

COVERSHEET	
Meeting	Board of Directors meeting in PUBLIC
Paper Title	Integrated Performance Report (performance to end August 2020)
Date of meeting	8 October 2020
Date paper was written	29 September 2020
Responsible Director	Chief Executive
Author(s)	Interim Director of Strategy & Planning; Director of Nursing; Medical Director; Chief Operating Officer; Director of Workforce; Director of Finance; Director of Corporate Services; Director of Governance
Presenter	Chief Executive
Executive Summary	
<p>This paper summarises the Trust's performance across each of the following domains:</p> <ul style="list-style-type: none"> • Overall performance dashboard • Quality • Operational • Workforce • Finance • Estates, Facilities, Health and Safety and Security • Risk <p>It is recommended that the Board of Directors note the content of this paper and support the actions being progressed.</p>	
Previously considered by	N/A

The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>
	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	<input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	<input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
Link to Board Assurance Framework risk(s)	<input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work 1533, 1746, 561, 670, 1558, 423

Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	N/A

Integrated Performance Report

Chief Executive, Louise Barnett
Performance to end August 2020

Contents

- Overall summary and performance dashboard
- Quality
- Operational
- Workforce
- Finance
- Estates, Facilities, Health and Safety and Security
- Risk

Overall key focus areas

Improve quality of patient services

- Continue to deliver quality compliance action plan
- Develop single over-arching plan (incorporating 'getting to good' and Alliance plans)

Restore clinical services, plan for and respond to Covid

- Deliver demand and capacity plans (linked to Phase 3 targets)
- Agree Covid escalation points and contingency plans
- Work with partners to deliver agreed health system actions
- Utilise relative clinical risk assessment to support decision-making
- Continue to progress supporting capital schemes (including diagnostics, SDEC, PAU)

Winter planning

- Confirm and progress internal interventions
- Confirm and progress health system interventions
- Agree scenarios and trigger points for contingency plans

System Improvement Plan

- Finalise system action plan (to support SaTH)

Workforce

- Complete staff risk assessments / strengthen support networks
- Implement behavioural framework

Finance

- Finalise H2 budgets and cost projections
- Confirm implications of funding regime

Overall performance dashboard

	Measure	Target Month	Actual Month	Bench marking	Trend	Kitemark	Comment
Safe	Serious Incident Reporting		3				
	Never Events	0	0				
	VTE Risk Assessments	95.0%	96.4%				National returns not collected since Dec-19. Locally collected and monitored
	Falls per 1000 bed days	6.60%	5.0%				Awaiting updates from Patient Safety Measurement Unit (PSMU) for benchmarking data
	Hospital Acquired Pressure Ulcers (Cat 2 and above - confirmed)	12	10				Target based on 20% reduction of 19/20 monthly average
	MSSA Bacteraemia Infections		2				Target to be confirmed
	E.coli Bacteraemia Infections		2				Target to be confirmed
Effective	C Diff Infection Cases	3	1				
	HSMR	96.42	79.53*	(Jun-20)			
	Readmission Rate (28 days)		10.15%**	(Jul-20)			Target to be confirmed
	Ambulance Handover (over 60 mins)		98				Target to be confirmed
	Super Stranded		34				Target to be confirmed
	Average LOS (Adult Emergency)		5.8				Target to be confirmed
Caring	Agency Staffing	£1,186k	£2,641k				
	Friends and Family Test: % Recommended by Patients - A&E	85.0%	94.0%				National returns not collected since Mar-20. Trust commenced local collection May 20
	% of Complaints which were upheld	19%	11%				
	A&E Left Without Being Seen	5.00%	2.6%	(Jul-20)			
	Maternity - Emergency C Sections	<10%	12.0%	(May-20)			
Responsive	Mixed Sex Accommodation Breaches - Confirmed	0	24				National reporting on MSA breaches has been paused due to COVID19 impact
	RTT Performance	92.0%	48.6%	(Jul-20)			
	Waiting Times - Diagnostic Waits	99.0%	40.3%	(Jul-20)			
	A&E 4 Hour Performance	95.0%	81.0%	(Jul-20)			
	RTT - 52 Week Breaches	0	481	(Jul-20)			
Well Led	Cancer Waiting Times - 62 Day	85.0%	86.6%**	(Jul-20)			
	Retention rate exc. Junior Drs		88.9%				Target to be confirmed
	Sickness	4.0%	4.3%	(Apr-20)			
	PDP Completion	90.0%	84.7%				
	Financial surplus/deficit	£0k					Target to be confirmed
	CIP Target		£185k	N/A			Target to be confirmed
	Capital Programme Delivery		£1,145k	N/A			Target to be confirmed, expenditure in month
	Staff FFT						Last available data Q2 19/20

Key Achievements

VTE risk assessment performance has improved. Completion of a VTE assessment has now been agreed as a mandatory requirement prior to patient transfer from assessment areas.

The total number of falls decreased in August as well as the ratio of falls per 1000 bed days which reduced to 4.97. Delivery of falls prevention plans continues to be a key focus for clinical and operational teams.

Sustained Delivery

CDiff infection cases are below last year's trajectory and are continuing to show a downward trend.

We have continued to perform well both locally and nationally in relation to the numbers of Super Stranded patients, which has helped us to maintain a reduced length of hospital stay for our patients.

Key Concerns

Continued increase in agency staffing is adversely impacting the Trust's financial performance.

SaTH's international recruitment drive has now recommenced, with a further 40 international nursing recruits arrived on 10 September (now in the 14 day quarantine period in accommodation provided by SaTH).

Continued Challenged Performance

The increasing volume of ambulance arrivals have led to an increase in ambulance handovers over 60 minutes. This is one of the areas that is being focused on as part of the work currently underway with ECIST.

52 week waits remain a challenge as does the continued decline in the RTT Performance.

The Trust is currently forecasting a significant acute bed shortfall (after internal mitigations) and managing linked capacity constraints associated with diagnostics, critical care, theatres and staffing.

Increased focus is being placed on the development and implementation of system plans to reduce the size of capacity issues.

	Trend	Actual	Benchmark	Data kitemark
CQC Rating	Inadequate	Steady State	Within agreed tolerance	Middle Quartiles against all Acute Trusts
SOF Rating	4	Negative Trend	Did not meet the target	Lower Quartile against all Acute Trusts
		Positive Trend	Did meet the target	Upper Quartile against all Acute Trusts
Position as at: ^ May 20, *Jun-20; **Jul-20				



Green - assurance in place
Amber - more assurance required
Red - assurance inadequate

Note: The Trust is accelerating the implementation of this new data kitemark standard which NHSX are expected to roll out nationally. Initial draft scores have been included in the dashboard for information, further work is required to review and refine the scoring.

Forward actions (IPR development)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Target completion	Date completed
Recruit to Head of Performance vacancy	Interview process complete (one year secondment / fixed term post) - target start date in September	CP	End Sep 20	Sep 20
Development of best practice IPR dashboards and reports	Board seminar sessions to review options for and agree key elements of future dashboards, report design and hierarchy	CP	End Sep 20	Sep 20
Improve the content and forward analysis / plans included in the report	To be incorporate into the scope of the refreshed integrated performance report and supporting information	CP	End Oct 20 (October reporting cycle)	
Improve the Board's knowledge of how to interpret data and information	Board seminar session focused on improving interpretation of data and information. To include facilitated session on 'Making Data Count' (delivered by national NHSE/I team)	CP	End Oct 20	Scheduled for 14 October

Quality

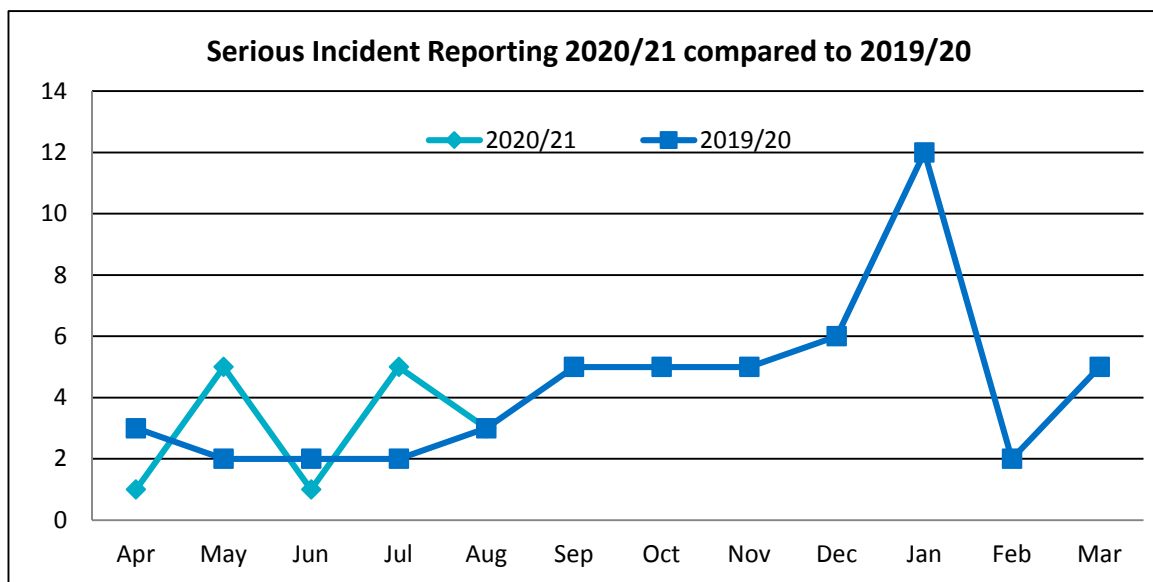
Medical Director, Arne Rose
Director of Nursing, Hayley Flavell

Executive summary

- 3 Serious Incidents were reported which are currently being investigated
- The total number of falls decreased in August 2020, the ratio of falls per 1000 bed days also decreased significantly to 4.97
- There were 2 falls resulting in moderate harm (or above) reported during August 2020, there were no falls reported as SIs
- There were 2 Category 3 pressure ulcers and 8 Category 2 Pressure ulcers reported for this time period.
- VTE compliance was 96.4%

Serious Incidents

There was 3 Serious Incident reported in August 2020

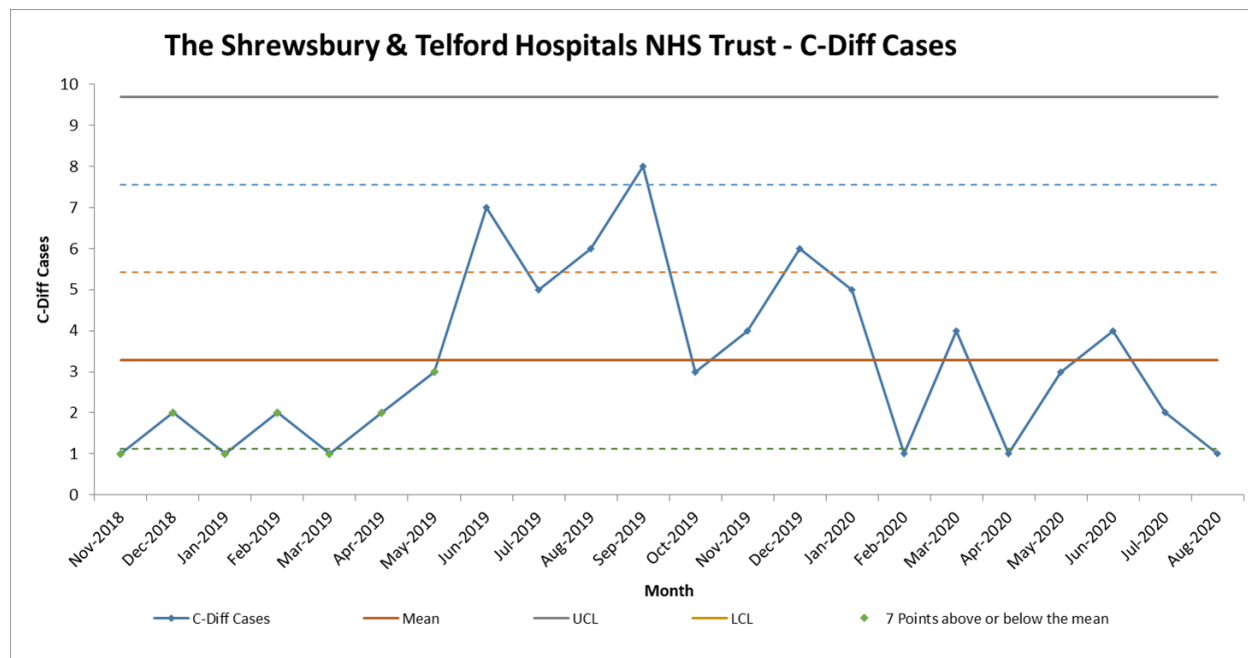


Serious Incidents:

Datix ID reference	Category
2020/14853	Delayed diagnosis
2020/14883	Earlier intervention/escalation of treatment
2020/15754	Potential self-administered patient overdose
Total = 3	

Infection Prevention and Control

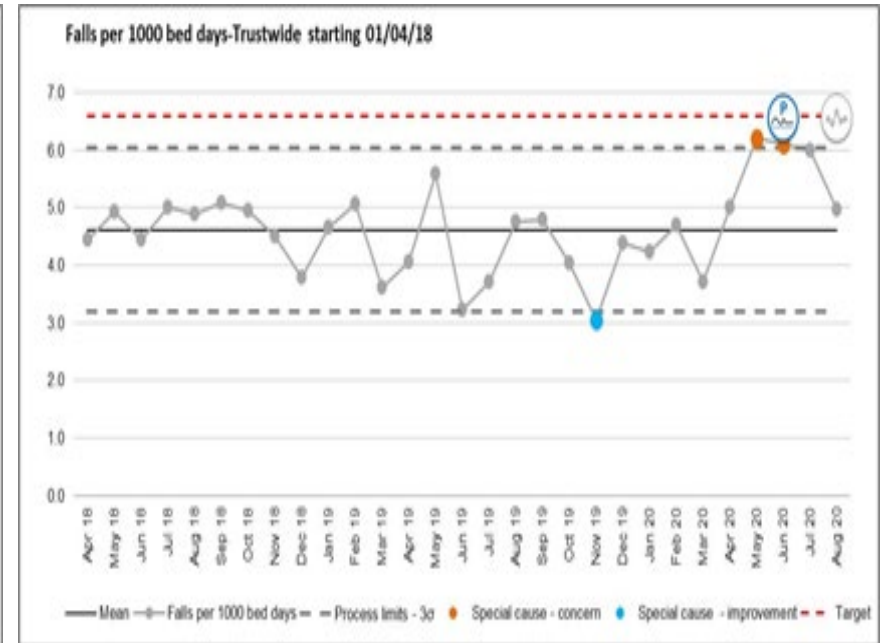
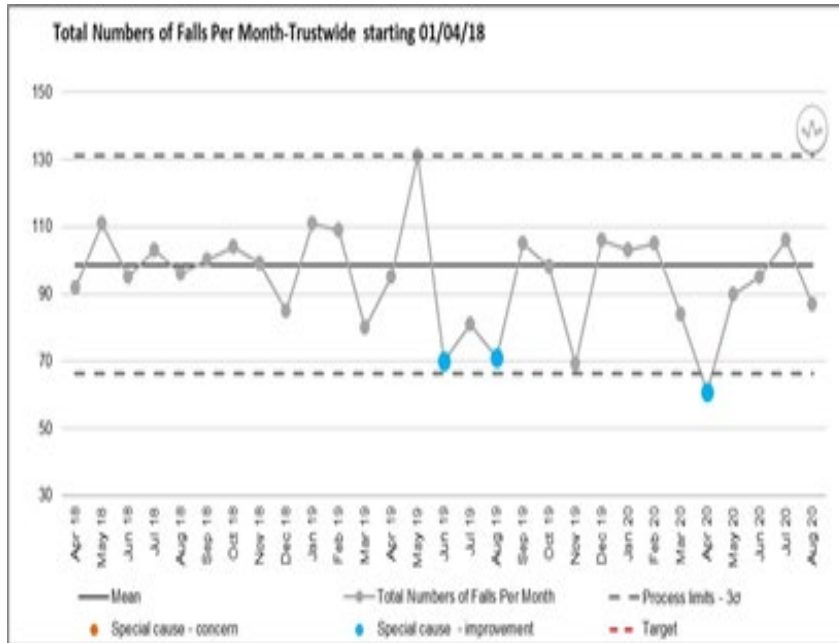
Total number of C-Diff cases reported per month is shown in the chart below. There was 1 case of C-Diff reported in August 2020



There was 1 cases of C-Difficile attributed to the Trust in August 2020. This case was a Post 48 hour case. Based on the 2019/20 target of no more than 43 cases, the Trust is under trajectory YTD with 11 cases YTD

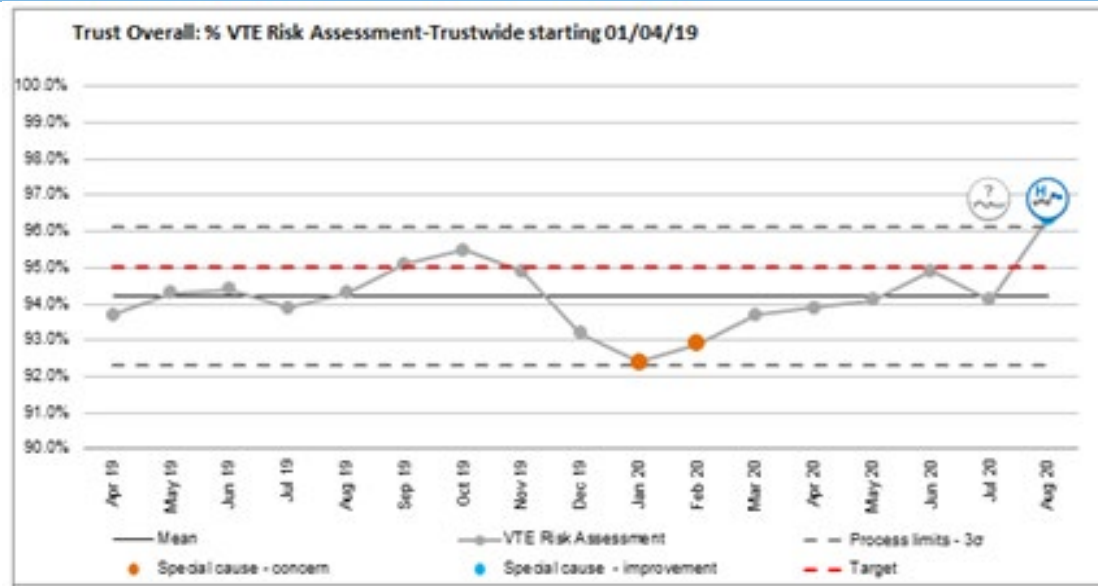
Falls

There were 87 falls reported in August 2020



The number of falls decreased in August and the ratio of falls per 1000 bed days decreased significantly from the previous 3 months to 4.97. Two falls resulted in moderate harm or above, these were not reported as Serious Incidents following discussions at ESIRG, as one was a collapse/fall following cardiac arrest and the other related to a pathological fracture

VTE risk assessment



In August 2020, VTE performance was 96.4% - this is the first time the target has been exceeded in 8 months.

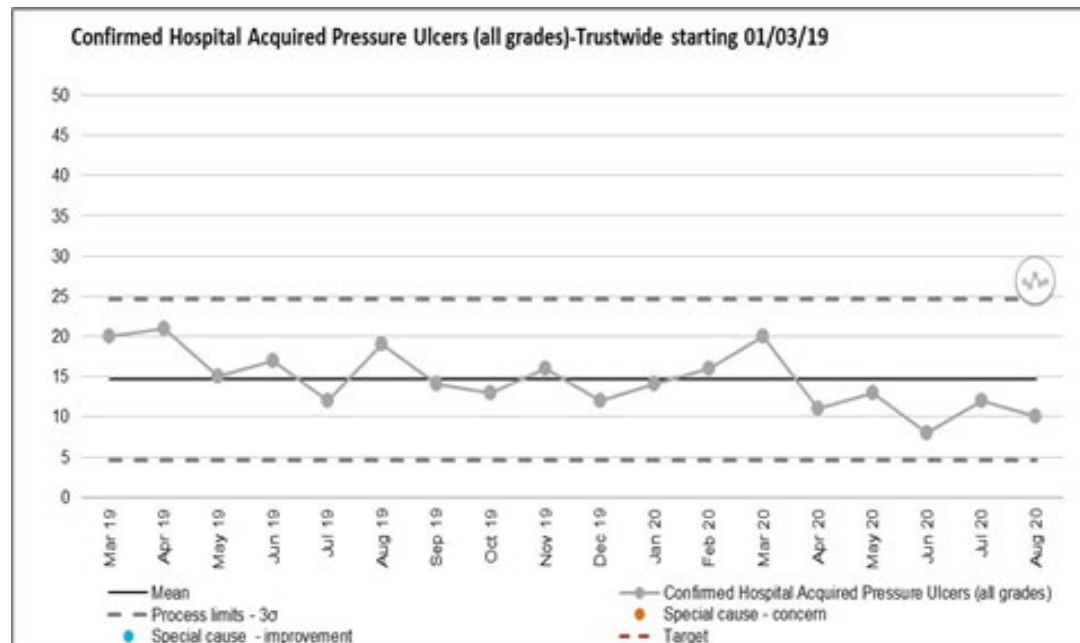
The Deputy Medical Director has been leading on improving completion rates of VTE assessment

- Greater focus on VTE with junior doctor induction
- Ongoing positive reinforcement highlighting good performance rates at both individual and ward level
- Individual doctors and wards have been targeted when completion rates have fallen below acceptable levels
- Pre-weekend contact has been made with on-call consultants to prevent weekend dip with spot checks on admission areas

A paper to SLC-O has now been approved, confirming a new approach from medical, nursing and operational teams and adding VTE assessment to the mandatory requirements prior to patient transfer from assessment areas.

Pressure Ulcers (all categories)

There were 10 confirmed hospital acquired pressure ulcers reported in August 2020. Of these, 2 were Category 3 pressure ulcers.



Ongoing themes in relation to the RCAs for the acquired pressure ulcers relate to timeliness of risk assessments, documentation, and re-positioning. This is being addressed by the matrons as part of their Nursing Quality Metrics Assurance Audits, and is discussed with staff in real time as part of these reviews being undertaken

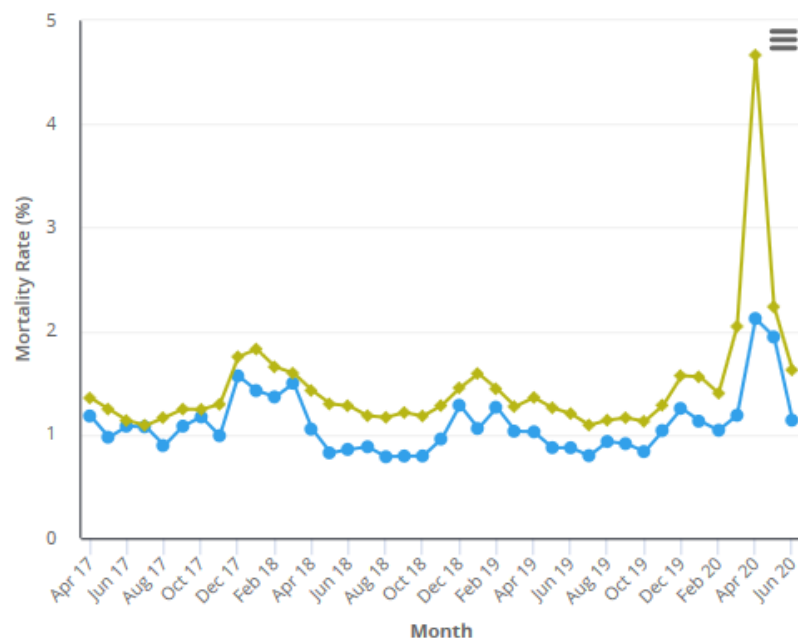
Mortality

Mortality Rate April 2017-June 2020

Mortality Rate



Shrewsbury & Telford Hospitals NHS Trust vs Peer



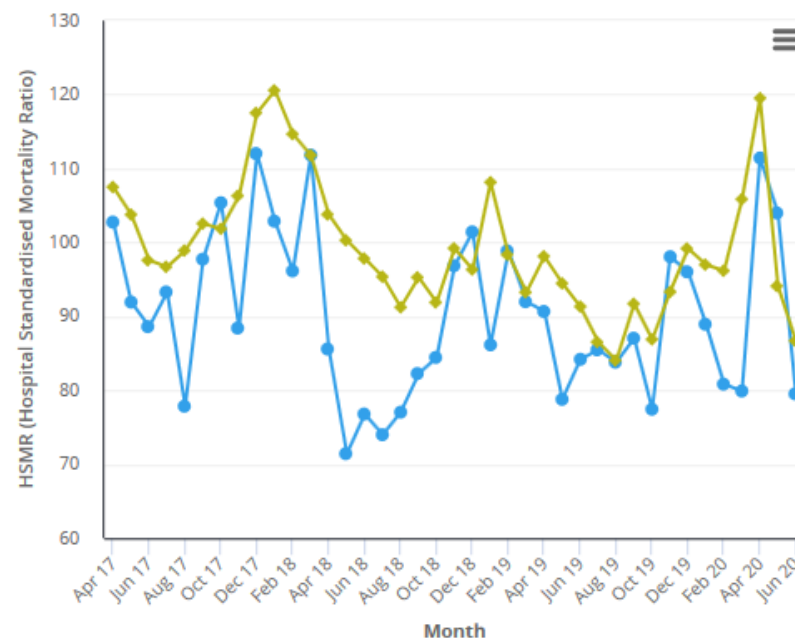
June 2020 SaTH 1.1% vs Peer 1.6%

HSMR April 2017- June 2020

HSMR (Hospital Standardised Mortality Ratio)



Shrewsbury & Telford Hospitals NHS Trust vs Peer



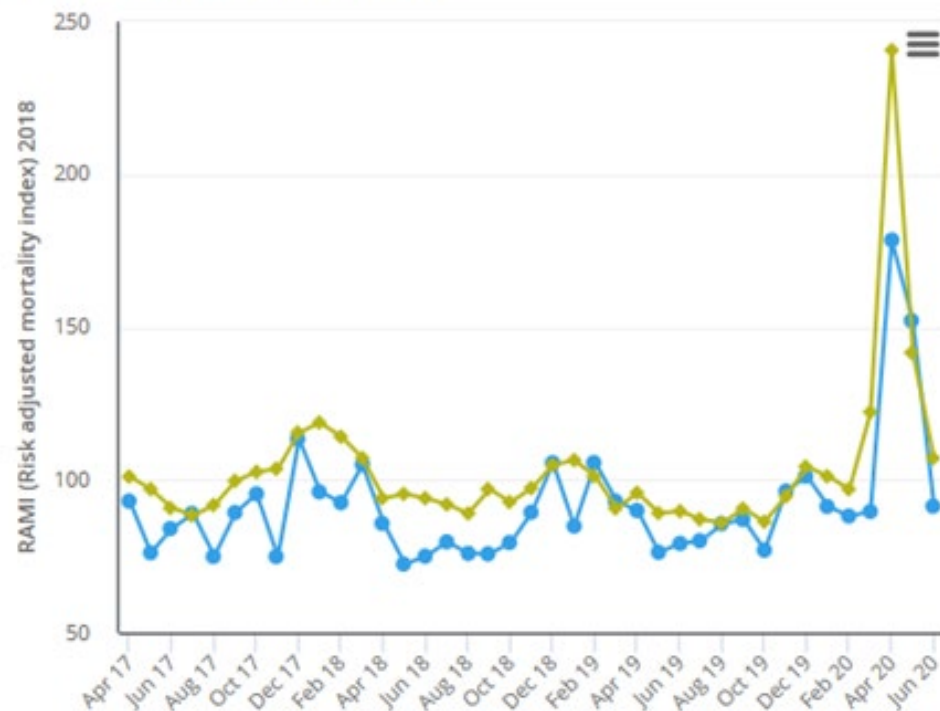
June 2020 SaTH 79.5 vs Peer 86.7

Mortality

RAMI April 2017-June 2020

RAMI (Risk adjusted mortality index) 2018

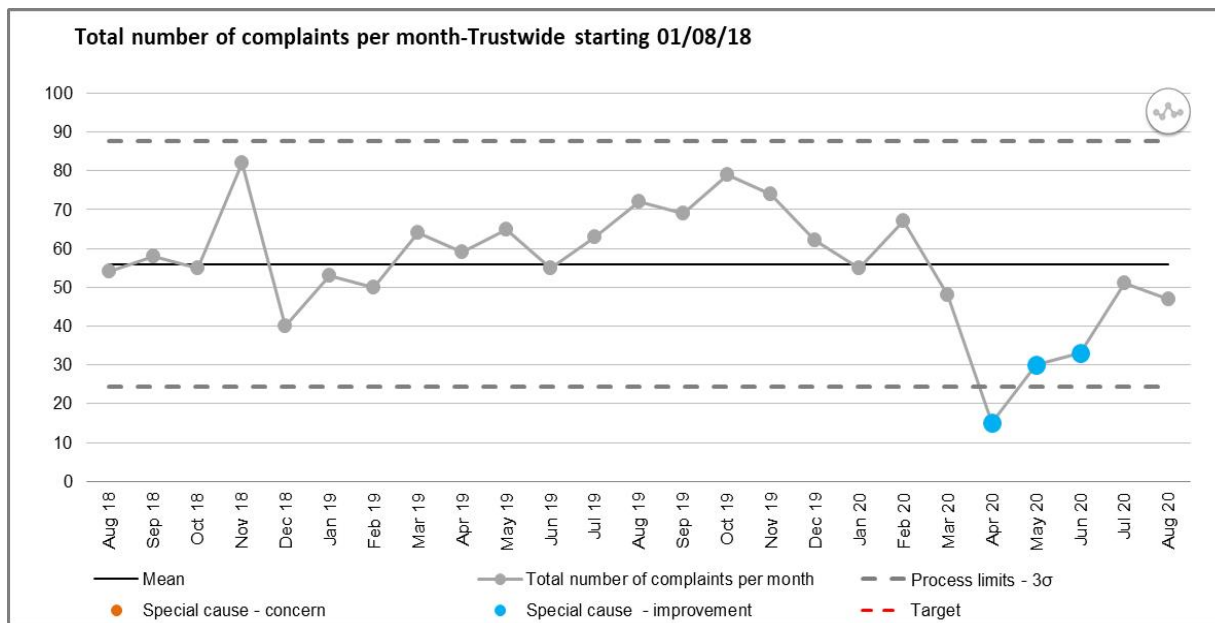
Shrewsbury & Telford Hospitals NHS Trust vs Peer



June 2020 SaTH 91.5 vs Peer 107.2

Complaints

There were 47 formal complaints received in August 2020



32 complaints related to the Royal Shrewsbury Hospital and 15 related to the Princess Royal Hospital. The main themes relating to the complaints received in August 2020 included problems with communication, and issues relating to ward transfers and discharges.

Forward action plan (Quality)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Mortality improvement	<ul style="list-style-type: none"> • Review of processes • Reconfiguration of Trust Mortality Group • Implementation of RCOP Structured Judgement Review methodology • Focus on learning and improvement • Close working with CHKS to fully under HSMR and SHMI position • Revised Peer Group in CHKS to support benchmarking • Appointment of Trust Learning from Deaths Lead • Appointment of Clinical Lead for Mortality 	Arne Rose	In progress
Pressure Ulcers, Falls and IPC SIs	Revised process for the Pressure Ulcer, Falls and IPC serious incidents to be pulled through into one overarching assurance meeting for scrutiny and sign off., Nursing Incident Quality Assurance Meeting (NIQAM) commencing 21 st Sept 2020.	Hayley Flavell	In progress
Falls improvement	<ul style="list-style-type: none"> • Monthly audit of nursing documentation • Falls Training by Falls Practitioner continues on 'high risk' wards, plans to deliver in all adult clinical areas moving forward • Strengthening of Falls Steering Group • Discussion of patients at risk of falls at the ward safety huddles • Continue the improved use of cohort bays and 'bay tagging' for those patients who are at high risk of falls • Review of Falls Prevention Plans and actions • New Quality and Safety Facilitator posts 	Hayley Flavell	Ongoing

Operational

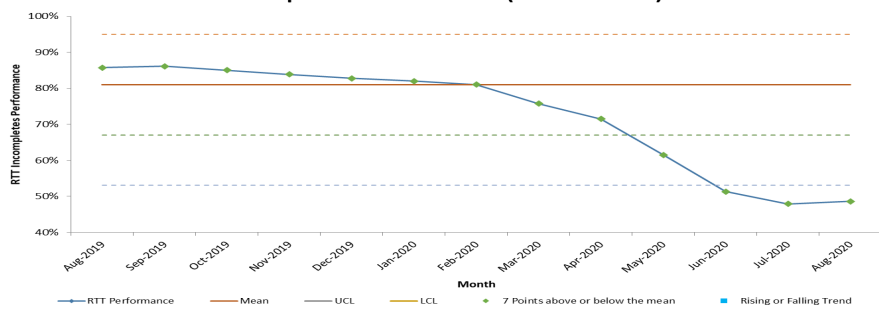
Chief Operating Officer, Nigel Lee

Key Messages

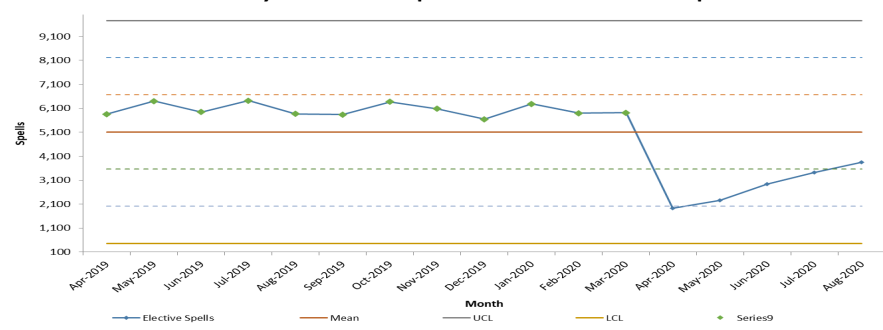
- Trust performance in all four key indicators is currently not achieving the national standards. For period Sep 20 – Mar 21, delivery will be monitored against planned recovery trajectory versus 2019/20 activity levels, as set out in the National Phase 3 planning guidance
- A&E demand continues to rise, with RSH levels now greater than 2019
- Cancer performance remains a top priority for the Trust, with additional sessions in Endoscopy and Imaging in place to support treatments. Delivery performance remains better than regional average
- Routine outpatient appointments and operations are being restored, but are affected by social distancing and IPC factors
- SATH continues to use the local Nuffield hospital and plans to do so for the remainder of 2020/21
- Imaging demand remains high with urgent and cancer patients being prioritised
- Recovery to the levels of diagnostics and treatments described in the national Phase 3 planning guidance remains a significant challenge for the Trust
- Recovery will require whole system and external support (including additional investment)

Elective activity - RTT

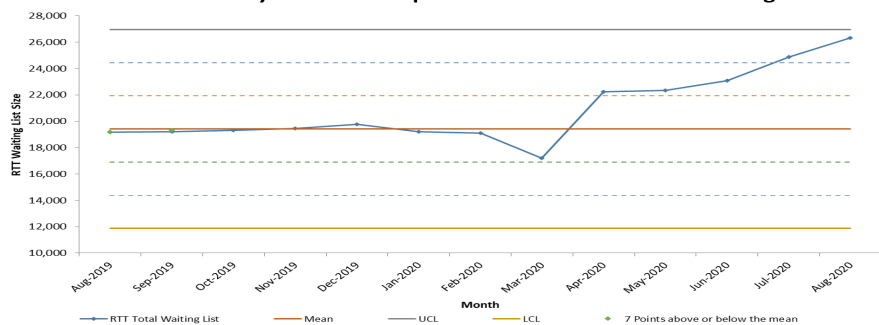
The Shrewsbury & Telford Hospitals NHS Trust - Referral to treatment Incompletes - Performance (92% standard)



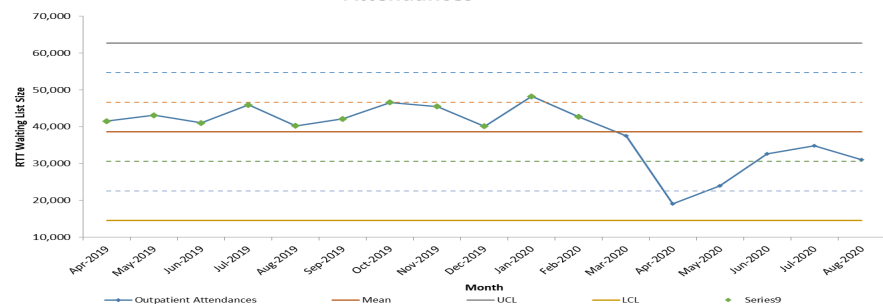
The Shrewsbury & Telford Hospitals NHS Trust - Elective Spells



The Shrewsbury & Telford Hospitals NHS Trust - RTT Total Waiting List



The Shrewsbury & Telford Hospitals NHS Trust - Outpatient Attendances



Key actions

- Capacity options reviewed in line with National Guidance and Restore and Restoration is underway to address backlog and 52 week waiters
- Increase outpatient capacity
- Optimise use of the independent sector

Key risks

- September 2020 (current prediction for month end is 50.8%) given the current context
- Increased 52 week waits
- Ability to maintain Green zone due to increase in emergency surgical pressures (normal surge in July and August)
- Impact on productivity due to reduced Theatre Capacity and bed capacity
- Diagnostic capacity and outpatient capacity insufficient to deliver required performance and address backlogs

RTT August 2020

Total Incompletes

Treatment Function	MEDIAN	MEDIAN (95%)*	% within 18 weeks
General Surgery	15.11	48.00	53.18%
Urology	13.02	49.74	55.51%
Trauma & Orthopaedics	25.29	46.11	28.65%
Ear, Nose & Throat (ENT)	20.10	45.25	46.09%
Ophthalmology	23.28	45.46	42.65%
Oral Surgery	31.08	52.32	20.41%
Cardiothoracic Surgery	-	-	91.67%
General Medicine	15.77	36.83	52.41%
Gastroenterology	7.51	31.28	78.14%
Cardiology	17.79	41.60	50.67%
Dermatology	7.21	35.68	69.58%
Thoracic Medicine	20.97	43.01	41.19%
Neurology	-	-	100.00%
Geriatric Medicine	23.00	35.95	42.68%
Gynaecology	12.11	38.79	58.09%
Other	19.71	44.74	46.36%
Total - August 2020	19.19	45.82	48.60%

Total - July 2020	19.18	43.33	47.92%
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Total Variance Jun 20 vs Jul 20	0.00	2.49	1%
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* Excludes Total WL <50

<=18 Wks	>18 Wks	Total Incomplete waiting list
1999	1760	3759
1017	815	1832
259	645	904
1355	1585	2940
2180	2931	5111
386	1505	1891
11	1	12
479	435	914
1244	348	1592
977	951	1928
542	237	779
395	564	959
2	0	2
137	184	321
1203	868	2071
599	693	1292
12785	13522	26307

11921	12958	24879
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864	564	1428
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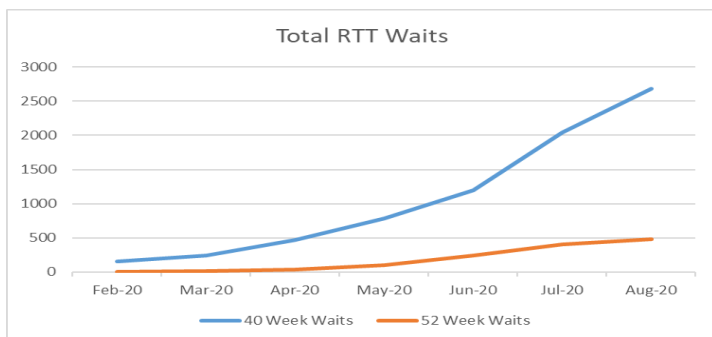
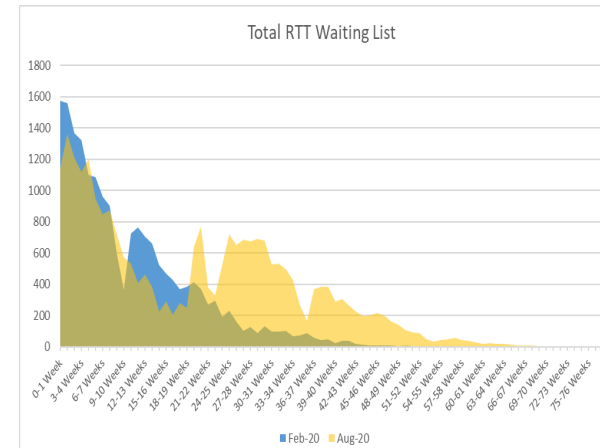
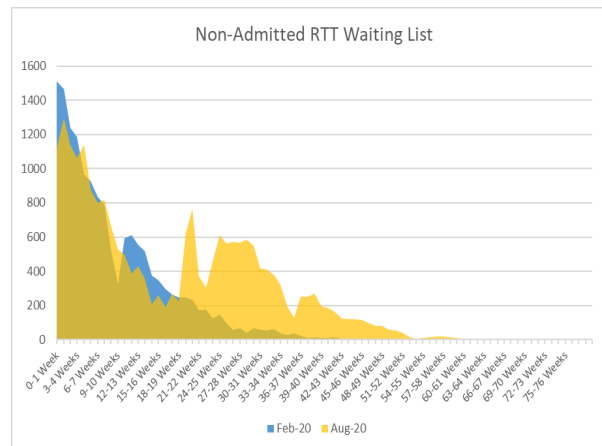
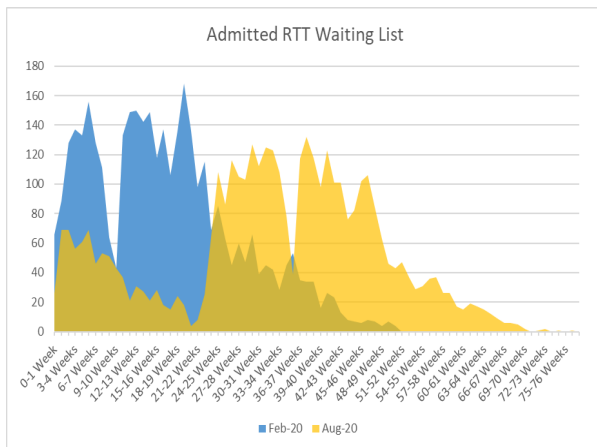
Total Incomplete		
>26	>40	52+
1211	431	118
541	210	65
421	109	12
1018	258	59
2159	619	40
1274	560	139
0	0	0
215	21	0
194	12	1
616	134	5
145	16	1
373	70	8
0	0	0
126	7	0
497	89	16
478	149	17
9268	2685	481

7293	2040	408
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1975	645	73
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Reduced Elective capacity has adversely impacted waiting list size and increased the median waiting times. The total waiting list size for August 2020 was 26,307. The predicted waiting list size for August 2020 is 26,931, with an expected performance of 50.8%

Waiting List Distribution

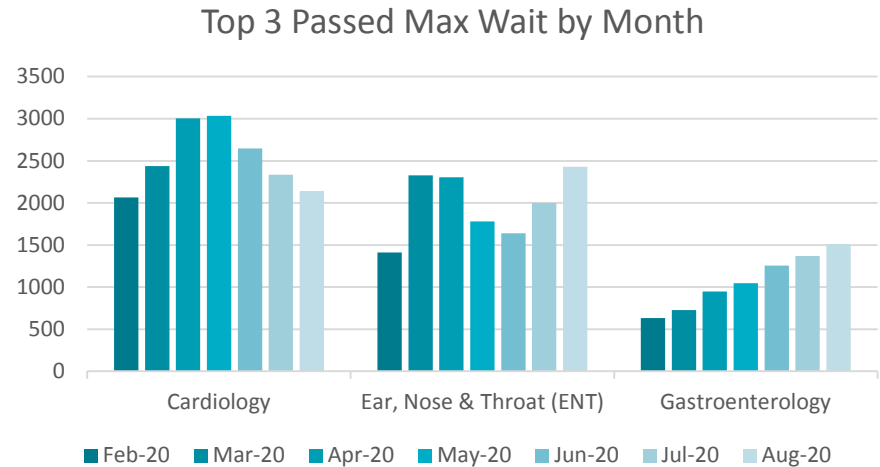
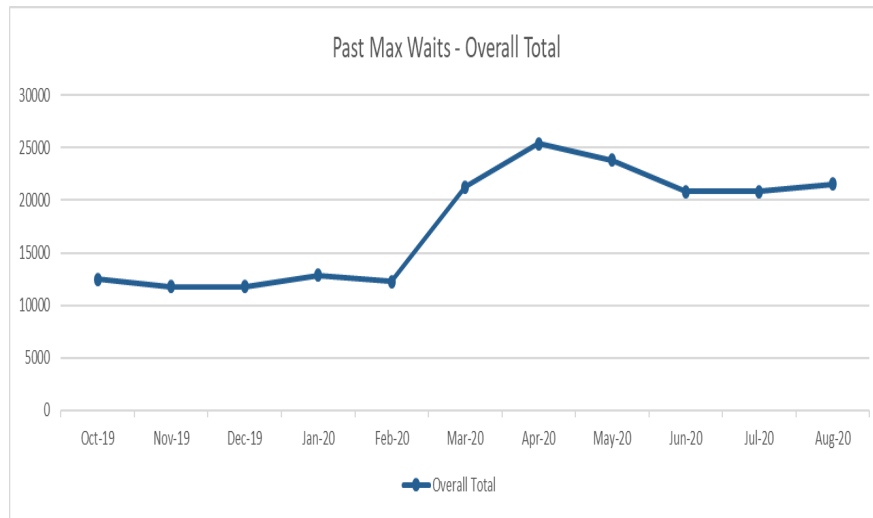


		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Non-Admitted	40 Week Waits	47	64	148	264	478	950	1360
	52 Week Waits	0	3	10	28	55	110	130
Admitted	40 Week Waits	113	181	323	526	722	1090	1325
	52 Week Waits	0	8	27	77	188	298	351
Total	40 Week Waits	160	245	471	790	1200	2040	2685
	52 Week Waits	0	11	37	105	243	408	481

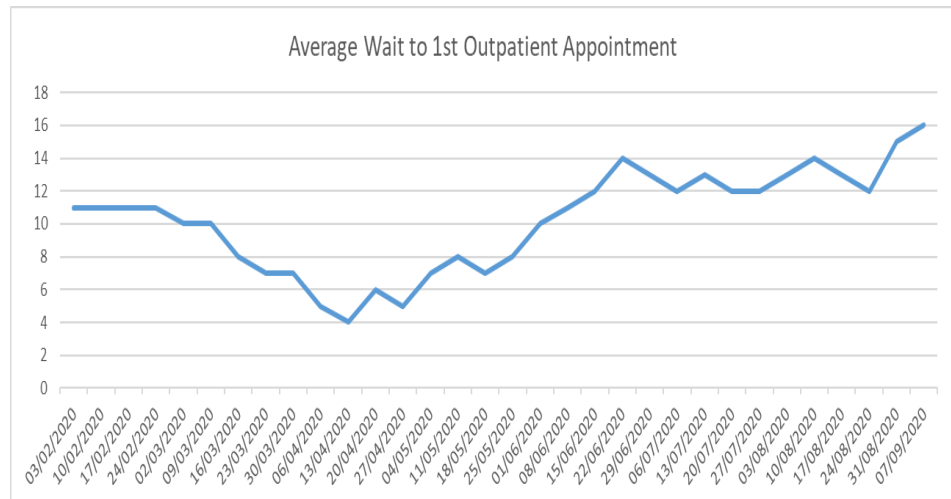
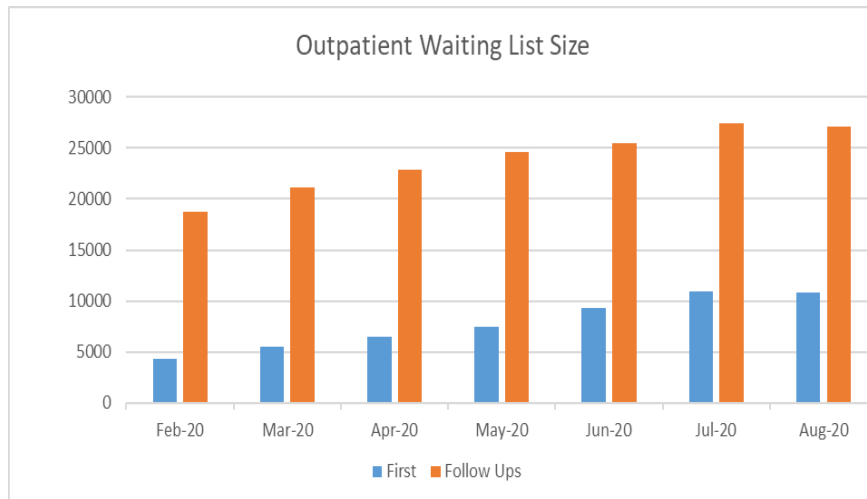
The graph illustrates the shift in waiting list distribution, when comparing pre and post Covid-19 periods. The table above illustrates the impact that this has had on the growth in 40 and 52 week waiters.

The medium waiting time (total incomplete waiting list) is 19 weeks, Pre Covid-19 the wait was 8 Weeks.

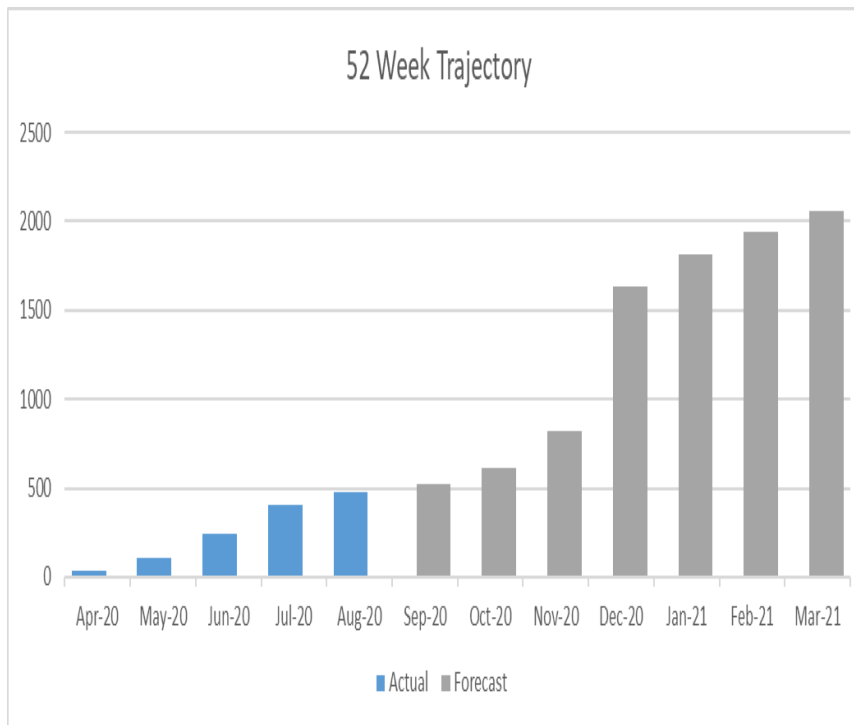
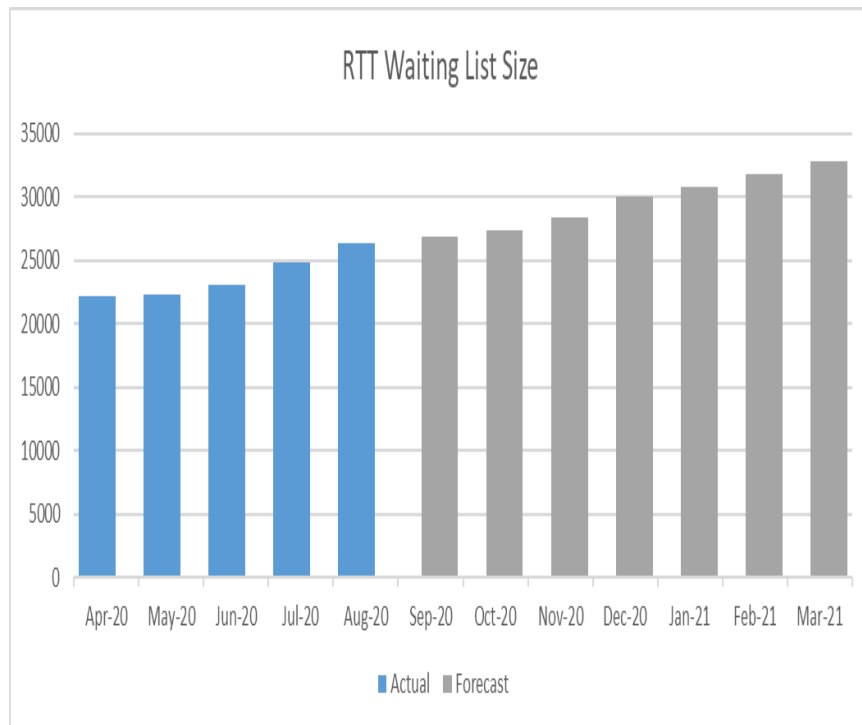
Waiting List Continued



The number of patients who have passed the maximum waiting time for you next appointment, have seen a significant increased since March, the lack of capacity has made it difficult to get back to pre-covid-19 levels



18 Weeks Trajectory



Issues

- Bed and theatre capacity
- Outpatient space (incl. waiting rooms)
- Diagnostic capacity
- System prioritisation

Key actions

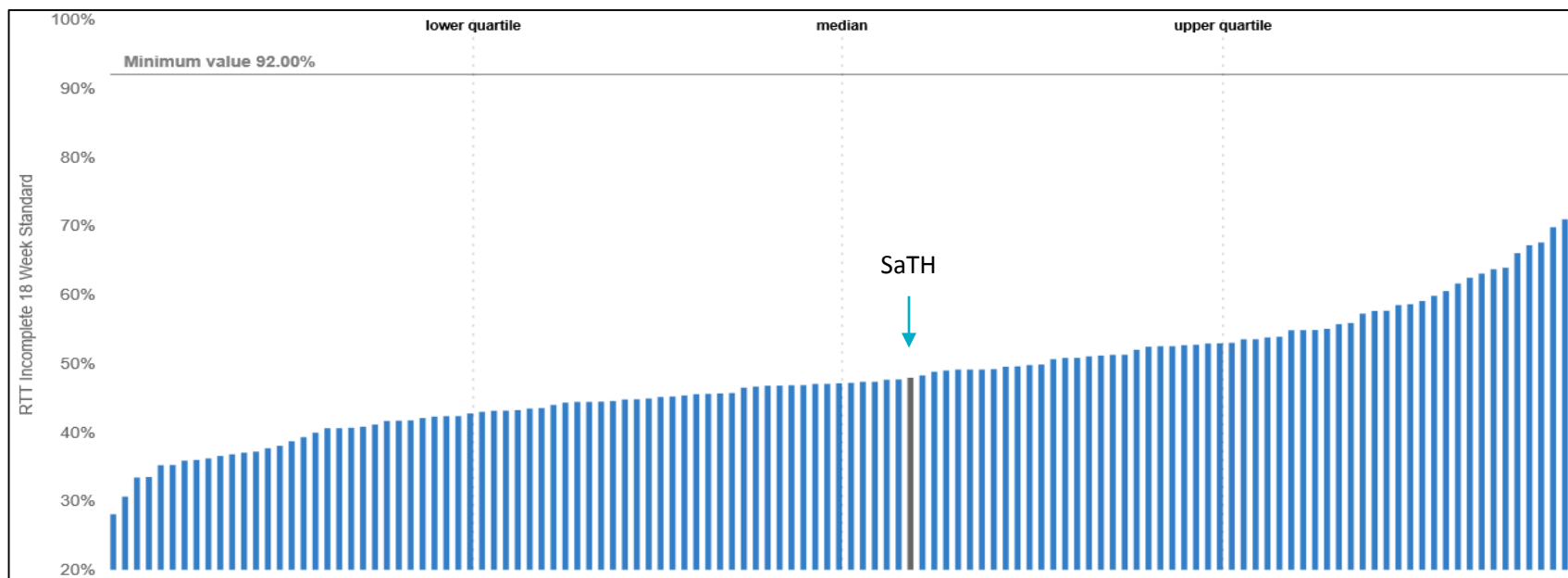
- Attend anywhere software plus waiting room call system
- Outsourcing ultrasound
- Extend Vanguard unit to end of March

Additional support focus areas

- Extend IS contract
- Secure additional diagnostic capacity
- Partner commitment to single system waiting list

RTT Benchmarking

In July 2020, the Trust ranked 56th out of 123 for the RTT incomplete performance with 47.9%. All Trusts failed to hit the 92% standard, the highest performance was 70.95% and the lowest 28%



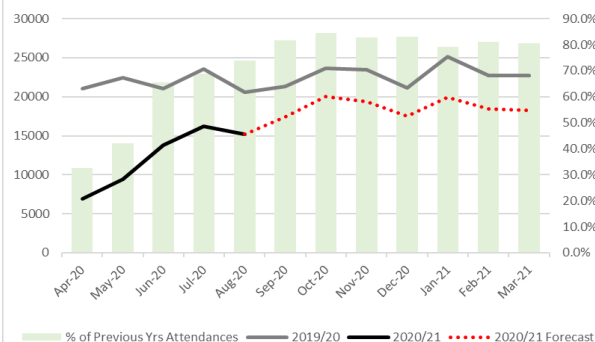
Data source: Public View Jul 2020

In Jul 2020, the Trust reported 408, 52 week breaches. The highest number of breaches recorded nationally was 4,609.

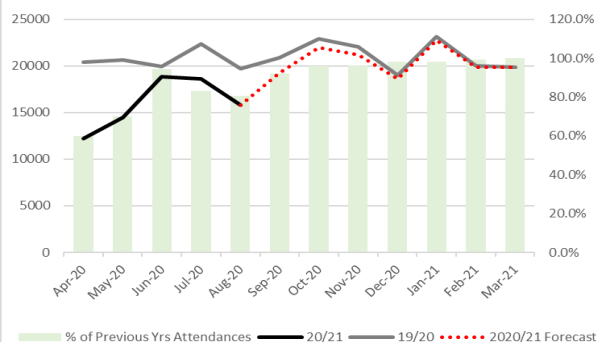
Elective Restoration and Recovery

The Trust has outlined its plans the remainder of the year, below are the Elective Restoration and Recovery Actual and Forecasted Activity Volumes

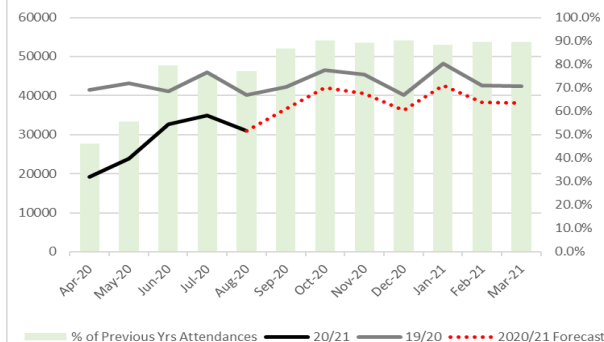
First Consultant - Led Attendances



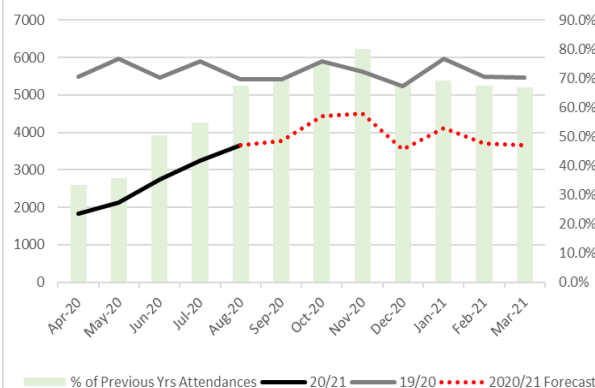
Follow-up Consultant Led Attendances



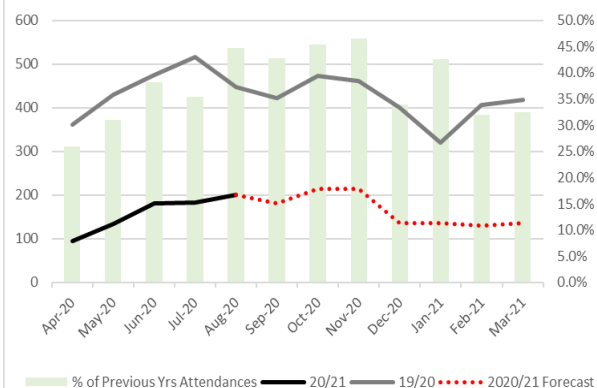
Total Consultant Led Attendances



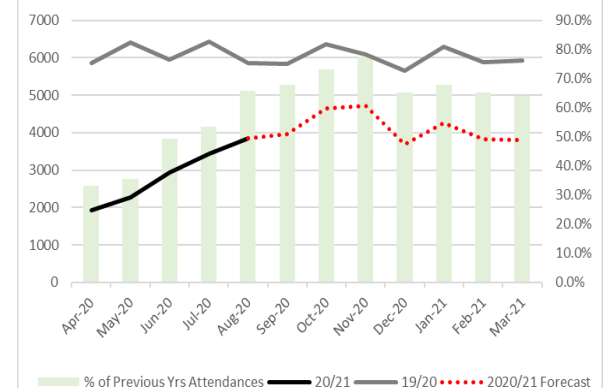
Daycase Spells



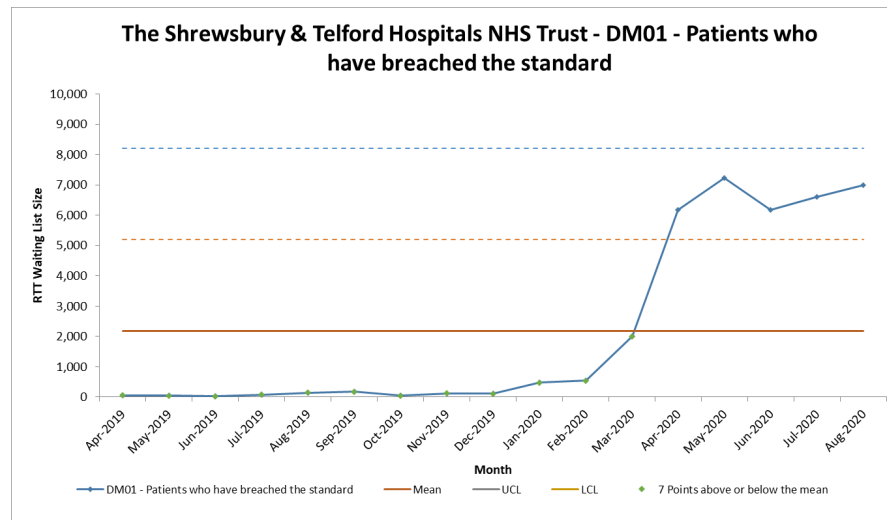
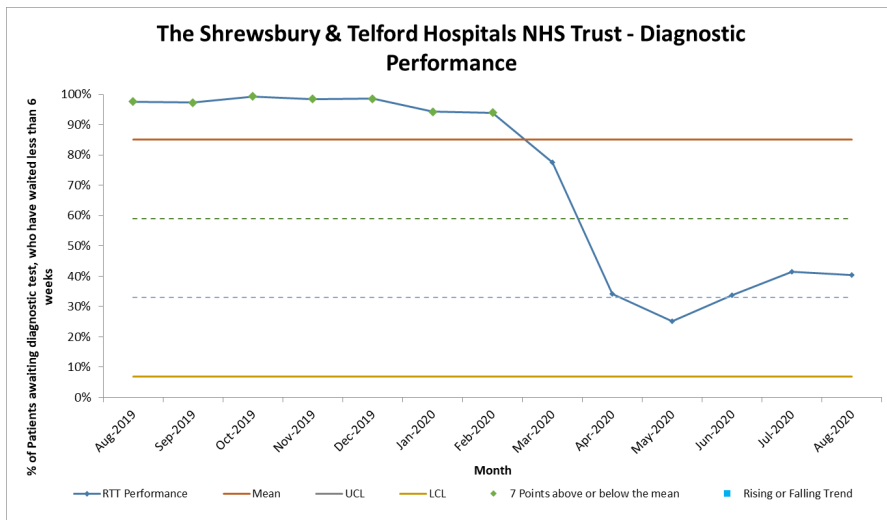
Elective Inpatient Spells



Total Elective Inpatient & Daycase Spells



Diagnostics waiting time



DM01 Waiting List Performance August 2020

		Total Waiting List	Waiting >6 Weeks	Performance	Total Waiting List	Waiting >6 Weeks	Performance
Imaging	Magnetic Resonance Imaging	3158	2052	35.02%	8327	4951	40.5%
	Computed Tomography	1761	1066	39.47%			
	Non-obstetric ultrasound	3408	1833	46.21%			
Physiological Measurement	Audiology - Audiology Assessments	1181	819	30.65%	1810	948	47.6%
	Cardiology - echocardiography	532	71	86.65%			
	Neurophysiology - peripheral neurophys	22	12	45.45%			
	Respiratory physiology - sleep studies	40	20	50.00%			
	Urodynamics - pressures & flows	35	26	25.71%			
Endoscopy	Colonoscopy	469	344	26.65%	1534	1099	28.4%
	Flexi sigmoidoscopy	306	250	18.30%			
	Cystoscopy	209	57	72.73%			
	Gastroscopy	550	448	18.55%			
Total					11671	6998	40.04%

Key Actions:

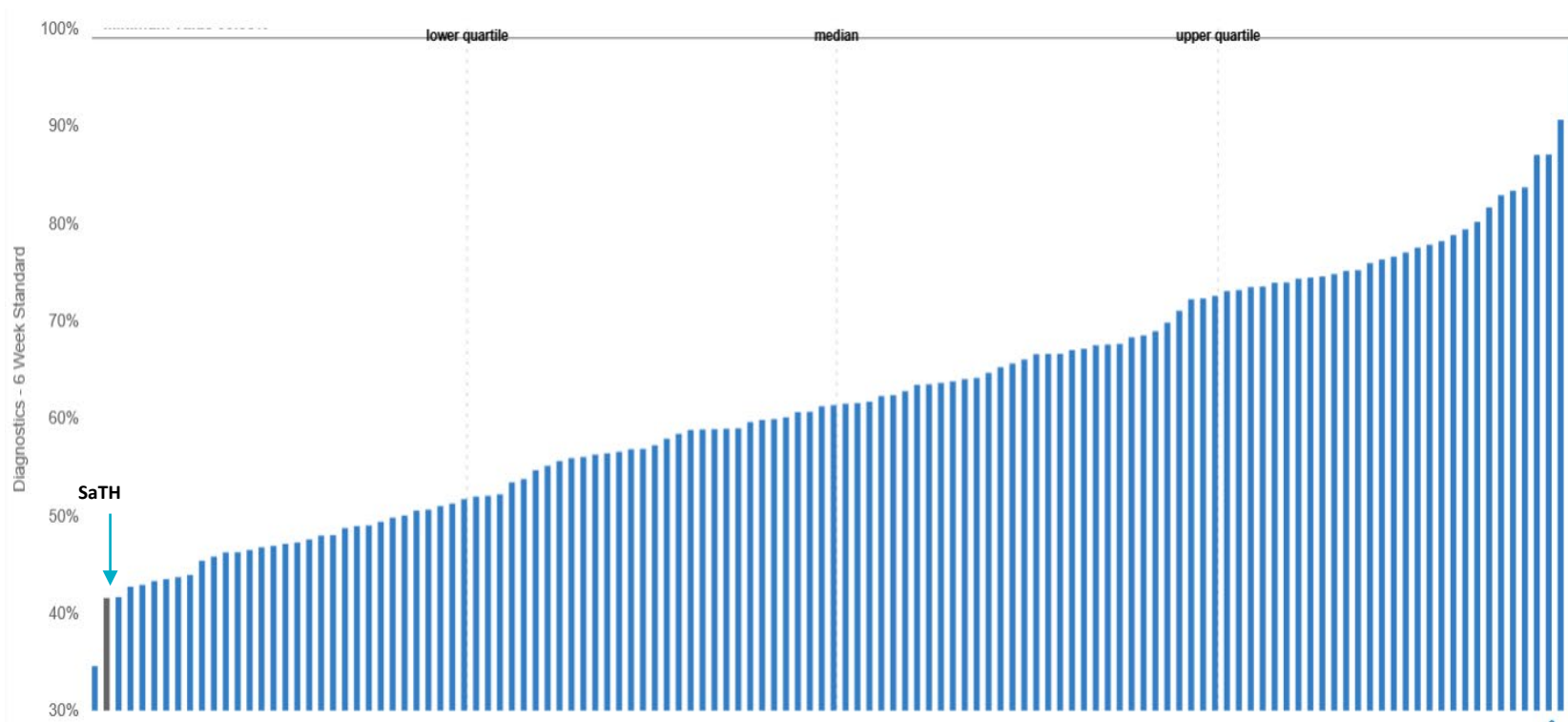
Maintain delivery capacity required to maintain the service for urgent and cancer patients.

Key Risks:

Ability to ensure diagnostic support for cancer and urgent patients versus COVID-19 and other demands
Lack of routine capacity to reduce backlogs in CT, MRI and endoscopy.

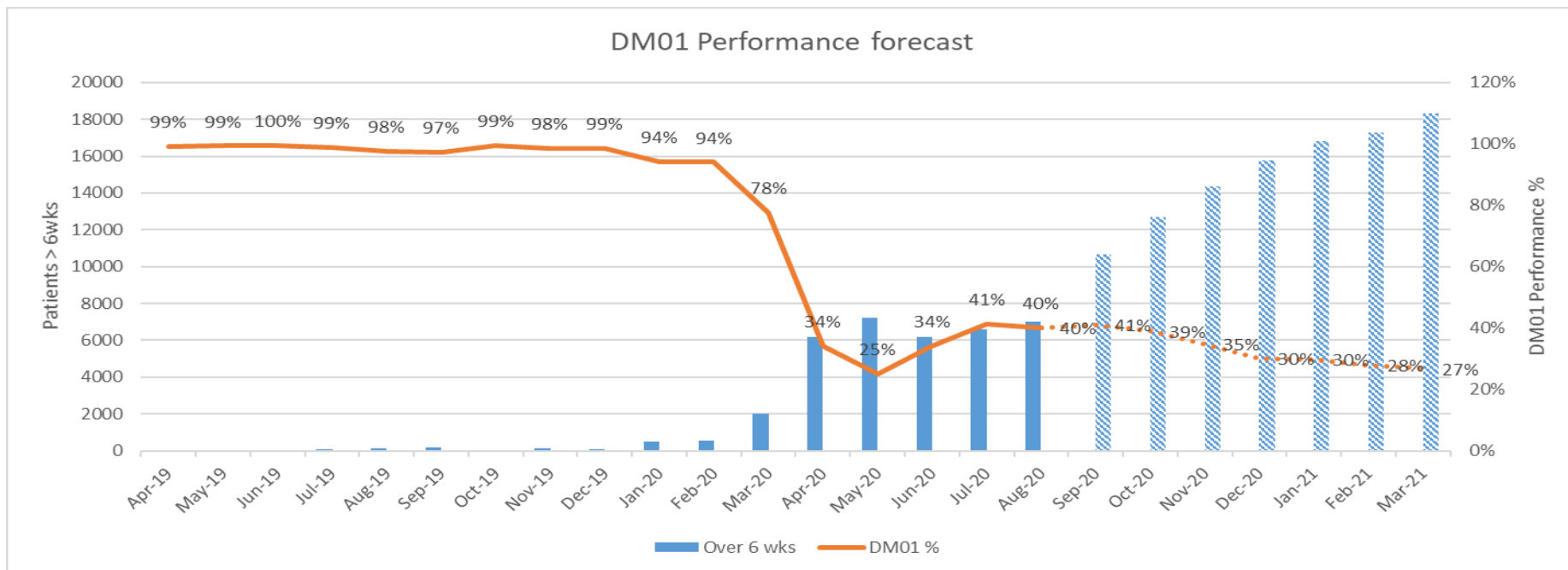
DM01 Benchmarking

In July 2020, the Trust ranked 124th out of 125 Trusts for the diagnostic 6 week standard, with a performance of 41.6%. The target is 99%, the highest performance was 98.2% and the lowest was 34.6%.



Data source: Public View Jul 2020

DM01 Trajectory - Update



Issues

- Loss of capacity due to social distancing and IPC
- Waiting list increase due to system prioritisation
- Radiology workforce

Key actions

- Outsource additional ultrasound capacity
- Agency support for Radiology
- Outsource reporting activities
- Continue to train alternative workforce
- Extra sessions and extended days

Additional support focus areas

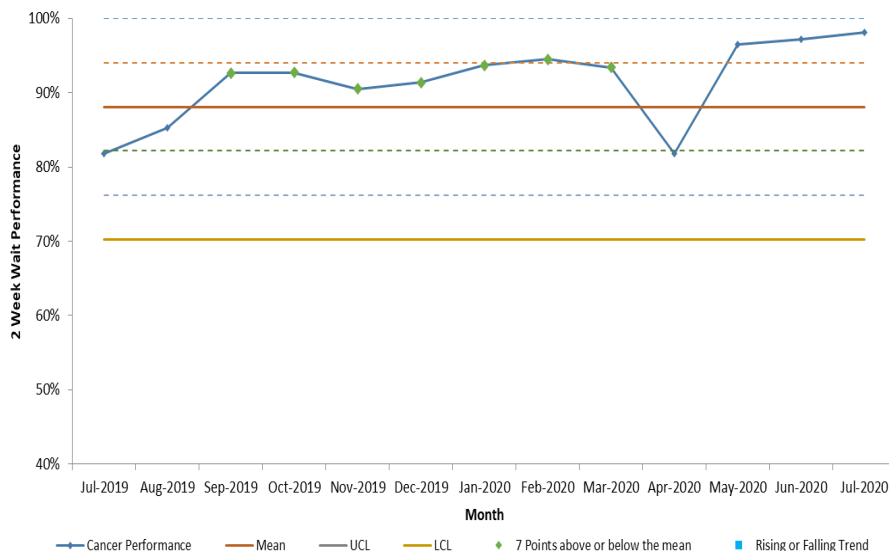
- Revenue support for diagnostics
- Continuing HEE support for Radiology training programme

Cancer Summary

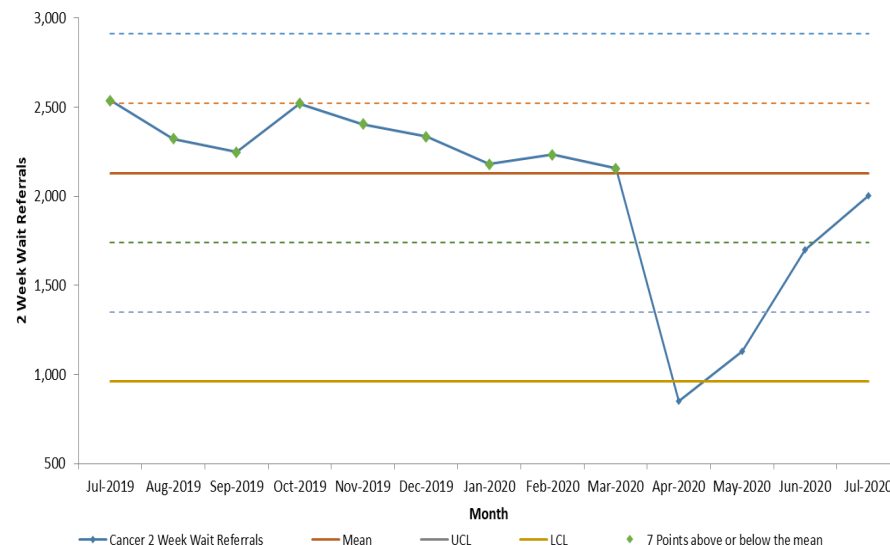
Measure	Monthly Target	January	February	March	April	May	June	July	August (prediction)
2 Week GP to 1st OP Apt Breast Symptoms	>=93%	✓ 97.60%	✓ 96.70%	✓ 94.87%	✗ 66.70%	✓ 100%	✓ 100%	✓ 100%	✓ 93.10%
2 Week GP referral to 1st OP Appointment	>=93%	✓ 93.70%	✓ 94.50%	✓ 93.41%	✗ 81.80%	✓ 96.50%	✓ 97.18%	✓ 98.10%	✓ 96.59%
31 day diagnosis to treatment	>=96%	✓ 97.20%	✓ 96.70%	✓ 99.32%	✓ 98.50%	✓ 99.00%	✓ 98.25%	✓ 97.50%	✓ 98.29%
31 day second or sub treatment – Drug	>=98%	✓ 98.10%	✓ 100%	✓ 100%	✓ 100%	✓ 100%	✓ 100%	✓ 100%	✓ 100%
31 day second or sub treatment – Surg	>=94%	✗ 88.90%	⚠ 93.10%	✗ 86.96%	✓ 100%	✓ 100%	✓ 100%	✓ 100%	✓ 100%
31 day second or sub treatment – Rad	>=94%	✓ 99.10%	✓ 98.90%	✓ 97.83%	✓ 98.70%	✓ 98.70%	✓ 97.70%	✗ 92.50%	✓ 100%
62 days urgent referral to treatment	>=85%	✗ 69.30%	✗ 64.60%	✗ 78.26%	✗ 69.20%	✗ 69.40%	✗ 70.20%	✓ 85.50%	✗ 79.83%
62 days referral to treatment from screening	>=90%	✗ 69.00%	✗ 75.00%	✗ 73.17%	✗ 81.00%	✗ 66.70%	✗ 0.00%	✓ 100%	✗ 50.00%
Extended 62 day treatment (upgrades)	>=85%	✓ 86.50%	✓ 85.10%	✓ 93.33%	⚠ 89.00%	✗ 82.60%	✗ 83.08%	⚠ 86.50%	✓ 94%
28 day faster diagnosis – 2WW	>=75%	✓ 77.50%	✓ 87.20%	✗ 45.70%	✓ 70.30%	✓ 76.20%	✓ 78.50%	✓ 79.40%	
28 day faster diagnosis – Breast symptomatic 2WW	>=75%	✓ 98.8%	✓ 100.0%	✓ 100.0%	✓ 92.9%	✓ 97.9%	✓ 89.7%	✓ 92.2%	
28 day faster diagnosis – screening referral	>=75%	✗ 36.0%	✗ 41.9%	✓ 90.0%	✗ 56.1%	✗ 54.5%	7.1%*	✗ 25.7%	

Cancer 2 Week Wait - July 2020

The Shrewsbury & Telford Hospitals NHS Trust - 2 Weeks Waits (Cancer Suspected)



The Shrewsbury & Telford Hospitals NHS Trust - Cancer 2 Week Wait Referrals



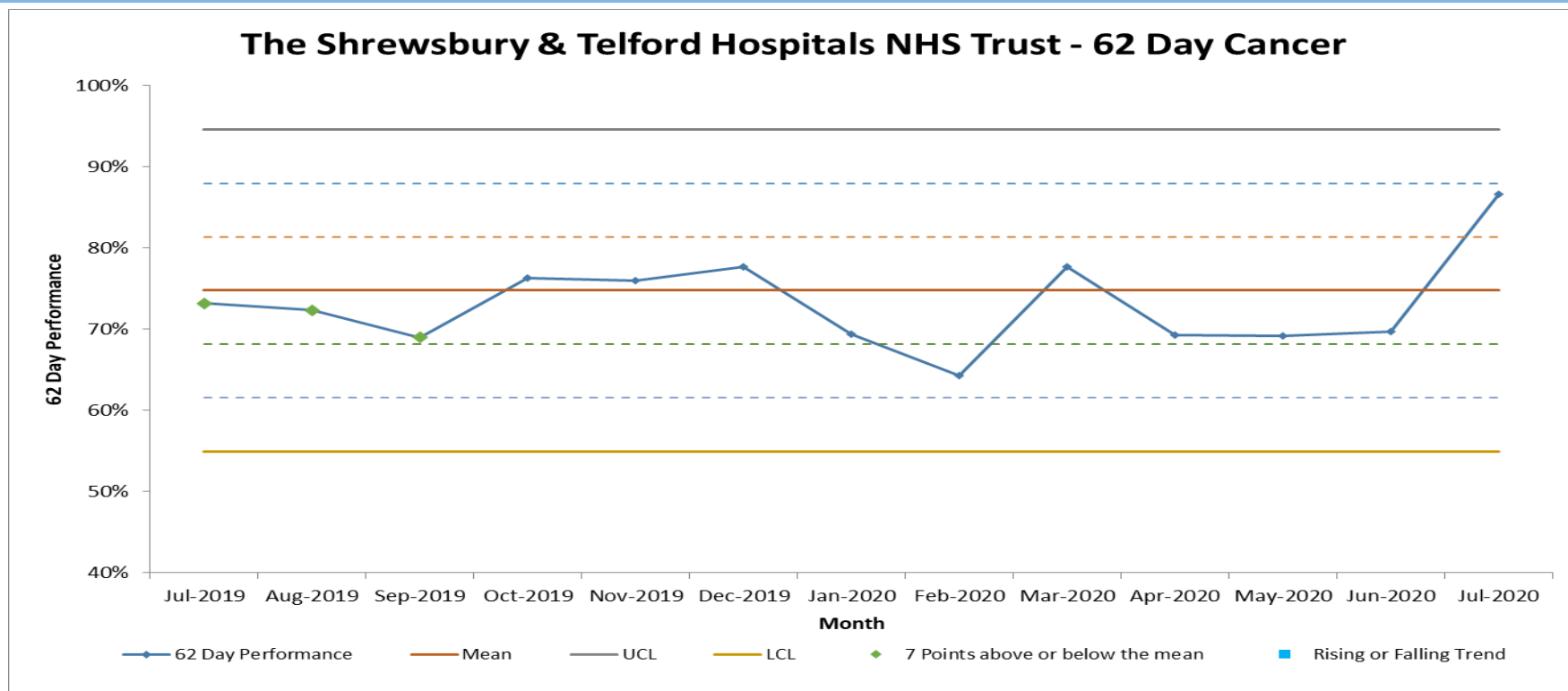
Key Actions

- Continue to follow revised triage / telephone call as first OPA
- Weekly Assurance Meetings between Cancer Services & Operational Teams
- Review all patients who refuse initial outpatient appointment and escalate to relevant MDT lead for plan (awaiting national guidance)

Key Risks

- Covid-19 impact due to IPC and social distancing
- Current prediction for Aug 2020 shows performance at 96%
- Lung and Urology did not meet target, primarily due to patient choice

Cancer 62 Day – July 2020



Key Actions

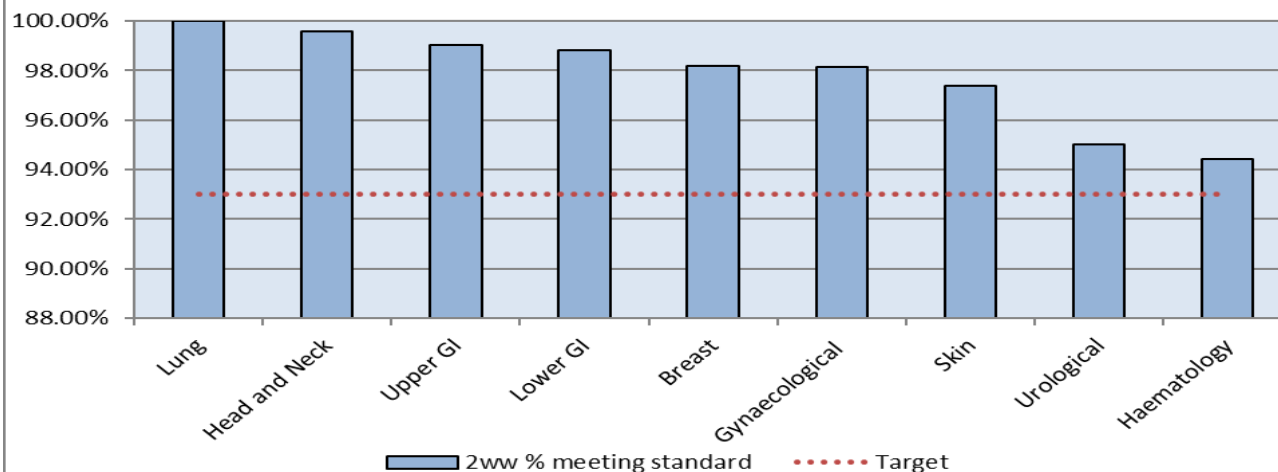
- SaTH's restoration and recovery work has commenced, including twice weekly Urgent Treatment & Cancer group
- Monitor and reduce backlog of 104 days & 62 days

Key Risks

- Covid-19 impact as patients declining surgery
- Current prediction for August 2020 shows performance at 79.83%
- Able to maintain green zone for shielded and isolating patient, due to nature of treatment they are receiving
- Diagnostic impact – delays due to lack of capacity
- Unable to reduce backlog to zero for 104 days due to patient choice

Cancer Performance By Tumour – July 2020

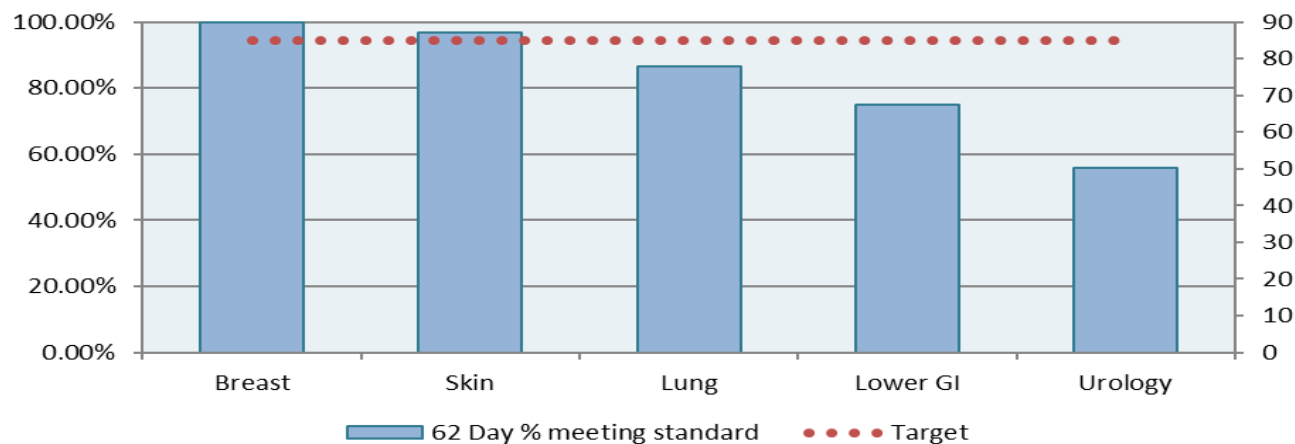
2 Week Wait % Meeting National Standard



2 Week Wait:

Current prediction for August 2020 is 96%, achieving national standard

62 Day % Meeting National Standard

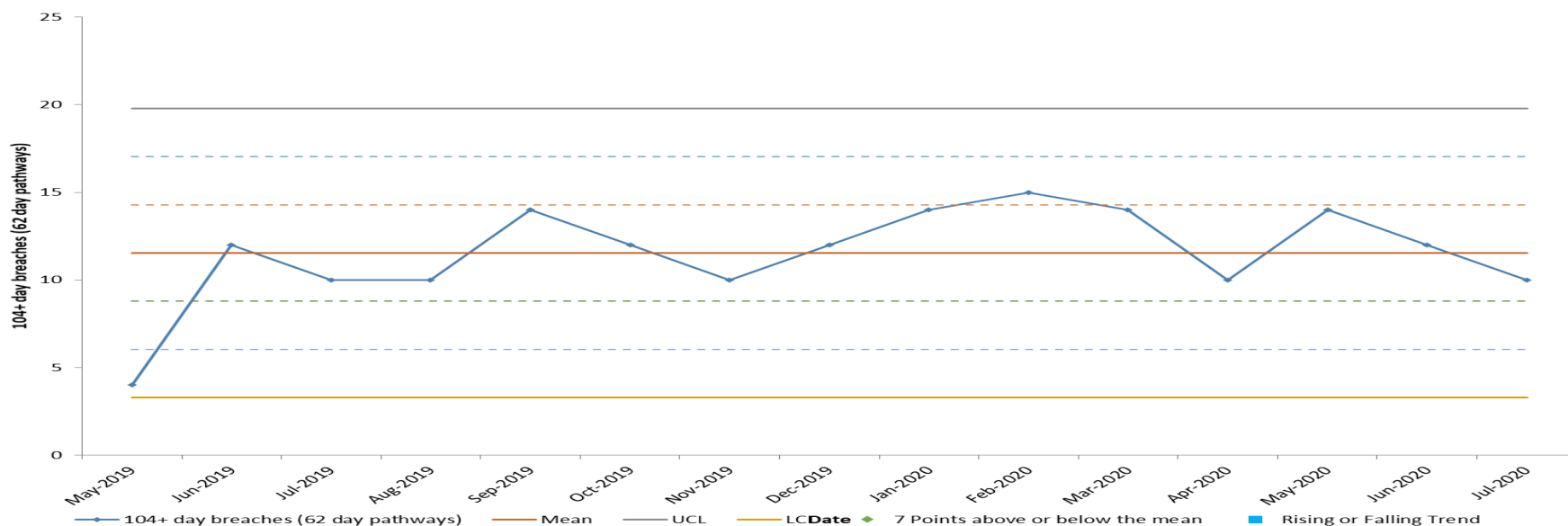


62 Day:

Current prediction for August 2020 is 79%. The performance is a result of clearing the backlog of patients waiting over 62 days.

104 day breaches – July 2020

The Shrewsbury & Telford Hospitals NHS Trust - 104+ day breaches (62 day pathways)



The following patients received their first definitive treatment for cancer after 104 days in June 2020 (the target for referral to treatment being 62 days):-

1 x Colorectal (116 days) - Diagnosis delayed for medical reasons (COVID) / patient choice.

1 x H&N (120 days) - Elective capacity inadequate - could not offer surgery locally as a result of COVID as patient required ITU post-op.

1 x Skin (147 days) - Treatment delayed as a result of COVID

1 x Urology (175 days) - Diagnosis delayed as a result of COVID

1 x Urology (263 days) - Delays following tertiary referral - referred to Christie day 88. Treated day 263.

1 x Urology (105 days) - Diagnosis delayed for medical reasons (COVID)

1 x Urology (113 days) - Treatment delayed for medical reasons

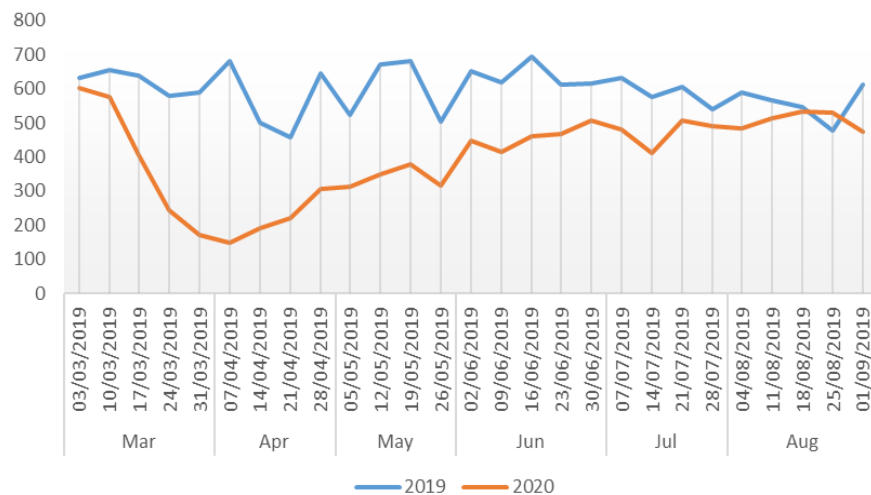
1 x Urology (136 days) - Diagnostics delayed as a result of

1 x Urology (169 days) - Diagnostics delayed as a result of COVID

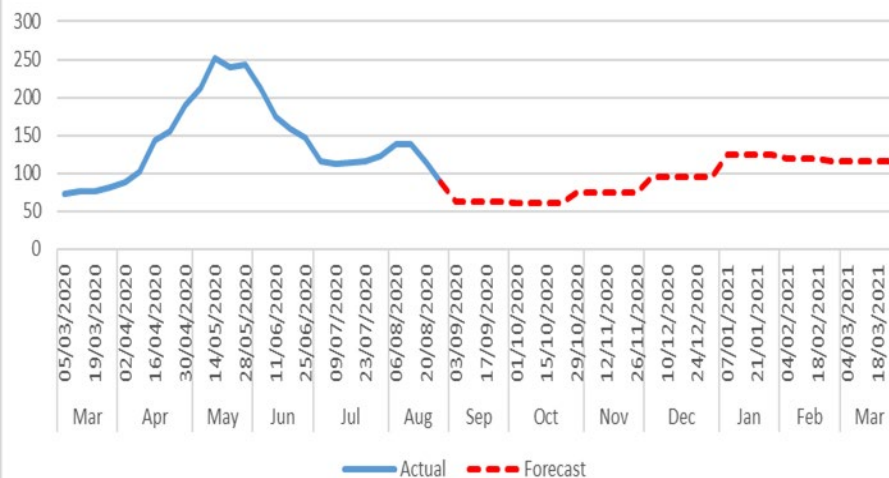
1 x Urology (121 days) - Diagnosis delayed as a result of COVID

Cancer Referrals

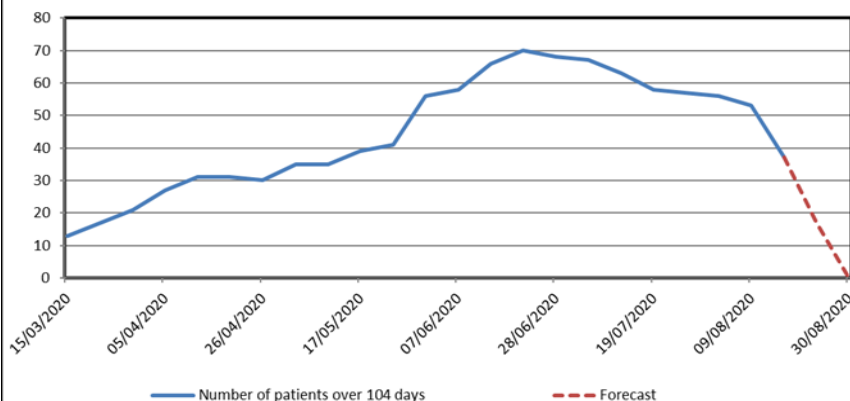
Cancer 2 Week Wait Referrals



62 Day Backlog



104+ Numbers/Forecast



July and August showing referrals increasing to 95% of pre-covid levels, with the exception of lung and upper GI. Further work is being undertaken to review expected lung and upper GI referral trends going forward.

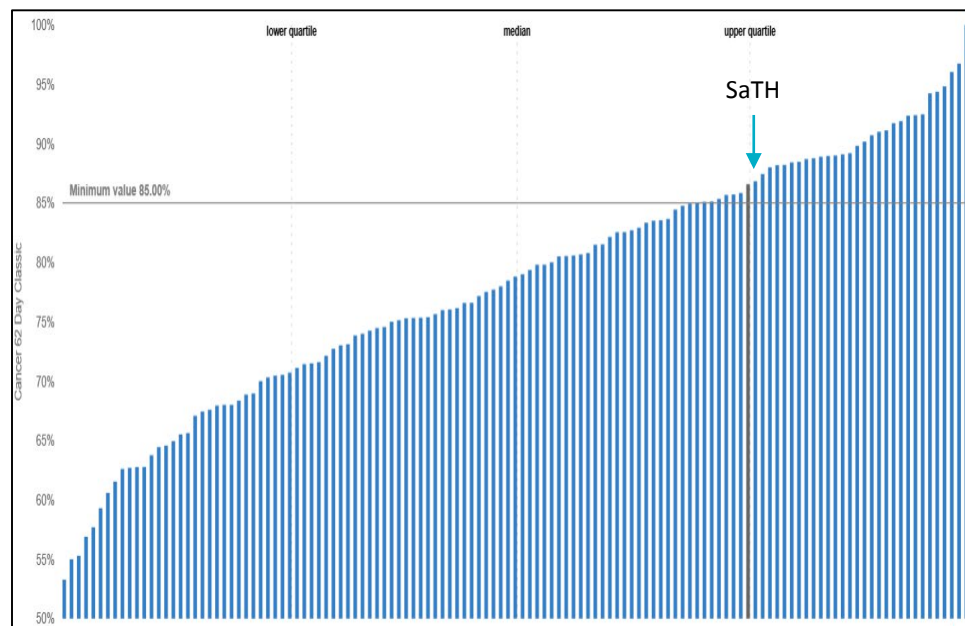
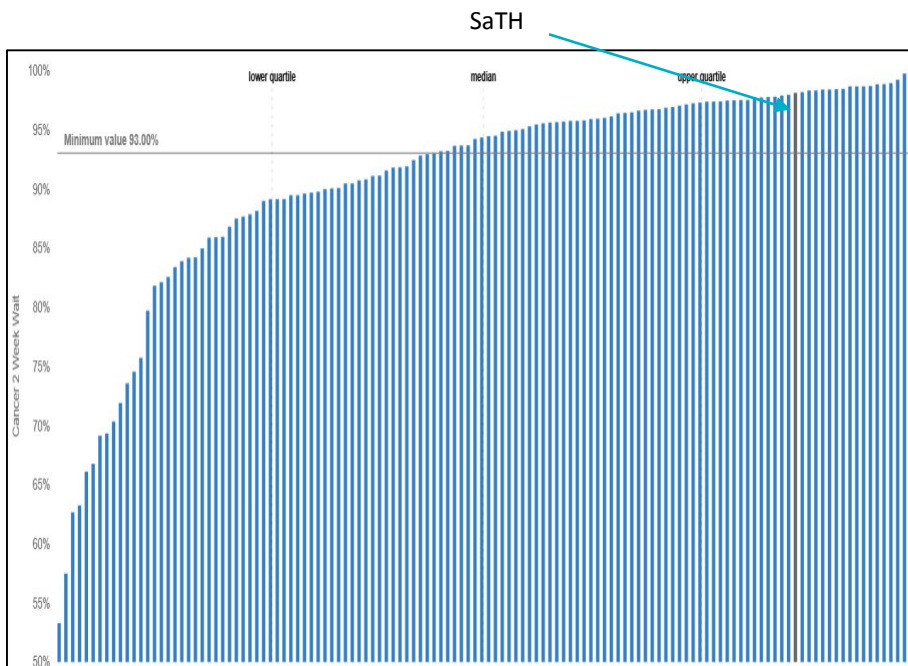
The 62 day backlog saw an increase during the months of April and May, reasons include patients declining treatment due to the current Covid-19 situation.

Elective activity has been taking place at Nuffield Shrewsbury to help with the 62 day standard backlog reduction.

Cancer Benchmarking

The Trust ranked 17 out of 125 Trusts for its 2 Week Wait Cancer standard, the highest value was 99.7% and the lowest 53.3%. The Trust's performance was 98.1%

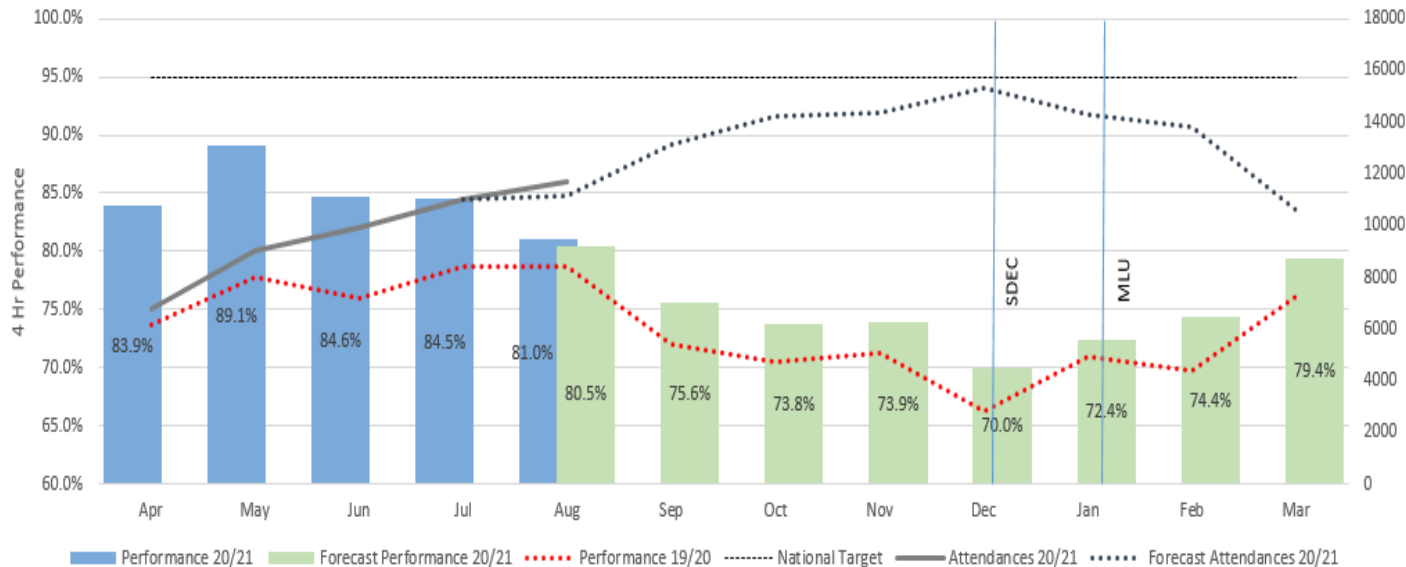
The Trust ranked 31 out of 125 Trusts for its 62 day Cancer standard, the highest value was 100% and the lowest 53.5%. The Trust's performance was 86.6%



Data source: Public View Jul 2020

A&E Performance

SaTH A&E 4 hr Performance 2020/21 vs 2019/20 including Predictions



The A&E 4hr performance for August 2020 was 81.0%, an increase of 2.4% from August 2019. The forecast was 80.5%

The YTD performance for 2020/21 is 84.6%, compared to 77.6% for the same period last year

Issues

- Demand
- Bed capacity
- Shortage of ED cubicles & SDEC capacity
- Workforce constraints
- ED process and flow

Solutions

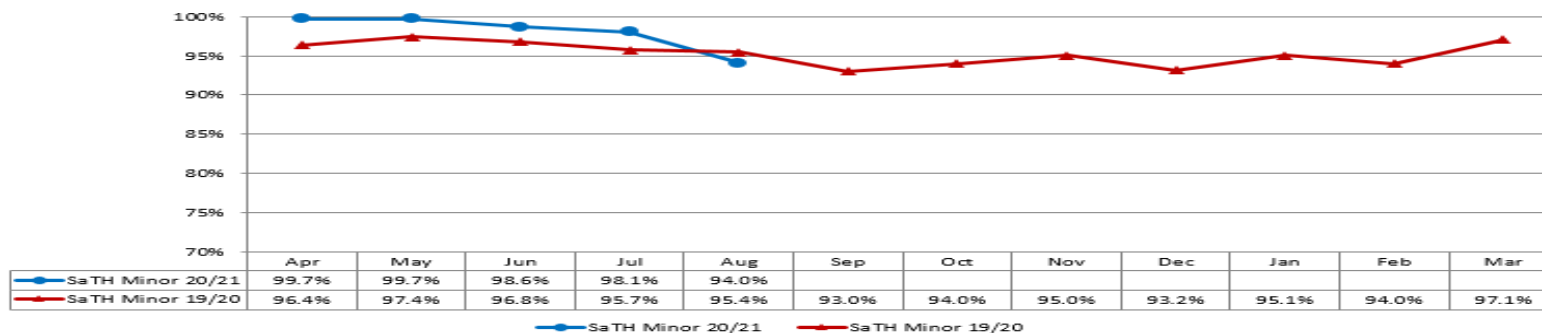
- Admission avoidance
- Refurbishment of ED and modular SDEC
- Recruitment UK and International workforce
- ED quality and performance improvement/escalation process and flow

Support Required

- Out of hospital pathways
- Capital support
- ECIST and Improvement resource

Minor & Major 4 Hours performance

SaTH Minor (by location) Performance



Attendance Comparison
Aug-20 Vs. Aug-19

-44.3%

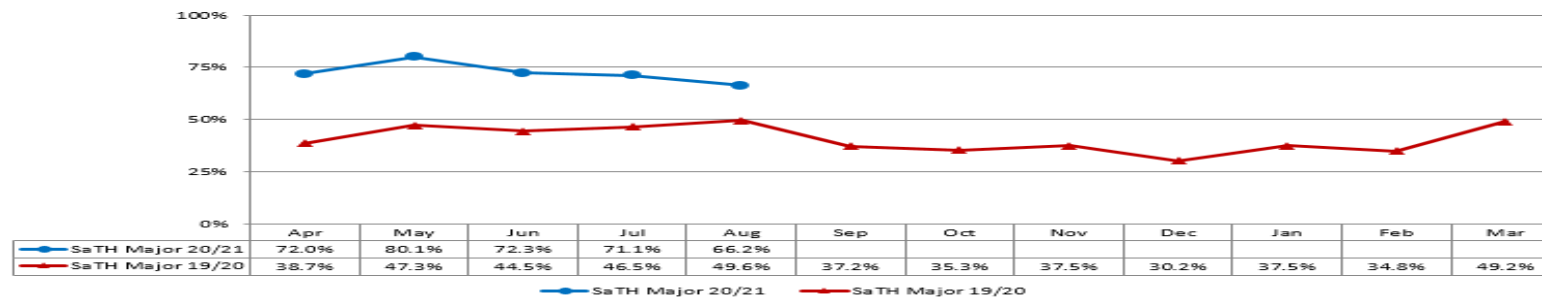
Breach Comparison
Aug-20 Vs. Aug-19

-27.2%

Performance Comparison
Aug-20 Vs. Aug-19

-1.4%

SaTH Major (by location) Performance



Attendance Comparison
Aug-20 Vs. Aug-19

-2.8%

Breach Comparison
Aug-20 Vs. Aug-19

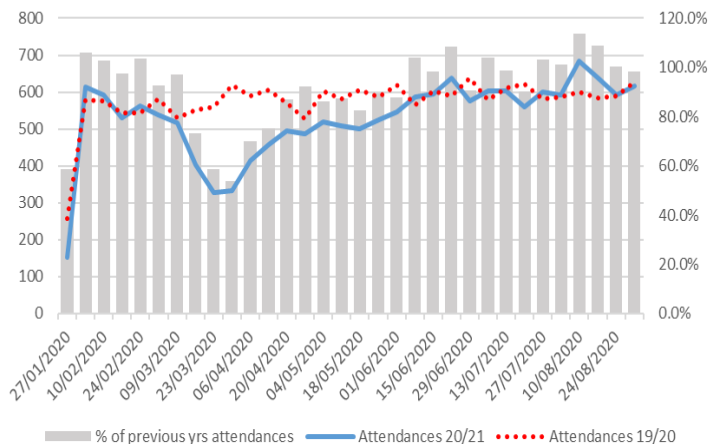
-34.8%

Performance Comparison
Aug-20 Vs. Aug-19

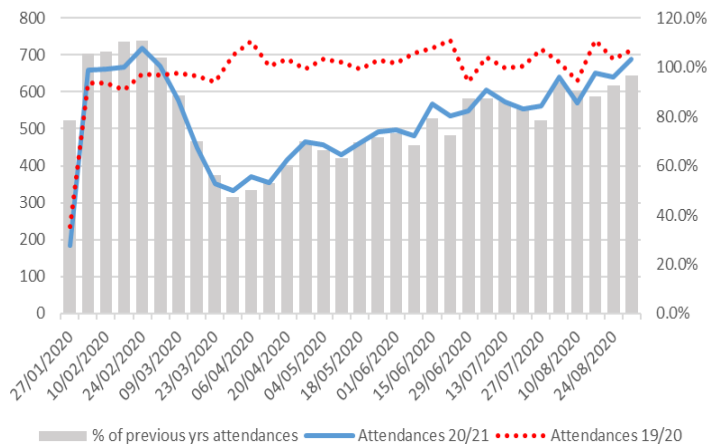
16.6%

Major and Minor by Site

RSH Major Attendances

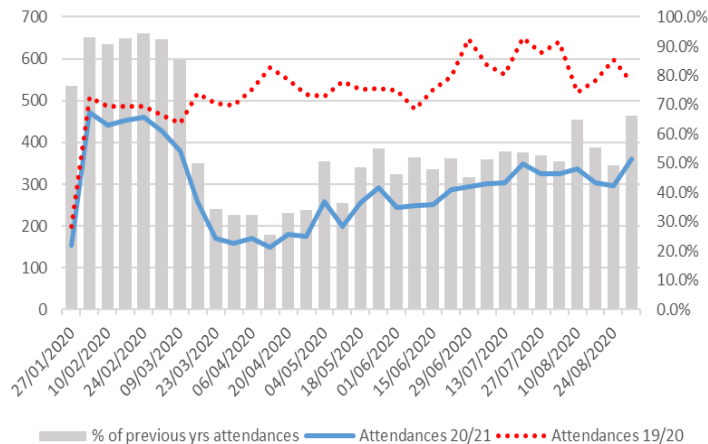


PRH Major Attendances

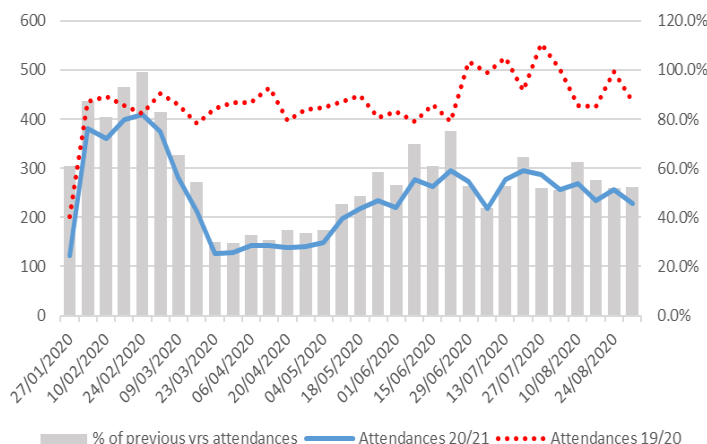


RSH Major activity is showing signs of activity levels being back to normal, whilst PRH is increasing more slowly.

RSH Minor Attendances



PRH Minor Attendances

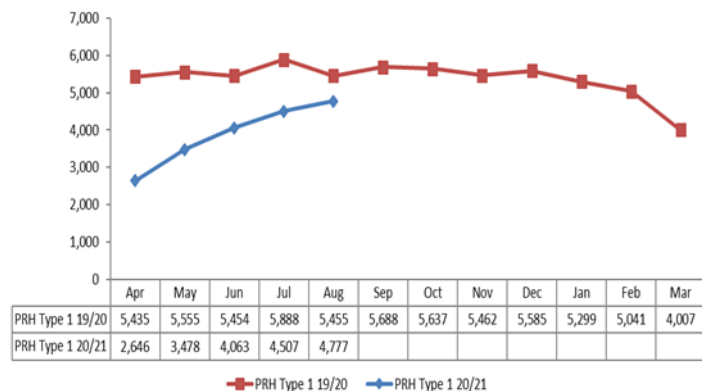


Minor activity remains lower than the same period last year on both sites

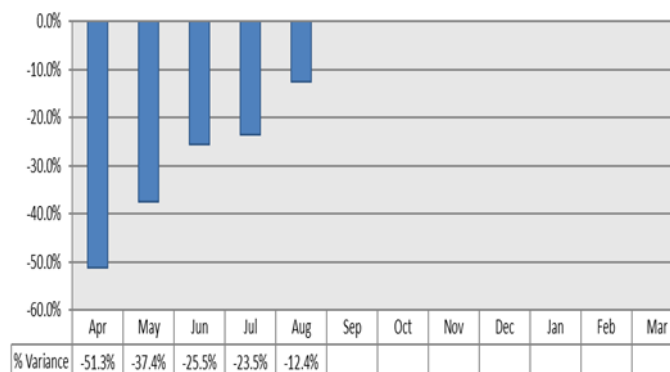
A&E Attendances By Site

(Attendances for patients arriving at Type 1 site which excludes MIU)

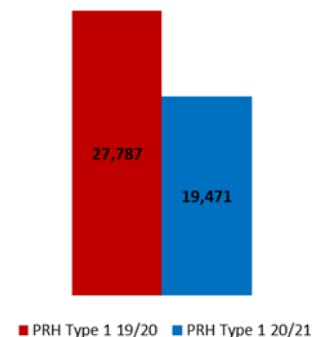
PRH Type 1 A&E Attendance



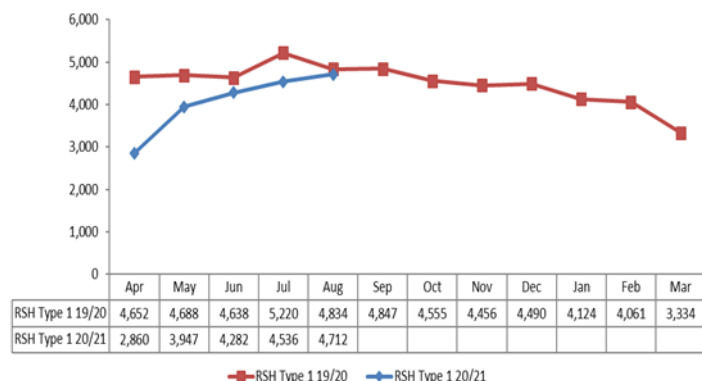
PRH Type 1 Attendance Variance 2020/21 Vs. 2019/20



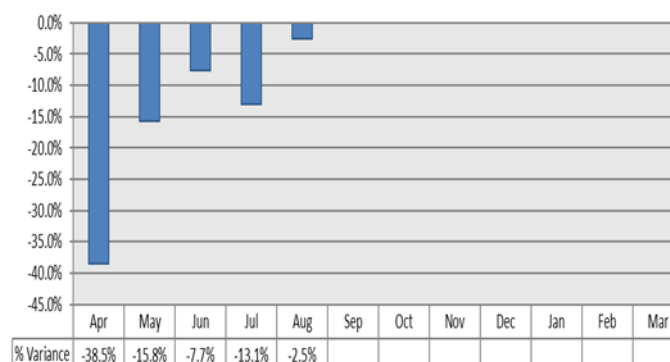
PRH Type 1 Attendance YTD Comparison



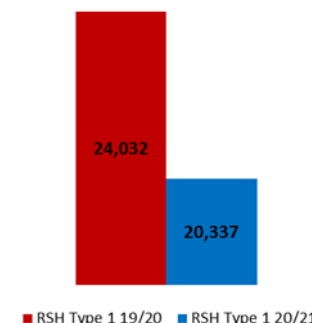
RSH Type 1 A&E Attendance



RSH Type 1 Attendance Variance 2020/21 Vs. 2019/20

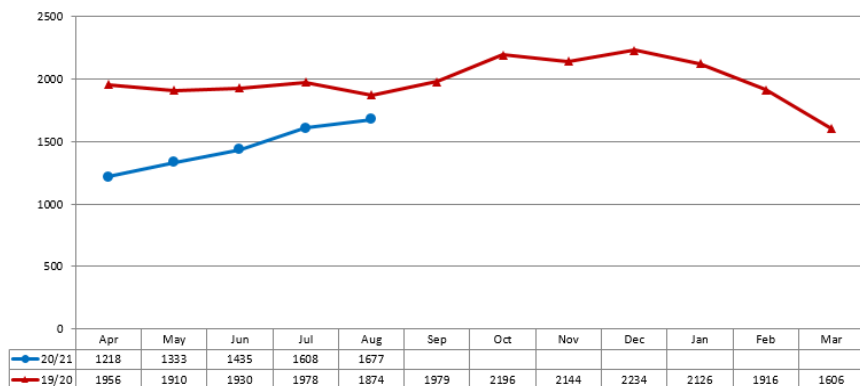


RSH Type 1 Attendance YTD Comparison



Ambulance arrivals and handover delays

PRH Ambulance Arrivals



Attendance % Comparison
Aug-20 Vs. Aug-19

-10.5%

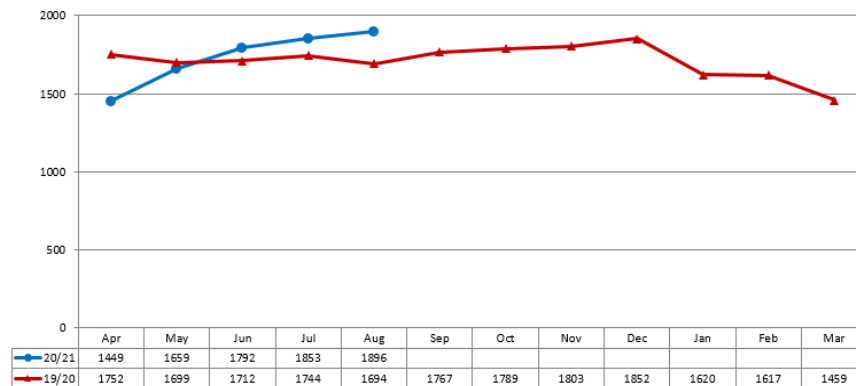
Attendance No. Comparison
Aug-20 Vs. Aug-19

-197

YTD Attendance %
Comparison

-24.6%

RSH Ambulance Arrivals



Attendance % Comparison
Aug-20 Vs. Aug-19

11.9%

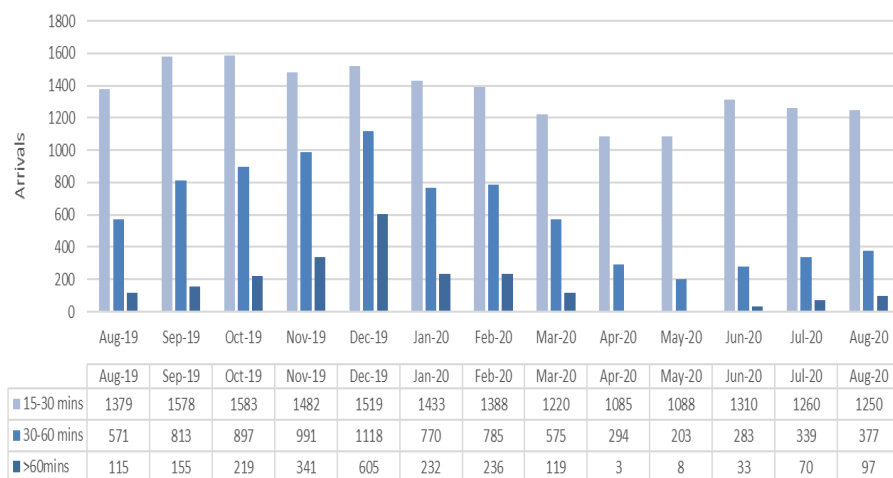
Attendance No. Comparison
Aug-20 Vs. Aug-19

202

YTD Attendance %
Comparison

0.6%

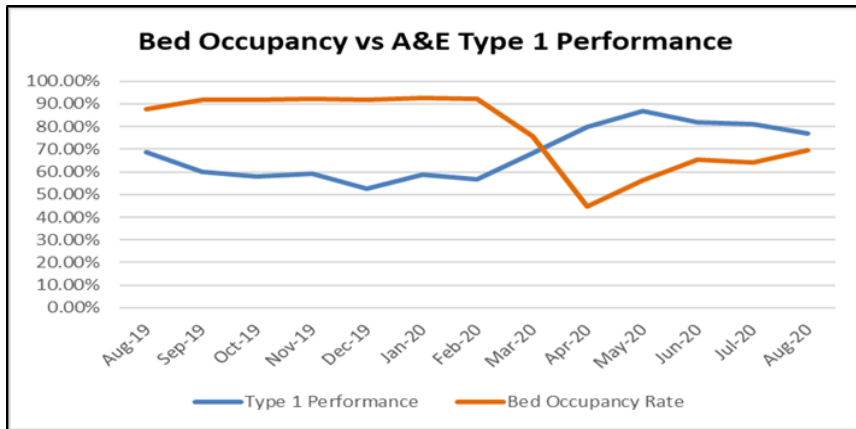
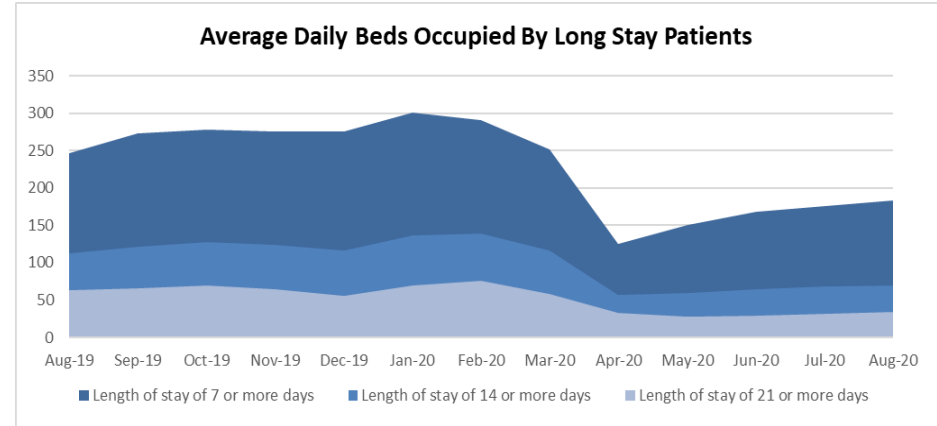
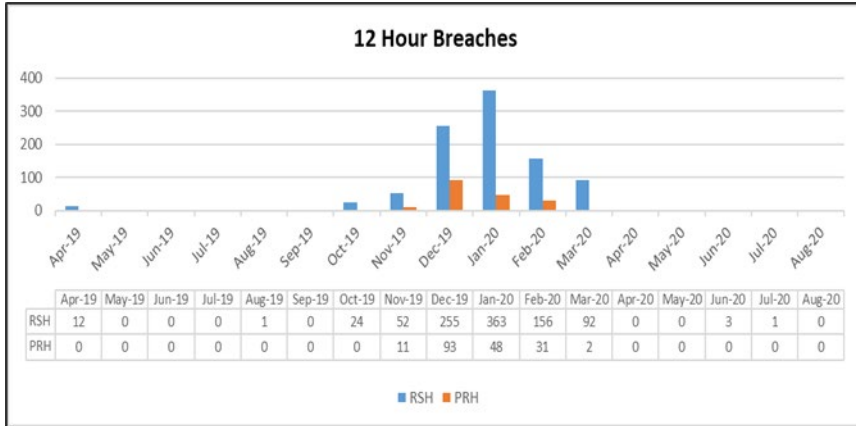
Ambulance Handover Times



Overall significant decrease in ambulance attendances, although RSH activity has increased in Aug (11.9% greater than the same month last year) while PRH has seen a 10.5% reduction in ambulance attendances for the same month. This is likely associated with the demographics of the differing populations across Telford and Shropshire and the change in pathways associated with Covid-19.

Ambulance Handover times have significantly benefitted from the decreased A&E demand. 93 of the >60mins waiters have been at RSH

12 Hour Breaches

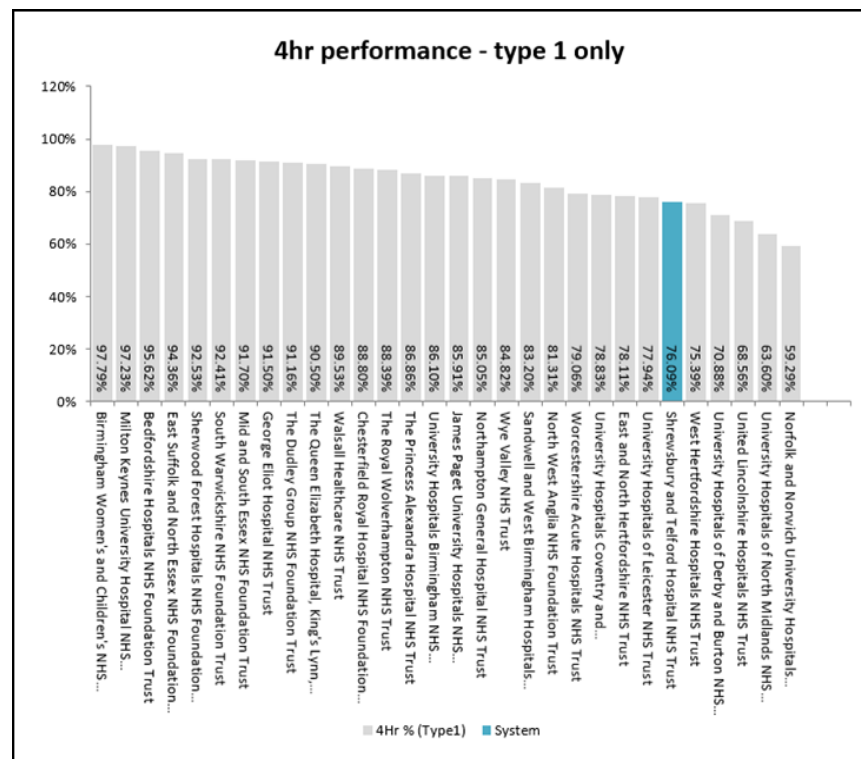
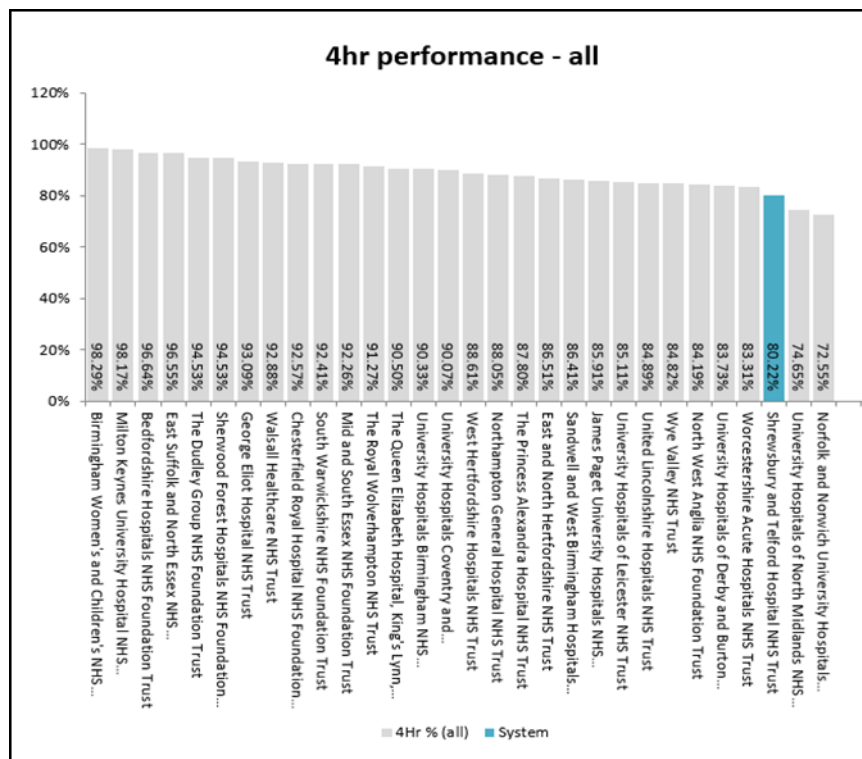


12 Hour Breaches: In August there were no patient who waited over 12 hours in A&E from decision to admit to admission

Improved patient flow impacts on ED performance

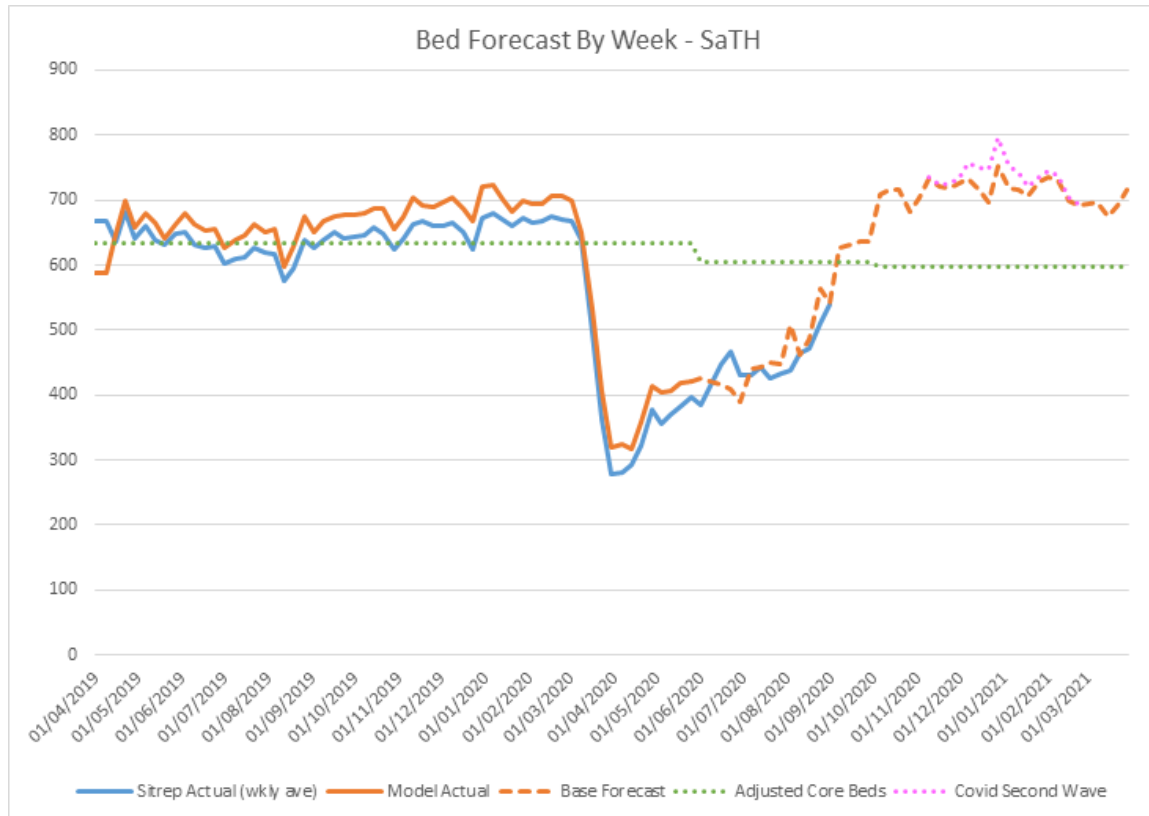
Regional Performance

Regional Performance as at the 31st August 2020 (UEC Dashboard ME Region)



Snapshot presentation above – received daily for region. SaTH has consistently delivered >80 % and has improved its relative performance in the region.

Bed model forecast and validation



- Bed model validated against daily SitRep numbers
- Modelled bed days (actual and forecast) compared to SitReps for actual data to end of August 20.
- Model assumes ramp up to 100% of planned levels by October 20
- Forecast beds includes NEL Growth @ 4.5%, Trauma repatriation from 24/8
- Adjusted core beds based on 92% occupancy and social-distancing impact

Forward actions (operational)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Cancer waiting Times	<ul style="list-style-type: none"> Continue focus on >62 day backlog Review plans for all pathways influenced by patient choice 	SB SB	Monthly End Sep 20
Diagnostics waiting times	<ul style="list-style-type: none"> Confirm plan - increase Endoscopy capacity Agree plans with NHSI to increase CT capacity (options in place) Establish additional MRI capacity (starts 5 Oct 20) Increase Ultrasound capacity (outsource contract) 	NR SF SF SF	End Sep20 End Sep20 Start Oct 20 Complete
A&E Performance	<ul style="list-style-type: none"> ED – department priority actions SDEC – business case for Medicine SDEC 7 days Flow – improvement programme with ECIST (workshop 7 Sep) 	CMc CMc NL/AR/HF	End Sep 20 Complete End Oct 20
Capacity – capital investment	Confirm plan - increase capacity <ul style="list-style-type: none"> ED/SDEC (Modular SDEC RSH and PRH MLU refurb underway) General & Acute bed capacity Imaging and Endoscopy Adult Critical Care (Shrops/Staff joint bid) Theatres 	NL	Progress funded initiatives Bid complete
Revise Phase 3 'Recovery' submission	<ul style="list-style-type: none"> Update initial Phase 3 submission with additional detail and actions 	NL	21 Sep 20
Winter Plan	Develop System Winter plan	NL	End Sep 20

Workforce

Interim Director of Workforce, Rhia Boyode

Executive Summary

COVID 19

- 81% of all 'at risk' staff have now completed a risk assessment, 75% of all males and 65% of total workforce completed.
- Manager training sessions set up and will be delivered throughout September and October, supporting our leaders to manage during the COVID pandemic.
- Refresh of FAQ's for managers to support awareness and decision making as situation develops.
- Increase in demand for testing seen during September. Absence line received highest number of calls (195 in 1 day) week commencing 14 September. Assessment of appropriateness of referrals to be complete, with refresh of criteria for managers in FAQ's. Additional support requested to ensure we have a robust service through winter

Recruitment and Workforce Planning

- System workforce plan submitted on 16th September outlining workforce implications from recovery of services and winter planning September 20 to March 21.
- Further 40 International nursing recruits arrived on 10 September and are now in the 14 day quarantine period in accommodation provided by SaTH.
- 47 Foundation Year 1 Doctors (FY1s) started at our Trust and through the August changeover we had a further 82 doctors join the Trust.
- Electronic payslips now in place with our 50% of employees having accessed the staff records system in last 30 days.

Development

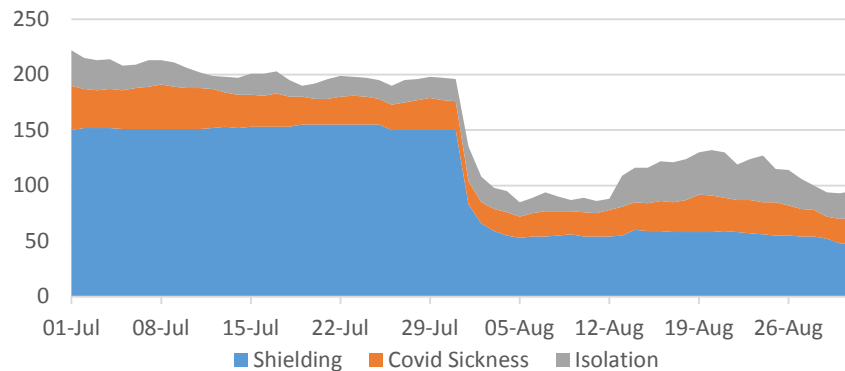
- New Trust values launched on 7th September.
- Behavioural Framework workshops developed and to roll out across September and October supported and facilitated by OD/ HRBP / KPO/ engagement champions / coaches. Outline plan presented to Senior Leadership Team w/c 21st September with implementation plan in development to ensure full coverage across the whole organisation.

Equality, Diversity and Inclusion

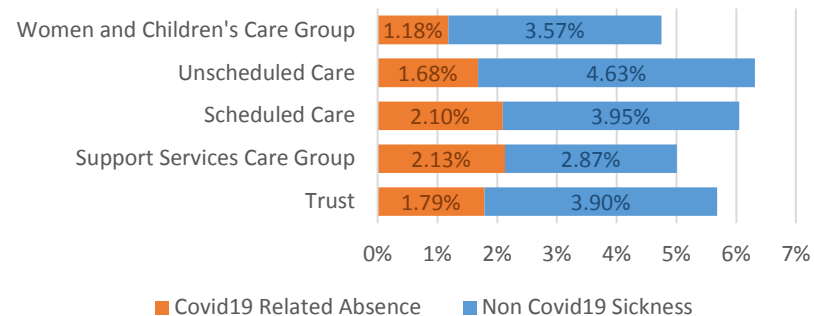
- Equality Report prepared and to be presented to SaTH Leadership Committee and Board.
- Linked to the Unconscious Bias learning, we are piloting a 'Cultural Ambassadors Programme' in partnership with the Royal College of Nursing. This will be a development programme for BAME staff working with colleagues in either Employee Relations or Recruitment. Focus areas will include: review of processes, understand disproportionality and identify unconscious bias/cultural issues impacting on decision making.
- 3 new staff networks have been launched – BAME, SaTH Pride (LGBTQ+) and Staff with Disabilities

Overview of workforce metrics

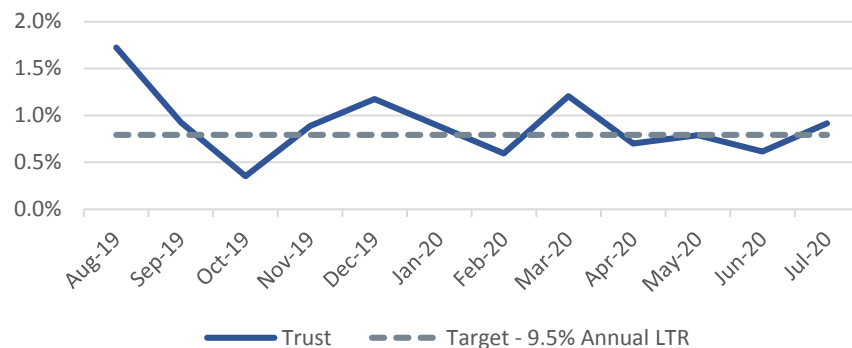
Covid-19 Related Absence by Category Jul - Aug



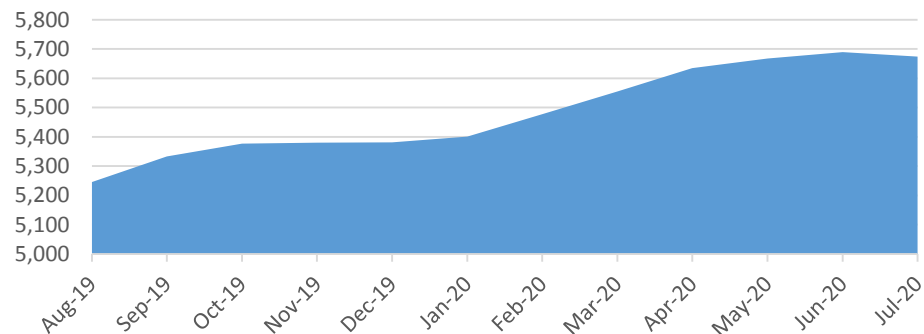
Absence % by Care Group August-20



Trust Monthly Turnover %

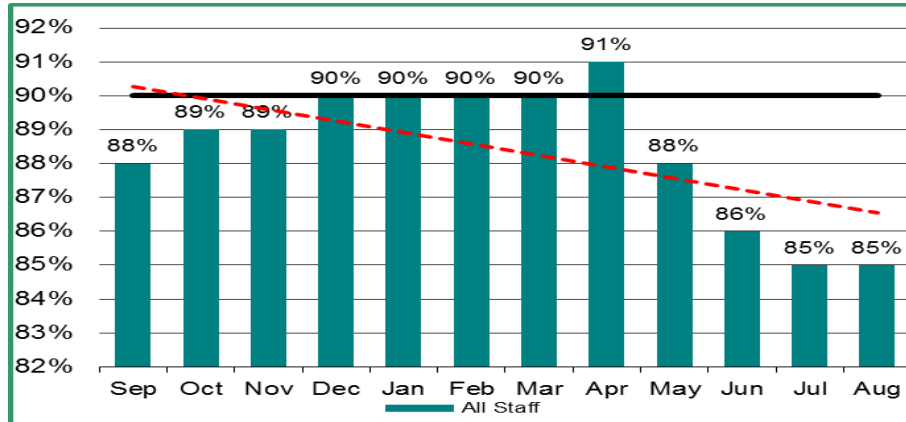


Monthly FTE Staff in Post

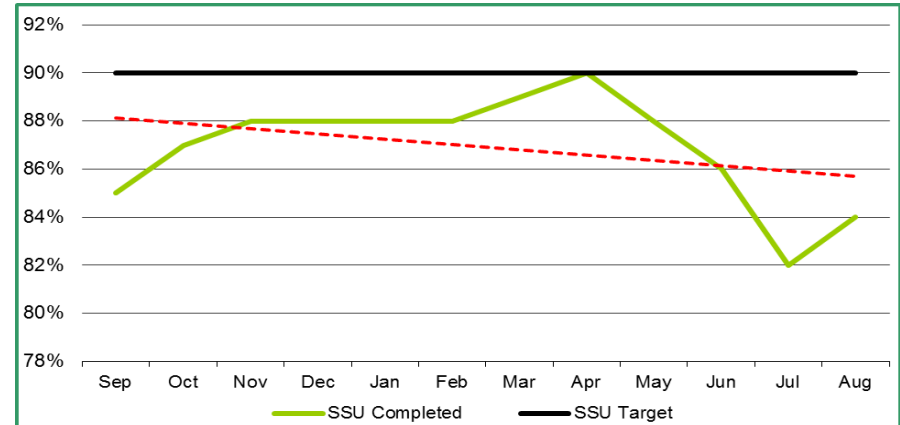


Absence, Statutory Training and Appraisals

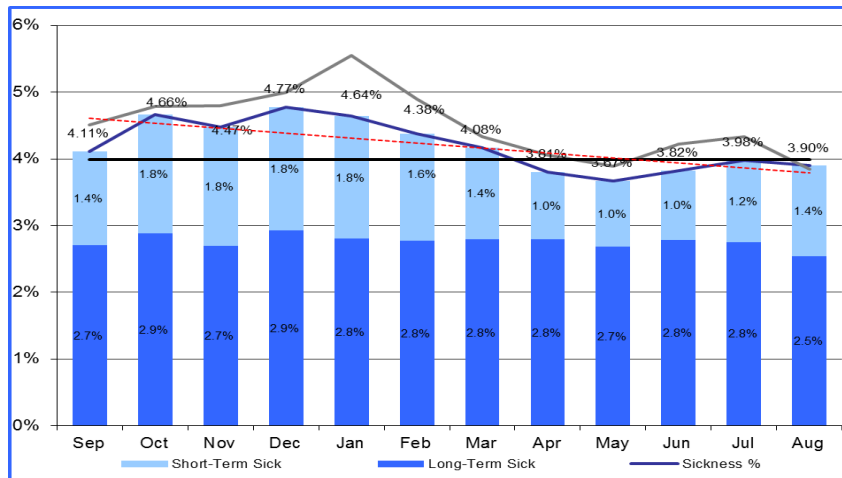
All Staff Appraisal Completed %



Statutory Safety Update Training Completed %



All staff sickness %



Key Improvement actions for September 2020 are:

- One to one advisory support for Ward Managers with lowest compliance
- Close working with Unscheduled Care to review processes, investigate and resolve anomalies and work on improvement actions
- Care Groups to develop their own improvement trajectories
- Communication to all staff about Statutory and Mandatory training requirements to ensure clarity
- Close working with Corporate Nursing Safeguarding lead to deliver improvement in the way training and CPD requirements are presented to staff and managers
- Focus on completion of Getting to Good Quality Improvement Plan actions including Sepsis training
- One to one advisory support for Ward Managers with lowest compliance
- All staff who are due or out of date are now being emailed on a monthly basis

Forward actions (workforce)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Target completion
Delivery of People Strategy (Year 1) - Attracting People	<ul style="list-style-type: none"> Completion of second phase of international nursing recruitment with the approval of business case requesting funding for an additional 100 nurses for 21/22. To be completed by October. 	Simon Balderstone	October 20
Delivery of People Strategy (Year 1) - Transforming SaTH Together	<ul style="list-style-type: none"> Develop agency strategy outlining the actions required to be taken to reduce agency reliance for 21/22. Complete by November. 	Simon Balderstone	November 20
Delivery of People Strategy (Year 1) - Keeping Great people	<ul style="list-style-type: none"> Complete recruitment and retention strategy and present to SATH Leadership Committee in October. 	Simon Balderstone	October 20
Delivery of People Strategy (Year 1) - Engagement and Wellbeing	<ul style="list-style-type: none"> Develop our networks for BAME, LGBTQ+ and Disabled staff Tailored OD programmes for ED and W&C Comprehensive support programmes for staff for psychological wellbeing Focus on completing all reporting aspects of COVID 19 requirements e.g. risk assessment and staff testing processes. 	Mary Beales / Simon Balderstone/ Kal Parkash	September 20
Delivery of People Strategy (Year 1) - People Development and Leadership	<ul style="list-style-type: none"> Develop (SaTH) Leadership Framework with a 3-year plan and milestones that includes assessment tools and pathways and integration with TCI Review use of apprenticeship levy and develop plan with options for sustainable utilisation to support key strategic aims 	Mary Beales	September 20
Delivery of People Strategy (Year 1) - Support and Belonging	<ul style="list-style-type: none"> Review management development offer and implement improved programme that includes support for managers with coaching and having difficult conversations. Begin development of curriculum and planning for Leadership Academy to launch 2021. 	Laura Kavanagh	September 20

Finance

Interim Director of Finance, James Drury

Executive Summary - Month 5

Key Messages

- The Trust continues to report a breakeven position
- Overall expenditure costs have reduced as a consequence of the COVID-19 pandemic due to a reduced level of activity.
- In month the Trust is showing a deficit of £1.4m pre Top Up. The incremental expenditure costs of COVID-19 of amounted to £8.1m, which were partially offset by underspend against an expenditure plan of £6.1m.

Income (excluding Top Up support) – £0.2m below plan in month and £1.9m below plan YTD

- Notional loss of Non-Clinical Income associated with COVID-19 £2.0m YTD, £0.3m in month
- Excluded drugs and devices are included within the block payments from commissioners

Pay – £1.6m above plan in month and £6.4m above plan YTD

- Within the year to date position £4.1m is attributed to COVID-19 not included within the NHSEI plan, £0.7m relating to August
- Excluding COVID-19 costs pay is £2.4m above plan YTD and £0.9m above plan in month
 - Year to date position reflects pay award and Clinical Excellence Award adjustments

Non Pay – £0.4m below plan in month and £4.0m below plan YTD

- COVID-19 costs are £4.1m up to the end of August, £0.8m relating to August
- Excluding COVID-19 costs non pay is £8.0m under plan YTD and £1.2m under plan in month
 - Clinical supplies, £4.0m, Drugs £2.4m and Estates & Facilities £1.2m below plan due to reduced activity
 - Delay in overseas recruitment plan, underspend of £0.4m due to travel restrictions

Risks to 2020-21 financial position and exit run rate to 2021-22

- Removal of retrospective top up from Month 7 and capping of COVID cost allocation
- Introduction of Elective incentive scheme from M6 with potential income reduction of £4.3m for the remainder of the financial year for non delivery of elective activity targets
- Significant increase in CRL and potential risks to delivery to be mitigated. Post month 6 capital forecast to year end will be required
- Cost of additional business cases to address quality, safety, regulatory and operational issues will adversely impact year end position and exit run rate into 20 21-22.

Executive Summary cont.

Guidelines for the funding regime were published on 16 September covering NHS Providers and CCGs, with additional details being released in following days. There are a significant number of changes to the methodology for the second six months of the year and changes in sources of funding between COVID, block, top up and national funding.

There still remains detailed guidance to be provided and a need to establish STP mechanisms to distribute system held allocations and penalties. As such Finance & performance Assurance Committee will be provided with an update on 29th September. Key points are:

Covid support	The guidance re-states the ambition to support systems to achieve break even in 2020-21. However the mechanism for Covid spending has changed, as expected, from a variable retrospective reclaim based on actual costs, to a fixed allocation based on NHSI predictions at STP level. Agreement of SaTH share of COVID allocation to be agreed.
Growth funding (STP)	STW STP is allocated £5.0m of additional growth funding. This allocation is to reflect underlying system growth e.g. staffing and service expansion, which may have occurred since the reference period used to set the system funding envelopes.
Other income	National assumption is that other non NHS income will recover to pre COVID 2019-20 levels. Trusts will be required to develop robust plan for recovery of non NHS income streams. SaTH non-NHS income stream risk is circa £0.3m per month based on Month 5.
Expenditure growth	The funding assumptions are based on predictions of spending for organisations in the STP. This excludes Trust business cases and this will therefore create risk to breakeven position required. The National team have updated the provider cost assumptions and SaTH is therefore allocated a net additional £1.4m of top up funding.
Summary	Further work is ongoing to evaluate the impact of the Trust forecast outturn and will be presented to SaTH Leadership Committee and Board.

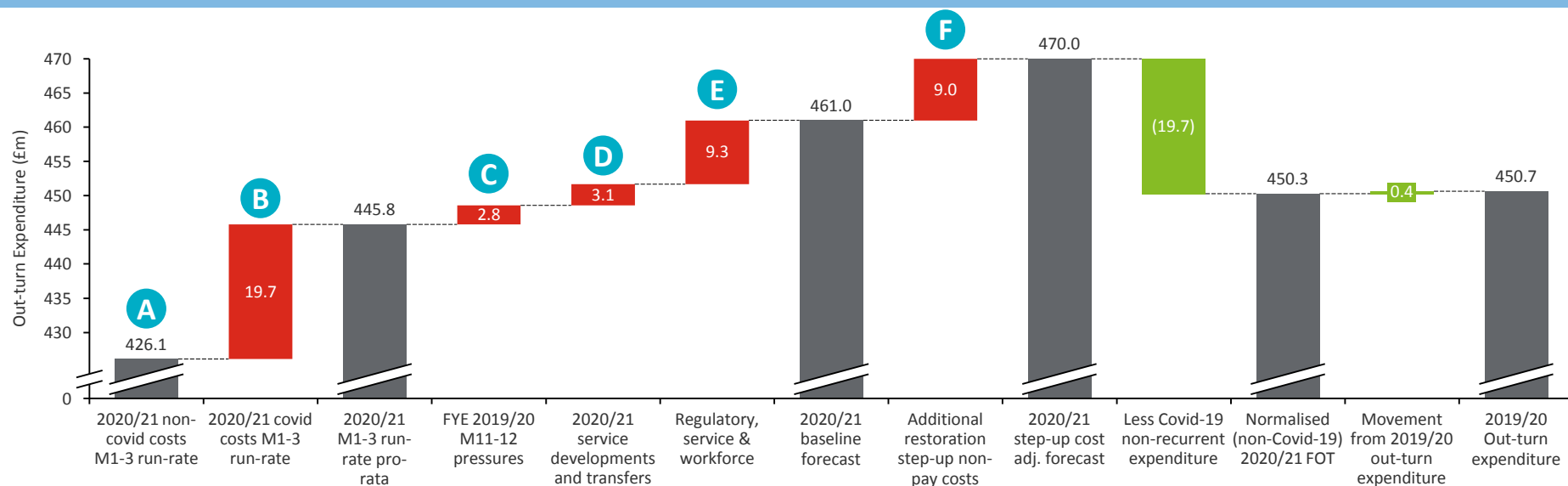
Additional detail – Month 5

- **The Trust has reported a break even position for the month of August against the planned level of NHSEI support.**
- COVID-19 expenditure to date is £8.133m (£1.533m in month) with an associated loss of income £1.983m (£0.271m in month).
- The funding regime enables reimbursement of costs above planned levels, these are £3.927m to date and £1.390m in month.
- The breakeven position in month consists of:
 - A pay over-spend of £1.595m due to additional resources and COVID-19 costs and pay adjustments offset by unfilled vacancies;
 - A non-pay under-spend of £0.406m mainly due to reduced consumables due to low levels of elective activity; and
 - Other income loss of £0.230m mainly related to COVID-19 impact on activities outside contracts.
- COVID-19 capital expenditure to date is £0.771 (with total commitments of £0.894m). The Trust is awaiting approval from NHSEI on £1m IT related COVID-19 capital requests and has recently received a request for further information.
- Cash at end of August amounted to £44.9m, including pre-payment of one month's block and top up payments received in April amounting to £32.3m.
- The Trust's payment performance against the Better Payment Practice Code remains with 95% by number and 94.6% by value of undisputed invoices were paid within 30 days. In addition, 32% and 41% respectively of all invoices were paid within 7 days.

Finance overview Month 5

	Annual	In Month			YTD			Memo	
	NHSEI Plan	NHSEI Plan	Actual	Variance	NHSEI Plan	Actual	Variance	In Month	YTD
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	COVID-19	COVID-19
								£000s	£000s
Income	398,215	33,185	32,954	(230)	165,923	164,012	(1,910)	(271)	(1,983)
Pay	(295,705)	(24,642)	(26,237)	(1,595)	(123,210)	(129,642)	(6,432)	(747)	(4,073)
Non-Pay & General Reserves	(134,121)	(11,177)	(10,771)	406	(55,884)	(51,927)	3,956	(786)	(4,061)
Total expenditure	(429,825)	(35,819)	(37,008)	(1,189)	(179,094)	(181,569)	(2,475)	(1,533)	(8,133)
EBITDA	(31,610)	(2,634)	(4,053)	(1,419)	(13,171)	(17,557)	(4,386)	(1,804)	(10,116)
Finance Costs	(14,830)	(1,236)	(1,207)	29	(6,179)	(5,720)	459	0	0
Surplus/(deficit) against Control Total pre Top-Up	(46,440)	(3,870)	(5,260)	(1,390)	(19,350)	(23,277)	(3,927)	(1,804)	(10,116)
Planned Top-Up	46,440	3,870	3,870	(0)	19,350	19,350	(0)	0	0
Additional Top-Up		0	1,390	1,390	0	3,927	3,927	0	0
Adjusted Surplus/(deficit) post Top-Up	0	0	0	0	0	0	0	(1,804)	(10,116)

2020/21 Expenditure Forecast Outturn



2020/21 Expenditure Forecast

Given the publication of allocations and high level guidance on 16th September the Trust is in the process of updating its financial forecast for submission on 5th October. As such the financial forecast from the 2020/21 Operational and financial Plan is included but as yet is not updated to reflect the revised guidance.

Risks and mitigations relating to finalisation of income allocation for month 7-12 (when published), impact of mandated activity thresholds on expenditure and assessment of penalty for non delivery of activity levels to be evaluated during course of September and revised month 7-12 forecast prepared.

A & B: a straight-line extrapolation of the average monthly expenditure for COVID 19 and non-COVID 19 costs between months 1-3 over 12 months accounts for 97% of the expenditure;

C, D & E: £15.2m of expenditure is added for items not represented in months 1-3, a full breakdown is shown in tables on the next page.

F: £9.0m of expenditure is added for growth in non-pay costs (above M1-3 levels) associated with high-cost drugs and medical devices as services are restored.

Forward action plan (finance)

Key Issues/Priorities	Planned actions to address issues/priorities	Owner	Completed by
M1-6 reporting	<ul style="list-style-type: none"> Deliver breakeven financial position for month 5 and 6 	JD	October 2020
20/21 Capital plan	<ul style="list-style-type: none"> Approval of 20/21 capital plan revised for £3.5m of additional CRL through governance processes (SLC-O, F&P and Board) 	JD	October 2020
M7-12 planning exercise	<p>Following receipt of planning guidance prepare M7-12 forecast:</p> <ul style="list-style-type: none"> Review allocations for month 7-12 (when published) and compare versus current run rate to identify any risk to financial position Based on this analysis further actions required will include: <ul style="list-style-type: none"> Review of COVID expenditure in line with now fixed COVID allocation and prioritise expenditure in line with budget Assess implication of activity levels mandated in planning guidance and impact on expenditure run rate Quantification of risk to financial position from activity thresholds Prioritisation of business cases to deliver high quality and safe care and validation of impact on 20/21 financial position submitted to NHSE/I Approval of Modular SDEC, Priority Admissions Unit and E-Prescribing business cases Develop plan to mitigate risks to achieving breakeven position for 20/21 Revised baseline budgets to be updated to reflect business case prioritisation / changes due to M7-M12 planning guidance 20/21 Transformation and Efficiency Programme aligned with our plan for restoration and national planning guidance 	JD	October 2020
Finance development programme	Trust wide implementation to strengthen financial management and control following Future Focussed Finance (FFF) methodology	JD	June 2021

Estates and Facilities, Security & Health and Safety

Director of Corporate Services, Julia Clarke

Executive summary

Estates

- Estates continue to work closely with operations on capital projects required for the restoration and recovery stage and providing information required to secure the capital funding.
- Capital programmes for Strategic (£17M), Backlog (£10M) and Trust Priorities (£2M) have been set out and are now in procurement and enabling works phases. Five additional project managers have been engaged to deliver capital programme.
- High number of requests for space being submitted to the Space Utilisation Group (SUG) and which cannot be satisfied.

Facilities

- New menus were launched at both sites to increase patient food choices and the new food service was launched at RSH on 1 September
- Additional cleaning has been introduced on wards in the evening at both sites and microfibre mopping systems have been introduced to more areas

Health & Safety

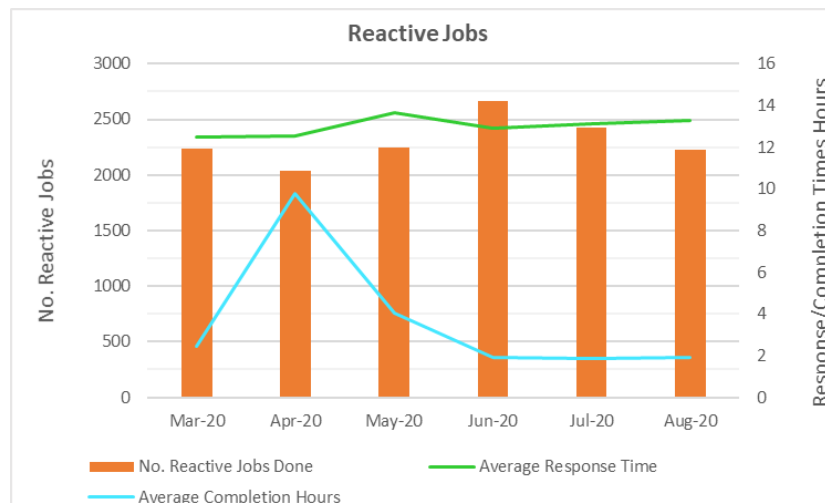
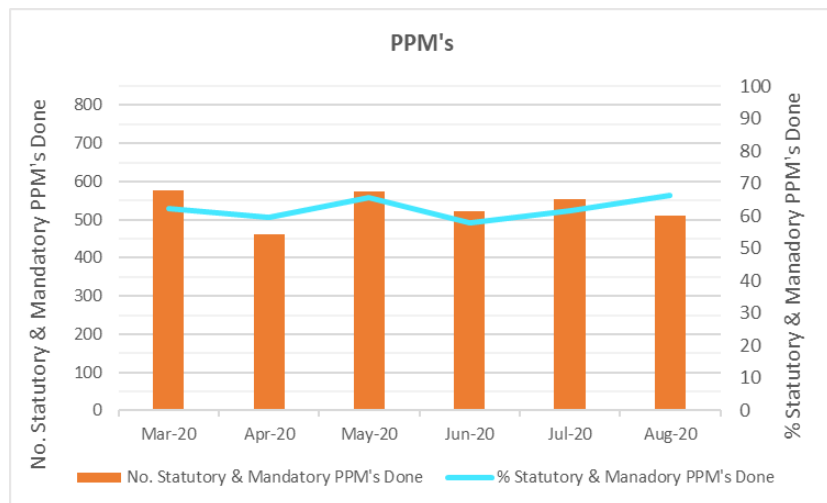
- Open fit testing sessions continued 5 days a week to 31 Aug 20, 3 days from 1 Sep 20 focusing on Jr Drs rotation and new starters, plus repeat fit testing due to FFP3 stock changes.
- Covid-secure risk assessment support work continues. Patient handling induction courses for new starters continued at a higher rate than pre-pandemic due to effect of social distancing in training venues.

Security

- Security activity/incident reporting has returned to previous levels as Restoration & Recovery continues.

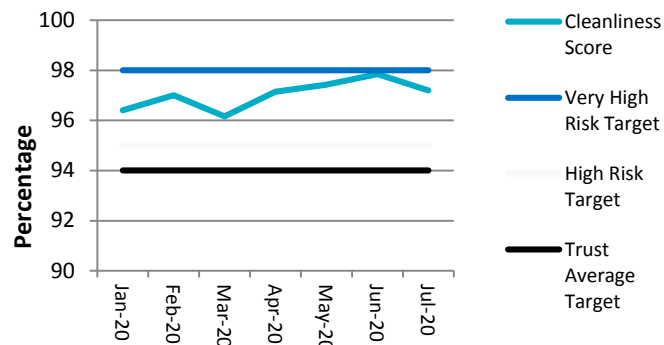
Key metrics - Estates

Area	Update
Capital Projects	6 Projects on ED Strategic Programme 59 Backlog Capital Projects and Schemes 11 Schemes on £2M Trust Priority List 10 FY 19/20 Carry Over Projects <u>86 Capital Projects Handled in Total</u>
Estates Operations	511 PPMs completed / 66.4% of Assigned Statutory and Mandatory on time – MICAD reporting is being refined to provide more accurate data 2,287 reactive jobs assigned, 2,222 completed 97.16% Average response time 13.29 hours - Average completion time 1.9 hours
MES	83% Assets in Date 1,303 medical equipment jobs handled –847 for SATH: Inc. 112 commissioning, 19 Covid, 370 planned, 243 repair, 103 miscellaneous



Key metrics – Facilities

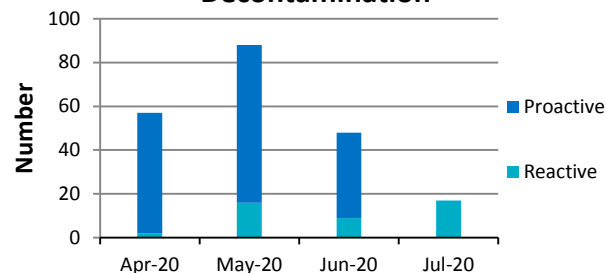
Monthly Cleanliness Score 2020



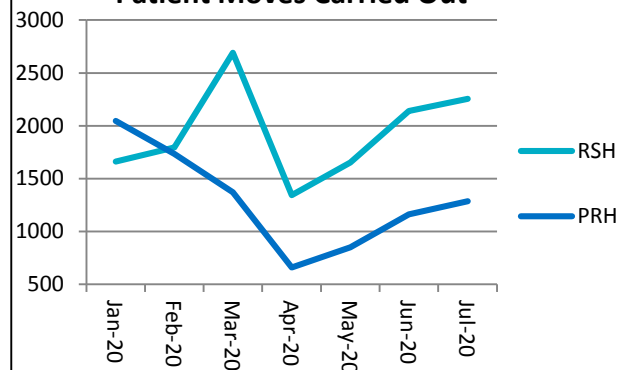
Cleanliness

- The score for the Cleanliness Team was 97.20%
- There were 17 reactive decontamination processes carried out

Proactive and Reactive Decontamination



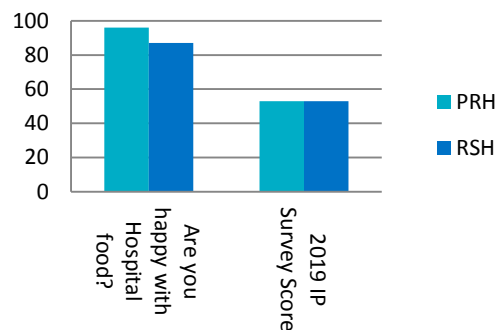
Portering Department - No. of Patient Moves Carried Out



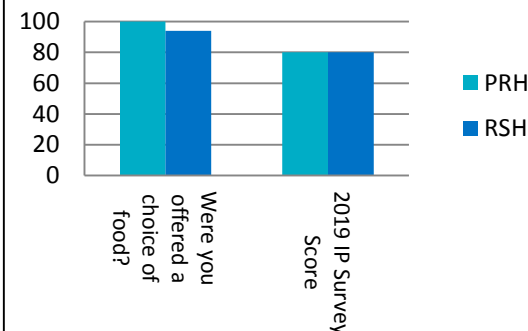
Portering

There were 2,256 patient moves at RSH and 1,286 at PRH

Patient Food Survey - August 2020



Patient Food Survey - August 2020



Catering- Matron's Patient Food Survey

Are you happy with Hospital food? – 96% at PRH and 87% at RSH
 Were you offered a choice of food? – 100% at PRH and 94% at RSH
 Since 2019 IP survey choice has been increased by 25% at PRH and 100% at RSH plus hosted service at RSH introduced since August

Key metrics – Health & Safety

Benchmarking against HSE statistics

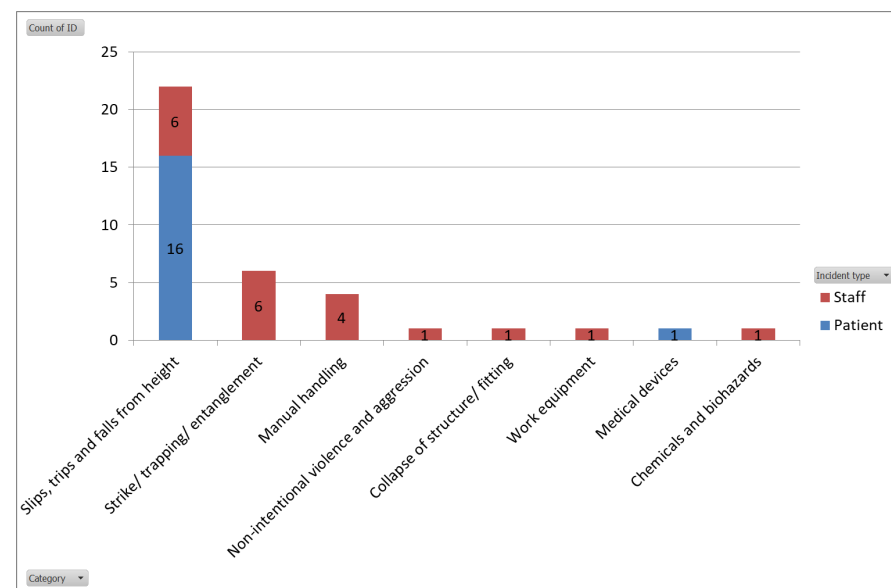
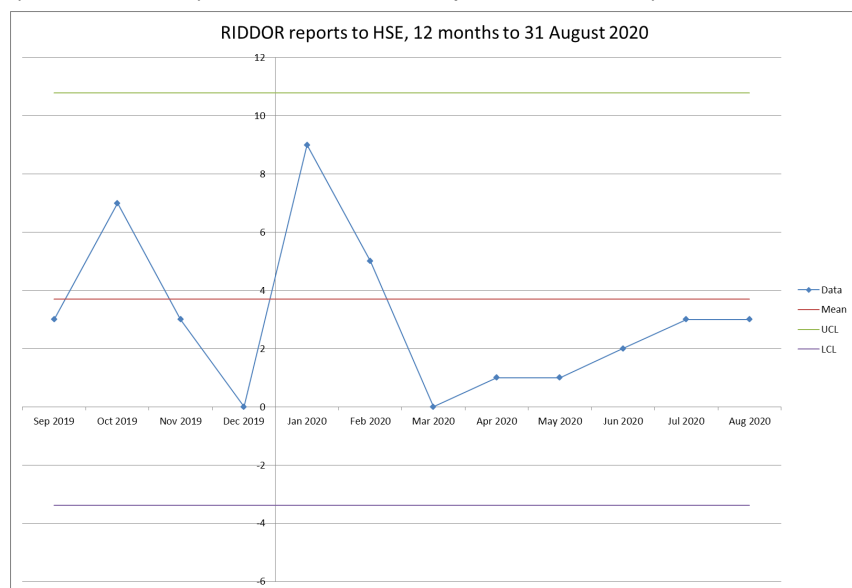
In the 12-month period ending 31 August 2020, the Trust is reporting worker RIDDORs at a rate lower than HSE's statistics for the "Human Health" sector. No Covid-19 related RIDDOR reportable incidents have been identified to date.

Category	HSE*	SaTH Rolling 12 months ending 31 August 2020**	Raw number of "worker" RIDDOR reports submitted by Trust***
Fatal injuries	0	0	0
Specified injuries	62	60	4
Over 7-day injuries	307	224	15
Total: all non-fatal injuries	369	283	19
Dangerous occurrences	No benchmark data	15	1
Occupational diseases	No benchmark data	0	0

* HSE data 2013/14 to 2018/19 (latest available)

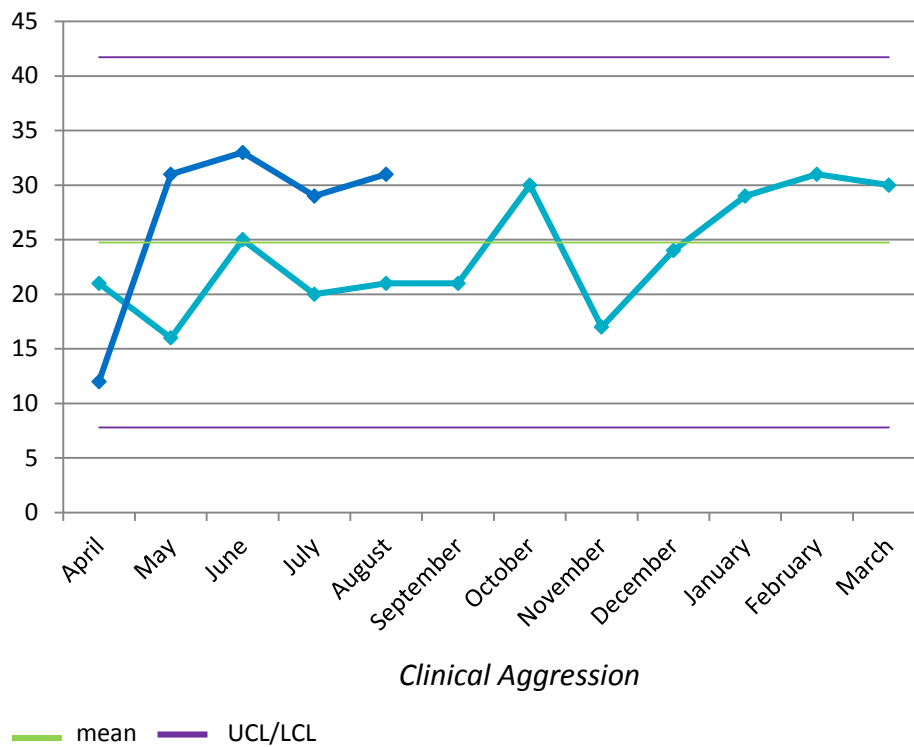
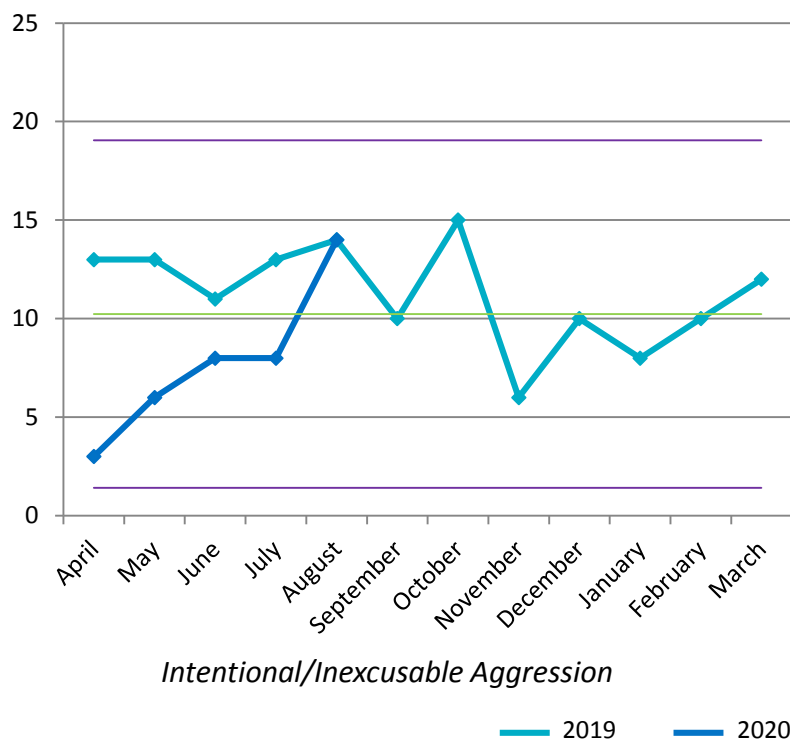
** Derived using formula (number of RIDDOR reports/ headcount) x 100000

*** Datix records injured person as staff member or volunteer



Key Metrics – Security

Reported incidents of inexcusable and clinical aggression have returned to expected levels as Restoration & Recovery continues. 6 matters of inexcusable violence & aggression (four from recent weeks/months and two historic) await prosecution and Court action. Other administrative action from August includes the issue/intended issue of 8 warning letters/letters of concern to patients regarding their behaviour, 5 new markers against patient records on SEMA warning staff as to the patient's potential for aggression and the issuing of 19 letters offering support and/or feedback to staff directly harmed, injured or affected by reported incident.



Forward actions

(Estates; Facilities; Health and Safety; Security)

Key issues/ priorities	Planned actions to address issues/priorities	Owner	Target completion	Date completed
Estates	• Shortlist Compliance posts	WN	Aug-20	Completed
	• Finalise draft interim site control plan	WN	Sep-20	Completed
	• Finalise draft interim Estates strategy	WN	Nov 20	
	• Deliver RSH SDEC and PRH PAU by 31 December	WN	Jan-21	
Facilities	• Develop Business Case for Covid cleanliness services	JY	Sep 20	Completed in August
	• Implement Covid19 additional cleaning cover	JY	Oct 20	In progress
	• Introduce monthly patient food survey	JY	Sep 20	Completed in August
	• Develop business case for staff out of hours food	JY	Oct-20	In progress
Health & Safety	• Plan and implement provision of open fit testing session from 1 October 2020	KT	Oct-20	In progress
	• Plan for resumption of manual handling SSU training April 2021	KT	Mar-21	In progress
Security	• Support to estates with security technical requirements/specifications for SDEC new build.	JS	Dec-20	In progress
	• Liaise with security staff provider to agree/commence recruitment program for additional security staff (subject to approval of business case for additional security staffing at Sep I&I)	JS	Dec-20	In progress

Risk Management

Interim Director of Governance, David Holden

Risk Management Performance

- The Corporate Risk Register provides a summary of the key **operational** risks currently being managed by the Executive Team.
- The new Risk Management Committee has been established to provide detailed assurance about key risks and mitigations, sharing minutes with the Audit and Risk Committee.
- The overarching consolidated risks currently facing the Trust are being reviewed and finalised at the Risk Management Committee meeting taking place on the 13 October.
- The output will be circulated to all Board members by close of play on 16 October and thereafter be included in this section of the IPR.

Forward actions (risk management)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Corporate Risk Register (CRR) to be reconstituted to ensure that it fully reflects key operational risks	Operational risk themes to be identified by Executive Team	CP	Complete
Executive Directors to hold 'Operational Risk Review' meeting 3 rd week in August	Meeting will discuss and agree all significant risks, this will provide a platform for the agenda and actions of a newly formed Risk Management Committee	DH	Complete
Risk Management Committee to be established	The Risk Management Committee will be formed, with appropriate membership and ToR. Executive Directors will act as 'gatekeepers' of the escalation and de-escalation process (overseen by the Audit Committee)	DH	Inaugural meeting took place on 8 th September
Board 'BAF Workshop' to be arranged	The purpose of this workshop is to approve approach, content, process and use of new BAF, MIAA and 4risk to help facilitate session - NED session to be held in advance	DH	November 20
Board to receive new BAF and to use the information provided as assurance process against strategic risk and direction	BAF will reflect strategic risk and assurance, and be presented to the Board with updates from assurance committees and their respective Chairs	DH	November 20