

COVERSHEET	
Meeting	Board of Directors meeting in PUBLIC
Paper Title	Integrated Performance Report (performance to end September 2020)
Date of meeting	5 November 2020
Date paper was written	26 October 2020
Responsible Director	Chief Executive
Author(s)	Interim Director of Strategy & Planning; Director of Nursing; Medical Director; Chief Operating Officer; Acting Director of Workforce; Interim Director of Finance; Director of Corporate Services; Interim 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>The Board of Directors are asked to take assurance from the report 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	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		
<input checked="" type="checkbox"/>	OUR PEOPLE Creating a great place to work			
Link to Board Assurance Framework risk(s)	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

Report to Board of Directors
October 2020



Contents

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

Overall key focus areas

- Improve quality of services provided
 - Continue to address identified issues and actions
 - Improve falls management
 - Continue to develop and implement Maternity Transformation Plan
- Progress the delivery of our Transforming Care 'Getting to good' programme
 - Finalise additional work streams (incorporating Improvement Alliance objectives)
- Implement Phase 3 and winter plans
 - Deliver phase 3 recovery plan
 - Manage system risk - clinical summit
 - Accelerate delivery of the System Improvement Plan
 - Develop and implement additional mitigation plans
- Manage the impact of Covid-19
 - Address Unscheduled Care demand from Covid-19 and non Covid-19 activity
 - Finalise mutual aid arrangements
 - Refine escalation point triggers
- Build solid foundations for operational planning in 2021/22

Executive Summary

- Unscheduled Care pressures are intensifying with increasing delays in ambulance handovers and 4 hour breaches
- Covid-19 admissions are increasing and an outbreak is being managed on the PRH site
- Risks arising from Covid for service delivery are highlighted in risk register
- The Trust delivered its recovery plan in September plan for Elective Outpatient, Inpatient, and Day case activity
- Endoscopy recovery is behind plan with work taking place to address this by expanding community swabbing capacity and seeking additional staff
- Acceleration of the delivery of system winter plan objectives continues to be a focus – further mitigations are also being developed
- Additional CT and MRI capacity is now in place, with further planned
- The backlog of patients waiting to access services remains high, with lengths of wait increasing for patients. Recovery plans will be required beyond the end of this financial year to fully address this issue

Overall performance dashboard

	Measure	Target Month	Actual Month	Bench marking	Trend	Kitemark	Comment
Safe	Serious Incident Reporting		7				
	Never Events	0	0				
	VTE Risk Assessments	95.0%	96.2%				National returns not collected since Dec-19. Locally collected and monitored
	Falls per 1000 bed days	6.60	4.61				Awaiting updates from Patient Safety Measurement Unit (PSMU) for benchmarking data
	Hospital Acquired Pressure Ulcers (Cat 2 Confirmed)	12	11				Target based on 20% reduction of 19/20 monthly average
	MSSA Bacteraemia infections		2				Target to be confirmed
	E.coli Bacteraemia infections		6				Target to be confirmed
Effective	C Diff Infection Cases	3	1				
	HSMR	96.42	90.79**	(Aug-20)			
	Readmission Rate (28 days)		9.8%**	(Aug-20)			Target to be confirmed
	Ambulance Handover (over 60 mins)		205				Target to be confirmed
	Super Stranded		44				Target to be confirmed
	Average LOS (Adult Emergency)		6.35				Target to be confirmed
	Agency Staffing	£1,173k	£2,633k				
Caring	Friends and Family Test: % Recommended by Patients - A&E	85.0%	92.4%				National returns not collected since Mar-20. Trust commenced local collection May 20
	% of Complaints which were upheld	19%	7.5%				
	A&E Left Without Being Seen	5.00%	2.5%				
	Maternity - Emergency C Sections	<10%	13.5%	(Jun-20)			
	Mixed Sex Accommodation Breaches - Confirmed	0	25				National reporting on MSA breaches has been paused due to COVID19 impact
Responsive	RTT Performance	92.0%	55.0%	(Aug-20)			
	Waiting Times - Diagnostic Waits	99.0%	41.4%	(Aug-20)			
	A&E 4 Hour Performance	95.0%	76.2%	(Sep-20)			
	RTT - 52 Week Breaches	0	598	(Aug-20)			
	Cancer Waiting Times - 62 Day	85.0%	81.8%	(Aug-20)			
Well Led	Retention rate exc. Junior Drs		89.3%				Target to be confirmed
	Sickness	4.0%	4.2%	(May-20)			
	PDP Completion	90.0%	85.3%				
	Financial surplus/deficit	£0k	£0k		-		Target to be confirmed
	CIP Target		£628k	N/A			Target to be confirmed, YTD live and carry in
	Capital Programme Delivery		£702k	N/A	-		Target to be confirmed, expenditure in month
	Staff FFT						Last available data Q2 19/20

Key Achievements

- Delivery of the September 2020 Recovery Plan for Outpatients, in patient and day case.
- Rapid expansion of radiology capacity for CT and MRI via securing mobile scanners.
- Work underway on Same Day Emergency Care Unit at RSH and MLU facility at PRH to support emergency care flow.

Sustained Delivery

- Friends and Family Test
- Patients leaving ED without being seen
- Never Events
- VTE risk assessment
- Sustained improvement of A&E arrival to initial assessment times, both departments mean performance better than the 15 minute target

Key Concerns

- Increasing number of delays in ambulance handover
- Risk arising from delays to treatment over 52 week
- Increasing level of Covid-19 demand
- Forecast bed shortfall over the winter period, requiring additional bed capacity to be created

Continued Challenged Performance

- RTT performance
- DM01 Diagnostic Performance
- Continued level of agency expenditure creating financial pressures

S - Sign Off and Validation		<i><u>Note:</u> 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.</i>		
T - Timely & Complete				
A - Audit & Accuracy		Green - assurance in place		
R - Robust Systems & Data Capture		Amber - more assurance required Red - assurance inadequate		
	CQC Rating	Inadequate		Steady State
	SOF Rating	4		Negative Trend
				Positive Trend
Position as at: ^ Jun 20, * Jul 20, ** Aug 20				

Forward Actions (IPR Development)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Target completion	Date completed
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 data for Nov 20 reporting	
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	14.10.20.
Align the performance data from board to care groups	Develop cascade dashboards and Performance Review reports	CP	End Dec 2020	
Understand relative performance and opportunities for improvement	Produce quarterly benchmarking review reports	CP	Quarterly from End Dec 2020	
Accelerate focus on internal information for decision-making	Interim structure for informatics team to align roles to keys functions	CP	November 2020	
Increase analytical capacity	Automate dashboard production to release time from production to analysis	CP	March 2021	

Quality

Medical Director, Arne Rose
Chief Nurse, Hayley Flavell



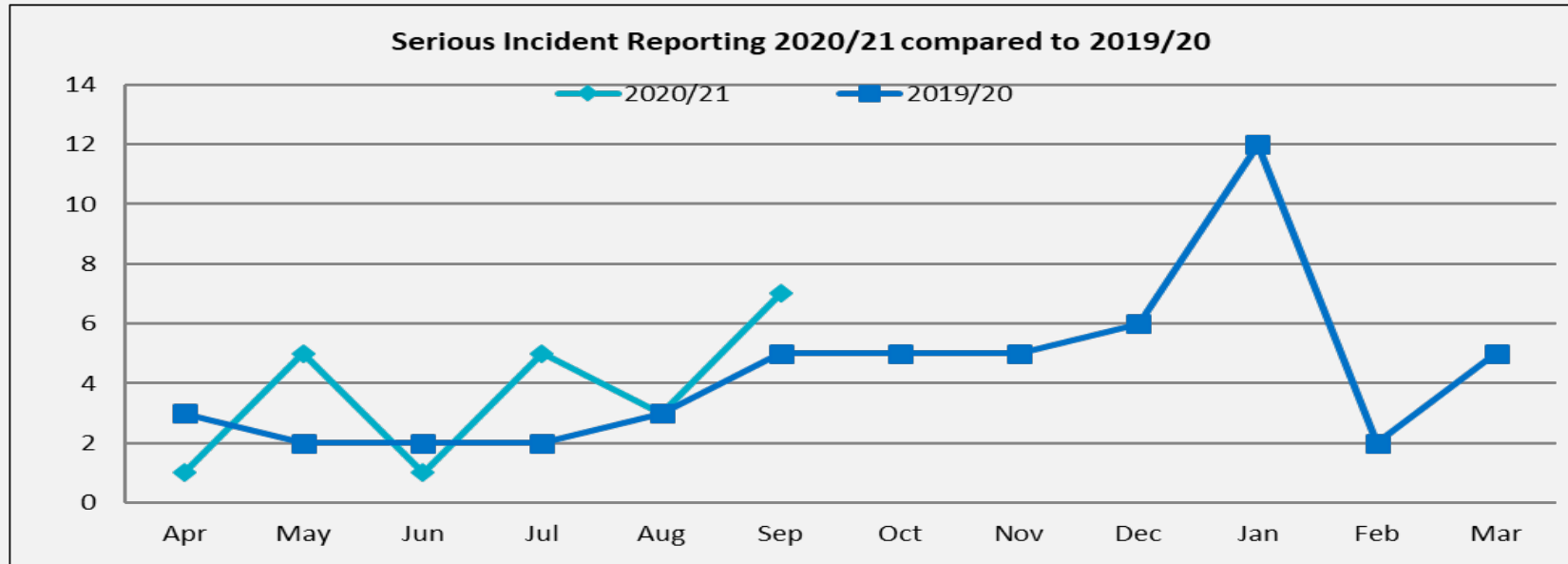
Executive Summary

- 7 Serious Incidents were reported in September 2020, of these 5 were falls
- The total number of falls remains within normal variation with 92 reported this month, the falls per 1000 bed days decreased for the 2nd month to 4.61 and is within normal variation
- There were 5 falls resulting in moderate harm (or above) and the ratio of falls per 1000 bed days increased to 0.25
- There were 3 Category 3 pressure ulcers and 11 Category 2 Pressure ulcers reported for this time period
- VTE compliance was 96.2%, this was the 2nd month the target of 95% was exceeded



Serious Incidents

There were 7 Serious Incidents reported in September 2020

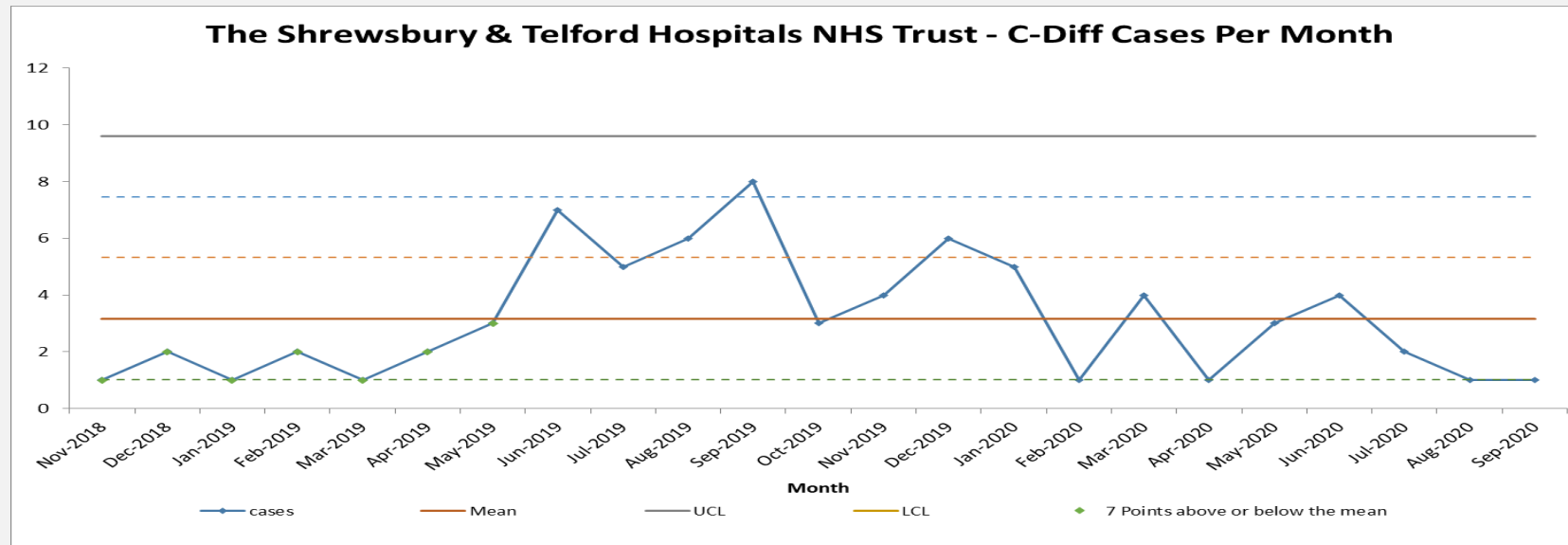


Serious Incidents:

Datix ID reference	Category
190484	Fall fracture neck of femur – Ward 22 short stay
190930	Fall Intracranial bleed – Ward 22 T/O
191153	Fall fracture neck of femur – 22 frailty
191118	Fall fracture neck of femur – 22 frailty
191502	Fall/Collapse – Death – Ward 17
191679	Failed Equipment Cataract Surgery
191980	C-Diff Infection – 1a on death certificate

Infection Prevention and Control

The total number of C-Diff cases reported per month is shown in the chart below:



There was one case of C difficile attributed to the Trust in September 2020. This case was a Post 48 hour case.

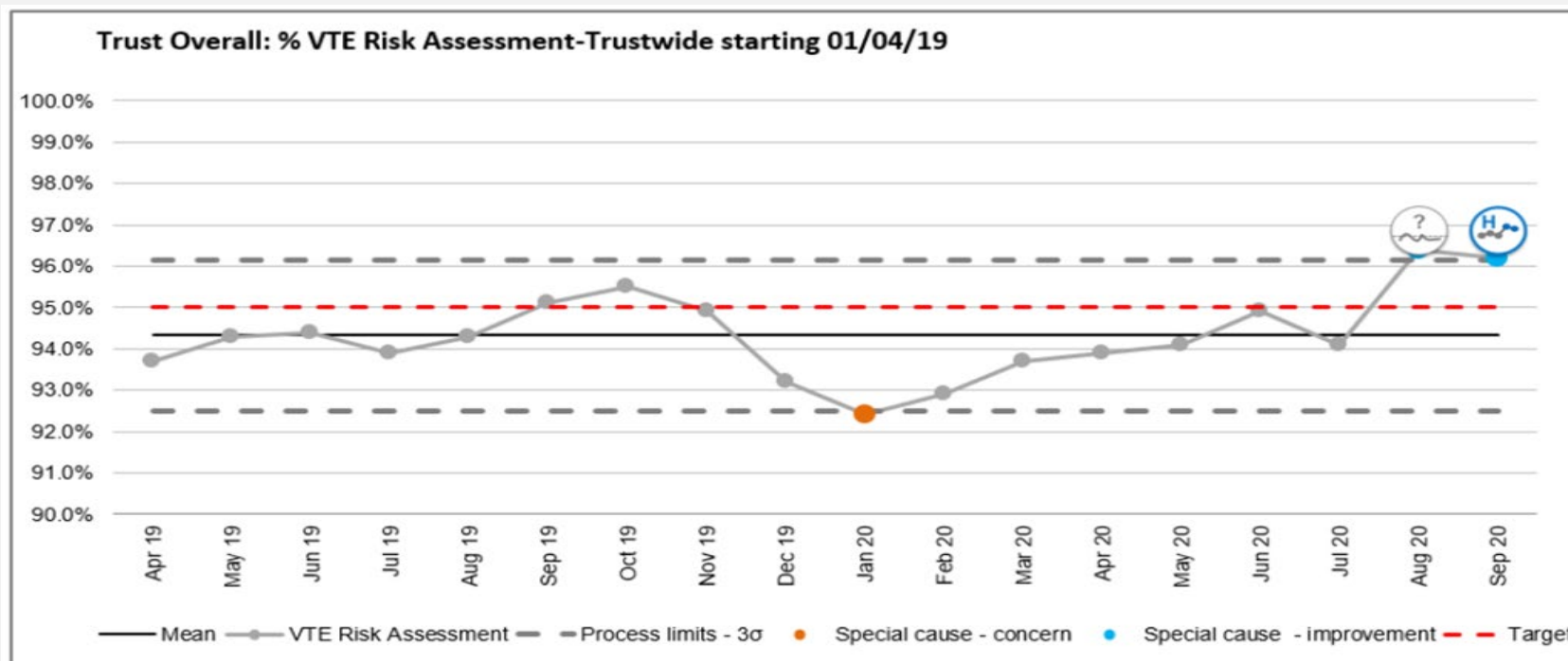
All cases have an RCA, common themes include: timeliness of taking stool sample and antibiotic usage.

Based on the 2019/20 target of no more than 43 cases, the Trust is performing better than trajectory with 12 cases year to date.

Reporting of VTE assessment compliance has been suspended as per national guidance during the COVID-19 pandemic.

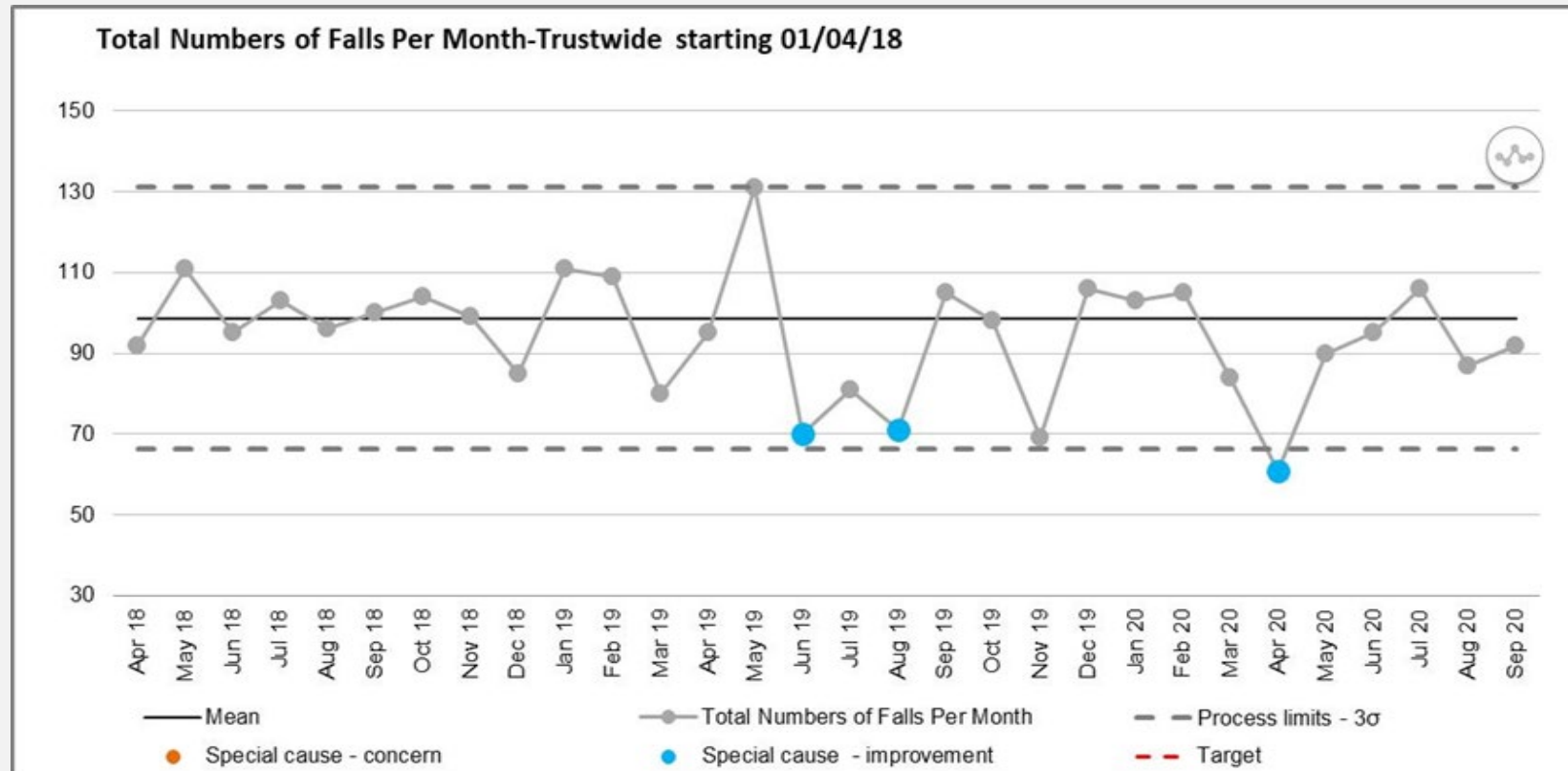
Data has been collected locally by the Trust since April 2020. In September 2020, VTE performance was 96.2%; this is the 2nd consecutive month the target has been achieved.

Ongoing work, led by the Care Group Medical Directors will ensure VTE compliance continues to improve



Falls

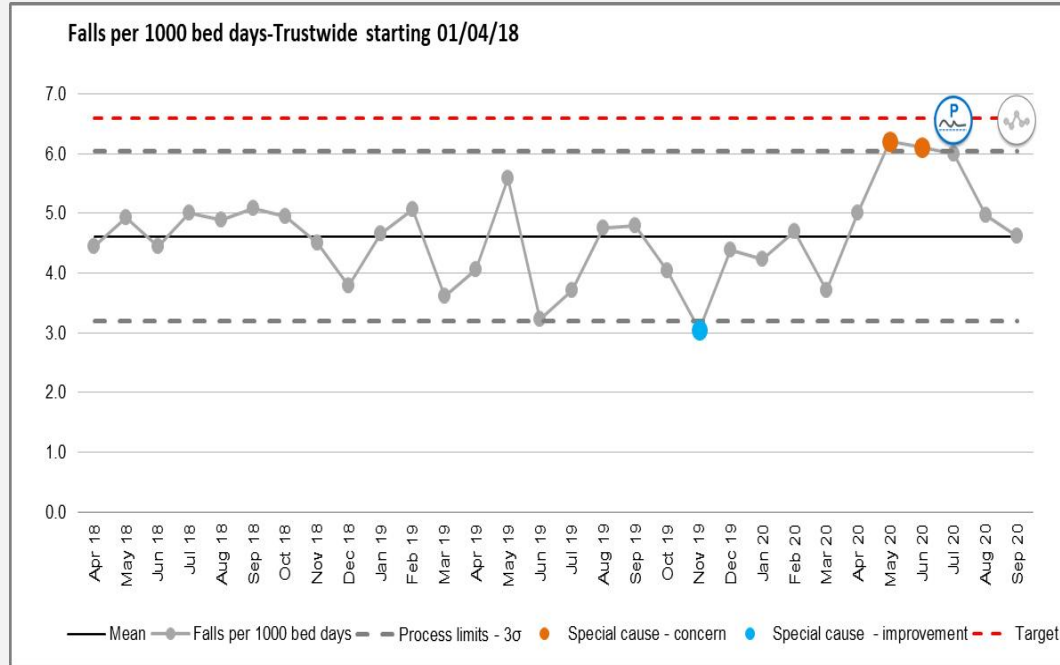
There were 92 falls in September 2020



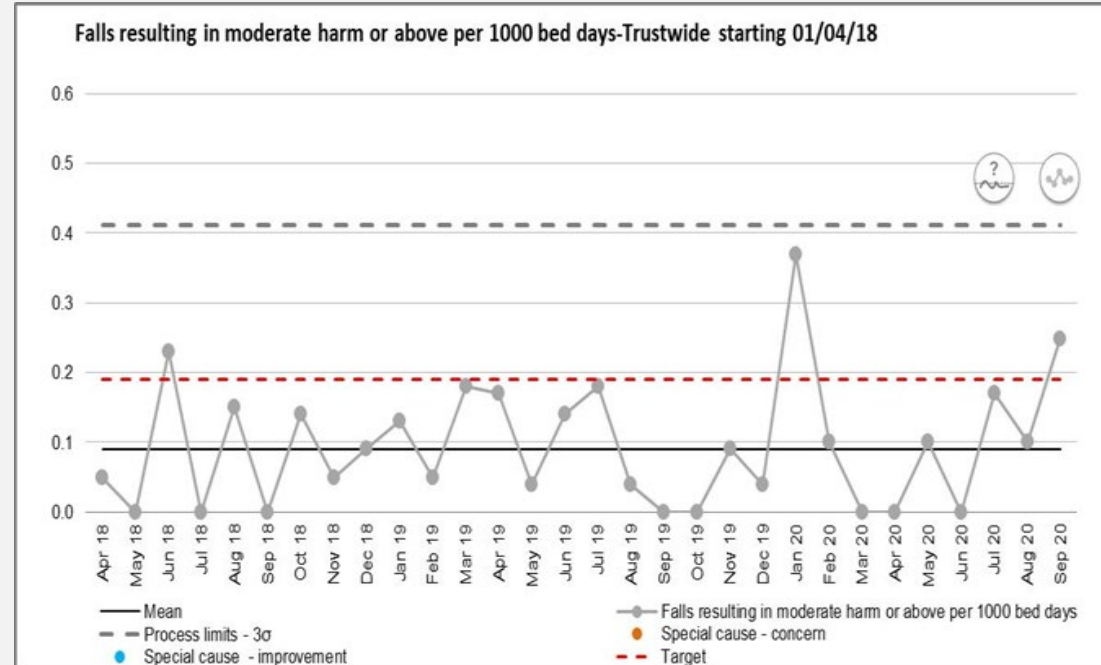
The number of falls increased slightly to 92 from the 87 reported in the previous month.

Falls cont.

Falls per 1000 bed days



Falls per 1000 bed days resulting in moderate harm or above

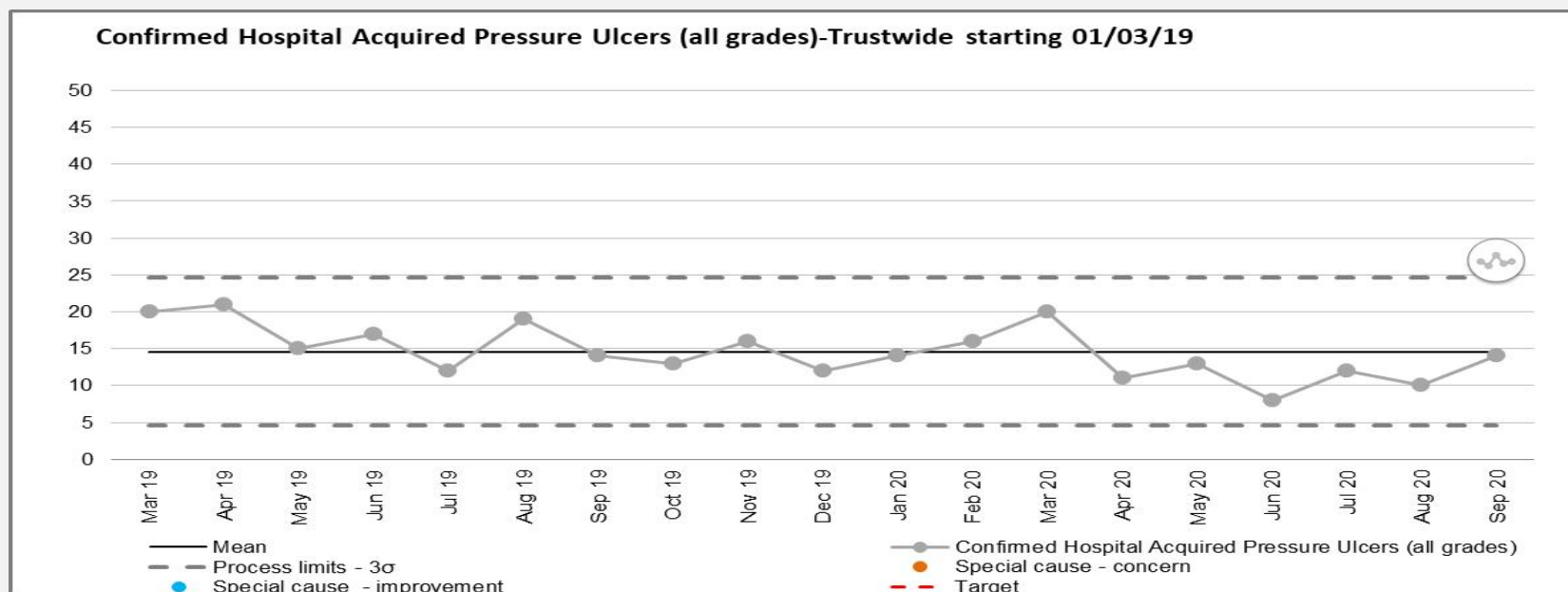


The ratio of falls per 1000 bed days decreased again in September 2020 to 4.61. However, the ratio of falls per 1000 bed days resulting in moderate harm or above increased to 0.25 due to the 5 falls reported as SIs, 4 of which were on the medical wards.

The investigations are being undertaken and will be presented and signed off at the Nursing Incident Quality Assurance Meeting (NIQAM).

Pressure Ulcers (all categories)

There were 14 confirmed hospital acquired pressure ulcers reported in September 2020. Of these, 3 were Category 3 pressure ulcers.

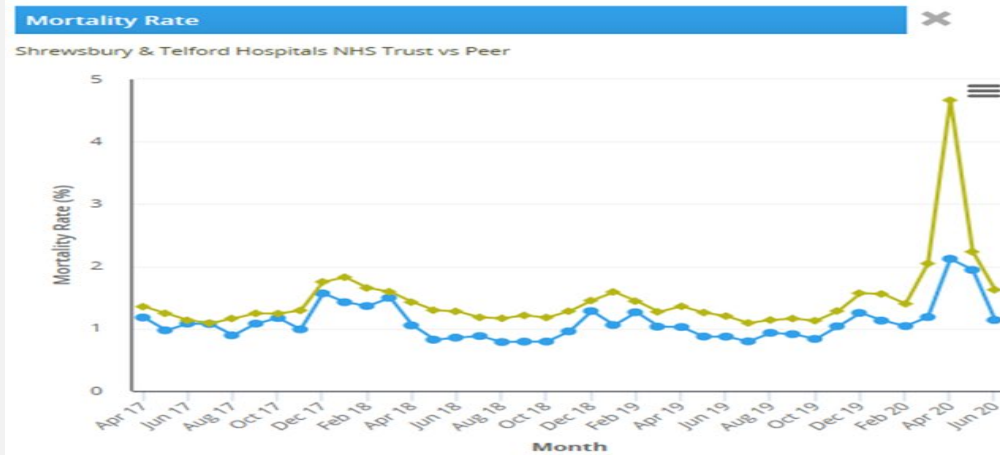


All pressure ulcers which fit the definition of a serious incident are reported on STEIS. These are now presented and signed off at the Nursing Incident Quality Assurance Meeting (NIQAM).

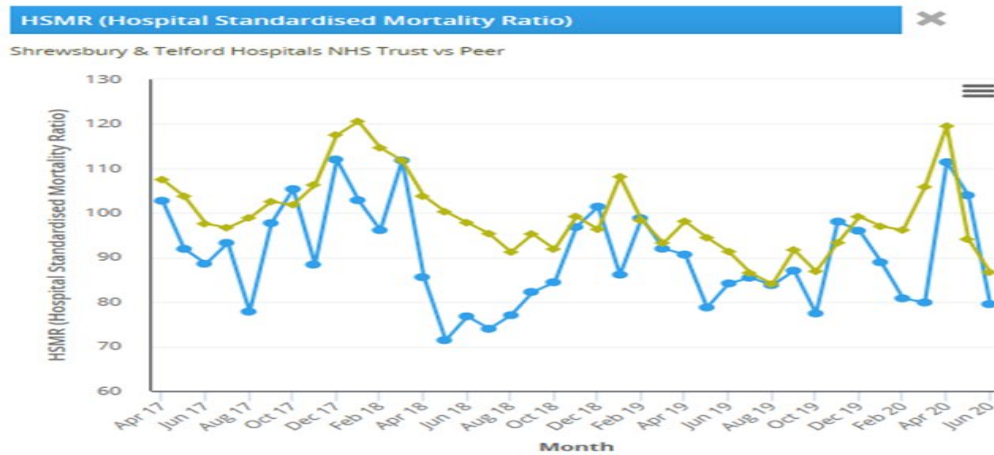
All other pressure ulcers category 2 and above have an RCA completed and discussed at the Pressure Ulcer Panels. Ongoing themes in relation to the RCAs for the acquired pressure ulcers relate to timeliness of risk assessments, documentation, and re-positioning.

Mortality

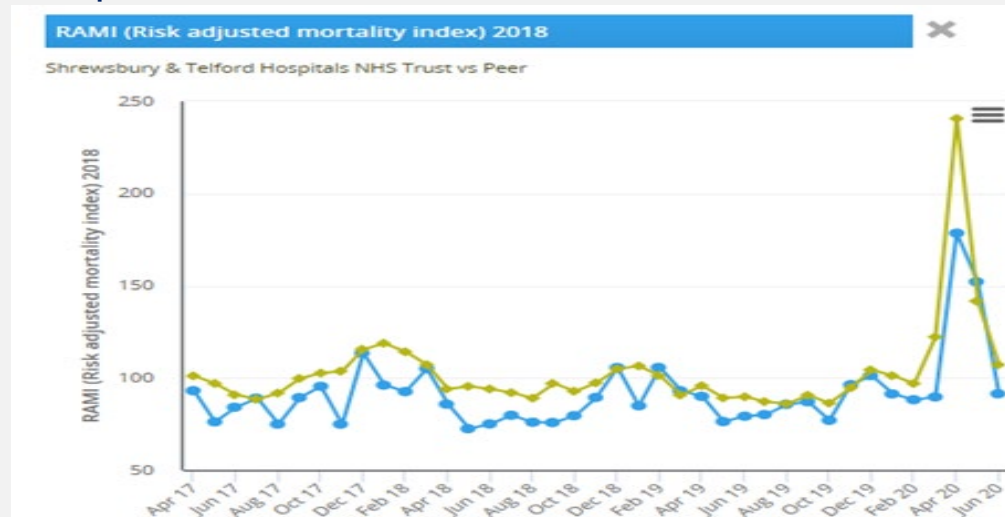
Mortality Rate April 2017-June 2020



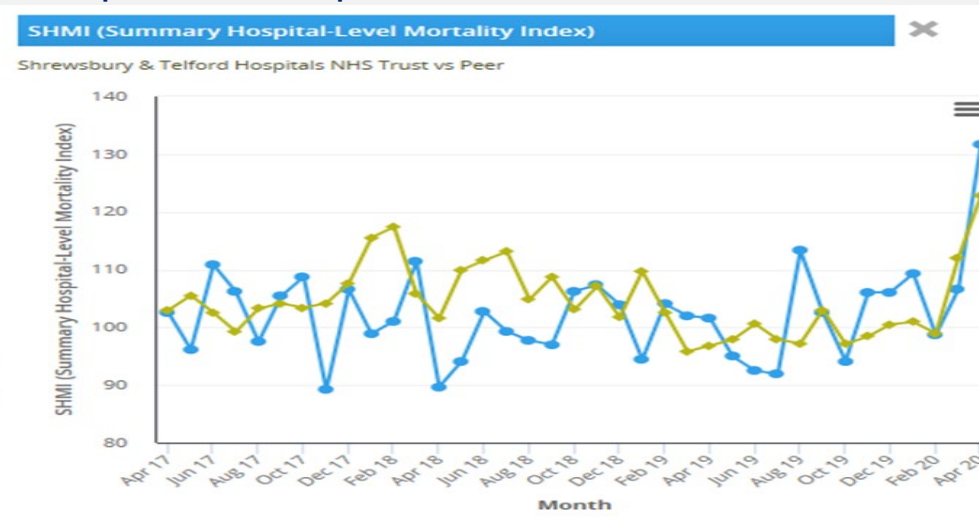
HSMR June 2015 to May 2020 show below (latest available data)



RAMI April 2017-June 2020

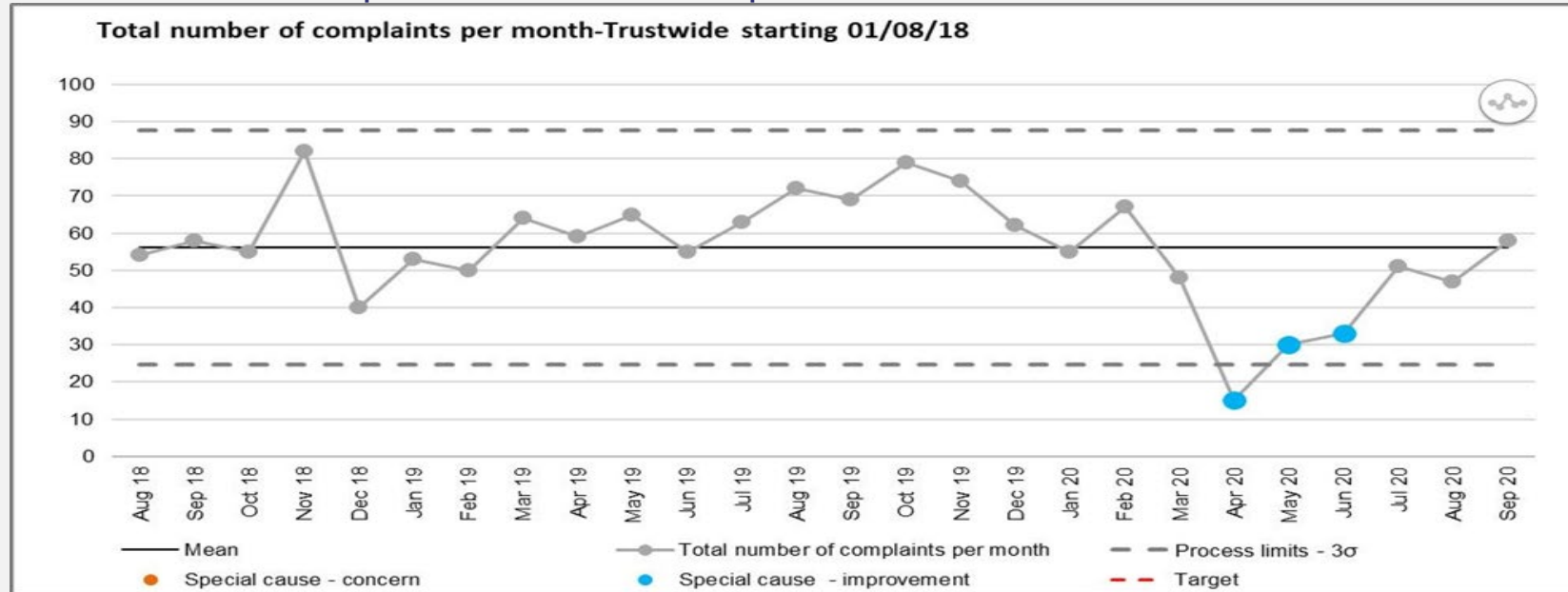


Hospital SHMI April 2017-June 2020



Complaints

There were 58 formal complaints received in September 2020



26 complaints related to the Royal Shrewsbury Hospital and 30 related to the Princess Royal Hospital, and 2 to the community

There has been a slight increase in complaints relating to appointments, and discharge.

The main issues relating to appointments are associated with delays due to the Covid-19 pandemic or problems with follow-up appointments.

The main issues relating to discharge are around concerns that the patient was discharged too soon, or inadequate information given.

Forward action plan (quality)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Pressure Ulcers, Falls and IPC SIs	Revised process for the Pressure Ulcer, Falls and IPC serious incidents now presented and signed off at the Nursing Incident Quality Assurance Meeting, (NIQAM), this commenced in October 2020.	Hayley Flavell	October 2020
Falls	<p>Falls Improvement work includes.</p> <ul style="list-style-type: none"> • Monthly audit of nursing documentation includes completion of falls risk assessments and use of bed rails. Results discussed at monthly Nursing Assurance meeting • Point Prevalence audit planned to take place as part of the instigation of the Safety Thermometer Audit. • Falls Training by Falls Practitioner continues now supported by the Quality and Safety Facilitators • Strengthening of Falls Steering Group • Discussion of patients at risk of falls at the ward safety huddles, • Increased focus and support to wards to 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 • Weekly meeting to review all previous week's falls incidents 	Hayley Flavell	Ongoing

Operational

Chief Operating Officer, Nigel Lee



Key Messages

Urgent Care

- A&E demand continues to rise at PRH, RSH has seen a reduction in attendances in September 2020
- Ambulance handover delays over 60 minutes have risen to 205
- Four 12 hour breaches occurred in September due to lack of appropriate bed capacity

Elective

- Routine outpatient appointments and operations are being restored, but are affected by social distancing and IPC factors
- Waiting list size continues to rise, September position was 26,903, from 26,307 in August
- 52 week waits (English only) have risen to 598 from 481 in August
- Theatre capacity remains a challenge due to staffing and segregation of critical care pods
- SATH continues to use the local Nuffield hospital and plans to do so for the remainder of 2020/21

Cancer

- Cancer performance remains a top priority for the Trust, with additional sessions in Endoscopy and Imaging in place to support treatments
- 2 Week Wait Standard achieved in August, 96.4%
- 62 Day Standard not achieved, capacity for diagnostics, is impacting on pathway
- 104 days reduced to 7 patients – patient choice to delay

DM01

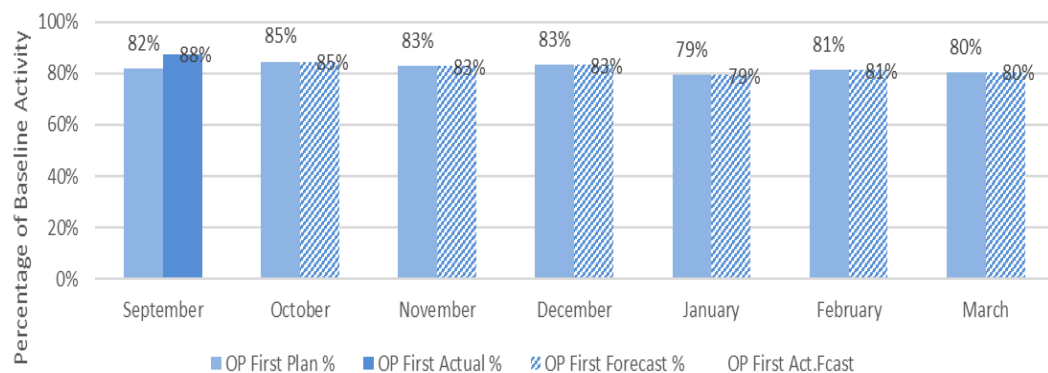
- Imaging demand remains high
- Number of patients waiting over 6 weeks was 7,391
- Additional MRI scanner on site from 5th October and additional CT scanner from 12th October

Phase 3 Recovery

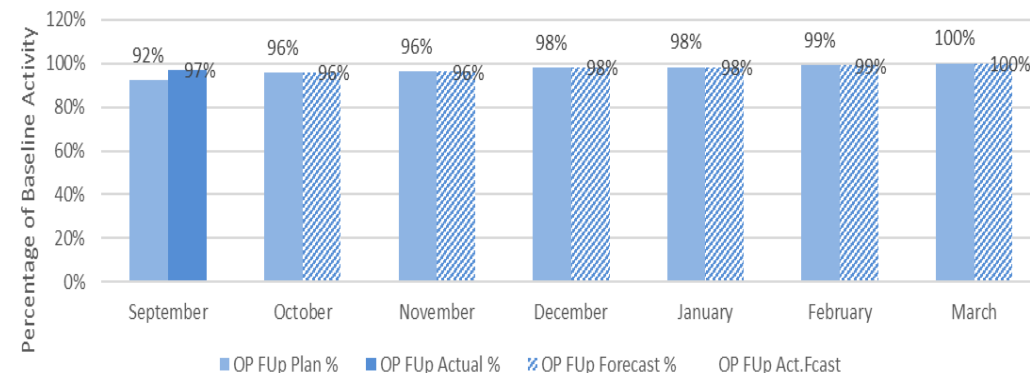
- Recovery to the levels of diagnostics and treatments remains a significant challenge for the Trust
- Whole system and external support is needed to support full recovery

Restore and Recovery

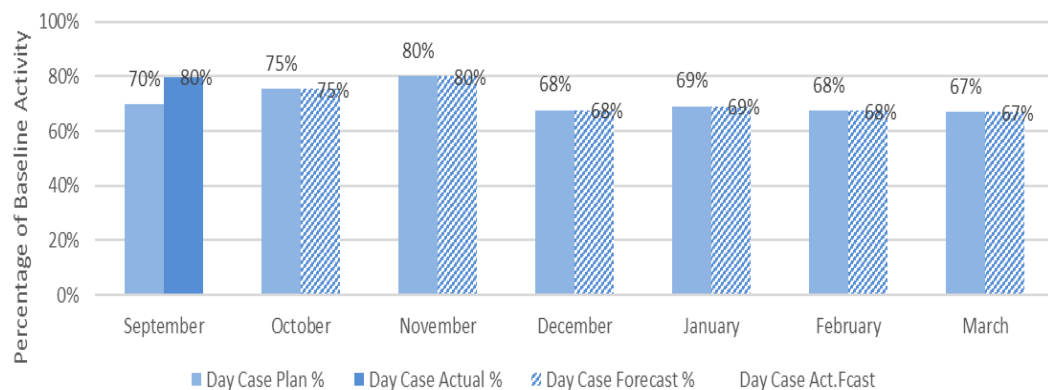
Outpatient First Activity vs Plan %



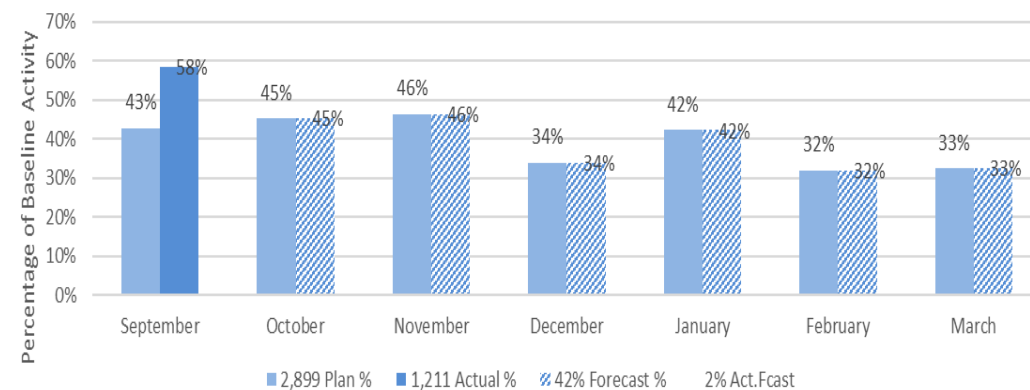
Outpatient Follow Up Activity vs Plan %



Day Case Activity vs Plan %



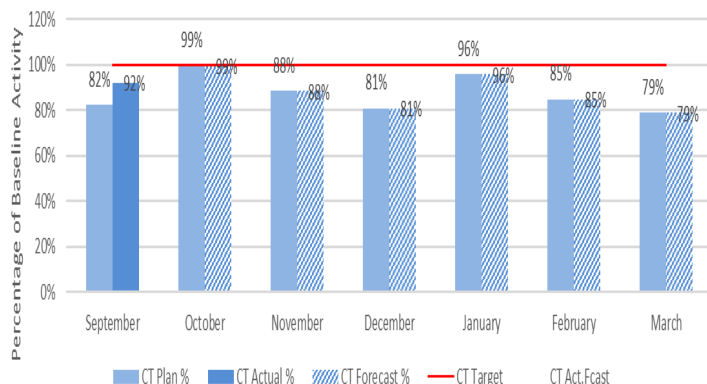
Elective Inpatient Activity vs Plan %



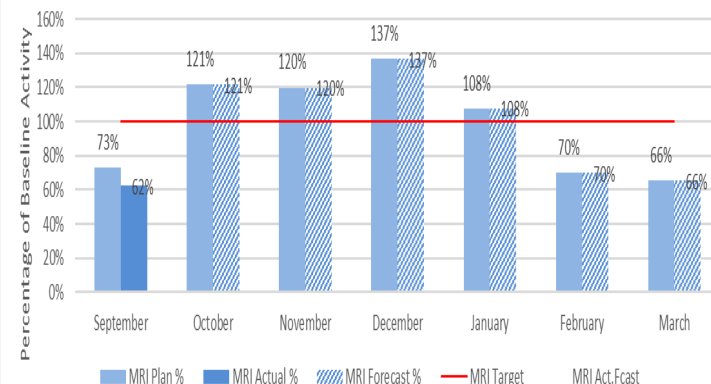
Actuals based on first cut of activity and is subject to change

Restore and Recovery – Diagnostics

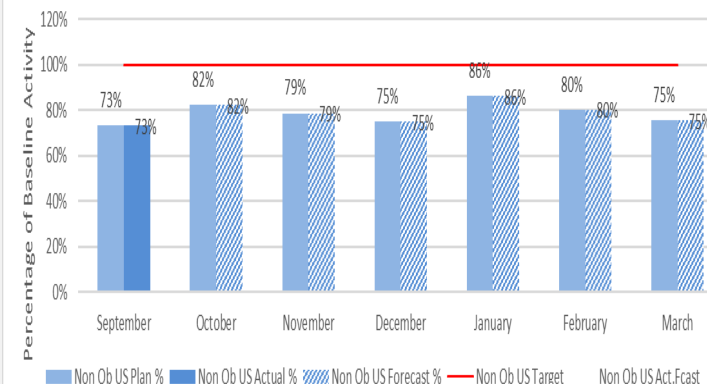
CT Activity vs Plan %



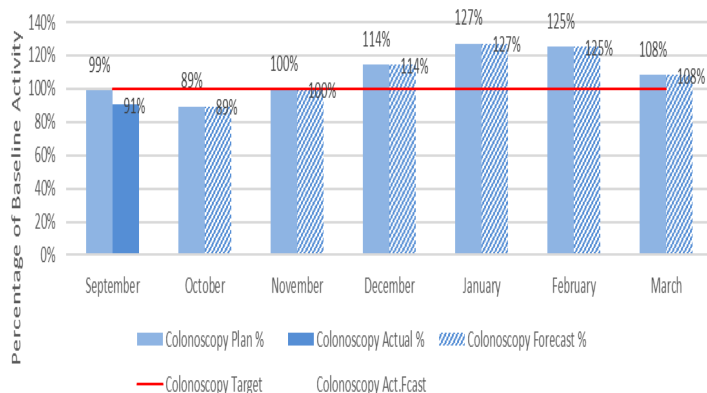
MRI Activity vs Plan %



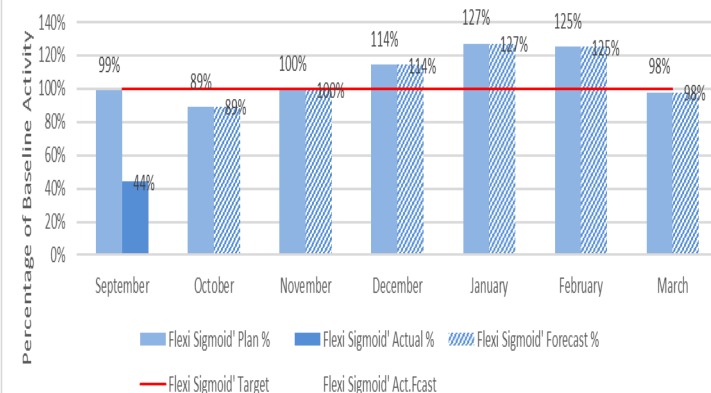
Non Ob US Activity vs Plan %



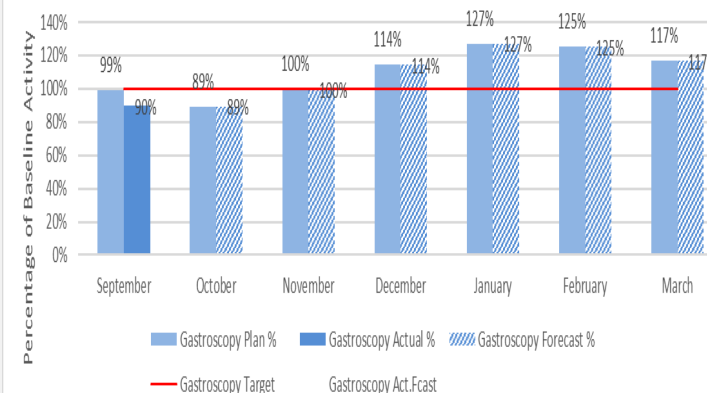
Colonoscopy Activity vs Plan %



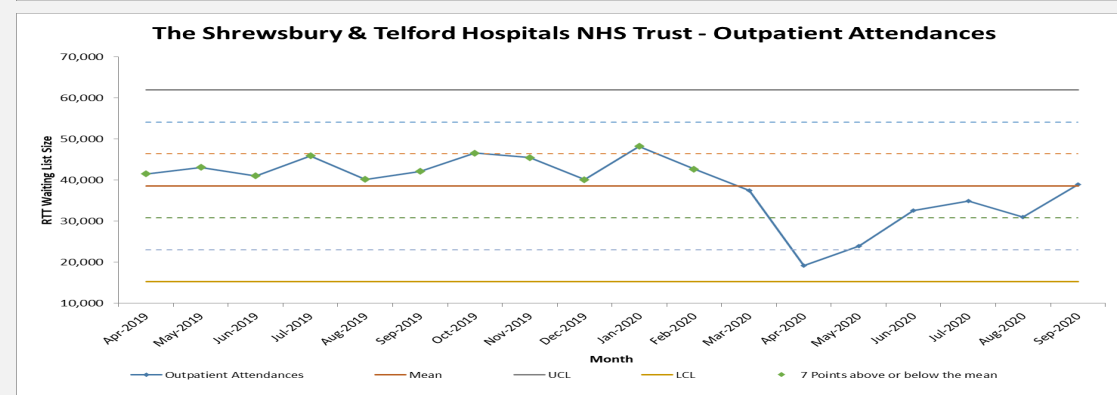
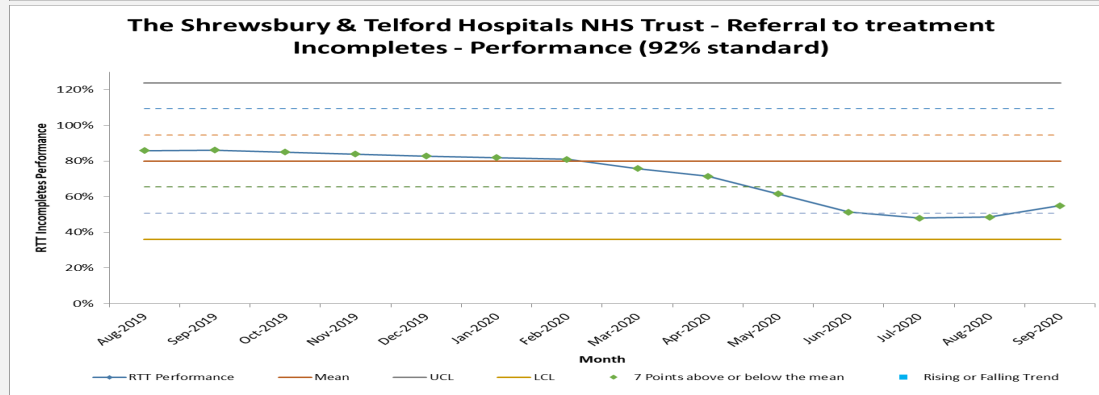
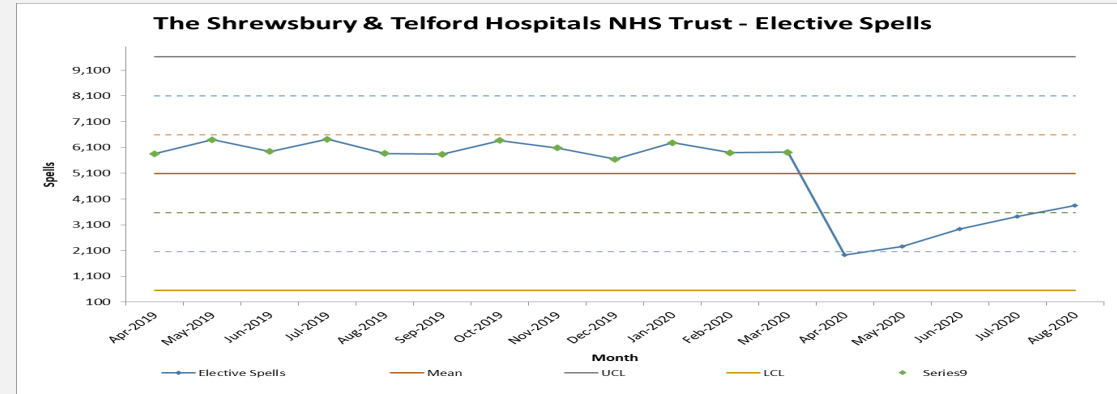
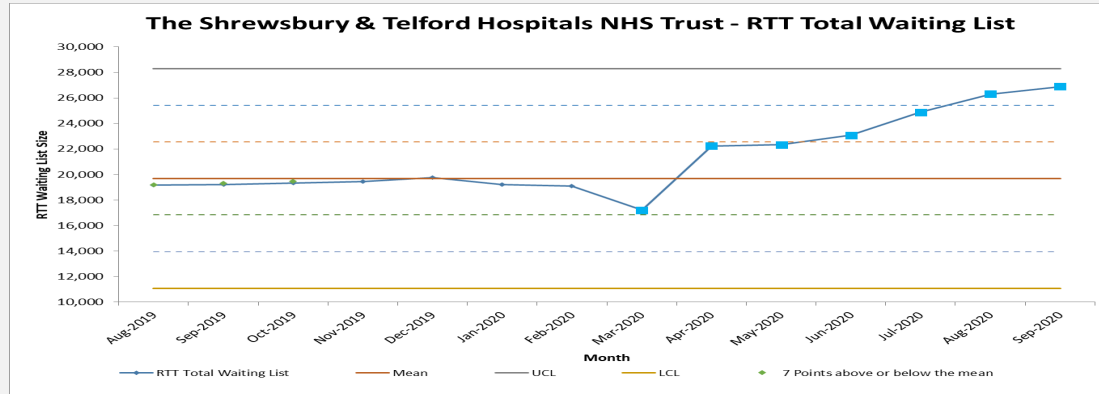
Flexi Sigmoid' Activity vs Plan %



Gastroscopy Activity vs Plan %



Elective Activity RTT



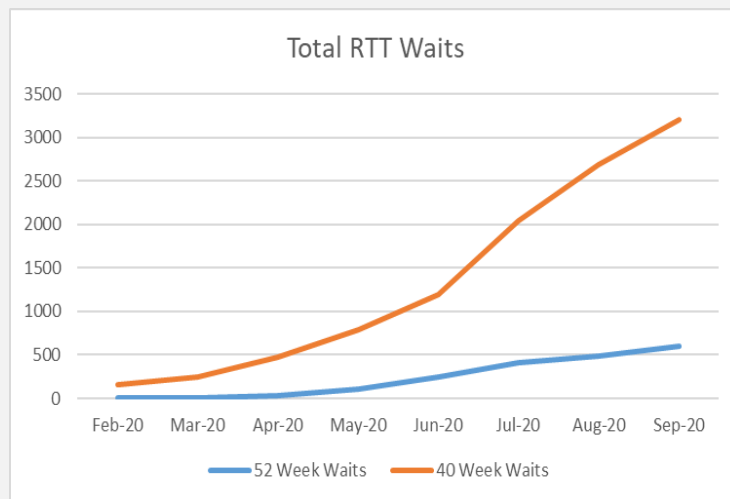
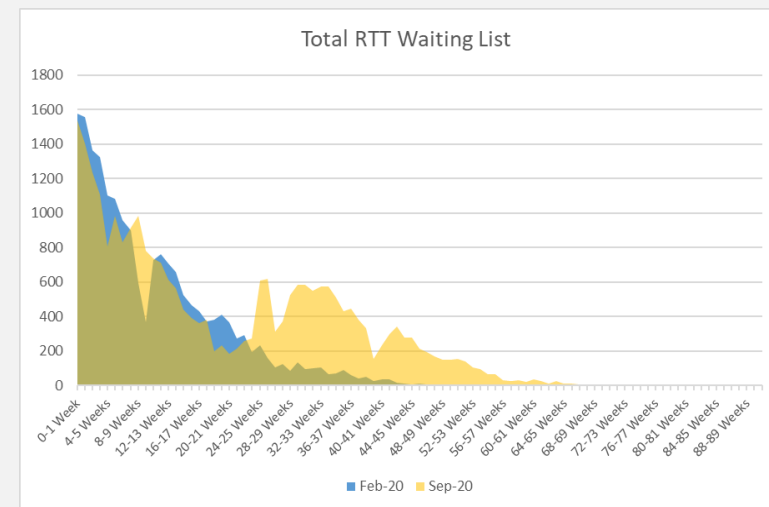
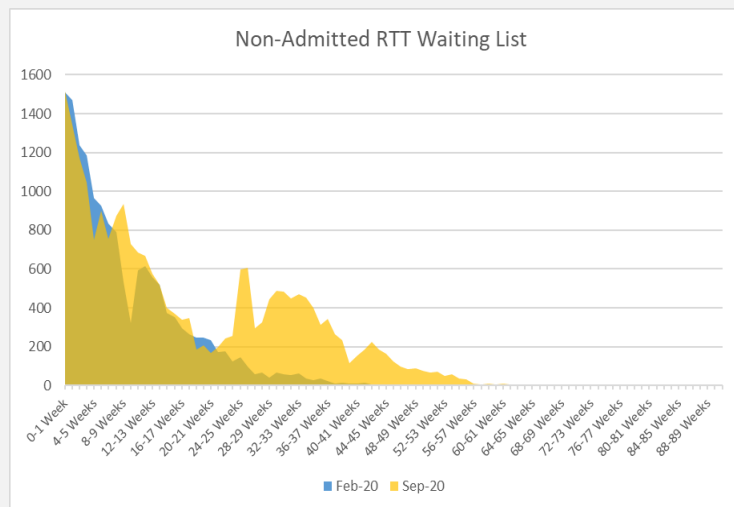
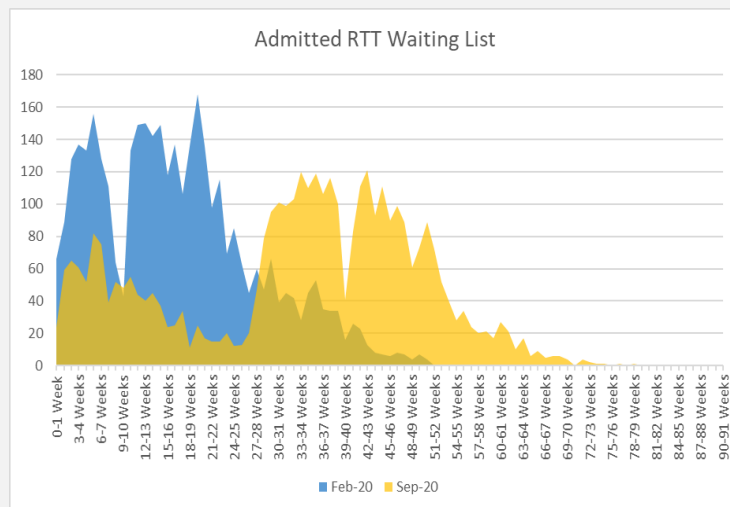
Key actions

- Capacity options reviewed in line with National Guidance and Restore and Restoration is underway to address backlog and 52 week waiters.
- Review use of Attend Anywhere and appropriate patient groups
- Scope how to increase outpatient capacity with IPC challenges
- Optimise use of the independent sector
- Optimise theatre capacity on both sites

Key risks

- October 2020 (current prediction for month end is 56.9%) given the current context
- increased 52 week waits
- Ability to maintain Green zone due to increase in emergency surgical pressures
- Impact on productivity due to reduced theatre and bed capacity
- Diagnostic and outpatient capacity insufficient to deliver required performance and address backlogs with particular reference to first outpatient attendances

Waiting List

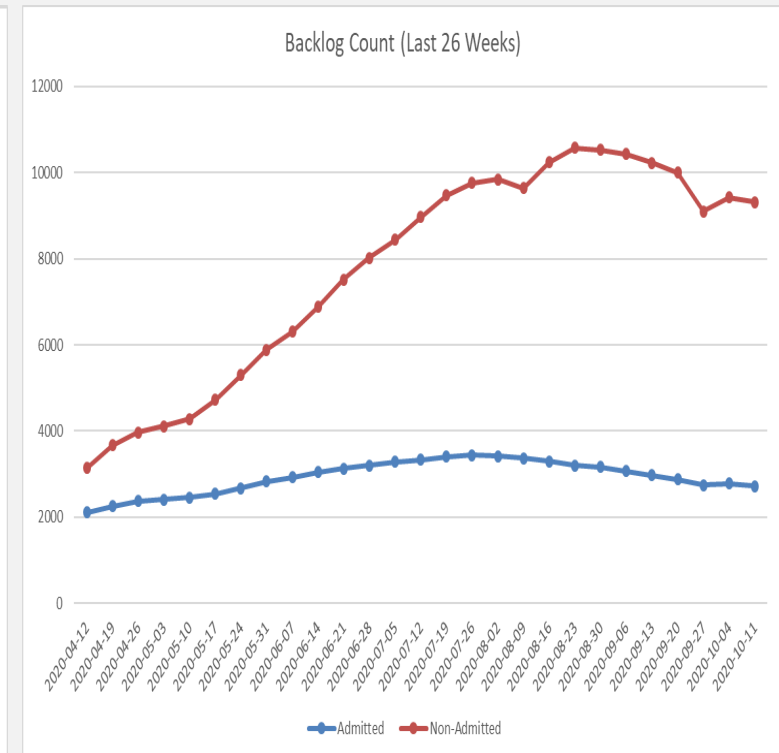
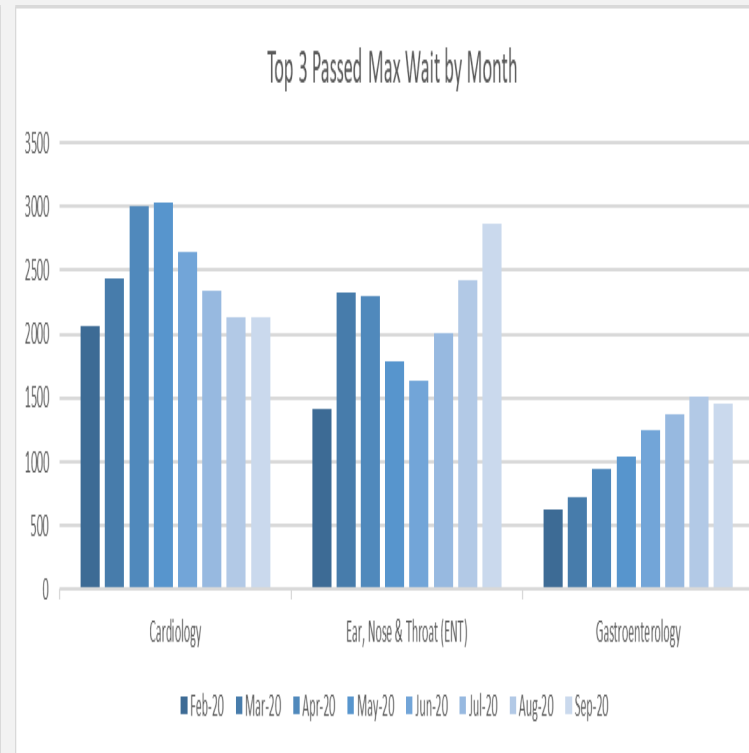
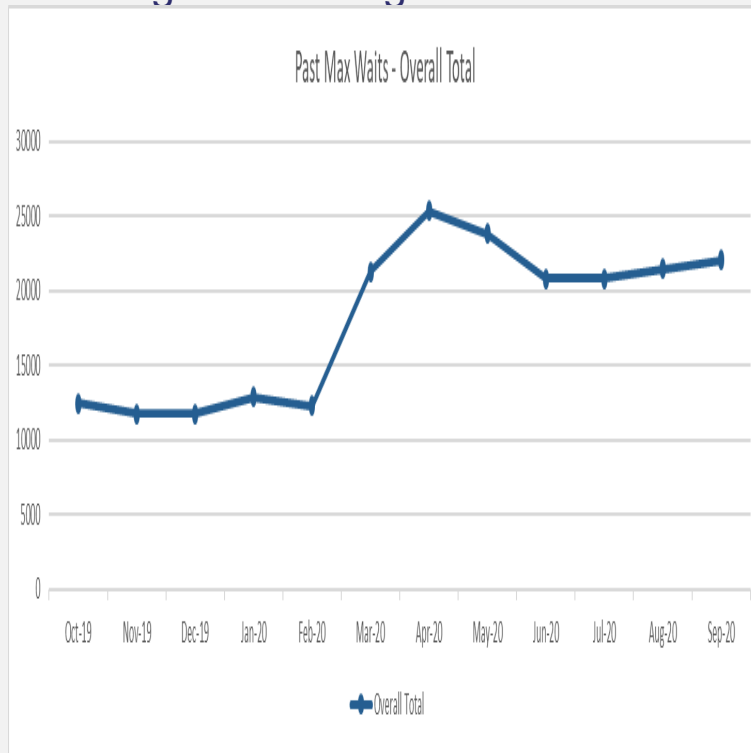


		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Non-Admitted	40 Week Waits	47	64	148	264	478	950	1360	1755
	52 Week Waits	0	3	10	28	55	110	130	242
Admitted	40 Week Waits	113	181	323	526	722	1090	1325	1448
	52 Week Waits	0	8	27	77	188	298	351	356
Total	40 Week Waits	160	245	471	790	1200	2040	2685	3203
	52 Week Waits	0	11	37	105	243	408	481	598

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

Waiting List cont.

The number of patients who have passed the maximum waiting time for you next appointment, have seen a significant increase since March, the lack of capacity has made it difficult to get back to pre-covid-19 levels. The non-admitted backlog remains high also.

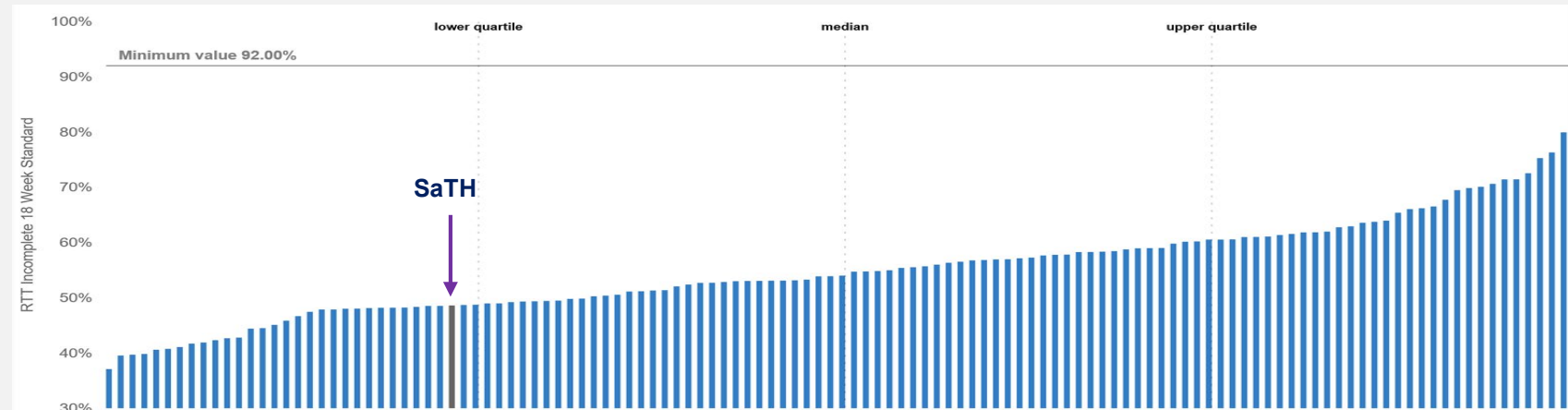


RTT Benchmarking

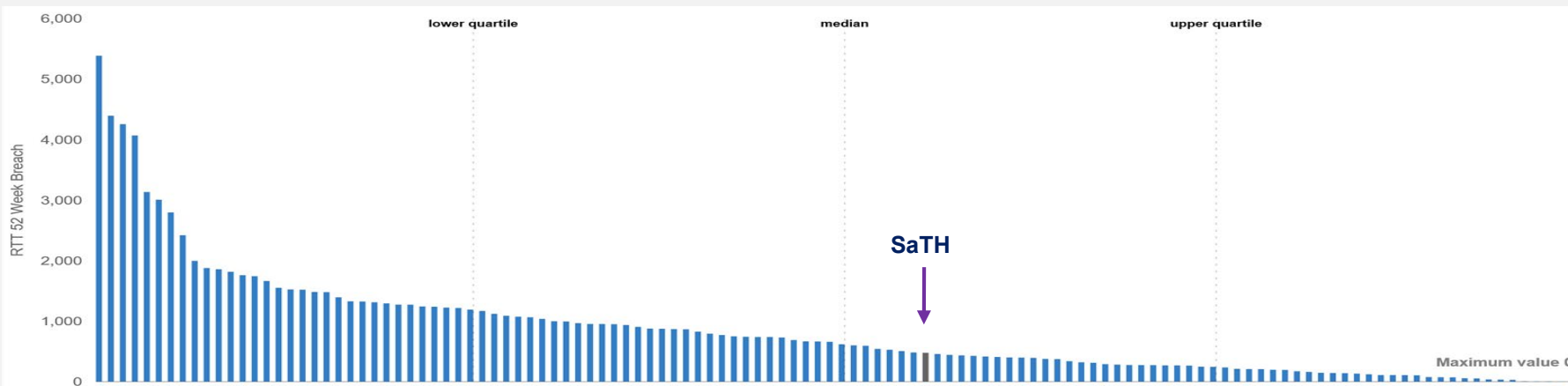
RTT Incomplete 18 Week Standard

In August 2020, the Trust ranked 95th out of 123 for the RTT incomplete performance with 48.60%. All Trusts failed to hit the 92% standard, the highest performance was 79.94% and the lowest 37.09%

For the period, the Trust reported 481, 52 week breaches. The highest number of breaches recorded nationally was 5,388.



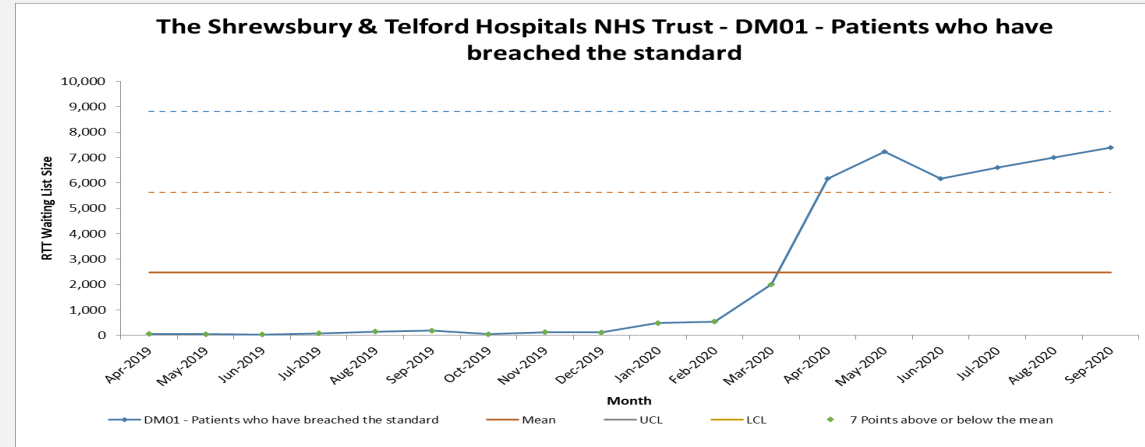
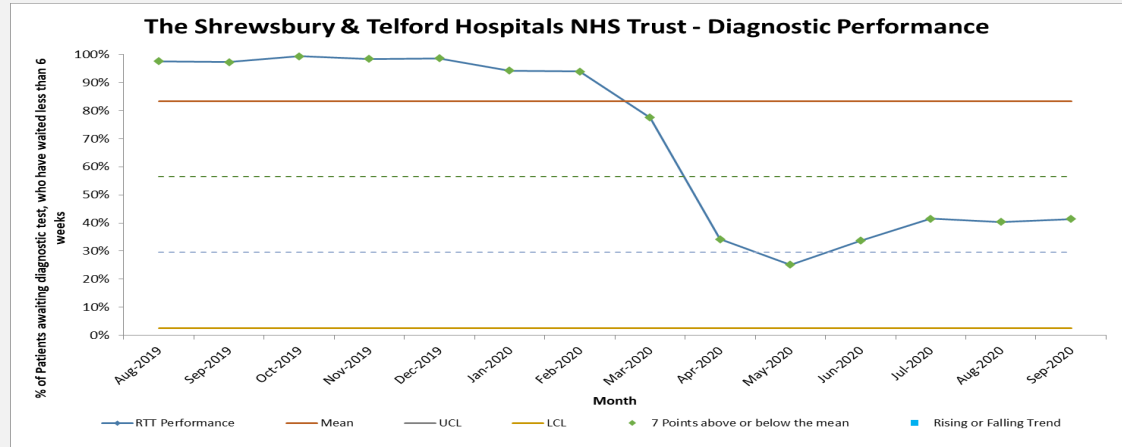
RTT 52 Week Breach



Diagnostic Waiting Time

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



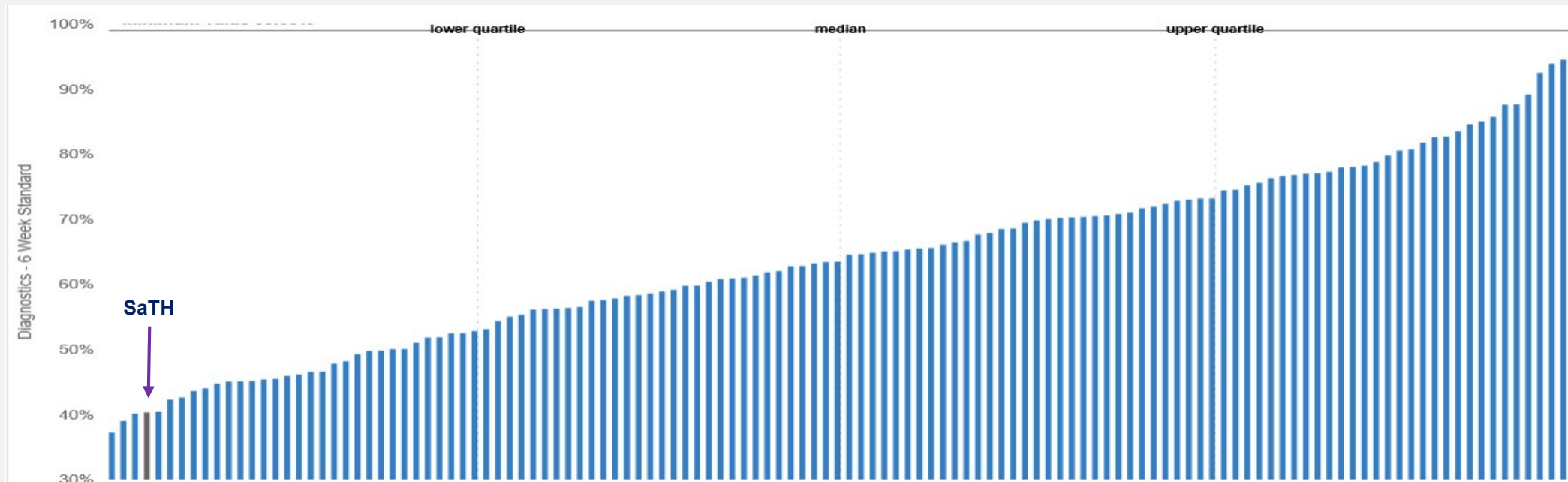
DM01 Waiting List Performance September 2020

		Total Waiting List	Waiting >6 Weeks	Performance	Total Waiting List	Waiting >6 Weeks	Performance
Imaging	Magnetic Resonance Imaging	3716	2399	35.44%	9555	5779	39.5%
	Computed Tomography	2024	1180	41.70%			
	Non-obstetric ultrasound	3815	2200	42.33%			
Physiological Measurement	Audiology - Audiology Assessments	1160	780	32.76%	1743	845	51.5%
	Cardiology - echocardiography	481	6	98.75%			
	Neurophysiology - peripheral neurophysiology	16	7	56.25%			
	Respiratory physiology - sleep studies	23	0	100.00%			
	Urodynamics - pressures & flows	63	52	17.46%			
Endoscopy	Colonoscopy	507	333	34.32%	1315	767	41.7%
	Flexi sigmoidoscopy	288	218	24.31%			
	Cystoscopy	138	42	69.57%			
	Gastroscopy	382	174	54.45%			
Total					12613	7391	41.40%

DM01 Benchmarking

In August 2020, the Trust ranked 122th out 125 Trust for diagnostic 6 week standard, with a performance of 40.32%. The target is 99%, the highest performance was 94.5% and the lowest was 37.2%.

Additional MRI and CT capacity is on site from October 2020, with further capacity expected in November.

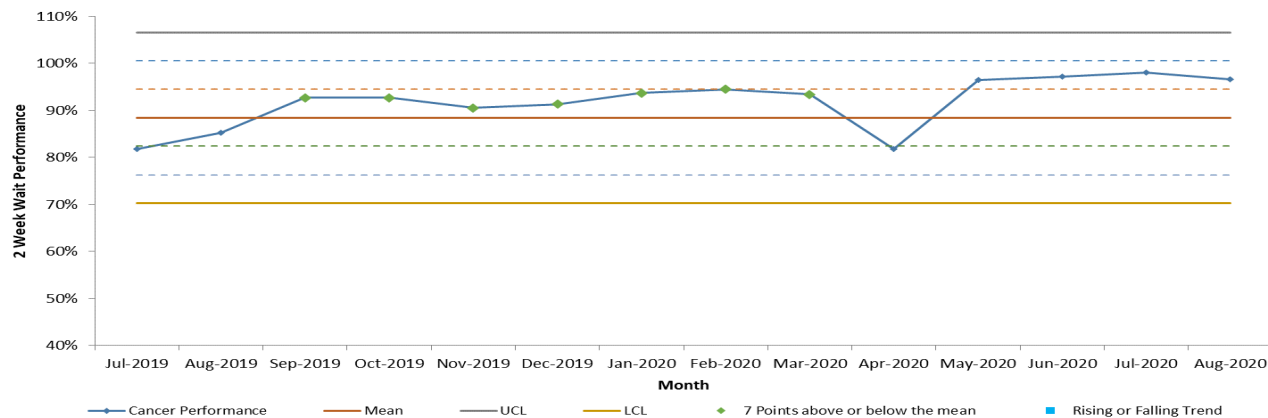


Cancer Summary

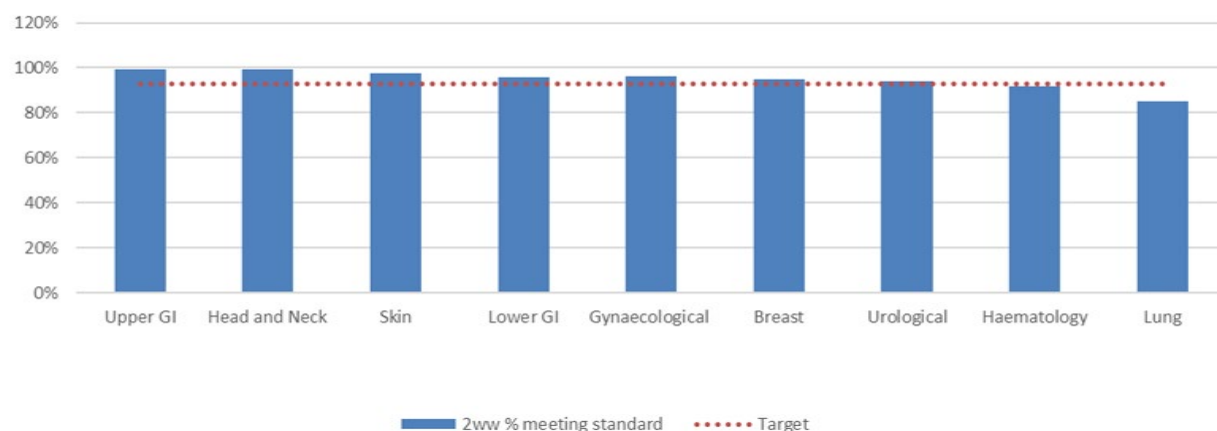
Measure	Monthly Target	January	February	March	April	May	June	July	August	September (prediction)
2 Week GP to 1st OP Apt Breast Symptoms	>=93%	✓ 97.60%	✓ 96.70%	✓ 94.87%	✗ 66.70%	✓ 100%	✓ 100%	✓ 100%	✓ 93.10%	! 90.56%
2 Week GP referral to 1st OP Appointment	>=93%	✓ 93.70%	✓ 94.50%	✓ 93.41%	✗ 81.80%	✓ 96.50%	✓ 97.18%	✓ 98.10%	✓ 96.64%	✗ 66.91%
31 day diagnosis to treatment	>=96%	✓ 97.20%	✓ 96.70%	✓ 99.32%	✓ 98.50%	✓ 99.00%	✗ 98.25%	✓ 97.50%	✓ 98.51%	✓ 99.05%
31 day second or sub treatment – Drug	>=98%	✓ 98.10%	✓ 100%	✓ 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%	✗ 94.44%
31 day second or sub treatment – Rad	>=94%	✓ 99.10%	✓ 98.90%	✓ 97.83%	✓ 98.70%	✓ 98.70%	✓ 97.70%	✗ 92.50%	✓ 100%	✓ 98.77%
62 days urgent referral to treatment	>=85%	✗ 69.30%	✗ 64.60%	✗ 78.26%	✗ 69.20%	✗ 69.40%	✗ 70.20%	✓ 85.50%	✗ 81.81%	✗ 79.05%
62 days referral to treatment from screening	>=90%	✗ 69.00%	✗ 75.00%	✗ 73.17%	✗ 81.00%	✗ 66.70%	✗ 0.00%	✓ 100%	✗ 33.33%	✗ 80.00%
Extended 62 day treatment (upgrades)	>=85%	✓ 86.50%	✓ 85.10%	✓ 93.33%	✓ 89.00%	✗ 82.60%	✗ 83.08%	! 86.66%	✓ 90.82%	✓ 86.78%
28 day faster diagnosis – 2WW	>=75%	✓ 77.50%	✓ 87.20%	✗ 45.70%	✓ 70.30%	✓ 76.20%	✓ 78.50%	✓ 79.40%	✗ 71.00%	
28 day faster diagnosis – Breast symptomatic 2WW	>=75%	✓ 98.8%	✓ 100.0%	✓ 100.0%	✓ 92.9%	✓ 97.9%	✓ 89.7%	✓ 92.2%	✓ 86.0%	
28 day faster diagnosis – screening referral	>=75%	✗ 36.0%	✗ 41.9%	✓ 90.0%	✗ 56.1%	✗ 54.5%	7.1%*	✗ 25.7%	✓ 80.0%	

Cancer 2 Week Wait (August 2020)

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



2 Week Wait % Meeting National Standard



Key Actions:

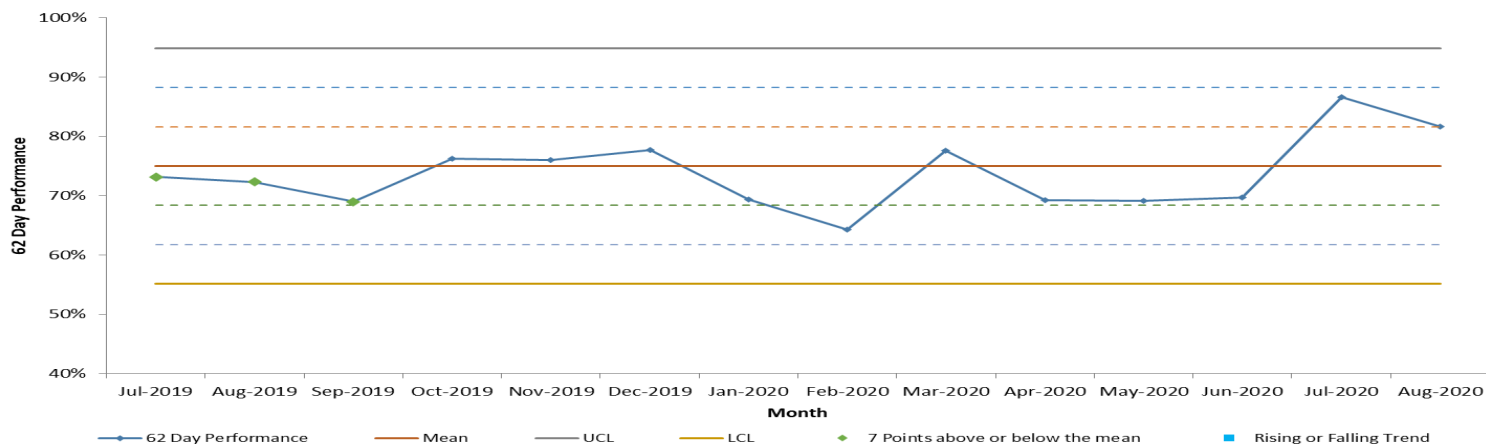
- Continue to follow revised triage / telephone call as first OPA
- Weekly Assurance Meetings between Cancer Services & Operational Teams
- Review all patients who refuse initial outpatient appointment and escalate to relevant MDT lead for plan (awaiting national guidance)
- Change Radiology waiting areas at PRH to ensure covid 19 compliant and improve throughput

Key Risks:

- Covid-19 impact due to IPC and social distancing
- Current prediction for Sep 2020 shows performance at 66.91%
- Lung and Urology did not meet target, primarily due to patient choice
- Capacity in Breast Radiology due to social distancing and IPC

Cancer 62 Day (August 2020)

The Shrewsbury & Telford Hospitals NHS Trust - 62 Day Cancer



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

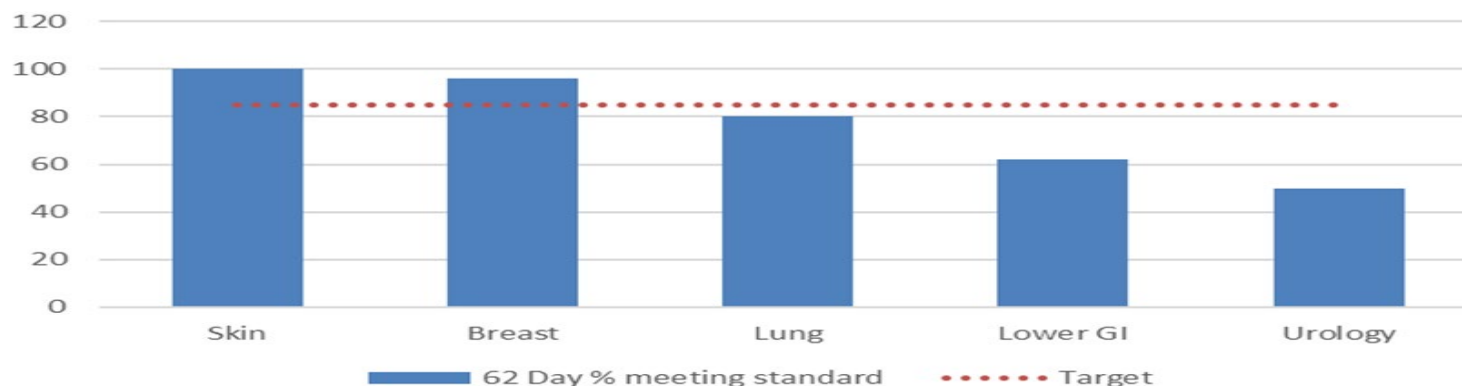
Forecast:

- Current prediction for September 2020 shows performance at 79.1%

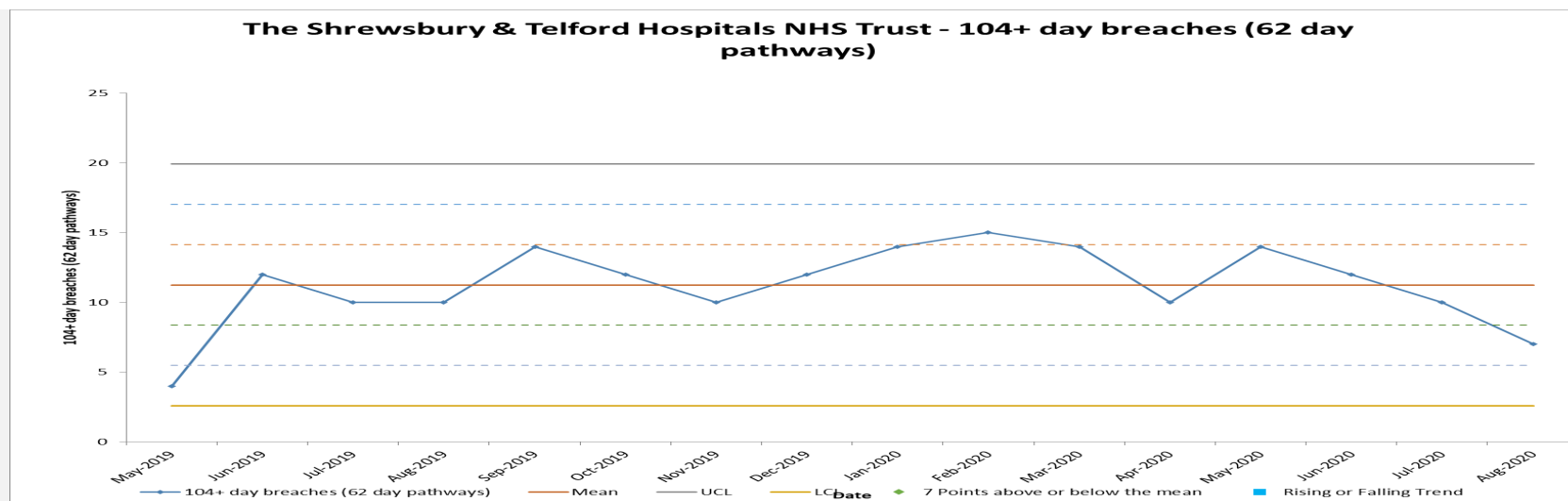
Key Risks

- Covid-19 impact as patients refusing surgery
- 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

62 Day % Meeting National Standard



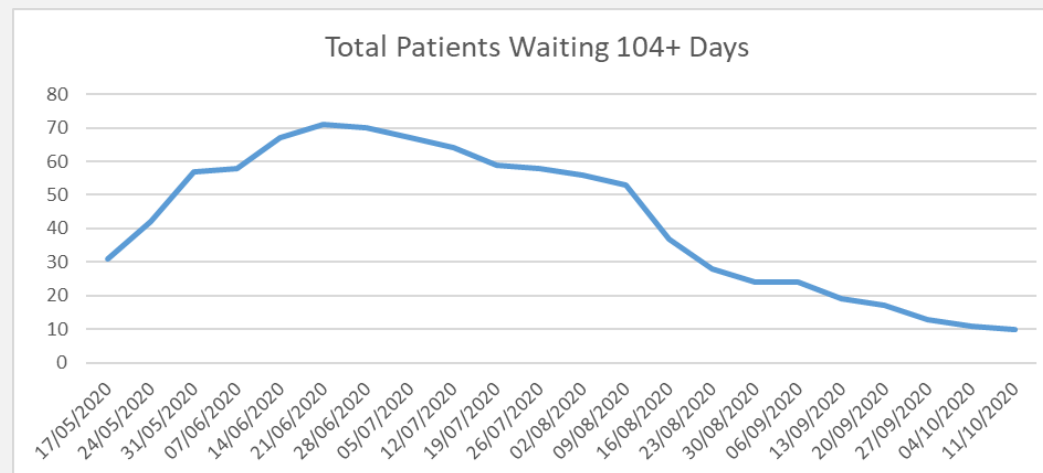
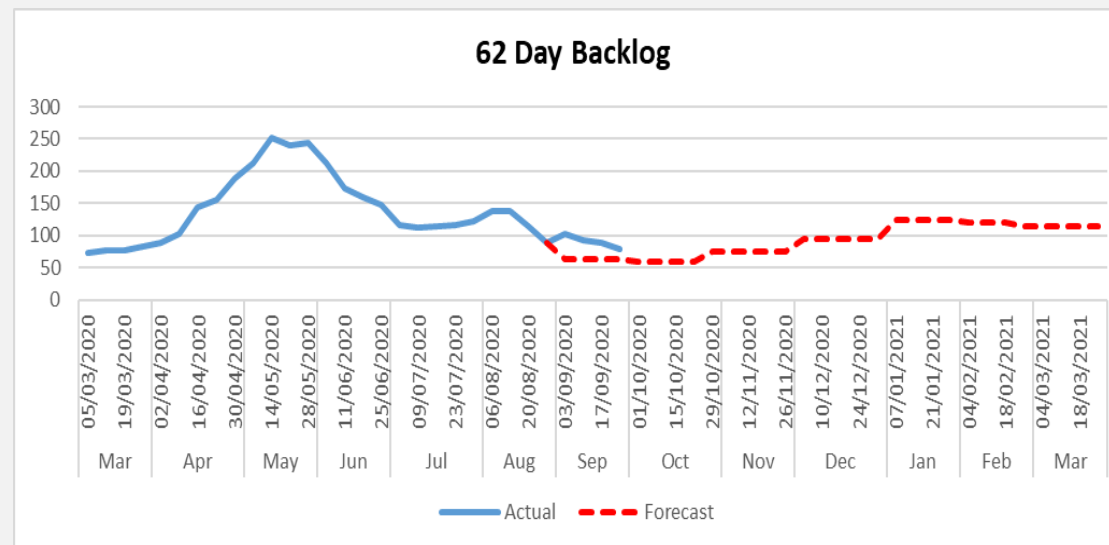
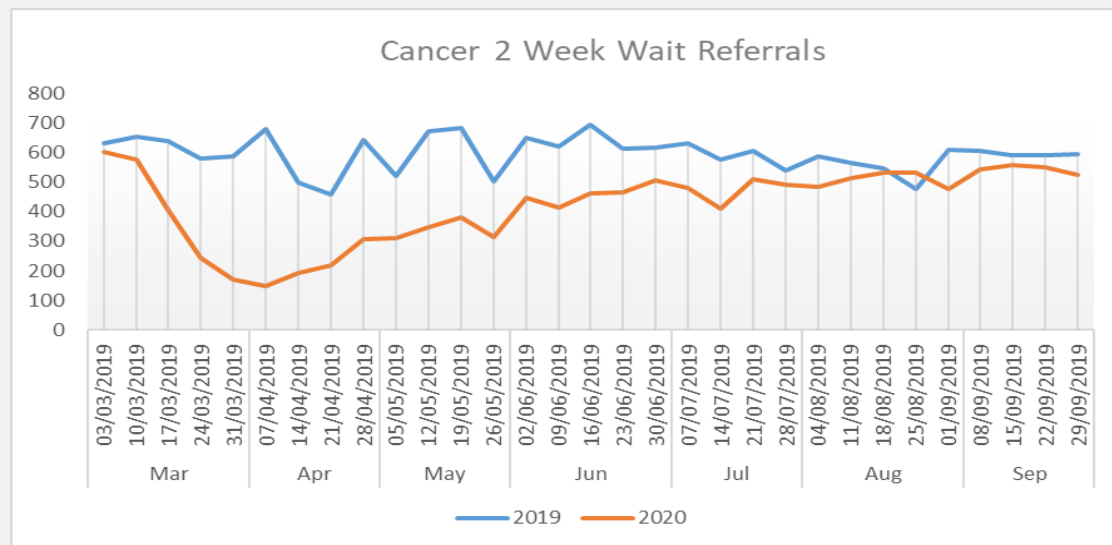
104 Day breaches (August 2020)



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 UGI (194 days) - Delays following tertiary referral - referred to UHB day 117. Treated day 194
- 1 x Urology (141 days) - Diagnosis delayed as a result of COVID - standard pathway changed and patient initially for repeat PSA in 3 months. Patient choice to request time to consider treatment options.
- 1 x Urology (106 days) - Diagnostic pathway delayed as patient admitted as emergency
- 1 x Urology (107 days) - Patient choice to request second opinion once treatment options discussed at SaTH.
- 1 x Urology (200 days) - Diagnostics delayed for medical reasons (COVID). Diagnosis further delayed due to patient's conditions.
- 1 x Urology (177 days) - Late tertiary referral - referral received from Royal Sussex day 140 (patient moved to area).
- 1 x Urology (237 days) - Diagnosis delayed for medical reasons / COVID

Cancer Referrals

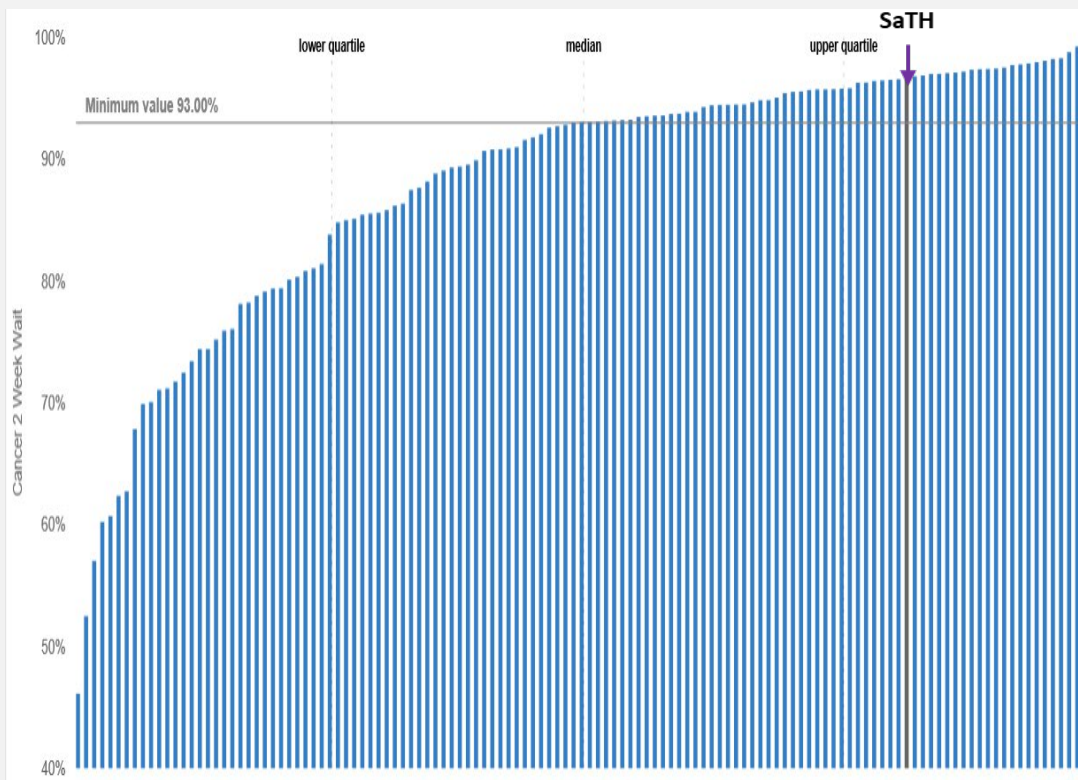


The ability to achieve zero 104+ day waiters is challenge for Trust, as Covid has led to more patient choice delaying treatment.

Cancer Benchmarking

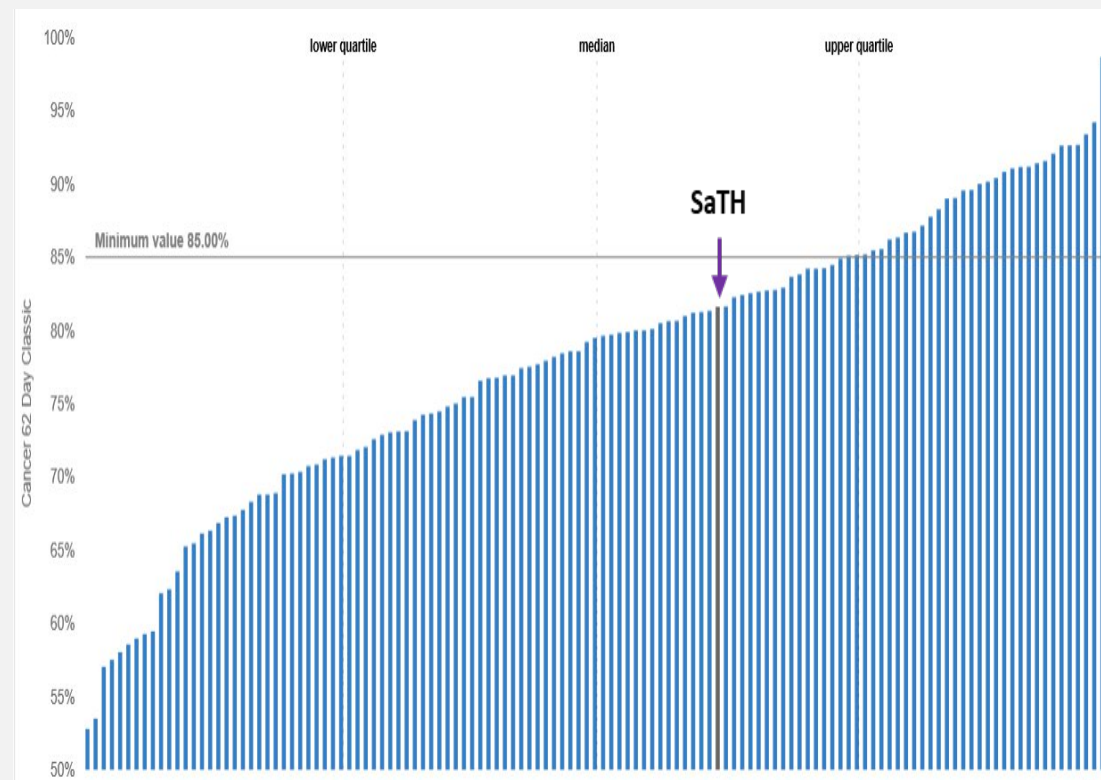
2 Week Wait Cancer Standard

The Trust ranked 23rd out of 125 Trusts for its 2 Week Wait Cancer standard, the highest value was 99.6% and the lowest 46.12%. The Trust's performance was 96.64%



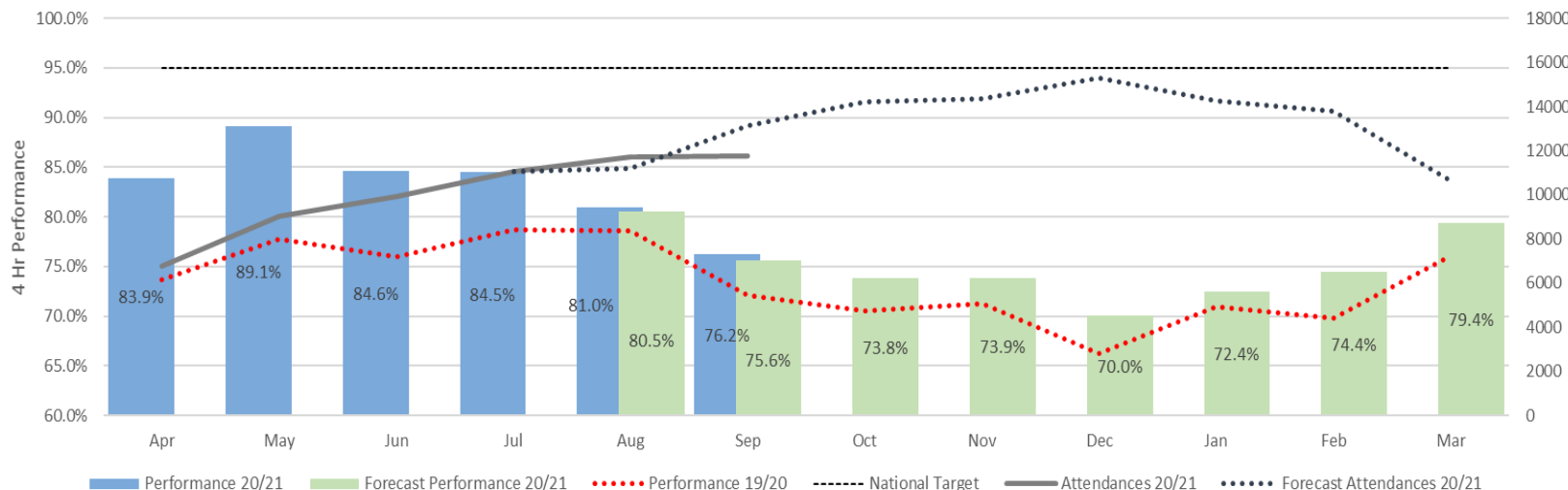
62 Day Cancer Standard

The Trust ranked 48th out of 125 Trusts for its 62 day Cancer standard, the highest value was 98.67% and the lowest 52.8%. The Trust's performance was 81.61%



A&E Performance

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



The A&E 4hr performance for September 2020 was 76.2%, an increase of 0.6% from September 2019. The forecast was 75.6%

The YTD performance for 2020/21 is 83.2%, compared to 76.1% for the same period last year

Issues

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

Solutions

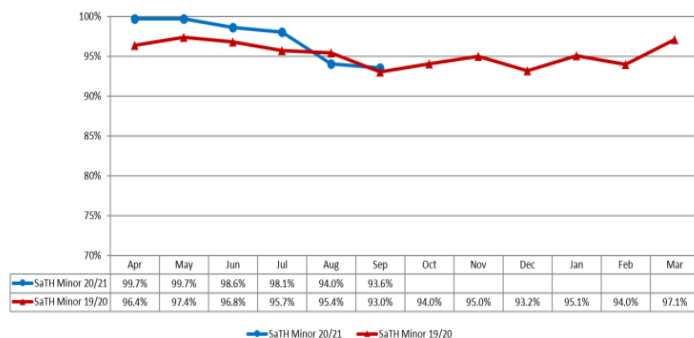
- Admission avoidance
- Refurbishment of ED and modular SDEC
- Recruitment UK and International
- ED quality and performance improvement/escalation process and flow

Support Required

- Out of hospital pathways
- Capital support
- ECIST and Improvement resource
- Directory of Service (DOS) to be updated with all new pathways/services

Minor & Major 4 Hour Performance

SaTH Minor (by location) Performance



Attendance Comparison
Sep-20 Vs. Sep-19

-44.7%

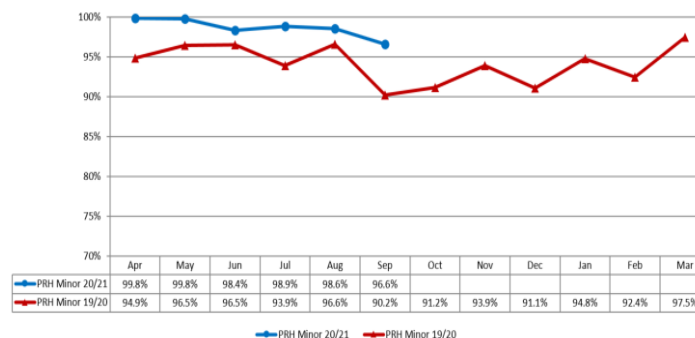
Breach Comparison
Sep-20 Vs. Sep-19

-49.0%

Performance Comparison
Sep-20 Vs. Sep-19

0.5%

PRH Minor (by location) Performance



Attendance Comparison
Sep-20 Vs. Sep-19

-42.0%

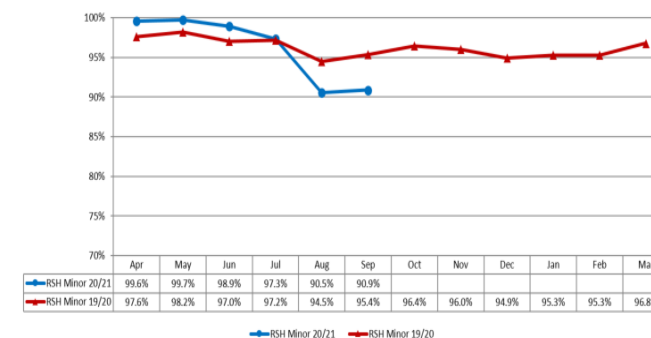
Breach Comparison
Sep-20 Vs. Sep-19

-79.8%

Performance Comparison
Sep-20 Vs. Sep-19

6.4%

RSH Minor (by location) Performance



Attendance Comparison
Sep-20 Vs. Sep-19

-46.9%

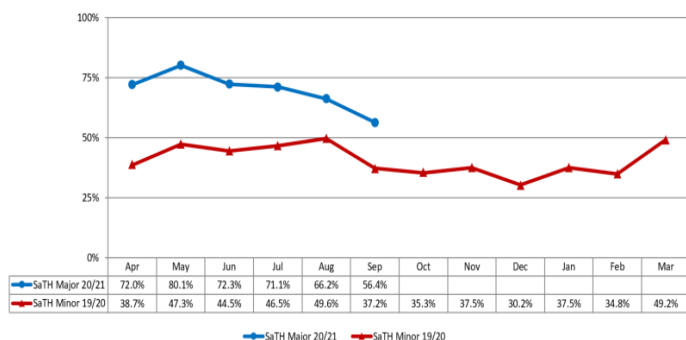
Breach Comparison
Sep-20 Vs. Sep-19

4.6%

Performance Comparison
Sep-20 Vs. Sep-19

-4.5%

SaTH Major (by location) Performance



Attendance Comparison
Sep-20 Vs. Sep-19

-1.0%

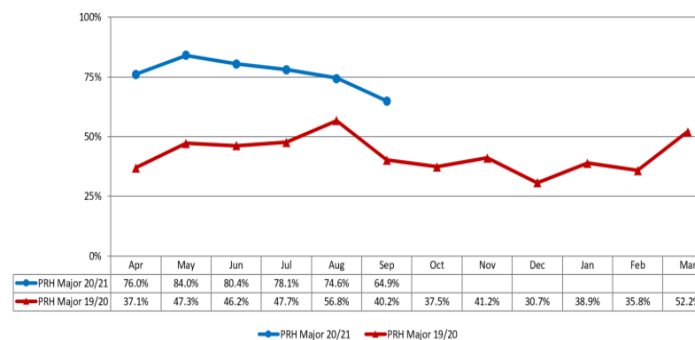
Breach Comparison
Sep-20 Vs. Sep-19

-31.2%

Performance Comparison
Sep-20 Vs. Sep-19

19.1%

PRH Major (by location) Performance



Attendance Comparison
Sep-20 Vs. Sep-19

-7.0%

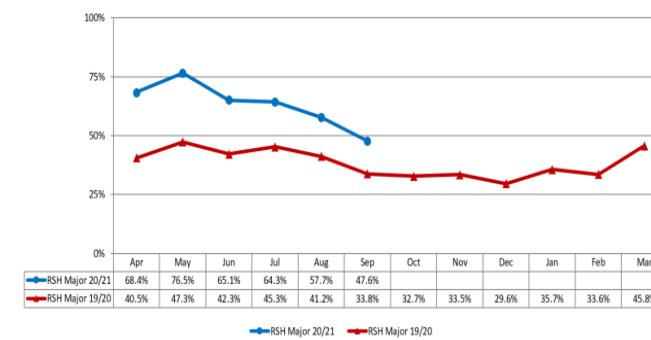
Breach Comparison
Sep-20 Vs. Sep-19

-45.3%

Performance Comparison
Sep-20 Vs. Sep-19

24.7%

RSH Major (by location) Performance



Attendance Comparison
Sep-20 Vs. Sep-19

5.9%

Breach Comparison
Sep-20 Vs. Sep-19

-16.3%

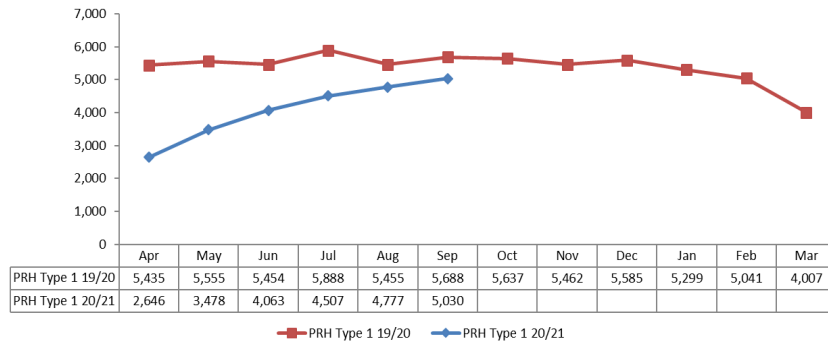
Performance Comparison
Sep-20 Vs. Sep-19

13.9%

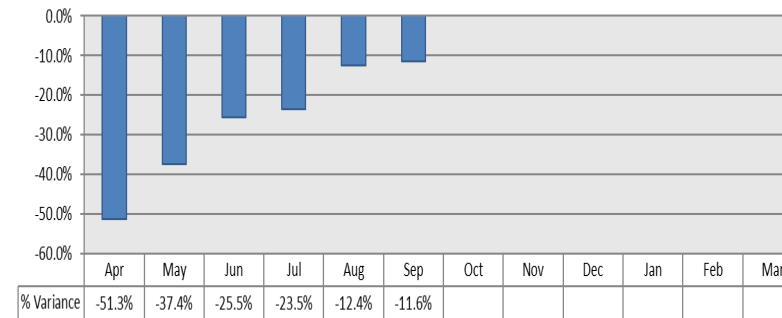
A&E Attendances By Site

Attendances for patients arriving at Type 1 site which excludes MIU

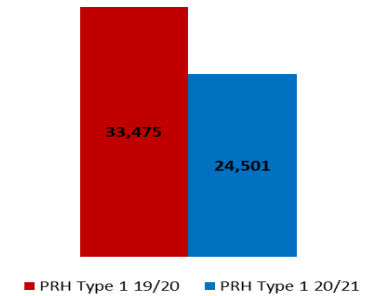
PRH Type 1 A&E Attendance



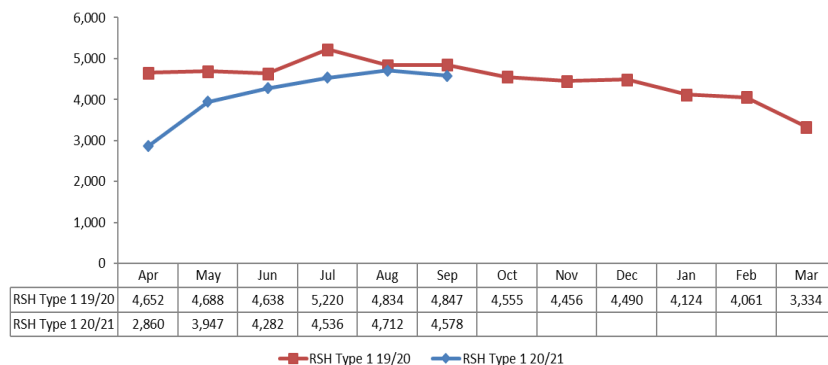
PRH Type 1 Attendance Variance 2020/21 Vs. 2019/20



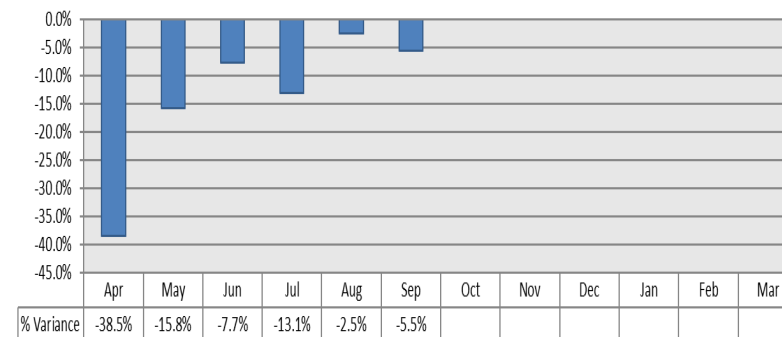
PRH Type 1 Attendance YTD Comparison



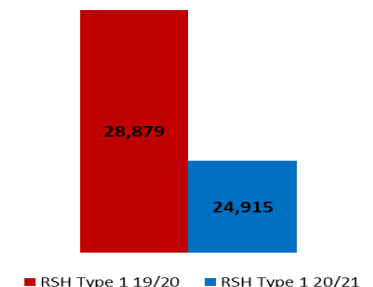
RSH Type 1 A&E Attendance



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



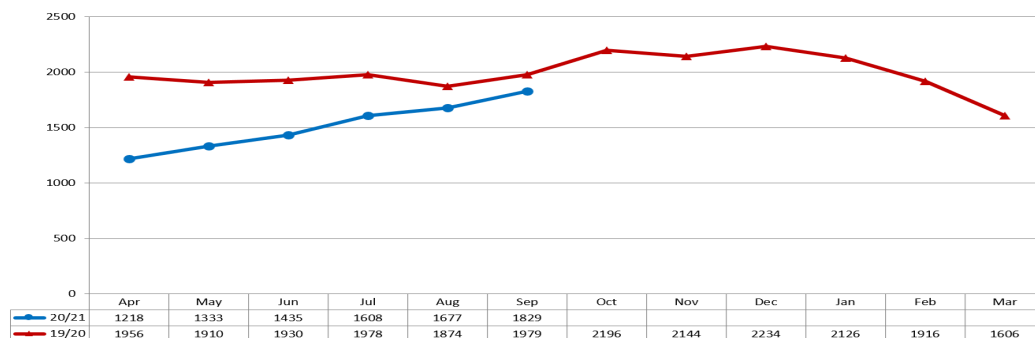
RSH Type 1 Attendance YTD Comparison



Ambulance Arrivals

PRH continues to see less ambulance attendances compared to last year. This is likely associated with the demographics of the differing populations across Telford and Shropshire and changes in pathways associated with Covid-19. The levels at RSH have remained high. Ambulance Handover times have significantly benefitted from the decreased A&E demand. 152 of the >60mins waiters have been at RSH.

PRH Ambulance Arrivals



Attendance % Comparison
Sep-20 Vs. Sep-19

-7.6%

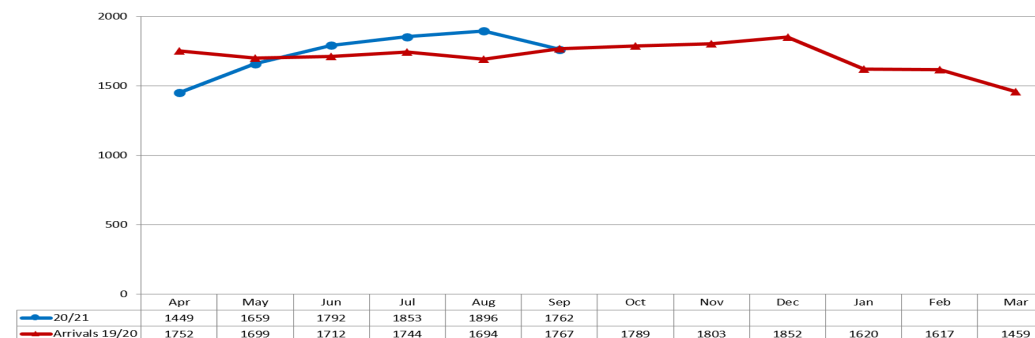
Attendance No. Comparison
Sep-20 Vs. Sep-19

-150

YTD Attendance %
Comparison

-21.7%

RSH Ambulance Arrivals



Attendance % Comparison
Sep-20 Vs. Sep-19

-0.3%

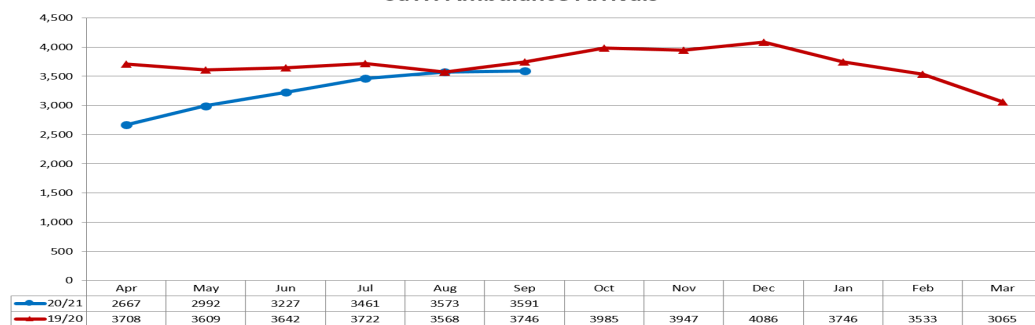
Attendance No. Comparison
Sep-20 Vs. Sep-19

-5

YTD Attendance %
Comparison

0.4%

SaTH Ambulance Arrivals



Attendance % Comparison
Sep-20 Vs. Sep-19

-4.1%

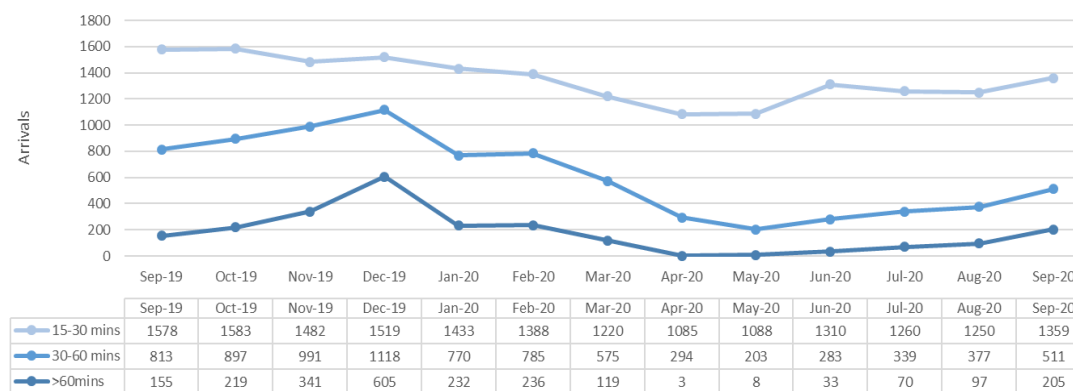
Attendance No. Comparison
Sep-20 Vs. Sep-19

-155

YTD Attendance %
Comparison

-11.3%

Ambulance Handover Times

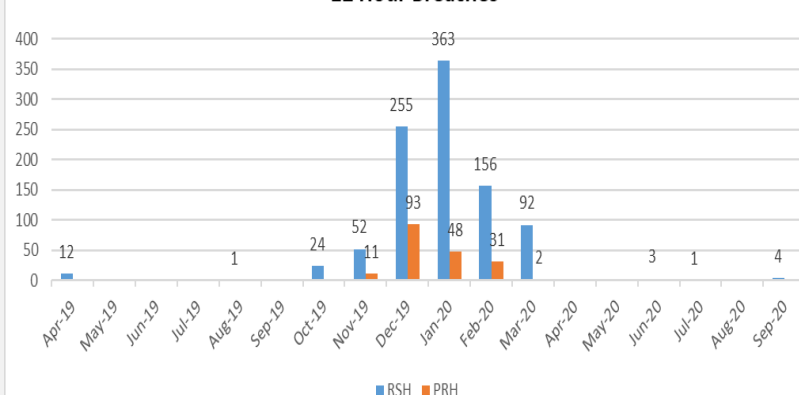


12 Hour Breaches

There were four 12 hour breaches at RSH for the month of September.

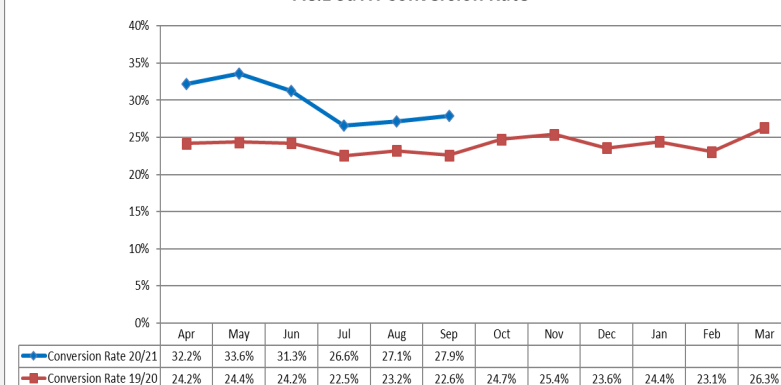
The number of patients requiring admission both percentage and volume is greater than the same month last year.

12 Hour Breaches

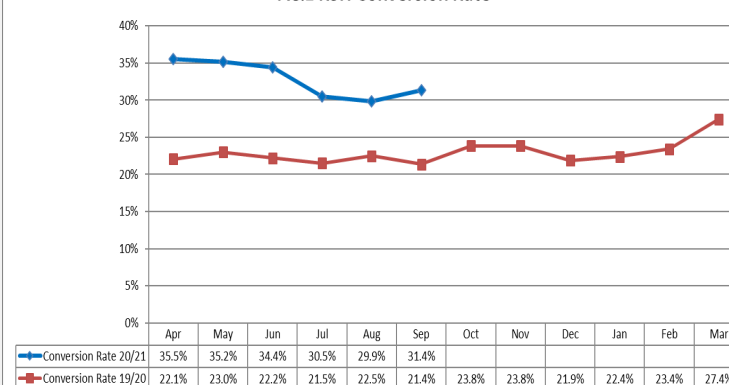


Month	RSH 19/20			RSH 20/21		
	Total Admissions Via A&E	Total A&E Attendance	Conversion Rate 19/20	Total Admissions Via A&E	Total A&E Attendance	Conversion Rate 20/21
Apr	1307	5915	22.1%	1049	2953	35.5%
May	1372	5965	23.0%	1389	3946	35.2%
Jun	1310	5896	22.2%	1474	4282	34.4%
Jul	1416	6577	21.5%	1426	4673	30.5%
Aug	1400	6230	22.5%	1480	4955	29.9%
Sep	1301	6082	21.4%	1479	4712	31.4%

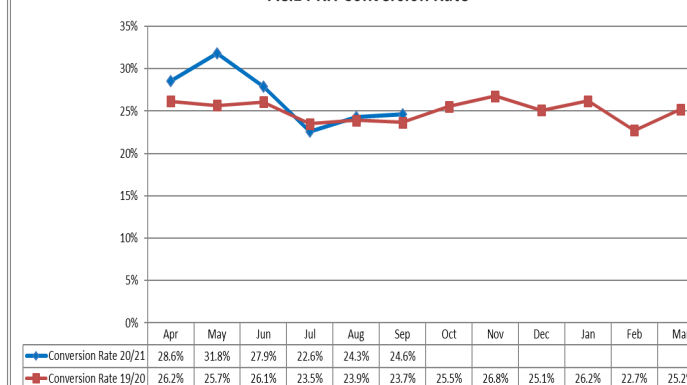
A&E SaTH Conversion Rate



A&E RSH Conversion Rate

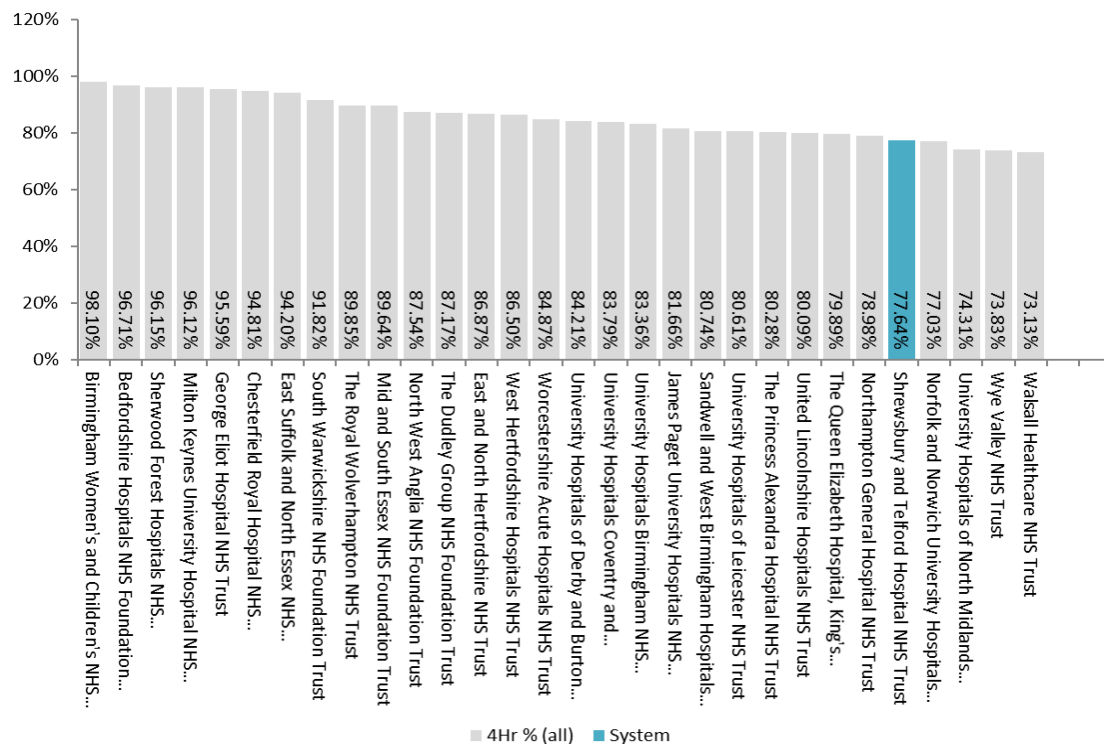


A&E PRH Conversion Rate

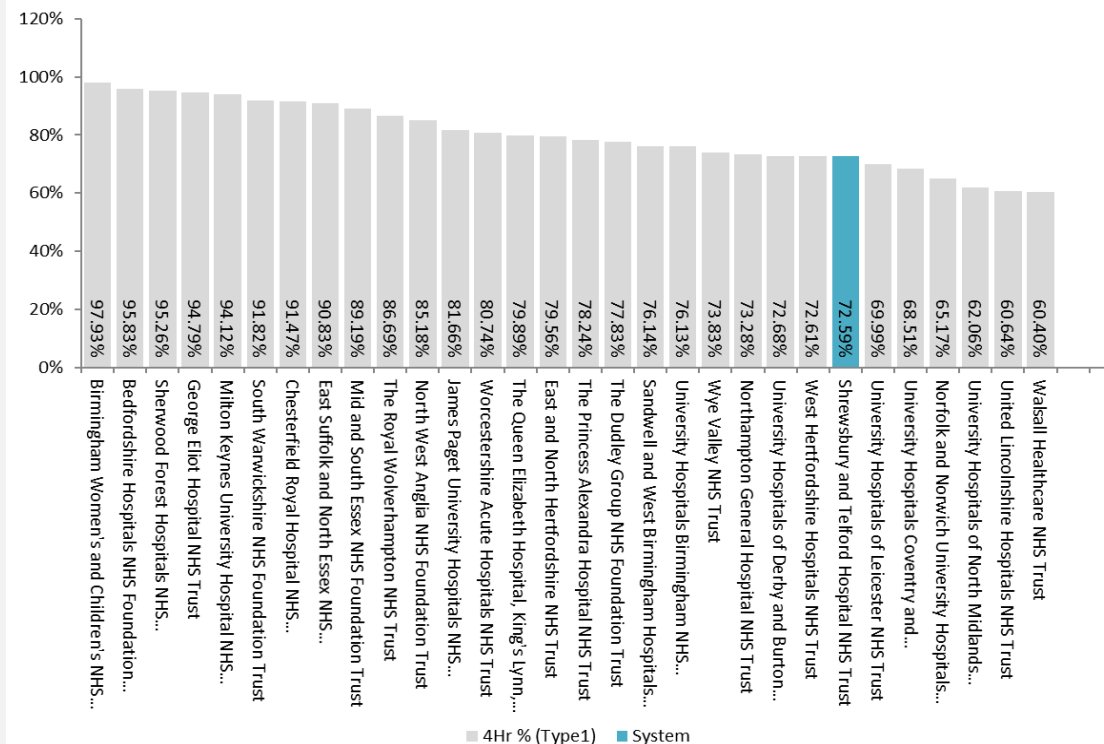


Regional Performance

4hr performance - all



4hr performance - type 1 only

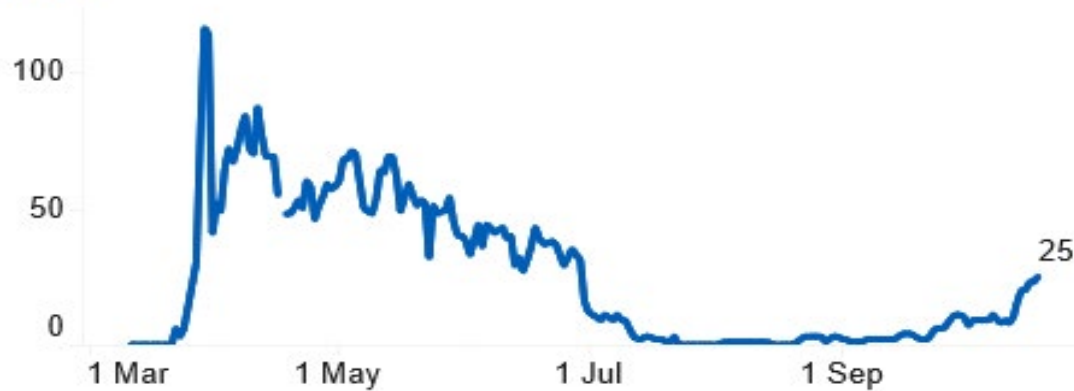


Regional Performance as at 30/09/2020 (UEC Dashboard ME Region)

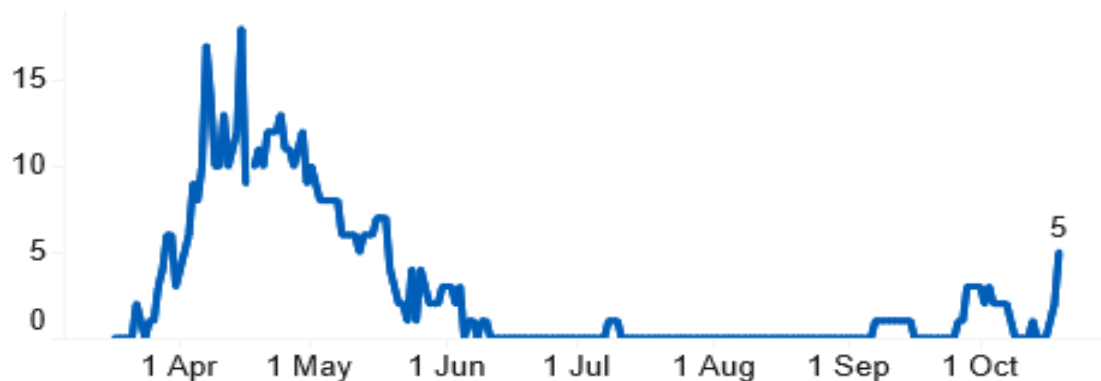
Snapshot presentation above – received daily for region. SaTH has maintained its ranking despite the performance reducing

Covid-19- Snapshot as of 19.10.20.

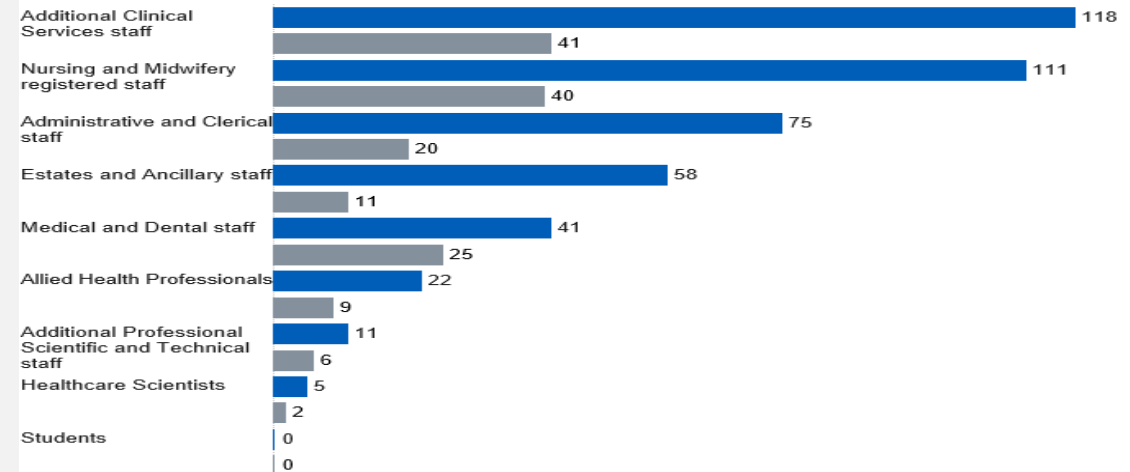
Number of confirmed COVID-19 patients occupying beds as of 8am



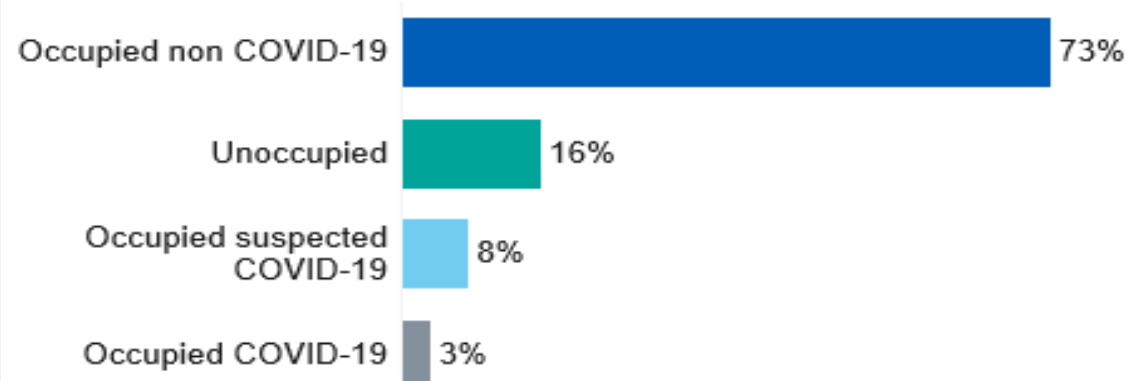
Number of confirmed COVID-19 patients occupying HDU/ITU beds as of 8am



All staff absences and of these, COVID-19 related absences reported on 19 October 2020

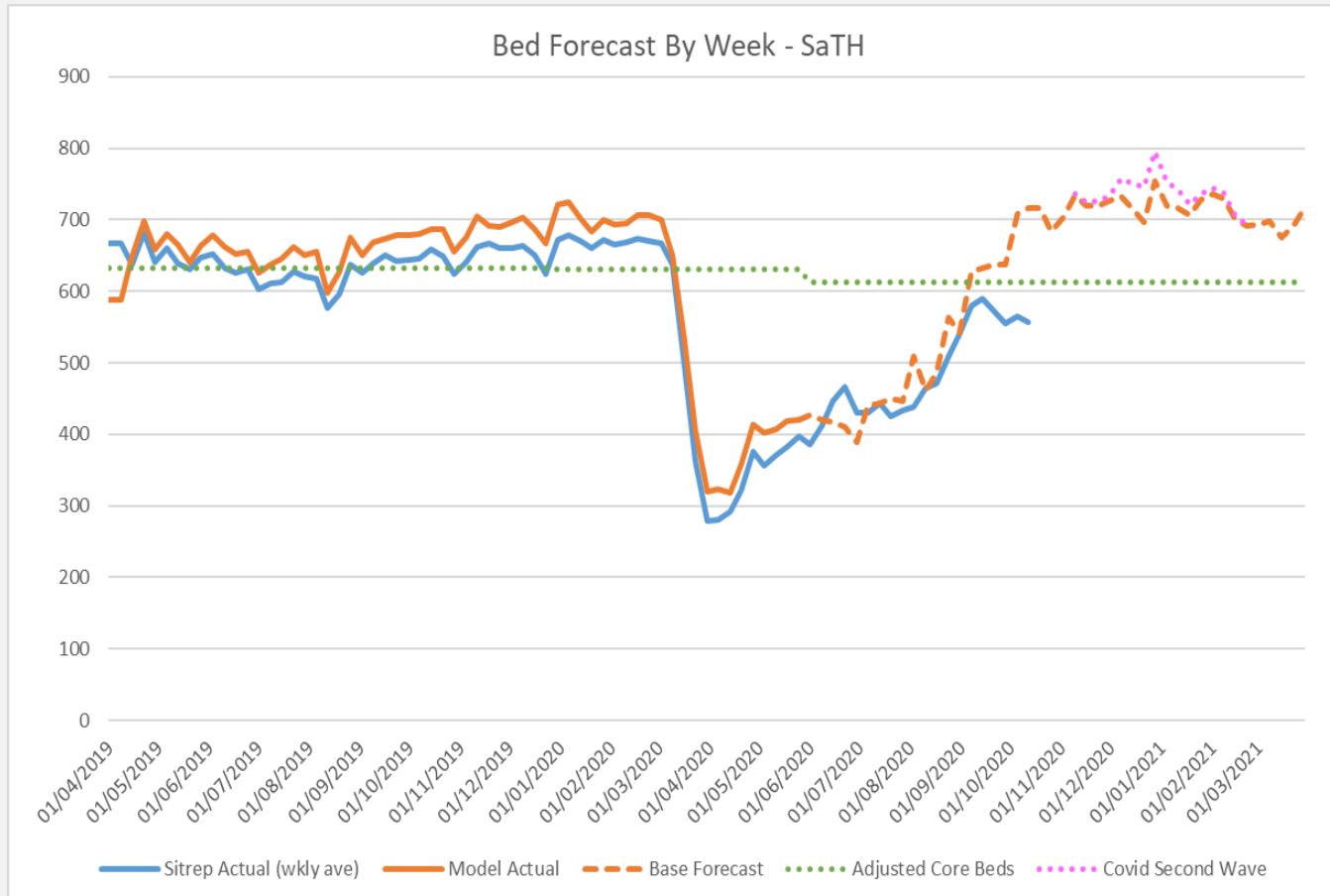


Number of beds occupied by COVID-19, suspected COVID-19, occupied by non COVID-19 and unoccupied



As @ 19/10/2020 we have outstanding results on 47 at PRH and 30 at RSH.

Bed Model Forecast Update



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 requirements

Work to be undertaken to understand unavailable beds i.e. outbreak beds

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 Complete
Diagnostics waiting times	<ul style="list-style-type: none"> Confirm plan - increase Endoscopy capacity – not completed as swab capacity is insufficient to meet demand and approval has not yet been received for trans nasal endoscopes. Agree plans with NHSI to increase CT capacity (options in place) Establish additional MRI capacity (starts 5 Oct 20) Increase Ultrasound capacity (additional WLI sessions) 	NR SF SF SF	End Sep20 Complete Complete Complete
A&E Performance	<ul style="list-style-type: none"> ED – department priority actions SDEC – business case for Medicine SDEC 7 days – on track Flow – improvement programme with ECIST (workshop 7 Sep) 	CMc CMc NL/AR/HF	Complete End of Oct 20 Complete
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	Complete
Winter Plan	Develop System Winter plan	NL	End Nov 20

Workforce

Interim Director of Workforce, Rhia
Boyode



Executive Summary

COVID 19

- Risk assessments – there is a national ask that 95% of all staff have a risk assessment by 20 October. 71% of all staff have had a risk assessment
- COVID support group set up and blog created aimed at supporting those staff impacted by the long term affects of COVID 19
- Manager training sessions have been delivered throughout October supporting our leaders to manage during the COVID pandemic.
- Flu campaign – Over 1000 staff vaccinated in first week – drive flu campaign / booking system up and running

Recruitment and Workforce Planning

- Recruitment and Retention Strategy completed and approved at Workforce Committee with focus on 4 programmes of work – Recruitment Effectiveness, Recruitment Experience, Marketing and Branding and Retention.
- Business case for further international nursing recruits is being finalised

Development

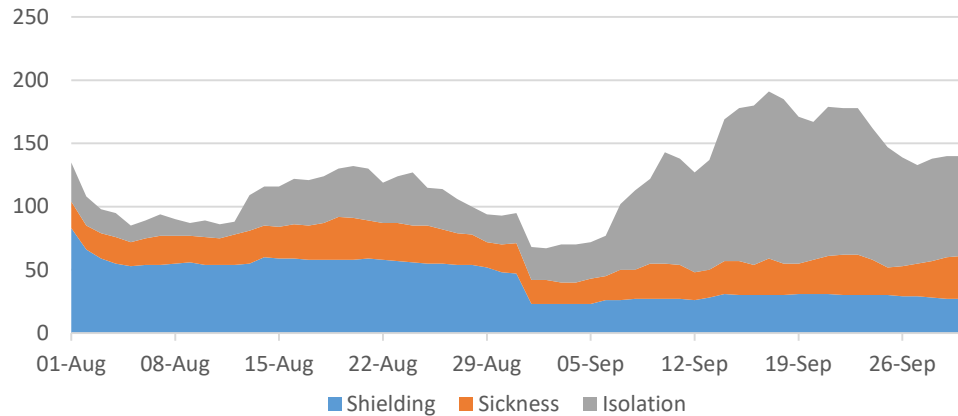
- New Trust values launched on 7th September
- Behavioural Framework workshops developed and to rolled out across October and November

Equality, Diversity and Inclusion

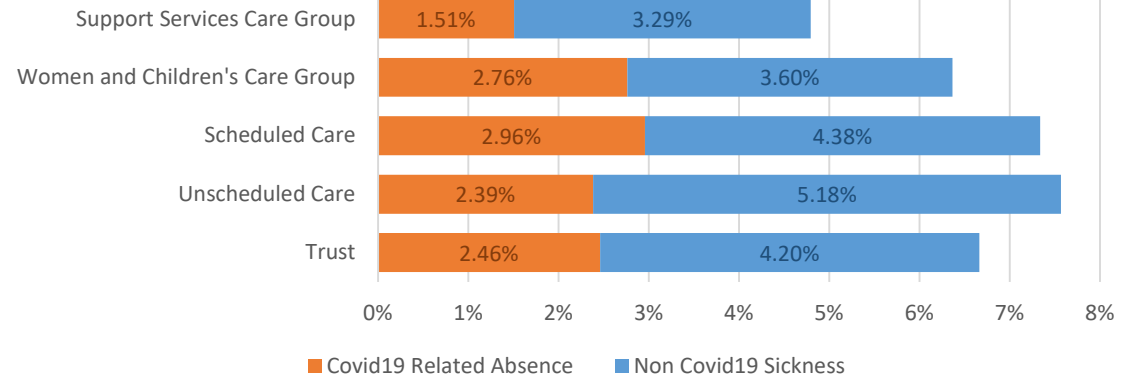
- Equality Report prepared and to be presented to Workforce Committee 28th September
- Linked to the Unconscious Bias learning, we are piloting a 'Cultural Ambassadors Programme' in partnership with the Royal College of Nursing. This will be a development programme for BAME staff working with colleagues in either Employee Relations or Recruitment
- 3 new staff networks have been launched – BAME, SaTH Pride (LGBTQ+) and Staff with Disabilities

Overview of workforce metrics

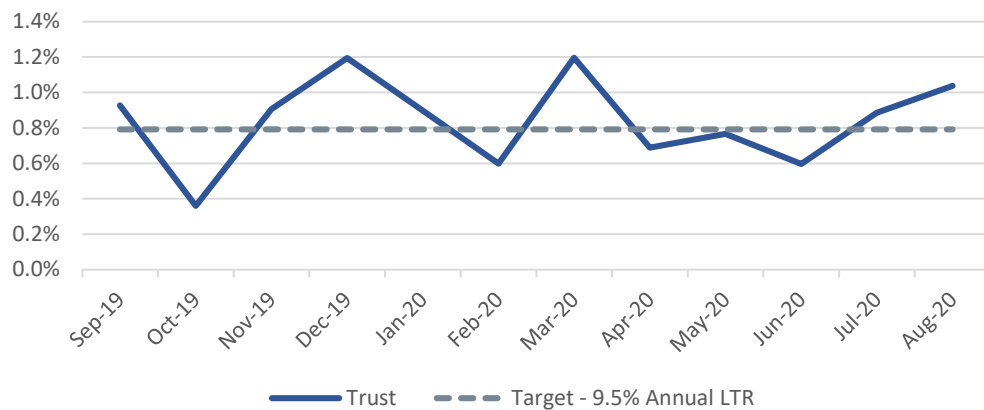
Covid-19 Related Absence by Category Aug-Sep



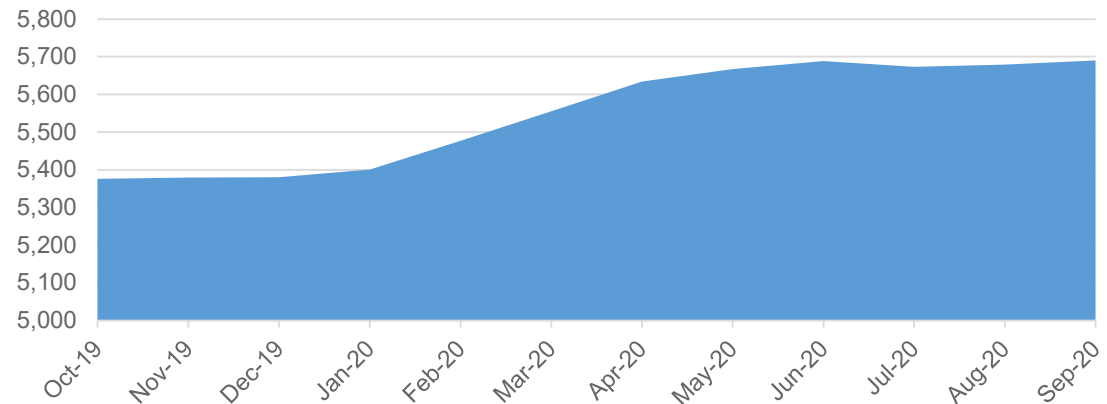
Absence % by Care Group Sep-20



Trust Monthly Turnover %

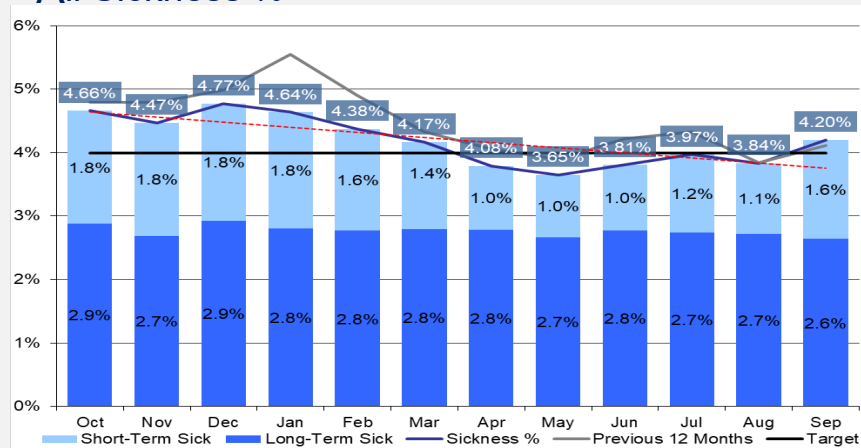


Monthly FTE Staff in Post

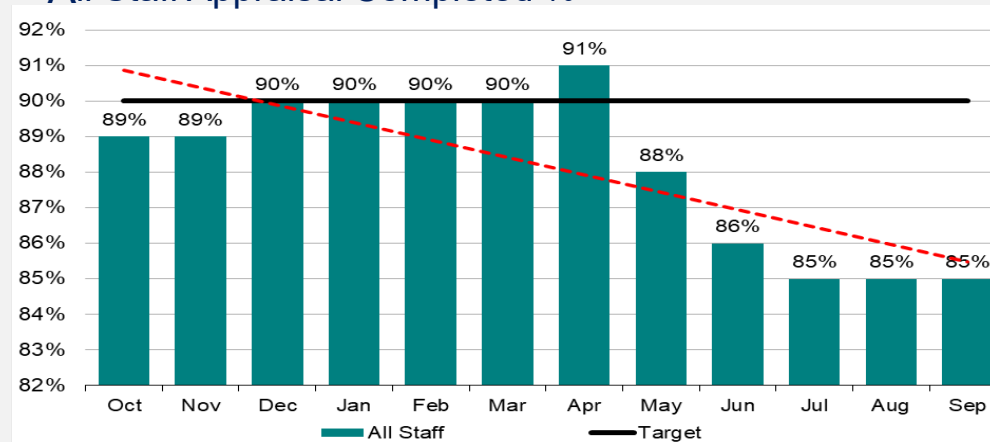


Absence, Statutory Training and Appraisals

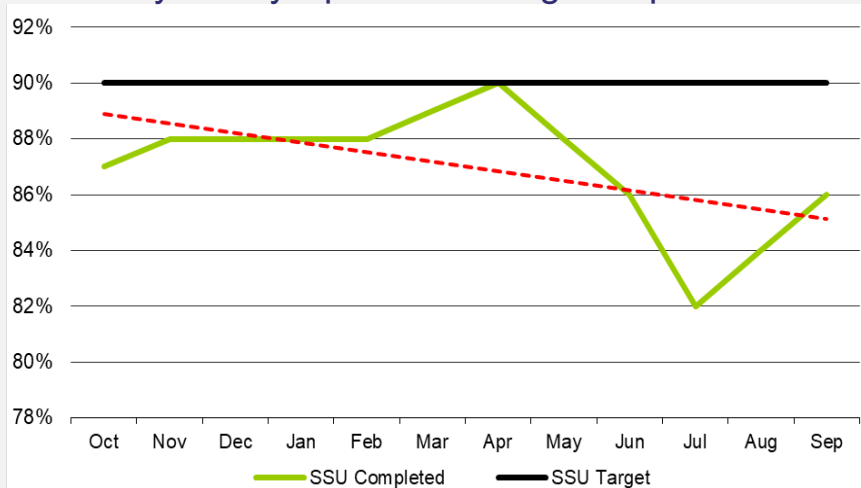
All Sickness %



All Staff Appraisal Completed %



Statutory Safety Update Training Completed %



Key Improvement Actions for October are:

- Care Groups completing deep dives into low appraisal rates for wards and departments
- Consolidation of all Safeguarding training reporting into one monthly spreadsheet
- One to one advisory support for Ward Managers with lowest compliance
- Care Groups to develop their own tailored improvement trajectories
- Close working with Corporate Nursing Safeguarding lead to deliver improvement in the way all Safeguarding training and CPD requirements are presented to staff and managers.
- Focus on completion of Getting to Good Quality Improvement Plan actions including Sepsis training and resolution of outstanding decision on Medical staff e-learning

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 Workforce Committee end of September. 	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	October 20

Finance

Interim Director of Finance, James
Drury



Executive Summary

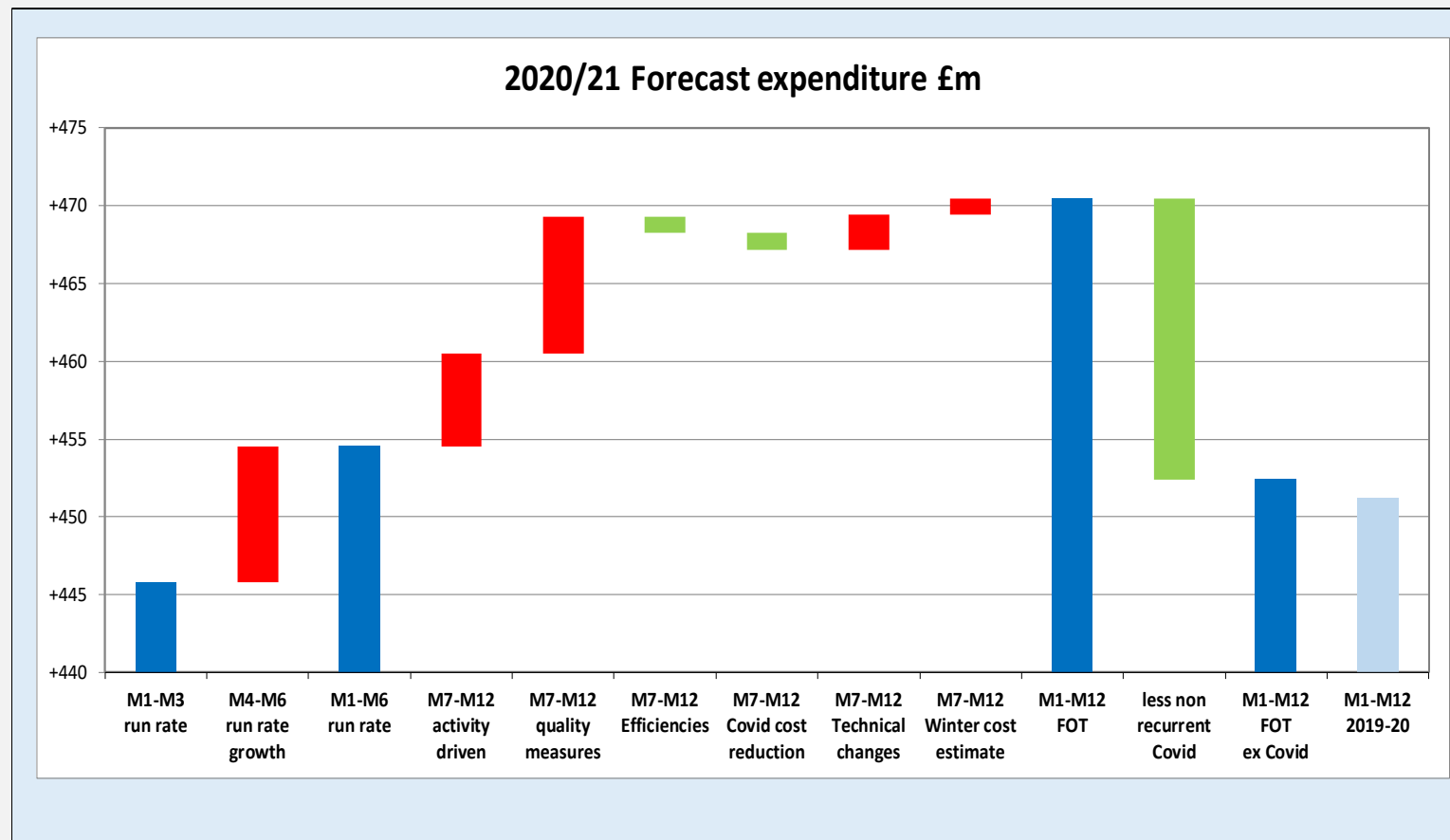
- The Trust has reported a break even position for the month of September with additional NHSEI support
- COVID-19 expenditure to date is £9.679m (£1.546m in month) with an associated loss of income £2.459m (£0.476m in month)
- The funding regime enables reimbursement of costs above planned levels, these are £8.181m to date and £4.254m in month
- The breakeven position in month consists of:
 - A pay over-spend of £2.575m due to additional resources and COVID-19 costs, pay adjustments offset by unfilled vacancies and Medical Staffing Pay Award arrears;
 - A non-pay over-spend of £1.164m mainly due to N365 and an increase in drugs and supplies as activity comes back on stream; and
 - Other income loss of £0.476m mainly related to COVID-19 impact on activities outside contracts.
- COVID-19 capital expenditure to date is £0.776 (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 £42.1m, 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 has deteriorated this month with 90.3% by number and 91.1% by value of undisputed invoices were paid within 30 days. In addition, 27% and 40% respectively of all invoices were paid within 7 days

Forecast Outturn

£'000s	SaTH
M7-12 Baseline Position	(34,842)
Winter Schemes	(1,118)
Development Schemes	(8,793)
M7-12 Forecast Requirements	(44,753)
Funding Streams	
Assumed COVID Income	8,473
Top Up Funding	24,593
Testing reimbursement	906
Changes since 5/10/20 (to be finalised)	
ICR Costs	0
Winter Plan agreed schemes	835
SCHT & RJAH Deficit positions	0
Support to SaTH Development scherr	2,222
M7-12 Expected Funding	37,029
FORECAST SHORTFALL	(7,724)

Changes to Trust forecast since 8 October Board meeting		£'000
Trust forecast deficit @ 5 October submission		(11,695)
Allocation of growth funding to Trust for winter schemes (expenditure £1,032k)		835
Additional cost of winter schemes		(86)
Allocation of funding for developments		2,222
Final adjustments		1,000
Revised deficit		(7,724)
Trust received funding from growth allocation of £835k in respect of funding winter schemes and additional costs of £86k re Integrated Discharge Hub. £2,222k of funding for Trust service developments being primarily SDEC and PAU		
Final adjustments		£'000
Agreement of funding for posts by NHSE/I Special Measures		300
Confirmation from NHSE/I of funding for existing overseas recruitment		234
Remove HTP consultancy expenditure from second half of year as programme paused		200
Revised cleaning cost following completion of tender and contract award		125
Other slippage on appointment to posts		141
Total		1000

Forecast Outturn expenditure bridge



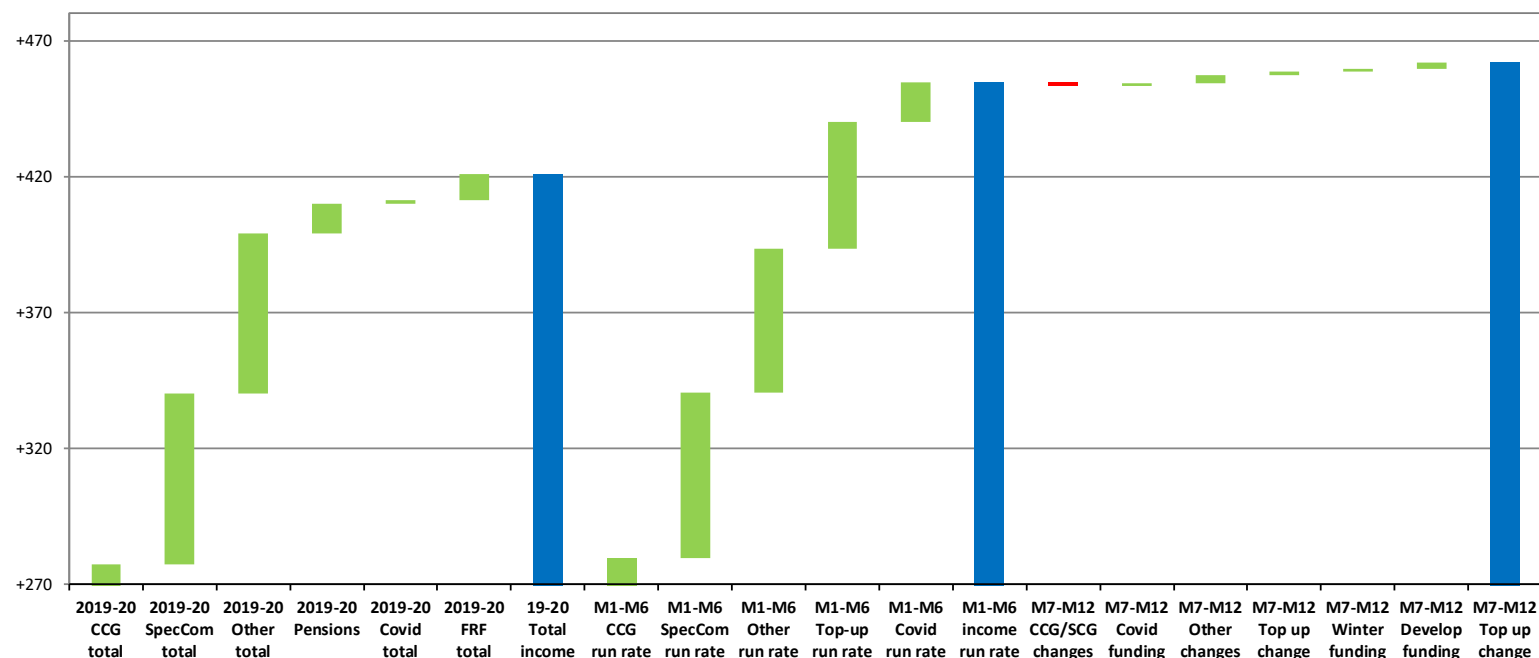
The bridge illustrates a six-monthly growth in costs of £15.9M (£2.7M per month).

Excluding the Covid costs which will mostly be non-recurrent in the long term the run rate is £1.2M above the 2019-20 out-turn which included £10M non recurrent pension costs.

The Trust has started developing its 2021-22 operational and financial plan and will produce an accurate starting run rate estimate for that process.

Forecast Outturn income bridge

2020/21 Forecast income £m



The bridge illustrates a six-monthly growth in income of £7.2M (£1.2M per month) from the block and top-up system in the first half of the year. Forecast income is £8.7M short of spend in the second half of the year.

The key driver is the £8.8M growth in developments being offset by an allocation of £2.2M growth funding. In addition the national formula assumes restoration to pre-Covid non-NHS income levels, and the Trust forecasts a £1.5M shortfall.

Sensitivities to Forecast Outturn Position

Risk	Sensitivity
Elective incentive scheme	£0.5m per 5% reduction in performance against 19/20 activity thresholds
NHS Wales income risk	None recognised as October block payment in line with M1-M6 however, no formal documentation
Non NHS income risk	Car parking income risk due to lower volume of cars of circa £0.4m
Excluded Medicines and Devices	Assurance provided per financial guidance that reimbursement mechanism in place
COVID Sickness / absence	£2,676k annualised cost based on early 2020 behaviour during the first wave – absences covered by temporary staffing
COVID expenditure risk	£774k based on extrapolation of M1-M6 expenditure levels
Other potential cost sensitivities	Impact
Control over winter plan expenditure	Increased costs due to poor control. 10% adverse variance would equate to circa £100k
Failure to operationalise winter plan and / or system improvement plan and in performance management thereof	Failure to deliver expected reduction in ED attendances, non elective admissions and bed utilisation may result in additional costs to the Trust
Potential opportunities to improve position	Impact
Slowdown on elective activity due to non elective activity growth and / or COVID surge	Lower level of pay and non pay costs
Slippage on additional posts due to recruitment issues, staff availability etc.	Reduction in pay expenditure

In Month Overview

	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 £000s	COVID-19 £000s
Income	398,215	33,185	32,633	(551)	199,107	196,646	(2,462)	(476)	(2,459)
Pay	(295,705)	(24,642)	(27,217)	(2,575)	(147,852)	(156,859)	(9,007)	(970)	(5,043)
Non-Pay & General Reserves	(134,121)	(11,177)	(12,341)	(1,164)	(67,060)	(64,268)	2,792	(575)	(4,636)
Total expenditure	(429,825)	(35,819)	(39,558)	(3,739)	(214,913)	(221,127)	(6,215)	(1,546)	(9,679)
EBITDA	(31,610)	(2,634)	(6,925)	(4,290)	(15,805)	(24,482)	(8,676)	(2,022)	(12,138)
Finance Costs	(14,830)	(1,236)	(1,199)	36	(7,415)	(6,919)	495	0	0
Surplus/(deficit) against Control Total pre Top-Up	(46,440)	(3,870)	(8,124)	(4,254)	(23,220)	(31,401)	(8,181)	(2,022)	(12,138)
Planned Top-Up	46,440	3,870	3,870	0	23,220	23,220	0	0	0
Additional Top-Up		0	4,254	4,254	0	8,181	8,181	0	0
Adjusted Surplus/(deficit) post Top-Up	0	0	0	0	0	0	0	(2,022)	(12,138)

Forward Actions (Finance)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Target completion	Date completed
M7-12 reporting	<ul style="list-style-type: none"> Deliver forecast outturn financial position for M7-12 	JD	March 2021	
20/21 Capital plan	<ul style="list-style-type: none"> Approval of 20/21 capital plan revised for £3.2m of additional CRL (Adapt and Adopt) and £0.35m for Critical Care through governance processes (SLC-O, F&P and Board) 	JD	December 2020	
21/22 planning exercise	<ul style="list-style-type: none"> Review M7-12 operational planning process and identify lessons learned Apply lessons learned to develop planning process and integration of clinical, operational, workforce and finance planning 	JD	November 2020	
Finance development programme	<ul style="list-style-type: none"> Trust wide implementation to strengthen financial management and control following Future Focussed Finance (FFF) methodology 	JD	June 2021	

Estates and Facilities, Security and Health and Safety

Director of Corporate Services, Julia
Clarke



Executive summary

ESTATES Including MES

- Estates Operations have focussed on PPM compliance and have managed to increase on time completions to almost 76% through closing down dead jobs on MICAD. There are now weekly PPM updates within Estates
- The capital programme managed by the Estates PMO is constituted of Strategic (£19M), Backlog (£7-10M) and Trust Priorities (£2M) have been set out and are now in procurement and enabling works phases
- There continues to be a high number of requests to the Space Utilisation Group
- MES are in the process of procuring the medical equipment capital programme after clinical prioritisation. Have also procured off-site bed storage to reduce corridor bed storage and obstructions on fire evacuation routes

FACILITIES

- Funding obtained for takeaway lockers and location identified – working with external suppliers
- New Linen Provider - Elis - have been to site to survey. Linen policy updated in line with new provider
- 24 hour food vending for provision of hot meals agreed– currently seeking best locations for easy access

HEALTH & SAFETY

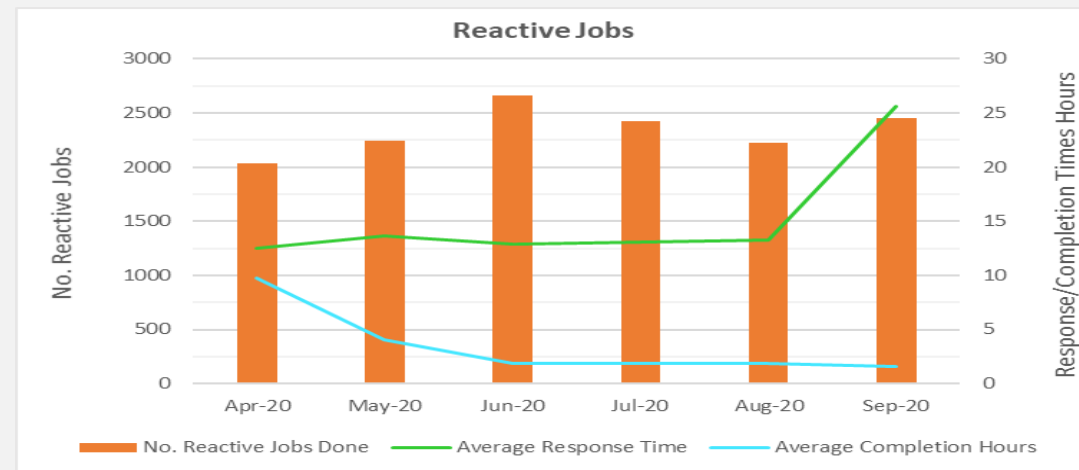
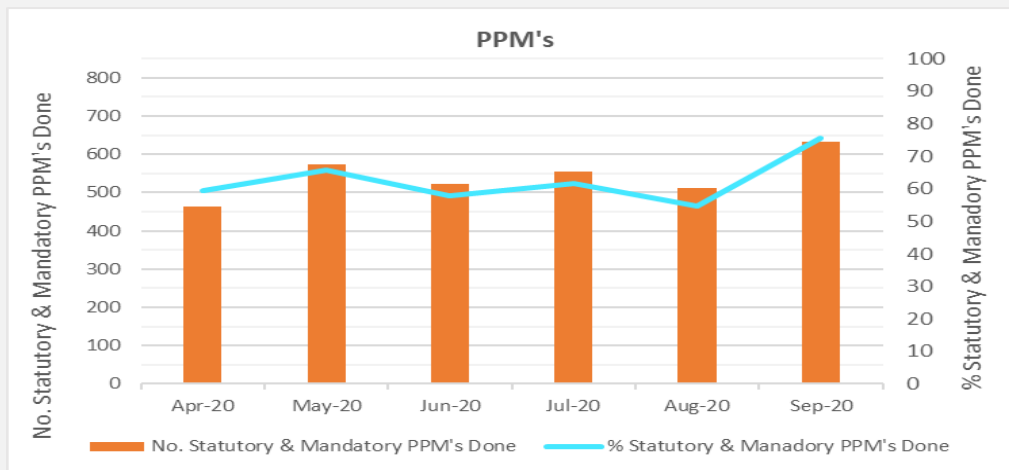
- Open fit testing sessions continued 3 days from 1 Sep 20 focusing on Jr Drs rotation and new starters, plus repeat fit testing due to FFP3 stock changes. Refresher training for Care Group fit testers began on 22 Sep
- Patient handling induction courses for new starters continued at a higher rate than pre-pandemic

SECURITY

- Increase in establishment will be implemented from 1 Dec 20 following approval of business case
















Key metrics - Estates

Area	Update
Capital Projects	6 Projects on ED Strategic Programme 58 Backlog Capital Projects and Schemes 11 Schemes on £2M Trust Priority List 10 FY 19/20 Carry Over Projects 5 feasibility schemes added 90 Capital Projects Handled in Total
Estates Operations	633 PPMs completed / 75.6% of Statutory and Mandatory on time –MICAD reporting is being refined to provide more accurate data 2,629 reactive jobs assigned, 2,456 completed 93.42% Average response time 25.59 hours - Average completion time 1.57 hours
MES	83% Assets in Date 1,370 medical equipment jobs handled –901 for SATH: Inc. 89 commissioning, 13 Covid, 447 planned, 276 repair, 76 miscellaneous



Key Capital Investment Schemes Status

Key Capital Investment Schemes Status Report – w/c 019th October 20 No 8.

Emergency Care Allocation Schemes (YR 1) (FY 20/21) TOTAL £7,433,198				
Project	National Deadline	Total Scheme Cost	Status Report	Project Status
Medical Modular SDEC	31 Dec 20 	£ 3,026,000 	<ul style="list-style-type: none"> SDEC building delivery still scheduled for 13th & 14th October 20. Internal Fit out to commence 16th Oct 20. Signage Discussions to be held w/c 19th October 20. Equipment Schedule to be completed 02nd Nov 20. 	
Fracture Clinic from A&E Into Fertility	31 Mar 21 	£ 1,766,476 	<ul style="list-style-type: none"> IPC Design approval completed 12th Oct 20. Demolition work due for completion 16th October 20. Tender Evaluation for main contractor to be completed 16th Oct 20. Main fit out works to commence 26th October 20. 	
SAU Office Relocation (Medical Records Corridor)	27 Nov 20 	£ 900,000 	<ul style="list-style-type: none"> Fire stopping works completed 12th Oct 20. Mechanical works on-going due for completion 23rd Oct 20. Flooring works due to commence 23rd Oct 20. SAU Admin aware of relocation for w/c 02nd Nov 20. 	
SAU Clinical	30 April 21 	£ 1,740,722 	<ul style="list-style-type: none"> Tender returns expected 16th Oct 20. SAU Office relocation logistics plan to be agreed with users w/c 26th Oct 20. Contractor to be appointed for 27th Oct 20. Works to commence w/c 09th Nov 20. 	
Emergency Covid Funding Scheme (FY 20/21) TOTAL £2,000,000				
PRH MLU into Wrekin Ward	31 Dec 20 	£ 2,000,000 	<ul style="list-style-type: none"> AHU Design completed 12th Oct 20. Drainage works to complete 16th Oct 20. Mechanical works to complete w/c 02nd Nov 20. Ceilings to be closed 16th Nov 20. 	









Key Capital Investment Schemes Status

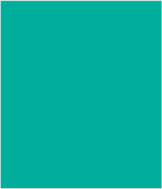
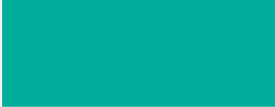
Key Capital Investment Schemes Status Report – w/c 019th October 20 No 8.

Emergency Care Allocation Schemes (YR 2) (FY 21/22) TOTAL £7,597,200 tbc				
Project	National Deadline	Total Scheme Cost	Status Report	Project Status
A&E Refurbishment	31 Dec 21 tbc	£ 7,597,200	<ul style="list-style-type: none"> • Structural surveys completed 09th Oct 20. • Mechanical & Electrical surveys to be conducted w/c 19th Oct 20. • Detailed Design meeting scheduled for 22nd October 20. • Asbestos Surveys to commence w/c 02nd Nov 20. • Tender process to commence - Dec20 and completion date identified 	

Key Capital Investment Schemes Photographs

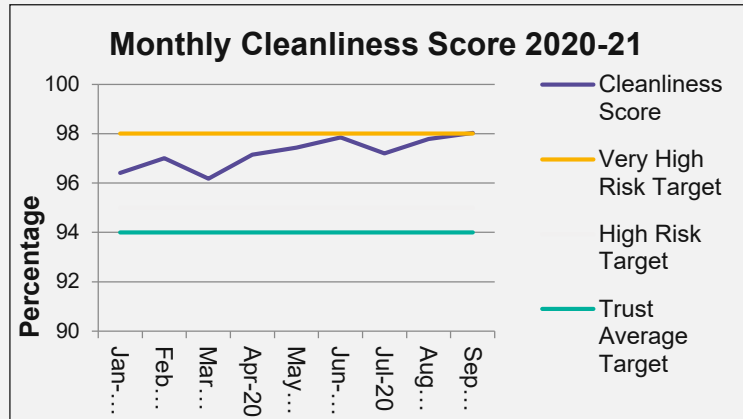
Key Capital Investment Schemes Photographs – w/c 19th October 20 No 8.

Emergency Care Allocation Schemes (YR 1) (FY 20/21)			Emergency Covid Funding Scheme (FY 20/21)
Medical Modular SDEC	Fracture Clinic from A&E Into Fertility	SAU Office Relocation (Medical Records Corridor)	PRH MLU into Wrekin Ward
			
			

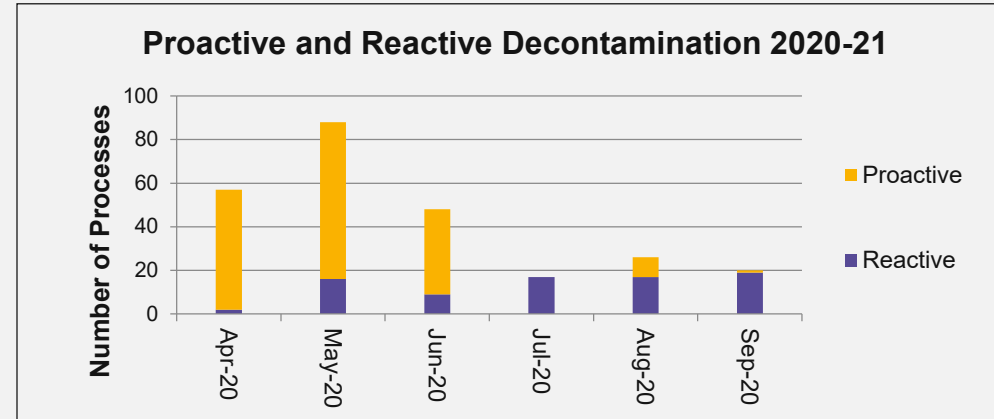


Key metrics – Facilities

Cleanliness The score for the Cleanliness Team was 98.03%

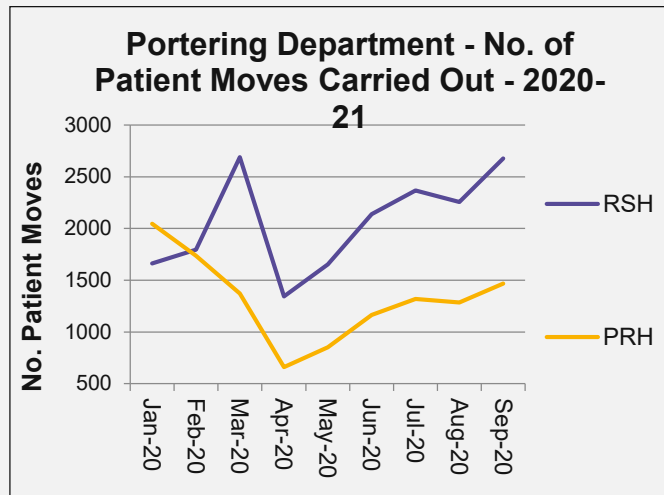


There were 19 reactive decontamination processes carried out and 1 proactive



Portering

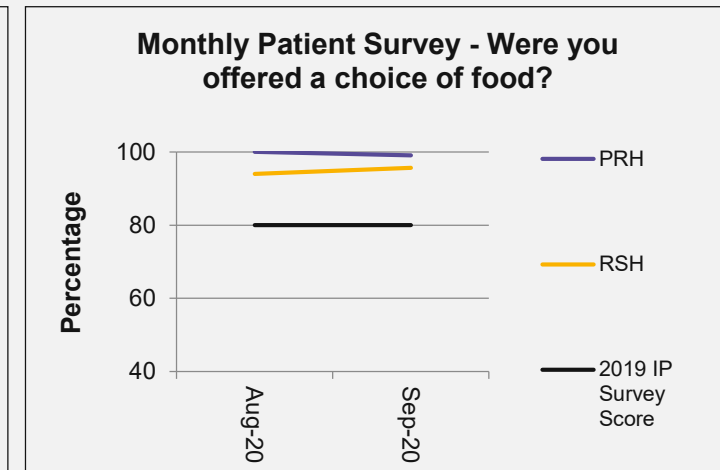
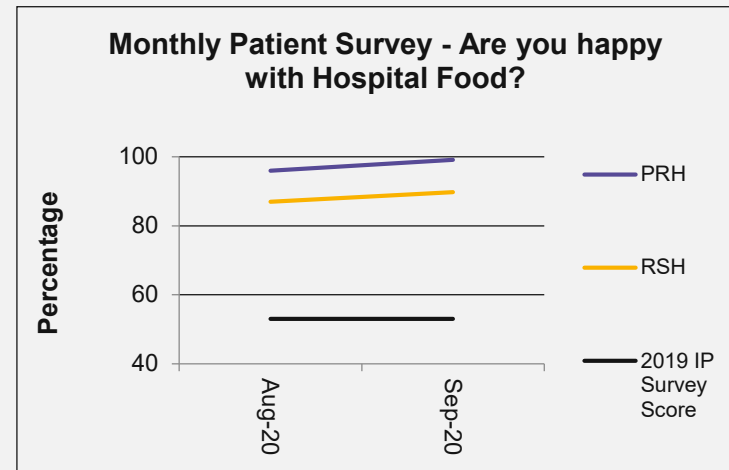
There were 2678 patient moves at RSH and 1486 at PRH



Catering- Matron's Patient Food Survey

Are you happy with Hospital food? – 99.09% at PRH and 89.73% at RSH

Were you offered a choice of food? – 99.09% at PRH and 95.64% at RSH



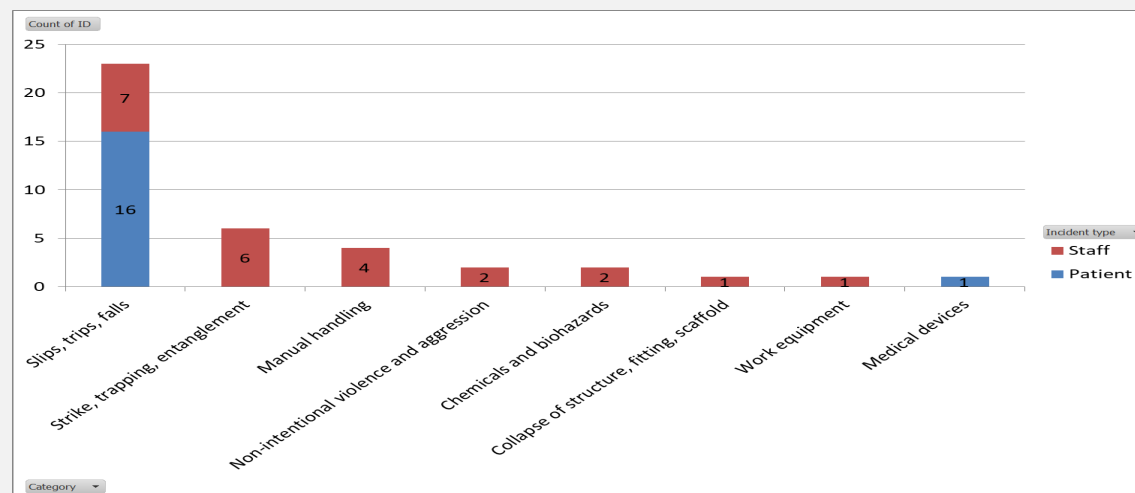
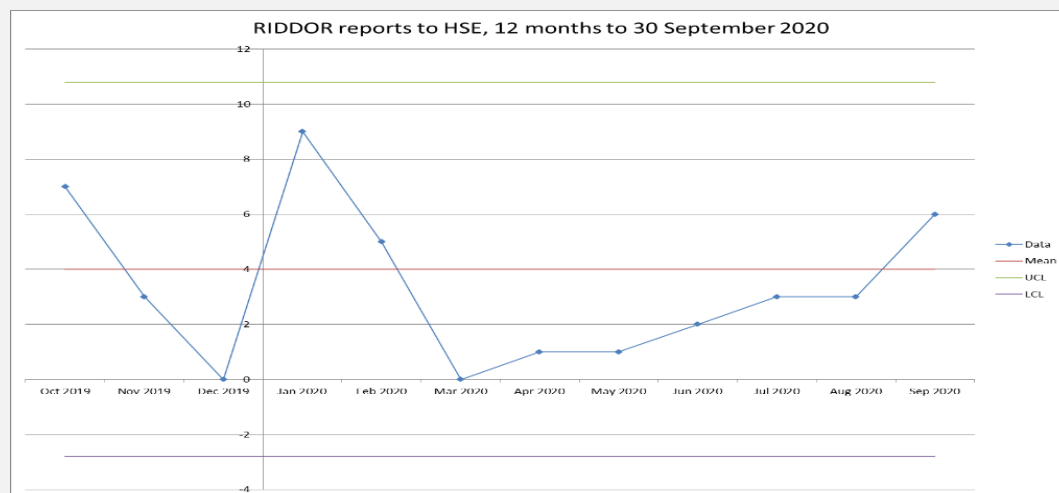
Key metrics – Health & Safety

Benchmarking against HSE statistics

In the 12-month period ending 30 September 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 submitted to date however two incidents from March 2020 are currently being reviewed as potential retrospective reports.

Category	HSE*	SaTH Rolling 12 months ending 30 September 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	255	17
Total: all non-fatal injuries	369	315	21
Dangerous occurrences	No benchmark data	30	2
Occupational diseases	No benchmark data	0	0

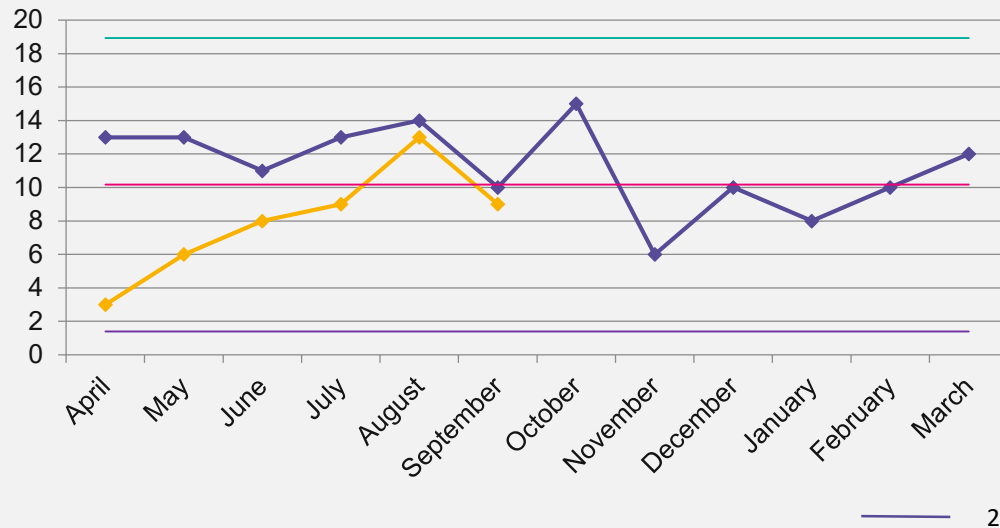
* HSE data 2013/14 to 2018/19 (latest available) ** Derived using formula (number of RIDDOR reports/ headcount) x 100000 *** Datix records injured person as staff member or volunteer



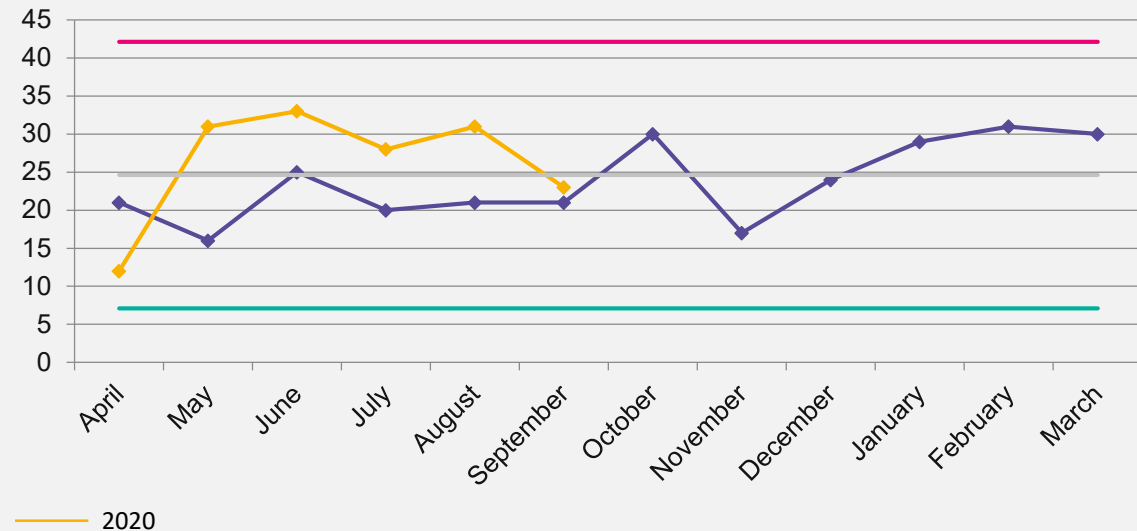
Key Metrics – Security

Numbers for aggressive behaviour incidents are shown on the charts below. Administrative action by the Trust during September for acts of intentional/inexcusable aggression included 3 warning letters, 3 new markers against patient records on SEMA warning staff as to the patients potential for aggression. 12 letters were issued offering support or feedback to staff directly harmed or injured in any incident.

Intentional/Inexcusable Aggression



Clinical Aggression



Aside from the incidents reported in the charts there were a further 22 incidents in September where security team support was requested due to concern that a patient would become or was showing signs of becoming aggressive. In amongst all of the reported aggression incidents security teams undertook 30 safe holds/restraints to ensure patient/staff safety. Security teams were contacted 60 times to assist with absconding or absconded/missing patients. There were 30 other general security incidents involving issues like trespass e.g. rough sleepers in buildings/grounds or patients refusing to leave after discharge from ED, damage to property/equipment by confused patients and building/office insecurities/intruder alarm activations.

Forward Actions

(Estates, Facilities, Health and Safety, Security)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Target completion	Date completed
Estates	<ul style="list-style-type: none"> Finalise draft interim site control plan Finalise draft interim Estates strategy Deliver RSH SDEC and PRH PAU by 31 December Complete backlog priority schemes by 31 March 2021 	WN WN WN WN	Sep-20 Nov 20 Jan-21 Jan-21	Completed
Facilities	<ul style="list-style-type: none"> Develop Business Case for Covid cleanliness services Implement Covid19 additional cleaning cover Introduce monthly patient food survey Introduce Staff Food Group to develop out of hours business case Implement new cleanliness standards 	JY JY JY JY JY	Sep 20 Oct 20 Sep 20 Nov 20 Mar-21	Completed Completed
Health & Safety	<ul style="list-style-type: none"> Recruit staff for increased open fit testing sessions Plan for resumption of manual handling SSU training April 2021 	KT KT	Nov-20 Mar-21	
Security	<ul style="list-style-type: none"> Support to Estates with security staffing and technical requirements/specifications for SDEC & A&E refurb. Security support with scoping/preparing storage of W&C medical records under police review. Work with security man power provider to recruit and embed additional security staff. 	JS	Dec-20	

Risk Management

Interim Director of Governance, David
Holden



Forward Actions (Risk Management)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
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	Sep/Oct 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	Sep/Oct 20
Board to receive key risks to delivery of Operational Plan objectives within future Integrated Performance Reports (IPR).	Head of Performance and Chief Risk Officer to align the corporate risks with the potential to impact on operational delivery to the functional domains within the proposed new IPR, reflecting the risk scores and likely impact of mitigating actions on these scores	CP/DH	Nov 20