	

Although the above provides an overview of where the Trust is performing, next month's report will contain further detail on SaTH's ranked position based on gradients in order to demonstrate visually where we are outliers in comparisons to other trusts nationally.

6. Finance Summary

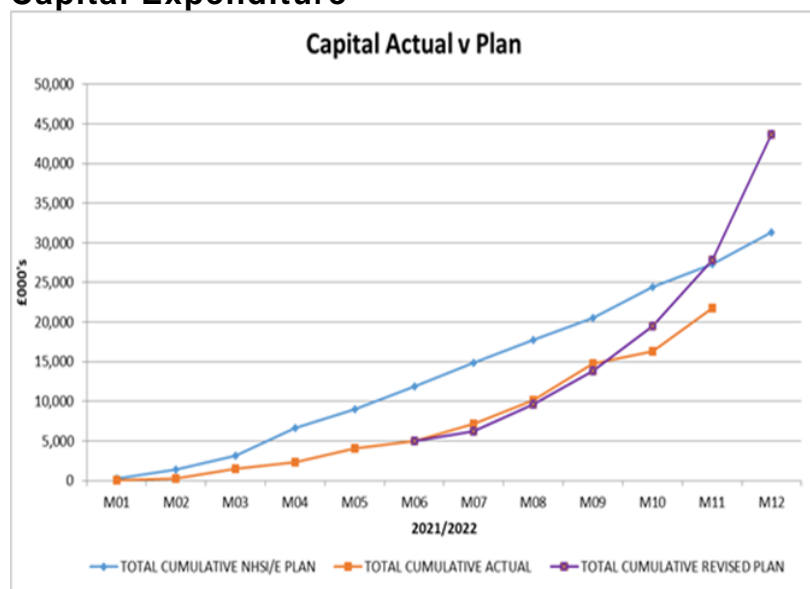
Helen Troalen, Director of Finance

- A deficit of £0.469m was generated during February, £0.201m favourable to the in-month plan. The deficit was lower than plan in the month mainly due to receipt of additional income, coupled with a lower level of spend against the elective recovery programme.
- The cumulative deficit increases to £9.309m, £3.100m above the planned YTD deficit of £6.210m. The Trust continues to forecast to deliver a £10.898m deficit at the year-end, which remains unchanged from the forecast submitted to NHSE/I and the ICS at the end of Q3.
- Overall income was £0.679m above plan in the month due to additional income received from NHS England relating to high cost drugs and additional recovery support

funding. The YTD income position is now £8.539m higher than plan driven by unplanned income received mid-year to fund the pay award, maternity transformation, additional high-cost drugs income, screening income and income associated with the Trusts hosting of the ICS finance. All of these income streams are offset in full by additional expenditure.

- The Trusts core expenditure continued to run above plan, mainly workforce driven with pay costs being £1.363m above plan in the month. Approximately 50% of this however is backed by additional income relating mainly to maternity transformation, screening and education and training related posts.
- The Trust has received £10.905m of elective recovery funding YTD to help reduce the elective waiting lists with £9.507m of associated expenditure incurred to date.
- The Trust spent £1.269m of expenditure directly associated with COVID-19. This was £0.159m lower than previous month but still higher than the Q3 YTD average spend. The higher costs have mainly been a consequence of higher sickness related backfill but this is beginning to improve. Overall, the Trust has spent £12.724m cumulatively against £15.228m of funding received during the year to support COVID-19 related issues.
- £5.946m of efficiency savings have been delivered YTD compared to a plan of £6.295m, 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 11 has reduced to £45.412m linked to a reduction in drawdown of PDC for CHC of £3.632m, additional PDC allocations of £0.767m for various digital scheme and postponement of receipt of sale proceeds for remaining endoscopy assets of £1.021m. Total capital spend YTD is £21.710m against a revised planned spend of £27.794m. The Trust is currently forecasting capital expenditure of £43.635m, an underspend of £1.777m against allocation. This underspend is in the main due to attracting funding for the £7.1m modular ward and not committing all of the allocation that was therefore freed up.
- The Trust held a cash bank balance at the end of February 2022 of £26.833m, which is in line with the balance held at M10.

Capital Expenditure



February 2022 actual performance

£5.374m

Spend year to date is

£21.710m

Underspend to date

Is £5.606m

Variance Type

Underspend (against original NHSEI Plan)

SaTH Plan 2021/22

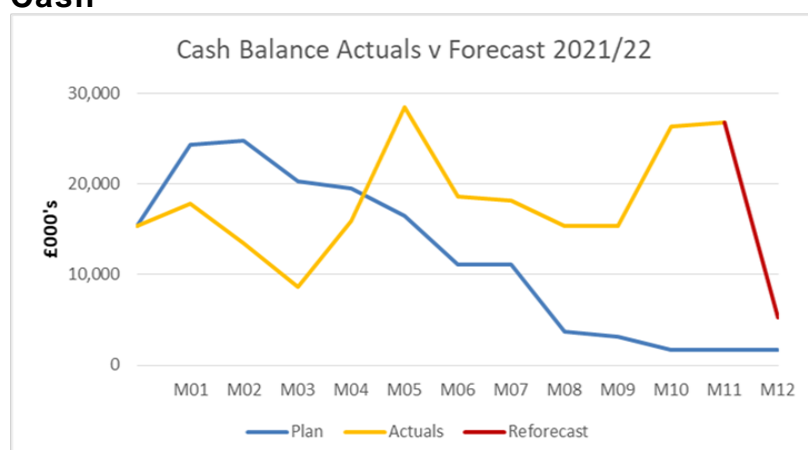
£43.635m

Target/ Plan achievement

To meet the Trust's capital resource limit (CRL) at year-end.

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust's total capital programme for 2021/22 as at month 11 has been reduced to £45.412m, following assumed reduction in drawdown of PDC for CHC of £3.632m, additional PDC allocations of £0.767m for various digital schemes (digital aspirants; digital maternity fund and digitally enabled transformation for pathology and imaging services) and postponement of receipt of sale proceeds for remaining endoscopy assets of £1.021m.	The status at month 11 for the revised capital plan agreed at October's CPG (with adjustment for new allocations), is against a forecast spend of £27.794m, actual spend is £21.710m - £6.084m underspend from forecast.	Capital expenditure to date is lower than projected in original plan. The Trust is currently forecasting capital expenditure of only £43.635m, an underspend of £1.777m against allocation. This due to funding being received for the modular ward (£7.1m) and the replacement of this in the capital programme with the renal investment, which is only £5m.	Focus remains on completing the process around several material items as the financial year comes to a close.	No mitigations required.

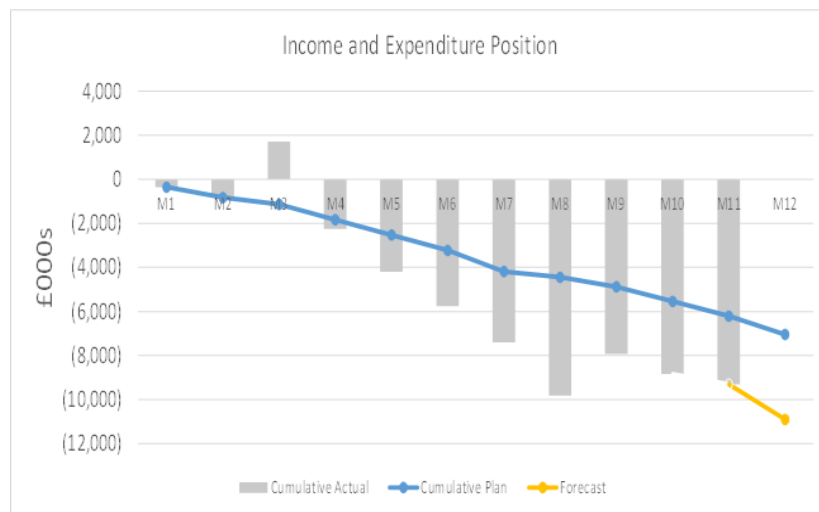
Cash



February 2022 actual performance	
£0.508m	
£26.833m cash in the bank	
Variance Type	
Higher Cash Balance	
SaTH Original Forecast	SaTH Rolling Forecast
£1.700m	£21.580m
Target/ Plan achievement	
Higher cash balance than forecast.	

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust has revised the Cashflow forecasting which is now based on average spend to date for the year, taking account of known variations and changes in working capital balances. The Cashflow has been revised based on H2 plan. The Trust reforecasts on a monthly basis.	The cash balance at the end of February 2022 was £26.833m (ledger balance of £26.798m due to reconciling items). This balance is in line with month 11.	The Trust is not forecasting a requirement for cash support. The revised forecast currently projects a year-end cash balance of £5.324m against a required minimum cash balance of £1.700m.	The Trust to continue to review the assumptions within the Cashflow. Rolling monthly forecasting to continue.	No mitigations required.

Income and Expenditure Position



February 2022 actual performance

(£0.469m)

Income & Expenditure Position
year to date
(£9.309m)

Variance Type

Overspend to date
(£3.100m)

**National
Target**

b/even

**SaTH Plan
2021/22**

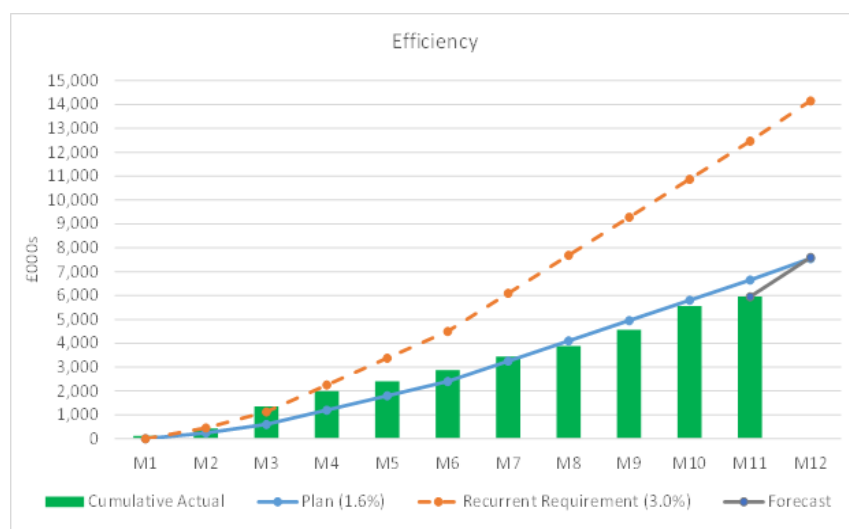
(£7.043m)

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) linked 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 £9.309m cumulative deficit after eleven months, £3.100m adverse to plan. £0.769m of this overspend is driven by an overspend linked to the elective recovery programme. Excluding the impact of the elective recovery programme the financial position would be £2.331m adverse to plan YTD, which is driven mainly by increased pay costs, predominantly nursing, associated with operational pressures. Estates costs are also above plan due to higher energy, utility and maintenance costs. The in-month deficit of £0.469m was £0.201m favourable to plan due to an underspend on ERF. The Trust continues to forecast a deficit of £10.898m in line with that reported and accepted by the ICS and NHSE/I at the end of Q3.	Operational pressures continue to increase cost and further limit the Trust's ability to recover elective activity. Recurrent efficiency savings are also compromised, however, it should be noted the overall savings target for 21/22 is on track.	Non-recurrent options available. Forecast in-line with expectations.	Additional system savings/underspends. Non-recurrent funding.

Efficiency



February 2022 actual performance	
£0.393m	
Efficiency year to date is £5.946m	
Variance Type	
Under delivery year to date £0.304m	
National Target	SaTH Plan 2021/22
£0.000m	£7.550m
Target/ Plan achievement	
£0.121m 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 £5.946m of efficiency savings after eleven months, £0.304m behind plan. Approximately 60% 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 £7.671m.	Whilst the Trust has delivered substantial savings 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 delayed due to operational pressures.	Increased programme focus 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 their projects as being on track this period.

- Maternity Transformation

- Culture
- Leadership
- Quality and Safety
- Workforce

The Finance and Resources programme shows an improvement this month having previously reported the Financial Reporting and planning project as reasonable, this has now moved back to on track.

The Operational Effectiveness programme shows an improvement this month having previously reported the UEC (Non-Elective Pathways) project as reasonable, this has now moved back to on track.

The Digital Transformational programme has remained the same status as per the last reporting period as on track.

The Corporate Governance programme shows a worsening position this month, with both Board Governance and Communications and Engagement projects now reporting as reasonable.

Overall, there are 20 projects reporting a status of on track. The remaining six projects are showing a status of reasonable.

Details of exceptions are shown in section four of this paper. A detailed description of each project is provided in Appendix A and an overview of all programme milestones is shown in Appendix B.

7.2 Exceptions and Mitigations (for projects with a status below On Track)

No projects are currently reporting as being off track and 6 projects out of the 26 overall are currently reporting as reasonable. An explanation for these is provided for each project below:

Board Governance: A Board Committee review was carried out in autumn 2021, with the findings presented to the Audit and Risk Assurance Committee (ARAC) in December 2021. An action plan has been created and work started, overseen by the Trust Chair. External factors and the publication of a confidential internal report, along with aligning the plan to the Trust Strategy has meant that a comprehensive action plan will not be in place until April 2022, as opposed to the original date of February 2022, and therefore Board Committee review will not be able to complete until May 2022.

Communications and Engagement: The Head of Communications position is currently being filled on an interim basis. The recruitment process for a substantive Head of Communications has been put on hold since December 2021. However, the recruitment process is due to start in March 2022, and it will hopefully be completed by July 2022.

Applied Digital Healthcare: Acute, Community and Primary Care colleagues continue to explore the use of Virtual Wards within Shropshire, Telford, and Wrekin. One of the aspects of this Programme of work is using Applied Digital Healthcare - remote diagnostic monitoring. A number of solutions are currently being explored alongside work to progress Virtual Ward. By the nature of solutions being developed for remote monitoring, this is a system driven project.

Financial Literacy: All other objectives within the programme are progressing in line with the original plan with the exception of the achievement of FFF Level 2 accreditation, which will now be delayed due to the requirement for wider organisation engagement and capacity within the finance team. The SRO has sought approval for this milestone to be changed to October 2022. The objectives for the remainder of the year will be progressed through the Finance Project Steering Group.

Restoration and Recovery: As of the end of January 2022, Elective Day Case figures stood at 76% of 19/20 baseline with 78% of H2 plan. Elective Inpatient was at 58% of 19/20 baseline with 82% of H2 plan. In the same period first outpatient appointments was at 96% of 19/20 baseline, while follow-ups appointments were at 84% of 19/20 baseline. Both were slightly under the H2 plan targets, with first appointments at 91% and follow-ups at 87%.

The H2 plan has moved to the management of a patient cohort who will be over 104 weeks by March 22. As of the end of January 2022 the number of 104+ week waits were at 59 against the trajectory of 41, however, the year-end trajectory of 74 (including P5 and P6) patients over 104 weeks is expected to be delivered. The lack of elective beds is affecting the 104ww performance, with cancer patients taking priority. Cancer provision has been secured at Nuffield to help relieve pressure and the new modular ward will be available from July 22. The interventions planned for 18 Weeks were cancelled based on lack of elective bed.

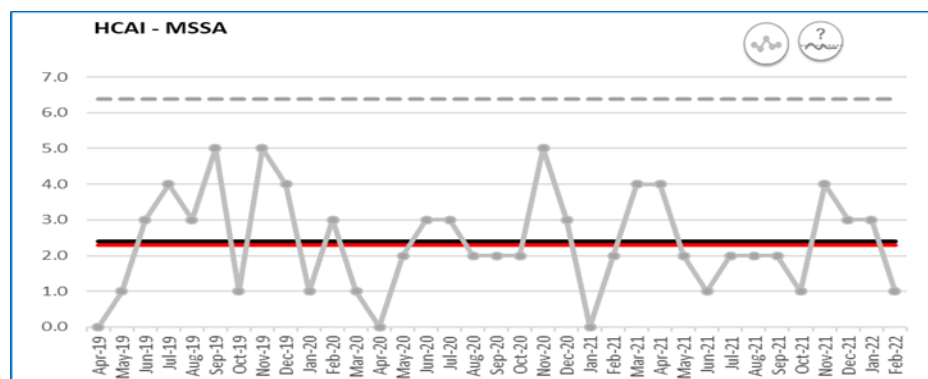
The national target in H2 plans for PIFU is set at 3% of all outpatient appointments, SaTH have agreed, at a system level to aim to achieve 2% by March 2022. Work continues with the clinical teams to increase the PIFU plan to 2% by March 22 with the support of Andy Elves as part of his outpatient transformation role. As of the most recent validated position (January 2022) there were 506 patients who had moved onto an active PIFU pathway which puts SaTH performance at 1.2% overall. Discussions are ongoing regarding go live in Vascular, Respiratory, Haematology, Cardiology (Heart Failure) and Diabetic Pump. Reengagement continues with clinical teams around the use of Attend Anywhere now that the technical issues have been resolved to achieve the target of 25% for remote assessments. As of the most recent validated position, (January 2022) 19.1% of all Outpatient Appointments (OPAs) were remote so still short of the 25% target. 28% of follow up appointments were remote, compared to 9% of new appointments.

A number of key risks and issues are affecting the ability to meet the elective recovery targets including bed availability and ward capacity, theatre staffing shortages, radiography capacity and COVID-19 related sickness.

Theatre Productivity: A total of 62% (PRH) and 65% (RSH) Theatre Utilisation was realised for the month of February 2022, due to bed pressures and the cancellation of 159 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 the target of 85% utilisation in March 2022 will be achieved unless day surgery on both sites becomes elective.

Appendix 1: Indicators performing in accordance with expected standards

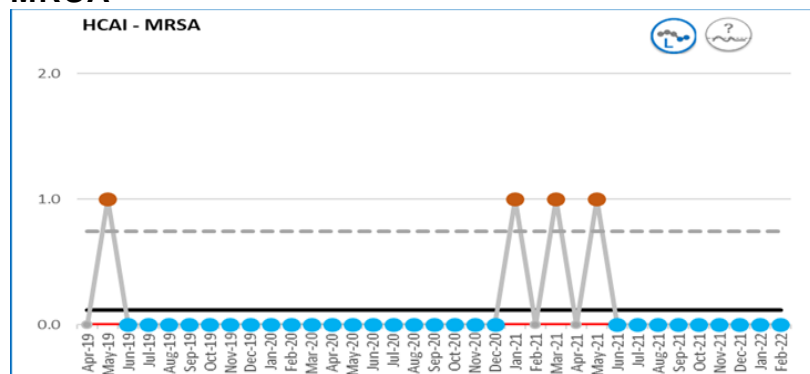
MSSA



February 2022 actual performance
1
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.	The number of MSSA bacteraemia reduced in February 2022 with one case reported.	There have been 25 cases YTD against a local target of no more than 28 cases for 2021/2022. An RCA is undertaken on any case where the cause of infection is unknown or is thought to be device related continue to have an RCA completed. The cases in February is currently being reviewed to ascertain if it was device related.	Ongoing improvement work includes: -Ensure catheter insertion and care plan documentation is completed, this is audited by the monthly matrons quality audits -IPC catheter prevalence audit being completed. -Ongoing catheter education for nursing staff.	RCA summary and actions from RCAs presented as part of Divisional updates monthly at IPC Ops Group.

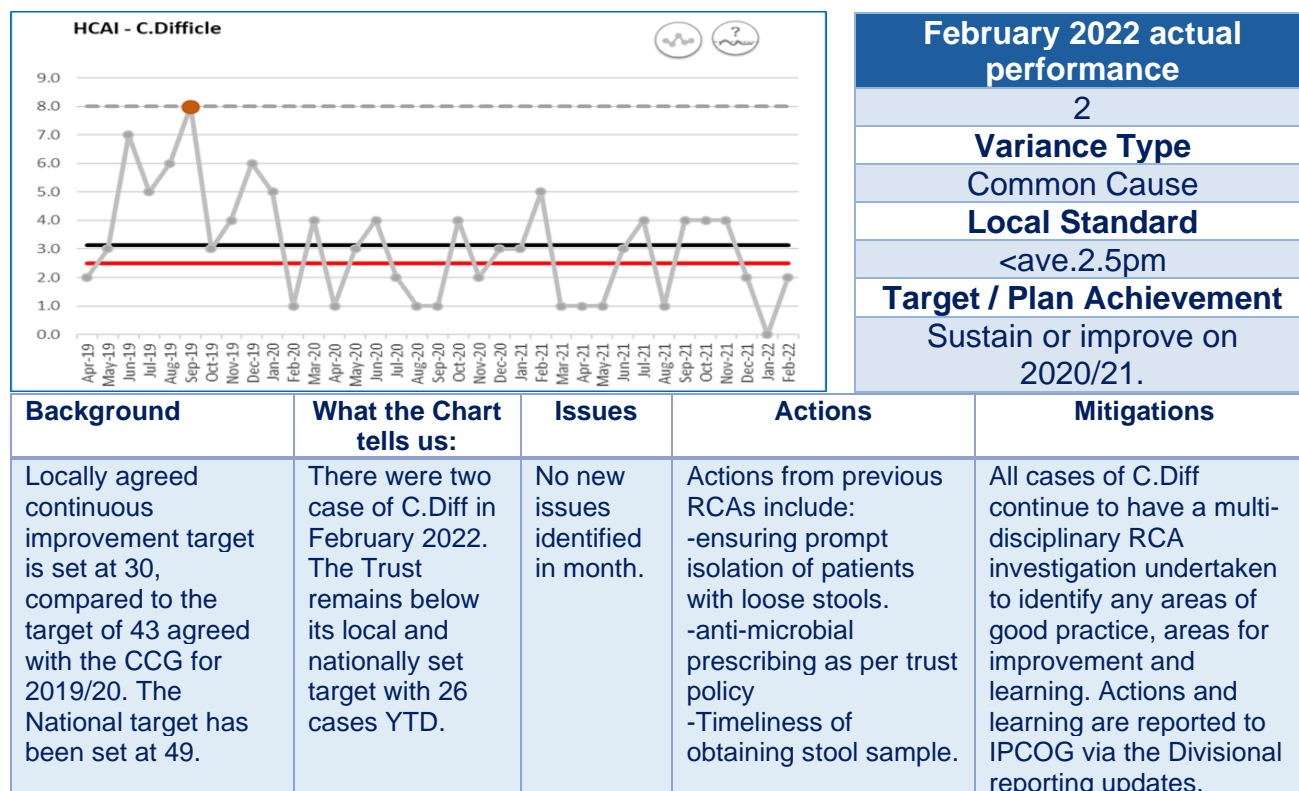
MRSA



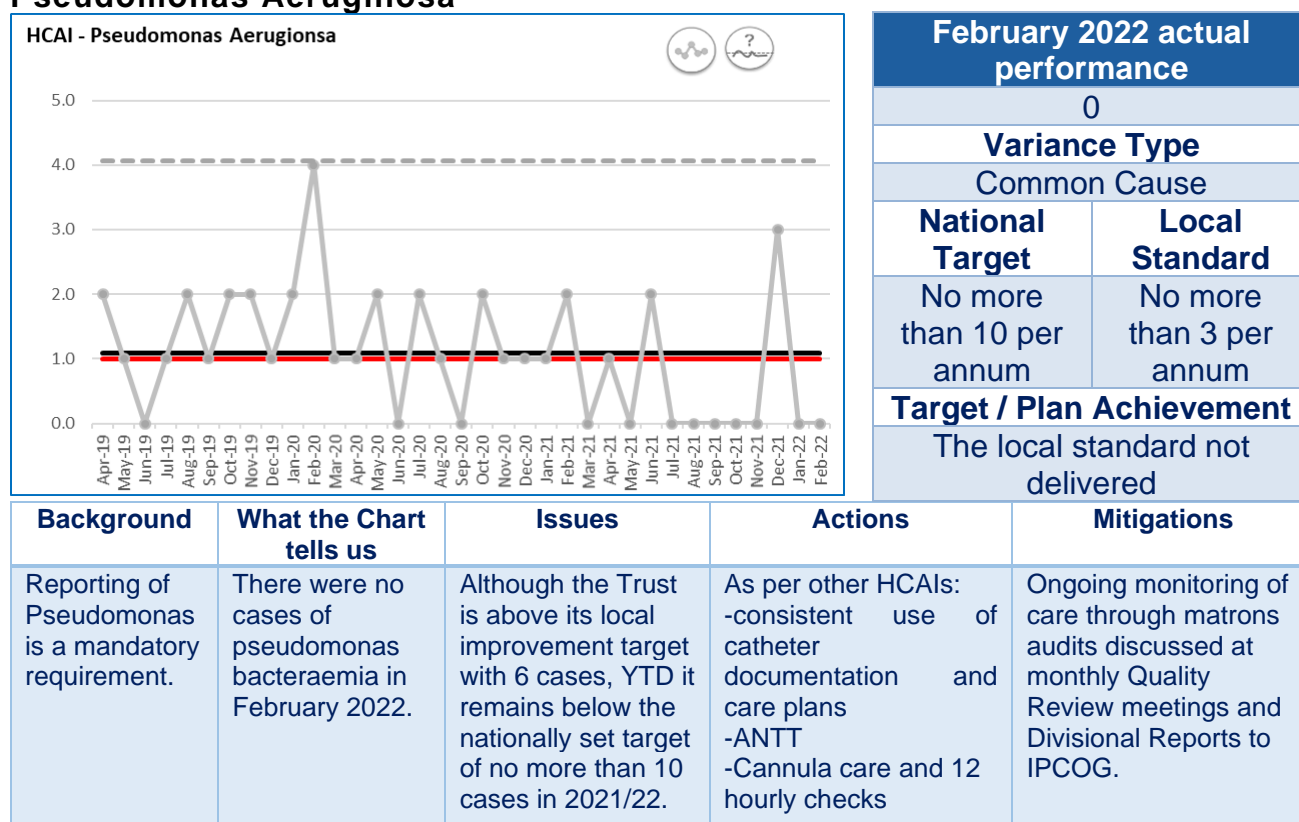
February 2022 actual performance
0
Variance Type
Common Cause
Local Standard
0
Target / Plan Achievement
0 infections for 21/22 not achieved (1 infection in May)

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 HCAs continue to be undertaken.	Reported and monitored monthly through IPC Operational Group.

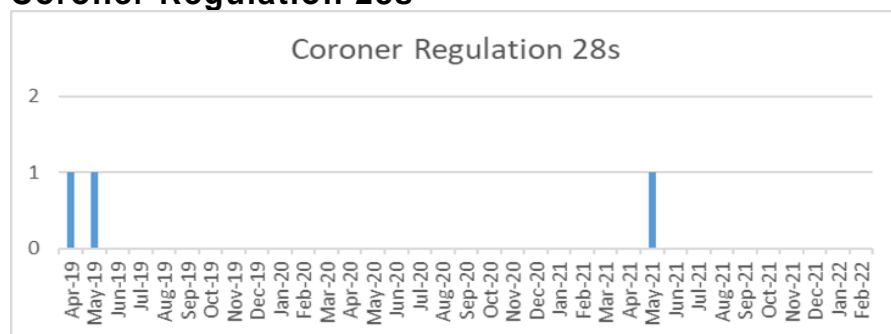
C-Difficile



Pseudomonas Aeruginosa



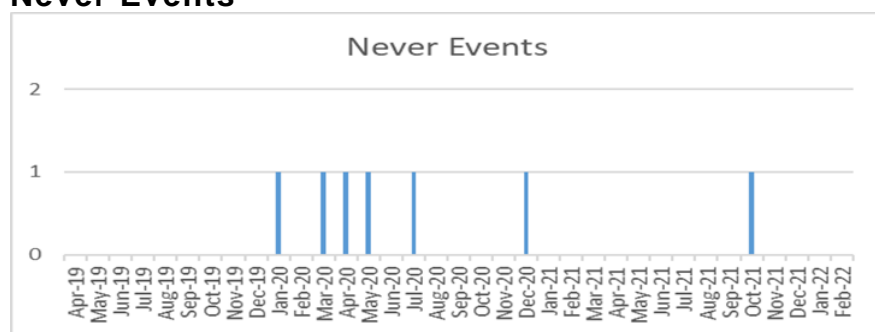
Coroner Regulation 28s



February 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.

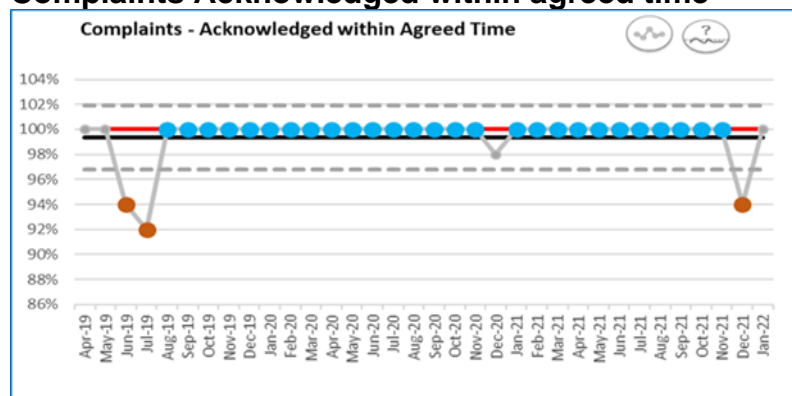
Never Events



February 2022 actual
0
Variance Type
Common Cause
Local Standard
0
Target/ Plan achievement
1 never event year to date.

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.	No actions.	No mitigations.

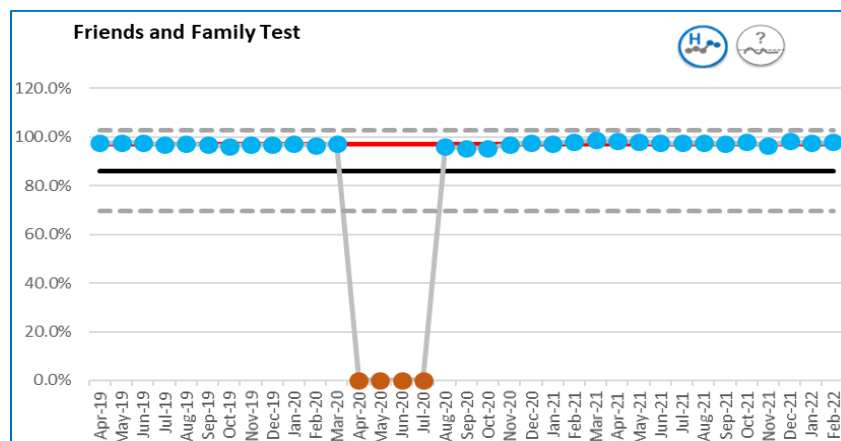
Complaints Acknowledged within agreed time



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

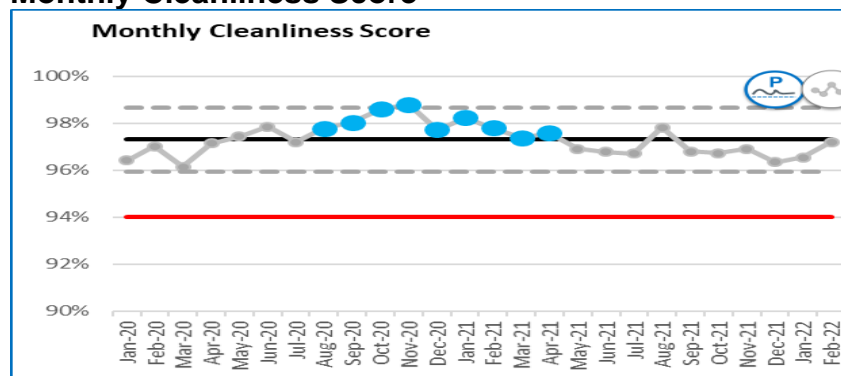
Background	What the Chart tells us	Issues	Actions	Mitigations
Acknowledging a complaint on receipt is important for patients raising concerns to both ensure that the patient knows we have received the complaint and are addressing it.	The target of three working days continues to be met, with 100% of complaints acknowledged in two working days, and 80% acknowledged within one working day.	No issues	No actions.	No mitigations.

Friends and Family Test



February 2022 actual performance
97.9%
Variance Type
Special Cause Improvement
National Standard
85%
Target/ Plan achievement
Target achieved consistently

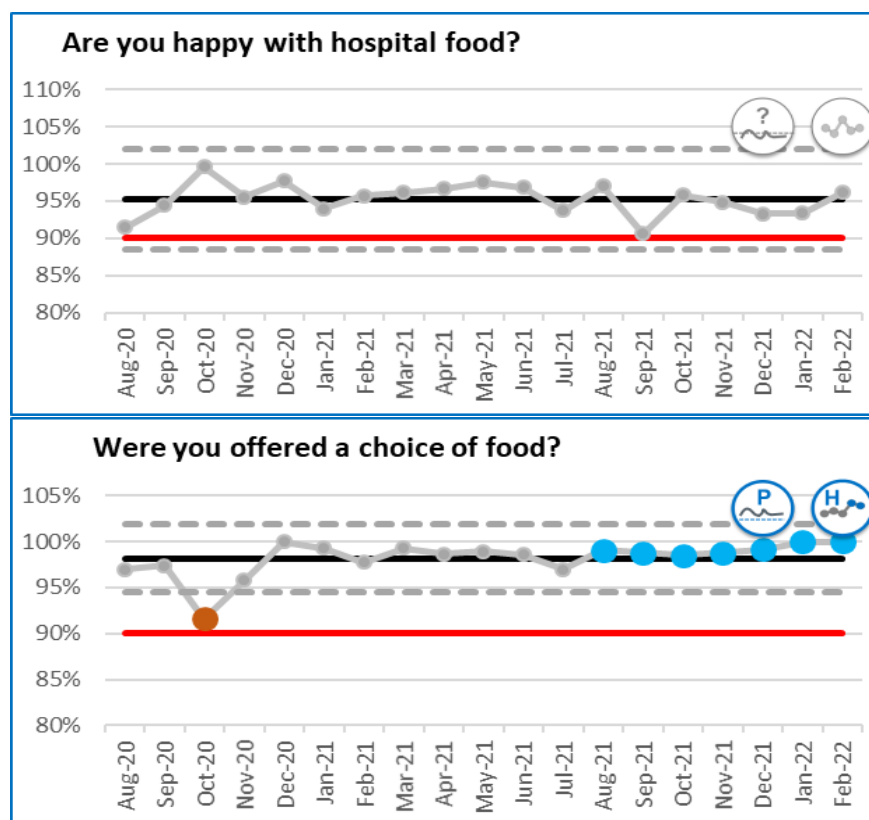
Monthly Cleanliness Score



February 2022 actual performance
97.2%
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 month shows team have achieved the target for the very high risk and high-risk areas at both sites despite the on-going staffing issues.	We continue to struggle with staffing turnover rates in Cleanliness Services. All efforts are being made to try and find solutions, e.g. It is becoming increasingly difficult to be able to employ staff to work in the evening so we are looking at what areas could be moved to being cleaned at 4.00 am or 5 am as we are still finding it easier to employ staff to work earlier in the day.	Not applicable

Monthly Patient Food Satisfaction Score



February 2022 actual performance

96.13% for satisfaction with food.
100% for satisfaction with choice.

Variance Type

Common Cause

Local SaTH standard

90%

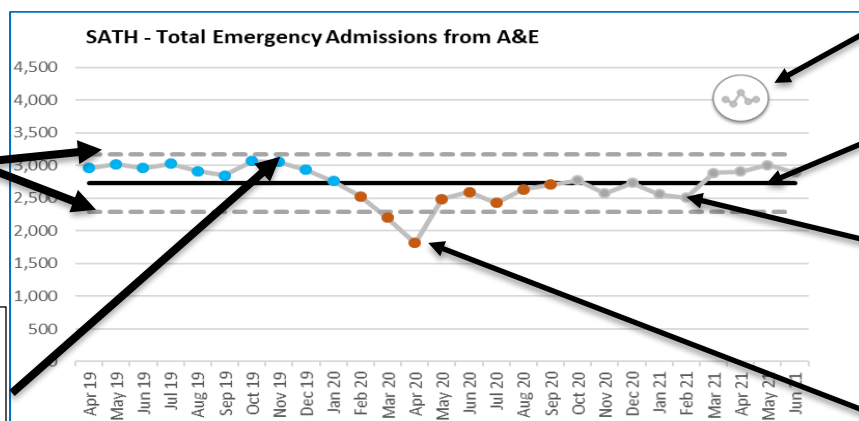
Target/ Plan achievement

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.



Process limits – upper and lower

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

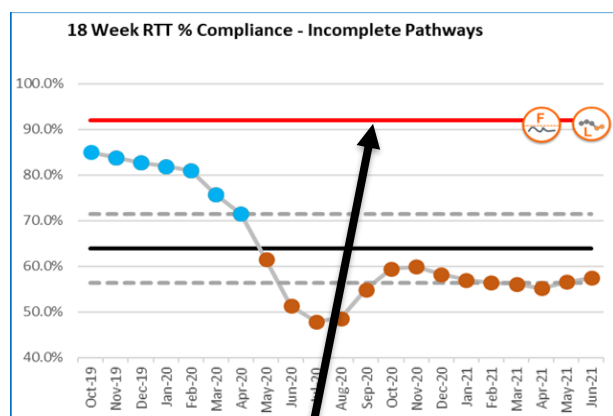
Icon showing most recent point type of variation

Mean or median line

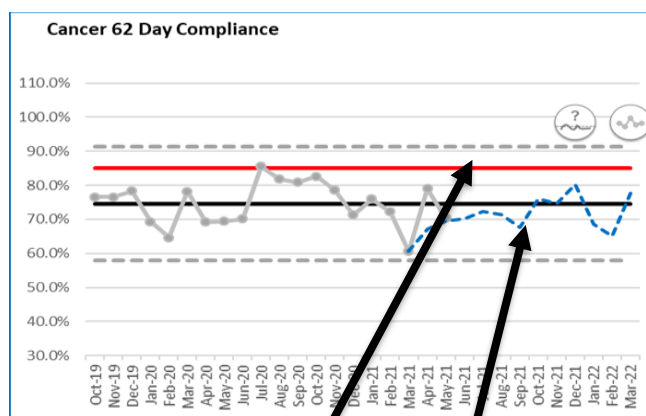
Common cause variation

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