Board of Directors' Meeting
12th May 2022

Agenda item	082/22			
Report	Integrated Performance Report			
Executive Lead	**Louise Barnett, Chief Executive Officer**			
	Link to strategic pillar:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance	√	BAF 1,2,3,4,5,7,8 and 9	
	For decision / approval		**Link to risk register:**	
	For review / discussion		CRR1, CRR2, CRR3, CRR4, CRR5, CRR6, CRR9, CRR10, CRR11, CRR12, CRR13, CRR15, CRR17, CRR19, CRR21, CRR22, CRR23, CRR27	
	For noting			
	For information			
	For consent			
Presented to:	QSAC and FPAC during April 2022.			
Dependent upon (if applicable)**:**	N/A			
Executive summary:	This report provides the Board of Directors with an overview of the performance indicators of the Trust to the end of March 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 performance. Planned year-end positions have been included in the overall dashboard and planned monthly performance trajectories have been included on a number of the SPC charts. The executive summary is included at the front of the report and metrics reported under functional headings for Quality and Safety: Patient Harm, Patient Experience and Maternity Services. Indicators performing in accordance with plan are included in Appendix 1 for completeness. The overarching dashboard indicates the Committee of the Board that has responsibility for scrutinising performance of indicators. The Committee is requested to **discuss** the content of this report.			
Appendices	1. Indicators performing in accordance with expected standards. 2. Understanding SPC charts. 3. Glossary of terms			
Lead Executive				

Integrated Performance Report

Purpose

This report provides the Board with an overview on 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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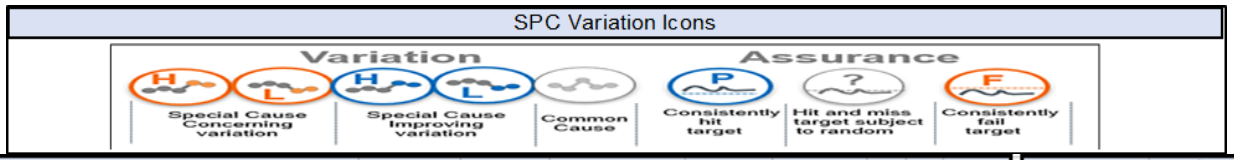
1. Executive Summary
Louise Barnett, Chief Executive

- March has been an extremely challenging month for the Trust. There continued to be significant demand for urgent and emergency care which has combined with a rise in the community of the incidence of COVID-19. This has led to significant staff shortages both within the Trust and in the provision of health and care community services.
- This has had an impact on how SaTH has been able to provide services. Several non-critical planned services were stood down towards the end of March due to staff availability. This is being monitored and reviewed regularly; more patients were admitted whilst also having COVID-19 i.e. the admission is for a different reason. However, full infection prevention processes are still in place and as a result the number of mixed sex breaches that SaTH is reporting has increased significantly in March.
- As a result of the combined pressures SaTH called one internal critical incident and Shropshire, Telford and Wrekin (STW) called one system critical incident during March that was triggered by the numbers of covid positive inpatients which peaked at 169 patients, the highest number to date, and workforce sickness absence across all health and care providers.
- However, it should be acknowledged that the system has pulled together and staff were deployed by The Robert Jones and Agnes Hunt Foundation Trust to support in ED and AMU at SaTH.
- Whilst elective activity has been affected during March, there has been a continued focus to ensure care is not compromised for the most clinically urgent or longest waiting patients. The Trust had a target of having 74 patients waiting over 104 weeks by the end of March. The Trust ended the year with 62 patients who were waiting over 104 weeks and continues to take steps to ensure that all patients waiting over 104 weeks are seen and treated by the end of June 22.
- The Trust is also cognisant of the impact that the current cost of living pressure is having on staff and is working to support staff who may be experiencing hardship.
- Finally, at the end of the financial year, subject to external audit review, the year end position is in line with the forecast income and expenditure outturn which was agreed with the system at the end of December. The Trust also delivered the capital programme in line with the plan and maintains a healthy cash position.

2. Overall Dashboard



Quality - KPI	Scruitinising 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	Jan 22	91.7	100	100			No		100
RAMI	QSAC	Mar 22	98.3	100	100			No		100
Infection										
HCAI - MSSA	QSAC	Mar 22	3	0	<2.3			Yes	28	28
HCAI - MRSA	QSAC	Mar 22	0	0	0			No	1	0
HCAI - C.Difficile	QSAC	Mar 22	6	<4.08	<2.5			Yes	33	30
HCAI - E-Coli	QSAC	Mar 22	4	<10.17	<3.16			Yes	49	38
HCAI - Klebsiella	QSAC	Mar 22	1	2	<1			Yes	12	13
HCAI - Pseudomonas Aeruginosa	QSAC	Mar 22	0	<0.83	0			No	6	3
Patient harm										
Pressure Ulcers - Category 2 and above	QSAC	Mar 22	13		<13			Yes	149	152
Pressure Ulcers - Category 2 Per 1000 Bed Days	QSAC	Mar 22	0.56							
VTE	QSAC	Feb 22	91.8%	95%	95%			Yes		95%
Falls - total	QSAC	Mar 22	126		<89			Yes	1396	1074
Falls - per 1000 Bed Days	QSAC	Mar 22	5.45	6.60	<4.5			Yes	4.59	4.50
Falls - with Harm per 1000 Bed Days	QSAC	Mar 22	0.04	0.19	<0.17			Yes	0.10	0.17
Never Events	QSAC	Mar 22	0	0	0			No	1	0
Coroners Regulation 28s	QSAC	Mar 22	0		0			No	1	0
Serious Incidents	QSAC	Mar 22	5		N/A				93	57
Mixed Sex Breaches	QSAC	Mar 22	62	0	0			Yes	460	
Patient Experience										
Complaints	QSAC	Mar 22	56		<56			No	693	672
Complaints Responded within agreed time	QSAC	Jan 22	69%	85%	85%			Yes		85%
Complaints Acknowldeged within agreed time	QSAC	Mar 22	100%		100%			No		100%
Compliments	QSAC	Mar 22	43	Letters of thank you received.					498	tbc
Friends and Family Test	QSAC	Mar 22	98.0%	80%	80%			No		80.00%
Maternity										
Smoking rate at Delivery	QSAC	Mar 22	11.8%	6%	6.0%			Yes	12.1%	6.0%
One to One Care In Labour	QSAC	Mar 22	96%	100%	100.0%			Yes		100.0%
Delivery Suite Acuity	QSAC	Mar 22	45%	85%	85.0%			Yes		85.0%
Caesarean Sections rate of Robson Group 1 Deliv	QSAC	Mar 22	25.0%						15.10%	
Caesarean Sections rate of Robson Group 2 Deliv	QSAC	Mar 22	40.9%						38.70%	
Caesarean Sections rate of Robson Group 5 Deliv	QSAC	Mar 22	60.0%						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	Mar 22	6137		6732			Yes		6732
Total temporary staff -FTE	FPAC	Mar 22	859					Yes		
Staff turnover rate (excludes junior doctors)	FPAC	Mar 22	1.76%	0.8%	0.75%			Yes	1.2%	0.8%
Sickness absence rate Excluding Covid Related	FPAC	Mar 22	4.1%		4%			Yes	5.0%	4%
Covid Related absence rate	FPAC	Mar 22	4.5%					Yes		
Agency Expenditure	FPAC	Mar 22	£2.918m		£2.860m			Yes	£32.067m	
Appraisal Rate	FPAC	Mar 22	81%	90%	90%			Yes		90%
Appraisal Rate (Medical Staff)	FPAC	Mar 22	93%	90%	90%			No		90%
Vacancies	FPAC	Mar 22	502 (8.18%)	<10%	<10%			No		<10%
Statutory and Mandatory Training	FPAC	Mar 22	82%	90%	90%			Yes		90%
Trust MCA - DOLS & MHA	FPAC	Mar 22	79%	90%	90%			Yes		90%
Safeguarding Adults - level 2	FPAC	Mar 22	84%	90%	90%			Yes		90%
Safeguarding Children - level 2	FPAC	Mar 22	97%	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	Mar 22	36433					Yes		34443
RTT Waiting list -English	FPAC	Mar 22	32445		29614			Yes		30779
RTT Waiting list -Welsh	FPAC	Mar 22	3988					Yes		3503
18 Week RTT % compliance -incomplete pathways	FPAC	Mar 22	58.1%	92%				Yes		
26 Week RTT % compliance -incomplete pathways	FPAC	Mar 22	66.7%	92%				Yes		
52+ Week breaches - Total	FPAC	Mar 22	2595	0				Yes		2755
52+ Week breaches - English	FPAC	Mar 22	2282	0	2451			Yes		2485
52+Week breaches - Welsh	FPAC	Mar 22	313	0				Yes		272
78+ Week breaches - Total	FPAC	Mar 22	396	0				Yes		
78+ Week breaches - English	FPAC	Mar 22	352	0				Yes		
78+ Week breaches - Welsh	FPAC	Mar 22	44	0				Yes		
104+ Week breaches - Total	FPAC	Mar 22	62	0	44			Yes		74
104+ Week breaches - English	FPAC	Mar 22	61	0	40			Yes		71
104+ Week breaches - Welsh	FPAC	Mar 22	1	0	4			Yes		3
Cancer										
Cancer 2 week wait	FPAC	Feb-22	75.5%	93%	83%			Yes	79.3%	93%
Cancer 62 day compliance	FPAC	Feb-22	45.1%	85%	62%			Yes	62.4%	85%
Diagnostics										
Diagnostic % compliance 6 week waits	FPAC	Mar 22	58.6%	99%				Yes		
DM01 Patients who have breached the standard	FPAC	Mar 22	6168	0	1254			Yes		
Emergency Department										
ED - 4 Hour performance	FPAC	Mar 22	54.4%	95.0%	64%			Yes	62.4%	78%
ED - Ambulance handover > 60mins	FPAC	Mar 22	997	0				Yes	9146	tbc
ED 4 Hour Performance - Minors	FPAC	Mar 22	86.4%	95%	95%			Yes	91.3%	95%
ED 4 Hour Performance - Majors	FPAC	Mar 22	24.2%	95%				Yes	36.3%	
ED time to initial assessment (mins)	FPAC	Mar 22	42	15	15			Yes		15mins
12 hour ED trolley waits	FPAC	Mar 22	307	0	0			Yes	2259	
Total Emergency Admissions from A&E	FPAC	Mar 22	3014					Yes	34407	29744
% Patients seen within 15 minutes for initial assess	FPAC	Mar 22	33%					Yes	43.6%	
Mean Time in ED Non Admitted (mins)	FPAC	Mar 22	408					Yes	247	
Mean Time in ED admitted (mins)	FPAC	Mar 22	705					Yes	518	
No. Of Patients who spend more than 12 Hours in E	FPAC	Mar 22	1568					Yes	10604	
12 Hours in ED Performance %	FPAC	Mar 22	12%					Yes	7%	
Hospital Occupancy and activity										
Bed Occupancy -G&A	FPAC	Mar 22	88%	92%	91%			Yes		92%
ED activity (total excluding planned returns)	FPAC	Mar 22	12859		12389			No	149131	148493
ED activity (type 1&2)	FPAC	Mar 22	10879		10446			No	125785	123702
Total Non Elective Activity	FPAC	Mar 22	5207		5792			Yes	59953	65129
Outpatients Elective Total activity	FPAC	Mar 22	58682		46064			Yes	647393	565514
Total Elective IPDC activity	FPAC	Mar 22	5586		5233			Yes	62754	65183
Diagnostic Activity Total	FPAC	Mar 22	19410		19358			Yes		197619

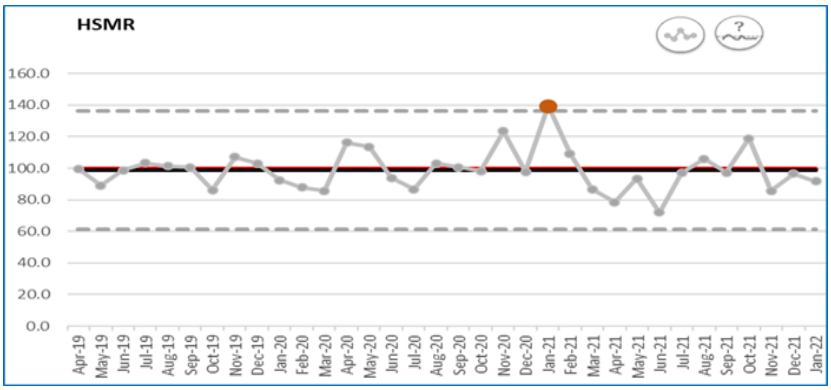
Finance - KPI		Latest month	Latest Value (£m)	National Standard for month	Plan for year (£m)	Performance	Assurance	Exception	Year to Date(£m)	Year End Planned Trajectory (£m)
Cash	FPAC	Mar 22	(10.915)		1.700			Yes	15.918	3.963
Efficiency	FPAC	Mar 22	1.624		7.550			Yes	7.570	7.593
Income and Expenditure	FPAC	Mar 22	(1.581)		(7.043)			Yes	(10.890)	(10.898)
Cumulative Capital Expenditure	FPAC	Mar 22	21.973		43.635			Yes	43.683	43.635

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

- The fall in VTE assessments remains a concern, we have appointed a service improvement lead who will focus on how we can improve compliance and whether an alternative approach is required.
- HSMR and RAMI have both fallen below 100
- With the exception of one MRSA bacteraemia reported in May 2021, the Trust achieved all its national HCAI targets for 2021/22. The locally set improvement targets were achieved for MSSA and Klebsiella
- There were 13 pressure ulcers in March 2022. The Trust reported 162 pressure ulcers against a target of 152 cases for the year 2021/22. However, there were still fewer cases in 2021/22 compared to the previous year.
- The number of falls reduced in March 2022 but remain higher than the Trust target and were higher in Q4 than in the previous quarters of 2021/22 and have been impacted by the availability of staff due to COVID-19 in Q4. The falls per 1,000 bed days remains above the local stretch target for improvement. The falls with harm per 1,000 bed days were below the local target this month and there was one fall resulting in a head injury which is being investigated as a serious incident.
- There were five Serious Incidents reported in March 2022.
- There were no new coroner Regulation 28 reports.
- There were no never events reported in the month of March 2022.
- There was an increase in mixed sex breaches this month with 62 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 January. This measure is currently reported two 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 45% this month, due to a combination of vacancies, sickness and unavailability. A mitigation is in place to redeploy midwives although this can have an impact in other areas of maternity. 1-2-1 care in labour reduce to 96%.
- Smoking at time of delivery has slightly increased to 11.8%, however in line with most trusts (national average 9.5%); the year-end target of 6% was not achieved.
- Cleanliness and food satisfaction scores remain above the locally set targets.

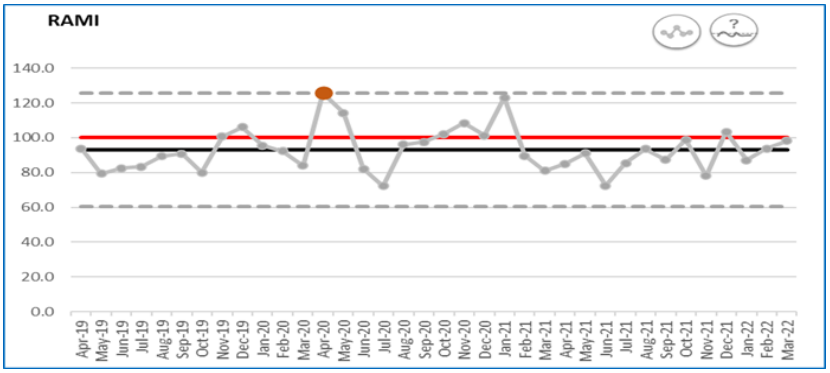
Quality Exception Reports – Harm

Mortality – HSMR



January 2022 actual performance
91.7
Variance Type
Common Cause
National Target
100
Target / Plan Achievement
Note rebasing of national reference level has taken place form this month's data

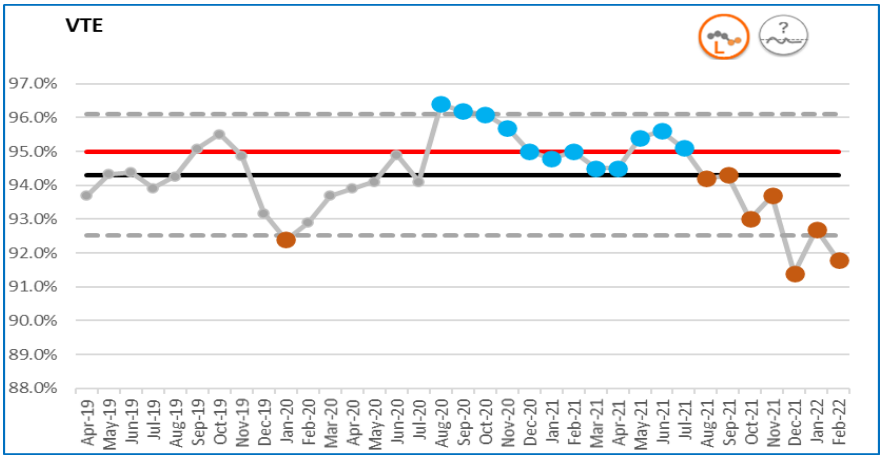
RAMI



March 2022 actual performance
98.25
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.	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.	A Learning from Deaths dashboard developed by NHSE/I is in development and when 'live' will be available for potential integration into performance reporting and monitoring. The indicators used will provide transparency and context around the Learning from Deaths agenda including number of deaths, Summary Hospital Mortality Indicator (SHMI) data, hospital occupancy, length of stay, safe staffing, number of mortality reviews, Medical Examiner scrutiny, coding, and a summary of learning identified through completed online mortality reviews. The available resource to support and sustain the coordination of the dashboard requires further review. Audit work continues to review mortality outliers as identified within the CHKS quarterly reports.	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.

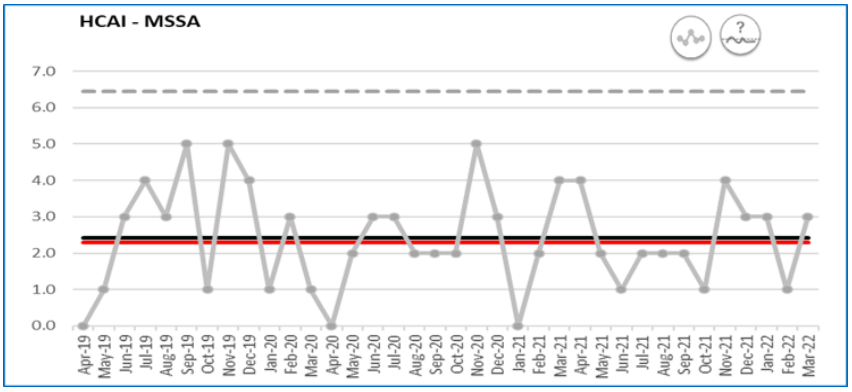
VTE Report



February 2022 actual performance
91.78%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
Performance has deteriorated and needs intervention to recover.

Background	What the Chart tells us	Issues	Actions	Mitigations
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 March 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.

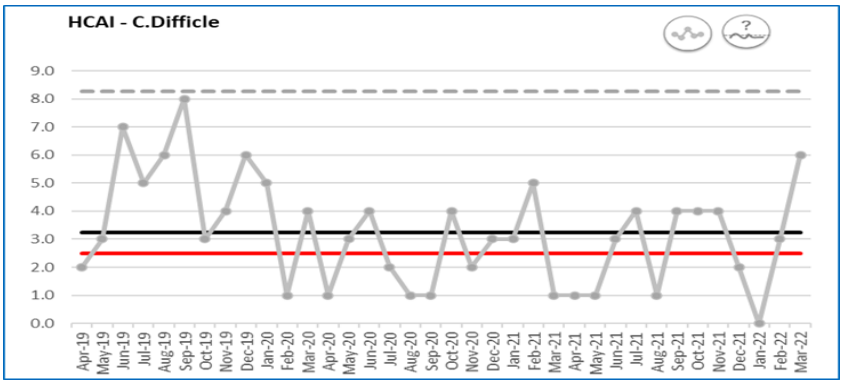
Hospital Acquired Infections MSSA



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

Background	What the Chart tells us:	Issues	Actions	Mitigations
Reporting of MSSA bacteraemia is a mandatory requirement.	There were 3 cases of MSSA bacteraemia in March 2022. There was a total of 28 cases in 2021/2022.	RCAs undertaken on all cases deemed to be device related or where source is unknown. One case in March deemed to be device related and RCA being completed.	Ongoing actions from previous RCAs include: Ensuring use of catheter care plan and catheter insertion documentation. Staff reminded about correct labelling of blood cultures. ANTT training to be delivered by CPE team.	RCA summary and actions from RCAs presented as part of divisional updates monthly at IPC Ops group catheter documentation is audited through the monthly matron's quality audits.

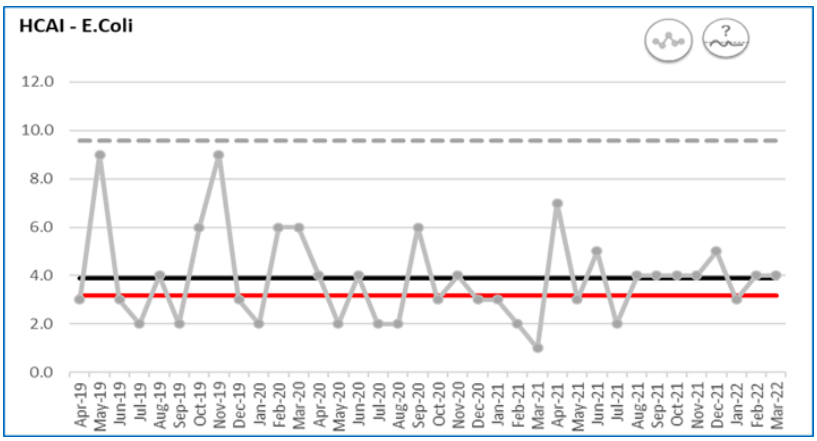
C-Difficile



March 2022 actual performance
6
Variance Type
Common Cause
Local Standard
<ave.2.5pm
Target / Plan Achievement
Sustain or improve on 2020/21.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Locally agreed target with the CCG for 2020/21 is the same as 2019/20 of no more than 43 cases. This is an improvement target compared to 2019/20 actual	There were 6 cases of C. Diff in March 2022, this is the highest number reported in month in 2022 The Trust was below the nationally set target for 2021/22 of no more than 49 cases at year end.	As a result of the increased number of cases reported in March 2022 the Trust breached its internal improvement target with a total of 33 cases.	All C. Diff cases have an RCA completed. Actions include: Reminder to staff of importance of obtaining timely stool sample and prompt isolation of patients with diarrhoea. Use of Redi-rooms to isolate patients when side rooms unavailable. Ensure appropriate anti-microbials.	Actions are reported via divisional IPC reports and monitored via the IPC operational groups as part of their monthly reporting.

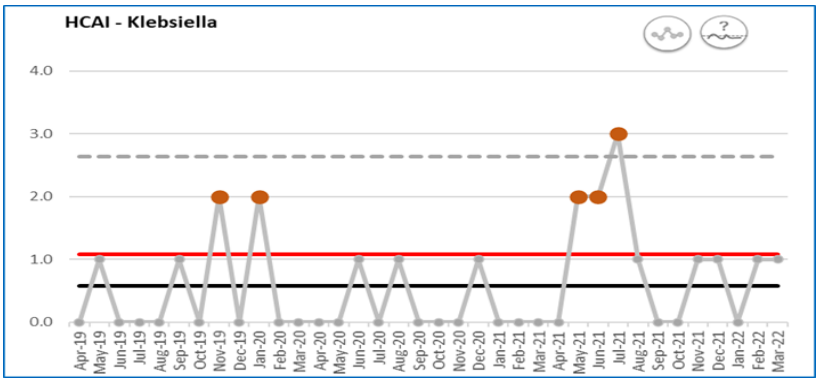
E-Coli



March 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 bacteraemia in March 2022. The Trust has breached the local improvement target for 2021/2022 but is well below the national target set for no more than 122 cases. The Trust has breached the local improvement target for 2021/2022 but is well below the national target set for no more than 122 cases.	All cases are reviewed by microbiology and those deemed to be device related or where the source is unknown have an RCA completed. Two of the cases were deemed to be device related, one related to a catheter associated UTI, the other was a UTI, but the source was unknown. RCAs are being completed on both cases.	HCAI actions and actions from previous RCAs include, consistent use of catheter insertion, documentation. Catheter care plan, ANTT training.	Catheter care is monitored via the monthly matron's quality assurance metrics audits, and high impact interventions audits. Actions from RCAs are reported at IPCOG.

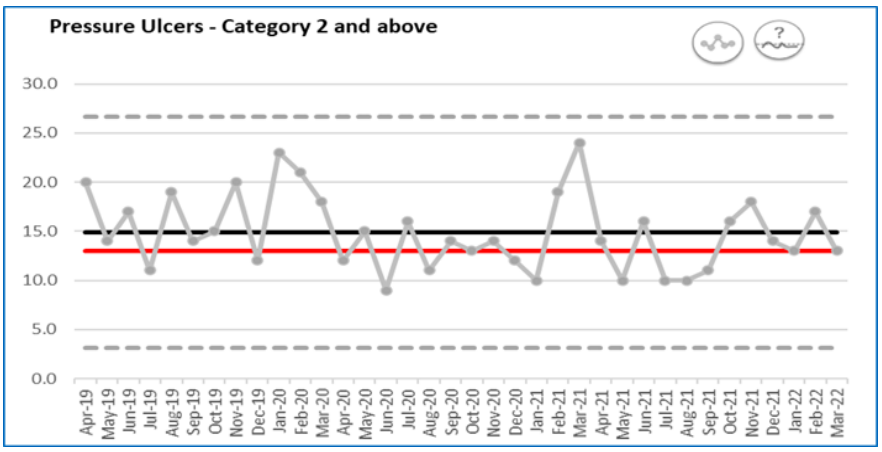
Klebsiella



March 2022 actual performance
1
Variance Type
Common Cause
Local Standard
<ave.1.1pm
Target/ Plan achievement
Sustain or improve on 2020/21

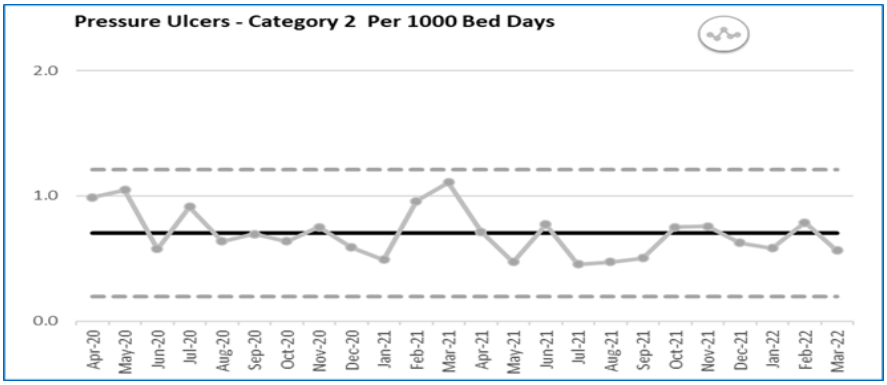
Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting of Klebsiella is a mandatory requirement.	There was 1 case of Klebsiella in March 2022.	One case was considered device related and linked to a PICC line. The Trust achieved the internal improvement target with 12 cases in 2021/22.	There is ongoing improvement work to embed the use of catheter care plans across the Trust and ANTT training.	Monitored at IPCOG and monthly metrics meetings.

Pressure Ulcers – Category 2 and above



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

Pressure Ulcers – Category 2 and above per 1000 Bed days

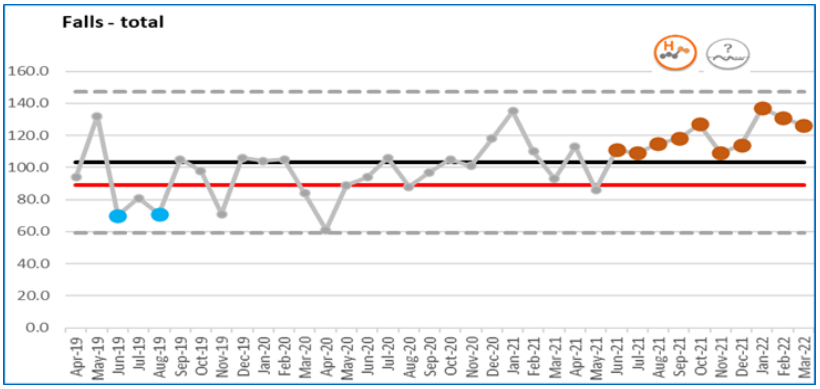


March 2022 actual performance
0.56
Variance Type
Common Cause
Local Standard
tbc

Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	10
Surgery, Anaesthetics and Cancer	3

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust aims to reduce the number of hospital acquired pressure ulcers.	There was a reduction in the number of pressure ulcers reported in March 2022, with a total of 13. The Trust breached its internal improvement target for 2021/22 with 162 cases reported against a target for 21/22 of no more than 152.	There were 12 category 2 pressure ulcers and 1 category 3 pressure ulcer reported on ward 25 which is currently being investigated.	Ongoing Actions include: • TVN and quality team support for wards with PU continues. • Tuesday talks with tissue viability team continue. • Thematic review of all PU investigations is being carried out and overarching improvement plan developed. • Spot checks of documentation by ward managers/matrons to ensure assessments and care plans in place. • Ongoing work to improve ward safety huddles.	All category 2 or above pressure ulcers have an investigation completed and presented at the pressure ulcer panel. Those which meet the threshold for an SI are investigated and presented at NIQAM and a summary reported through to RALIG.

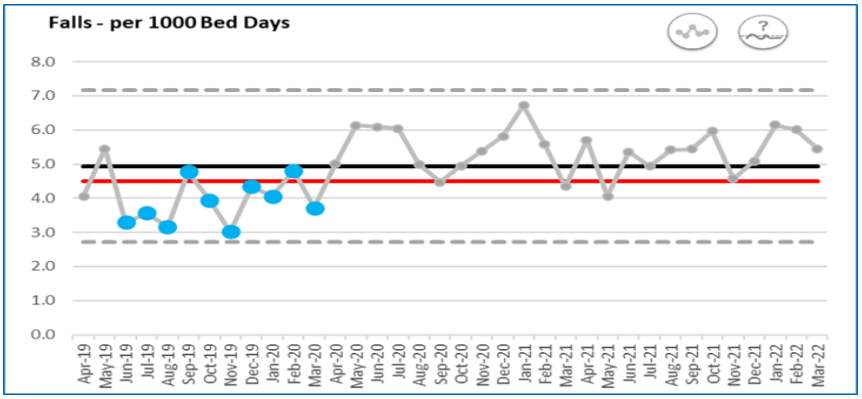
Falls



March 2022 actual performance
126
Variance Type
Special Cause Concern
Local Target
<89
Target / Plan Achievement
10% reduction on 20/21

Falls – Total per Division	Number Reported
Medicine and Emergency Care	87
Surgery, Anaesthetics and Cancer	39

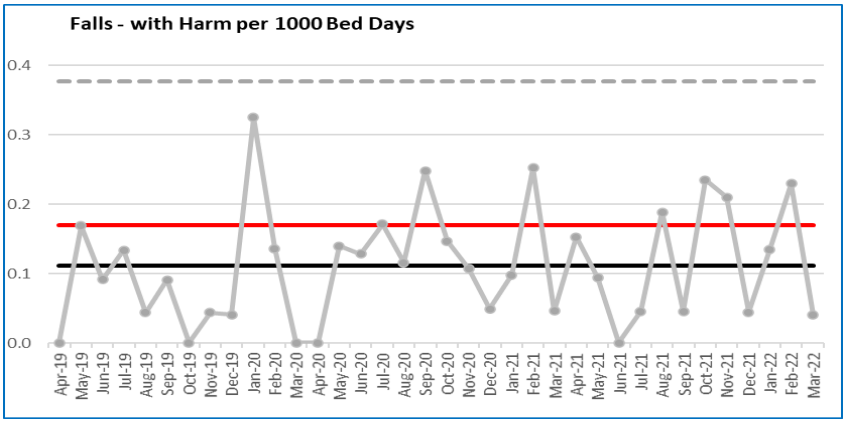
Falls – per 1000 Bed Days



March 2022 actual performance
5.45
Variance Type
Common Cause
Local Plan
4.5
National Standard
6.6
Target/ Plan achievement
Local Target set for 21/22

Background	What the Chart tells us	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority.	The number of falls in March reduced but remains above the Trust target. Falls per 100 bed days reduced in March 2022.	Falls remain higher than the Trust target and were higher in Q4 of 2021/22 compared to all previous quarters in 2021/2022. This has been impacted by the COVID-19 Omicron variant and the gaps in staffing due to this seen in Q4.	Ongoing falls improvement work includes: • Focused additional falls training on wards with high incidence. • Ongoing monthly review of falls risk assessments and care plans. • Ongoing work to ensure lying and standing BP completed as part of falls risk assessment. • Ensuring neuro observations post fall completed in line with post falls protocol. • Embed cohorting and bay tagging for care of patients at high risk of falls. • Establish an enhanced supervision team for our most vulnerable patients at high risk of falls, this has been approved and recruitment is commencing.	Weekly falls review meetings. All falls in last 24 hours reviewed daily. Monitoring via monthly nursing metrics audits meetings with DON. Baseline exemplar peer reviews. All SI investigations reviewed at NIQAM, and summary report of cases will now go to RALIG.

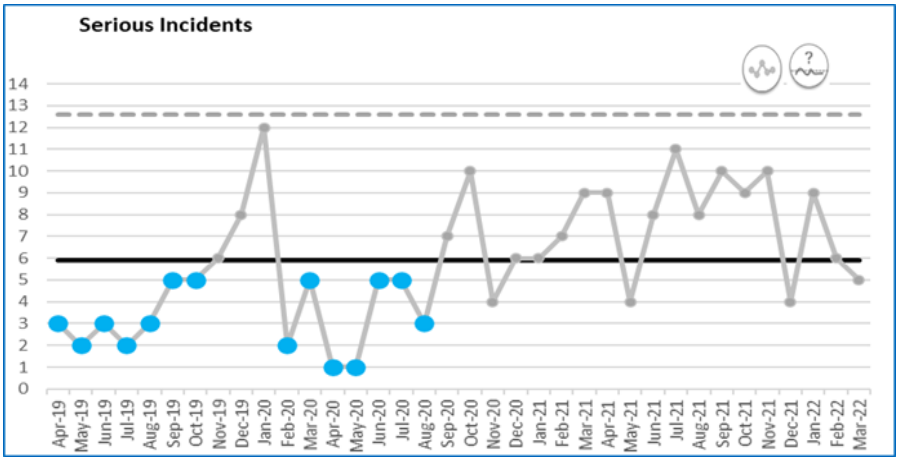
Falls – with Harm per 1000 Bed Days



March 2022 actual performance
0.04
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.	The falls per 1,000 bed days ratio reduced significantly in March 2022, having risen for the previous two consecutive months.	There was one fall with harm reported in March 2022.	As per falls slide	As per falls slide

Serious Incidents

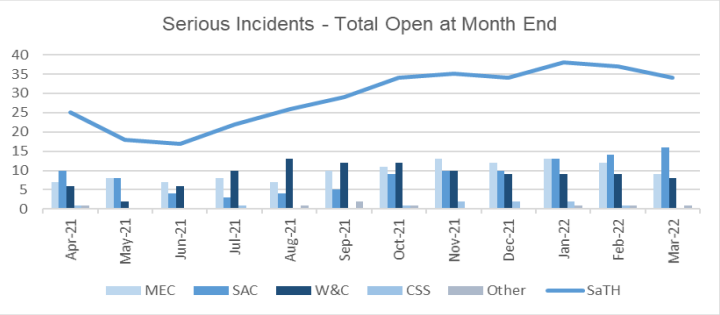


March 2022 actual performance
5
Variance Type
Common Cause
Local Standard
n/a
Target/ Plan achievement
n/a –seeking to encourage reporting of incidents

SI theme –	Number Reported
Delayed treatment (referral delay)	1
Suboptimal care	1
Fall - subdural haematoma	1
Delayed treatment (embedded pessary)	1
Obstetric - affecting baby (HSIB investigation)	1
Total	**5**

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 SIs reported continues to show common cause variation.	No issues.	Monitor review, 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.	

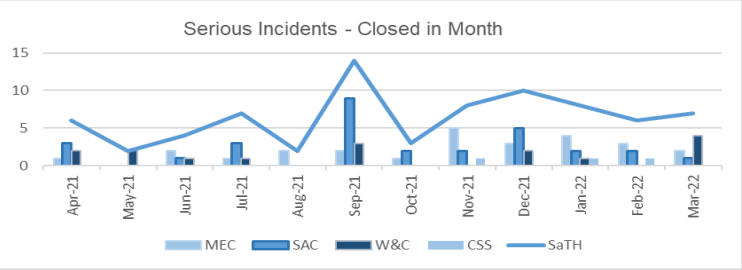
Serious Incidents – Total Open at Month End



SI – Total Open at Month End per Division	Number Reported
Medicine & Emergency Care	9
Surgery, Anaesthetics and Cancer	16
Women and Children's	8
Clinical Support Services	0
Other	1
Total	**34**

Background	What the Chart tells us	Issues	Actions	Mitigations
Current number of open serious incidents.	Number of open SIs.	There are currently 34 open Sis.	Monitoring of progress of investigation.	Weekly review of mitigations.

Serious Incidents – Closed in Month

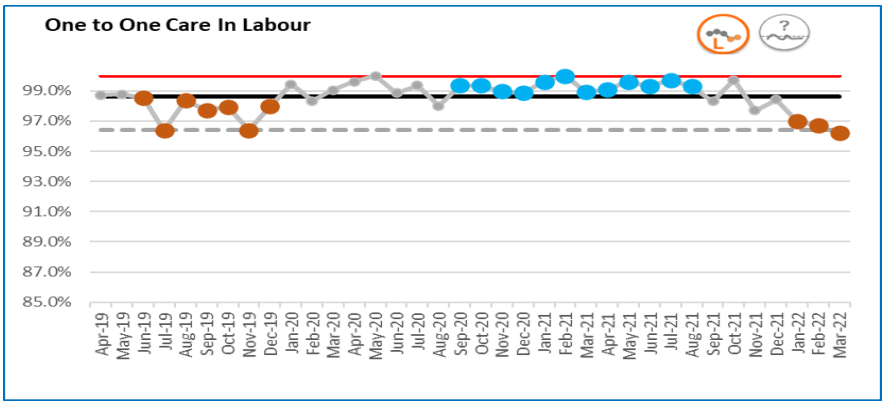


SI – Closed in Month per Division	Number Reported
Medicine & Emergency Care	2
Surgery, Anaesthetics and Cancer	1
Women and Children's	4
Clinical Support Services	0
Total	**7**

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 seven 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

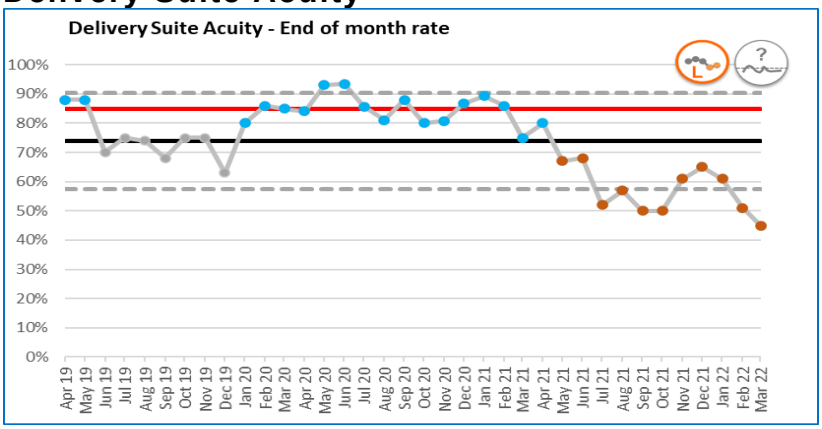
Maternity - One to One Care in Labour



March 2022 actual performance
96.2%
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. This is due to recent retirements, short term COVID-19 absence and high unavailability rates due to maternity leave.	Intermittent closure of the Wrekin birthing unit to support safe staffing levels on delivery suite. Incentivised bank rate in place. Ongoing recruitment for band 6 midwives. 26 band 5 midwives recruited to commence in the autumn. From 1st April, all births are recorded on Badgernet, which will enable immediate matron oversight of all cases where 1:1 care is recorded as not provided.	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.

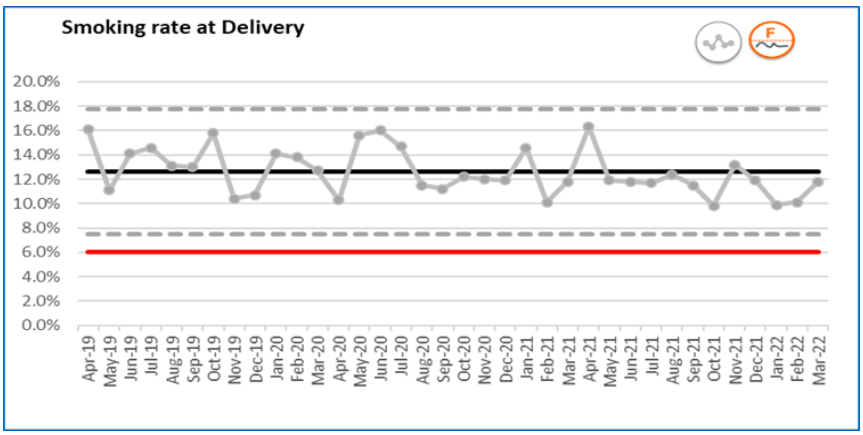
Delivery Suite Acuity



March 2022 actual performance
45%
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 frequently below template due to vacancies, high levels of maternity leave and sickness rates. Short term COVID-19 absence continues to impact on staffing. Assured 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.	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 and bank) and 26 band 5 preceptee midwives appointed to commence in the autumn. A 7-day manager rota due to commence to ensure support and action at weekends. Use of temporary staff to ensure staffed to template where possible. A review of the escalation policy to provide further detail and actions in times of high acuity.	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 all areas.

Smoking Rate at Delivery

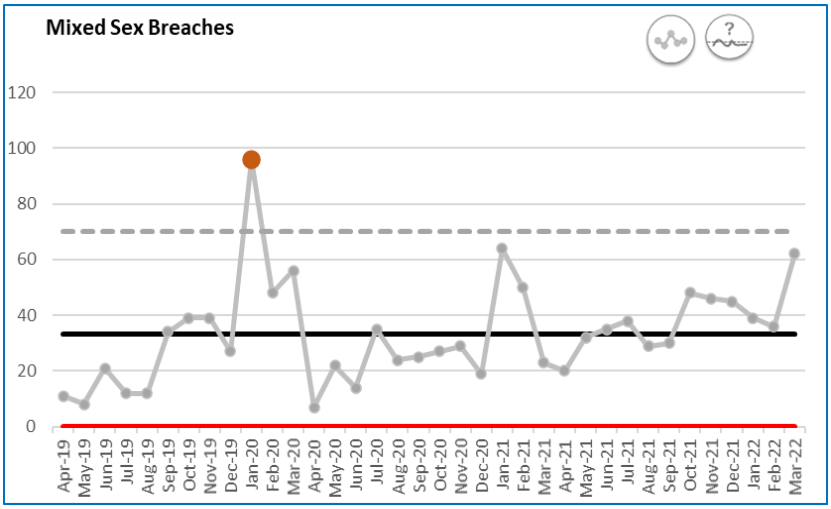


March 2022 actual performance
11.8%
Variance Type
Common Cause
National Target
6% March 2022
Target / Plan Achievement
Part of overall maternity care dashboard and benchmarking

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.	11.8% in line with year-end data of 12% for County. Whilst this represents the lowest level for SaTH to date, further actions are required to reduce this further.	Target for March 2022 not met by Trust despite drastically reducing rates in maternity. Only 14 out of 106 submitting CCG's achieved 6% target. There have been inaccuracies with reporting monthly dashboard SATOD rates, due to issues with Badgernet data quality.	Will launch Healthy Pregnancy Support Service (HPSS) once Band 5 posts filled. Applications closed 13/4/2022. January-March 2022 manually checked by Public Health team to ensure accurate reporting of data.	There have been barriers to launching HPSS due to recruitment issues, however these are now resolving. Will continue to monitor data quality now Badgernet is the only data system being used by maternity.

Quality Exception Reports – Patient Experience

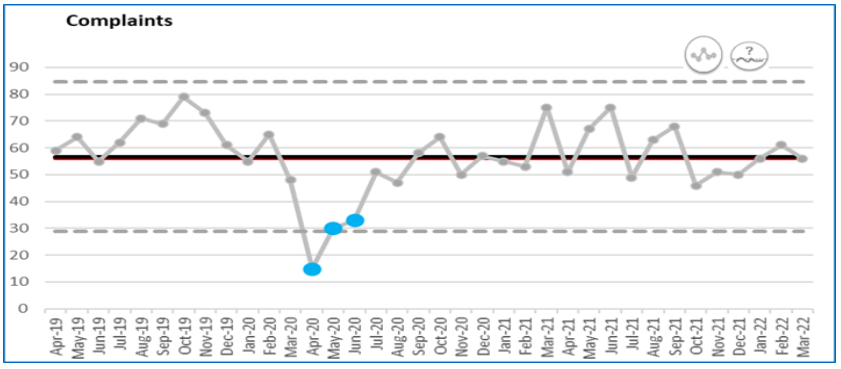
Mixed Sex Breaches Exception Report



March 2022 actual performance
62
Variance Type
Common Cause
National Target
0
Target/ Plan achievement
Continuing to breach this target.

Location	Number of breaches	Additional Information
SDEC	9 primary breaches	Over 3 days due to capacity
Ward 6 (PRH)	6 primary breaches	3 medical and 1 surgical
ITU / HDU (PRH)	4 primary breaches	3 medical and 1 surgical
Ward 15 (PRH)	6 primary breaches	Due to COVID-19
ITU / HDU (RSH)	33 primary breaches	15 medical and 18 surgical
Ward 32	4 primary breaches	1 occasion resulting in 4 breaches

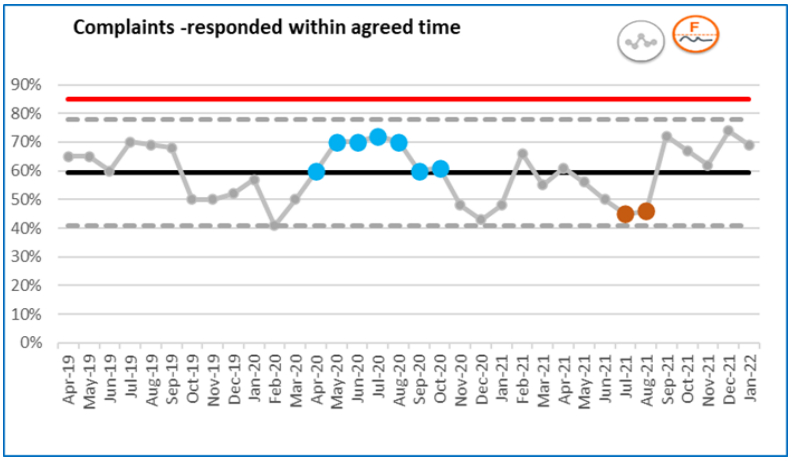
Complaints



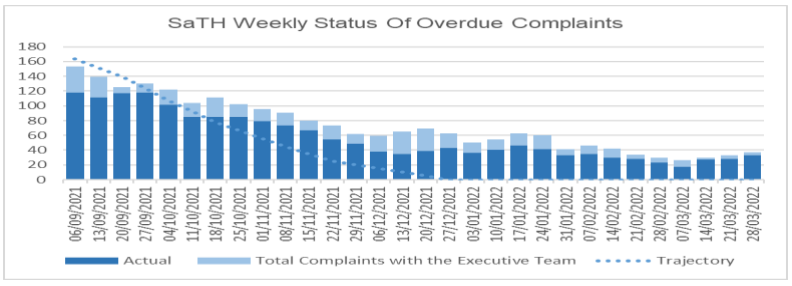
March 2022 actual performance
56
Variance Type
Common Cause
SATH internal target
<56
Target/ Plan achievement
>10% reduction on 19/20

Background	What the Chart tells us	Issues	Actions	Mitigations
Complaints provide a valuable source of learning to the organisation.	Numbers remain within the expected range.	There has been an increase in complaints relating to Mammography, but with no obvious trend or reason.	No further complaints have been received in April, but this will be monitored.	No mitigations.

Complaints – Responded within Agreed Time



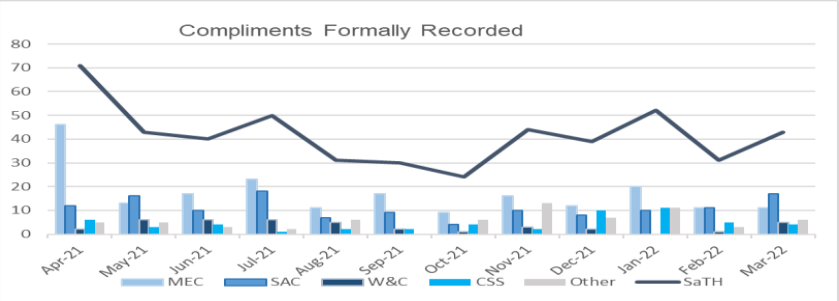
January 2022 performance	
69% (February Forecast 65%)	
Variance Type	
Common Cause	
National benchmark	**SaTH internal target**
85% compliant with time agreed with complainer	85% responded to within 60 days of receipt
Target/ Plan achievement	
Target is unlikely to be achieved within current processes.	



Overdue Complaints per Division	Number Reported
Medicine and Emergency Care	22
Surgical, Anaesthetics and Cancer	7
Women and Children's	8
Total	**37**

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.	Improvements are being sustained, but further work is needed.	Challenges of clinical pressures and high staff absences are continuing 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



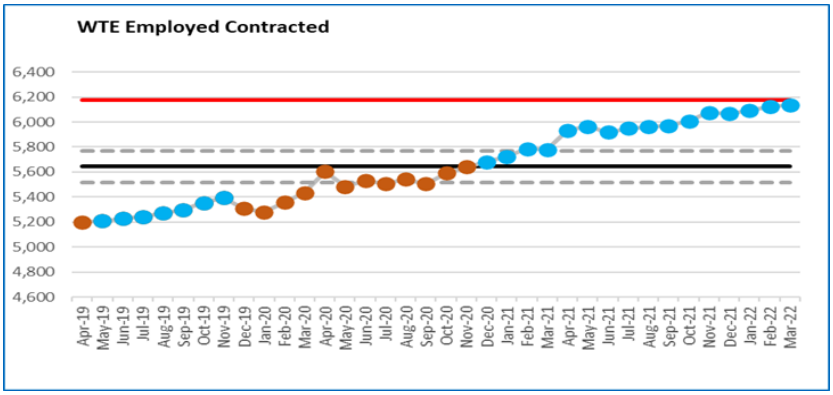
March 2022 actual performance
SATH
43
Divisions
MEC – 11
SAC - 17
CSS – 5
Other - 6

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 you.	Remind staff to use the Datix system to record positive feedback.	None.

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

- Since the beginning of March, we have seen the level of staff absence increase, not just here in our organisation, but right across the local health system and the region, and it remains high at above 4% driven by COVID-19.
- We have had to make difficult decisions to respond to these gaps, including postponing some routine outpatient activity and routine surgery, to enable colleagues to be redeployed where they are needed most.
- We have also received the support of our health partners and we have been joined by 24 colleagues – nurses, healthcare assistants and OPDs - from Robert Jones and Agnes Hunt Orthopaedic Hospital who are working in our EDs and AMUs. Our People and OD team have been supporting with redeployment processes to ensure colleagues are welcomed and inducted into the SaTH teams.
- Our recruitment teams are continuing to make every effort to bring new colleagues into the Trust and over last couple of weeks, five new nurses, 27 new healthcare assistants and 27 doctors in medicine and surgery will join us. We also have an additional 45 new colleagues joining us in roles including administration assistants, cleanliness technicians and radiographers.
- Our Leadership Development programme was paused during Q4 due to the pressures from COVID and increased absence levels. We have now relaunched the programme for the remainder of the year. This is a key priority to support the development of our leaders across the Trust so we can improve the experience of all our people across SaTH.
- The People Experience team have also supported various events and celebrations over the last month including Ramadan and Easter. We have also established a working group looking at hardship and how we can further support staff. This has already resulted in a food swap being established at RSH and PRH. Planning is also underway for Jubilee celebrations and our Trust annual awards.
- Appraisal compliance rates have improved over the previous two months increasing from 78% to 81% with several departments making significant increases in compliance to 100% including ward 4 and pharmacist teams. Our medical appraisals have reached 93% which is 3% above target.
- Following our staff survey results it is clear that the appraisal process in the organisation is not meeting its aims with only 17.1% of our colleagues reporting that the appraisal process helped them improve how they do their job against a national average of 19.8%. With this in mind, a working group, led by the OD team, is reviewing the appraisal process. Interventions will include changing the process with a greater emphasis on career conversations, providing training to and support to appraisers, linking appraisals to our ‘Learning Made Simple’ system and linking appraisal to pay progression.
- Statutory training compliance has been at 83% for the previous few months and has reduced to 82% this month. The system is currently in a critical incident and with staff sickness running at high levels it has contributed to the increase in 7% to the DNA rate (staff not arriving for training). The implementation of the new Learning Management System is on schedule for the 20 April and will help improve compliance rates and reduce risk across the Trust.

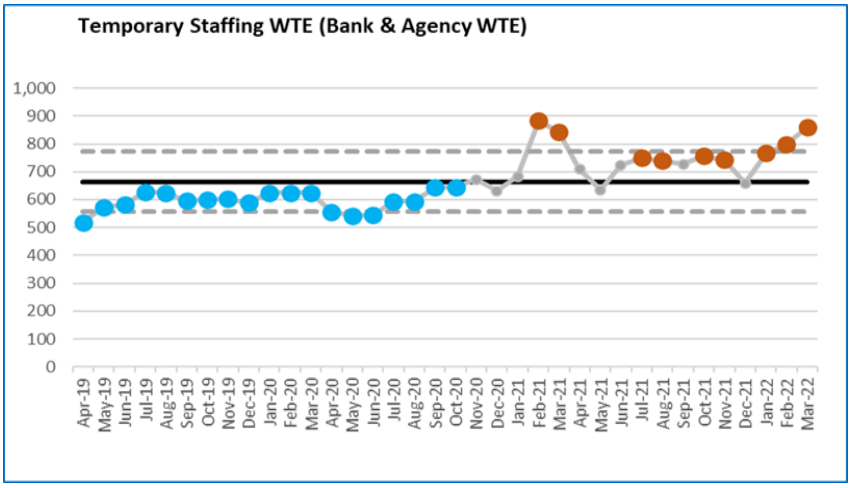
WTE employed



March 2022 actual performance
6137
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. There have been several departments with unavailability in excess of 35% including Emergency, Renal, Respiratory and Pharmacy departments.	The workforce will continue to grow throughout 22/23 as we invest in services to keep pace with demand. A newly established workforce programme focusing on delivery of initiatives to address demand will support the supply of workforce in the short and long term. This will include a number of groups implementing international recruitment, developing strategies to manage our temporary workforce new roles and apprentices and retention.	Utilisation of bank and agency staff to support workforce gaps. Promote timely roster approvals to maximise opportunities for bank utilisation. Continue to monitor leavers and support with early intervention.

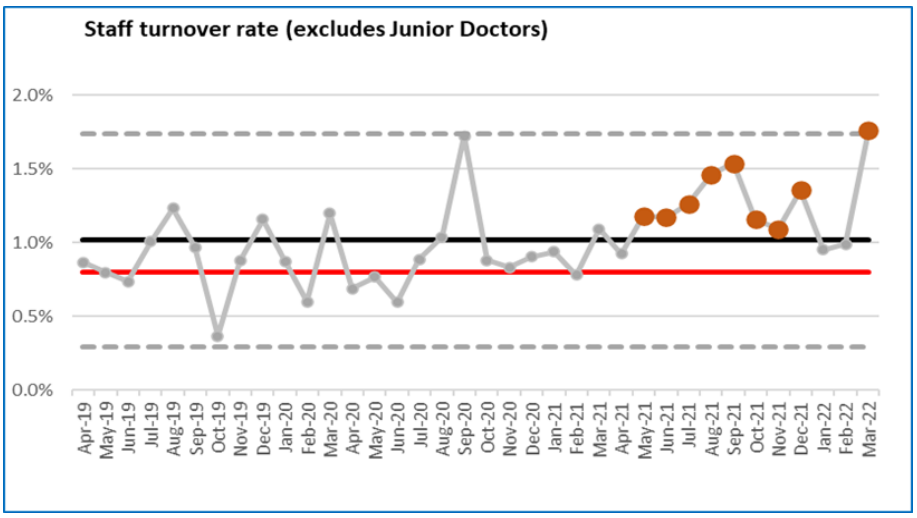
Temporary/ Agency Staffing



March 2022 actual performance
859
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 February 21 and March 22.	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.	Review of incentives for bank shifts and promotion of bank. Plans to remove off framework agency by December 2022. Recruitment programmes in place including international recruitment and apprenticeship programme e.g., Nursing Associates and ODP's.	Escalated bank rates in at risk areas. Progress with recruitment activities to increase substantive workforce including international nurse recruitment.

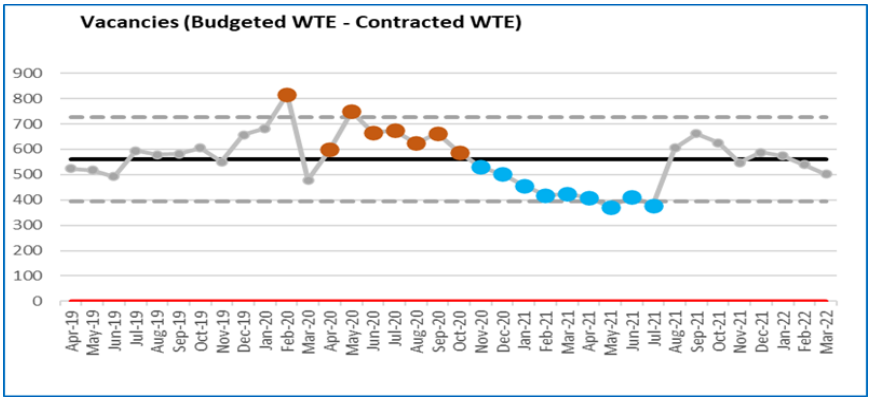
Staff Turnover Rate (excluding Junior Doctors)



March 2022 actual performance
1.76%
Variance Type
Special Cause Concern
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.	Common cause variation in January 22 and February 22 and special cause concern in March 22.	High turnover in March in nursing (2.19%) and AHP's (2.5%).	A focus on retention and flexible working with a range of practices to support our workforce including team-based rostering. We have now launched our senior leader targets which will be included in the objectives of all our leaders from band 3 to Board for the next 12 months. This is seen as a positive move to ensure ownership and accountability at all levels across the Trust to demonstrate our individual and collective responsibilities in improving our working lives and culture Continue focus on Equality, Diversity and Inclusion and delivering interventions to support our cultural development Response to staff survey and interventions to increase levels of employee engagement	Recruitment activity to help ensure minimal workforce gaps. Utilisation of temporary workforce to maintain suitable staffing levels. Escalated bank rates in challenged areas.

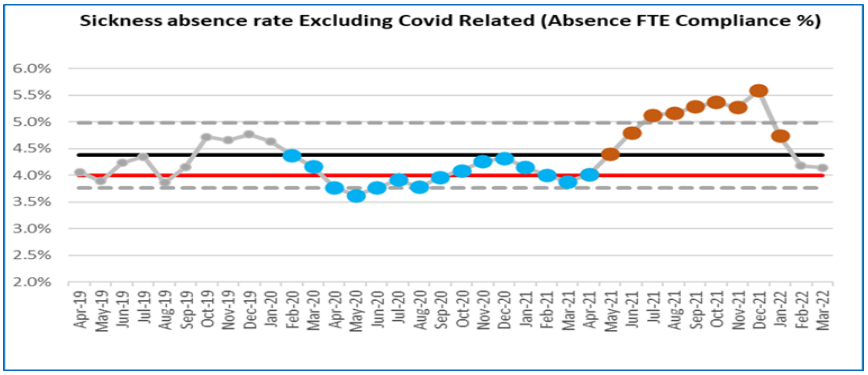
Vacancies



March 2022 actual performance
8.18% (502)
Variance Type
Common Cause
National Target
<10%
Target / Plan Achievement
Note change post reconciliation work

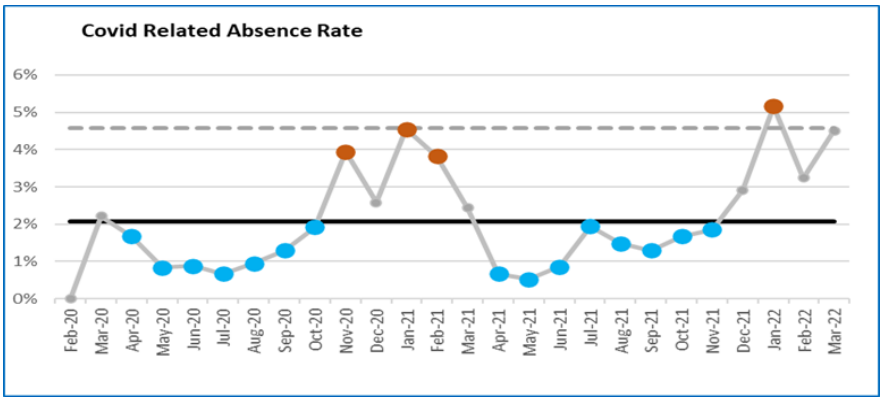
Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the gap between budgeted WTE and contracted WTE. Further review of establishments will continue as part of operational planning this year.	Improving vacancy position following revised budget position in August 21.	Vacancy gaps continue to put pressure on bank and agency usage. Sickness absence creates additional workforce unavailability challenge.	Range of recruitment events for specific roles. Partnership working with ICS recruitment events e.g. Telford College Academy. International recruitment programme. New roles and apprenticeships.	Recruitment activity continues to reduce workforce gaps. Use of temporary staff to cover vacant posts. System Mutual Aid to support critical staff shortages.

Sickness Absence



March 2022 actual performance
4.14%
Variance Type
Common Cause
National Target
4%
Target / Plan Achievement
4%

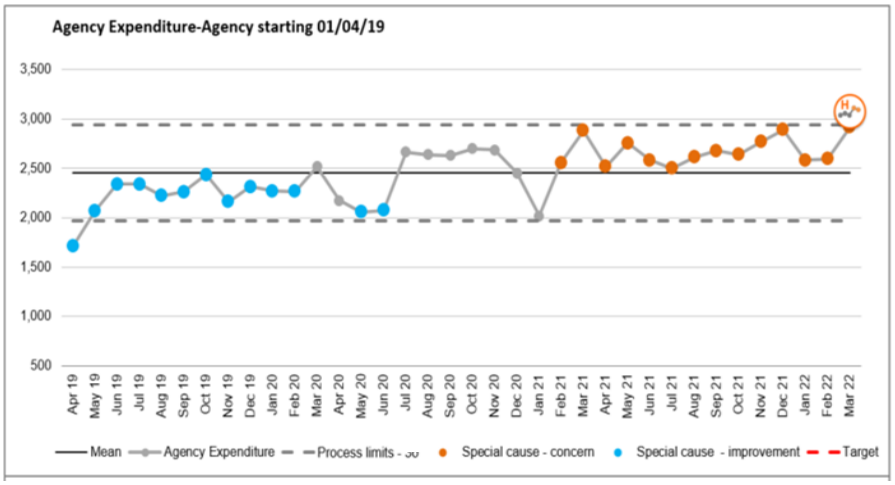
Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of staff sickness absence and is a % of WTE calendar days absent. COVID-19 related sickness and absence is not included.	Special cause concern from April 21 – January 22 with common cause in February 22 and March 22	Absence levels remain above target for non-COVID-19 related sickness. Absence rate of 4.14% equating to 254WTE. Absence attributed to mental health continues to be high at 29% of the calendar days lost.	Occupational health support to help fast track staff return to work. Continue to embed new employee wellbeing and attendance management policy. Ensure all staff have access to range of health and wellbeing initiatives and programmes.	Continue to work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary. Encourage bank uptake with escalated rates in challenged areas.



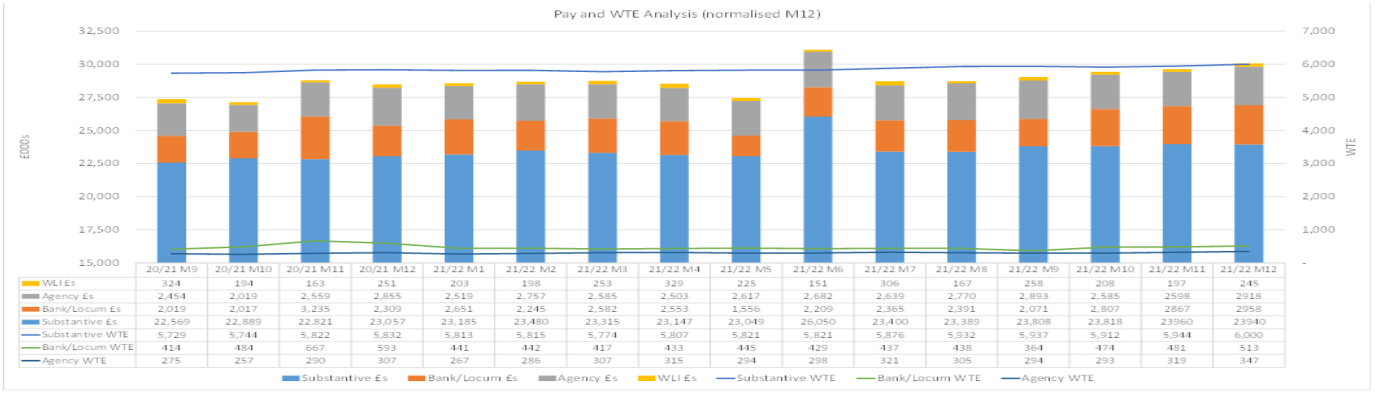
March 2022 actual performance
4.5%
Variance Type
Common Cause
National Target
N/A

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 January 22 and March 22	High levels of COVID- 19 absence and staff testing positive during March. There were a number of departments over 10% Covid absence including Ward 21, Outpatients, Renal and Medical staff in ED.	Re-introduction of staff absence reporting line to monitor absence levels and help ensure staff can safely return to work following risk assessments. Communication to staff of following 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 vaccine.	Regular and timely staff testing. Identification of positive cases and effective contact tracing. Continue risk assessments for staff identified as contacts.

Agency Expenditure

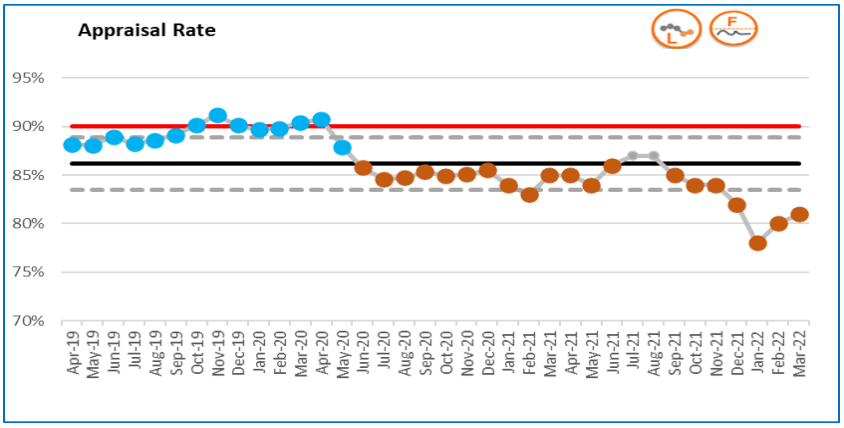


March 2022 actual performance
£2.918m Spend Year to date £**32.067m**
Variance Type
Special cause Concern Underspend
SaTH Plan
£2.860m
Target/ Plan achievement
Remaining within annual plan overall.



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 £2.918m in the month, £0.320m higher than previous month. The increase is mainly due to the reliance on agency fill due to the levels of staff sickness and surge capacity and in to the hard year-end close and duration.	Due to workforce fragility the Trust is consistently reliant upon agency premium resource. There has been a significant increase in the use of agency Health Care Support Workers linked to an increase in acuity and 1:1 care. Operational and workforce pressures force and increase in agency spend but agency supply has been affected by COVID-19 related sickness.	Direct engagement groups now set up to focus on agency spend and approval hierarchy; including monthly dashboard review across key nursing metrics Overseas Registered Nursing recruitment in 19/20, 20/21 and 21/22 Increased nursing bank rates in specific high agency areas HCSW, Strands A & B NHSEI agreements to fund focussed substantive nursing recruitment. Recruitment and retention strategy approved key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles. Review of agency procurement strategy with National Procurement team (HTE). Action plan agreed to understand increase in HcSW agency usage	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.

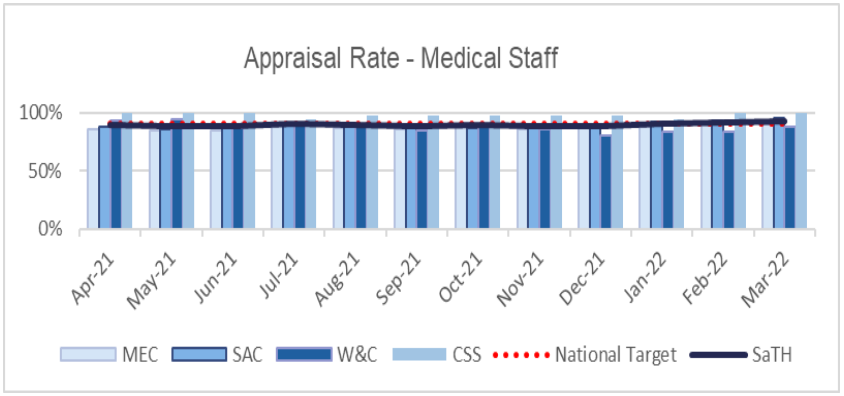
Appraisals



March 2022 actual performance
81%
Variance Type
Special Cause Concern
National Target
90%
Target / Plan Achievement
Below target level of performance

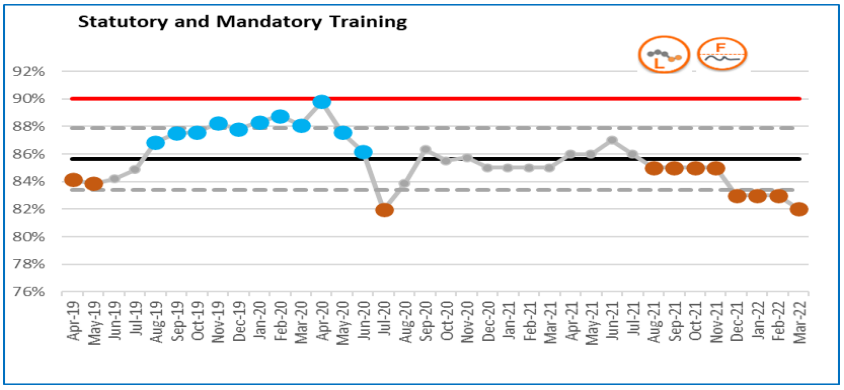
Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their annual appraisal.	In August 2021, we achieved 87% but this has progressively dropped, winter pressures, escalation levels and staff sickness would have contributed to the % decrease. In March 2022 this is now 81% a 1% increase from last month. Ward 4 have once again increased by 4% and are now 100%.	The system is currently in a critical incident and staff sickness running at high levels. COVID-19, staffing constraints, escalation levels and service improvement has reduced ability of ward staff to have time to complete appraisals.	A working group is reviewing the appraisal process. Interventions will include changing the process, providing training to and support to appraisers, linking appraisals to our 'Learning Made Simple' system and linking appraisal to pay progression. Focused support is being provided to the managers of any ward that is below target. 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 advertised widely throughout the Trust. Internal audit of appraisal record accuracy

Appraisal –Medical Staff

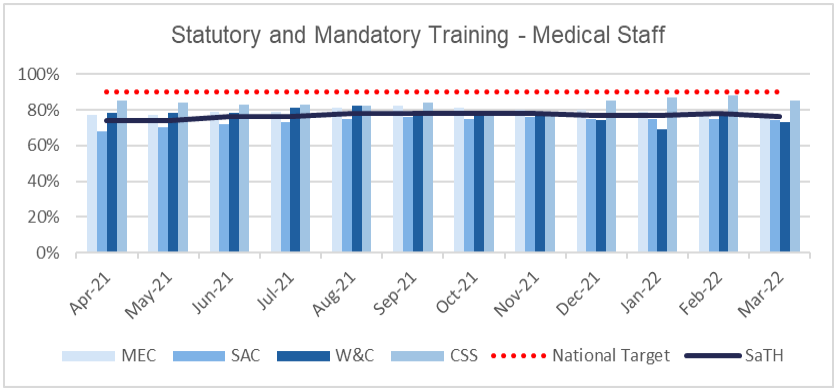


March 2022 actual performance
93%
Variance Type
N/A
National Target
90%
Target / Plan Achievement
90%

Statutory & Mandatory Training



March 2022 actual performance
82% Medical Staff – 76%
Variance Type
Special Cause Concern
National Target
90%
Target / Plan Achievement
90%

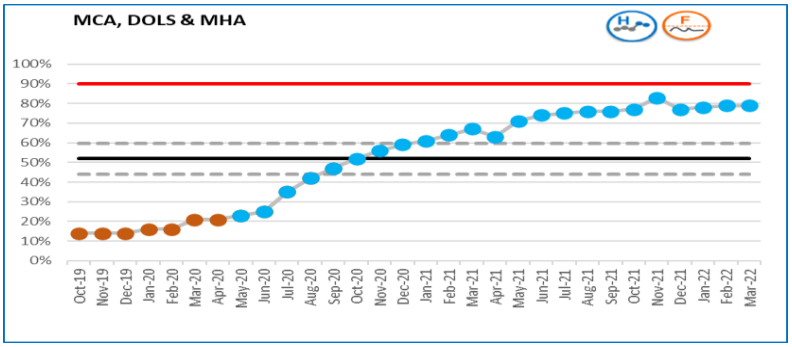


March 2022 actual performance
76%
Variance Type
N/A
National Target
90%
Target / Plan Achievement
90%

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
80%	**88%**	**77%**	**94%**	**89%**	**69%**	**62%**	**86%**	**77%**	**87%**

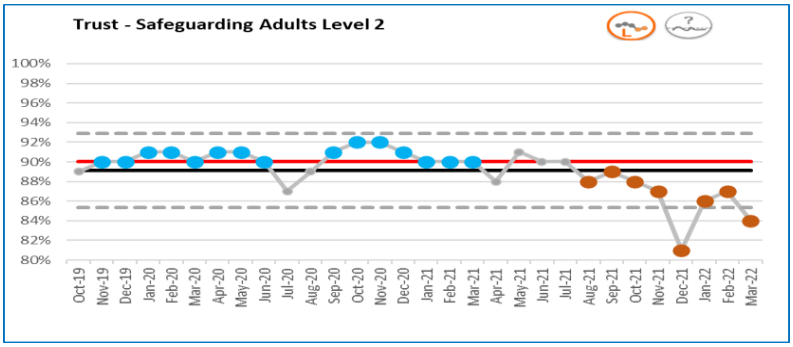
Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their training needs.	Compliance rate has been at 85% for the past few months but has now dropped to 82%. DNA % has risen from 23% to 30%. Medical staff compliance with mandatory training is lower than the overall staff compliance. Medical staff now included on the report for Safeguarding Children & Adults Level 3.	The system is currently in a critical incident and staff sickness running at high levels which will have contributed to the increase in 7% to the DNA rate. Some data validation issues.	New learning management system purchased; implementation started. Pilot in maternity in October 2021 with full roll out across the Trust on the 20th of April 2022, which on track. This system will give visibility of staff competencies at individual level and make the process for undertaking and monitoring training far easier for our staff. This will help improve compliance rates and reduce risk across the Trust. Phase 3 of the LMS project to link unavailability due to training to health roster.	E-learning and workbooks offered as alternatives to face-to-face training, which has been well received with. 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 supporting learners to access e-learning. Phone support for e-learning.

Trust MCA – DOLS & MHA



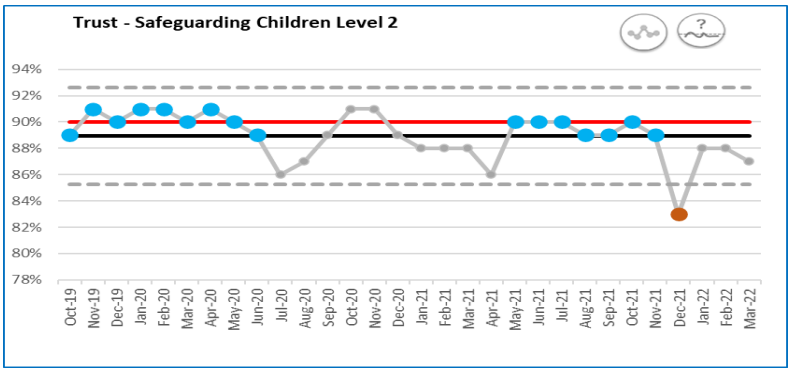
March 2022 actual performance
79%
Variance Type
Special Cause Improvement
National Target
90%
Target / Plan Achievement
Improvement trajectory in place

Safeguarding Adults – level 2



March 2022 actual performance
84%
Variance Type
Special Cause Concern
National Target
90%
Target Achievement
90%

Safeguarding Children – level 2



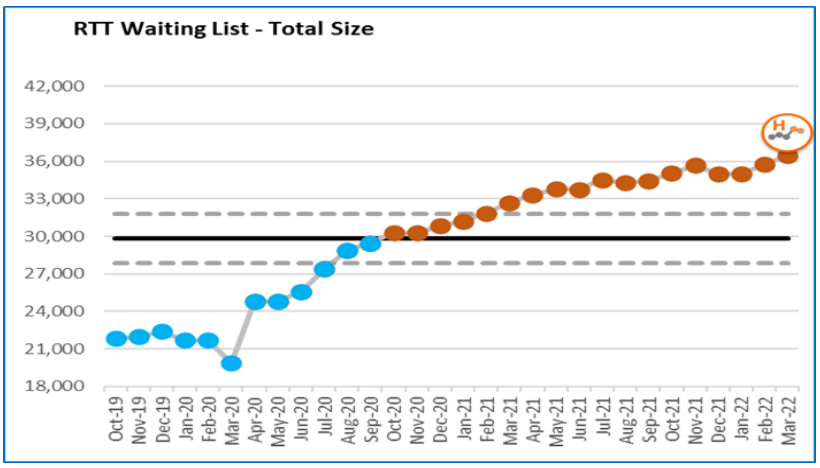
March 2022 actual performance
87%
Variance Type
Special Cause Concern
National Target
90%
Target Achievement
90%

5. Operational Summary
Sara Biffen, Acting Chief Operating Officer

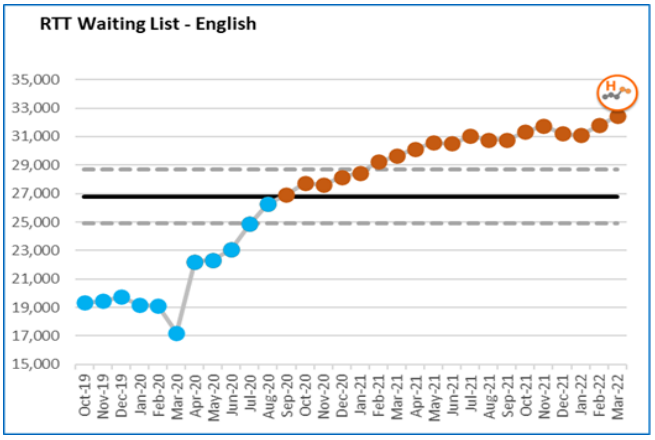
- March has once again seen the Trust face significant Urgent and Emergency Care (UEC) pressures. Both sites have continued to see continued high levels of UEC demand alongside a rapid increase in COVID-19 inpatient numbers. This has mirrored the rise in community COVID-19 incidence with both Shropshire and Telford & Wrekin community case rates amongst the highest in the West Midlands. The peak at the end of March/start of April reached a level slightly above the maximum COVID-19 inpatient numbers seen at any time in the pandemic (in early 2021). Staff availability too has been severely impacted, and we have seen partners across the health and social care system similarly affected.
- UEC demand continues to the major pressure for the Trust. Overall demand is high (slightly above 2021) and whilst ambulance demand is slightly lower, the number of higher category ambulance calls and level of patient acuity remains high. The constraints on flow through the hospital and with system partners has been challenging; workforce pressures, with COVID-19 related absence as a prime factor, have meant many teams and services are stretched, often needing to prioritise tasks. Outbreaks in community and care home settings have also limited capacity. As in previous months, close working with WMAS has been vital to ensure clinical prioritisation of ambulance handover, and joint support and care for patients waiting in ambulances and the Emergency Departments (EDs); cohorting of patients (allowing more ambulance vehicles to be released) has been utilised regularly to help balance risk as much as possible. Volume of attendances at times as well as the constraints on flow have affected a number of ED metrics, although the medical and nursing leaders in the EDs continue to prioritise the risks.
- The pressures are being seen across many trusts in the region and nationally, but the Trust is very aware of the level of risk that the UEC pressures provide, and both internally as well as with the wider health and social system, there is very regular dialogue about options to mitigate the risks.
- Whilst all possible capacity has been provided for UEC demand, a small amount has been retained for urgent cancer pathways, and ring-fenced elective capacity (such as ophthalmology suite, Vanguard theatre unit and private sector capacity) has allowed the Trust to continue to treat long waiting patients where possible. The Trust achieved its objective to limit the number of patients waiting over 104 weeks, with **62** patients waiting at the end of March against a target of **74**. The teams continue to work to reduce this number to zero by the end of June, and to maintain at this level. A range of additional capacity is planned to be retained and used in 2022/23.
- Diagnostics demand also remains high, driven by urgent care demand as well as both cancer and routine referrals. Imaging and endoscopy activity are the main areas of activity, with both sets of services relying on additional capacity in the short term, with plans to expand the workforce and facilities in place during 22/23. The Trust plans to retain one CT mobile scanner and one MRI mobile scanner for the year, and the Endoscopy improvement and expansion plans are reaching completion.

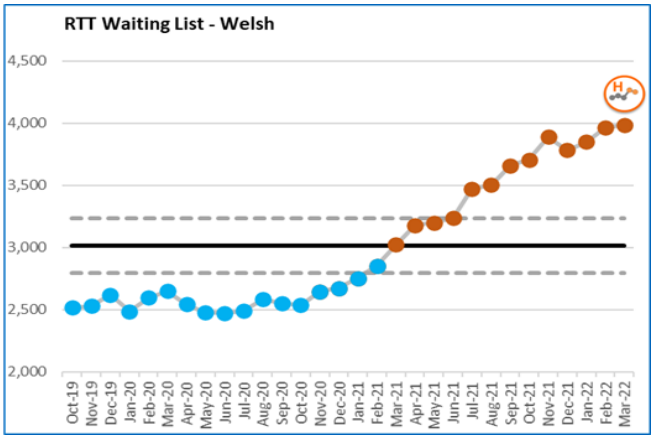
Elective Care

RTT Waiting List – Total Size



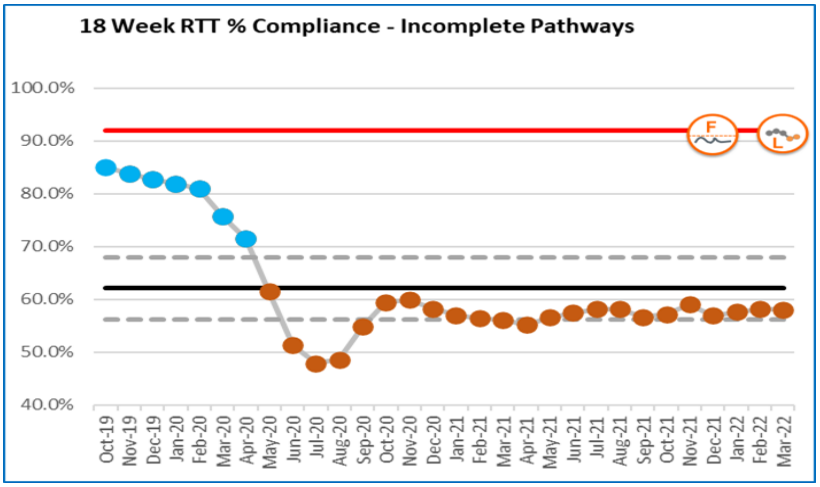
March 2022 actual performance
36433 (English 32445, Welsh 3988)
Variance Type
Special Cause Concern
Local Plan
34,443 total, 27,832 (English) by Mar 2022
Target / Plan Achievement
H2 to hold Sept.2021 position



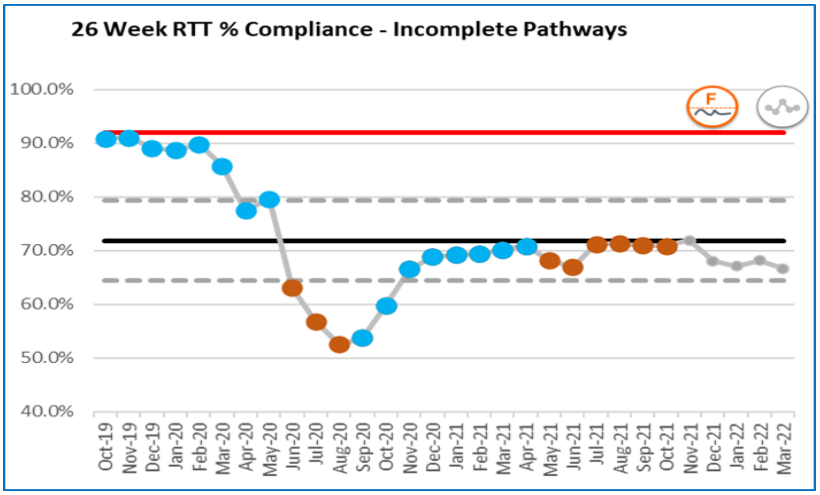


Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust are required to hold the size of the English waiting list at the Sept 2021 level.	The total waiting list size is above the September 2021 level. With the interventions agreed in H2 it was expected that the waiting list size will 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, ophthalmology and general surgery to IS providers. Continuing use of virtual clinics where appropriate. Adoption of patient initiated follow up as clinically appropriate. Phased recovery of elective inpatient capacity within day surgery units.	An additional 32- bedded unit from end of May 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 RJAH 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



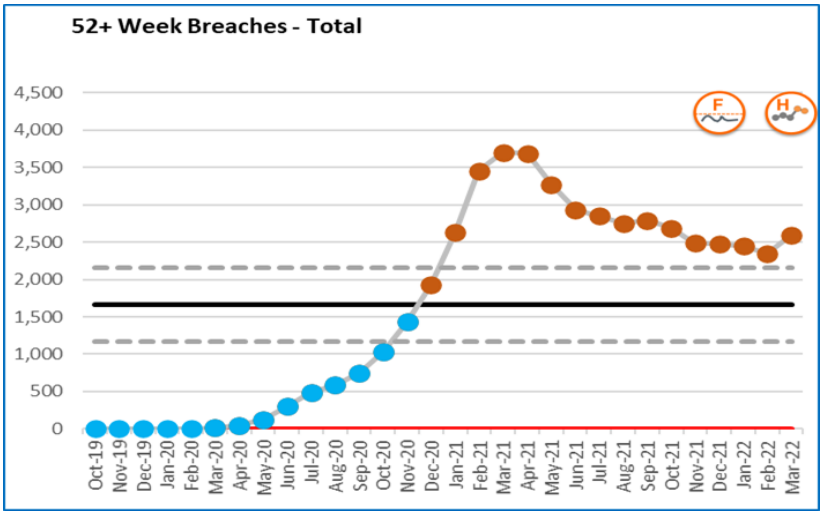
March 2022 actual performance
58.1%
Variance Type
Special Cause Concern
National Target
92%
Target / Plan Achievement
Clinical prioritisation and the backlog developed mean target will not be achieved.



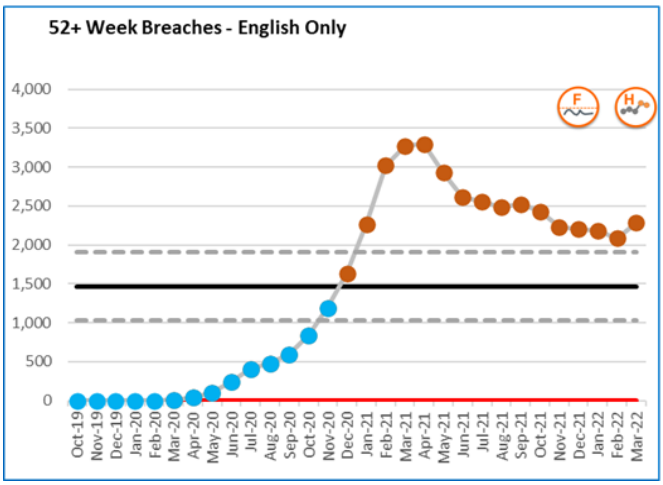
March 2022 actual performance
66.7%
Variance Type
Common Cause
National Target
92%

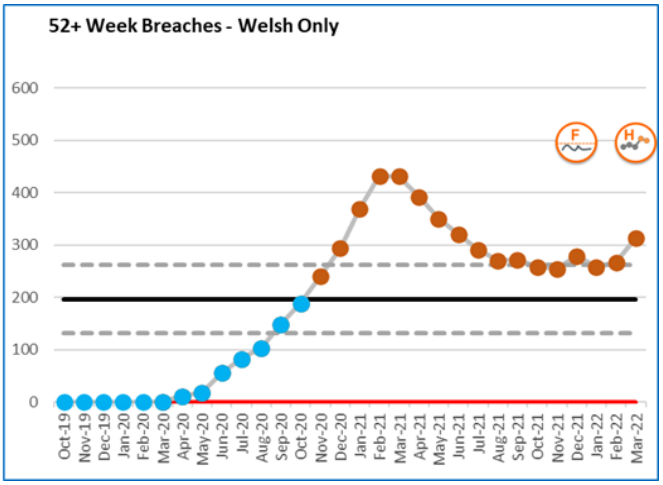
Background	What the Chart tells us	Issues	Actions	Mitigation
This is the national standard for patients referred for elective care. Headline performance against this measure has now stabilised but is well below the pre-pandemic performance.	Incomplete pathways appear to have stabilised at a level significantly 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



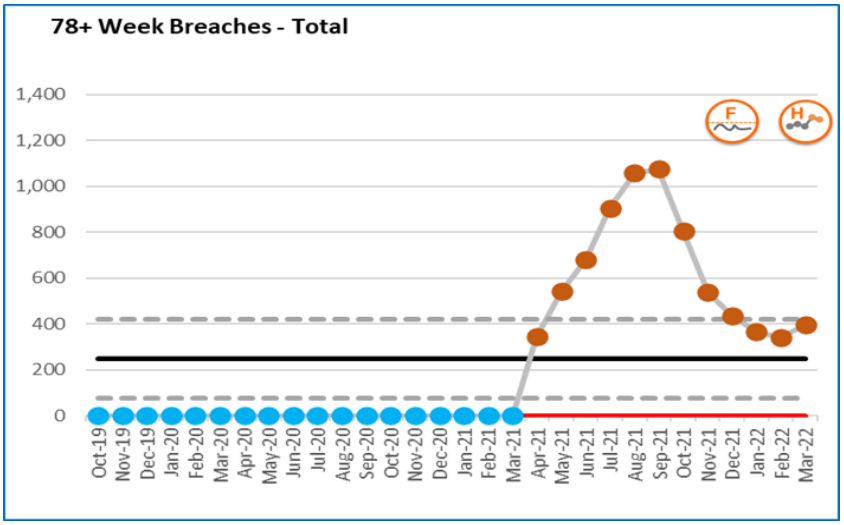
March 2022 actual performance
2595 (English 2282, Welsh 313)
Variance Type
Special Cause Concern
Local Forecast
2108 (English)
Target / Plan Achievement
Local forecast developed aligned to the H2 plan post interventions applied.



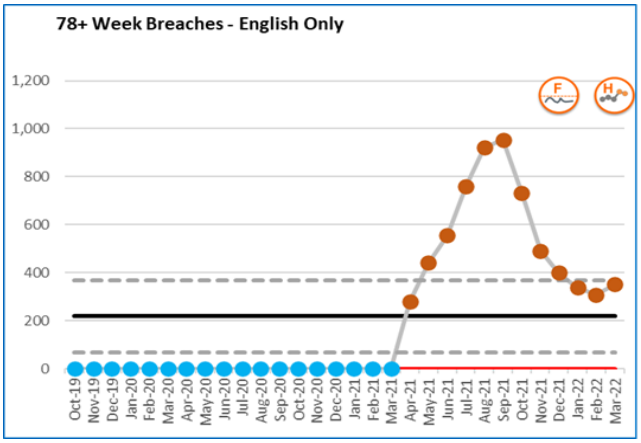


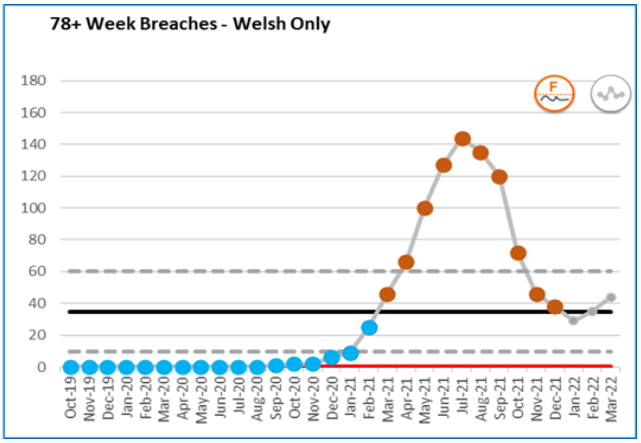
Background	What the Chart tells us	Issues	Actions	Mitigations
From a baseline position of zero pre-pandemic, the volume of patients waiting in excess of 52 weeks on an open RTT pathway has increased significantly. It reflects routine patients are not currently being able to be prioritised for treatment. H2 target of holding or reducing 52-week waits at September 2021 levels.	The reduction seen in over 52 weeks at present is forecast to be sustained with the additional interventions agreed in the H2 plan. The recovery will not be complete by March 2022.	Theatre Staffing. Reduced elective capacity. Urgent care pressures resulting in the loss of elective 'green' capacity due to increased escalation into DSUs. Outsourced patients returning to SaTH untreated.	Clinical prioritisation of patients. Use of outsourcing including Rowley Hall, Nuffield but this is limited. Optimising vanguard and insourcing capacity via 18 weeks if beds released in DSU but this has not happened in Jan and Feb 22. Continue to book in line with clinical priority and longest wait.	Monitored by weekly RTT meeting and the cancer performance meeting.

78 Weeks Wait Exception Report



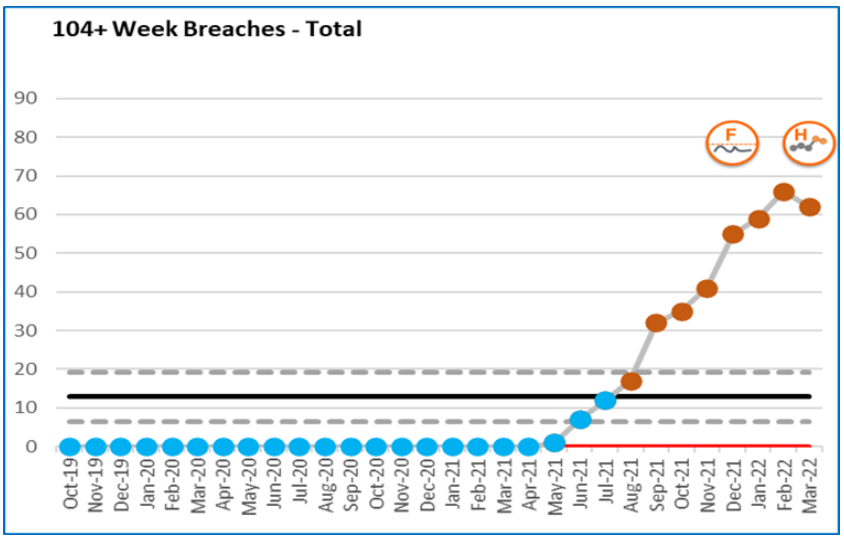
March 2022 actual performance	
396 (English 352, Welsh 44)	
Variance Type	
Special Cause Concern	
National Target	**Local Forecast**
0	tbc
Target / Plan Achievement	
The target will not be delivered in 21/22.	





Background	What the Chart tells us:	Issues	Actions	Mitigations
From a baseline position of zero pre-April 21, the volume of patients waiting in excess of 78 weeks on an open RTT pathway has increased significantly. There is no specific target for 78 weeks in 2021-22 but for 2022-23, it is expected that this recovers to 0 over 78 weeks by 31st March 2023.	The proportion of these long waiting patients who are over 78 weeks has started to reduce as the additional interventions and recovery plans impact.	The volume of patients over 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

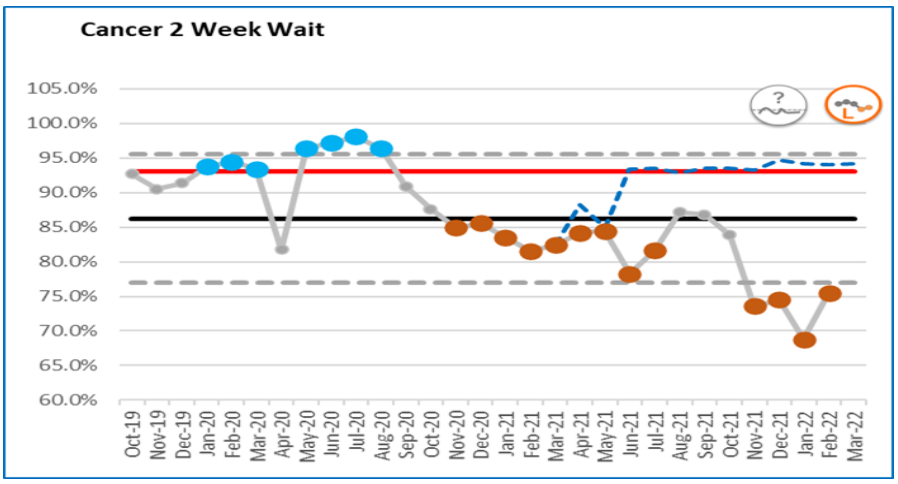


March 2022 actual performance	
62 (English 61, Welsh 1)	
Variance Type	
Special Cause Concern	
National Target	**Local Forecast**
0	74
Target / Plan Achievement	
H2 monthly trajectory	

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.	The end of Mar 22 position was 12 patients better 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

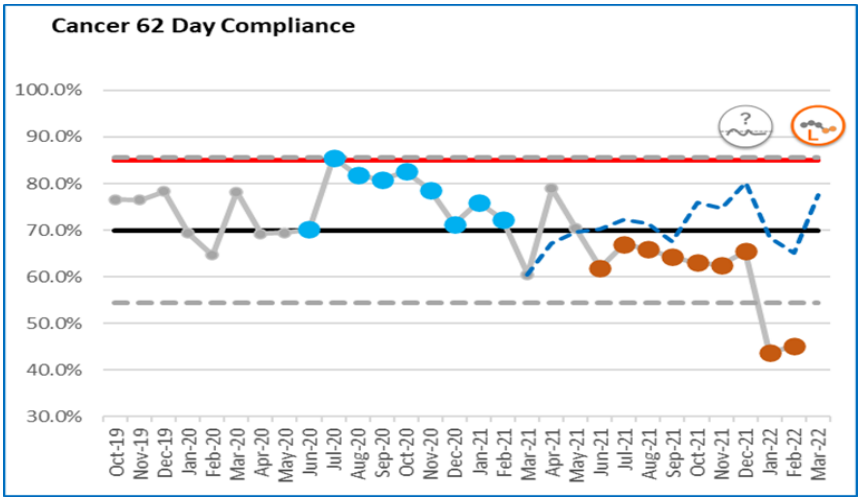
Cancer 2 week waits



February 2022 actual performance
75.5% (March 2022 Revised forecast 74.4%)
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 and gynaecology referral proformas.

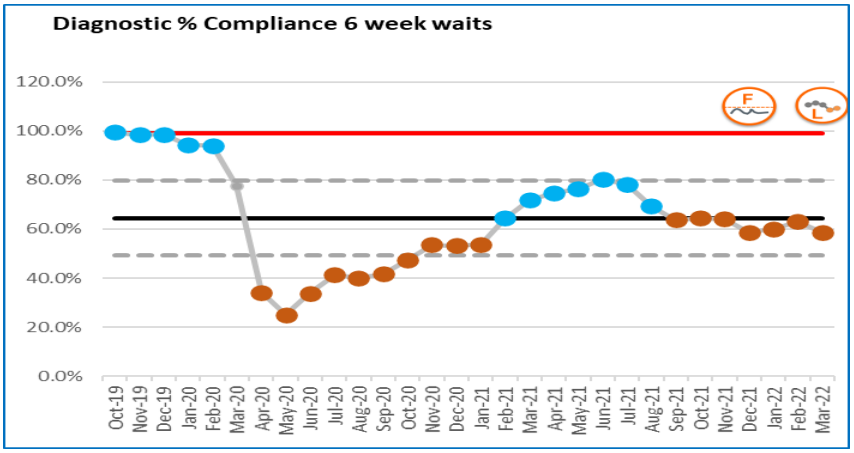
Cancer 62-day target



February 2022 actual performance
45.1% (March revised forecast 62.4%)
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 ensuring wherever possible that any patient referred by their GP with suspected cancer is treated within 62 days of referral.	The present system is unlikely to deliver the target. Compliance with this target has not been achieved since April 2019. Performance is also worse than plan. Revised forecast shows plan is not being delivered.	Capacity does not meet demand (diagnostics a significant issue even prior to COVID-19). Surgical capacity not back to pre-COVID-19 levels. Rise in 2WW referrals. Staffing levels in oncology.	Weekly review of PTL lists using Somerset cancer register – escalations made as per cancer escalation procedure. Best practice pathways being reviewed, and improvement plans from divisions been made.	Cancer performance and assurance meetings on going chaired by Deputy COO. Improvement plans being written by divisions.

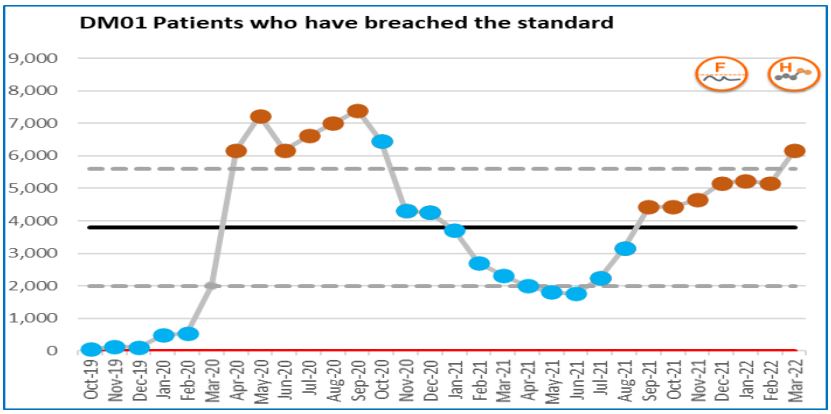
Diagnostics -DM01 Diagnostic over 6 week waits



March 2022 actual performance
58.58%
Variance Type
Special Cause Concern
National Target
99%
Target / Plan Achievement
Recovery was not 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.	Staff availability continues to affect capacity and workforce resilience. Without the ability to flex the workforce, sickness /COVID-19 is leading to short notice cancellation of lists, further reducing capacity.	Repeated recruitment attempts to fill vacancies. Progression of staff using apprenticeships.	Bookings made in order of clinical priority. On site mobile scanners to increase available capacity. Use of insourcing in US and Breast.

DM01 Patients who have breached the Standard

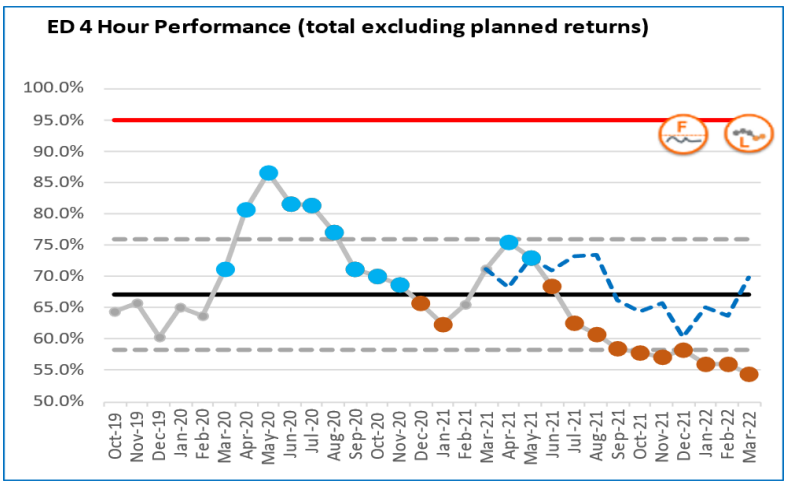


March 2022 actual performance
6168
Variance Type
Special Cause Concern
National Target
0 - < 6weeks
Target / Plan Achievement
Clinical prioritisation and then addressing longest waits.

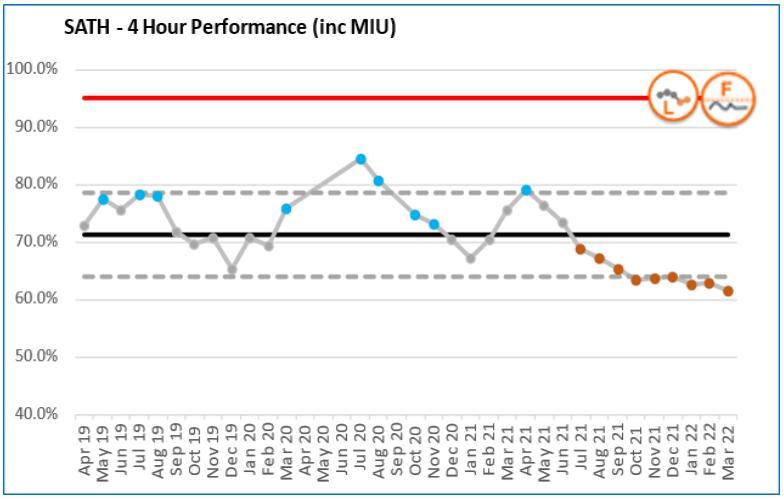
Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6 weeks of the referral. There must be no more than 1% of patients waiting longer than 6w.	Failure to reach the national target. Currently >6,200 patients waiting longer than 6 weeks for diagnostic imaging.	There has been a rise in the number of patients breaching the standard in March. Staff availability/ absence affects imaging capacity and requires short-notice cancellation of lists.Reduced capacity due to new working practices post-COVID-19.	Ongoing recruitment across all areas. Agreement to progress with year 1 of the workforce business case will improve efficiency within department by increasing support staff in all areas.	Use of agency/bank as available. Mobile scanners on site. Insourcing for US and Breast.

Emergency Department

A&E 4-hour performance



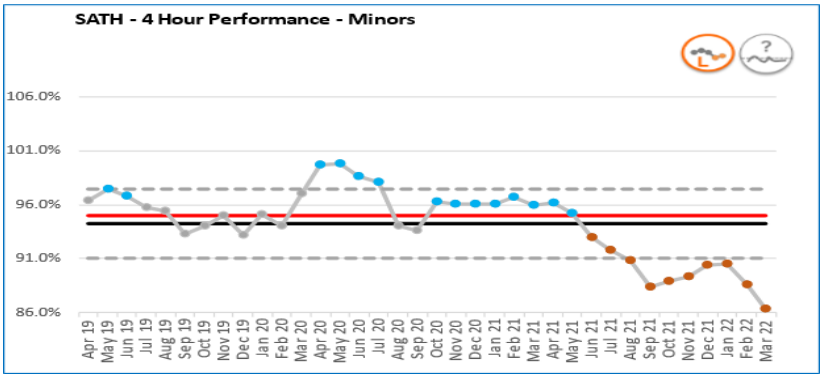
March 2022 performance
54.4%
Variance Type
Special Cause Concern
National Target
95%
SaTH Local Plan
69.8%
Target / Plan Achievement
Performance is worse than the improvement trajectory.



March 2022 performance
61.5%
Variance Type
Special Cause Concern
National Target
95%
SaTH Local Plan
66.1%

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

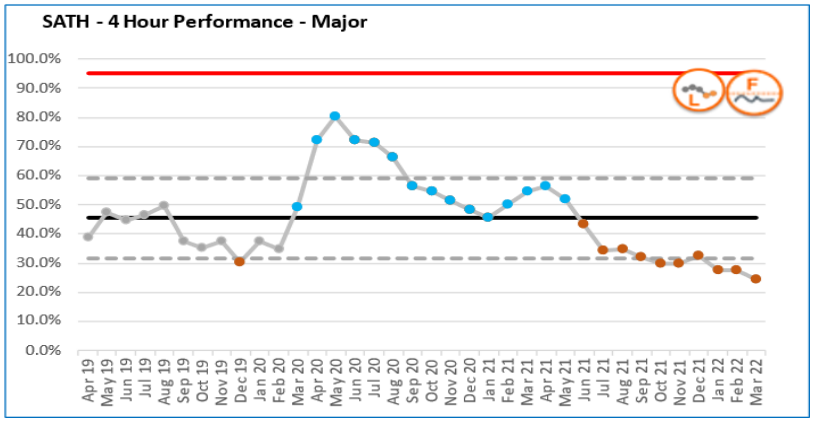
ED Minors Performance



March 2022 actual performance
86.4%
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.

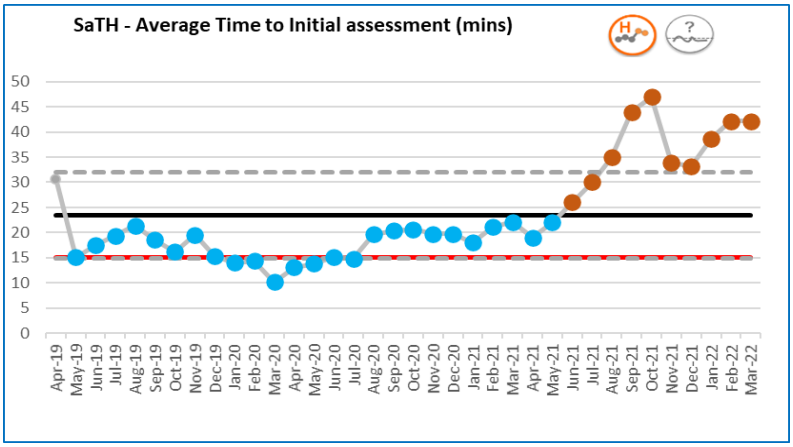
ED Majors Performance



March 2022 actual performance
24.2%
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.

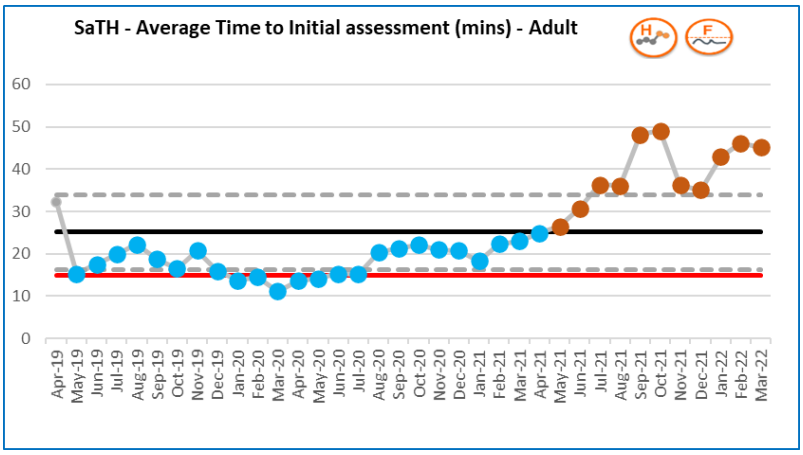
Background	What the Chart tells us	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department.	Deterioration in performance in quarter 3 continued until the year end.	Physical space in 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. Business case submitted to the Trust Business Case Group for approval 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)



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

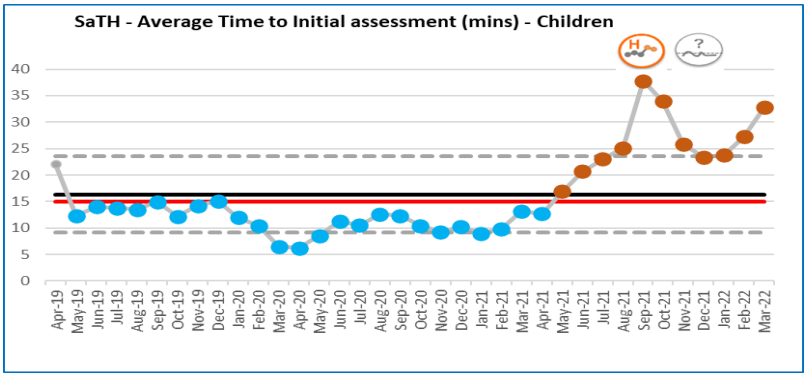
ED Time to Initial Assessment - Adult



March 2022 actual performance
45 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. Recruiting 7WTE band 6 paramedics who will support with initial assessment.	Oversight by Divisional Director and COO.

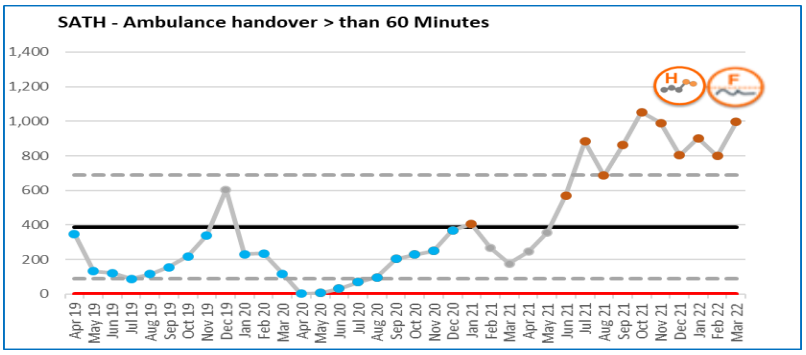
ED Time to Initial Assessment - Children



March 2022 actual performance
33 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. Children and Young Person assessment area opened at RSH. Reviewing PRH estate to identify opportunities to expand assessment capacity.	Oversight by DD and COO.

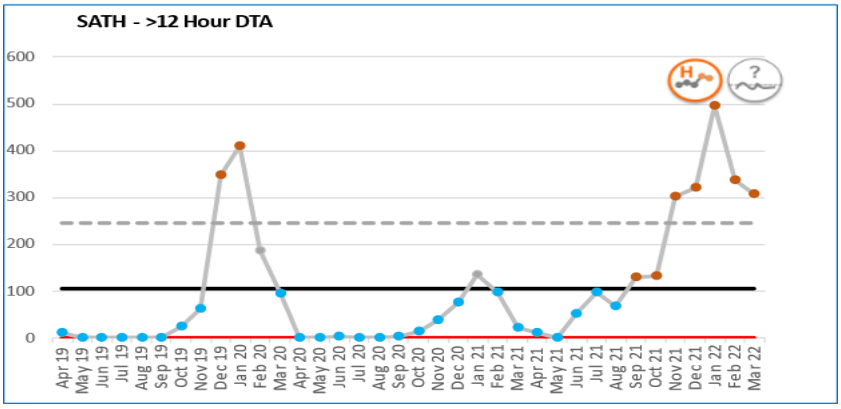
Ambulance handover> 60 Mins



March 2022 actual performance
997
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. .

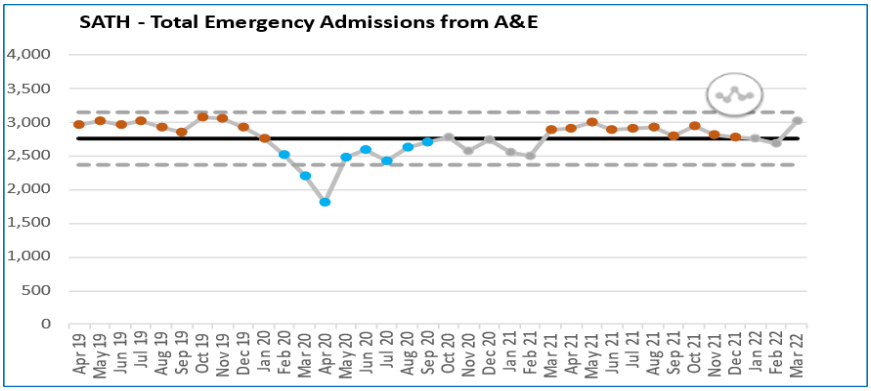
12 Hour ED Trolley waits



March 2022 actual performance
307
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



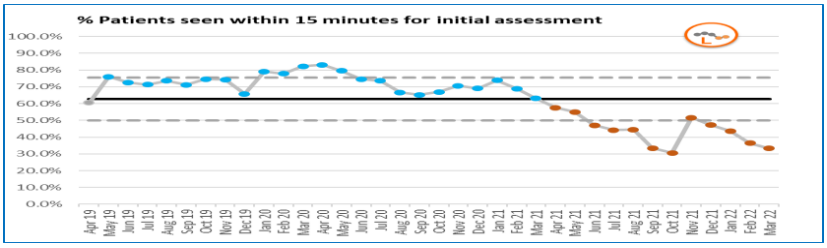
March 2022 actual performance
3014
Variance Type
Common Cause
National Target
N/A

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.	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.

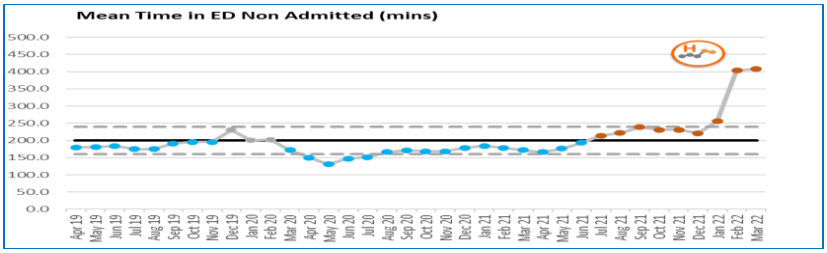
The measures below are reported in shadow form ahead of adoption expected nationally for 2022-23. Deterioration is reported against all these measures.

% Patients seen within 15 minutes for Initial Assessment



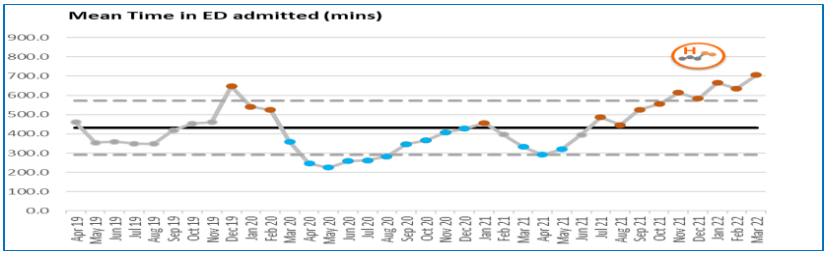
March 2022 actual performance
33.3%
Variance Type
Special Cause Concern
National Target
n/a

Mean Time in ED Non-Admitted (Minutes)



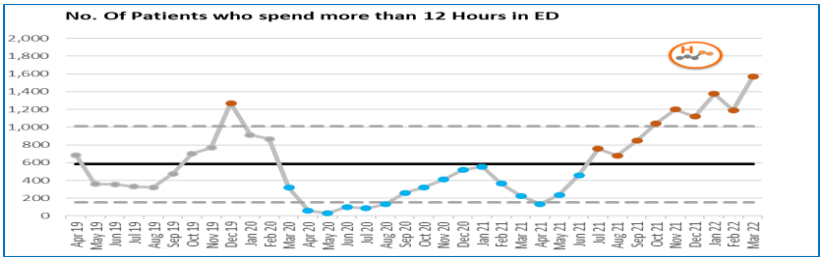
March 2022 actual performance
407
Variance Type
Special Cause Concern
National Target
n/a

Mean Time in ED Admitted (Minutes)



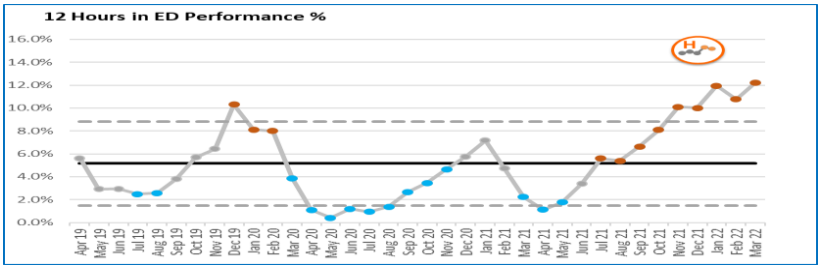
March 2022 actual performance
705
Variance Type
Special Cause Concern
National Target
n/a

Number of Patients who spend more than 12 hours in ED



March 2022 actual performance
1568
Variance Type
Special Cause Concern
National Target
N/A

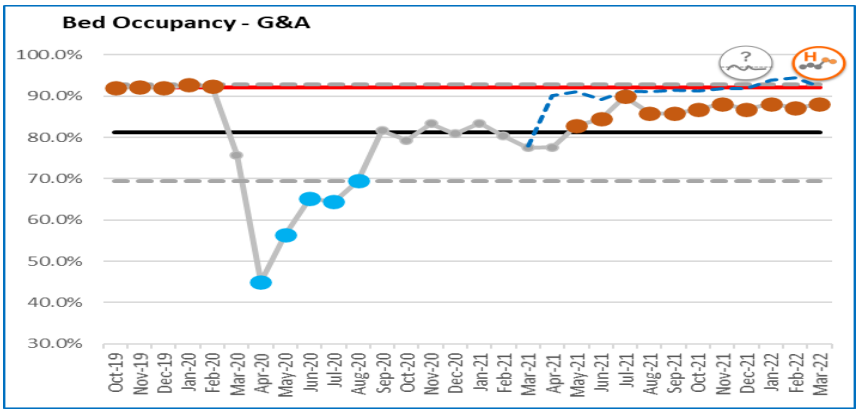
12 Hours in ED Performance %



March 2022 actual performance
12.2%
Variance Type
Special Cause Concern
National Target
N/A

Hospital Occupancy and Activity

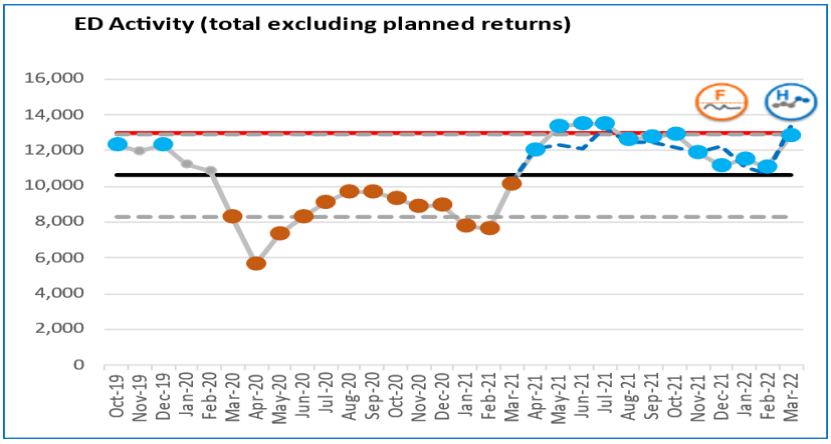
Bed Occupancy



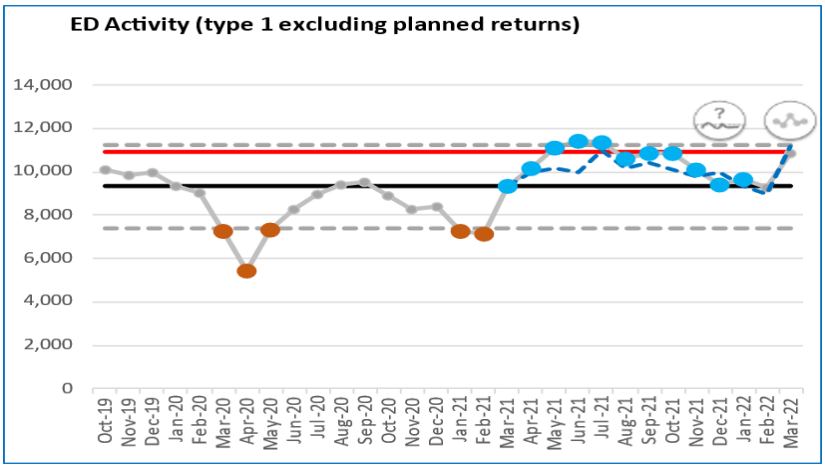
March 2022 actual performance
88%
Variance Type
Special Cause Concern
Local Target
92%
Target / Plan Achievement
Occupancy slightly lower than pre-COVID-19

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

ED Activity



March 2022 actual performance
12859
Variance Type
Special Cause Improvement
Local Target
12428
Target/ Plan achievement
Trajectory Based on H2 plan



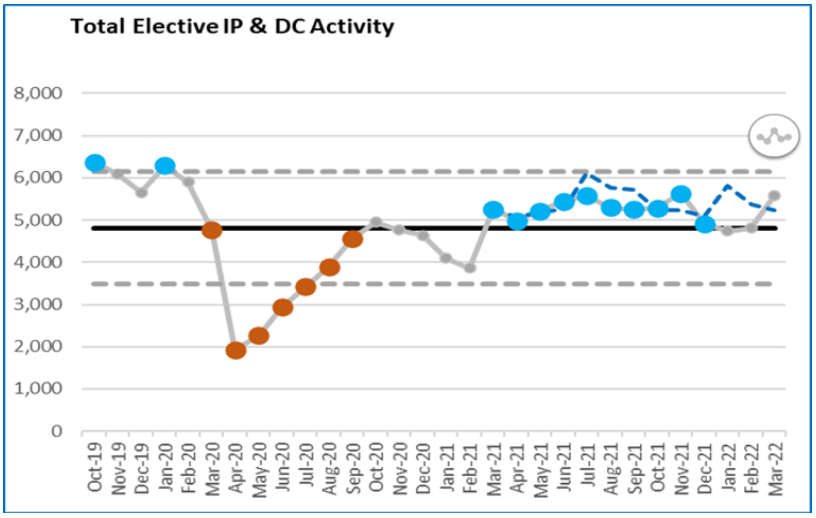
March 2022 actual performance
10879
Variance Type
Common Cause
Local Target
10482
Target/ Plan achievement
Trajectory Based on H2 plan

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

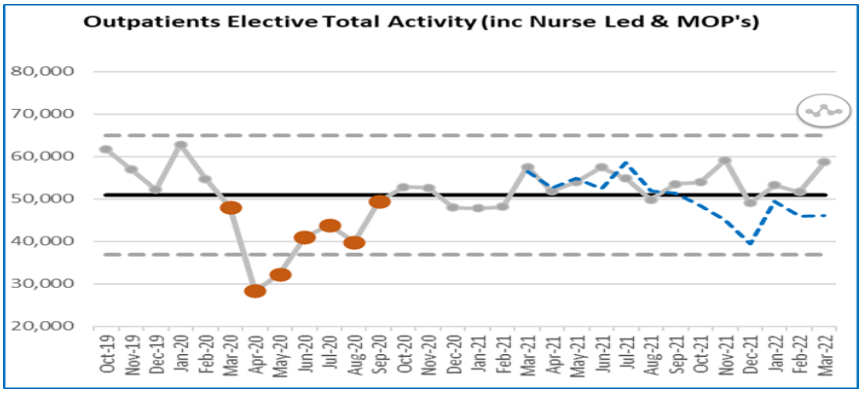


March 2022 actual performance	
5586 (Recovery 75%) (IP 295, DC 5291)	
Variance Type	
Common Cause	
National Target	**Local Target**
95%	5233
Target/ Plan achievement	
Trajectory Based on H2 plan above	

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 regarding "Restoration & Recovery." There was 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 processes for theatre allocation Weekly restore and recovery meeting with specialties.	As actions.

Outpatients Elective Total Activity – H2 plan

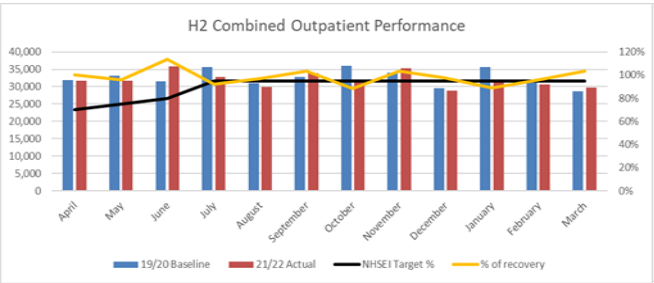
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total outpatient attendances (all TFC; consultant and non consultant led)	48366	44973	39355	49393	45937	46064

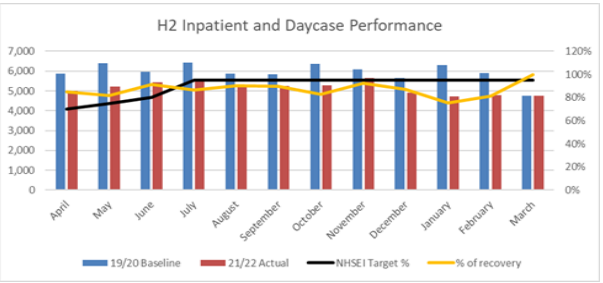


March 2022 actual performance
58682
Variance Type
Common Cause
Local Target
46064
Target/ Plan achievement
Delivery of H2 plan

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 clinics. 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- March 22. 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 March 2022 is above the baseline in March 2020.





Diagnostics Recovery v plan (national target is 95% of 2019-20 baseline).
Activity data for March 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:

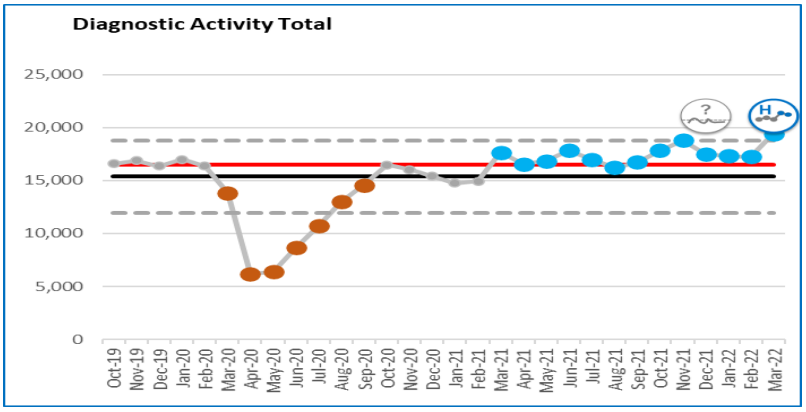
Indicator Name	21/22 Actual % of 21/22 H2 Plan
Diagnostic Tests - Magnetic Resonance Imaging	103%
Diagnostic Tests - Computed Tomography	94%
Diagnostic Tests - Non-Obstetric Ultrasound	97%
Diagnostic Tests - Colonoscopy	84%
Diagnostic Tests - Flexi Sigmoidoscopy	93%
Diagnostic Tests - Gastroscopy	89%
Diagnostic Tests - Cardiology - Echocardiography	125%

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:

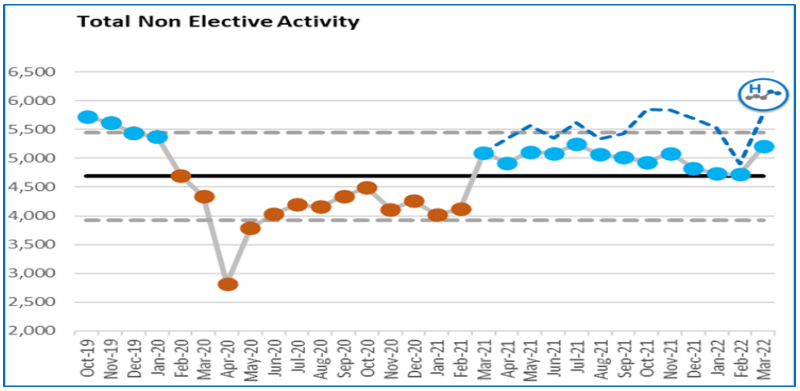
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Total	15954	16714	19240	19358	17590	18423



March 2022 actual performance
19410 (Provisional)
Variance Type
Special Cause Improvement
Local Target
197,619 for year 18,426 March 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.	Performance continues to exceed local target of 16,500.	Performance is affected by staff availability and imaging capacity. Staff vacancies continue to affect resilience causing variability in performance.	Continued recruitment across all areas. "Growing our own" through apprentice training and progression of support staff.	Use of bank and agency when available. Mobile scanners on site. Insourcing US and Breast.

Non-Elective Activity



March 2022 actual performance
5207
Variance Type
Special Cause Improvement
Local Target
5792 (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:

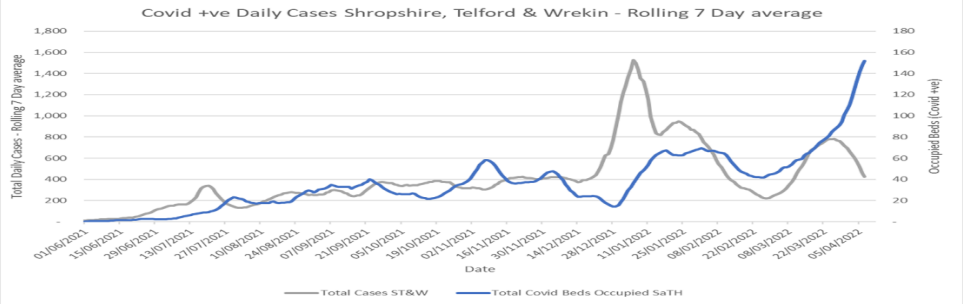
H2 plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
Number of Specific Acute non-elective spells in the period	5851	5843	5697	5533	4908	5792

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 impact 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 4 leading to a significant level of hospitalisations in March 2022. The number of COVID-19 inpatients recently peaked at 169 including those cared for in ITU, this is the highest ever number.



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 122)	Feb 22	87	
A&E - 4 Hour Standard (Type 1) (out of 108)	Mar 22	103	
A&E - Reattendance Rate (out of 120)	Feb 22	11	
A&E Time to Initial Assessment (Out of 112)	Feb 22	46	
Cancer 2 Week (out of 122)	Feb 22	86	
Cancer 2 Week Breast Symptomatic (out of 114)	Feb 22	99	
Cancer 62 Day Classic Metric (out of 122)	Feb 22	114	
Cancer 62 Day Breast Cancer (out of 119)	Feb 22	113	
Cancer 62 Day Lower Gastrointestinal Cancer (out of 122)	Feb 22	87	
Cancer 62 Day Lung Cancer (out of 118)	Feb 22	80	
Cancer 62 Day Other Cancer (out 122)	Feb 22	121	
Cancer 62 Day Skin Cancer (out 115)	Feb 22	50	
Cancer 62 Day Urological Cancer (out of 121)	Feb 22	93	
Diagnostic 6 Week Standard (out of 122)	Feb 22	104	
Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 122	Feb 22	14	
Diagnostic 6 Week Standard - Audiology Assessments (out of 110)	Feb 22	63	
Diagnostic 6 Week Standard - Urodynamics: pressures & flows (out of 1	Feb 22	100	
Diagnostic 6 Week Standard - Respiratory physiology : sleep studies (o	Feb 22	66	
Diagnostic 6 Week Standard - Magnetic Resonance Imaging (out of 122)	Feb 22	114	
Diagnostic 6 Week Standard - Computed Tomography (out of 122)	Feb 22	105	
Diagnostic 6 Week Standard - Non-obstetric ultrasound (out of 122)	Feb 22	97	
Diagnostic 6 Week Standard - Colonoscopy (out of 122)	Feb 22	118	
Diagnostic 6 Week Standard - Flexi sigmoidoscopy (out of 122)	Feb 22	85	
Diagnostic 6 Week Standard - Cystoscopy (out of 118)	Feb 22	82	
Diagnostic 6 Week Standard - Gastroscopy (out of 122)	Feb 22	106	
RTT 52 Week Breach (out of 122)	Feb 22	86	
RTT Incomplete 18 Week Standard – (out of 122)	Feb 22	95	
RTT Incomplete 18 Week Standard Metric - Gynaecology (out of 121)	Oct 21	72	
Total Time in A&E - Admitted (out of 109)	Feb 22	90	
Total Time in A&E - Non - Admitted (out of 116)	Feb 22	49	
RTT Total Incompletes (out of 122)	Feb 22	48	

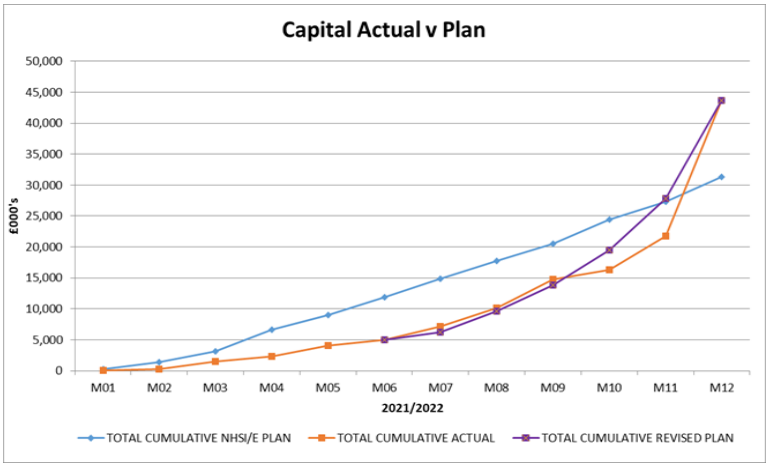
Although the above provides an overview of where the Trust is performing, future reports will contain further detail on SaTH's ranked position based on gradients in order to demonstrate visually where we are outliers in comparisons to other trusts nationally.

6. Finance Summary
Helen Troalen, Director of Finance

- The Trust recorded an adjusted full year deficit of £10.890m at the end of the 2021/2022 financial reporting period, in line with the agreed forecast formally reported at the end of Q3. This is a draft position and is subject to external audit. The final audited financial position will be reported to Board in July.
- As previously reported, the year-end deficit is £3.847m higher than the full year planned deficit due primarily to three key issues:
    1. An acceptable overspend linked to the elective recovery programme during the first six months of the financial year (H1) - £2.566m, and;
    2. Additional costs associated with the operational and workforce pressures experienced during the winter and COVID-19 Omicron wave which continued into Q4 - £5.506m;
    3. A material increase in energy, maintenance and utility costs - £1.916m.
- Overall income finished the year £32.337m above plan. This position is materially affected by a number of key items, all of which are offset in full by unplanned costs:
    1. £12.950m of additional funding to offset the employers pension contributions charge which the DHSC have been paying on behalf of providers;
    2. £1.786m of income to offset the cost of the nationally procured COVID-19 PPE;
    3. £3.904m of unplanned backdated pay award funding received mid-year;
    4. £4.388m of other non-recurrent unplanned income received, mainly cancer transformation and development funding;
    5. £0.903m linked to the hosting of the ICS finances.
    6. £1.835m of funding to support the maternity transformation programme, £1.4m of which was confirmed during March 2022;
    7. £0.850m of targeted investment funding.
    8. £2.014m of additional high cost drugs and devices income.
- Excluding the items highlighted above, which are backed by income, the Trust's overall core expenditure was £6.844m above plan. This overspend is primarily due to excess workforce costs, mainly a result of an £3.100m increase in the Trust's untaken annual leave provision but also continued pressures, mainly nursing, due to the ongoing sickness and operational pressures and required surge capacity. The other most notable variance, as previously reported relates to rising estates maintenance and energy costs.
- The Trust received £12.886m of funding to support elective waiting list recovery and spent £10.141m of associated expenditure. This underspend is supporting other unplanned cost pressures all of which have an impact on the Trust's ability to restore and recover elective activity.
- COVID-19 directly related expenditure was £1.259m during the month of March, broadly in line with previous month - the run rate continues to be high relative to the YTD average which is primarily a consequence of higher sickness related backfill pressures. Overall, the Trust's COVID-19 in-envelope spend was £13.986m over the full twelve-month period, against £16.579m of funding received. However, it is important to note that there are additional incremental associated costs charged to core budgets, mainly pay, linked to the urgent need to flex resource to support surge capacity.
- £7.570m of efficiency savings have been delivered YTD compared to a plan of £7.550m, with c47% delivered non-recurrently.

- Overall, the Trust spent £43.683m of capital expenditure during 2021/22 (excluding donated assets). This expenditure is within the original capital allocation and additional agreed schemes for which the Trust received public dividend capital (PDC). The capital expenditure is in line with forecast and within expected Capital Resource Limit.
- The Trust held a cash bank balance at the end of March 2022 of £15.918m, which is in line with the balance held at the end of last financial year.

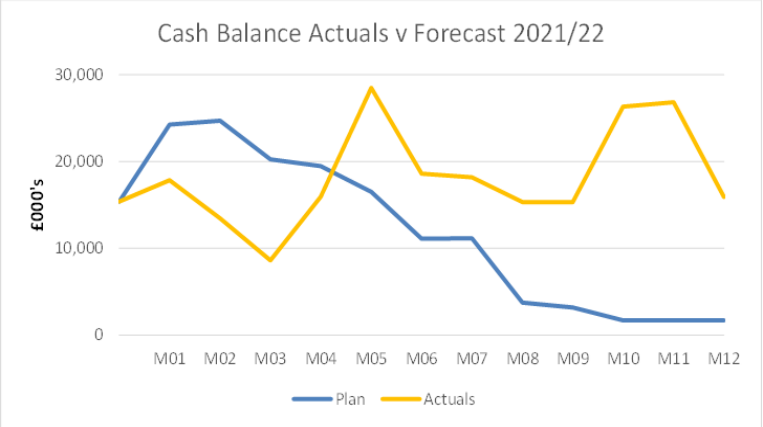
Capital Expenditure



March 2022 actual performance
£43.683m Overspend to Reforecast Plan £0.048m
Variance Type
Within CRL
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 expenditure for 2021/22 was £43.683m (excluding donated assets).	Within the original Capital Plan submitted to NHSEI, the Trust forecast spend for the year of £31.297m. Additional capital schemes have been agreed for which the Trust has received PDC funding of £12.337m. In addition the Trust has utilised proceeds from the sale of endoscopy equipment to fund the works to date for the refurbishment of the RSH and PRH Endoscopy Units.	No issues. The Trust capital expenditure was in line with forecast and within expected Capital Resource Limit.		

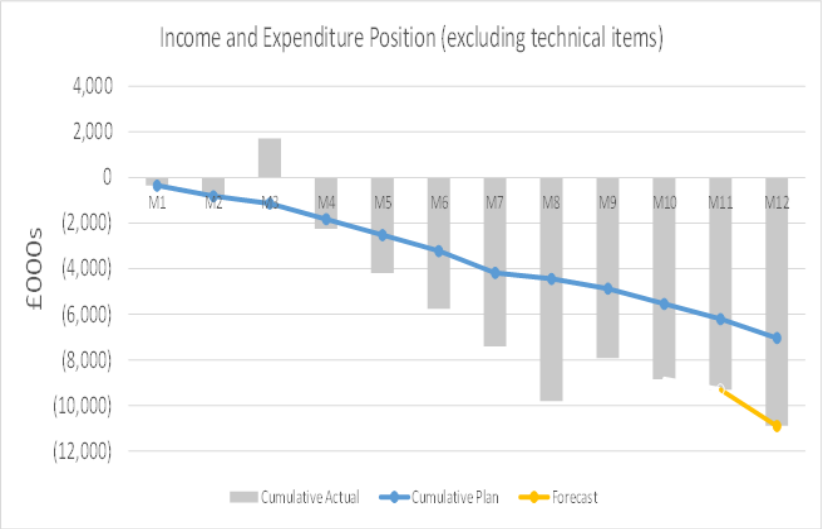
Cash



March 2022 actual performance	
£15.918m cash in the bank	
Variance Type	
Higher Cash Balance	
SaTH Original Forecast	**SaTH Rolling Forecast**
£1.700m	£5.342m
Target/ Plan achievement	
Higher cash balance than forecast.	

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust undertakes monthly cashflow forecasting based on average spend, taking account of known variations and changes in working capital balances.	The cash balance at the end of March 2022 was £15.918m (ledger balance of £15.889m due to reconciling items).	The Trust has not required cash support in 2021/22 and the year-end bank balance is in line with the balance held at the end of 2020/21.	The Trust to continue to review the assumptions within the cashflow.	The Trust undertakes monthly cashflow forecasting based on average spend, taking account of known variations and changes in working capital balances.

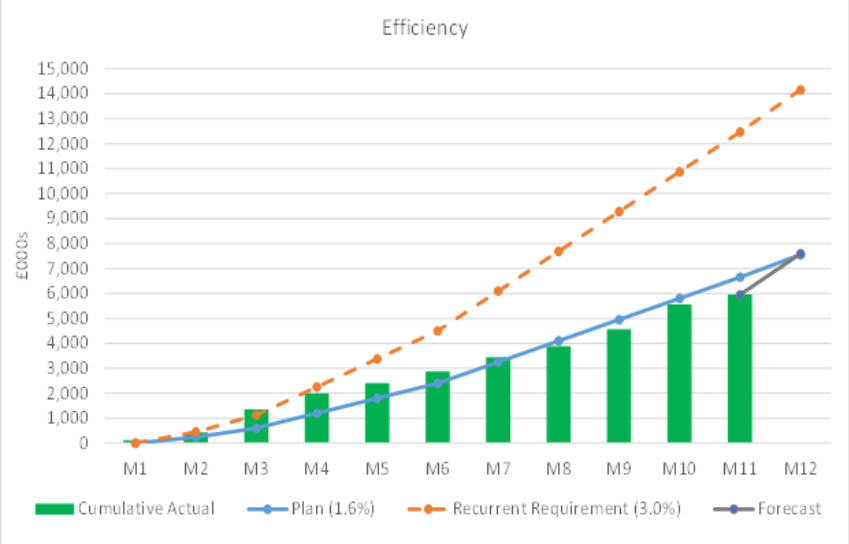
Income and Expenditure Position



March 2022 actual performance	
(£10.890m) Income & Expenditure Position Full Year	
Variance Type	
Overspend to date (£3.847m)	
National Target	**SaTH Plan 2021/22**
breakeven	(£7.043m)
Target/ Plan achievement	
(£3.847m) 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 Trusts 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 full year deficit of £10.890m, £3.847m adverse to the £7.043m full year deficit plan, but in line with the allowable forecast formally reported at the end of Q3. The adverse position was, as expected and previously reported, driven primarily by increased pay costs, predominantly nursing, associated with operational pressures. Estates costs are also well above plan due to higher energy, utility and maintenance costs.			The 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 Trusts 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).

Efficiency



March 2022 actual performance	
£1.624m Efficiency full year £7.570m	
Variance Type	
Favourable FY Variance £0.020m	
National Target	**SaTH Plan 2021/22**
£0.000m	£7.550m
Target/ Plan achievement	
£0.020m favourable variance	

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 delivered £7.570m of efficiency savings during the year, £0.020m above plan. Approximately 53% of the savings delivered are recurrent.	Whist the Trust has delivered substantial savings during the year the level of recurrent savings need to be increased during 2022/2023. There is also an accelerated need to identify efficiency savings beyond the 1.6% in order to enable additional investments to be made.	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 delivered £7.570m of efficiency savings during the year, £0.020m above plan. Approximately 53% of the savings delivered are recurrent.

7. Getting too 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

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

- Maternity Transformation
- Culture and Behaviours
- Leadership
- Workforce

The Operational Effectiveness programme - Restoration and Recovery and Theatre Productivity projects are reporting as **off track**.

The Corporate Governance programme shows a worsening position this month, as the Communications and Engagement projects is now reporting as **off track**.

The Quality and Safety programme shows a worsening position this month, as the Learning from Deaths project is now reporting as **reasonable**.

The Digital Transformational programme has remained the same status as per the last reporting period, with the Digital Infrastructure project reporting as **on track**, and the Applied Digital Healthcare project reporting as **reasonable** as more detailed opportunities for applied digital healthcare specific to SaTH are still to be defined.

The Finance and Resources programme shows a consistent status this month, with the Financial Literacy project remaining as **reasonable**, whilst all the projects in the programme are reporting as **on track**.

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

Three projects are currently reporting as being **off track** and 4 projects out of the 26 overall are currently reporting as **reasonable**. An explanation for these is provided for each project below:

Theatre Productivity: Current status **off track**
The performance of the Theatre Productivity project has been affected by the current limited theatre capacity and bed base due to loss of bay A, B and C at the Day Surgery Unit (DSU) at PRH and only 7-10 (subject to escalation) beds on DSU at RSH for electives. Revised Infection Prevention Control (IPC) guidelines are in place to allow

backfilling of patient cancellations at short notice, as agreed with IPC.
A total of 71% (PRH) and 66% (RSH) Theatre Utilisation was realised for the month of March 2022, an improvement on the previous month but still not at the 85% target. Performance was affected by the cancellation of 80 routine operations due to bed pressures and the need to prioritise cancer and urgent patients. With the current escalation level at both sites, it is unlikely that the target of 85% utilisation in April 2022 will be met unless day surgery on both sites becomes elective.

Bluespier theatre management software will be operational in September 2022 which removes the need for the separate data collection sheet, and a new theatre dashboard has been created by the informatics team and is currently being tested.
The theatres team have recently engaged with the Improvement Hub to support an increase in theatre utilisation with next steps to agreed and finalised by end of March 2022.

Restoration and Recovery: Current status **off track**

The Restoration and Recovery project is reporting as off track this period, due to pre-agreed targets not being achieved within timescale, however a great deal of progress has been made across this workstream and there are some measures in place to mitigate delivery delays.

The 25% target of non-face-to-face Outpatient appointments has not been achieved, with performance at 16.8% as of the end of February.

The Elective Recovery Fund (ERF) targets have been partially met, with some excellent progress made in some areas. Outpatient first attendance exceeded the target of 95.5% by achieving 101%, whilst 83% was achieved for day cases against a target of 87%. Elective inpatients stood at 64% against the target of 114.3% and Outpatient follow ups exceeded the target of 88.9% with a figure of 93%.

Whilst the target of zero 104-week waits has not been achieved, the number of 104 week waits stood at 59 compared to the locally agreed target of 74. This target of 74 reflects the ongoing capacity gaps for patients requiring Intensive Care Unit (ITU), High Dependency Unit (HDU) and Musculoskeletal (MSK) treatment. In addition, there are several staffing pressures with 9 members of staff currently absent due to COVID-19 and other absence causes. Despite these ongoing pressures, cancer and urgent cases continue to be prioritised.

Patient Initiated Follow Up (PIFU) has a system wide agreed target of 2% by March 2022, the current validated position as of February 2022 is 1.4%. Andy Elves continues to engage consultants as part of the Outpatients Transformation programme and is linking with individual specialities about how we improve PIFU compliance. A recovery plan is in place with continued engagement with commissioners as part of the Outpatient Transformation Programme (OTP) and the target for PIFU next year is 5%. There are currently circa 25,000 patients on a ‘past max’ (anything over 52 weeks) wait backlog list

who cannot be moved onto a PIFU pathway until they have had an initial appointment. An audit within the Urology centre has been conducted, which demonstrated the benefits of converting some outpatients into telephone assessment clinics and is being shared with other specialists across the Trust. Significant background work is taking place as part of OTP and each speciality has created a plan as to how they improve the PIFU target, this also addresses the non-recurrent issue around past max waits.

Communications and Engagement: Current status **off track**

March 2022 has been a very challenging period for the Communications Team with many conflicting priorities and reports to respond to, noticeably CQC and Ockenden reports. This has resulted in delays to the recruitment of the Head of Communications, which is being mitigated by the continued employment of the Interim Head of Communications. The production of the Communications Strategy is currently on hold, and a revised date is still to be confirmed.

Learning from Deaths: Current status **reasonable**

One Learning from Deaths project key action for March 2022 was to ensure recommendations of the Niche Phase 2 independent review of the deaths report was reviewed by the Trust and action plans were developed and delivered. This is currently rated as off track, as 2 of the 19 recommendations are outstanding.

Outstanding Actions

1.Ria Powell, Head of Business Intelligence is working on providing the 30 discharge data as a priority and this will be produced imminently.

2.The recommendation for Direct Access Pathways is currently under review and is planned for later in the year as part of the Non-Elective Pathways Programme, subject to capital and revenue investment.

Following the Trust adoption of the new Learning from Deaths process and online screening tool on 31st January 2022, 300 screening forms have been completed and submitted. Whilst the uptake has been significant, with positive feedback received from Divisions, there has been a significant administrative impact, and this is being worked through and a business case developed to increase the resources within the team.

Board Governance: Current status **reasonable**

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.

Financial Literacy: Current status **reasonable**

The Financial Literacy project aims to review, improve, and embed more robust streamlined key financial processes across the Trust. This will be supported by ensuring that the finance department proactively promote a professional leadership culture across the organisation with an effective staff development infrastructure in place across the finance team. The implementation of change will be prioritised and targeted at the areas of greatest opportunity (e.g., business case development, financial risk management, budget control and flexing, forecasting).

The priorities scheduled to be delivered during the first half of 2021/22 were completed in line with the original plan. However, operational pressures experienced over the second half of the year resulted in a delay in embedding the programme, in particular the new business case governance process and the reporting of the divisional financial risk registers. The business case review group is now established with the inaugural meeting taking place in February 2022 and the divisional financial risk registers will be updated following the 2022/23 operational planning process.

Two of the three remaining objectives are rated as reasonable and are on track to deliver within the amended timeframe, agreed by the Executive Lead. These are to deliver the training needs analysis and learning programme, and the achievement of Future Focused Finance (FFF) Level 2 accreditation, which have been approved to be moved to October 2022 in line with the national accreditation submission process.

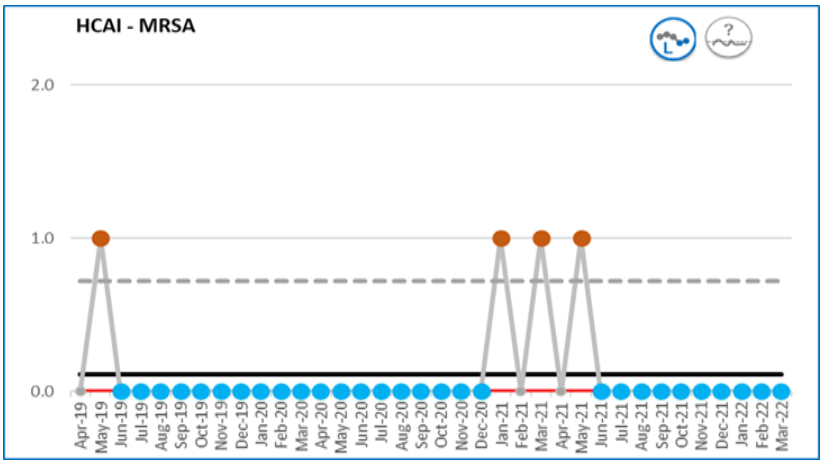
The remaining action is to document and peer review financial processes. The processes in scope have been defined and documented and await sign off and peer review which will now be conclude by the end of May 2022. As a result, this is currently rated as off track against the original plan due mainly to capacity issues linked primarily to sickness absences and workload pressures and is awaiting Executive approval of a change request to extend the delivery date to May 2022.

Applied Digital Healthcare: Current status **reasonable**

The Shropshire, Telford and Wrekin (STW) Virtual Ward Programme was relaunched at the end of March 2022 and Digital Technology is firmly within scope of this programme and the STW Local Care Transformation Programme. The programme will have a 'digital technology enabling workstream' within the virtual ward (VW) Operational Group governance structure who will work closely with the 'VW Clinical Reference Group' (both yet to be established) to agree the digital requirements. Decisions on digital solutions will also be informed by population needs and wants of people and communities with lived experience.

Appendix 1: Indicators performing in accordance with expected standards

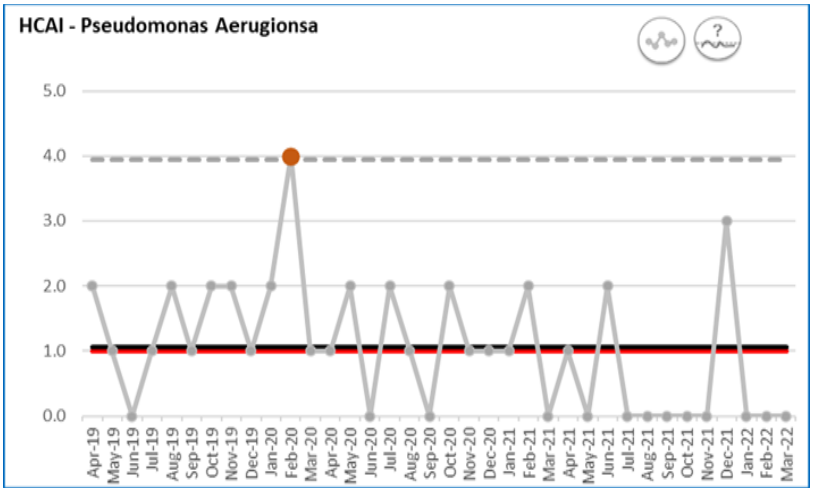
MRSA



March 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.	The Trust breached the national target of 0 cases in 2021/2022.	As per HCAI improvement actions.	Monitored at Divisional level and Trust level at IPCOG and IPC Assurance Committee.

Pseudomonas Aeruginosa

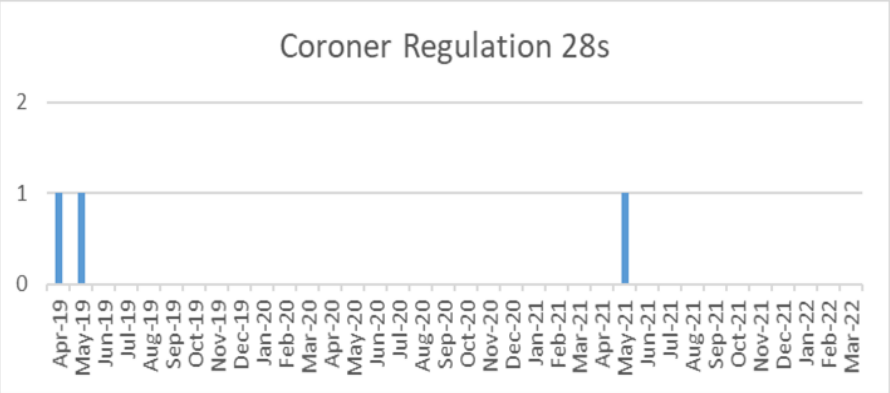


March 2022 actual performance	
0	
Variance Type	
Common Cause	
National Target	**Local Standard**
No more than 10 per annum	No more than 3 per annum
Target / Plan Achievement	
The local standard not delivered	

Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting of Pseudomonas is a mandatory requirement.	There has been no pseudomonas aeruginosa bacteraemia in March 2022, there were no cases in February 2022.	There has been a total of 6 cases of Pseudomonas against an internal target of 3 cases. The National target of	As per other HCAIs: • consistent use of catheter documentation and care plans. • ANTT.	Ongoing monitoring of care through matrons' audits discussed at monthly quality review meetings and

		<10 cases was achieved.	• cannula care and 12 hourly checks.	divisional deports to IPCOG.

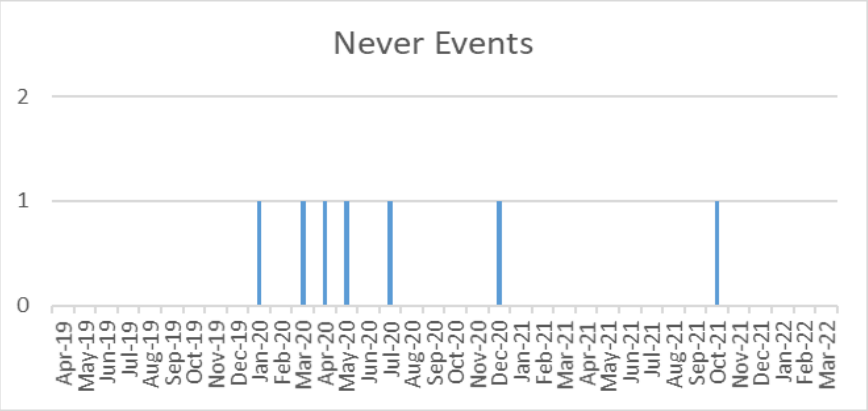
Coroner Regulation 28s



March 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.

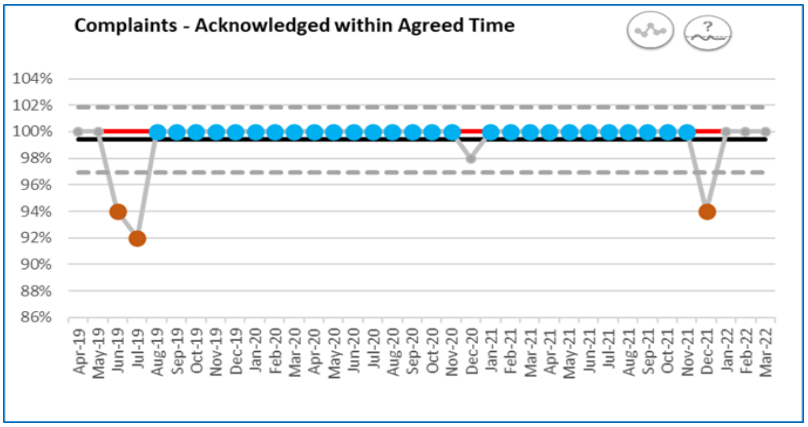
Never Events



March 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.

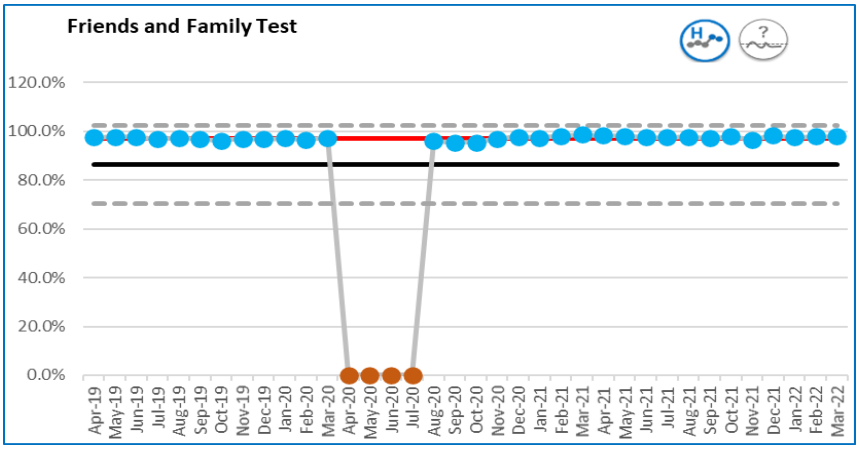
Complaints Acknowledged within agreed time



March 2022 actual performance
100% (98% within two days)
Variance Type
Special Cause Improvement
National Target
100%
Target/ Plan achievement
Target achieved consistently

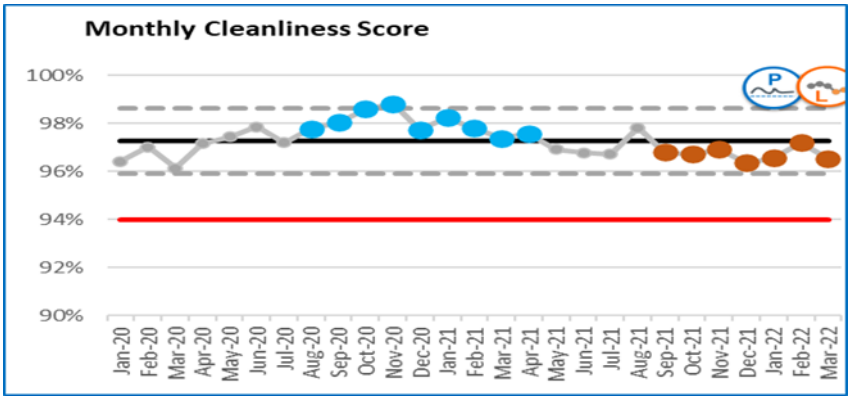
Background	What the Chart tells us	Issues	Actions	Mitigations
Acknowledging a complaint on receipt is important for patients raising concerns to both ensure that the patient knows we have received the complaint and are addressing it.	The target of three working days continues to be met, with 100% of complaints acknowledged in two working days, and 98% acknowledged within two working days.	No issues	No actions.	No mitigations.

Friends and Family Test



March 2022 actual performance
98%
Variance Type
Special Cause Improvement
National Standard
85%
Target/ Plan achievement
Target achieved consistently

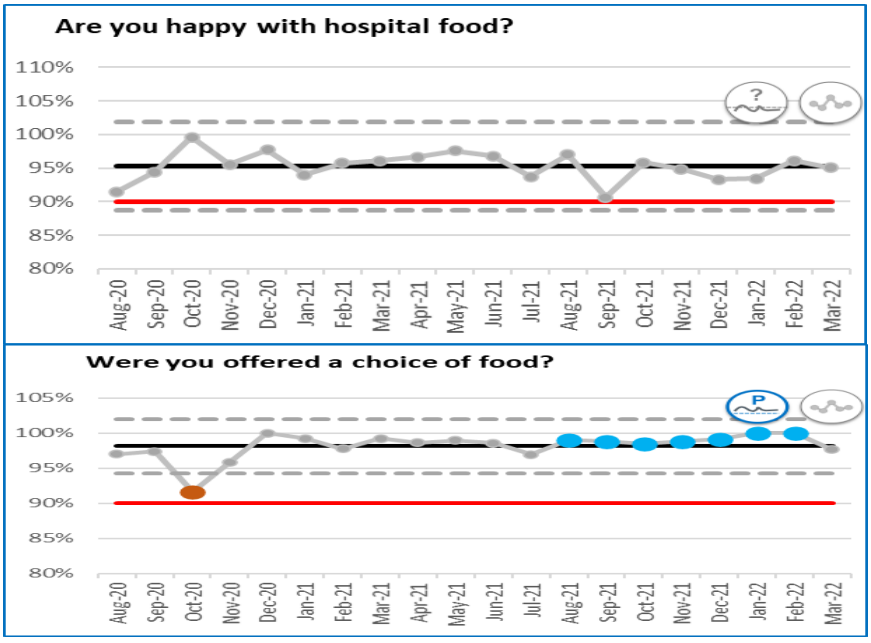
Monthly Cleanliness Score



March 2022 actual performance
96.54%
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 team has continued to suffer from high vacancy and sickness rates over the last month – particularly at RSH. Vacant posts are currently out to advert.	We continue to use agency and contract staff to cover as many gaps as possible. There is also another recruitment day being held on 16 May 2022 which is led by the Recruitment Team alongside a heavy social media campaign to try and fill posts at RSH.	No Mitigations.

Monthly Patient Food Satisfaction Score

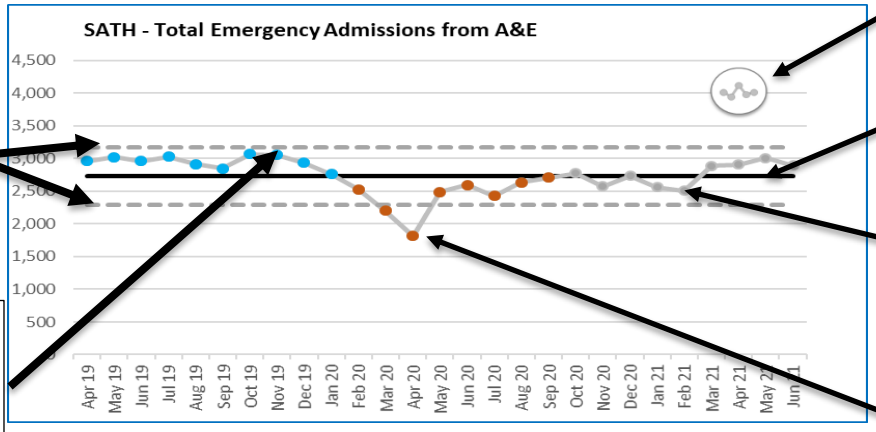


March 2022 actual performance
93.08% for satisfaction with food. 97.65% for satisfaction with choice.
Variance Type
Common Cause
Local SaTH standard
90%
Target/ Plan achievement
On target to achieve local standard

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 and just below the mean this month.	No issues.	No actions.	No mitigations.

Appendix 2: Understanding Statistical control process charts in this report

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



Icon showing most recent point type of variation

Process limits – upper and lower

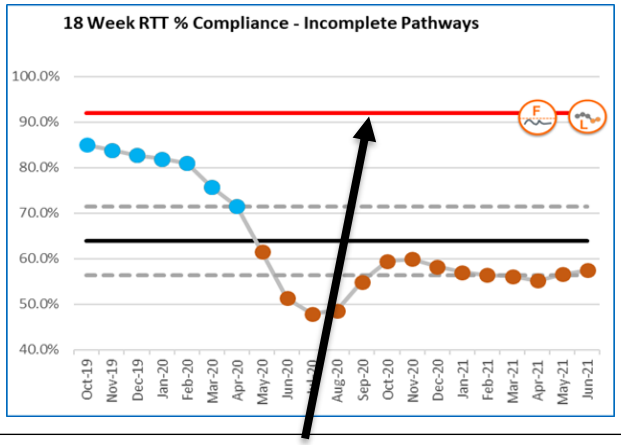
Mean or median line

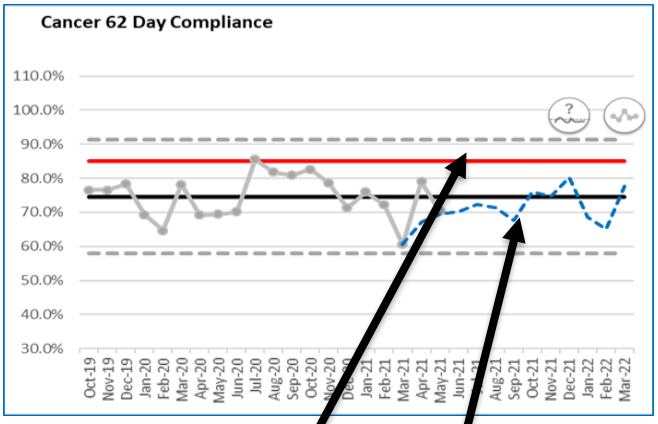
Common cause variation

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

Special cause variation – data point outside of the process limit

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





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

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

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

Appendix 3: Abbreviations used in this report

Term	Definition
2WW	Two week waits
A&E	Accident and Emergency
AGP	Aerosol-Generating Procedure
ANTT	Antiseptic Non-Touch Training
BAF	Board Assurance Framework
BP	Blood pressure
CAMHS	Child and Adolescence Mental Health Service
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
C.Difficile	Clostridium Difficile
CNST	Clinical Negligence Scheme for Trusts
COO	Chief Operating Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRR	Corporate Risk Register
C-sections	Caesarean Section
CSS	Clinical Support Services
CT	Computerised Tomography
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DTA	Decision to Admit
E. Coli	Escherichia Coli
Ed.	Education
ED	Emergency Department
EQIA	Equality Impact Assessments
ERF	Elective Recovery Fund
Exec	Executive
F&P	Finance and Performance
FTE	Full Time Equivalent
FYE	Full year effect
G2G	Getting too 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	Outpatient 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