

Board of Directors' Meeting 8 December 2020

Agenda item	203/20			
Report	Operational Report			
Executive Lead	Chief Operating 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		N/A	
	For decision / approval		Link to risk register:	
	For review / discussion		N/A	
	For noting	√		
	For information			
	For consent			
Presented to:	Finance & Performance Assurance Committee on 1 December 2020 – Committee in support			
Dependent upon (if applicable):	N/A			
Executive summary:	<u>Operational Performance</u> This paper provides an ongoing monthly update on Trust performance to include Covid-19 Restore and Recovery. To note: <ul style="list-style-type: none">• Significant capacity issues - The number of COVID+ patients in SaTH currently exceed the levels experienced in April 2020.• 18 Week RTT compliance has significantly worsened since start of Pandemic & taking down of elective activity. Improved in month (September was 54.95% and 12,121 patients waiting > 18 weeks.)• Volume of 52 Week Breaches continues to increase.• Cancer performance remains a top priority for the Trust, with additional sessions in Endoscopy and Imaging in place to support treatments• A&E demand continues to rise. The A&E 4hr performance for Oct-2020 was 74.8%, an increase of 4.3% from Oct-2019. The YTD performance for 2020/21 is 81.59%, compared to the same time last year it was 74.8%			

	<p><u>EU Exit</u></p> <p>The NHS has now officially been asked to stand up the system response for the end of the transition period with the EU, including various mitigating actions in case of a non-negotiated outcome.</p> <p>The NHS should closely follow guidance provided through DHSC and NHS England and NHS Improvement, as cascaded through EU exit SROs.</p> <p>Negotiations with the EU are continuing and the UK is committed to securing a free trade agreement, but has advised that the NHS needs to lean forward no- deal preparations while remaining agile should a free trade agreement be agreed.</p> <p>As of the 31st December 2020, borders will be in place, there will be customs checks, tariffs and immigration checks which could cause disruption to the Supply Chain.</p> <p>COVID-19 has created a more resilient supply chain and procurement mechanism and there is more confidence around continuity of care.</p> <p>The Trust Board are requested to note the details of the paper, take assurance the trusts EU Exit group will continue to monitor developments and plan for the UK leaving the EU on the 31st December and approve the recommendations set out at the end of the paper.</p>
Appendices	Appendix 1: Operational Performance

1.0 Introduction

- 1.1 Negotiations with the EU are continuing and the UK is committed to securing a free trade agreement, but have advised that the NHS needs to lean forward no- deal preparations while remaining agile should a free trade agreement be agreed.
- 1.2 A single operating model will be adopted and local, regional and the national Operations Centres will be expected to manage COVID-19, EU Exit, Adverse Winter Weather, Winter Pressures, UEC, COVID-19 Mass Countermeasures Programme. The EU Exit sit rep is being reviewed including alignment with COVID-19 and Winter sit rep reporting.
- 1.3 Failure to reach an agreement, which now looks more and more likely, will result in the health sector facing significant adjustment to prepare for the end of the year.
- 1.4 Given the expectation that additional pressure on the health system created by COVID-19 is likely to continue into and past the winter of 2020, a time when the service is annually stretched, the NHS Confederation anticipate that the sector will continue to experience a significant burden and a risk being overwhelmed.

- 1.5 From 19/10/2020 SaTH re-activated the physical Incident Command Centre to manage the ongoing response to the threat of COVID-19, EU Exit, Restoration & Recovery, along with winter pressures.
- 1.6 Reasonable worst case scenario assumption is that flow at the short straits could reduce to 60-80% of BAU levels. This is regardless of whether a deal is reached or not and we need to plan for this.
- 1.7 DHSC is developing a multi layered approach to minimise disruption to supply of medicines and medical products as follows:
 - Alternative/ express freight routes including secured freight capacity for category 1 goods will be available as a last resort and for medicines with a short shelf life. Supporting supply chain companies to ensure they are fully prepared for EU and UK customs checks.
 - Buffer stocks- asking suppliers to maintain 6 weeks stock on UK soil.
 - Regulatory flexibilities
 - NSDR as used during response to COVID-19 will be enhanced for the end of the transition period.

2.0 Second item to highlight

- 2.1 The EU Exit Group continues to meet on a fortnightly basis and members representing the key areas have provided the following updates.

The following updates have been provided by the EU Exit Group covering the key EU Exit Work streams:

Medicine Routes and Stockpiling

The national message is that prescribers and patients should not seek to increase prescription quantities and frequency as that will create shortages of medicines. Patients and Doctors are requested to ask for repeat prescriptions as normal and Doctors asked to prescribe as normal to avoid creating a false increase in demand within the supply chain which will increase the risk of causing shortages.

This is also applied in secondary care and if excess prescribing or excess supply quantities are encountered these will be challenged and the normal supply quantity will be dispensed.

Local discussions with the CCGs indicate the same approach is being taken in primary care. Primary Care and Secondary Care use the same supply and logistics network for medicines and therefore both sectors will be affected at the same time if shortages are encountered. This was seen in the first wave of COVID 19 when due to excess prescribing and supply shortages were encountered in both primary and secondary care equally.

2.3 Reciprocal Healthcare

Support Services are meeting with the new Overseas Patient Officer from NHS England and NHSI. Their Project Manager for the Midlands region is supporting the Overseas Charging Teams through The EU Exit with any changes and also any implementations required for COVID that are not being applied already.

2.4 Information Governance

SaTH should ensure the trust has a standard contractual clause in advance of the end of the transition period in place to use in the event that an adequacy decision isn't agreed. This is in progress and will be in place by the end of November 2020. SaTH should have an Information Asset Register in place. This is in progress and will be complete by the end of December 2020.

2.5 Pharmacy

Local stockpiling is prohibited as a national rule. NHSI/E put sanctions on people that stockpile and will confiscate medicines if any organisation is found to be stockpiling.

2.6 Food, linen and others

Facilities confirmed that they are continuing discussions with suppliers. To date, they aren't aware of any continuity issues likely to adversely impact facilities activity.

2.7 Workforce

SaTH employs approximately 230 staff from the EU and we have not seen any real change month in month - it's only about 3% of the workforce however, there are some concerns given that the staff who fall into this category are specialist staff.

Communications to staff is progressing, although we should not be asking staff directly whether they have applied for EU Settled Status. .

There has been no dramatic movement of staff leaving trust. We have a full list of areas and there are some clusters particularly temporary staffing, endoscopy and renal.

A manager's guide is also being issued this week to support managers with any questions they may receive.

2.8 Clinical trials

Apart from a few changes to the approvals processes things will remain the same as Clinical Trials regulations are enshrined in UK law.

SaTH were advised not to sign up to any new studies which involved the transfer of personal data to EU countries until processes and guidance had been established. And so we haven't.

2.9 Communications

The Intranet and internet pages are up to date with reassuring messages for staff and the public. EU Exit will be covered in the in executive communications message soon and that will be followed up a week later with a global email from workforce.

2.10 Vaccines and blood products

The government completed its consultation on vaccines so the UK can import unlicensed vaccines as response to COVID19 and flu. The arrangements are now in place for both flu and COVID 19 vaccines.

2.11 Procurement

Further information provided to Trusts on 6th November, from NHS E & I. Two supplier lists were provided of which these suppliers will be managed nationally. Actions carried out from this by Procurement for Shrewsbury & Telford Hospital NHS Trust, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and Shropshire Community Health Trust. A new local spreadsheet has been generated and the local supplier list has been reviewed against the new centrally controlled non clinical suppliers & Medical devices and clinical consumables provided by NHSE & I. All suppliers that are now under central control have been removed from the local lists, also suppliers where last replies confirmed no EU touch point, and report on new suppliers to all trust over the last 15 months is being reviewed and risk assessed.

This leaves 118 supplier in total of which 46 are green and 72 red that need contacting.

Letters have been sent out to the 72 red rag rated suppliers to request detail of their EU Exit planning and risk and giving details of the Government secured freight options and National Supply Disruption route, return date is the 30th November, 2020

4.0 Risks and actions

- 4.1 EU Exit Risks have been considered by each of the EU Exit work stream leads. Business Continuity Plans and contingency arrangements have been implemented and will be tested during a table top exercise on the 17th December 2020. Escalation Routes will be tested and communicated to staff at a separate date.
- 4.2 The BAF risks and corporate register are being led and owned by the Executive team and these will be fed through the assurance committee as soon as possible.
- 4.3 The following risk associated with EU Exit has been added to the BAF risks: BAF 10: There is a risk around the uncertainty of Brexit.
- 4.4 This new BAF sits on a development site and the detail needs to be worked up by the Executive Team.
- 4.5 System Partners are meeting on 08.12.2020 to ensure an integrated system-based approach to plans and ensure local risk assessments are up to date.
- 4.6 SaTH must notify Shropshire and Telford & Wrekin CCG's as soon as possible if there is any risk to service delivery.
- 4.7 SaTH should continue to encourage staff to apply for the EU Settlement Scheme. The Workforce Team are gathering intelligence which will provide an oversight of the current workforce position in relation to this.
- 4.8 SaTH will continue to follow National guidance and report any risks concerns via the ORG.

5.0 Conclusion

- 5.1 SaTH EU Exit group will continue to meet on a fortnightly basis and will continue to update the Board and Committees.

- 5.2 A post exercise debrief report will be produced following the Table Top Exercise on 17.12.2020.
- 5.3 The Incident Command Centre will co-ordinate the return of any Situation Reports required by NHSE & I.

Chief Operating Officer
November 2020

Operational Performance

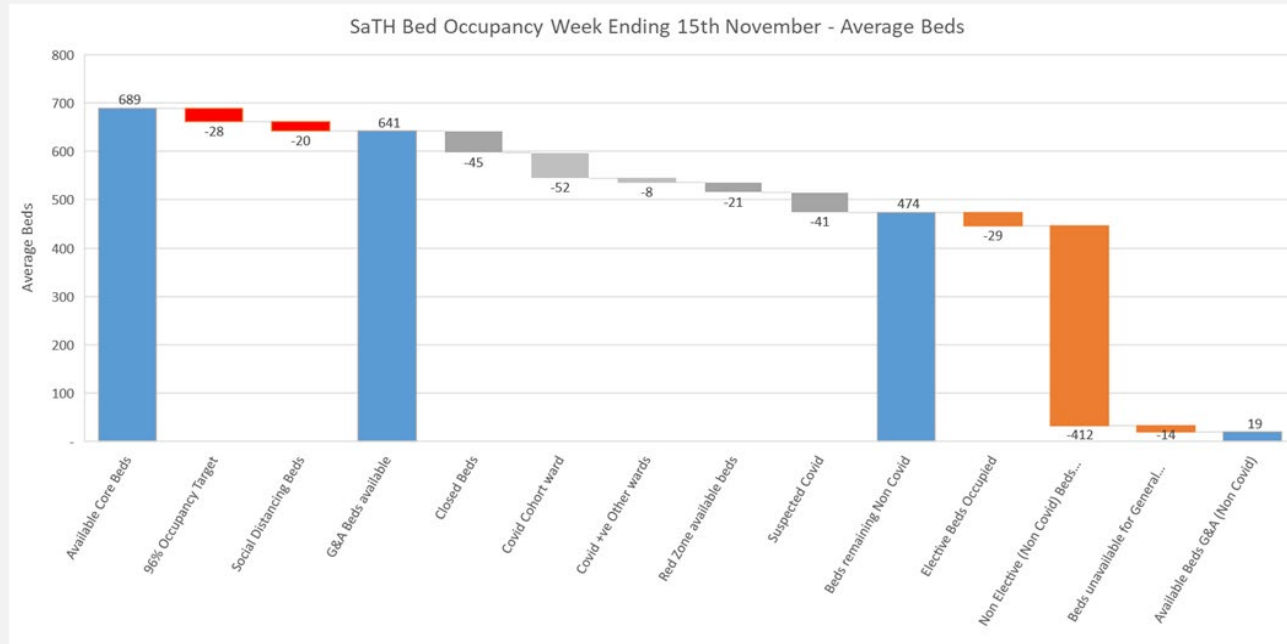
October 2020



Covid-19 Restore and Recovery



Current state – significant capacity issues



The number of COVID+ patients in SaTH currently exceed the levels experienced in April.

In addition as of 18th November across the two sites the operational teams are dealing with **98 contact patients** that all require individual plans.

Further to this formal outbreaks have also led to bed closures.

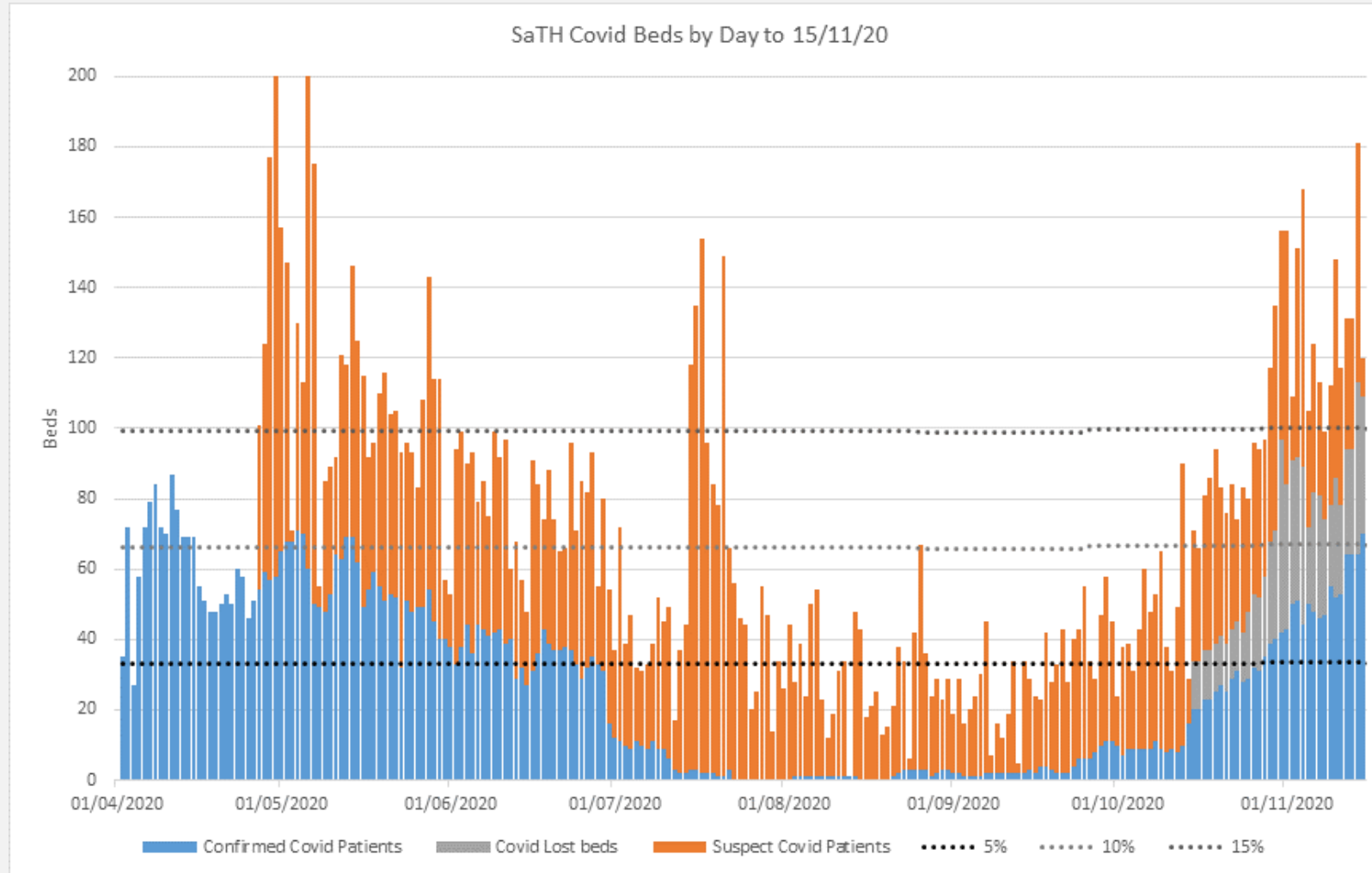
As a consequence, staff are having to manage short notice ward moves to create further Covid high risk capacity and manage the associated potential patient risks.

This makes us less efficient as every patient move creates a delay in their journey.

From an A&E department perspective our Type 1 activity levels are higher than that experienced in wave one, with RSH particularly challenged. This is impacting on **ambulance handover delays** (3-5 hours on occasion) as we have to manage the separate high and medium pathways and increases the risk of overcrowding in A&E.

In comparison to the first wave the cohort of patients presenting with Covid are younger and are being treated more aggressively, which is likely to impact on their length of stay. **The respiratory team are currently managing higher acuity patients (21 patients on Oxygen+), putting an extra strain on stretched resources, although this helps to minimise critical care admissions.**

Current state – Covid impacted beds >15%

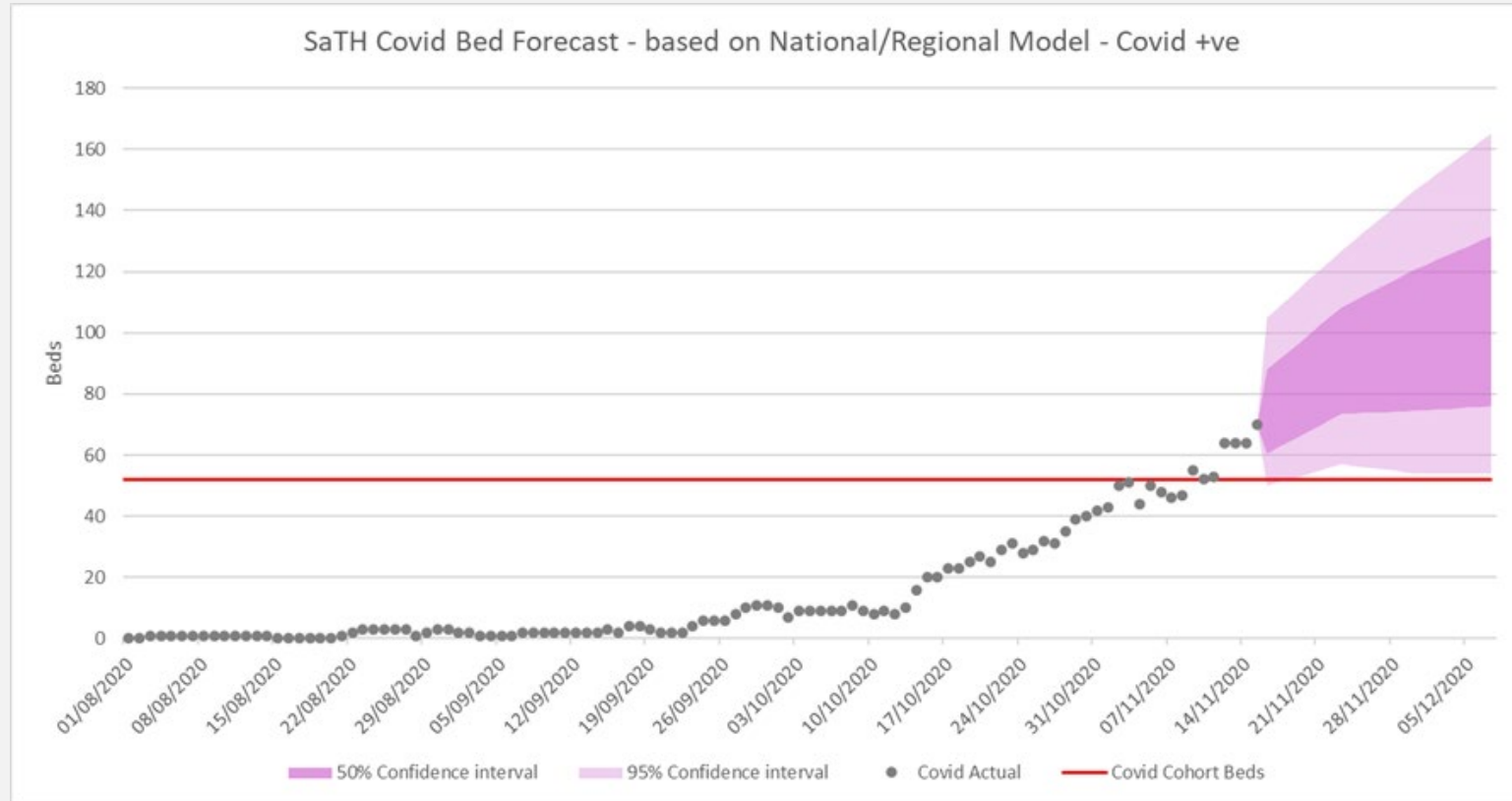


On 17th November we had an available bed base of 641, with **70 beds occupied by confirmed Covid cases and 39 beds currently closed due to Covid or IPC reasons.**

This means that as at 17th November a total of 109 beds (**17% of available bed base**) are currently either occupied or out of use due to Covid. On top of this we are averaging **50-60 inpatients with suspected Covid** who need individual contact plans.

From the 6th November, Head and Neck has been relocated to the DSU at PRH to create an additional Covid high risk ward.

Forecast analysis – increasing Covid+ inpatients



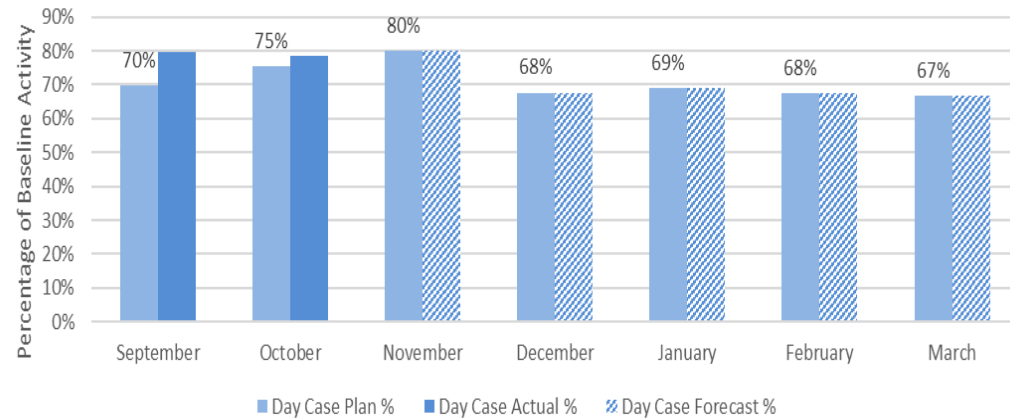
There are a wide range of potential scenarios, most of which show a further increase in the number of Covid+ cohort beds required.

Based on the trend SaTH have been experiencing and the evidence from peer organisations and national analysis, **we are planning for a central estimate of between 115 - 120 COVID+ inpatients**

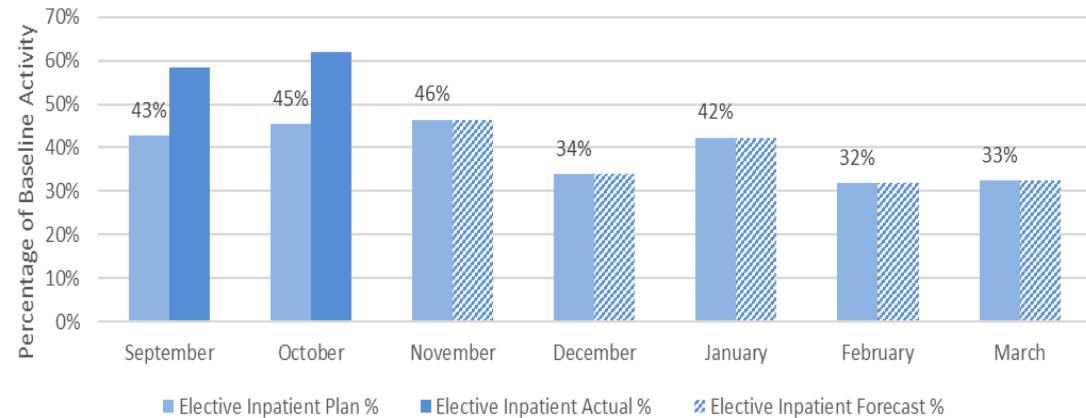


Covid-19 Restore and Recovery - Elective

Day Case Activity vs Plan %



Elective Inpatient Activity vs Plan %



Day Case spells - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	5,415	5,897	5,618	5,242	5,964	5,485	5,474
20/21 Actual	4,318	4,634					
20/21 Forecast		4,444	4,502	3,549	4,120	3,703	3,656
Actual / Forecast %	80%	79%	80%	68%	69%	68%	67%
vs plan	10%	3%					

memo: Plan	3,780	4,444	4,502	3,549	4,120	3,703	3,656
memo: Plan %	70%	75%	80%	68%	69%	68%	67%
memo: Phase 3 Target	80%	90%	90%	90%	90%	90%	90%

Total	39,095
32,927	
84%	
13%	

27,756	
71%	

Elective Inpatient spells - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	421	472	461	401	319	407	418
20/21 Actual	246	293					
20/21 Forecast		214	214	136	135	130	136
Actual / Forecast %	58%	62%	46%	34%	42%	32%	33%
vs plan	16%	17%					

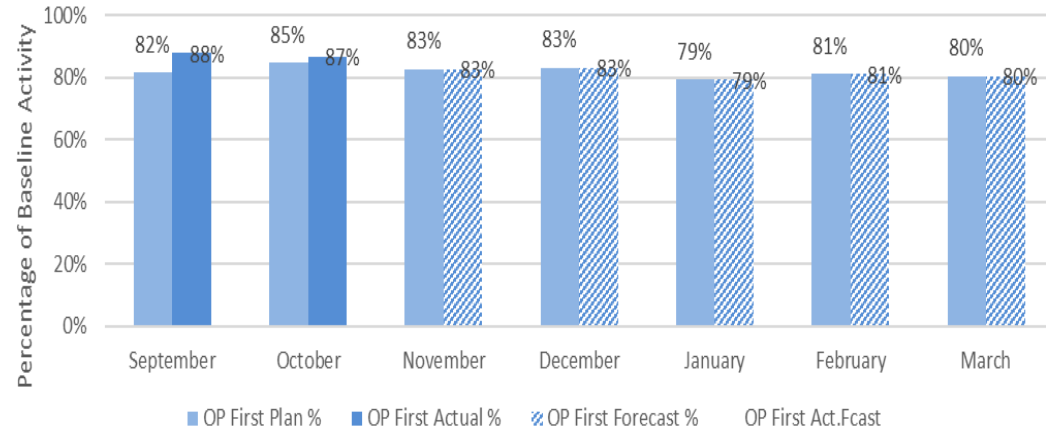
memo: Plan	180	214	214	136	135	130	136
memo: Plan %	43%	45%	46%	34%	42%	32%	33%
memo: Phase 3 Target	80%	90%	90%	90%	90%	90%	90%

Total	2,899
1,504	
52%	

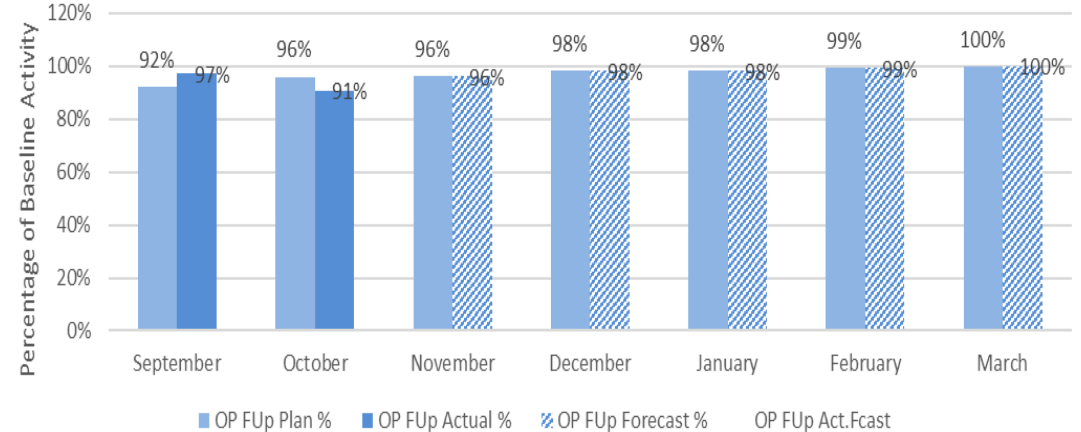
1,145	
39%	

Covid-19 Restore and Recovery - Outpatients

Outpatient First Activity vs Plan %



Outpatient Follow Up Activity vs Plan %



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%					

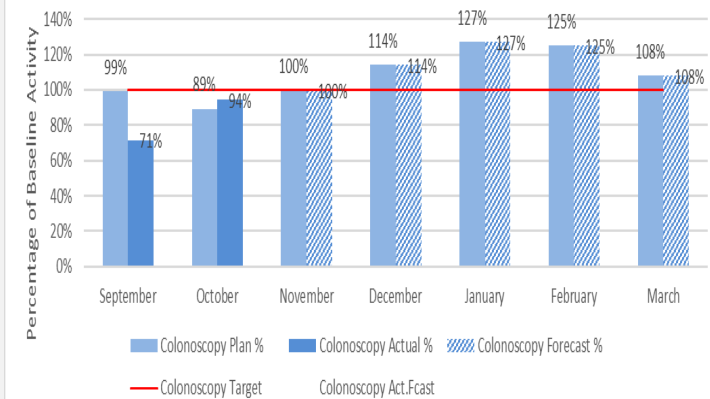
memo: Plan	19,209	21,975	21,198	18,615	22,719	19,820	19,857
memo: Plan %	92%	96%	96%	98%	98%	99%	100%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

Total	159,975
152,639	
95%	
14%	
130,866	
82%	

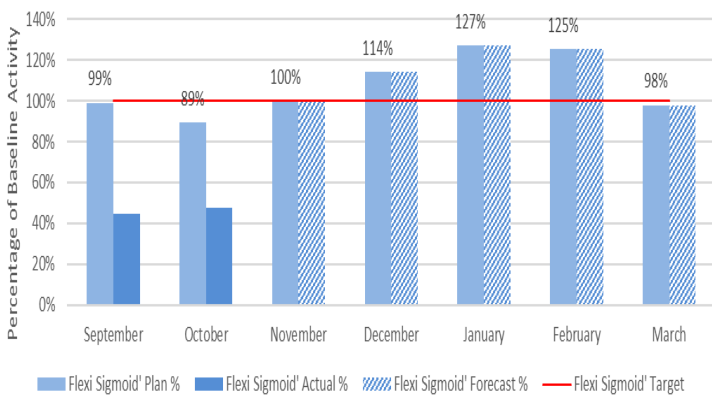
Total	147,754
165,252	
112%	
15%	
143,394	
97%	

Covid-19 Restore and Recovery - Endoscopy

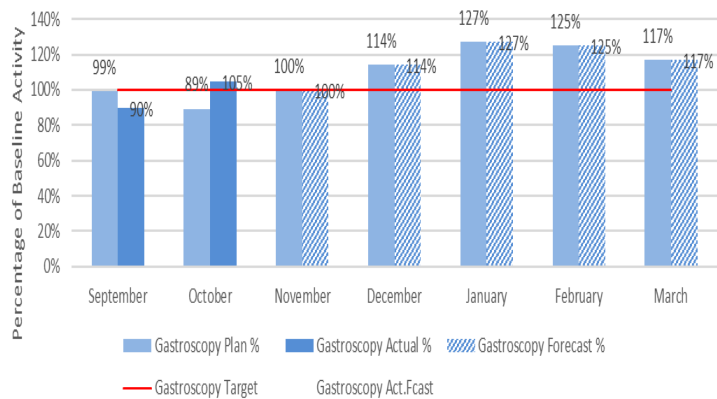
Colonoscopy Activity vs Plan %



Flexi Sigmoid' Activity vs Plan %



Gastroscopy Activity vs Plan %



Colonoscopy - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	437	454	468	531	469	477	546
20/21 Actual	312	429					
20/21 Forecast		405	467	607	596	597	590
Actual / Forecast %	71%	94%	100%	114%	127%	125%	108%
vs plan	-28%	5%					

memo: Plan	433	405	467	607	596	597	590
memo: Plan %	99%	89%	100%	114%	127%	125%	108%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

Total
3,382
4,003
118%
9%

3,695
109%

Flexi Sigmoid' - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	415	423	439	418	346	438	503
20/21 Actual	184	200					
20/21 Forecast		377	438	477	440	548	492
Actual / Forecast %	44%	47%	100%	114%	127%	125%	98%
vs plan	-55%	-42%					

memo: Plan	411	377	438	477	440	548	492
memo: Plan %	99%	89%	100%	114%	127%	125%	98%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

Total
2,982
3,157
106%
-1%

3,185
107%

Gastroscopy - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	644	593	708	701	685	602	694
20/21 Actual	577	620					
20/21 Forecast		529	707	801	870	753	810
Actual / Forecast %	90%	105%	100%	114%	127%	125%	117%
vs plan	-10%	15%					

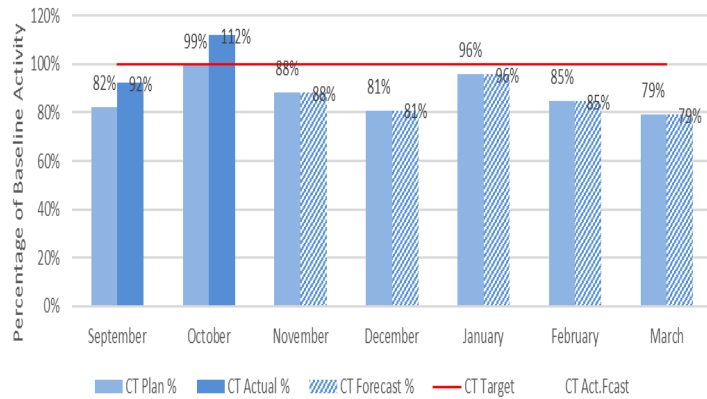
memo: Plan	639	529	707	801	870	753	810
memo: Plan %	99%	89%	100%	114%	127%	125%	117%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

Total
4,627
5,667
122%
12%

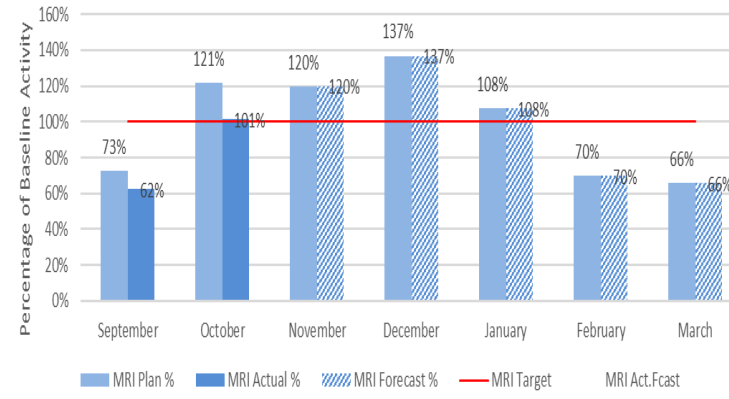
5,109
110%

Covid-19 Restore and Recovery - Radiology

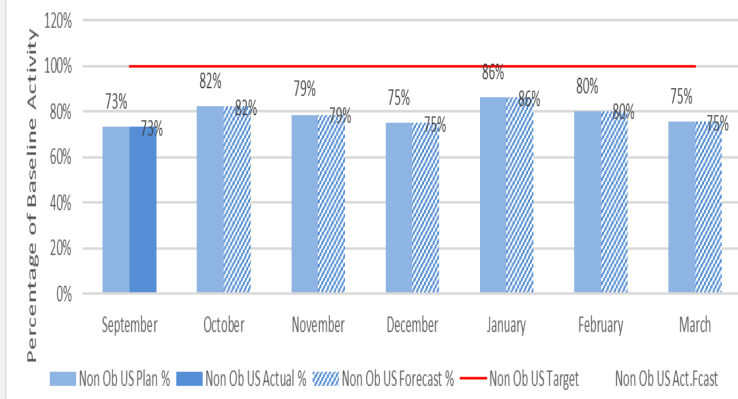
CT Activity vs Plan %



MRI Activity vs Plan %



Non Ob US Activity vs Plan %



CT - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	6,343	5,613	6,015	6,235	5,455	5,946	6,838
20/21 Actual	5,842	6,284					
20/21 Forecast		5,580	5,310	5,040	5,220	5,040	5,400
Actual / Forecast %	92%	112%	88%	81%	96%	85%	79%
vs plan	10%	13%					

Total	42,445
	43,716
	103%
	16%

memo: Plan	5,220	5,580	5,310	5,040	5,220	5,040	5,400
memo: Plan %	82%	99%	88%	81%	96%	85%	79%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

36,810	87%
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MRI - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	2,432	2,150	2,320	2,458	2,215	2,449	2,790
20/21 Actual	1,519	2,177					
20/21 Forecast		2,612	2,780	3,362	2,383	1,708	1,830
Actual / Forecast %	62%	101%	120%	137%	108%	70%	66%
vs plan	-10%	-20%					

Total	16,814
	18,371
	109%
	11%

memo: Plan	1,769	2,612	2,780	3,362	2,383	1,708	1,830
memo: Plan %	73%	121%	120%	137%	108%	70%	66%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

16,444	98%
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Non Ob US - Monthly

	September	October	November	December	January	February	March
19/20 Baseline	5,636	5,355	5,332	5,298	4,788	4,959	5,656
20/21 Actual	4,123	4,637					
20/21 Forecast		4,402	4,189	3,976	4,118	3,976	4,260
Actual / Forecast %	73%	87%	79%	75%	86%	80%	75%
vs plan	0%	4%					

Total	37,024
	33,681
	91%
	13%

memo: Plan	4,118	4,402	4,189	3,976	4,118	3,976	4,260
memo: Plan %	73%	82%	79%	75%	86%	80%	75%
memo: Phase 3 Target	100%	100%	100%	100%	100%	100%	100%

29,039	78%
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Elective Care

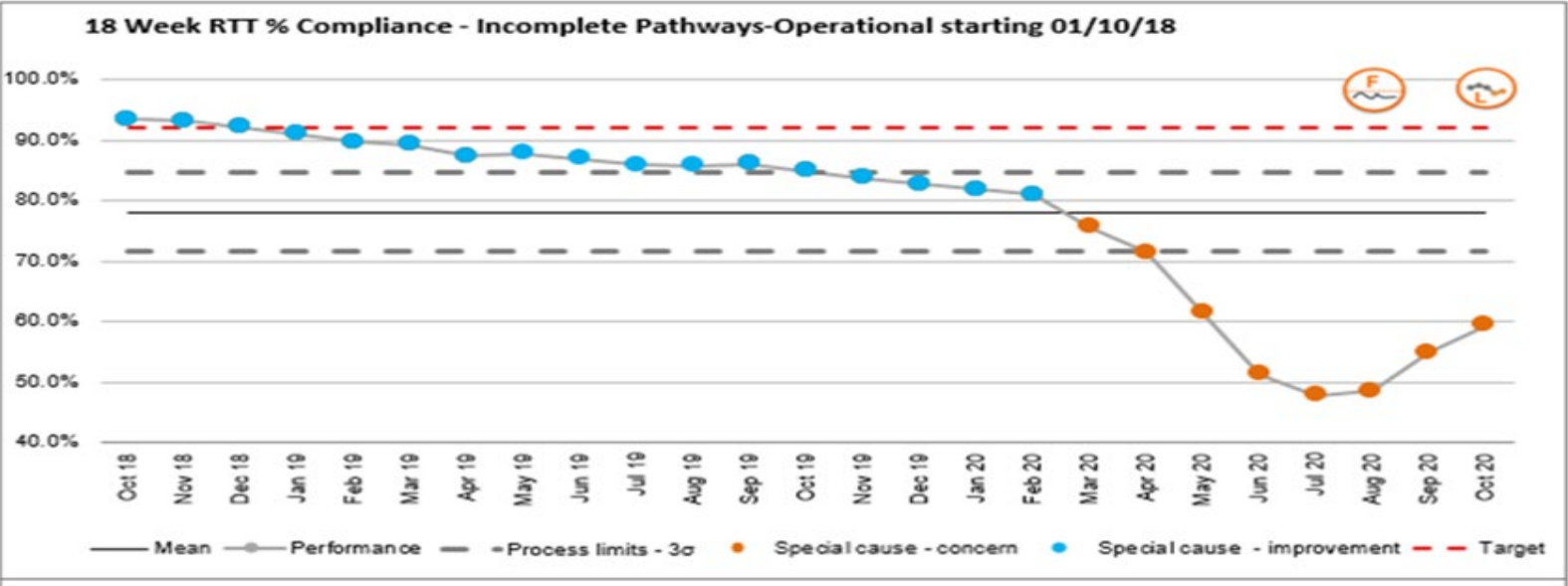
RTT

Diagnostics

Cancer



18 Week RTT % Compliance

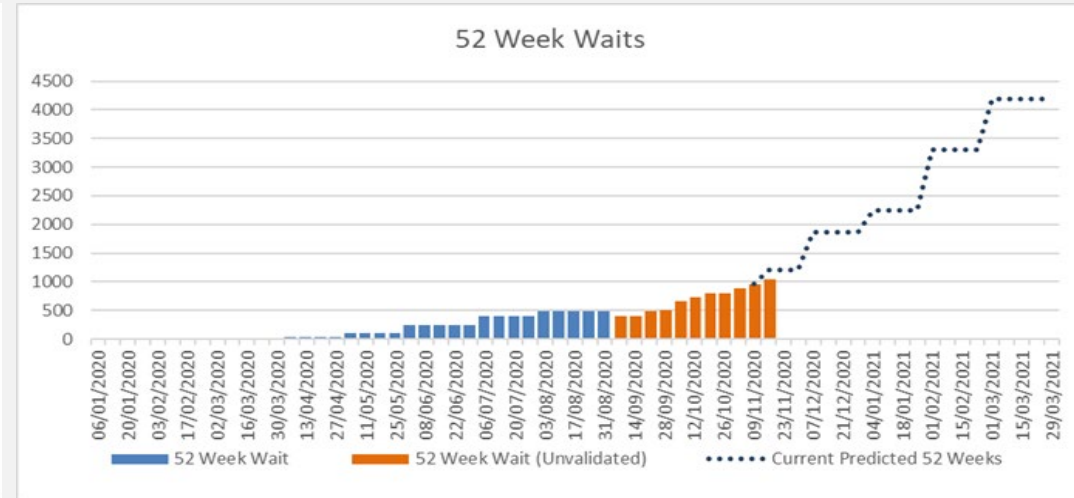
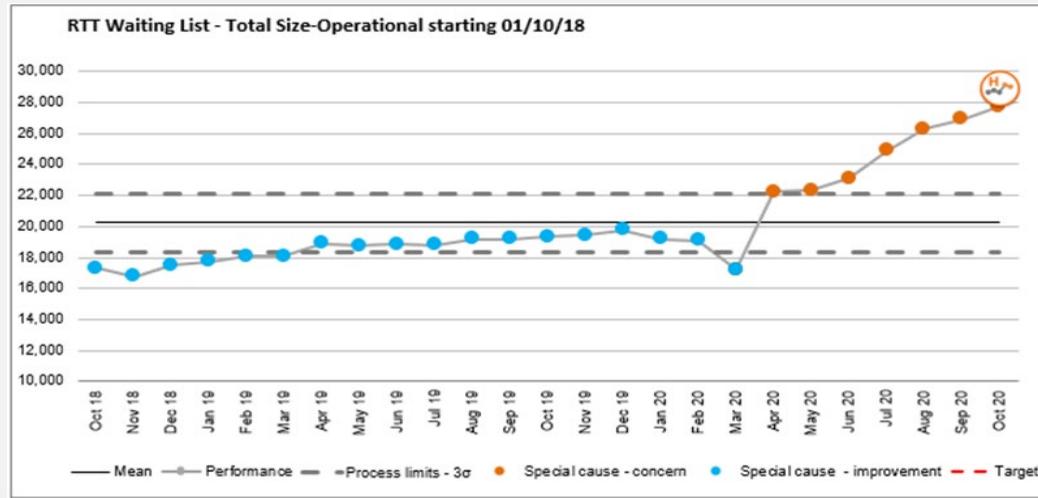


Oct 2020
59.47%. 11,244 patients waiting > 18 weeks (England only.)
Variance Type
Negative
Target
92%
Target Achievement
No

Background	What the chart tells us	Issues	Actions	Risk Mitigations
RTT failing since January 2019 due to demand & capacity mismatch.	Situation significantly worsened since start of Pandemic & taking down of elective activity. Improved in month (September was 54.95% and 12,121 patients waiting > 18 weeks.)	Admitted – lack of theatre capacity and low risk bed constraints. Non-Admitted – diagnostic delays & social distancing for Face to Face appointments	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.	Full validation. Clinical triage of referrals. Admitted list is risk stratified. Harm pro formas for longest waits. Allocation of lists based on speciality need. Use of Virtual appointments.



52 Week Breaches



Background	What the chart tells us	Issues	Actions	Risk Mitigations
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. In addition to above English number, there were 189 Welsh patients waiting > 52 weeks, taking Trust end October figure to 1,028	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	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.	Full validation. Focus on non admitted pathways. Increased CT and MRI capacity should enable clearance of patients awaiting these tests. Allocate IS, RJAH and Vanguard capacity to longest waiters.	Micro-management of patients at 78 weeks plus. Risk stratification to ensure that only clinically routine patients are waiting > 52 weeks.



RTT October 2020

Total Incompletes

Treatment Function	MEDIAN	MEDIAN (95%)*	% within 18 weeks
General Surgery	12.96	49.67	60.21%
Urology	10.31	47.81	71.13%
Trauma & Orthopaedics	29.88	52.20	33.02%
Ear, Nose & Throat (ENT)	14.37	47.77	58.49%
Ophthalmology	16.04	49.51	53.97%
Oral Surgery	36.15	52.61	31.86%
Cardiothoracic Surgery	-	-	100.00%
General Medicine	8.02	37.35	71.30%
Gastroenterology	8.93	32.72	84.32%
Cardiology	14.64	42.03	59.10%
Dermatology	5.54	34.22	83.36%
Thoracic Medicine	15.66	40.58	54.78%
Neurology	-	-	100.00%
Geriatric Medicine	17.50	41.92	51.23%
Gynaecology	10.35	41.93	69.90%
Other	13.65	47.62	58.14%
Total - Oct 2020	13.69	48.81	59.47%

Total - Sept 2020	14.56	47.10	54.95%
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Total Variance Sepr 20 vs Oct 20	-0.88	1.70	5%
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* Excludes Total WL <50

<=18 Wks	>18 Wks	Total Incomplete waiting list
2557	1690	4247
1365	554	1919
349	708	1057
1705	1210	2915
3029	2583	5612
592	1266	1858
9	0	9
559	225	784
1560	290	1850
1127	780	1907
631	126	757
533	440	973
6	0	6
146	139	285
1544	665	2209
789	568	1357
16501	11244	27745

29080	20244	49324
--------------	--------------	--------------

-12579	-9000	-21579
---------------	--------------	---------------

Total Incomplete		
>26	>40	52+
1371	563	159
429	199	56
630	216	66
917	338	72
2313	983	166
1205	717	238
0	0	0
163	20	1
151	40	1
589	167	3
87	6	0
342	59	9
0	0	0
114	28	0
442	124	37
455	178	31
9208	3638	839

9532	3203	598
-------------	-------------	------------

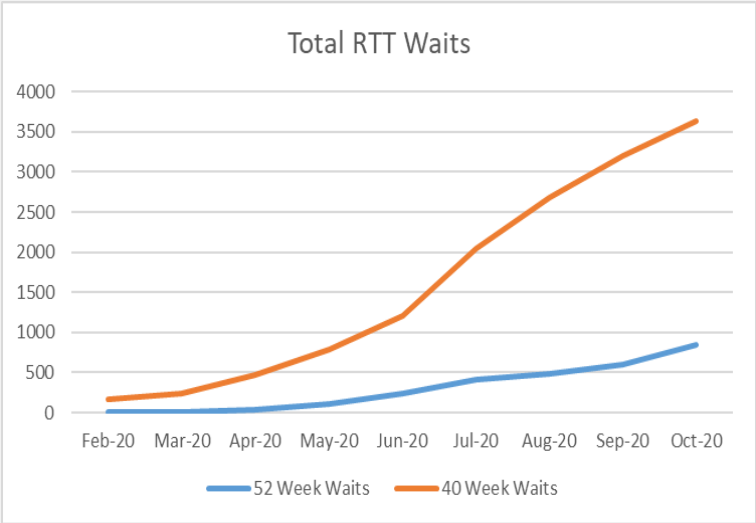
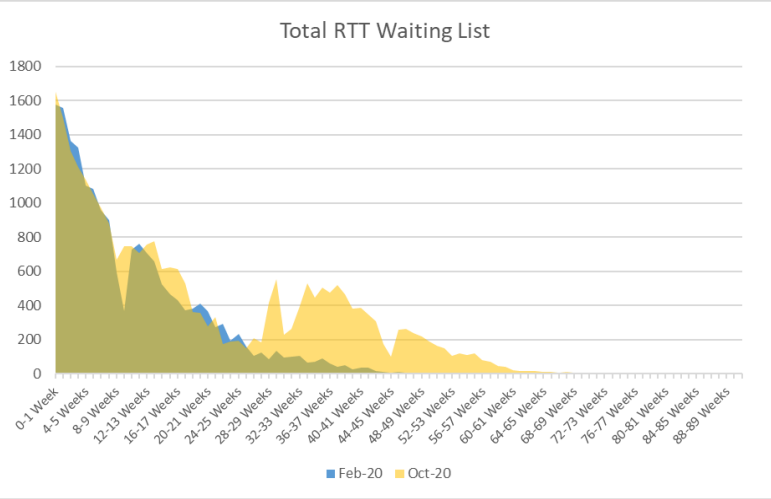
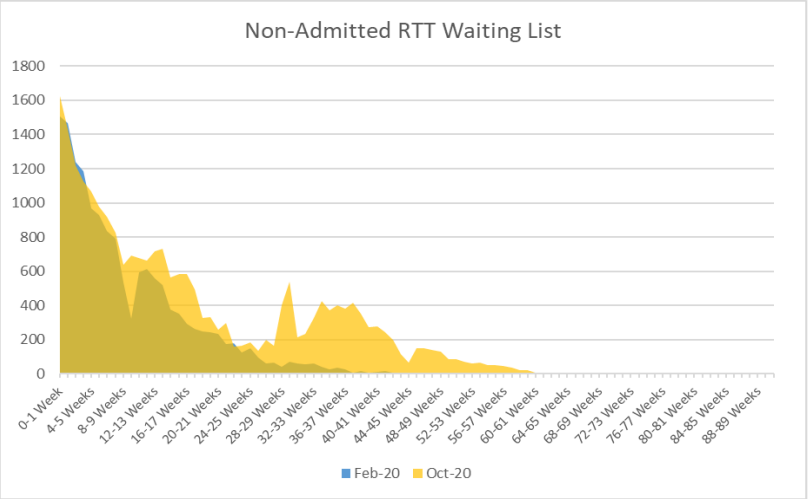
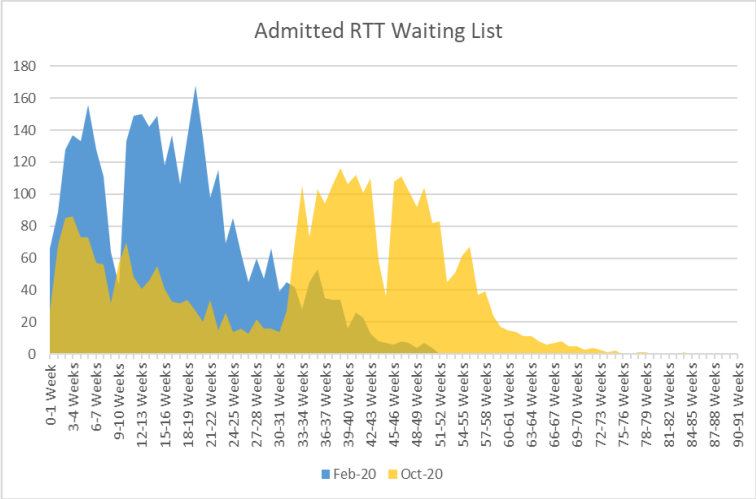
-324	435	241
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Reduced Elective capacity has adversely impacted waiting list size and increased the median waiting times. The total waiting list size for Oct 2020 was 27745

The current forecast for November's waiting list size is 27886, with a performance of 58.86%



Waiting List Distribution

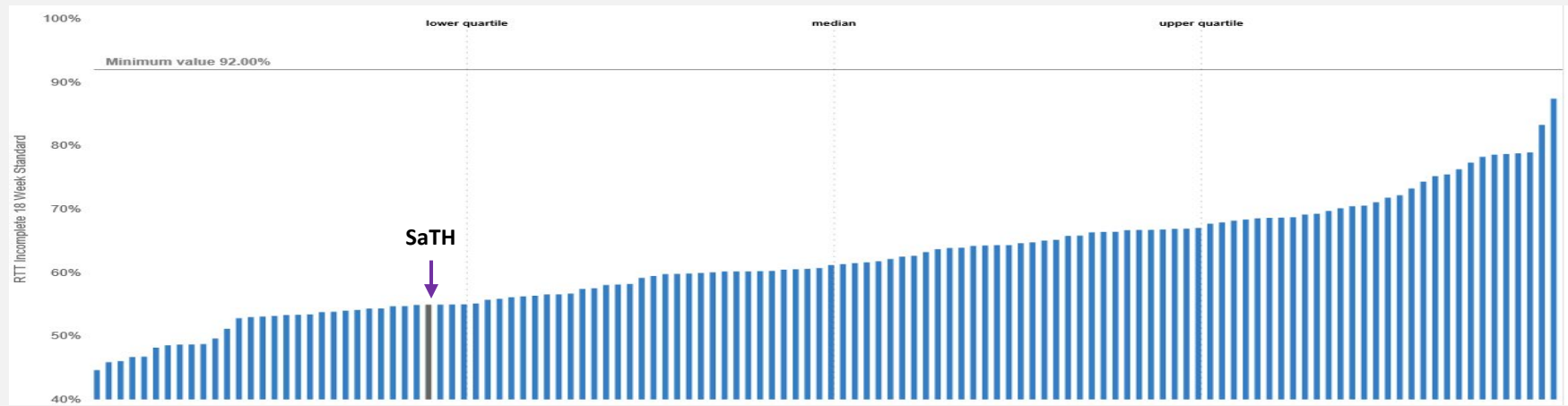


		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Non-Admitted	40 Week Waits	47	64	148	264	478	950	1360	1755	2091
	52 Week Waits	0	3	10	28	55	110	130	242	391
Admitted	40 Week Waits	113	181	323	526	722	1090	1325	1448	1547
	52 Week Waits	0	8	27	77	188	298	351	356	448
Total	40 Week Waits	160	245	471	790	1200	2040	2685	3203	3638
	52 Week Waits	0	11	37	105	243	408	481	598	839

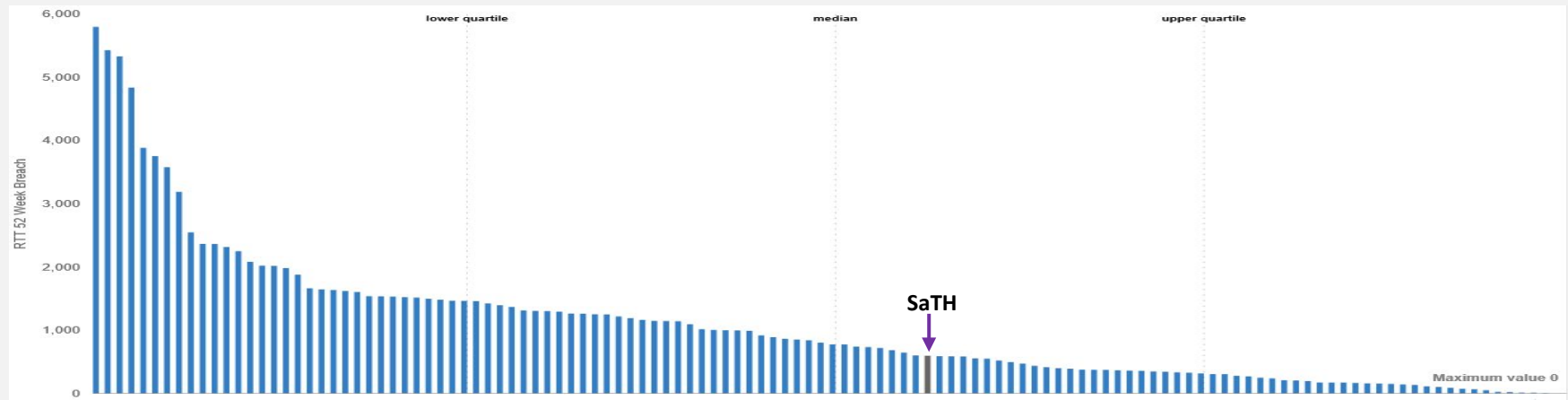
The graph illustrates the shift in waiting list distribution, when comparing pre and post Covid-19 periods. The table to the above illustrates how the impact this has had on the growth in 40 and 52 week waiters.

RTT Benchmarking

RTT Incomplete 18 Week Standard



RTT 52 Week Breach

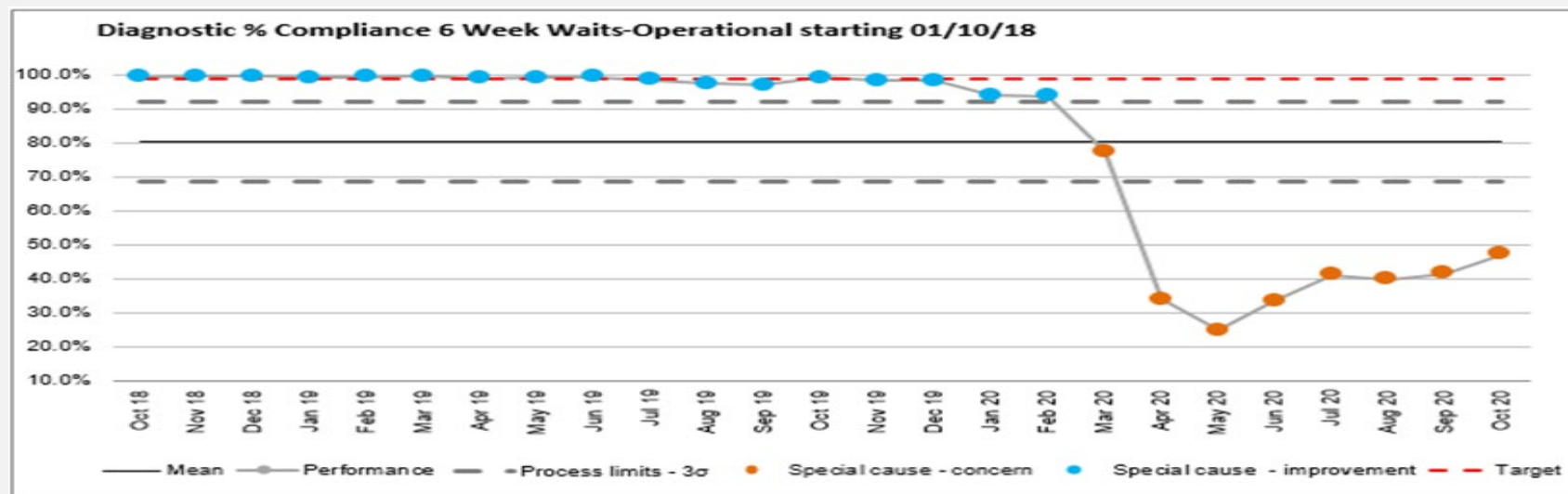


In September 2020, the Trust ranked 96th out of 124 for the RTT incomplete performance with 54.95%. All Trusts failed to hit the 92% standard, the highest performance was 87.43% and the lowest 44.62%

For the period , the Trust reported 598, 52 week breaches. The highest number of breaches recorded nationally was 5799.

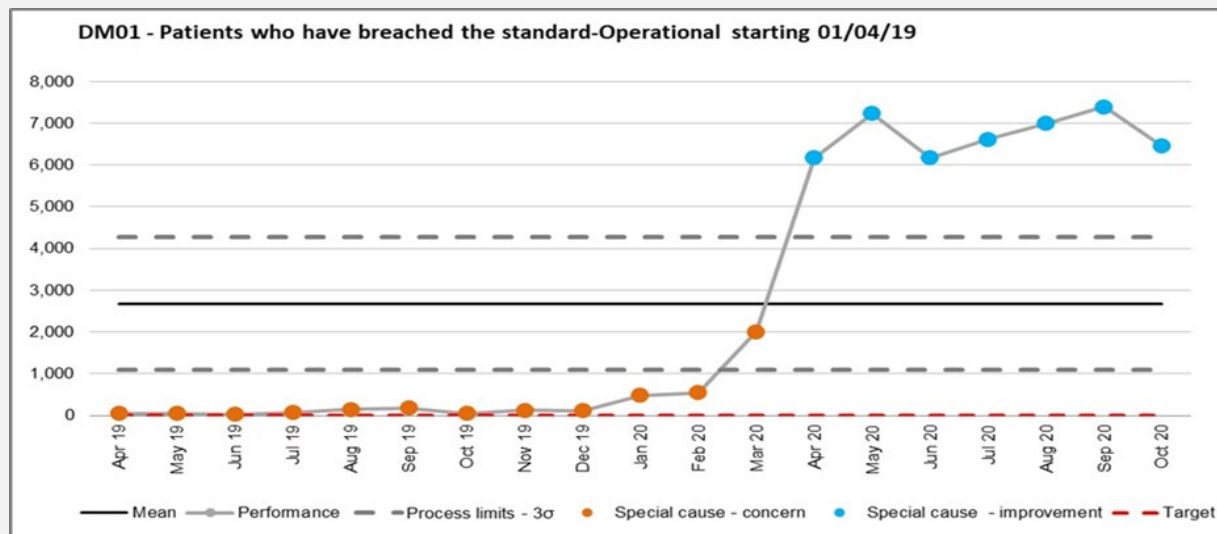


Diagnostic Waiting Time



Background	What the chart tells us	Issues	Actions	Risk Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral	The overall standard has not been achieved over the last 12 months	Benchmarking identifies relative very high productivity, indicating underlying insufficient capacity in all modalities carried out at SaTH prior to Covid restrictions.	Imaging pod (1 CT and 1 MRI) will be available from Q1 2021 (timescales tbc). Business cases also completed for additional mobile capacity needed in all modalities, including workforce plans.	Risk stratification in place. Mobile CT/MRI scanners available from national NHSE/I contract allocation. Additional mobile capacity is required in this financial year to maintain progress.

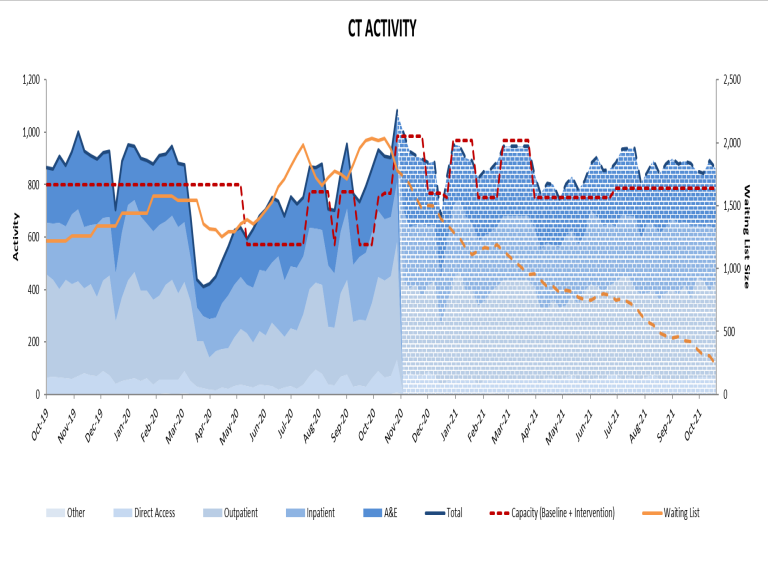
Diagnostic Waiting List Size



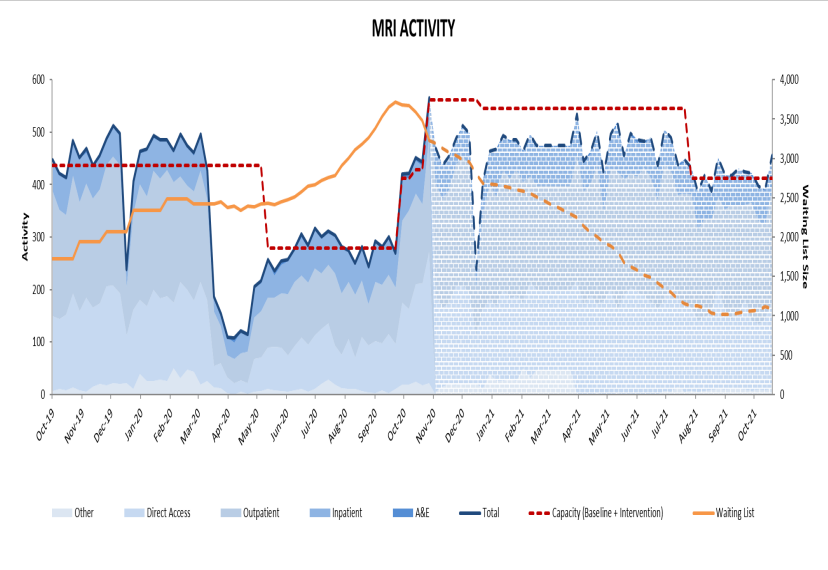
DM01 Waiting List Performance October 2020						
	Total WL	Total > 6 Wks	Performance	Total WL	Over 6 Wks	Performance %
Imaging	Magnetic Resonance Imaging	3539	2074	9319	5006	46.28%
	Computed Tomography	2007	966			
	Non-obstetric ultrasound	3773	1966			
Physiological Measurement	Audiology - Audiology Assessments	1094	675	1646	752	54.31%
	Cardiology - echocardiography	434	4			
	Neurophysiology - peripheral neurophysiology	4	1			
	Respiratory physiology - sleep studies	22	6			
	Urodynamics - pressures & flows	92	66			
Endoscopy	Colonoscopy	486	295	1300	632	46.77%
	Flexi sigmoidoscopy	288	195			
	Cystoscopy	252	123			
	Gastroscopy	274	79			
Total				12265	6450	47.41%

Background	What the chart tells us	Issues	Actions	Risk Mitigations
This represents the total number of patients awaiting diagnostic tests at 31/10 (Imaging/ Phys Measurement/ Endoscopy)	Overall increasing trend, except non-complex echo's which has restored to pre-Covid levels of activity	Insufficient capacity post Covid restrictions in place particularly in Imaging and Endoscopy	Imaging pod (1 CT and 1 MRI) will be available from Q1 2021 (timescales tbc). Business cases also completed for additional mobile capacity needed in all modalities, including workforce plans.	Risk stratification in place. Mobile CT/MRI scanners available from national NHSE/I contract allocation. Additional mobile capacity is required in this financial year to maintain progress

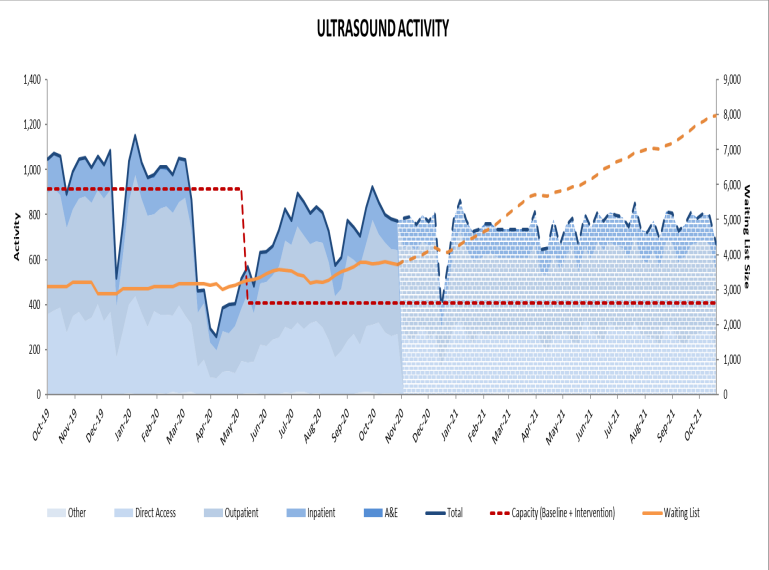
Diagnostic – Imaging



Capacity Interventions	Number	Weekly Scans	Week Start	Week End
Additional Scanners	1	203	27/07/2020	17/08/2020
Additional Scanners	1	203	31/08/2020	14/09/2020
Mobile Unit	1	182	12/10/2020	28/06/2021
RJAH Mutual Aid	1	15	19/10/2020	21/12/2020
Mobile Unit	1	217	02/11/2020	30/11/2020
Mobile Unit	1	217	04/01/2021	25/01/2021
Mobile Unit	1	217	01/03/2021	29/03/2021
POD Scanner	1	217	05/07/2021	25/10/2021

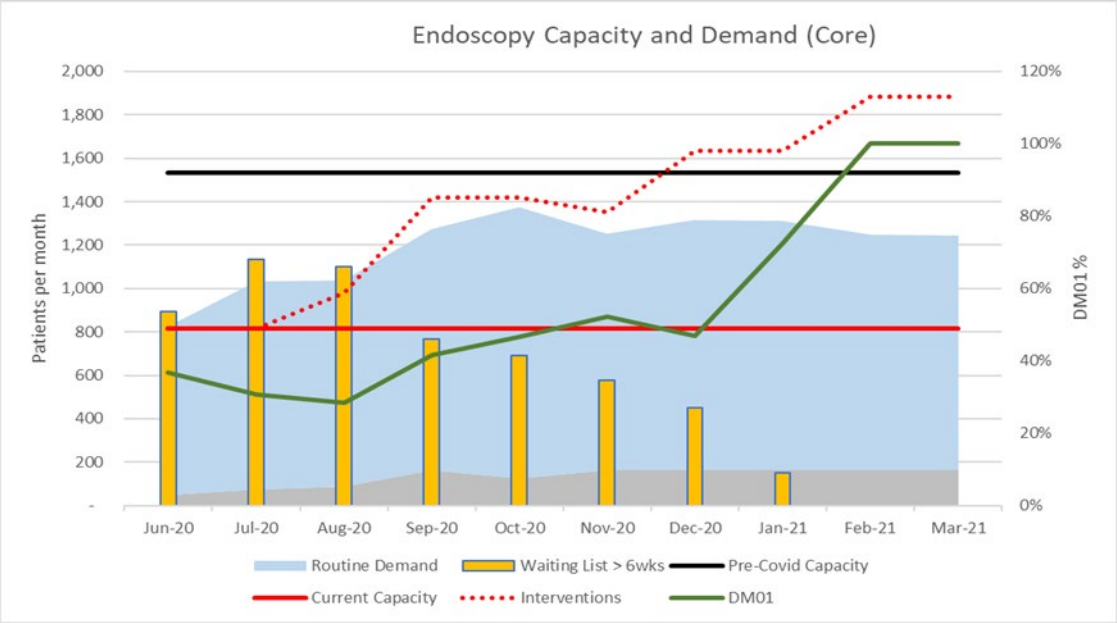


Capacity Interventions	Number	Weekly Scans	Week Start	Week End
Mobile Unit	1	133	05/10/2020	28/06/2021
Mobile Unit	1	133	02/11/2020	26/07/2021
RJAH Mutual Aid	1	16	19/10/2020	21/12/2020
POD Scanner	1	133	05/07/2021	25/10/2021



Both MRI and CT have benefitted with additional capacity and it is predicted that the overall waiting list will improve going forward

Diagnostic – Endoscopy



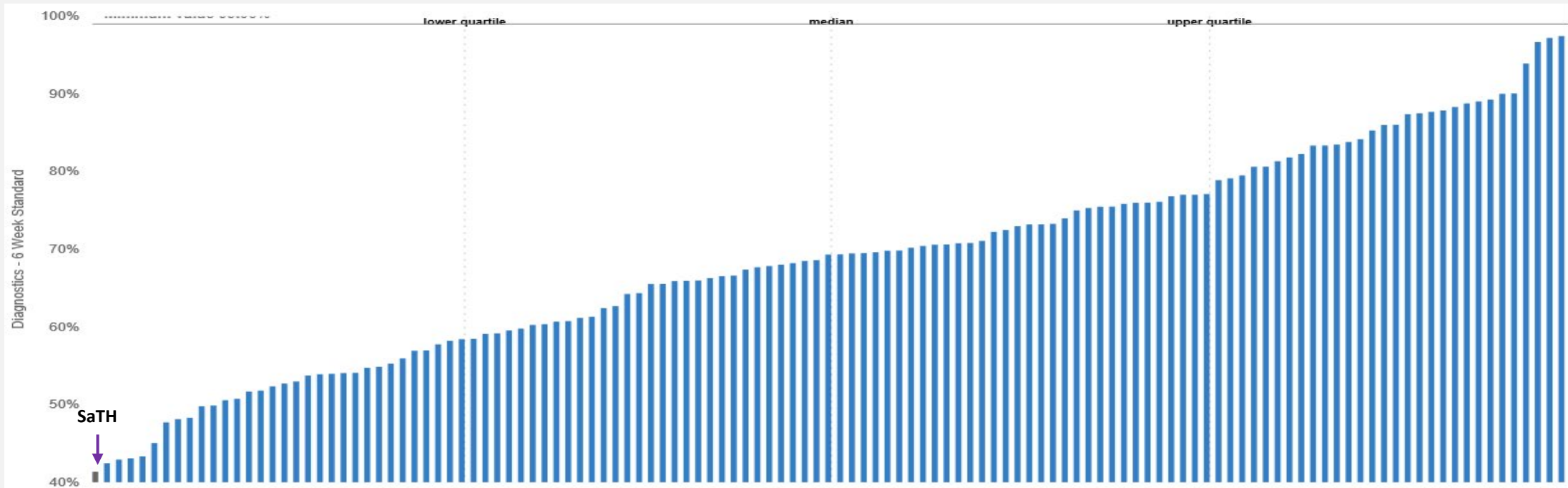
- Current Trajectory shows that we are still operating below our pre-covid capacity
- Table below shows original planned interventions and timelines and revised plan
- Current plan still has significant risk in it due to delays in swabbing and IPC constraints on recovery.

Intervention	Original Plan	
	Patients per week	Start
Your World / Overtime (Sundays)	60	Aug-20
Evening Sessions	30	Sep-20
Green streams - lowers, inc swabbing (PRH)	30	Oct-20
TNE	60	Dec-20
Green stream - swabbing uppers	68	Nov-20
Air Changes per Hour (ACH) increase @ RSH	104	Sep-20

Revised Plan 12/11	
Patients per week	Start
15	Aug-20
30	Sep-20
30	Nov-20
60	Feb-20
68	Dec-20
104	Sep-20

Comments
Unable to staff Sunday shifts, particularly at PRH
In place
Delayed to November
Order now placed – national procurement
Planning for December but subject to IPC risk acceptance
In place

DM01 Benchmarking



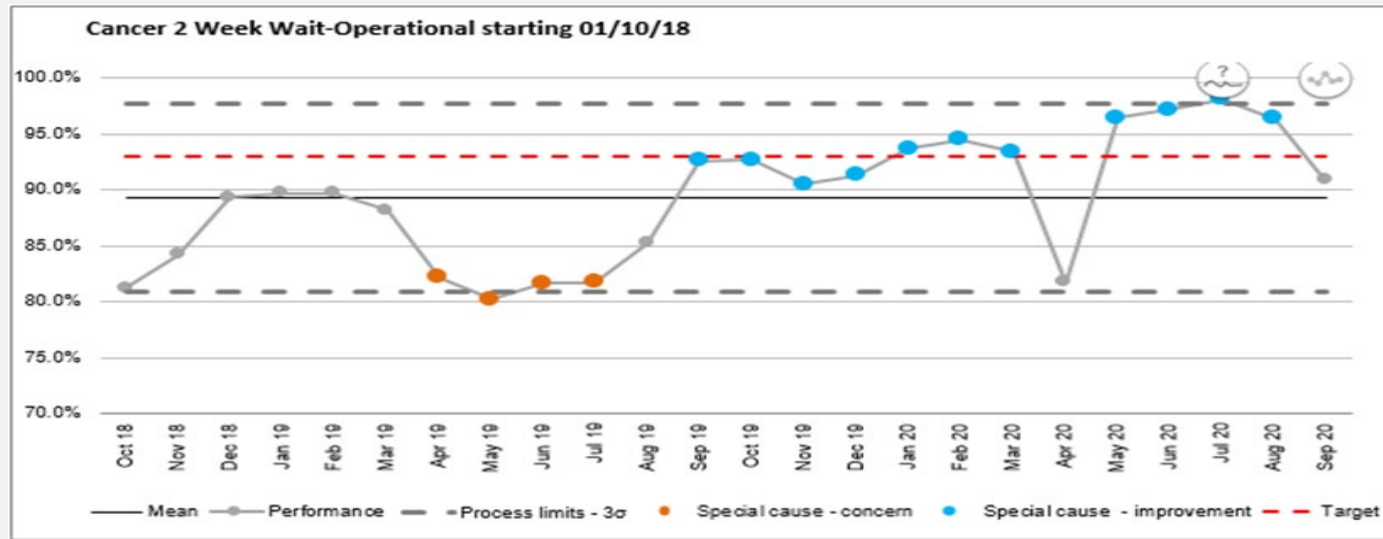
In September 2020, the Trust ranked 125th out of 125 Trusts for diagnostic 6 week standard, with a performance of 41.36%. The target is 99%, the highest performance was 97.45% and the lowest was 41.36%.



Cancer Summary

Measure	Monthly Target	January	February	March	April	May	June	July	August	September	October (prediction)
2 Week GP to 1st OP Apt Breast Symptoms	>=93%	✓ 97.60%	✓ 96.70%	✓ 94.87%	✗ 66.70%	✓ 100%	✓ 100%	✓ 100%	✓ 93.10%	✗ 66%	✗ 24.64%
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%	⚠ 90.90%	✗ 87.52%
31 day diagnosis to treatment	>=96%	✓ 97.20%	✓ 96.70%	✓ 99.32%	✓ 98.50%	✓ 99.00%	✗ 98.25%	✗ 97.50%	✓ 98.51%	✓ 99.20%	✓ 100.00%
31 day second or sub treatment – Drug	>=98%	✓ 98.10%	✓ 100%	✓ 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%	✗ 92.6%	✗ 84.21%
31 day second or sub treatment – Rad	>=94%	✓ 99.10%	✓ 98.90%	✓ 97.83%	✓ 98.70%	✓ 98.70%	✓ 97.70%	✗ 92.50%	✓ 100%	✓ 97.90%	✓ 100.00%
62 days urgent referral to treatment	>=85%	✗ 69.30%	✗ 64.60%	✗ 78.26%	✗ 69.20%	✗ 69.40%	✗ 70.20%	✓ 85.50%	✗ 81.81%	✗ 80.90%	✓ 80.39%
62 days referral to treatment from screening	>=90%	✗ 69.00%	✗ 75.00%	✗ 73.17%	✗ 81.00%	✗ 66.70%	✗ 0.00%	✓ 100%	✗ 33.33%	✗ 80%	✗ 87.50%
Extended 62 day treatment (upgrades)	>=85%	✓ 86.50%	✓ 85.10%	✓ 93.33%	✓ 89.00%	✗ 82.60%	✗ 83.08%	⚠ 86.66%	✓ 90.82%	✗ 85.10%	✓ 89.17%
28 day faster diagnosis – 2WW	>=75%	✓ 77.50%	✓ 87.20%	✗ 45.70%	✓ 70.30%	✓ 76.20%	✓ 78.50%	✓ 79.40%	✗ 71.00%	✗ 68.60%	
28 day faster diagnosis – Breast symptomatic 2WW	>=75%	✓ 98.8%	✓ 100.0%	✓ 100.0%	✓ 92.9%	✓ 97.9%	✓ 89.7%	✓ 92.2%	✓ 86.0%	✓ 85.2%	
28 day faster diagnosis – screening referral	>=75%	✗ 36.0%	✗ 41.9%	✓ 90.0%	✗ 56.1%	✗ 54.5%	7.1%*	✗ 25.7%	✓ 80.0%	✗ 45.2%	

Cancer 2 Week Wait – September 2020

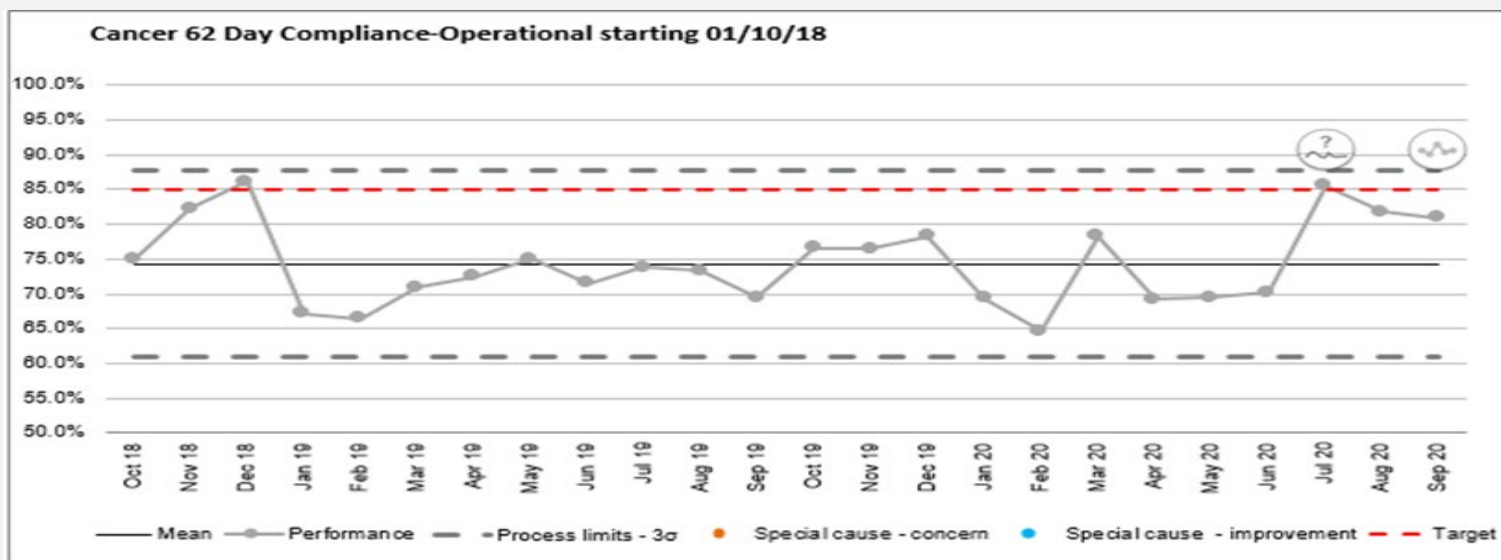


Sept 2020
90.88%
Variance Type
Normal variation with Special Cause
Target
93.00%
Target Achievement
Measure is capable of meeting the target

Background	What the chart tells us	Issues	Actions	Risk 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 has a first appointment within 14 days	The present system is likely to deliver the target. 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	Implementation of revised 2WW Breast Referral Proforma COVID Risk Assessment completed with a view to introducing additional capacity in Radiology



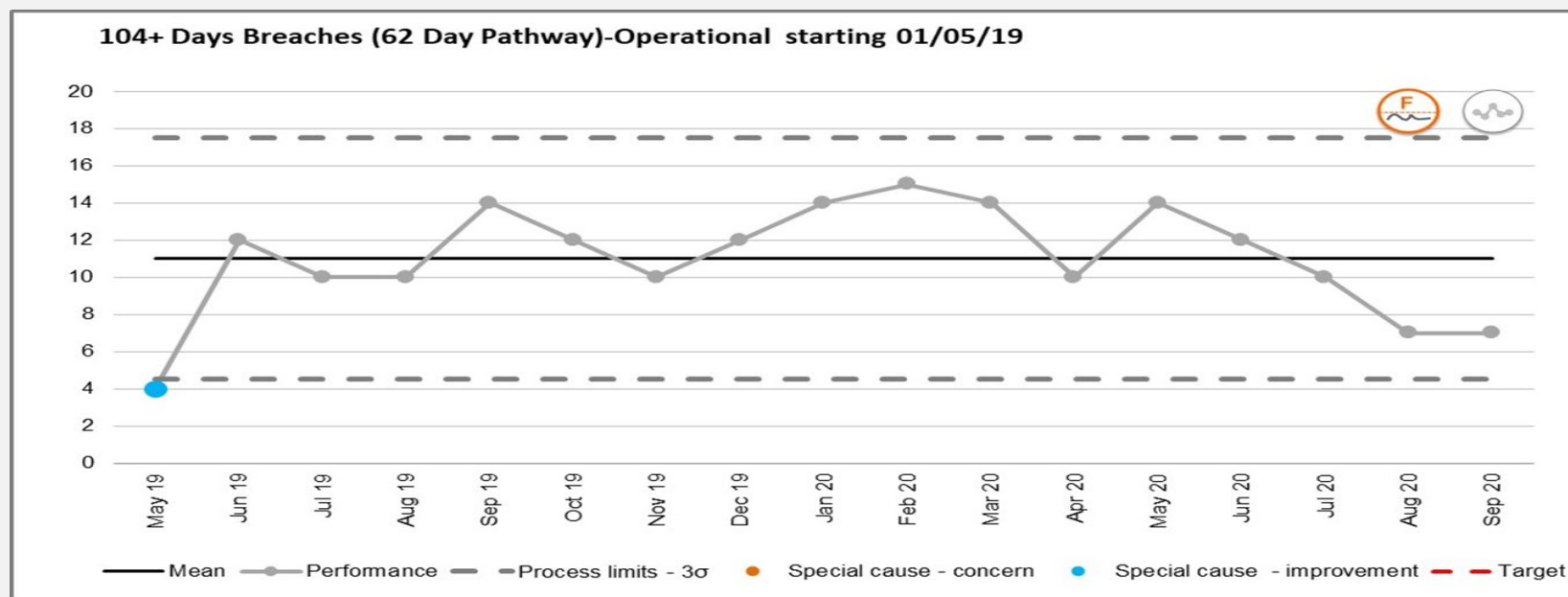
Cancer 62 Day September 2020



Sept 2020
80.88%
Variance Type
Normal variation with Special Cause
Target
85.00%
Target Achievement
Measure is not capable of meeting the target

Background	What the chart tells us	Issues	Actions	Risk 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.	<p>Complex pathways in many specialities</p> <p>Capacity does not meet demand (diagnostics a significant issues even prior to COVID)</p> <p>Critical Care capacity risks</p> <p>UHNM service now closed due to Covid levels (Urology, Upper GI, Lung)</p>	<p>Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure</p> <p>Endoscopy capacity review – 2WW patients allocated category on request of investigation</p> <p>Temporary CT and MRI scanners in use</p>	<p>Pathway Project Managers introduced to review pathways and implement efficiencies to assist compliance with targets</p> <p>Cancer Performance and Assurance Meetings on-going chaired by Deputy COO</p> <p>West Mids Cancer Hub taking referrals for surgery</p>

104 Day breaches – September 2020



The following patients received their first definitive treatment for cancer after 104 days in Jun1 x Skin (230 days) - Patient choice - patient failed to engage with pathway on multiple occasions throughout pathway.

1 x UGI (104 days) - . Complex diagnostic pathway - repeat investigation needed. 28 days for OGD from request to report as investigation requested as routine. Subsequently upgraded on escalation.

1 x UGI (126 days) - Complex diagnostic pathway - multiple referrals between organisations for MDT discussions, investigations. Referral for treatment day 41. Treated day 126.

1 x Urology (108 days) - Diagnosis delayed for medical reasons - 45 days for TRUSB as patient had infection, delaying investigation. MRI requested without correct level of urgency for patient on a cancer pathway.

1 x Urology (109 days) - Treatment delayed for medical reasons - patient required cardiology involvement delaying TCI planning initially. Patient also required other medical treatment that further delayed surgery. Patient also had to stop this treatment, further delay incurred.

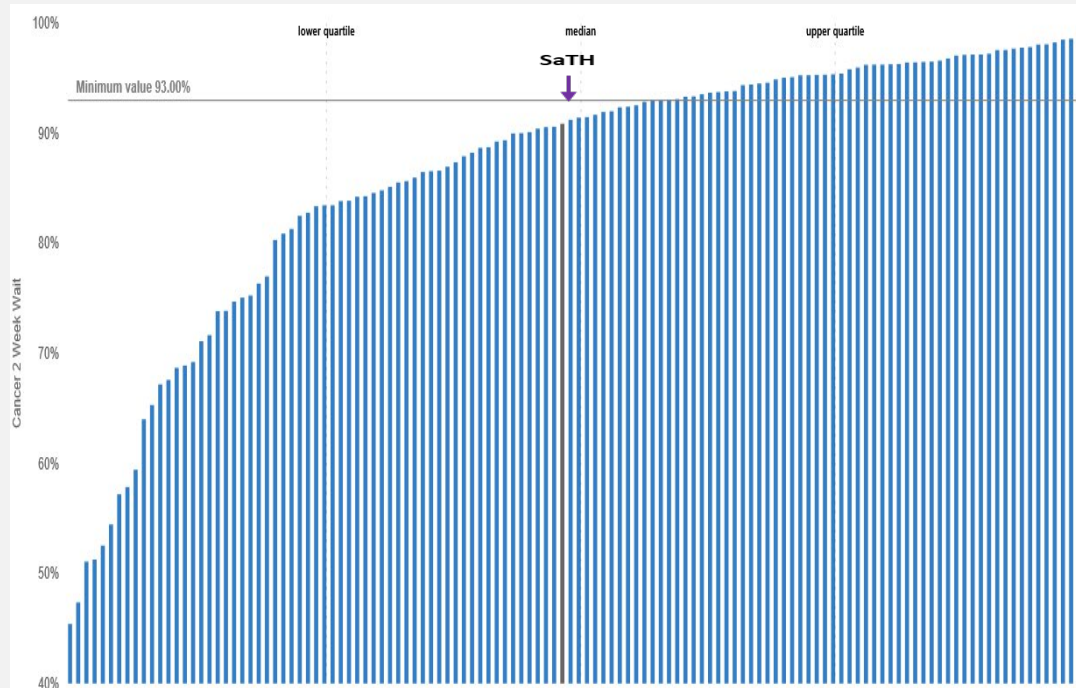
1 x Urology (218 days) - Diagnostics on hold as a result of COVID. 42 for TRUSB as a result. Late tertiary referral on day 114 (patient choice to request surgery at New Cross). Treated day 218 - capacity issues.

1 x Urology (156 days) - Diagnostics delayed as a result of COVID - investigations on hold early pathway and patient initially for repeat PSA in three months. Patient has infection requiring treatment. 14 days for OPA following MDT discussion.

e 2020 (the target for referral to treatment being 62 days):-

Cancer Benchmarking

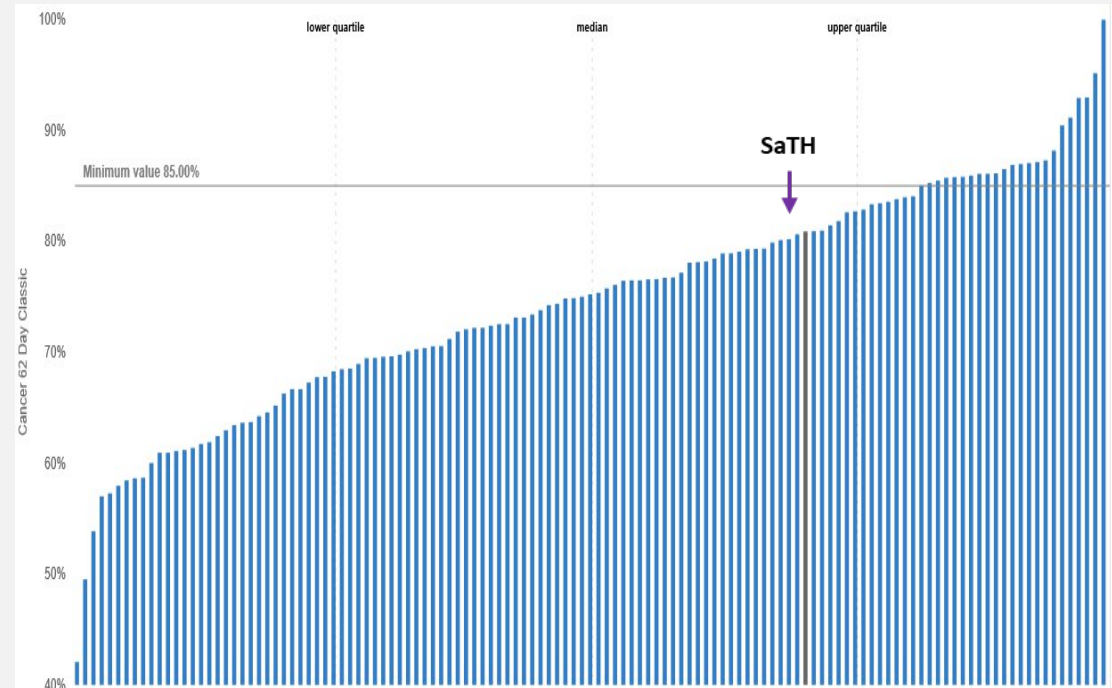
2 Week Wait Cancer Standard



The Trust ranked 64 out of 125 Trusts for its 2 Week Wait Cancer standard, the highest value was 98.82% and the lowest 45.41%.

The Trust's performance for September was 90.88%

62 Day Cancer Standard



The Trust ranked 37th out of 125 Trusts for its 62 day Cancer standard, the highest value was 100% and the lowest 42.05%.

The Trust's performance for September was 80.88%



Emergency Care

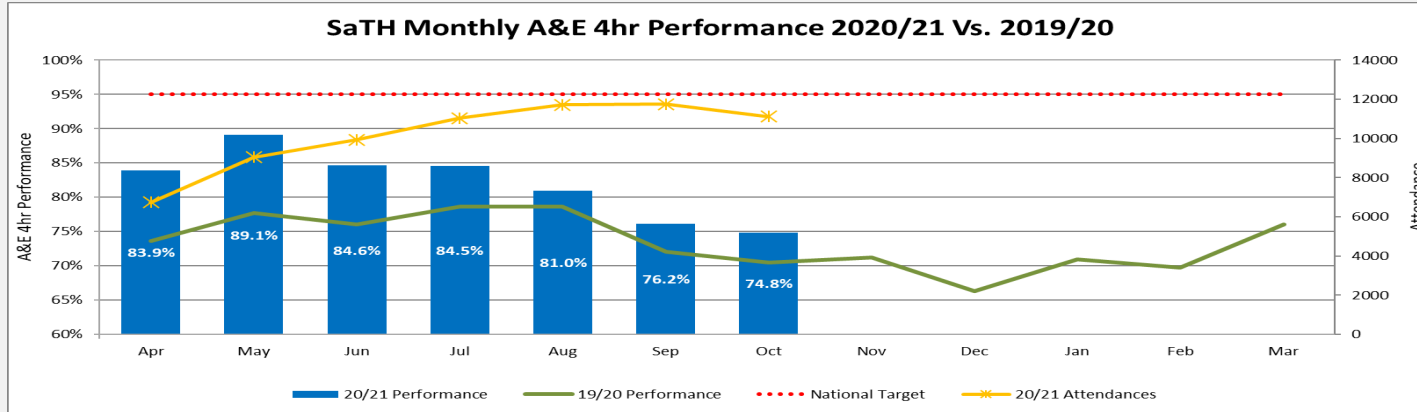
A&E

Ambulance

Flow



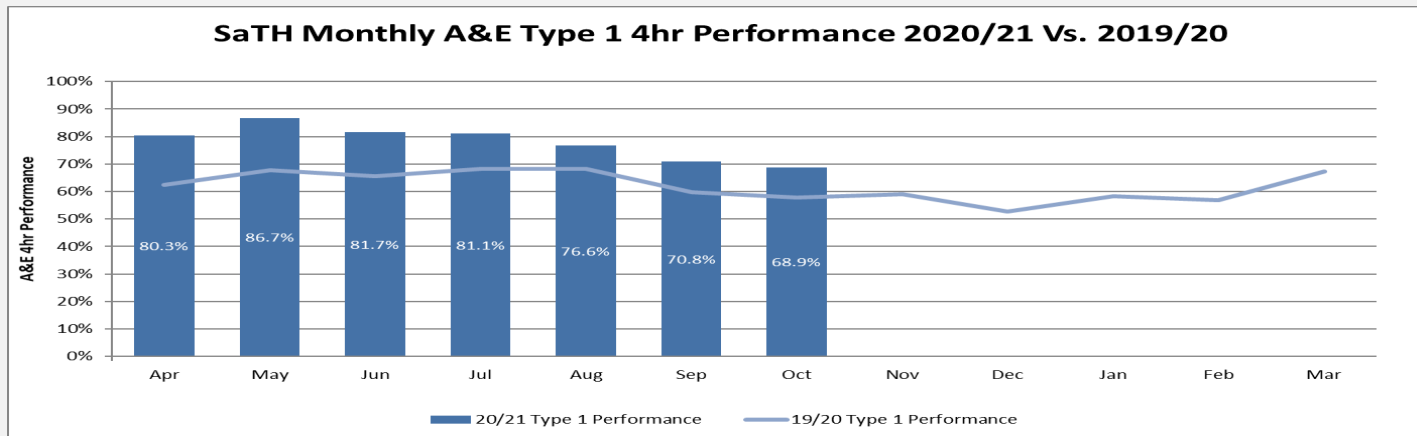
A&E Performance



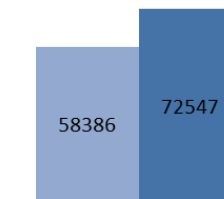
All sites combined performance for 4hr performance with MIU figures included

The A&E 4hr performance for Oct-2020 was 74.8%, an increase of 4.3% from Oct-2019

The YTD performance for 2020/21 is 81.59%, compared to the same time last year it was 74.8%

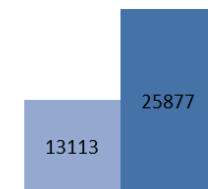


Type 1 YTD Attendance Comparison

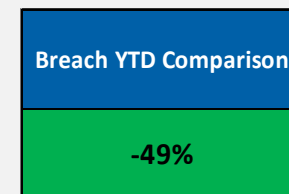
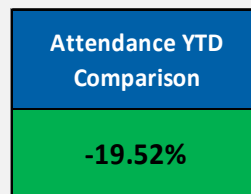
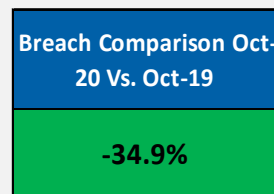
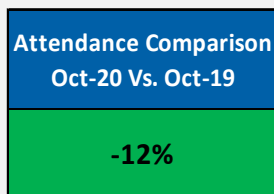


■ 20/21 Type 1 Attendances
■ 19/20 Type 1 Attendances

Type 1 YTD >4HRS Comparison

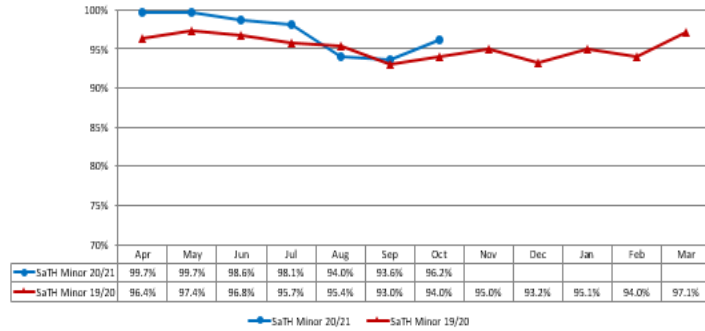


■ 20/21 Type 1 Breaches
■ 19/20 Type 1 Breaches



Minor & Major 4 Hour Performance

SaTH Minor (by location) Performance



Attendance Comparison
Oct-20 Vs. Oct-19

-43.4%

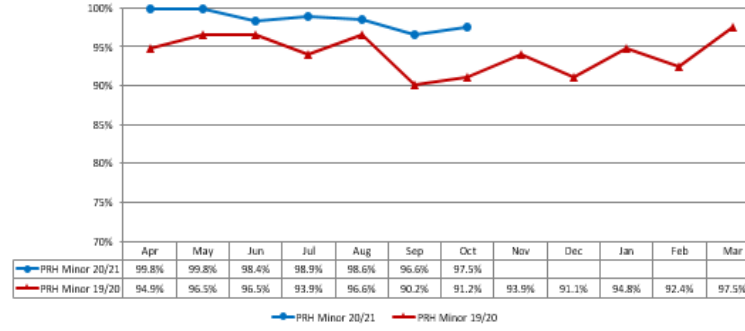
Breach Comparison
Oct-20 Vs. Oct-19

-64.3%

Performance Comparison
Oct-20 Vs. Oct-19

2.2%

PRH Minor (by location) Performance



Attendance Comparison
Oct-20 Vs. Oct-19

-51.5%

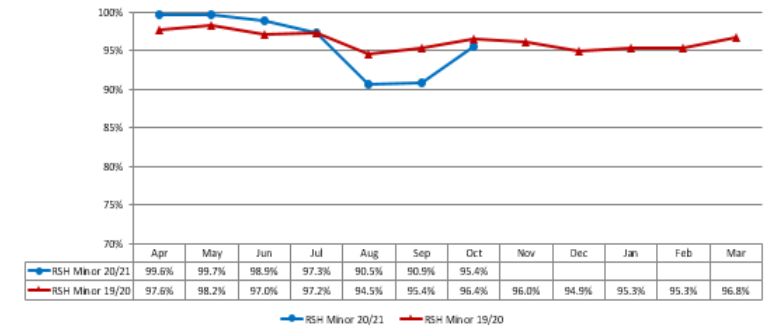
Breach Comparison
Oct-20 Vs. Oct-19

-86.3%

Performance Comparison
Oct-20 Vs. Oct-19

6.3%

RSH Minor (by location) Performance



Attendance Comparison
Oct-20 Vs. Oct-19

-36.7%

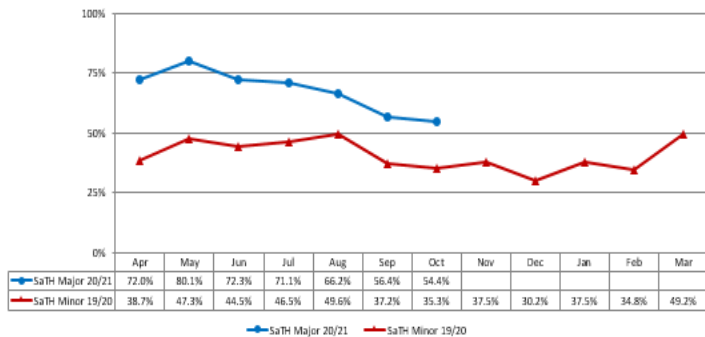
Breach Comparison
Oct-20 Vs. Oct-19

-19.2%

Performance Comparison
Oct-20 Vs. Oct-19

-1.0%

SaTH Major (by location) Performance



Attendance Comparison
Oct-20 Vs. Oct-19

-6.0%

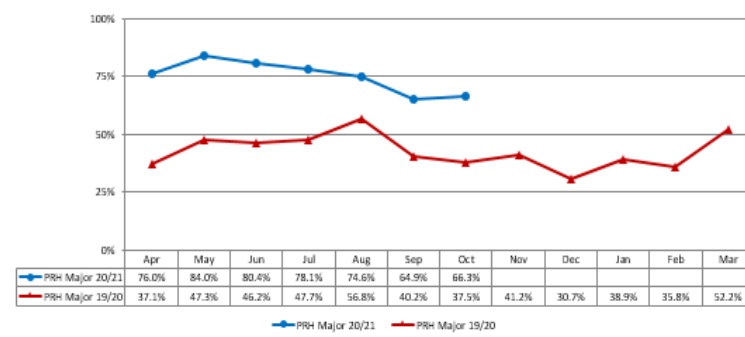
Breach Comparison
Oct-20 Vs. Oct-19

-33.8%

Performance Comparison
Oct-20 Vs. Oct-19

19.1%

PRH Major (by location) Performance



Attendance Comparison
Oct-20 Vs. Oct-19

-10.6%

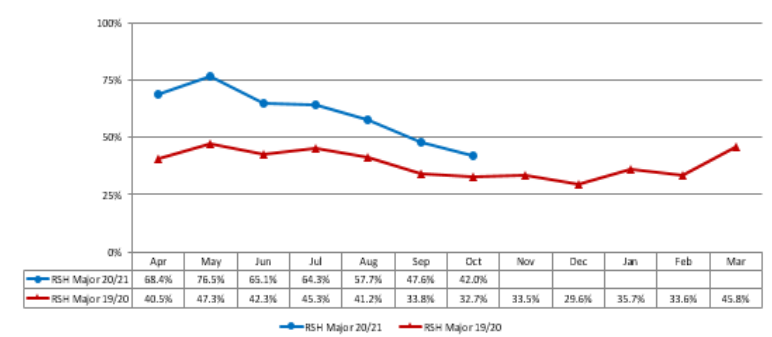
Breach Comparison
Oct-20 Vs. Oct-19

-51.8%

Performance Comparison
Oct-20 Vs. Oct-19

28.8%

RSH Major (by location) Performance



Attendance Comparison
Oct-20 Vs. Oct-19

-0.6%

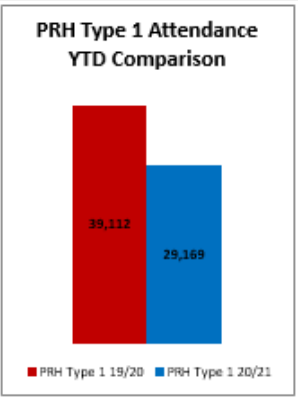
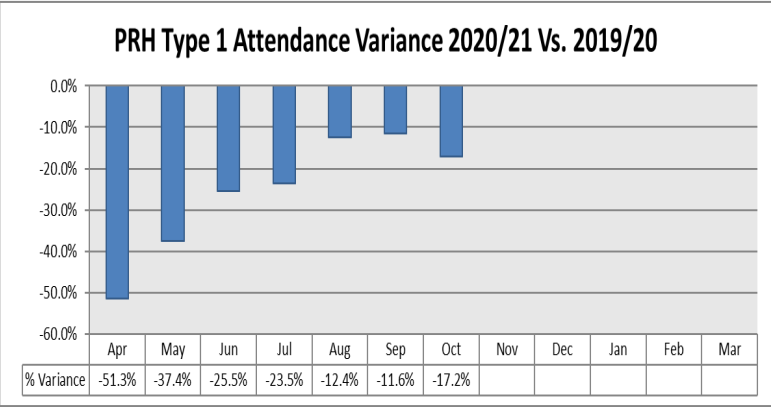
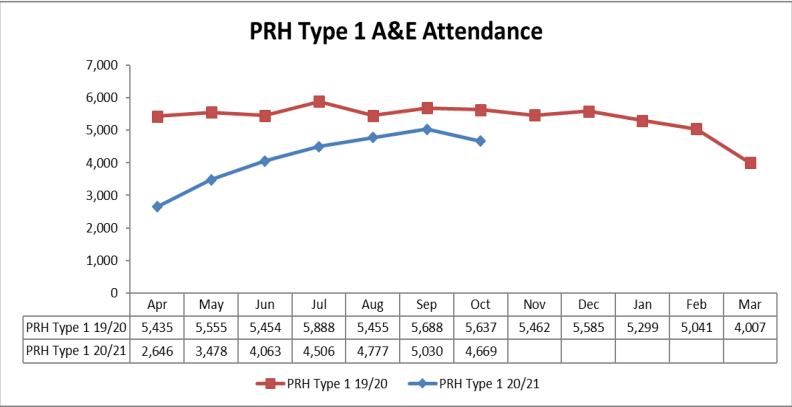
Breach Comparison
Oct-20 Vs. Oct-19

-14.2%

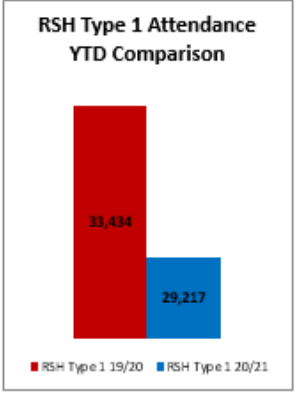
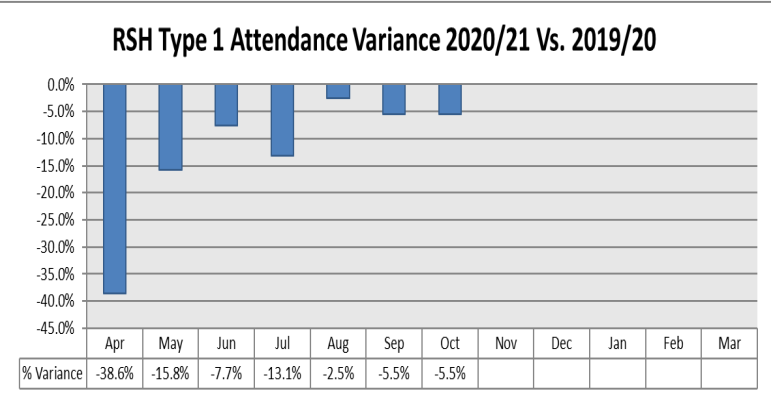
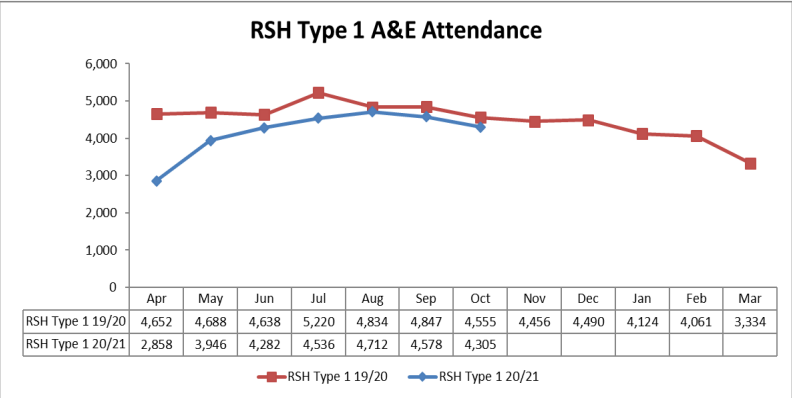
Performance Comparison
Oct-20 Vs. Oct-19

9.2%

A&E Attendances By Site

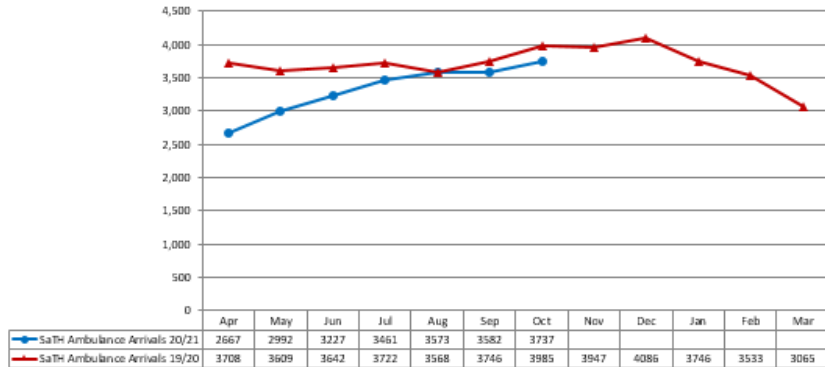


Attendances for patients arriving at Type 1 site which excludes MIU



Ambulance Arrivals

SaTH Ambulance Arrivals



Comparison
Oct-20 Vs. Oct-19

-6.2%

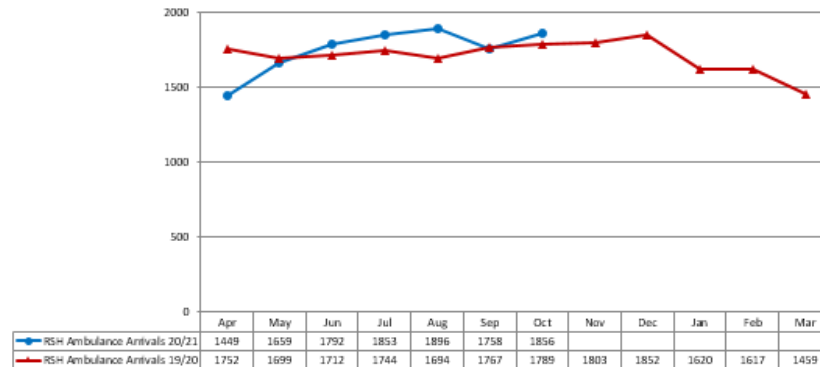
Comparison
Oct-20 Vs. Oct-19

-248

YTD Attendance %
Comparison

-10.6%

RSH Ambulance Arrivals



Comparison
Oct-20 Vs. Oct-19

3.7%

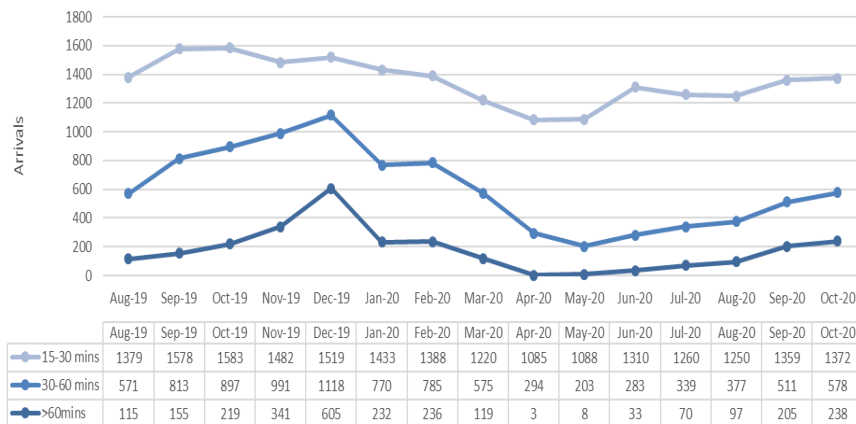
Comparison
Oct-20 Vs. Oct-19

67

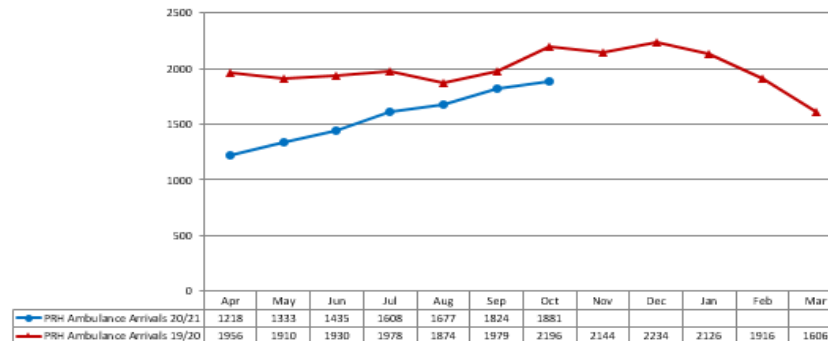
YTD Attendance %
Comparison

0.9%

Ambulance Handover Times



PRH Ambulance Arrivals



Comparison
Oct-20 Vs. Oct-19

-14.3%

Comparison
Oct-20 Vs. Oct-19

-315

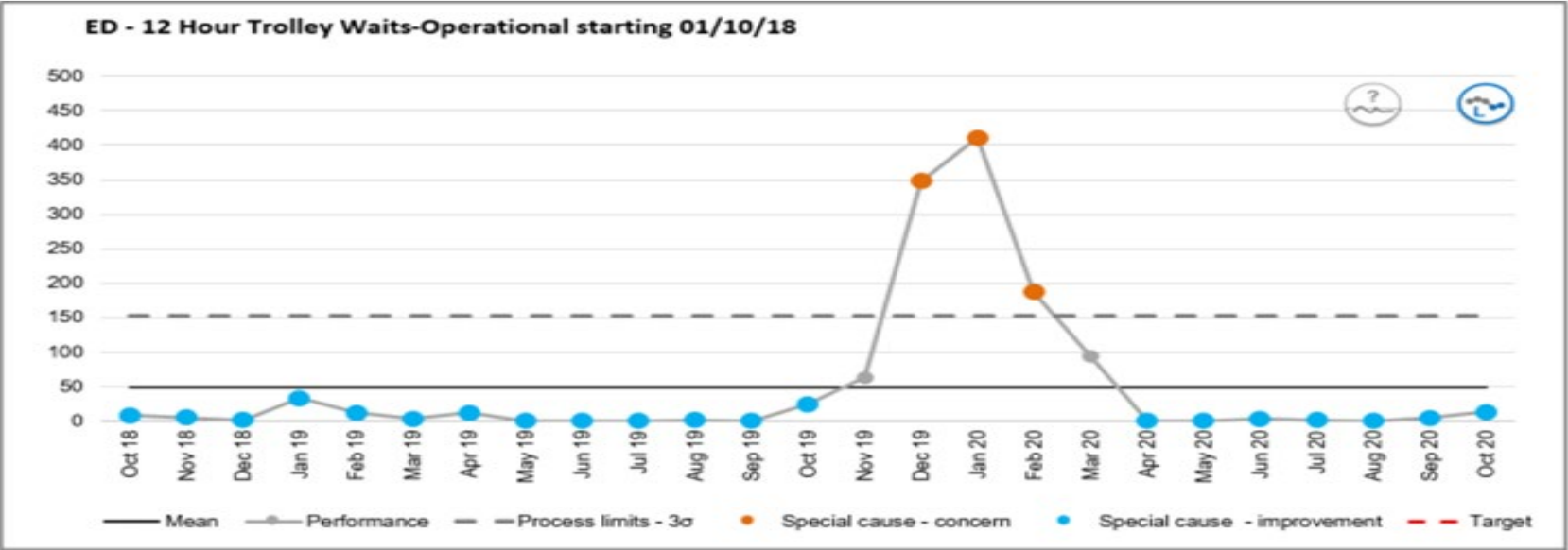
YTD Attendance %
Comparison

-20.6%

PRH has seen 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 change 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.

12 Hour Breaches

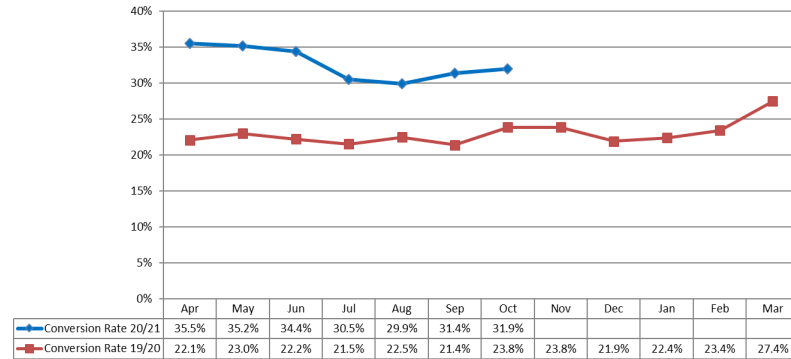


There were 13 x 12 hour Breaches. 1 at PRH and 12 at RSH for the month of October. The number of patients requiring admission both percentage and volume is greater that same month last year.

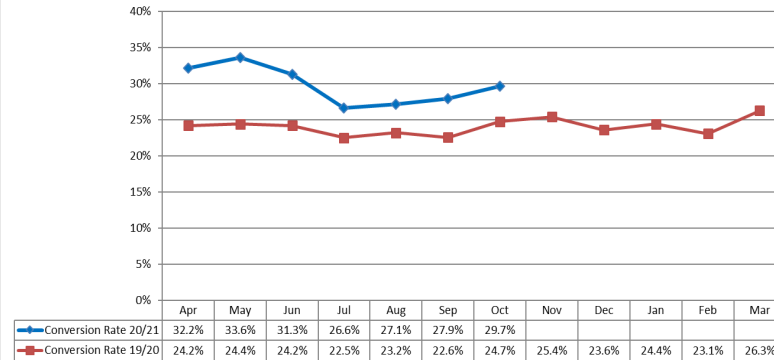
Background	What the chart tells us	Issues	Actions
Supporting patients to be directed quickly to the most suitable bed for their on-going care should mean patients do not remain in A&E longer than clinically necessary	Breaches of the 12 hour target are relatively infrequent , however a significant number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

Conversion Rate

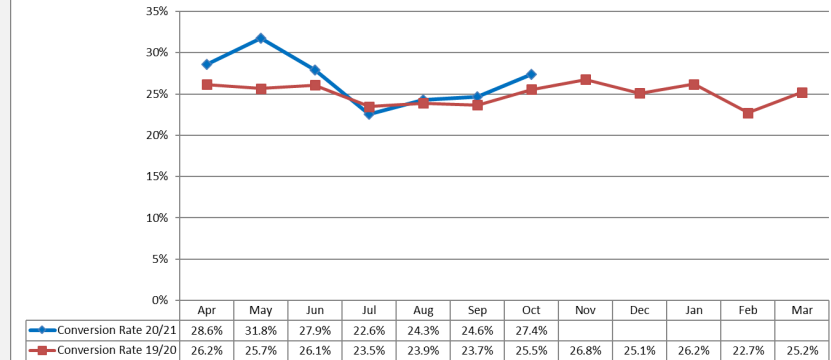
A&E RSH Conversion Rate



A&E SaTH Conversion Rate



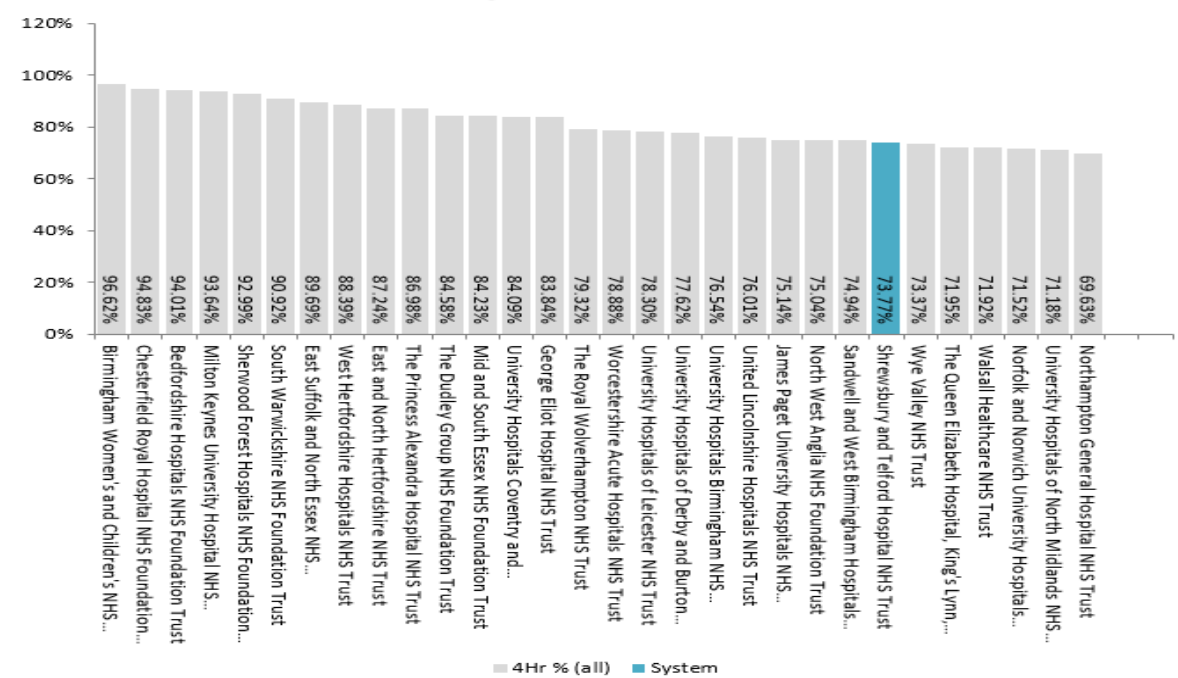
A&E PRH Conversion Rate



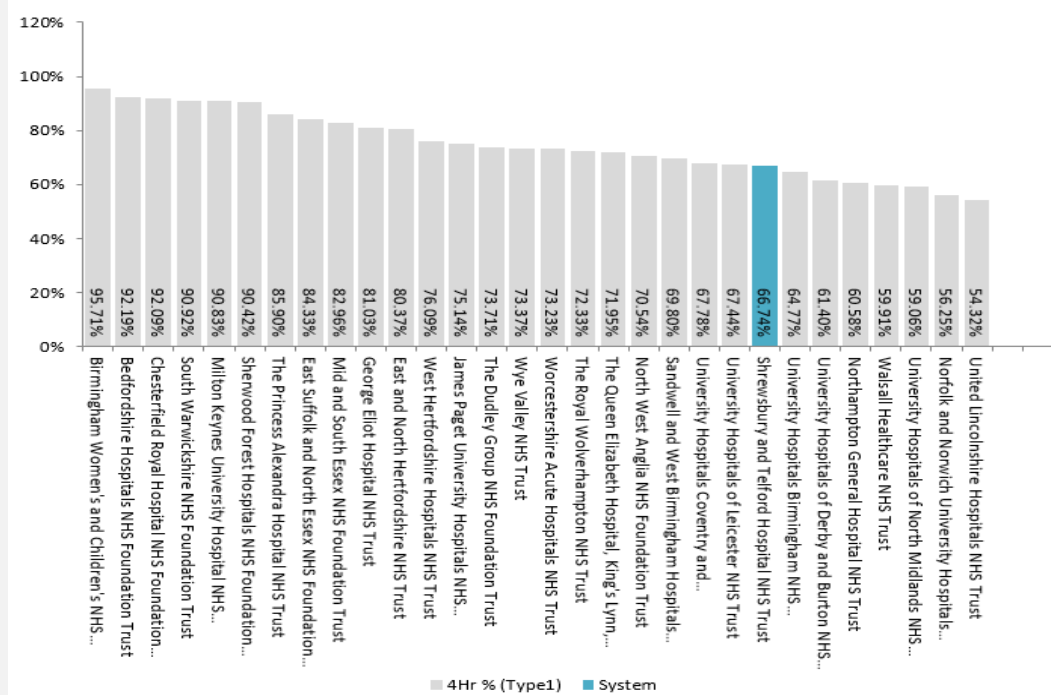
Month	SaTH 19/20			SaTH 20/21		
	Total Admissions Via A&E	Total A&E Attendance	Conversion Rate 19/20	Total Admissions Via A&E	Total A&E Attendance	Conversion Rate 20/21
Apr	2962	12243	24.2%	1828	5680	32.2%
May	3020	12383	24.4%	2494	7424	33.6%
Jun	2960	12225	24.2%	2608	8345	31.3%
Jul	3028	13441	22.5%	2444	9179	26.6%
Aug	2917	12574	23.2%	2640	9732	27.1%
Sep	2849	12623	22.6%	2718	9742	27.9%
Oct	3067	12399	24.7%	2789	9398	29.7%

Regional Performance

4hr performance - all



4hr performance - type 1 only



Regional Performance as at 31/10/2020 (UEC Dashboard ME Region)

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