

Board of Directors' Meeting

8 December 2020

Agenda item	200/20			
Report	Integrated Performance Report			
Executive Lead	Chief Executive Officer			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF 1,2,3,4,5,7,8 and 9	
	For decision / approval		Link to risk register:	
	For review / discussion	√	CRR1, CRR2, CRR3, CRR4, CRR5, CRR6, CRR9, CRR10, CRR11, CRR12, CRR13, CRR15, CRR17, CRR19, CRR21, CRR22, CRR23, CRR27	
	For noting	√		
	For information	√		
	For consent			
Presented to:	The paper has been provided to Senior Leadership Committee members. Relevant sections of this paper have also been presented to: <ul style="list-style-type: none">Quality and Safety Assurance Committee on 26 November 2020Finance & Performance Assurance Committee on 1 December 2020			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>This report provides the Board of Directors with an overview of the performance of the Trust. Key performance measures are analysed over time to understand the variation taking place and the level of assurance that can be inferred from the data.</p> <p>Where performance is below expected levels an exception report has been included. The report describes the key issues, actions and mitigations being taken to improve the performance.</p> <p>The Board of Directors is asked to NOTE the content of this report.</p>			
Appendices	N/A			

Integrated Performance Report

Purpose

This report provides the Board of Directors with an overview of the performance of the Trust. Key performance measures are analysed over time to understand the variation taking place and the level of assurance that can be inferred from the data. Where performance is below expected levels an exception report has been included. The report describes the key issues, actions and mitigations being taken to improve the performance.

This report is aligned to the Trust's functional domains and includes an overarching executive summary together with domain executive summaries for quality, workforce, Covid-19 and recovery, operational delivery, finance and transformation.

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Overall Executive Summary

Louise Barnett, Chief Executive

- During October, the Trust has been proactively responding to the impacts of the second wave of the Coronavirus pandemic. This includes the significant logistical challenges of treating our patients in different zones within the hospital, to minimise the risk of transmitting the infection to either patients or staff. Overall bed numbers have been reduced as a result of social distancing measures and at the end of October:
 - the number of COVID positive patients in hospital beds was 42
 - the number of COVID positive patients in ITU was 6
 - the number of closed hospital beds was 41
- The lower number of available hospital beds has significantly reduced the number of elective procedures undertaken and led to an increase in elective waiting lists. Our staff have worked tirelessly to ensure that this impact is minimised and that the maximum number of beds are available for patients with cancer or requiring urgent surgery. As a result, the Trust has performed relatively well against Cancer targets during October.
- The measures introduced to combat the pandemic have also had an impact on the performance and effectiveness of other operational areas in the hospital, including outpatient appointments and diagnostic services.
- The Trust has been working very hard to find alternative solutions to deliver patient care e.g. through a significant increase in the number of non-face-to-face outpatient and therapy appointments, now 36 % of all appointments. The Trust is also working closely with health system partners to optimise the use of our combined capacity, to make it available to the patients of most need.
- There has also been a continued focus on addressing key quality and maternity issues, with 87% of transactional quality compliance actions completed at the end of October 2020. Longer term quality improvement and maternity transformation plans for the next two to three years have been consolidated into the Transforming Care 'Getting to Good' programme, incorporating input from both the Improvement Team and the Improvement Alliance.
- Our staff have been under enormous pressure throughout most of this year and we have introduced a number of new measures to support them and improve their welfare during the second wave of the pandemic. However, levels of staff absence remain high (particularly when incorporating staff unavailable as a result of the virus) and this increases the requirement for agency staff which adversely impacts our financial position.
- In early November, we received confirmation that £6m of funding had been approved in principle for the Trust to develop plans for the Hospitals Transformation Programme (HTP) and produce an Outline Business Case. We welcomed this confirmation and we look forward to continuing to work with our partners, local MPs, colleagues, the community and our patients as we further develop our plans.

Integrated Dashboard

SPC Variation Icons					SPC Assurance Icons		
Common Cause	Concern (High)	Concern (Low)	Improvement (High)	Improvement (Low)	Capable	Not Capable	Unreliable
							

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
Mortality								
HSMR	Aug 20	90.79	100.0				64	114
RAMI	Aug 20	92.6		100.0			49.9	140.0
Infection								
HCAI-MSSA	Oct 20	2	2*	2			-2	7
HCAI-MRSA	Oct 20	0	0	0			0	1
HCAI-c.Difficile	Oct 20	1	3.58**	3.58			-1	7
HCAI-E-coli	Oct 20	2		3.75			-2	10
Patient harm								
Pressure Ulcers -grade 2 and above	Oct 20	10		14			1	26
VTE	Oct 20	96.4%	95.0%	95.0%			92.7%	96.1%
Falls - per 1000 Bed Days	Oct 20	5.01		5.00			2.22	6.73
Falls-total	Oct 20	101		86			43	143
Falls - with Harm per 1000 Bed Days	Oct 20	0.15					0.09	0.28
Falls - Resulting in Harm Moderate or Severe	Oct 20	3		2.5			2.44	6.35
Never Events	Oct 20	0	0	0			-0.8	1.4
SlIs	Oct 20	10					-3	11
Patient Experience								
Complaints	Sep 20	47		58***			24	88
Complaints -acknowledged within agreed time	Sep 20	100%	100%				97%	102%
Complaints -responded within agreed time	Sep 20	70%		85%			49%	77%
Compliments	Sep 20	8 Letters of Thanks and Appreciation						
Quality Compliance								
Deliver all transactional actions in the quality compliance action plan by December 2020							Good	
Meet the requirements of the section 29a and reduce the number of Section 31 conditions.							Reasonable	

* 20% reduction on previous year ** CCG agreed target 43 for year *** 10% reduction on previous year

Restore and Recovery - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
Activity								
ED activity	Oct 20	8974		10096			7650	10980
Non Elective Activity	Oct 20	4503		5279			4044	5699
Outpatients activity	Oct 20	50717		57946			36135	69647
Elective In-Patient and Day Case activity	Oct 20	4927		6059			3552	6911

Operational - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
Elective Care								
RTT Waiting list -total size	Oct 20	27745					18378	22158
18 week RTT % compliance -incomplete	Oct 20	54.9%	92.0%				72.7%	85.2%
52 week breaches	Oct 20	839	0				15	201
Cancer								
Cancer 2 week wait	Sep 20	90.9%	93.0%				81.1%	98.4%
Cancer 62 day compliance	Sep 20	80.9%	85.0%				60.1%	88.0%
Diagnostics								
Diagnostic % compliance 6 week waits	Oct 20	47.4%	99%				69.0%	92.0%
Emergency Department								
ED -4 Hour performance	Oct 20	74.8%	95.0%				67.2%	84.6%
ED -Ambulance handover > 60mins	Oct 20	230	0				-38	443
ED 4 Hour Performance - Minors	Oct 20	96.2%		95.0%			91.0%	100.0%
ED 4 Hour Performance - Majors	Oct 20	54.4%		95.0%			31.0%	63.0%
ED time to initial assessment (mins)	Oct 20	21	15				14	30
12 hour ED trolley waits	Oct 20	13	0				-54	152
Total Emergency Admissions from A&E	Oct 20	2711					2190	2964
Hospital Occupancy								
Bed Occupancy -G&A	Oct 20	79.3%	92.0%				72.0%	96.4%
Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
Activity								
WTE Employed* <i>*Contracted</i>	Oct 20	5592		6179			5180	5450
Total temporary staff -FTE	Oct 20	860					200	280
Staff turnover rate	Oct 20	0.76%		0.75%				
Sickness absence rate Excluding Covid	Oct 20	4.13%		4%			3.50%	5.10%
Appraisal Rate (non Medical Staff)	Oct 20	85%	90%	90%				
Appraisal Rate (Medical Staff)	Oct 20	94.0%		90.0%				
Vacancies	Oct 20	588						
Statutory and Mandatory Training	Oct 20	86%	90.0%	90.0%			82.0%	88.0%

Common Cause Concern (High) **SPC Variation Icons** Concern (Low) Improvement (High) Improvement (Low) **SPC Assurance Icons** Capable Not Capable Unreliable

Tier 1 indicators - Finance								M7
Indicator	Target	Units	Target	Actual	Variance	Variance	Comment	Exception
I&E	Surplus / (Deficit)	£M	0.0	0.0	0.0	0%	On track	No
Pay & Non-Pay Expenses	Spend to plan	£M	(37.2)	(37.2)	0.0	0%	On track	No
Cumulative capex	Under / (over) spend	£M	(12.1)	(5.6)	6.5	-54%	At risk	Yes
CIP delivery	Savings to plan	£M	n/a	0.673	n/a	0%	On track	No
Cash balances	Above minimum	£M	1.7	40.2	38.5	2265%	On track	No
7 day payments % volume	No target	%	n/a	29%	n/a	n/a	Note info	Yes
Elective Incentive Scheme payments	Reward / (penalty)	£M	0.0	0.0	0.0	0%	At risk	Yes
Exit Full Year run rate	No target	£M	n/a	(67.6)	n/a	n/a	Note info	Yes
Agency £>ceiling	Spend not >ceiling	£M	(1.19)	(2.73)	(1.54)	129%	At risk	Yes

Operational Plan objectives	Status at end October
Restoration and Recovery	A
Strong Financial Foundations	A
Quality / Regulatory Compliance	G
Maternity Improvement Plan	A
Reduce Nursing Vacancies	G
Increase Staff Engagement	G
Virtual OP (reduction in face to face clinic appointments)	A
Develop and Implement Enhanced SDEC Service	G
Develop OBC for HTP	R
Improve quality and timeliness of performance information	G
Improve Service Sustainability	A

The table below highlights key risks and issues across all domains of performance.

Key Issues within each domain	Actions	Risk Mitigations	Current Risk to delivery
Quality Number of serious incidents relating to Covid-19	<ul style="list-style-type: none"> Daily Infection Prevention and Control visits Assurance visits from CCG/NHSEI Proactive / reactive staff and patient screening Enhanced cleaning in place PPE use and practices reviewed Daily review of cases Patient screening Good engagement and positive feedback re outbreak meetings 	Further mitigations aimed to reducing the risk of further outbreaks include: <ul style="list-style-type: none"> Swabbing at days 1,3,and 5 commencing Lateral flow testing of staff Mediscreens being installed between patients 	CRR10 Score: 20 CRR 11 score: 16 CRR 3 Score: 16 CCR 19 score:16
Covid-19 and recovery 2 nd wave of covid 19 is reducing capacity available for recovery of elective activity	<ul style="list-style-type: none"> Surge capacity created and trigger points for action determined Winter plans target increased admission avoidance Elective waiting list clinically prioritised Mobile diagnostics CT and MRI scanners on site Use of the independent sector and RJAH for selected elective activity and diagnostics 	<ul style="list-style-type: none"> Staff transfers across the system Increased use of independent sector and RJAH Leveraging community response to avoid inappropriate admissions Increased therapy support for early supported discharge 	CRR3 Score:20 CRR 4 Score: 20 CRR 5 score:16 CRR 10 score:20
Operational access times and volume of long waiting patients increasing in admitted, diagnostic and outpatient pathways	<ul style="list-style-type: none"> Admitted pathway patients clinically prioritised Protected capacity for Cancer surgery Outpatient virtual activity via telephone and video taking place Mobile scanners on site Phased recovery plan being developed through operational planning process 	<ul style="list-style-type: none"> Improved flow – Urgent and Emergency Care pathways and Same Day Emergency Care Additional bed capacity – Priority Admissions Unit Extension of mobile diagnostic capacity 	CRR4 Score: 20 CRR5 Score:16
Operational Unscheduled Care performance is deteriorating for both 4 hour A&E, 12 hour trolley waits and	<ul style="list-style-type: none"> Same Day emergency care (SDEC) pathway being re-launched with newly appointed Clinical Director leadership SDEC unit on the RSH site due to open in January 2021 Admission avoidance schemes commence in November 2020 as part of the Winter Plan delivery 	<ul style="list-style-type: none"> Redesign internal processes to improve time to triage and time to be seen by a clinician 	CRR15 Score:16 CRR3 score:16 CRR19 score:16

ambulance handover delays	<ul style="list-style-type: none"> System wide work streams established to better support patient flow 		
Workforce Sickness absence associated with covid is creating risk for service continuity and increasing reliance on bank and agency staff	<ul style="list-style-type: none"> Covid-19 lateral flow testing Covid-19 staff vaccination programme Overseas recruitment Expansion of SaTH bank 	<ul style="list-style-type: none"> Enhanced bank scheme Increase use of Agency Staff 	CRR9 score:16 CRR12 score:16 CRR 27 score:16
Finance The use of agency staff is creating financial pressures	<ul style="list-style-type: none"> Overseas recruitment in 19/20 and 20/21 (212 recruited to date) Develop proposals to enhance and promote SaTH bank Recruitment and retention strategy approved key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles 		CRR1 score: 16
Transformation Timely delivery of operational plan objectives	<ul style="list-style-type: none"> The status of 'Develop OBC for HTP' is 'red' pending confirmation of funding for the next stage of the programme from NHSE/I All other programmes progressing in line with plans, risks to delivery being identified and mitigated CQC action plan now moving to phase 2. 87% of transactional actions have been completed in phase 1 of the plan. 	Escalation of funding requirements for HTP – external funding is required so that external advisors can be engaged to support the ongoing development of OBC <i>N.B. funding support has now been confirmed in principal (Nov 2020 update)</i>	CRR 21 score:16 CRR22 score:16 CRR23 score:20

Quality Executive Summary

Hayley Flavell, Director of Nursing and Arne Rose, Medical Director

Internal objectives for quality improvement have now been established for hospital acquired infections, falls and pressure ulcers and complaints to support the delivery of the quality improvement strategy. These have been set as follows:

Measure	2020-21 trajectories
Falls per 1000 bed days	SaTH is performing better than the national published measure and is targeting continued improvement
Falls with moderate or severe harm	April-Oct 2020 = 16 – planning for performance equal or better than 2019-20
Total number of falls	2019-20 saw c5% improvement in the number of falls compared to 2018-19. With the focussed work on falls, reporting has increased, planning to accelerate improvement and deliver a 7% improvement on 2019-20 performance
Hospital Acquired Pressure Ulcers Category 2 or above	Planning to improve on 2019-20 outturn by 10%. This would equate to a reduction of approximately 20 patients acquiring Cat 2 pressure ulcers
Complaints – total number	Planning to reduce the number of complaints received this year by 10% compared to 2019-20
Complaints – response time	Planning to resolve 85% of complaints within 30 days of receipt. Complex, multi-factorial or legal complaints may take longer than 30 days to resolve
Hospital Acquired Infections-MSSA	Planning to reduce MSSA by 20% compared to 2019-20, 30 infections were reported for the year
Hospital Acquired Infections-MRSA	Planning for 0 (zero) infections this year
Hospital Acquired Infections-c.Difficile	Planning to deliver the CCG trajectory which is set at 43 for this year. This would be an improvement of 7% compared to 2019-20
Hospital Acquired Infections – E-coli	Planning to achieve an 8% improvement compared to 2019-20

Key themes in relation to Quality Metrics in October 2020 include:

- Improvements in timeliness of SI investigation and completion of reports, all SIs currently within timescale for investigating
- Increasing number of SIs reported - 2 were fractured neck of femur (reduction in SIs relating to falls compared to previous month) and 3 arose from delays to diagnosis and treatment in Urology. The Covid-19 outbreaks are being combined into one SUI for reporting purposes and are being actively managed
- There were 0 (zero) reported cases of MRSA for the 17th consecutive month, 2 cases of MSSA, 4 cases of c.Difficile and 3 E-coli cases this month. Root cause analysis is being completed for c.Difficile and E-coli cases. Learning from these will be shared.

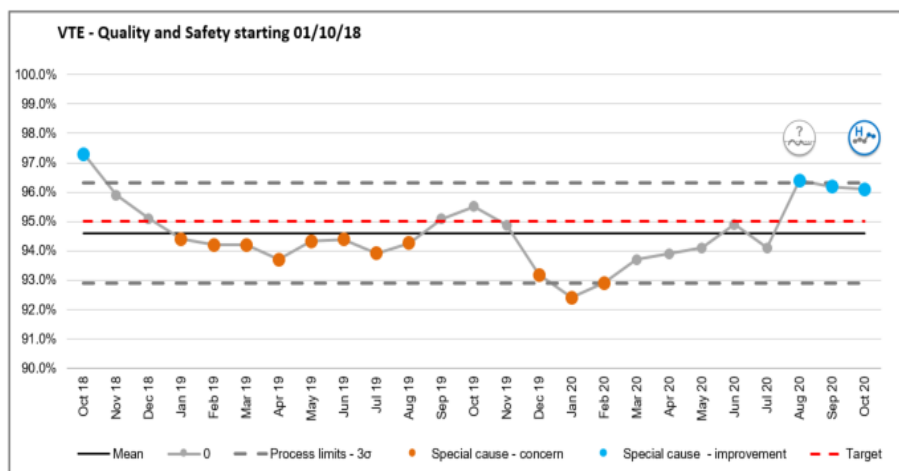
- Falls resulting in moderate harm or above reduced in October compared to the previous month
- There were 14 validated pressure ulcers reported in October 2020, 1 of these were Category 3 ulcers, none were deemed to meet the threshold for reporting as SIs
- VTE assessment is above 95% for the third month in a row
- Mortality outcomes remain below peer and national comparators – work is underway to improve the learning from individual deaths
- The mortality spike from April to June 2020 was associated with 1st wave of COVID
- There were no never events reported or S28s notices received during October 2020
- Cleanliness scores are improved and above the target
- Catering survey scores are improved for both PRH and RSH compared to the 2019-20 survey
- Focus on improving mandatory training compliance and audits underway in Maternity and Paediatrics to test staff understanding
- CQC actions have moved to phase 2 with work underway to address the transformative requirements. 87% of the transactional actions have been completed by the end of October (91% complete for Maternity and 85% complete for Children & Young People's Service).

Quality Dashboard

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VTE Report

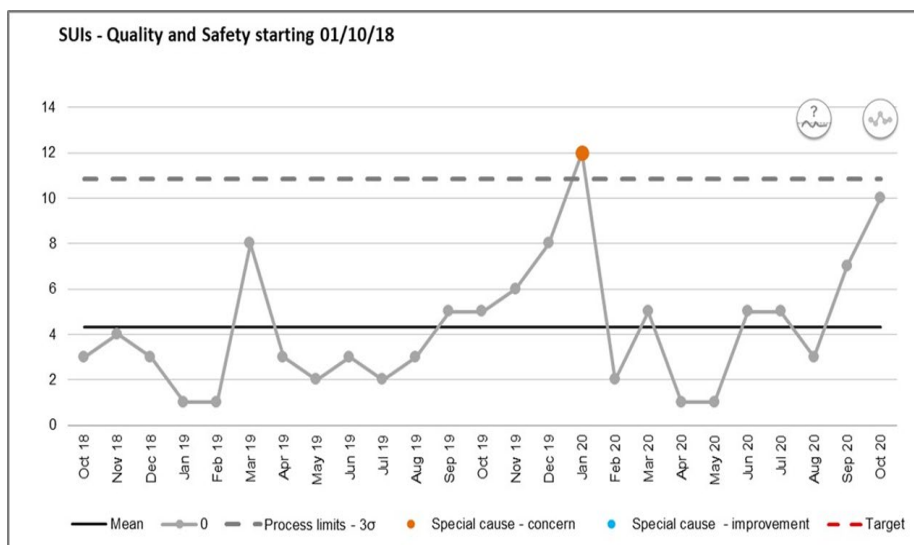


October 2020 actual performance
96.1%
Variance Type
Special Cause Improvement
National Trajectory
95%
Trajectory achievement
The lower process control limit is below the target, indicating that delivery is unlikely every month.

Background	What the Chart tells us:	Issues	Actions	Mitigations
SaTH last met this target continuously prior to January 2019. This is clinically important in	SaTH has now achieved this target for the last three months in a row.	Previously: Lack of engagement by clinicians Lack of process on admission	<ul style="list-style-type: none"> Regular review and tracking by MD directorate 'exit-stop' prior to leaving AMUs Daily email with publication of consultant data to improve 	Ownership by MD team and deputy MD and Care group MDs Focus by audit team

order to protect inpatients from harm.		Current: Strong clinical engagement to resolve historical problems Manual case finding and validation by audit team	response and data quality <ul style="list-style-type: none"> Engagement sessions with consultants 	Pre-weekend reminders WhatsApp reminders to senior leaders Integrated IT solution to be developed
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Serious Incidents (SI) & Never Events Reports



October 2020 actual performance

10

Variance Type

Common Cause
Variation with special
cause in Jan 2020

National Trajectory

No target set

Trajectory achievement

Significant unpredictable
variation each month

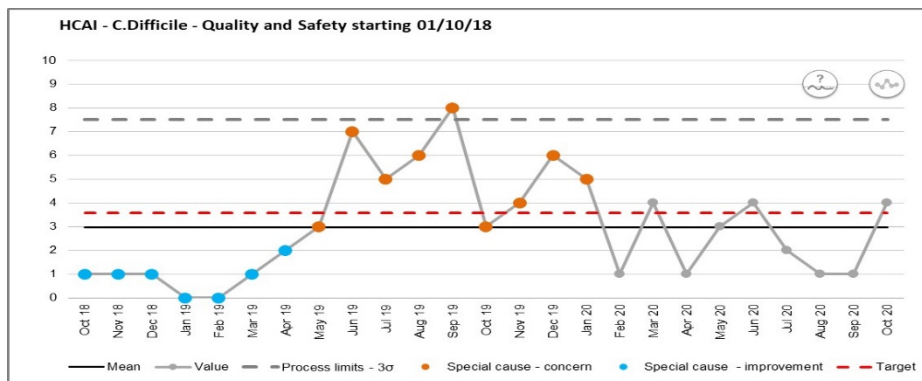
Background	What the Chart tells us:	Issues	Actions	Mitigations
Increasing trend in SIs reported, potentially demonstrating a more open reporting culture	SIs approaching upper control limit, figures higher than same period in previous year	COVID 19 – specifically outbreaks/delayed diagnosis/COVID deaths may increase reported SIs Themes shown in the table below.	<ul style="list-style-type: none"> Thematic reviews Investigation within target deadlines Embed learning from incidents For detailed actions relating to the Covid-19 outbreak SI see executive summary actions 	<ul style="list-style-type: none"> Rapid Review of near miss and incidents Early identification of themes Early implementation of actions and learning

SI theme	Number occurring this month
Delayed Diagnosis Urology	3
Fall – Fractured Neck of Femur	2
Suboptimal Care deteriorating patient	1
Suboptimal Care	1
Treatment Delay ED PRH	1

Obstetric Neonatal	1
Covid-19 outbreak (wards 6/7/9/15/16 being managed as 1 SUI)	1
Total	10

Hospital Acquired Infections

c.Difficile



October 2020 actual performance

4

Variance Type

Common Cause Variation

Local Trajectory

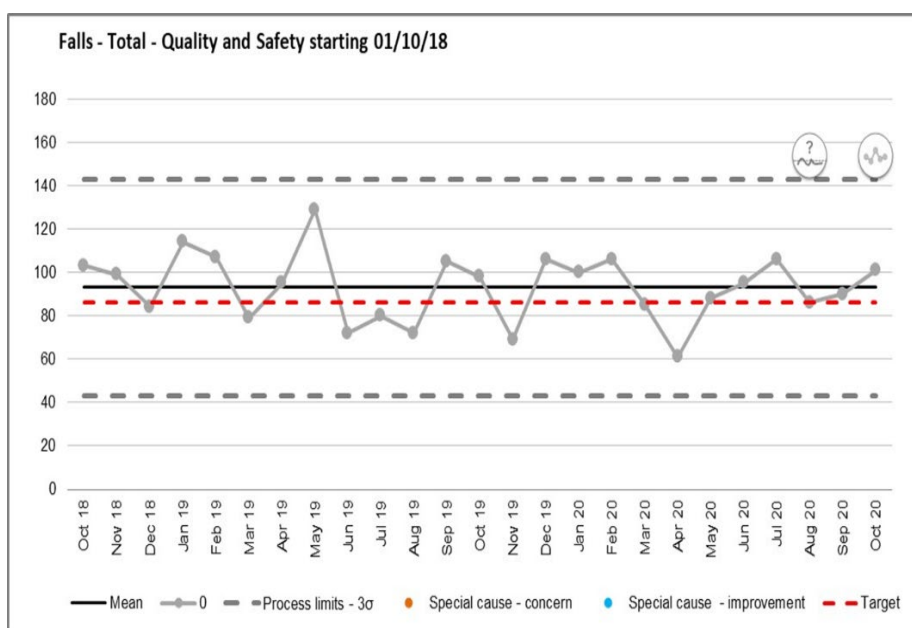
43 pa agreed with CCG = 3.58 per month

Trajectory achievement

We are on course to deliver the annual target

Background	What the Chart tells us:	Issues	Actions	Mitigations
C.Diff cases are considered attributable to the Trust if reported 48 hours after admission or within 28 days of discharge from Hospital	There was an increase in cases in October 2020. Although the 4 cases are above the target for the month, the Trust remains below the target YTD with 16 cases against a target of 25	Themes from RCAs relate to timeliness of obtaining stool samples and practices around antibiotic prescribing	All hospital acquired infections have a RCA completed by IPC and the Clinical Teams	Prompt stool sample. Prompt isolation of patients with symptoms. Ongoing work in relation to anti-microbial prescribing.

Falls Exception Report



October 2020 actual performance

101

Variance Type

Common Cause Variance

National Target

7% Reduction in falls from 2019/20. This equates to a reduction to a mean of 86 per month

Trajectory/ Plan achievement

The number of falls remains above the trajectory set, however the falls per 1000 bed days remains better than the national comparator

Background	What the Chart tells us:	Actions	Mitigations
Falls amongst inpatients are the most frequently reported safety incident in the Trust, reducing the number of patients who fall in our care is a key quality and safety priority	No significant changes, falls are starting to level off around the average	Falls improvement work includes. <ul style="list-style-type: none"> • Monthly audit • Point Prevalence audit took place in October 2020 to allow identification of non-reported falls • Falls Training to target 90% of staff (adult wards and ED) by end January • Increased focus and support to wards to improved use of cohort bays and 'bay tagging' • Review of Falls Prevention Plans and actions • Daily visit by Quality Team to wards reporting a fall in last 24 hours 	Delivery additional mitigations described in the falls reduction plan

Covid-19 and Recovery Executive Summary

Mr Nigel Lee Chief Operating Officer

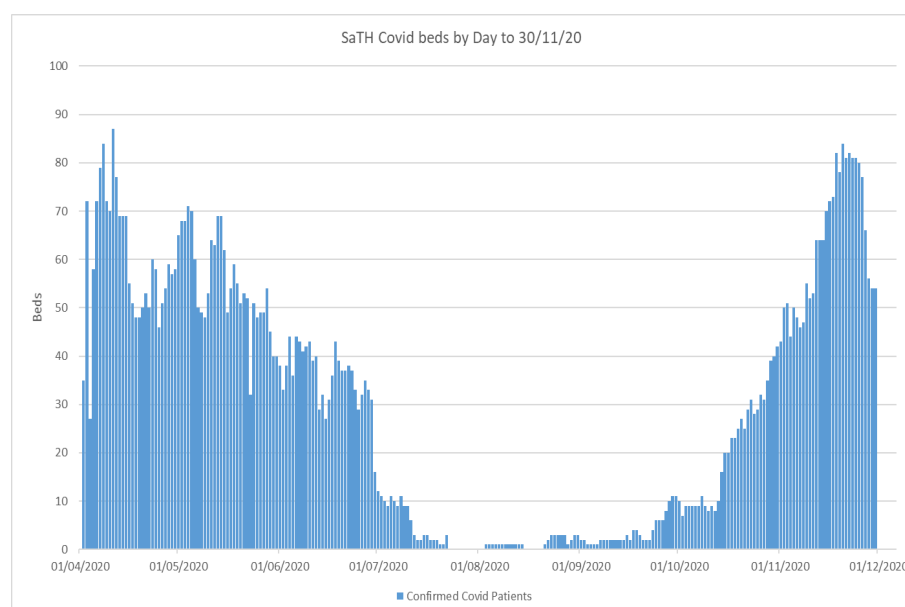
- The Trust is currently experiencing an increased level of admissions of Covid-19 positive patients a small number of whom require treatment in Critical Care. At the same time other hospitals in the region are under pressure due to the 2nd wave of Covid-19 and therefore a number of patients have been transferred into SaTH critical care units from these hospitals as part of mutual aid. This is resulting in an increase of the critical care level to 1, further increase could result in surge being required into theatre capacity. This will take up further theatre space and theatre staff, and will result in further impact on elective activity.
- The trust has already increased the Covid-19 positive ward capacity beyond the 52 beds allocated and as a consequence has surged into the day case unit on the PRH site. This unit is being used for ENT, releasing bed capacity on the site for Covid-19 patients. This does mean there is reduced capacity for routine elective patients, and much of the RSH and PRH based Priority 3 and Priority 4 activity has been reduced.
- Our plans for elective capacity have largely been delivered during October. However, this does not take us back to the pre-covid levels of activity as capacity constraints remain and we continue to provide virtual clinic capacity with telephone and video consultations and are continuing to make use of surgical capacity in the independent sector, as well as the Vanguard theatre unit at PRH.
- Diagnostic capacity for MRI and CT has been improved by the arrival of mobile units and while it is expected this will support the return to pre-covid levels of activity, it does not enable the backlog of waits to be fully addressed. Further additional capacity is planned for quarter 4 of 2020-21 and will be required into 2021-22.
- Endoscopy capacity has been particularly challenged and it has not been possible to fully implement the interventions intended due to staffing shortfalls and delay in arrival of the trans nasal endoscopes. These are now planned for January 2021.

- With the increase in Covid-19 it is likely that the elective recovery plan will be further affected and prioritisation of capacity based on clinical urgency plus use of system capacity will then be required.

Covid-19 and Recovery Dashboard

Restore and Recovery - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
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Covid-19 Inpatients



31st Oct 2020 actual performance

42

Variance Type

In the second wave of covid-19 we have seen an increase in both covid+ve as well as a number of beds temporarily closed due to covid-19

National Target

n/a

Target/ Plan achievement

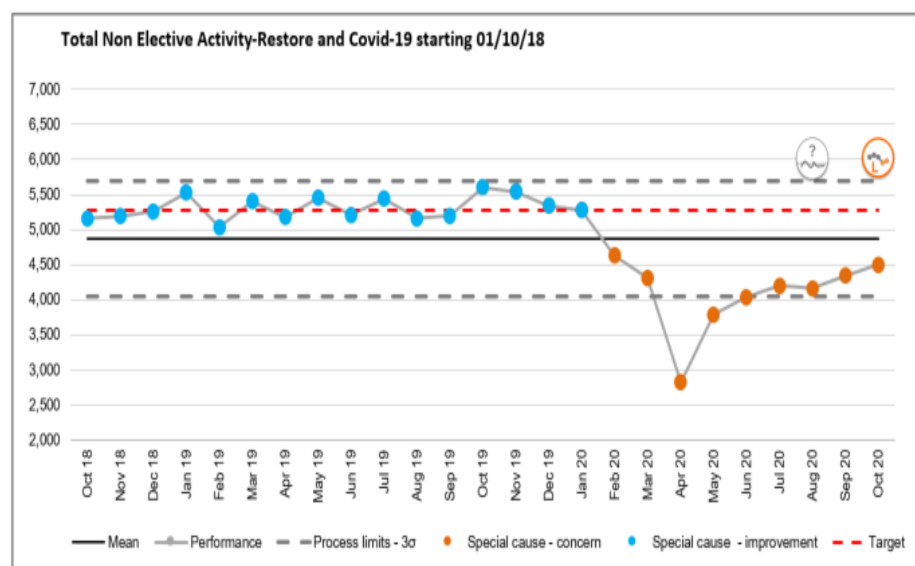
n/a

Background	What the Chart tells us:	Issues	Actions	Mitigations
Covid-19 positive, and admitted patients awaiting test results (suspect) are reported daily, including those requiring Critical Care.	The chart demonstrates the daily change in number of admitted covid+ve patients	<ul style="list-style-type: none"> Capacity is needed to meet requirements of :Covid-19 patients, patients awaiting test results on admission (suspect), seasonal urgent care and emergency admissions and elective activity Temporary bed reductions due to managing Covid-19 outbreaks 	<ul style="list-style-type: none"> System wide plan developed Daily Covid-19 reviews Outbreak management PRH DSU converted to ENT ward to releasing ward for 	<ul style="list-style-type: none"> Surge capacity System capacity and staffing Daily Covid-19 review meetings Control centre re-established

		<ul style="list-style-type: none"> Critical Care capacity is required, which needs segmentation of covid+ve, suspect and non-covid patients within a small bed pool. Mutual aid for critical care has been provided to other Trusts during the 2nd wave. 	covid patients <ul style="list-style-type: none"> 2-3 Covid wards now operating on each site Triggers for additional action identified and shared with system Winter plan actions in place 	<ul style="list-style-type: none"> Mutual aid via CCU network
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Note since this reporting period the admissions for Covid-19 has continued to increase, exceeding the 52 general adult beds originally planned to support Covid-19 patients and resulting in the activation of surge capacity with 2-3 wards designated for Covid-19 patients on each site. This increase has started to reduce at the end of November.

Non-Elective Activity



October 2020 actual performance

4503

Variance Type

The activity is recovering however remains below the pre-covid level

National Target

N/A

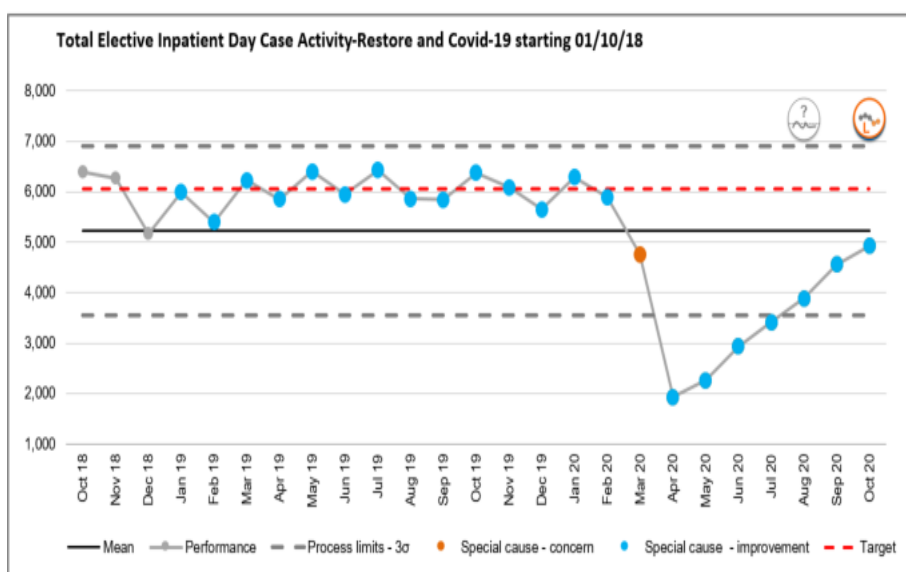
Target/ Plan achievement

The planned level is unlikely to be delivered reliably month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Ability to respond to emergency demand in a timely fashion is important to meet the needs of patients unexpectedly taken seriously ill or involved in an accident	Historically non-elective activity has varied around 5,000-5,500 per month. During the 1 st wave of covid non elective demand fell considerably. This activity is	<ul style="list-style-type: none"> Emergency department attendance has returned to close to the seasonally expected levels, while GP and other non- 	<ul style="list-style-type: none"> Bed modelling for winter adjusted to reflect lower than previous demand from direct GP and 	<ul style="list-style-type: none"> Continue to monitor non-Covid 19 emergency demand

requiring hospitalisation	steadily increasing towards the pre-covid levels	elective attendance remains considerably lower than pre-covid	other HCP admissions <ul style="list-style-type: none"> Winter plan admission avoidance schemes agreed from November 2020 	
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Elective IP & DC Activity v Phase 3 recovery plan



October 2020 actual performance

DC 4,634 (78% of Oct '19)

IP 293 (62% of Oct '19)

Variance Type

Special Cause Variation

National Target

90%

SaTH trajectory

75%DC
45%IP

Target/ Plan achievement

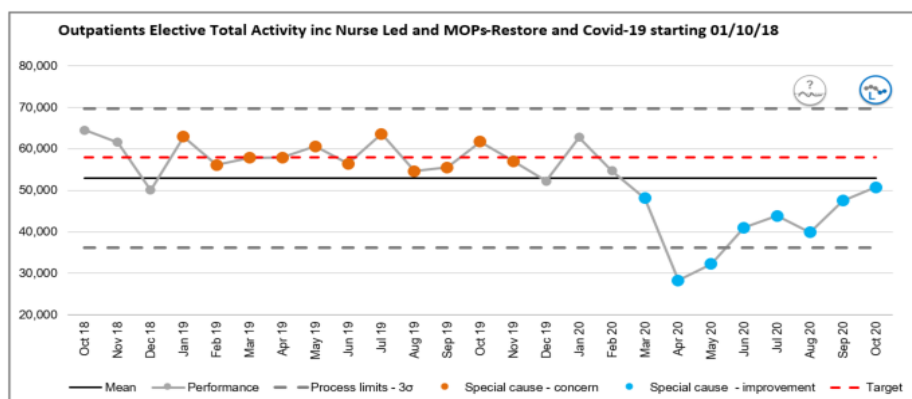
Yes (local)

No (national)

Background	What the Chart tells us:	Issues	Actions	Mitigations
Due to low risk bed and theatre availability and social distancing constraints, activity remains at	There has been a good level of compliance against the Trust's submitted plan. However, this	<ul style="list-style-type: none"> The availability of beds is constraining the elective IP delivery. Plans to place inpatient Orthopaedics 	<ul style="list-style-type: none"> Full utilisation of all staffed theatre lists including IS and Vanguard, which are not impacted by internal, Trust pressures. 	Maximise endoscopy and haematology capacity to ensure DC delivery continues despite PRH DSU surgical

below 2019 levels.	does not meet the national expectation.	at RJAH (14 per week from mid-November) <ul style="list-style-type: none"> Nuffield capacity impacted by short notice cancellations, in part due to Covid-19 patient testing or isolation 	<ul style="list-style-type: none"> Continued protection of RSH DSU as low risk area. Improvement of processes around consent and pre-op to ensure cases that are booked are performed. Scheduling of orthopaedics to RJAH 	activity being likely to reduce.
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Outpatient Activity - Phase 3 recovery plan



October 2020 actual performance
50717
Variance Type
Improving special cause
Local Target
57946 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
Below target with recovery improvement seen month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Due to social distancing constraints and estate constraints, activity remains at below 2019 levels	There has been a good level of compliance against the Trust's submitted plan. However, this does not meet the national expectation.	<ul style="list-style-type: none"> Waiting space has resulting in the numbers of patients per clinic being reduced CNA and DNA numbers have returned to pre-covid levels Aerosol generating outpatient 	<ul style="list-style-type: none"> Pilots are in place for patients to wait in cars until called into clinics Virtual clinics – telephone and attend anywhere underway 	<ul style="list-style-type: none"> Outpatient recovery group in place Use of independent sector to increase capacity

		procedures have to be re-located into environments with suitable air changes etc.	<ul style="list-style-type: none"> • Patient initiated follow up commencing • Text reminder service to be modified • Outpatient procedures being clinically prioritised 	
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Outpatient Restoration and Recovery is based on NHSI technical guidance, below illustrates the Trust Current and projected performance. The national recovery target is 100%

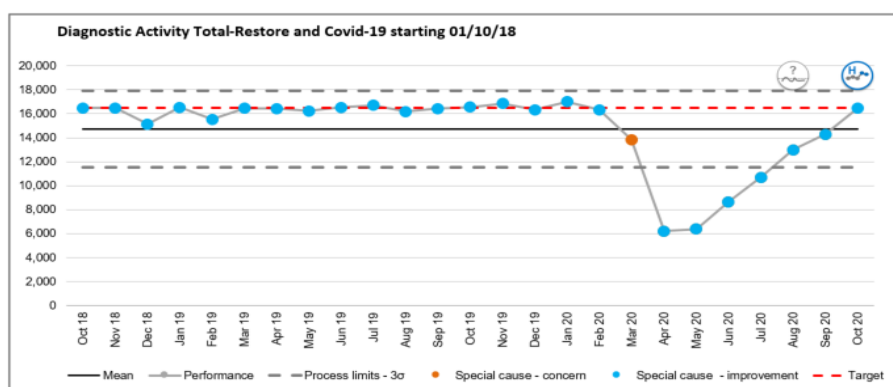
Outpatient First Attendance - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	21,317	23,650	23,423	21,124	25,119	22,671	22,671
20/21 Actual	18,696	20,483					
20/21 Forecast		20,002	19,380	17,556	19,890	18,398	18,234
Actual / Forecast %	88%	87%	83%	83%	79%	81%	80%
vs plan	6%	2%					
memo: Plan	17,406	20,002	19,380	17,556	19,890	18,398	18,234
memo: Plan %	82%	85%	83%	83%	79%	81%	80%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

Outpatient Follow Up - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	20,837	22,917	22,053	18,977	23,124	19,983	19,863
20/21 Actual	20,246	20,821					
20/21 Forecast		21,975	21,198	18,615	22,719	19,820	19,857
Actual / Forecast %	97%	91%	96%	98%	98%	99%	100%
vs plan	5%	-5%					
memo: Plan	19,209	21,975	21,198	18,615	22,719	19,820	19,857
memo: Plan %	92%	96%	96%	98%	98%	99%	100%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

Diagnostics phase 3 recovery plan



October 2020 actual performance
16470
Variance Type
Recovering to pre-covid variation
Local Target
16500 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
Recovery is close to target

Background	What the Chart tells us:	Issues	Actions	Mitigations
Diagnostic Activity is made of the number of	The Trust is returning to pre-Covid levels	Insufficient capacity post Covid	<ul style="list-style-type: none"> • Additional mobile imaging for MRI and CT is on site at PRH and RSH to support 	Risk stratification in place.

tests/procedures carried out during the month, it contains Imaging, Physiological Measurement and Endoscopy Test.	however there are variations in recovery level between tests and capacity is not sufficient to address the backlog created due to loss of activity during Covid-19 1 st wave	restrictions in place particularly in Imaging and Endoscopy	return to previous activity levels. <ul style="list-style-type: none"> • MSK CT and MRI available in RJAH • MRI and Ultrasound at Nuffield being worked up. • Imaging pod will be available from April 1st 21. • Business cases also completed for additional mobile capacity needed in all modalities, including workforce plans. • Endoscopy plan re-profiled to reflect the delays to some interventions. Trans nasal endoscopes ordered • Locum staff continue to be sought 	Mobile CT/MRI scanners available from national NHSE/I contract allocation. Additional mobile capacity is required in this financial year to maintain progress
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STP recovery compared to Midlands overall recovery performance

Source: Monthly Diagnostics (DM01) and Weekly Activity Return (WAR)	Imaging	Endoscopy	Other	
	Imaging total	Endoscopy total	Echocardiography	Peripheral neurophys
STP	% of baseline	% of baseline	% of baseline	% of baseline
Midlands	93%	83%	76%	78%
Shropshire and Telford and Wrekin STP	95%	78%	104%	167%

Operational Executive Summary

Mr Nigel Lee Chief Operating Officer

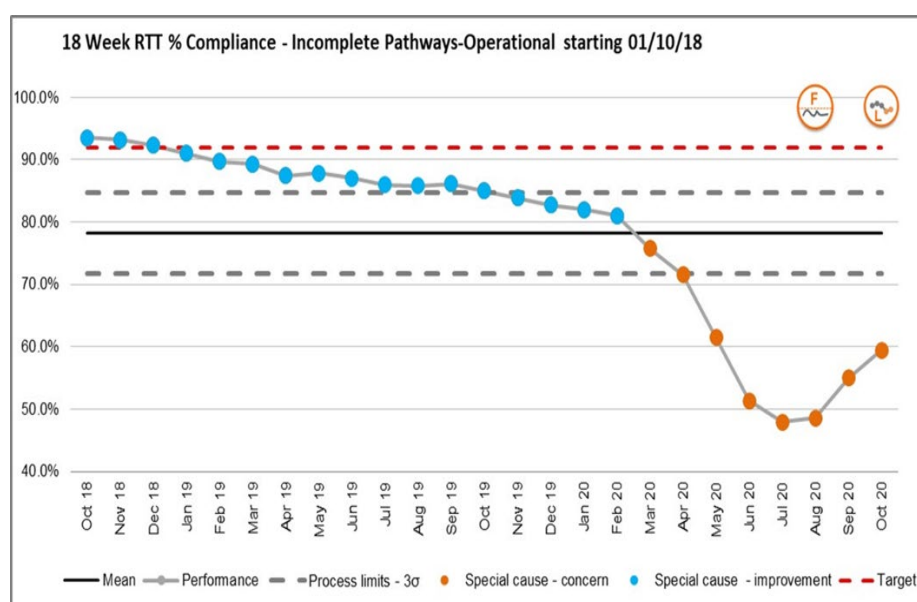
- The trust is delivering elective admitted activity in line with the phase 3 recovery plan, however the level of activity is not sufficient to reduce the backlog developed during covid. Cases have been clinically prioritised and capacity is being used for the patients with highest clinical need. This does mean that the routine long waiting list is growing and the volume of patients over 52 weeks has significantly increased and is forecast to continue to do so. A portion of these patients are waiting on the non-admitted pathways for outpatient or diagnostics and may subsequently require surgery once completion of diagnosis.
- A full clinical prioritisation review of the admitted waiting list has been carried out, and clinicians continue to prioritise patients based on clinical need.
- Capacity for cancer-related surgery is being protected on the RSH site and cancer patients prioritised within diagnostic capacity. The referral rate for patients suspected of having cancer has returned towards pre-covid levels and access for these patients is being prioritised. However the number of patients beyond 62 days suspected of having cancer is higher than previously due to both the capacity constraints along the pathway, the complexity of their pathways and the balance of risk to treatment for patients at this time. These patients are being prioritised and harm reviews in place for patients at 104 days.
- A&E activity levels have increased to near the previous pre-covid-19 levels and ambulance conveyance numbers have exceeded those seen in 2019-20. This combined with the pre-existing environmental and covid-19 segmented pathway challenges are contributing to a reduction in performance on both 4 hours, 12 hour and ambulance handovers compared to recent months. Whilst peak periods of activity are a driver, longer waits in ED are largely due to flow constraints due to pathways. Performance remains better than the same period in 2019. Work has commenced on the additional capacity for same day emergency care and ambulatory care on both

RSH and PRH sites (with initial schemes due to complete by end of December) and community admission avoidance schemes commence in November 2020.

Operational Dashboard

Operational - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
Elective Care								
RTT Waiting list -total size	Oct 20	27745					18378	22158
18 week RTT % compliance -incomplete	Oct 20	54.9%	92.0%				72.7%	85.2%
52 week breaches	Oct 20	839	0				15	201
Cancer								
Cancer 2 week wait	Sep 20	90.9%	93.0%				81.1%	98.4%
Cancer 62 day compliance	Sep 20	80.9%	85.0%				60.1%	88.0%
Diagnostics								
Diagnostic % compliance 6 week waits	Oct 20	47.4%	99%				69.0%	92.0%
Emergency Department								
ED -4 Hour performance	Oct 20	74.8%	95.0%				67.2%	84.6%
ED -Ambulance handover > 60mins	Oct 20	230	0				-38	443
ED 4 Hour Performance - Minors	Oct 20	96.2%		95.0%			91.0%	100.0%
ED 4 Hour Performance - Majors	Oct 20	54.4%		95.0%			31.0%	63.0%
ED time to initial assessment (mins)	Oct 20	21	15				14	30
12 hour ED trolley waits	Oct 20	13	0				-54	152
Total Emergency Admissions from A&E	Oct 20	2711					2190	2964
Hospital Occupancy								
Bed Occupancy -G&A	Oct 20	79.3%	92.0%				72.0%	96.4%

18 week RTT Exception Report



October 2020 actual performance

59.47%. 11,244 patients waiting > 18 weeks (England only.)

Variance Type

Special Cause deterioration

National Target

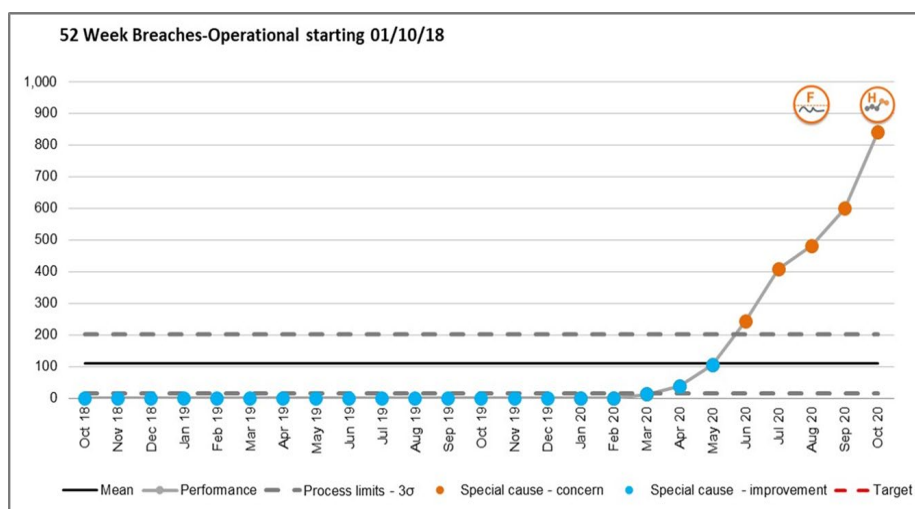
92%

Target/ Plan achievement

Target not achievable within present system – no assurance can be taken from the data

Background	What the Chart tells us:	Issues	Actions	Mitigations
RTT failing since January 2019 due to demand & capacity mismatch.	Situation significantly worsened since start of Pandemic & taking down of elective activity.	<ul style="list-style-type: none"> Admitted – lack of theatre capacity and low risk bed constraints. Non-Admitted – diagnostic delays & social distancing for Face to Face appointments 	<ul style="list-style-type: none"> After urgent and cancer pathway patients are allocated to available capacity, residual to be maximised based on length of wait. Validation in line with national guidance. Use of Virtual appointments 	<ul style="list-style-type: none"> Full validation. Clinical triage of referrals. Admitted list is risk stratified. Harm proformas for longest waits. Allocation of lists based on speciality need.

52 week waits exception report



October 2020 actual performance

839 Patients > 52 Weeks (England)
189 Welsh residents over 52 weeks
Total 1,028 >52 weeks

Variance Type

Negative Special cause

National Target

0

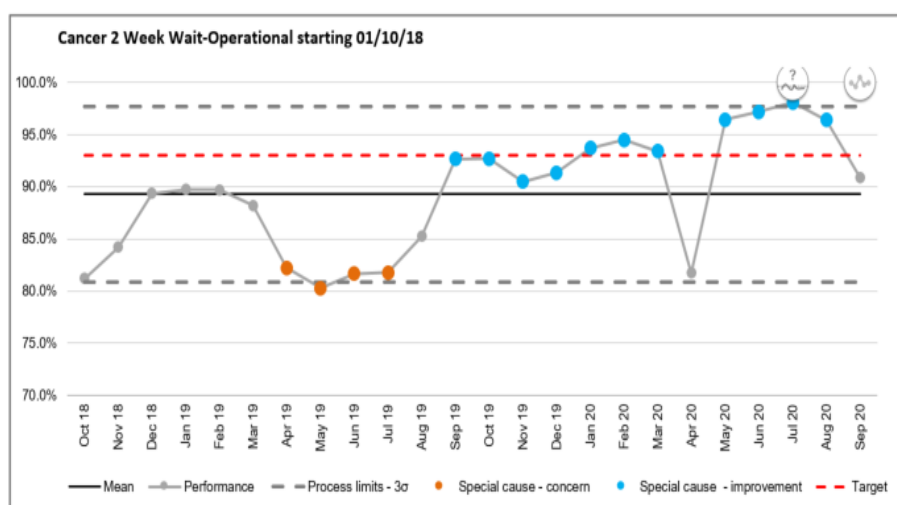
Target/ Plan achievement

Target is not assured and performance likely to deteriorate further

Background	What the Chart tells us:	Issues	Actions	Mitigations
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Historically the Trust has had no 52-week breaches. Since elective work was stopped at the start of the pandemic, the number has increased significantly.	The volume of breaches is increasing at a significant rate. As we enter the winter period and the second wave of the pandemic, the number of breaches will intensify	<ul style="list-style-type: none"> Insufficient capacity and a necessary focus on patients who are a clinical priority mean that routine patients will continue to wait longer. Between 150 and 200 patients, a week will trip in to the backlog each week in Nov / Dec. Forecast position shows over 4000 patients waiting over 52 weeks by March 2021. Patients are delayed on both admitted and non-admitted pathways. 3.2% of the Midland patients waiting over 52 weeks are waiting in SaTH (end of Sept comparator) 	<ul style="list-style-type: none"> Full validation. Focus on non-admitted pathways. Increased CT and MRI capacity should enable clearance of patients awaiting these tests. Allocate Independent Sector, RJAH and Vanguard capacity to longest waiters. 	<ul style="list-style-type: none"> Micro-management of patients at 78 weeks plus. Risk stratification to ensure that only clinically routine patients are waiting > 52 weeks.
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Cancer 2 week waits



September 2020 actual performance

90%

Variance Type

Returned to common cause variation this month after a period of special cause variation

National Target

93%

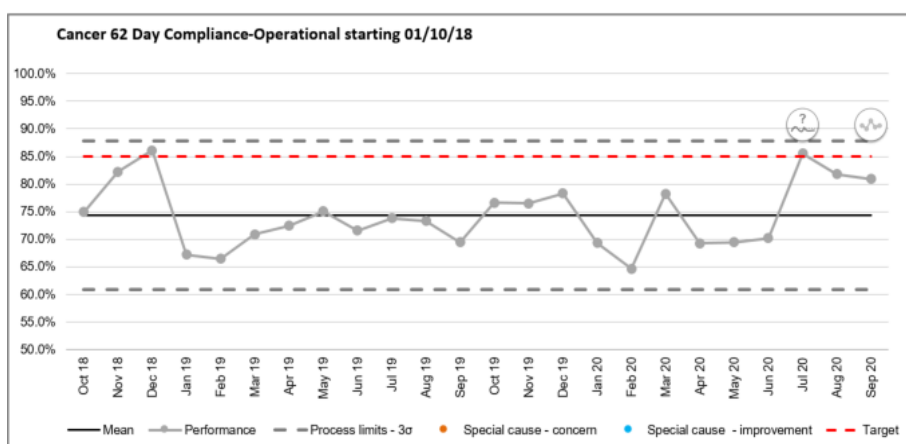
Target/ Plan achievement

The national target is within the process control limits and so cannot be assured month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
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This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer has a first appointment within 14 days	The present system is unlikely to deliver the target reliably each month. Compliance with this target has fluctuated since April 2019 – attributed to poor performance (capacity) within the breast service.	Capacity issues in the Breast specialty has impacted negatively on SaTH's overall 2WW performance	Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure Breast Task and Finish Group meets fortnightly	<ul style="list-style-type: none"> Implementation of revised 2WW Breast Referral Proforma COVID Risk Assessment completed with a view to introducing additional capacity in Radiology
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Cancer 62 day target



October 2020 actual performance

80.9%

Variance Type

Common Cause variation

National Target

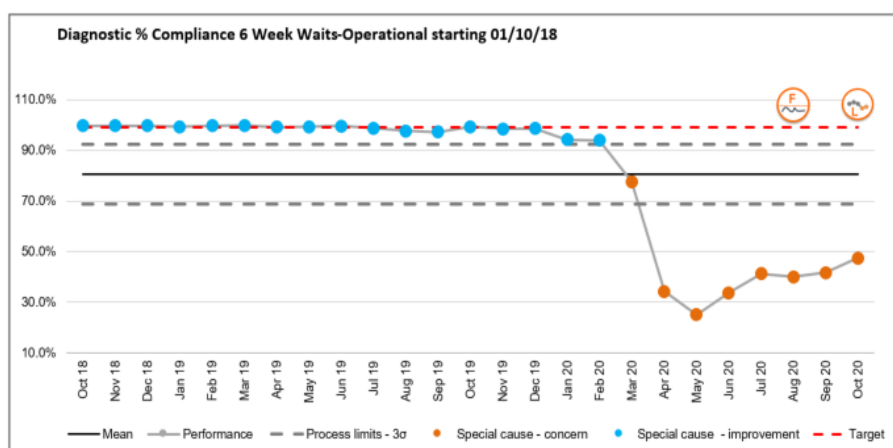
85%

Target/ Plan achievement

The target is close to the upper control limit and therefore cannot be reliably achieved

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer is treated within 62 days of referral.	The present system is unlikely to deliver the target. Compliance with this target has been achieved once since April 2019.	<ul style="list-style-type: none"> Complex pathways in many specialities Capacity does not meet demand (diagnostics a significant issues even prior to COVID) 	<ul style="list-style-type: none"> Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure Breast Task and Finish Group meets fortnightly 	<ul style="list-style-type: none"> Implementation of revised 2WW Breast Referral Proforma COVID Risk Assessment completed with a view to introducing additional capacity in Radiology Harm reviews at 104 days

DM01 Diagnostic over 6 week waits



October 2020 actual performance

47.4%

Variance Type

Special Cause -In line with expected progress given capacity constraints documented

National Target

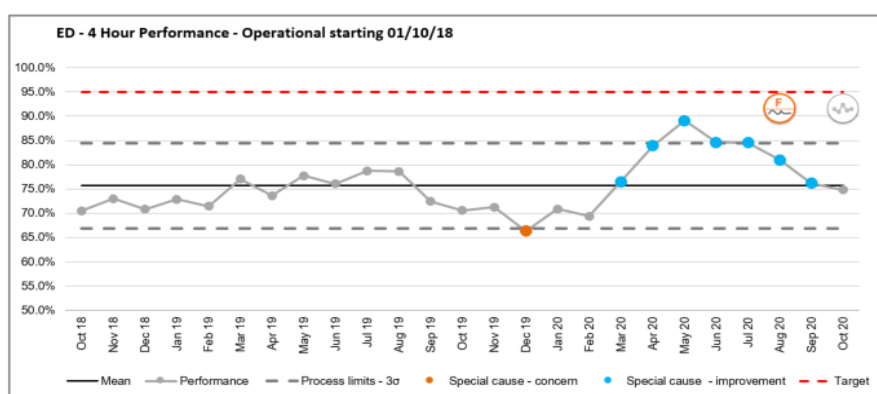
99%

Target/ Plan achievement

Not possible within capacity available

Background	What the Chart tells us:	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral	The overall standard has not been achieved this year. Special Cause variation is currently related to Covid-19	Benchmarking identifies relative very high productivity, indicating under-lying insufficient capacity in all modalities carried out at SaTH prior to Covid restrictions.	<ul style="list-style-type: none"> Imaging pod will be available from April 1st 21. Mobile capacity on site for CT and MRI, plus weekly capacity at RJA Business cases also completed for additional mobile capacity needed in all modalities, including workforce plans. Endoscopy plan re-phased based on interventions planned 	<ul style="list-style-type: none"> Risk stratification in place. Additional mobile capacity is required in this financial year to maintain progress. Communications with patients to support pre-test isolation being strengthened so as to cancellations on day due to non-compliance with pre-procedure requirements

A&E 4 hour performance



October 2020 actual performance

74.8%

Variance Type

Special Cause

National Target

95%

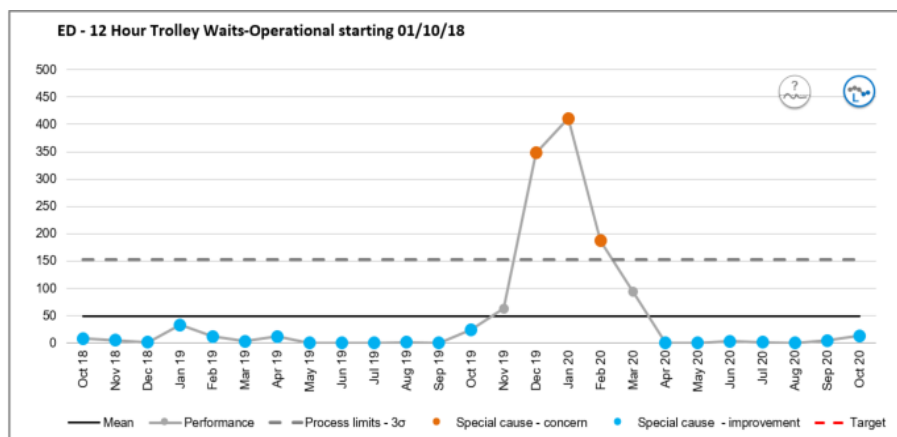
Target/ Plan achievement

The target is above the upper control limit for the present system to deliver

Background	What the Chart tells us:	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted,	ED 4 hour performance - 74.8 4.3% improvement	<ul style="list-style-type: none"> Continued challenge in managing Covid-19 high risk and 	<ul style="list-style-type: none"> Escalation plan for ED Covid-19 management established 	Support from ECIST for internal improvement plan focussing

transferred or discharged within 4 hours of arrival at the emergency department	compared to same month last year, however below the national target	medium risk pathways <ul style="list-style-type: none"> Shortfall in capacity to meet demand impacts upon flow 	<ul style="list-style-type: none"> Capacity gap escalated to regulators with proposal for additional resource to address 	upon ward processes and site management in place
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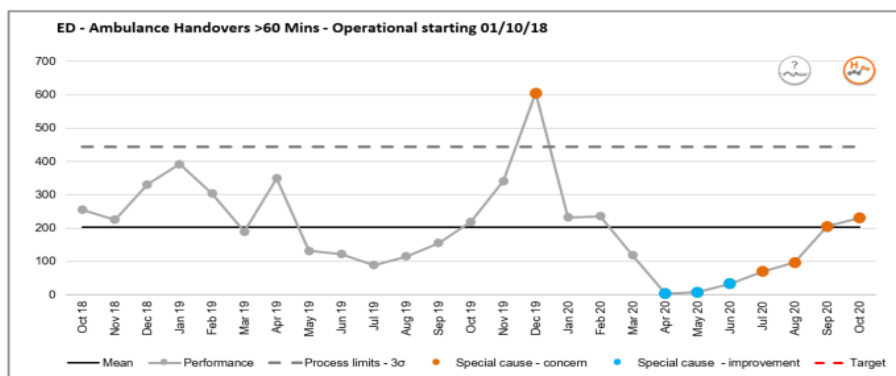
A&E 12 hour trolley waits



October 2020 actual performance
13
Variance Type
The SPC is adversely affected by special cause over last winter, returned to normal variation since April 2020
National Target
0
Target/ Plan achievement
The target was breached this month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Supporting patients to be directed quickly to the most suitable bed for their on-going care should mean patients do not remain in A&E longer than clinically necessary	Breaches of the 12 hour target are relatively infrequent, however a significant number occurred last winter and a number have occurred this month	Flow to appropriate beds to meet patient needs Situation intensified during covid-19 second wave due to the need to maintain segmentation of the different patient groups Breaches are predominantly on the RSH site	<ul style="list-style-type: none"> SDEC to open January 2021 with 10 trolleys to provide same day emergency care. Community admission avoidance schemes start Nov 2020 Therapy at the front door starts November 2020 	<ul style="list-style-type: none"> Internal escalation processes

Ambulance handover > 60mins



October 2020 actual performance
230
Variance Type
Special Cause
National Target
0
Target/ Plan achievement
System re-design is required to deliver this target consistently.

Background	What the Chart tells us:	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety and to support the community response to 999 calls by release of ambulances to respond	The chart tells us that the present system requires re-design to provide reliable delivery of the target. Performance deteriorating in recent months as conveyances increase.	<ul style="list-style-type: none"> Shortfall in department capacity to meet demand for peak times of conveyance Covid 19 pathway requirements has an impact upon flow within departments 	<ul style="list-style-type: none"> Capital plan agreed to increase RSH ED majors capacity Think 111 implementation – alternative pathways for WMAS conveyance to be established SDEC implementation 	<ul style="list-style-type: none"> Provider to provider forum established with ambulance providers to maintain oversight of performance and pathways CCG funded HALO in place for RSH site

Workforce Executive Summary

Rhia Boyode, Director of Workforce

International Recruitment

- Successfully recruited 212 international nurses – 145 have now joined the Trust. 100% OSCE pass rate so far, with 93% passing on first attempt (91 out of 98 nurses)
- Recruitment and Retention Strategy developed and approved at Workforce Committee focus on 4 programmes of work – Recruitment Effectiveness, Recruitment Experience, Marketing and Branding and Retention
- Business case for further international nursing recruits in progress outlining a need for an additional 100 international nursing recruits

Cultural Improvements

- New Trust values launched on 7th September. Behavioural Framework workshops being rolled out during October and November
- Undertaking an evidence based review on the Organisational Cultural tool to be used across the Trust
- Reviewing and improving leadership programmes

Training






- Statutory and mandatory training has remained at 86% this month. CV-19 staffing constraints have reduced ability of wards to release staff for training









Staff Absence

- COVID absence rates are rising, however we are continuing to operate within upper and lower control limits, although the roll out of wider staff testing may further increase numbers
- 3400 staff have now had the Flu vaccine

Agency Usage

- Agency usage is increasing – the second wave of Covid-19 has resulted in an increase in absence levels. Winter pressures and an increase in patient numbers are contributing to demands on agency staff

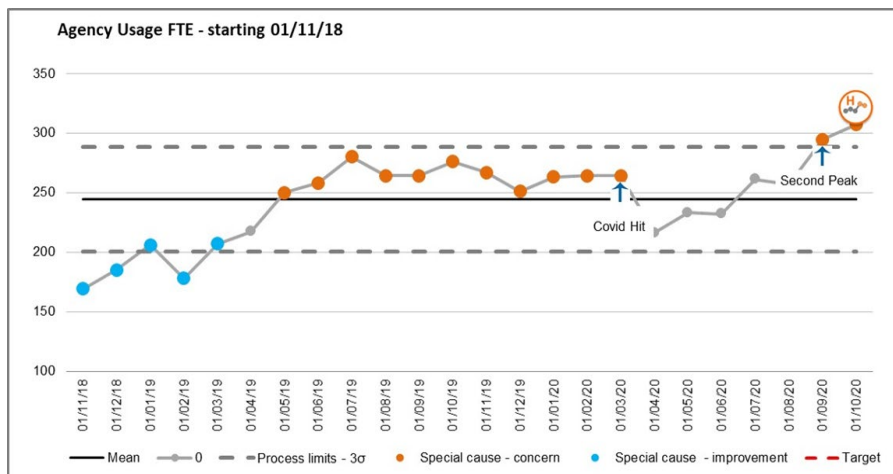
Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance Assurance	Lower process limit	Upper process limit
Activity							
WTE Employed* <i>*Contracted</i>	Oct 20	5592		6179		5180	5450
Total temporary staff -FTE	Oct 20	860				200	280
Staff turnover rate	Oct 20	0.76%		0.75%			
Sickness absence rate Excluding Covid	Oct 20	4.13%		4%		3.50%	5.10%
Appraisal Rate (non Medical Staff)	Oct 20	85%	90%	90%			
Appraisal Rate (Medical Staff)	Oct 20	94.0%		90.0%			
Vacancies	Oct 20	588					
Statutory and Mandatory Training	Oct 20	86%	90.0%	90.0%		82.0%	88.0%

SPC Variation Icons					SPC Assurance Icons		
Common Cause	Concern (High)	Concern (Low)	Improvement (High)	Improvement (Low)	Capable	Not Capable	Unreliable
							

Temporary/ Agency Staffing



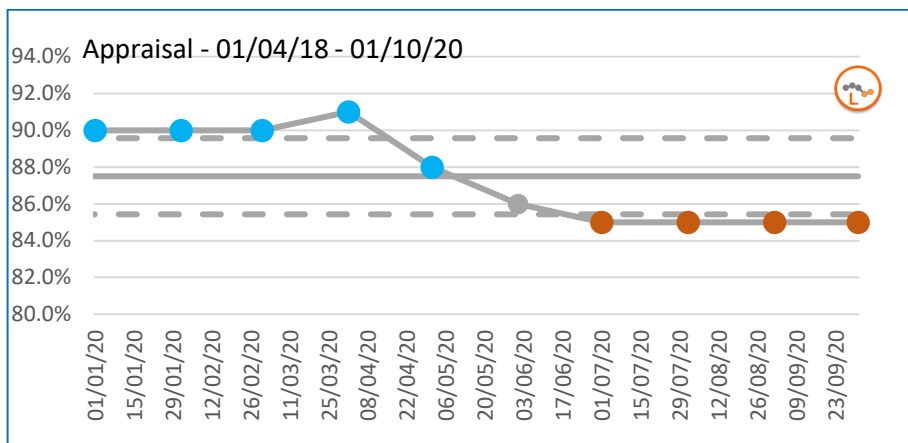
October 2020 data



October 2020 actual performance
340
Variance Type
Special cause concern Sep and Oct 20
National Target
n/a
Target/ Plan achievement
Provide safe staffing levels while minimising the use of agency staff

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of agency usage expressed as an FTE	Agency usage remained at escalated levels over the winter 2019 period. Levels reduced over the Summer 2020 period in line with reduced sickness and covid-19 absence levels. Current usage is increasing	Second Covid-19 resulting in increased absence levels Winter pressures and increase patient numbers	Monitoring of absence levels Monitoring of staffing usage	Escalated bank rates in ITU

Appraisals

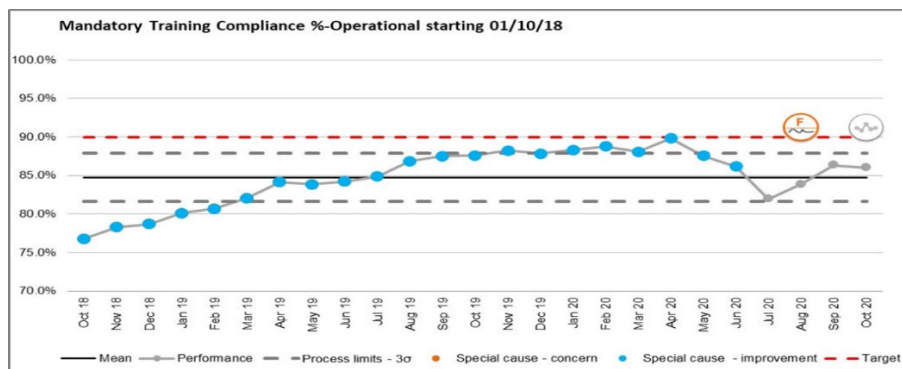


October 2020 actual performance
85%
Variance Type
Special Cause
National Target
90%
Target/ Plan achievement
Below target level of performance

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their annual appraisal.	The 90% target was achieved January to April 2020 then started to drop and has remained 5% below target for the	CV-19, staffing constraints and service improvement have reduced ability of Wards to	E-mail reminders due or outstanding are sent to all staff Focused support is being provided to the managers of any Ward that is below target A substantial review of appraisal will be undertaken once the	Appraisal form has had an interim revision to include the new Trust Values and health and well-being and flexible working discussions

	last 4 months.	release staff for training.	behaviours and values work is complete to ensure alignment with overall Trust objectives	
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Mandatory Training

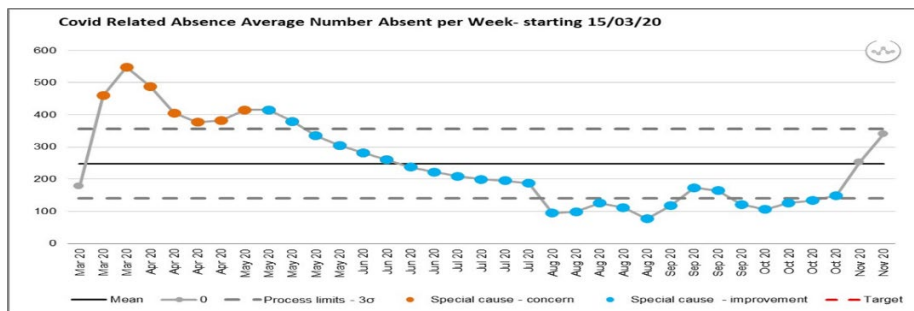


October 2020 actual performance
86%
Variance Type
Normal variation with Special Cause in Nov 2020
National Target
90%
Target/ Plan achievement

Fire Safety	Load Moving & Handling	Infection Prevention & Control	Hand Hygiene Competence	Patient Moving & Handling Class	Adult Basic Life Support	Paediatric Basic Life Support	Food Safety & Hygiene	Conflict Resolution Training	Equality & Diversity	Information Governance	Health & Safety Level 1	Training Compliance %
87%	83%	78%	93%	89%	75%	65%	87%	93%	92%	82%	84%	86%

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant with core mandated safety training.	Progress towards regaining 90% target has stalled in Nov 2020. This is a result of separating out Safeguarding training as a new discrete report in response to performance and CQC concerns. Safeguarding training compliance continues to improve month on month.	CV-19, staffing constraints and service improvement have reduced ability of Wards to release staff for training Increased Stat/Mand training requirements e.g. Hand Hygiene moving from triennial to annual Poor IT literacy impacting on e-learning completion Some data validation issues	Corp Ed is working with Care Groups to identify and reduce data conflicts Corp Ed is supporting Ward/Dept. managers to prioritise and schedule training completion Corp Ed requested proxy facility to support remote e-learners effectively	E-learning and workbooks offered as alternatives to face to face training Requirements made more transparent and newsletters to staff are signposting more clearly Libraries supporting learners to access e-learning Phone support for e-learning

Covid-19 related sickness absence



November 2020 (mid) actual performance
340
Variance Type
Common cause variation
National Target
N/A
Target/ Plan achievement

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of the average number of staff absent per week with a covid-19 related reason for absence.	Covid-19 related absence was at its highest rate at the end of March / beginning of April. Current rates are rising however continue to operate within upper and lower control limits	Covid-19 positive cases are increasing therefore anticipate an increase in staff absences	Encourage staff to follow government guidelines on isolation periods Ensure PPE adherence and encourage social distancing	Maintain social distancing Regular and timely staff testing Identification of positive cases and effective contact tracing

Finance Executive Summary

Mr James Drury

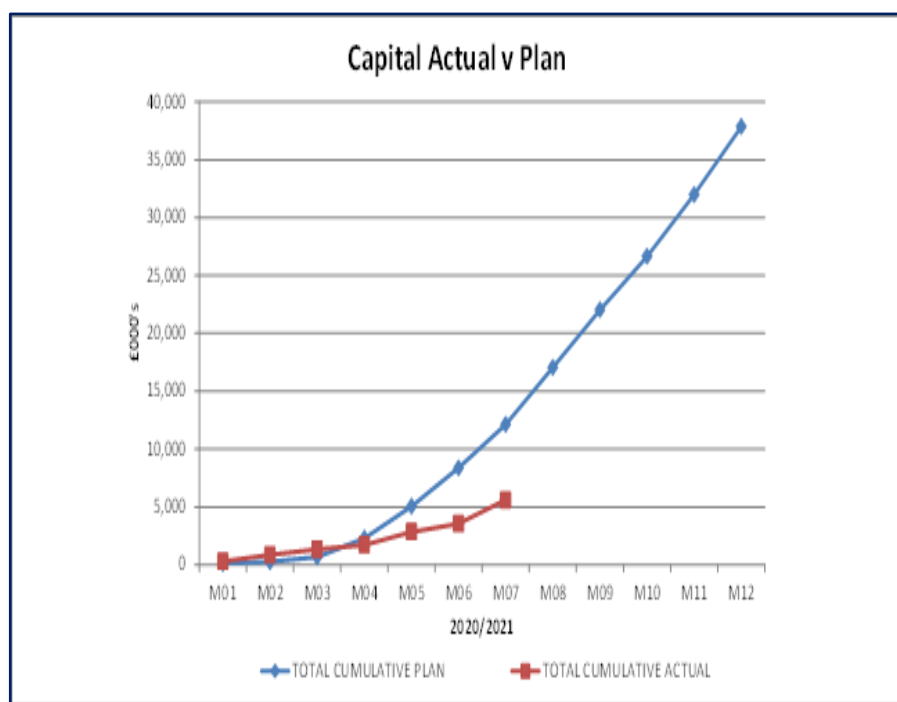
- The Trust has reported a deficit position of £0.667m for the month of October against a revised NHSEI plan of £0.666m. The STP and Trust forecast outturn are yet to be approved. Following Month 7 the Trust is reviewing expenditure in month, expenditure plans and potential risks to the end of year financial outturn to inform reporting at month 8 and subsequent months.
- In assessing the year end forecast position of the Trust the key factors under consideration include the financial impact of COVID, flu and winter, confirming the trajectory and cost profile of recruitment initiatives, other developments relating to the Getting to Good Programme, the impact of the Elective Incentive Scheme and risk around the NHS Wales contracts.
- COVID-19 expenditure to date is £11.120m (£1.441m in month) with an associated loss of income £2.459m.
- The funding regime enables reimbursement of costs above planned levels up to September, these are £8.181m to date and £4.254m in month.
- The breakeven position in month against plan consists of:
 - A pay under-spend of £0.182m this is mainly due to slippage against approved investments
 - A non-pay over-spend of £0.094m
 - Income loss of £0.089m.
- COVID-19 capital expenditure to date is £0.773 (with total commitments of £0.891m). The Trust is awaiting approval from NHSEI on £1.1m IT related COVID-19 capital requests.
- Cash at the end of October amounted to £40.2m, 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 improved this month with 93.8% by number and 94.1% by value of undisputed invoices

were paid within 30 days. In addition, 29% and 40% respectively of all invoices were paid within 7 days.

Finance Dashboard

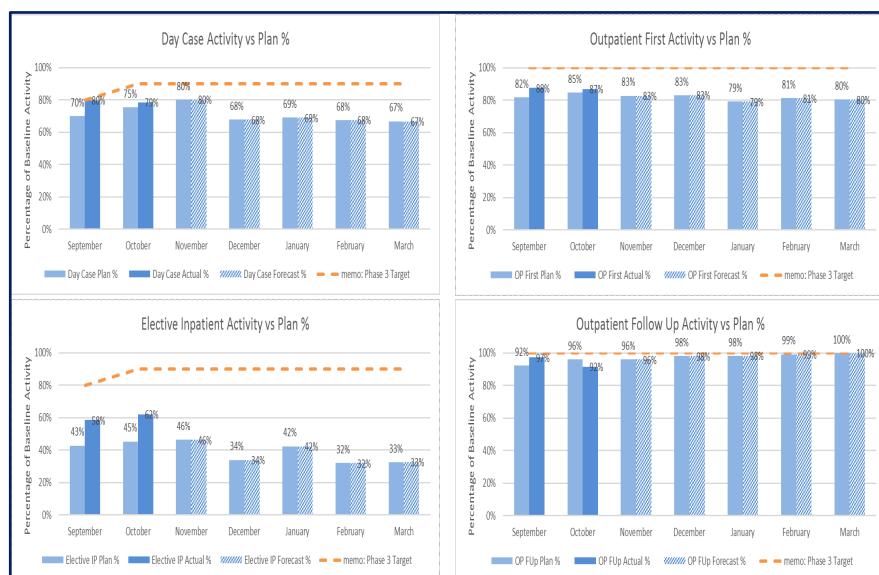
Tier 1 indicators - Finance								M7
Indicator	Target	Units	Target	Actual	Variance	Variance	Comment	Exception
I&E	Surplus / (Deficit)	£M	0.0	0.0	0.0	0%	On track	No
Pay & Non-Pay Expenses	Spend to plan	£M	(37.2)	(37.2)	0.0	0%	On track	No
Cumulative capex	Under / (over) spend	£M	(12.1)	(5.6)	6.5	-54%	At risk	Yes
CIP delivery	Savings to plan	£M	n/a	0.673	n/a	0%	On track	No
Cash balances	Above minimum	£M	1.7	40.2	38.5	2265%	On track	No
7 day payments % volume	No target	%	n/a	29%	n/a	n/a	Note info	No
Elective Incentive Scheme payments	Reward / (penalty)	£M	0.0	0.0	0.0	0%	At risk	Yes
Exit Full Year run rate	No target	£M	n/a	(67.6)	n/a	n/a	Note info	No
Agency £>ceiling	Spend not >ceiling	£M	(1.19)	(2.73)	(1.54)	129%	At risk	Yes

Capital Expenditure



October 2020 actual performance	
£5.603m	
Variance Type	
Underspend	
National Target	SATH Plan
N/A	£12.126m
Target/ Plan achievement	
To meet the Trust's Capital Resource Limit (CRL) at year end – currently reported as £38.875m	

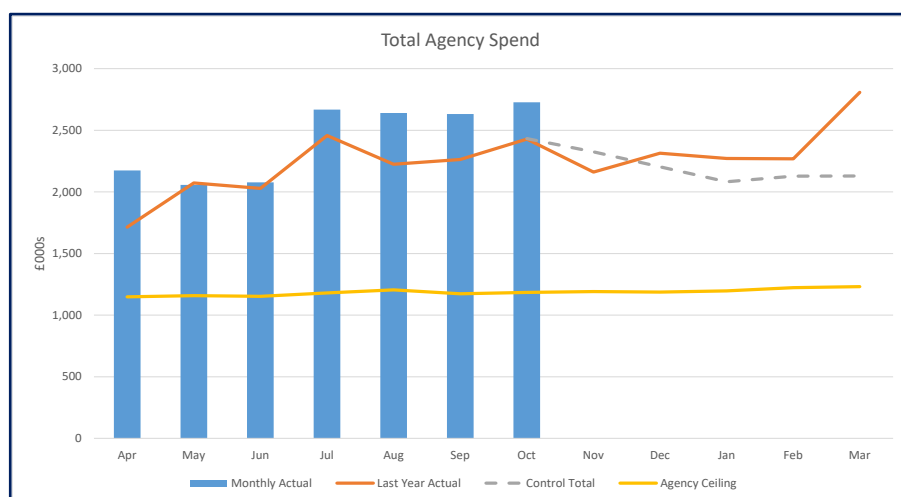
Background	What the Chart tells us:	Issues	Actions	Mitigations
The Trust current total Capital Resource Limit (CRL) is forecast currently at £37.875m. This is subject to change as further allocations are confirmed.	The Plan is based on the NHSEI Plan submitted at Month 04, with the additional allocations received since then being included as per agreed Business Case or in equal monthly amounts until the end of the financial year. This shows that spend at Month 07 was expected to be £12.126m whereas actual spend is only £5.603m.	Expenditure needs to increase in second half of the year. Ordered but not expensed amounts to £10.4m. The steady increase in CRL has required the development of business cases and robust specifications. These are largely completed and therefore the priority is to move these schemes into implementation. Many of the additional schemes have delivery dates in the final quarter and therefore expenditure run rate will increase.	A revised Capital Programme is being formulated by the Project Managers and will be agreed at December's Capital Planning Group (CPG). This revision will then be the plan used going forward which will reflect the factors that have become apparent during the financial year.	CPG receives monthly updates and members are working towards scoping schemes that can be delivered in-year to cover any slippage in the agreed schemes. It is planned that Project Managers report to January 2021 CPG those schemes that will not be delivered before 31 st March 2020, in order that any unused CRL is reallocated.



October 2020 actual performance	
Notional in month – £0.315m	
Variance Type	
N/A	
National Target	SATH Plan
£0	£0 Excluded from Forecast Outturn and shown as memorandum item
Target/ Plan achievement	
£0.315m notional adverse variance	

What the Chart tells us:	Issues	Actions	Mitigations
<p>The chart shows that we are below the national target and therefore the financial risk to Trust is estimated to be £0.103m and £0.315m respectively for the months of September and October. This is not being reported as part of our finance position to date as per guidance from NHSEI.</p>	<ul style="list-style-type: none"> Not yet known when this will be applied to our income. Trust to apply as deduction made to income The target is at an STP level and the apportionment of any penalty has not yet been decided 	<ul style="list-style-type: none"> Monitor performance against threshold Maximise levels of elective activity Maximise use of RJAH lists and Nuffield lists Hold system to account for delivery of system improvement plan to address non elective demand and impact on elective activity 	<p>Delivery of actions above</p>

Agency Spend v NHSEI ceiling



October 2020 actual performance	
£2.728m	
Variance Type	
Overspend	
National Target	SATH Plan
£1.185m	£2.433m Control Total
Target/ Plan achievement	
£1.543m adverse variance	

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>NHSEI sets expenditure ceilings on the total amount individual trusts can spend on agency staff across all staff groups.</p> <p>There is a strong expectation that all trusts will comply with this rule, and revise their plans to ensure agency expenditure is at or below their ceiling where necessary.</p>	<p>Agency spend is significantly above the NHSEI ceiling and 2019/20 levels.</p>	<p>Due to workforce fragility the trust is consistently overspent against its Agency ceiling</p>	<ul style="list-style-type: none"> • Direct engagement groups now set up to focus on agency spend and approval hierarchy • Overseas recruitment in 19/20 and 20/21 (212 recruited to date) • Re-establish workforce group to performance monitor bank, agency and locum groups • Developing proposals to enhance and promote SaTH bank • Recruitment and retention strategy approved key focus on brand and reputation, retention of staff and targeted recruitment campaigns for hard to fill roles. 	<ul style="list-style-type: none"> • Develop measurable metrics and action plans to understand where we can control agency spend • Build on increased medical bank fill rates since implementation of Locums Nest • Deliver year one of our Recruitment and Retention strategy to increase substantive workforce and improve retention levels.

Transformation Executive Summary

Chris Preston, Interim Director of Strategy and Planning

During October, further progress has been made towards the delivery of the 11 key objectives set for 2020/21. The RAG assessment of each objective is shown in the table below. The status of three of the objectives has changed since last month:

- Maternity Improvement Plan has moved from green to amber due to delays in developing the detailed transformation plans and benefit measures that are required to support delivery.
- Improve Service Sustainability – status has increased from green to amber as a result of a requested change of scope linked to the timescales for service review and the methodology to be utilised. Wider organisational support requirements, including finance and informatics, are currently also being reviewed in preparation for delivery.
- Virtual Outpatients (reduction in face-to-face clinic appointments) has moved from green to amber following a change to scope that broadens out the definition of non-face-to-face appointments. Despite a recovery plan being in place, further detailed planning will be required across additional services impacted by the changes such as Patient Initiated Follow Up.

The development of the Outline Business Case for the Hospitals Transformation Programme continues to be rated as red, pending confirmation of the funding required to support the appointment of external advisors. Since preparing the highlight report, the funding has been confirmed in principal, which will mean that an exception report can be produced and submitted to the next SaTH Leadership Committee for approval.

The transformation programme has been expanded this month to incorporate additional areas of focus highlighted by the Improvement Team and to include areas of improvement targeted by the Improvement Alliance. The expanded Transforming Care 'Getting to Good' plan will bring all of these elements together (with the original 11 objectives) into a single delivery plan for the next two to three years. The expanded plan is included as a separate agenda item.

RAG rating key	Previous month	Current month
Below required level - Material risk(s) of non-delivery of objectives or targets, without clear plans to mitigate and/or recover	1	1
Reasonable - Material risk(s) of non-delivery of objectives or targets, but robust plans in place to mitigate and/or recover	2	5
Good - No material performance concerns	8	5

Operational Plan objectives	Status at end October
Restoration and recovery	A
Strong Financial Foundations	A
Quality / Regulatory Compliance	G
Maternity Improvement Plan	A
Reduce Nursing Vacancies	G
Increase Staff Engagement	G
Virtual OP (reduction in face to face clinic appointments)	A
Develop and Implement Enhanced SDEC Service	G
Develop OBC for HTP	R
Improve quality and timeliness of performance information	G
Improve Service Sustainability	A

Key Issues	Actions	Risk Mitigations	Current risks to delivery
Restoration and Recovery	<p>Finalise / agree capacity and other systems interventions to support restoration / recovery and winter plans</p> <ul style="list-style-type: none"> • 5 key system work streams agreed • Weekly review of forecast bed requirements • Recovery plan tracked weekly and adjusted in accordance with demand and capacity changes 	System surge planning review took place on 19 th November and progress against agreed actions are being closely monitored.	Medium to high as increasing Covid-19 admissions has reduced available capacity for elective activity
Strong Financial Foundations	<ul style="list-style-type: none"> • Integrated plan for 2021/2022 being developed which will include quality, activity, performance, workforce and financial plans. • Financial assumptions that underpin this plan are being developed internally and with system partners • Baseline position and forecast outturn position for 2020/2021 has been produced • Prioritisation process for 21/22 investments is underway 	A run rate review and an exercise to recalibrate budgets for the second half of 2020/2021 has been completed. Financial outturn for 20/21 is forecast to be a £(7.8)m deficit.	Internal capacity and capability to fully understand underlying financial position and develop required scale of efficiency improvement plans
Maternity Improvement Plan	<ul style="list-style-type: none"> • Develop detailed transformation plans and benefit measures • Additional three midwifery posts are being recruited to. • Develop internal comms and staff wellbeing plan • Culture diagnostic tool to be rolled out to staff 	A dedicated project management team (November 2020) will provide greater assurance around programme delivery and help develop the detailed transformation plan.	Capacity of key individuals is emerging as a potential challenge to the pace of delivery.
Improved Service Sustainability	<ul style="list-style-type: none"> • Business Case for external support to assist with completion of service reviews is being developed 	Clinical leadership and support for this work is in place	Business case and resources need to be confirmed in order to progress

Virtual OP (reduction in face to face clinic appointments)	<ul style="list-style-type: none"> • Scope and quantify current specialty outpatient status and barriers to adoption of non-face to face options • Finalise the attend anywhere strategy 	Virtual Outpatients delivery group established with clinical leadership.	<p>Willingness of clinical specialties to fully embrace potential of non-face-to-face options</p> <p>Data/system limitations to capture patient initiated follow up in PAS system</p>
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Develop OBC for HTP	Status as at end October
The progression of the HTP programme has been delayed due to lack of external funds to engage the external advisors required to continue the development of the Outline Business Case. A refresh of programme timescales will be undertaken when funding has been confirmed.	R

Background	Issues	Actions	Mitigations
<p>The Hospital Transformation programme will deliver a revised clinical model for the Shrewsbury and Telford system. It will establish an emergency care facility at Shrewsbury and a planned care facility at Telford.</p> <p>The Trust submitted the SOC for the Hospital Transformation programme in November 2019. The next stage in the process is to produce an OBC.</p> <p>Within the SOC it was outlined that additional external funding would be required to develop the project further.</p> <p>The original milestone for confirmation of the external funding for the next stage of the programme was June 2020.</p>	<ul style="list-style-type: none"> • The Outline Business Case cannot be progressed without the appointment of technical external advisors. • Original timescales assumed the advisors would be in place by June. • As a result of the delay in funding approval the subsequent timelines and milestones are no longer achievable and need to be revised once funding is confirmed. 	<ul style="list-style-type: none"> • Confirm external funding and external approval to progress to next stage • Revise programme timescales once funding approved. • Complete readiness assessment • Review and finalise key system assumptions that will be used to develop the OBC. 	<ul style="list-style-type: none"> • Continued escalation of funding within system, region and nationally (N.B. funding support has now been confirmed in principle - Nov 20 update) • Continue to enhance and improve stakeholder engagement • Produce exception report with revised plan and timelines • Complete readiness assessment to inform future plans