

Board of Directors Meeting 7 January 2021

Information Pack Item	001/21			
Report	Integrated Performance Report			
Executive Lead	Chief Executive Officer			
√ tick only those applicable	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	√
√ tick / input only those applicable, usually only one	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: • Quality and Safety Assurance Committee on 23 December 2020			
Dependent upon (if applicable):	N/A			
Executive summary:	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. The Board of Directors is asked to NOTE the content of this report.			
Appendices	N/A			

Integrated Performance Report

1.0 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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2.0 Executive Summary

Louise Barnett, Chief Executive Officer

- During November, the Trust has been proactively responding to the peak of the second wave of the Coronavirus pandemic and preparing for the roll out of the Covid-19 vaccine. Overall bed numbers have been reduced as a result of social distancing and infection prevention and control measures and at the end of November:
 - the number of COVID positive patients in hospital beds was 54
 - the number of COVID positive patients in ITU was 7
 - the number of hospital beds unavailable or restricted was 80
- The increase in Covid-19 admissions peaked in the middle of the month resulted in the early activation of elements of our winter plan, leading to a loss of capacity in the day surgery unit at PRH. Despite the lower number of available hospital beds, our staff have worked hard to ensure that this impact is minimised and that the maximum number of beds are available for patients needing cancer treatment or requiring urgent surgery. As a result, elective activity exceeded our plan in November.
- We have also taken steps to increase the levels of outpatient, diagnostic and elective inpatient and day case activities. As a result, November outpatient activity recovered to 94% of the comparable period in 2019/20 and CT/MRI diagnostic activity exceeded that benchmark. The activity currently taking place is being prioritised towards those patients with greatest clinical need and we recognise that this does mean that patients with some routine conditions will experience longer waits. We are reporting a deterioration in our RTT overall performance and also an increase in the number of patients on our waiting lists.
- The 2nd wave of the pandemic has also resulted in increased staff absences, particularly due to Covid-19. We have employed more temporary staff this month to ensure that appropriate staffing levels are in place for all of our patients. In November, we saw our employed staff numbers rise, with vacancies falling to below 10% of the substantive workforce. Over time, our recruitment plans aim to sustainably reduce our reliance on agency staff through a variety of targeted initiatives.
- During the month we have seen the demand on our emergency departments return towards pre-covid levels and this, combined with the logistical challenges associated with IPC measures, has limited the speed of admission into our beds. As a result, we have recorded an increase in the number of 12 hour waits in ED and have seen a deterioration in ambulance handover performance. At the end of December, we will be enhancing our same day emergency care (SDEC) service at RSH and opening an additional 23-bed Priority Admissions Unit (PAU) in PRH, to support the assessment, early diagnosis, admission and discharge of our patients in a timely fashion. We are also working with partners to implement a multi-agency discharge event prior to Christmas aimed at further improving our patient flow.
- During November, the improvement and transformational initiatives identified in the Transforming Care 'Getting to Good' programme were consolidated into 25 key projects, and in November, 24 of the projects were reporting good or reasonable progress. Following on from the confirmation that £6m of funding had been approved in principle for the Trust to further develop plans for the Hospitals Transformation Programme, the Trust commenced work with an external provider to undertake a readiness assessment for the next stage of development. A draft report will be produced in January outlining key recommendations and revised timelines.

3.0 Overall Performance Dashboard

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception
Mortality									
HSMR	Sep 20	92.27	100.0	100			64	114	No
RAMI	Oct 20	98.3	100.0	100.0			58.9	121.5	No
Infection									
HCAI - MSSA	Nov 20	5	2*	2			-2	7	Yes
HCAI - MRSA	Nov 20	0	0	0			0	1	No
HCAI - c.Difficile	Nov 20	2	3.58**	3.58			-2	7	No
HCAI - E-coli	Nov 20	4		3.75			-2	11	Yes
Patient harm									
Pressure Ulcers - grade 2 and above	Nov 20	14	14	14			3	27	No
VTE	Nov 20	95.7%	94.1%	95.0%			93.0%	96.3%	No
Falls - per 1000 Bed Days	Nov 20	5.38		5.00			2.31	6.71	Yes
Falls - total	Nov 20	100	86	86			46	141	Yes
Falls - with Harm per 1000 Bed Days	Nov 20	0.11		0.2			-0.12	0.33	No
Never Events	Nov 20	0	0	0			-0.8	1.3	No
Section 28s	Nov 20	0	0	0			0	1	No
Slis	Nov 20	4	0	0			-3	11	Yes
Mixed Sex Breaches	Nov 20	29	0	0			-8	62	Yes
Patient Experience									
Complaints	Nov 20	50	n/a	58***			24	88	No
Complaints -acknowledged within agreed time	Nov 20	100%	100%	1			97%	102%	No
Complaints -responded within agreed time	Oct 20	61%		85%			51%	77%	Yes
Quality Compliance									
CQC transactional action plan compliance	Nov-20	92%	n/a	90%					Yes
Section 29a requirements delivered	Nov-20	62%	n/a	due Feb 2021					Yes
* 20% reduction on previous year ** CCG agreed target 43 for year *** 10% reduction on previous year									
Covid	Week Ending	Actual Month Performance							Exception
Covid-19 positive Inpatients	30.11.20	54							Yes
Covid-19 critical care beds occupied	30.11.20	7							Yes
Covid-19 patients with Oxygen	30.11.20	41							No
Covid 19 suspect patients with Oxygen	30.11.20	33							No
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	Exception
Activity									
ED activity (type 1)	Nov 20	8321		10097			7609	10945	Yes
Total Non Elective Activity	Nov 20	4114		5276			4007	5677	Yes
Outpatients Elective Total activity inc Nurse led and	Nov 20	51811		57947			36580	69430	Yes
Total Elective IPDC activity	Nov 20	4757		6059			3580	6850	Yes

Operational - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception
Elective Care									
RTT Waiting list -total size	Nov 20	27613	n/a	n/a			18723	22380	Yes
18 week RTT % compliance -incomplete pathways	Nov 20	60.0%	92.0%	92.0%			71.2%	83.8%	Yes
52 week breaches	Nov 20	1190	0	0			24	277	Yes
Cancer									
Cancer 2 week wait	Oct 20	87.6%	93.0%	93.0%			80.8%	97.7%	Yes
Cancer 62 day compliance	Oct 20	82.6%	85.0%	85.0%			61.6%	87.7%	Yes
Diagnostics									
Diagnostic % compliance 6 week waits	Nov 20	53.6%	99%	99%			67.7%	91.5%	Yes
Emergency Department									
ED - 4 Hour performance	Nov 20	73.5%	95.0%				67.0%	84.2%	Yes
ED - Ambulance handover > 60mins	Nov 20	251	0	0			-29	438	Yes
ED 4 Hour Performance - Minors	Nov 20	96.0%	n/a	95.0%			91.4%	99.4%	No
ED 4 Hour Performance - Majors	Nov 20	51.4%	n/a	95.0%			31.6%	62.9%	Yes
ED time to initial assessment (mins)	Nov 20	20	15	15			14	29	Yes
12 hour ED trolley waits	Nov 20	39	0	0			-53	151	Yes
Total Emergency Admissions from A&E	Nov 20	2490	n/a	n/a			2179	2969	Yes
Hospital Occupancy									
Bed Occupancy -G&A	Nov 20	83.0%	92.0%	92.0%			71.9%	95.8%	Yes
Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception
Activity									
WTE Employed* <i>*Contracted</i>	Nov 20	5642	n/a	6173			5221	5474	No
Total temporary staff -FTE	Nov 20	673	n/a	n/a			514	650	Yes
Staff turnover rate (excludes junior doctors)	Nov 20	0.82%	n/a	0.75%			0.01%	1.78%	Yes
Sickness absence rate Excluding Covid Related	Nov 20	4.23%	4%	4.0%			3.60%	5.01%	Yes
Appraisal Rate	Oct 20	85%	90.0%	90.0%			85.61%	90.41%	Yes
Vacancies (less than 10% of contracted WTE)	Nov 20	530	564	564			397	760	No
Statutory and Mandatory Training	Oct 20	86%	90.0%	90.0%			82.0%	88.0%	Yes

Finance - KPI	Target	Units	Target	Actual	Variance	Variance	Comment	Exception
I&E month	Surplus / (Deficit)	£M	(1.0)	(1.0)	0.0	0%	On track	No
Pay & Non-Pay Expenses month	Spend to plan	£M	(38.9)	(39.3)	-0.4	1%	On track	No
Cumulative capex	Under / (over) spend	£M	(16.9)	(8.4)	8.5	(50%)	At risk	Yes
Cumulative CIP delivery	Savings to plan	£M	n/a	0.7	n/a	0%	On track	No
Cash balances	Above minimum	£M	1.7	39.8	38.1	2241%	On track	No
7 day payments (% volume)	No target	%	n/a	32%	n/a	n/a	Note info	Yes
Elective Incentive Scheme payments	Reward / (penalty)	£M	0	0	0.0	0%	At risk	Yes
Exit expenditure run rate	No target	£M	n/a	498	n/a	n/a	Note info	Yes
Agency spend vs cap month	Spend not >ceiling	£M	(1.2)	(2.7)	(1.5)	125%	At risk	Yes

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

Transformational Programme –Getting to Good Progress	Previous month RAG Status	Current month RAG Status
Quality Strategy and Plan		G
Reducing Mortality and Excess Deaths		G
Quality / Regulatory Compliance	G	G
Maternity Transformation	A	A
Increasing Community Engagement		A
Quality Improvement Approach and Methodology		G
Leadership, Development and Education		G
Clinical Standards, Skills and Capability		G
Culture and Behaviours		G
Communication and Engagement	G	G
Recruitment & Retention	G	G
Urgent and Emergency Care	G	G
Restoration & Recovery	A	A
Digital transformation and Infrastructure		A
Physical capacity and estates development		G
Improve Service Sustainability	A	A
Reduction in face-to-face clinic appointments	A	A
System Improvement and integration plan		A
Develop OBC for Hospital Transformation programme	R	R
System Long Term Plan		G
Oversight, assurance, roles and accountabilities		A
Strong Financial Foundations	A	A
Performance data and analytics	G	A
Risk Management		A
Programme and Project Management		G

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 Higher numbers of mixed sex breaches arising from pressure on suitable bed capacity	<ul style="list-style-type: none"> Potential mixed sex accommodation issues escalated to Director of Nursing for review Datix completed for each breach Patient decisions made linked to the balance of clinical risk Priority given to re-establishing single sex accommodation post breach 	Further mitigations aimed at reducing the risk include: <ul style="list-style-type: none"> Additional 23 bedded capacity at PRH from Jan 2021 Additional SDEC capacity on RSH site to reduce admission pressures Multi-Agency discharge event learning applied to release capacity 	CRR10 Score: 20 CRR 11 score: 16 CRR 3 Score: 20 CRR 19 score:15
Covid-19 and recovery – potential 3 rd Wave of Covid-19 putting pressure on bedded capacity, critical care access and protected elective capacity	<ul style="list-style-type: none"> Surge capacity created and system trigger points for action determined Winter plans target increased admission avoidance Elective waiting list clinically prioritised Mobile diagnostics CT and MRI scanners on site 	<ul style="list-style-type: none"> Increase use of independent sector and RJAH Leverage community teams to avoid inappropriate admissions Increase therapy support for early supported discharge 	CRR3 Score:20 CRR 4 Score: 20 CRR 5 score:16 CRR 10 score:20

	<ul style="list-style-type: none"> • Use of the independent sector extended to March 2021 • RJAH utilisation for selected elective activity and diagnostics 		
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 retained on RSH site as a green pathway • Outpatient virtual activity via telephone and video taking place • Mobile scanners on site • Phased recovery plan being developed through operational planning process • Note loss of CT capacity in January and February while planned replacement scanner installed 	<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 • Cancer harm reviews taking place at 104 days on pathway 	CRR4 Score: 20 CRR5 Score:16
Operational Unscheduled Care performance is worse than plan for both 4 hour A&E, 12 hour trolley waits and ambulance handover delays	<ul style="list-style-type: none"> • Same Day emergency care (SDEC) pathway re-launched with newly appointed Clinical Director leadership • SDEC unit on the RSH site now open • 23-bedded patient assessment unit opening on PRH site January 2021 • Admission avoidance schemes commenced in November 2020 as part of the Winter Plan delivery • System-wide workstreams established to better support patient flow • Multi-agency discharge event undertaken with learning to be applied 	<ul style="list-style-type: none"> • Redesign internal processes to improve time to initial triage and time to be seen by a clinician • Apply learning from multi-agency discharge event 	CRR15 Score:16 CRR3 Score:20 CRR19 score:15
Workforce Sickness absence associated with covid is creating risk for service continuity and increasing	<ul style="list-style-type: none"> • Covid-19 lateral flow testing rolled out • 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

reliance on bank and agency staff			
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 	<ul style="list-style-type: none"> Enhanced bank scheme Implementation of Locums Nest 	CRR1 score: 16
Finance Elective incentive scheme has potential to create a financial pressure	<ul style="list-style-type: none"> Monitor performance against threshold Maximise levels of elective activity 	<ul style="list-style-type: none"> Potential mechanism for allocation across the system is being developed 	
Transformation Timely delivery of operational plan objectives	<ul style="list-style-type: none"> The status of 'Develop OBC for HTP' remains 'red' until exception report is approved All other programmes progressing in line with plans, risks to delivery being identified and mitigated CQC action plan now moving to phase 2. 92% of transactional actions have been completed in phase 1 of the plan. 	Mitigating actions for 'Develop OBC for HTP' include: <ul style="list-style-type: none"> Undertake readiness assessment for the next stage. A draft report will be produced in January outlining key recommendations and revised timelines Review and finalise key system assumptions that will be used to complete the strategic outline case and develop the business case Produce programme exception report with revised plan and timelines 	CRR 21 score:16 CRR22 score:16 CRR23 score:20

4.0 Quality Executive Summary

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

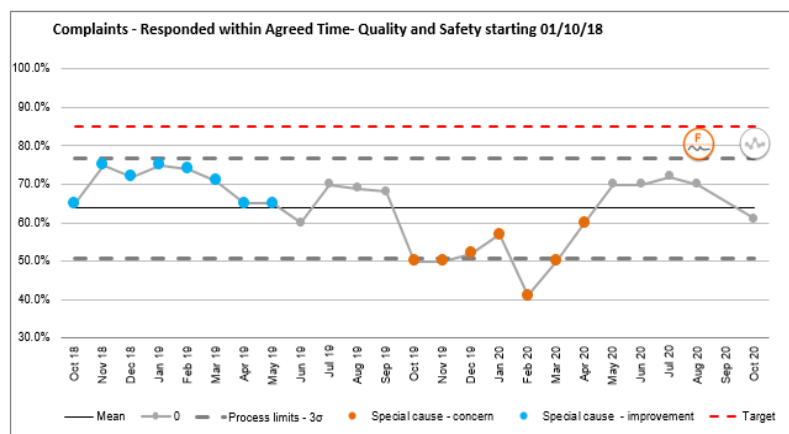
- Acknowledgement of complaints on receipt is continuing to perform well, however the response time to resolve complaints is a concern requiring focussed managerial and clinical time and increased prioritisation within the care groups to deliver improvement. Timelines for improvement cannot be confirmed as staff time continues to be stretched in managing the impact of the pandemic.
- VTE performance for the 4th consecutive month shows delivery of the target, suggesting that the actions taken are having a sustained impact on improving patient care in this area.
- There were 4 Serious Incidents reported this month and zero never events. Two of the SIs related to fractured neck of femurs following in-patient falls, one relates to a deterioration from a grade 2 to a grade 4 pressure ulcer while an inpatient, and one relates to a delayed outpatient diagnosis resulting in an admission with acute pancreatitis.
- There were 14 pressure ulcers at grade 2 or above this month. Whilst this is not an exceptional total number, one of those was a grade 4 pressure ulcer (which is exceptional) and has therefore been reported as an SI.
- The trust has delivered zero MRSA hospital acquired infections for 18 consecutive months. This month the level of MSSA rose to 5, which remains within the tolerances associated with year end targets but increases the risk to the delivery of that target. Two of these cases were associated with the use of devices.
- Two cases of c.Diff and 4 cases of E.coli were reported this month. The E.coli cases were not related to catheter care.
- The number of falls remains a key area of focus for improvement, as this is the highest volume of safety incidents reported in the Trust. Falls resulting in moderate or severe harm continue to feature in the Trust's SIs each month and have a significant impact on patients experience and outcomes.
- The number of mixed sex breaches is rising, especially if we consider the number arising from the measures needed to cohort covid-19 positive and covid-19 contact patients safely. Actions have been taken to ensure escalation to the Director of Nursing for discussion prior to the breach occurring.
- The mortality measures are showing performance better than the reference benchmark and so have not been reported as an exception at this point.

5.0 Quality Dashboard

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception
Mortality								
HSMR	Sep 20	92.27	100.0	100		64	114	No
RAMI	Oct 20	98.3	100.0	100.0		58.9	121.5	No
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Complaints -acknowledged within agreed time	Nov 20	100%	100%	1		97%	102%	No
Complaints -responded within agreed time	Oct 20	61%		85%		51%	77%	Yes
Quality Compliance								
QCC transactional action plan compliance	Nov-20	92%	n/a	90%				Yes
Section 29a requirements delivered	Nov-20	62%	n/a	due Feb 2021				Yes

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

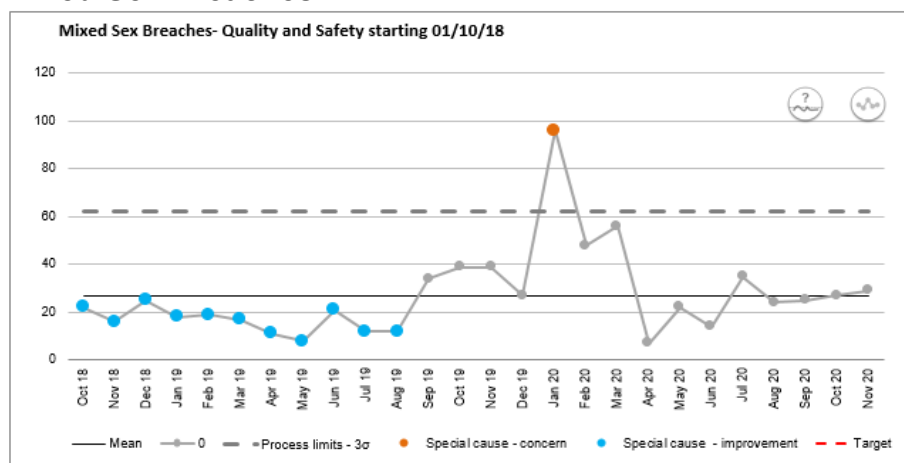
Complaints – Responded within Agreed Time



October 2020 actual performance	
61%	
Variance Type	
Common Cause Variation	
National benchmark	SaTH internal target
85% compliant with time agreed with complainer	85% responded to within 30 days of receipt
Target/ Plan achievement	
No assurance - target is not capable of being achieved with present processes	

Background	What the Chart tells us:	Issues	Actions	Mitigations
It is important that patients raising concerns have these investigated and the outcomes responded to in a timely manner as well as the Trust learning from these complaints	The target of 85% responses within the agreed time is not within the process control limits and so will not be reliably achieved without process re-design	Prioritisation of clinical and managerial time to fully investigate and respond	Regular meetings with Senior Care Group Managers to review open cases Processes being revised to enable greater engagement from Care Groups at start of complaints process	Complainants kept regularly updated by Complaints Team when responses are late.

Mixed Sex Breaches



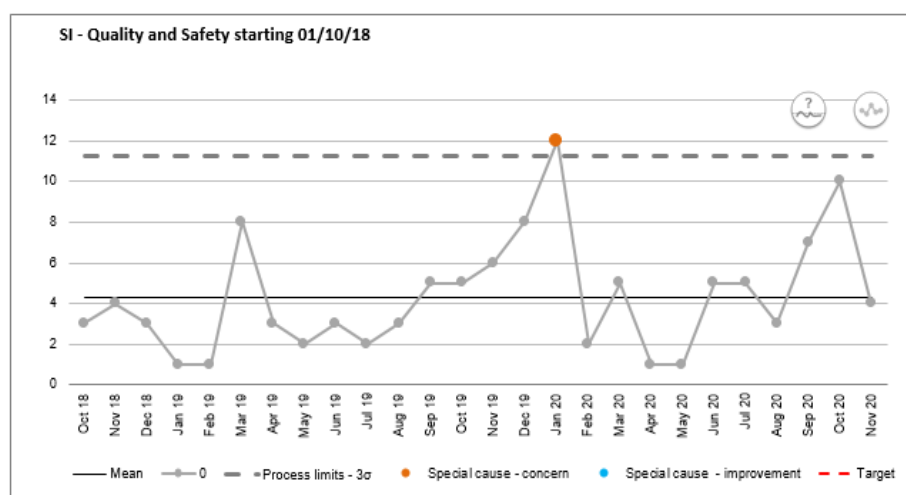
November 2020 actual performance
29 (unvalidated, excluding Covid-19 related breaches)
Variance Type
Common Cause variation
Target
0
Target/ Plan achievement
It is unlikely that this target will be achieved at present due to managing the safe cohorting of Covid patients and the needs for specialty and CCU beds

Background	What the Chart tells us:	Issues	Actions	Mitigations
Mix sex accommodation of patients on wards should be avoided to support patient dignity	The number of mixed sex breaches is within common cause	<p>Mix sex breaches arise when bed occupancy increases and the following clinical situations arise:</p> <ul style="list-style-type: none"> Admitting to specialist beds Releasing ITU capacity <p>Management of patients due to Covid-19 infection prevention measures</p>	<ul style="list-style-type: none"> Escalation of potential breaches to Director of Nursing in-hours and Gold out of hours. Datix to be completed for each approved occurrence. To be reported daily on the site reports by the CSMs Care Groups to improve their understanding of circumstances leading to mixed sex breaches (and measures to avoid). 	Clinical risk assessment undertaken before any breach

November's mixed sex breaches by location

Location	Number of breaches	Additional Information
HASU/Ward 16 (PRH)	3	
ITU/HDU (RSH)	12	7 medical, 5 surgical
ITU/HDU (PRH)	5	All medical
SAU (RSH)	5	
CCU (RSH)	3	
CCU (PRH)	1	
Covid-19 related (PRH)	30	19 H&N/DSU 11 Ward 11
Covid-19 related RSH	8	5 ward 25 1 ward 32 2 WARD 28

Serious Incidents & Never Events

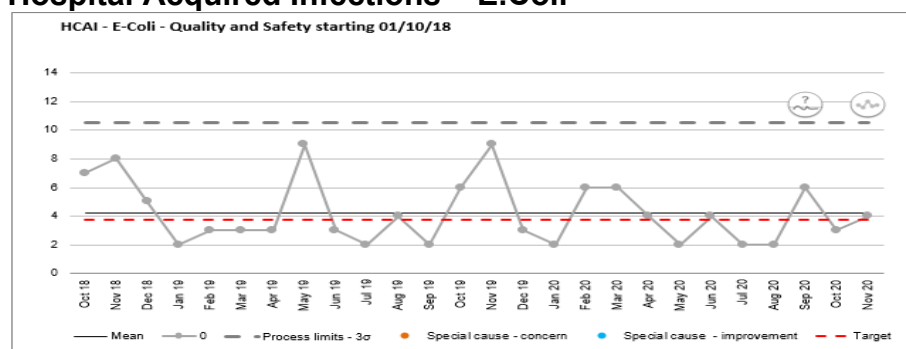


November 2020 actual performance
4
Variance Type
Common Cause Variation with special cause in Jan 2020
Standard
No target set, however it is recognised that all SIs should be avoided
Target/ Plan achievement
Significant unpredictable variation each month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Serious Incidents are events where learning is important to mitigate against risk of recurrence	The variation in the number of reportable SIs is considerable, with the mean being around 4 SIs per month.	<p>It is important that an open culture of reporting exists to create the opportunity to learn from events.</p> <p>A recurring theme is falls resulting in moderate to severe harm.</p> <p>The Covid-19 outbreaks are being treated as a single SI.</p>	<p>Thematic reviews</p> <p>Investigation within target deadlines</p> <p>Embed learning from incidents</p>	<p>Rapid review of near misses and incidents</p> <p>Early identification of theme</p> <p>Early implementation of actions</p>

SI themes	Number occurring this month
Falls with moderate or severe harm – fractured neck of femur	2
Category 4 Pressure Ulcer	1
Delayed diagnosis following delay to OPD – admitted with pancreatitis	1
Total	4

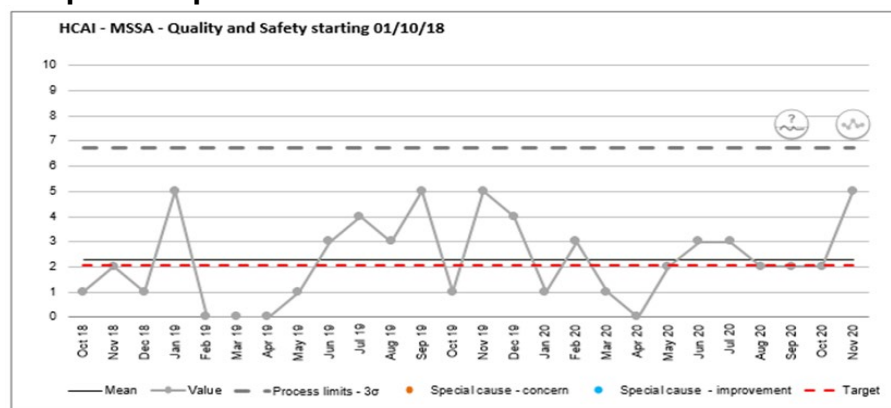
Hospital Acquired Infections – E.Coli



November 2020 actual performance
4
Variance Type
Common Cause Variation
Local Target
20% Reduction from previous year
Target/ Plan achievement
Target for 2020/21 is no more than 44 cases

Background	What the Chart tells us:	Issues	Actions	Mitigations
Reducing (and eliminating) hospital acquired infections is a key objective for all health providers	<p>There were 4 cases of E.Coli in November 2020.</p> <p>There have been 28 cases against a target (by month 8) of 29 cases</p>	To ensure that cases are not catheter associated urinary tract infections (CAUTI)	<p>RCAs for any CAUTI</p> <p>No cases were considered to be device related in November 2020</p>	<p>Catheter Care Group in place to ensure improvements</p> <p>Catheter care plan is being developed</p>

Hospital Acquired Infections - MSSA



November 2020 actual performance
5
Variance Type
Common Cause Variation
Local Target
19/20 Less 20% (≤24 cases)
Target/ Plan achievement
Monthly variation in performance does not provide assurance of year end delivery.

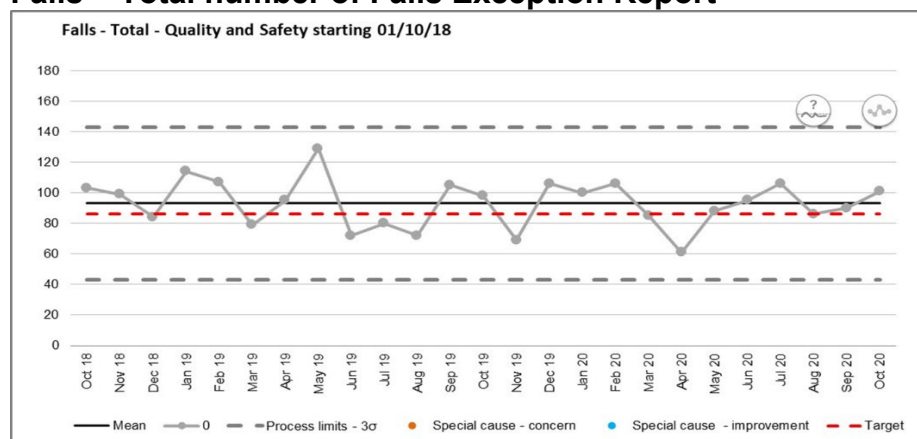
Background	What the Chart tells us:	Issues	Actions	Mitigations
Reducing (and eliminating) hospital acquired infections is a key objective for all health providers	There were 5 cases of MSSA in November 2020. YTD there have been 19 cases against a full year target of no more than 24 cases	<p>Increase in cases this month, with highest number of cases reported in 2020/2021 YTD. This level of increase puts the full year trajectory at increased risk.</p> <p>2 cases were considered to be device-related</p> <p>Issues will be identified through RCA investigations</p>	<p>RCAs for all MSSA bacteraemia</p> <p>RCAs are undertaken by IPC and the clinical teams to identifying any deficits in care, actions and learning</p>	Daily monitoring of Visual Infusion Phlebitis Scores (VIPs)

Falls Exception Report

There are 3 measures reported associated with in hospital falls:

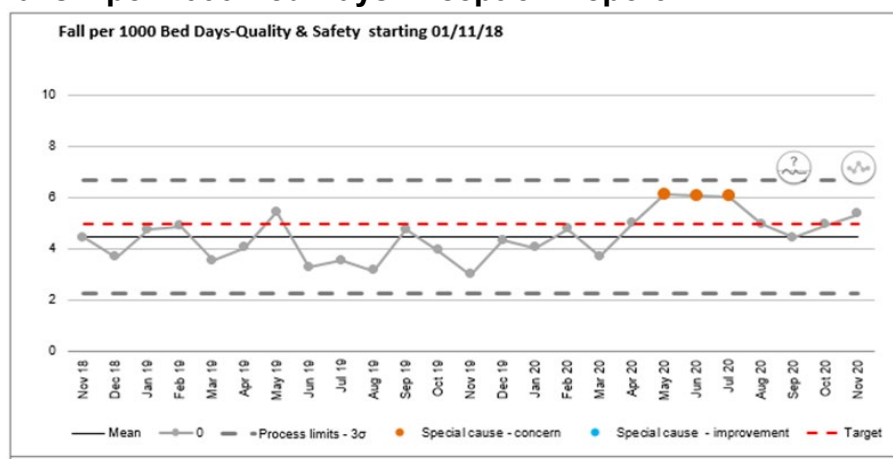
- Total number of Falls
- Number of falls per 1000 occupied bed days
- Number of falls per 1000 occupied bed days resulting in moderate or severe harm.

Falls – Total number of Falls Exception Report



November 2020 actual performance
100
Variance Type
Common Cause
National Standard
86
19/20 Total less 7%
Target/ Plan achievement
The target is within the process control limits which combined with the scale of variation makes delivery unreliable

Falls – per 1000 Bed Days Exception Report



November 2020 actual performance

5.38

Variance Type

Common Cause Variation

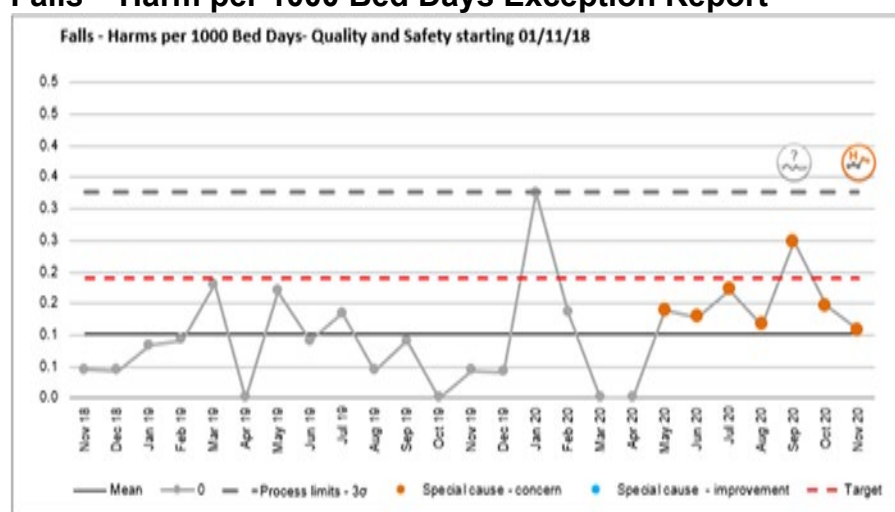
National Standard

5.0

Target/ Plan achievement

The target is within the process control limits which combined with the scale of variation makes delivery unreliable

Falls – Harm per 1000 Bed Days Exception Report



November 2020 actual performance

0.11

Variance Type

Special Cause due to 7 consecutive data points above the mean

National Standard

0.19

Target/ Plan achievement

Performance better than target has been delivered for 7 of the 8 months in 2020-21, however upper control limit remains above target

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>Falls amongst inpatients are the most frequently reported patient safety incident in the Trust.</p> <p>Reducing the number of patients who fall in our care is a key quality and safety priority</p>	<p>Although the Trust remains better than the national standard, falls per 1000 bed days in 2020/2021 YTD is higher than in the previous year, as is the number of these falls resulting in moderate or severe harm.</p>	<p>Delivering training to all ward staff</p> <p>Consistent completion of ALL risk assessments and documentation</p>	<p>Cohorting of patients at risk of falls and use of tagging in cohorted bays</p> <p>Use of colour coded wrist bands</p> <p>Review of all falls in the last 24 hours regardless of harm</p> <p>Weekly falls review meetings with falls practitioner, quality matron and patient safety team</p> <p>All falls (that are SIs) reviewed at NIQAM (Nursing Incident Quality Assurance Meeting)</p>	<p>Falls training</p> <p>Daily review of falls and feedback to clinical teams</p> <p>Falls Prevention Plan</p>

Quality Improvement Actions Update

Key Outcome	Measure	RAG	Comments
Deliver all transactional actions in the quality compliance action plan by Dec.2020	>90% of actions completed		
Meet the requirements of the section 29a and reduce the number of S31 conditions	All section 31 lifted		Trajectories for achievement have been identified for each S31. 2 conditions in maternity were lifted in October with plans for a further 8 to be lifted by March 2021. Work is underway to ensure the actions required under S29a are embedded as business as usual processed to demonstrate improvement by Feb 2021
Establish confirm and challenge process as BAU to drive and assure delivery of the action plan in June 2020	Regular C&C meetings taking place		Complete
Systems and processes in place to provide ongoing assurance of quality compliance by Sept.2020	Assurance process in place		Complete

Actions due for delivery in reporting month

Finalise safeguarding theme. Care Groups to provide narratives on work completed	Metrics aligned to the Safeguarding Action plan and reported through safeguarding governance framework		Complete
Focus on actions and programmes of work for End of Life	Key metrics to be monitored via the end of life care group		Complete

6.0 Covid-19 and Recovery Executive Summary

Mr Nigel Lee, Chief Operating Officer

- Throughout November, the number of patients admitted with Covid-19 has remained above 50 each day, rising to over 80 patients during the peak of the 2nd wave in the middle of the month. During the month, Critical Care bed occupancy reached Critcon level 1 on several occasions and we also provided mutual aid to other critical care units within the Midlands.
- While the number of Covid +ve inpatients reduced towards the end of the month, patient numbers have not reverted to the lower levels we experienced after the first wave.
- In addition, a number of outbreaks occurred during November resulting in bed closures to reduce the risk of infection to other patients. The reductions in overall bed availability meant that winter plan actions were triggered earlier than planned, reducing elective admissions for routine priority 3 and 4 patients. Additional bed capacity was created for Covid+ve patients (above the 52 beds allocated in our winter plans), with 2-3 covid-19 wards operating on both RSH and PRH sites at times during the month.
- We have maintained a low risk green pathway for urgent surgery at the RSH site and have performed elective activity through the vanguard unit, Euston House for cataract surgery and by increasing utilisation of the Nuffield hospital. As a result of these actions, we have delivered our combined elective inpatient and day case activity plans in November, however activity remains significantly lower than 2019-20 levels and below the national phase 3 recovery target.

7.0 Covid-19 and Recovery Dashboard

Covid	Week Ending	Actual Month Performance					
Covid-19 positive Inpatients	30.11.20	54					
Covid-19 critical care beds occupied	30.11.20	7					
Covid-19 patients with Oxygen	30.11.20	41					
Covid 19 suspect patients with Oxygen	30.11.20	33					
Restore and Recovery - KPI	Latest month	Actual Month Performance	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit
Activity							
ED activity (type 1)	Nov 20	8321	10097			7609	10945
Total Non Elective Activity	Nov 20	4114	5276			4007	5677
Outpatients Elective Total activity inc Nurse led and	Nov 20	51811	57947			36580	69430
Total Elective IPDC activity	Nov 20	4757	6059			3580	6850

Covid-19 continues to circulate in our communities resulting in both hospital and Critical Care admissions at a time when we also expect to see increased admissions due to winter conditions and have limited capacity for the increasing number of P2 and long waiting elective patients.

Our priority is to keep our patients and staff safe and therefore social distancing and PPE must be maintained resulting in cohorting of patients within our bed base to low risk green zones for cancer and urgent surgery, amber / medium risk zones for non-elective patients and red zones for covid-19 positive patients.

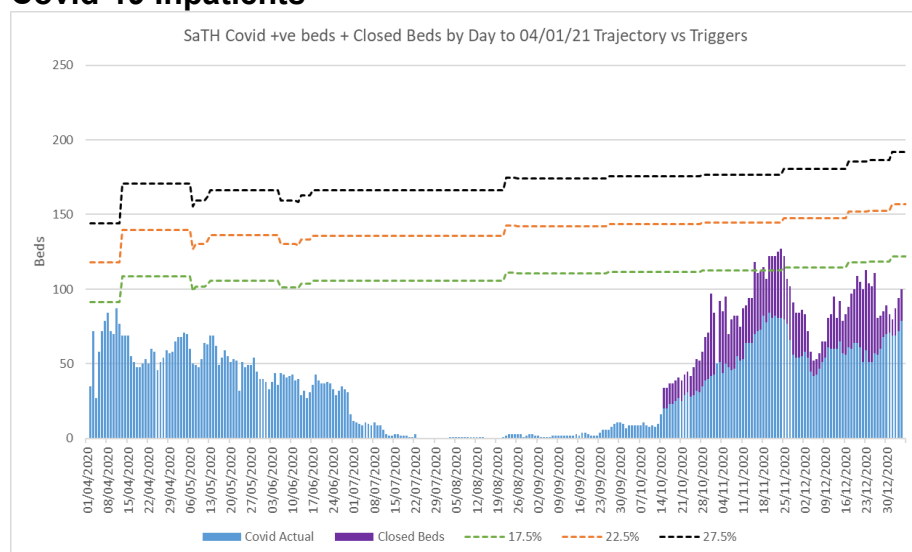
In addition we have a number of beds closed due to outbreaks and a number of beds unoccupied but unavailable for general use due to either their location within red or green zones, their specialty nature or staffing absences due in part to the impact of covid-19 . Our levels of covid-19 occupied beds remains above the 52 beds originally planned for the winter covid-19 response. We can therefore expect any 3rd wave in January will be starting from a higher base of already occupied covid-19 beds

Since the time of this report work across the health care system has agreed the following 8 trigger points for additional actions.

1. Critical Care bed occupancy
2. Covid+ve and covid closed bed occupancy as proportion of our 96% bed occupancy
3. Overall occupancy of available beds
4. Staff absence rates (Acute or Community exceeds 20%)
5. Demand for rapid response Telford or Admission avoidance schemes reach level 4 with caseload or new referrals having to be supported through A&E
6. Community Interdisciplinary Teams level 4 with caseload or new referrals having to be supported through A&E
7. Community Hospital bed occupancy exceeds 96%
8. Minor Injuries Units staffing levels reduced by >20%

Actions arising from these trigger points being reached include increased use of mutual aid from system partners, re-deployment of staff to support, change in bed designation to increase capacity for covid-19 or unscheduled care demand, and temporary re-location of some services.

Covid-19 Inpatients



30th November 2020 actual performance

54

Variance Type

In the second wave of covid-19 an increase in both covid+ve and patients being managed as covid suspect patients as well as a number of beds temporarily closed due to covid-19

National Target

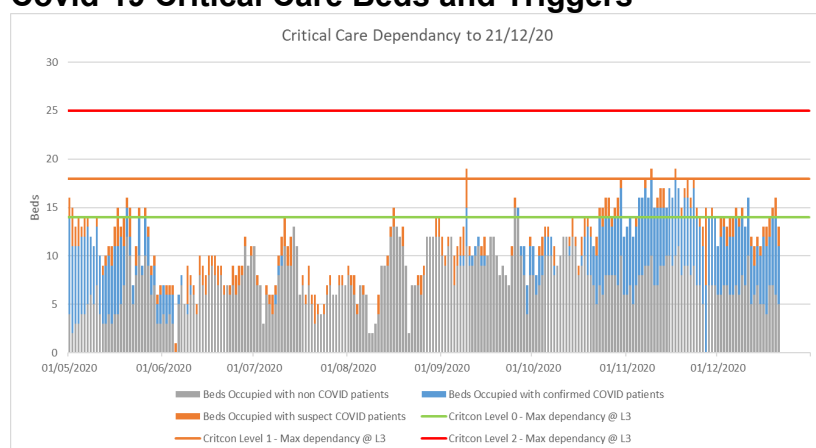
n/a

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.	The chart demonstrates the daily change in number of admitted covid+ve patients, patients admitted and the beds closed due to covid-19 contacts. At the peak in November the over 17% of our beds were affected by Covid-19. The graph shows the peak of the 2 nd wave has reduced but admissions remain higher than pre the second wave as we enter the winter period.	Capacity to meet needs of Covid-19 patients reduce flexibility of flow for unscheduled care and elective care activity Significant temporary bed reductions due to managing Covid-19 outbreaks reducing our available bed capacity Level of beds affected resulted in early triggering of the winter plan, with resulting loss of routine elective P3 and P4 inpatient and day case activity	System wide plan developed Daily Covid-19 reviews Outbreak management PRH DSU converted to ENT ward to releasing ward for covid patients Elective surgery priority given to P1 & P2 patients	Surge capacity System capacity and staffing

Covid-19 Critical Care Beds and Triggers



30th November 2020 actual performance

7 covid +ve patients in critical care

Variance Type

High proportion of Critical Care Capacity being used to manage Covid-19 patients

National Target

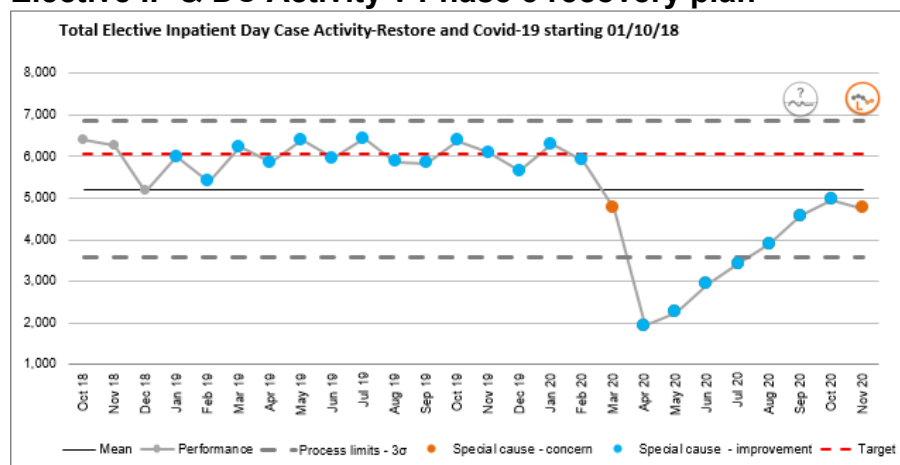
n/a

Target achievement

n/a

Background	What the Chart tells us:	Issues	Actions	Mitigations
The second wave of Covid-19 is increasing pressure on hospital beds. The available critical care bed capacity is impacted by needing to ensure within this bed base that covid, covid-suspect and non-covid patients are separated	There are occasions where the combined bed occupancy in critical care is reaching critcon level 1 trigger point of 18 occupied beds.	Challenging to maintain flow through the different cohorts of patients Reduction in routine elective activity required to manage demand for beds and protect Critical Care capacity Uncertainty as to future demand	Triggers for additional action identified at Critcon level 1 and level 2 and shared with system SaTH critical care staff not currently working in Critical Care, redeployed to Critical Care Units to increase staffing Winter plan actions in place	Daily Covid-19 review meetings Control centre in place Mutual aid via CCU network

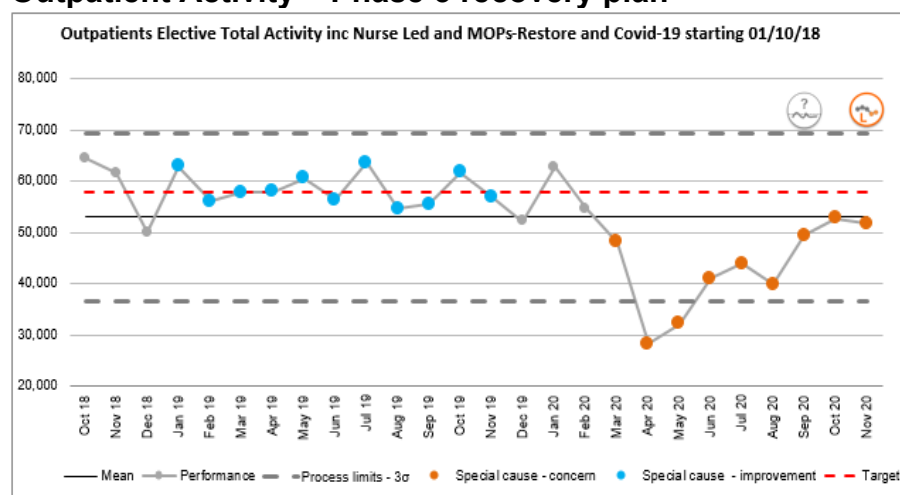
Elective IP & DC Activity v Phase 3 recovery plan



November 2020 actual performance
DC 4,442 and IP 315 Total 4757
Variance Type
Positive against Local target, negative against National target
National Target
DC 79%, IP 68% National DC & IP 90%
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 below 2019 levels.	<p>There has been a good level of delivery against the Trust's submitted plan.</p> <p>As a consequence, the plan has been reviewed and the forecast increased for elective inpatients for the Nov-March 2021 period.</p> <p>The revised plan is still below national target levels.</p>	<p>The availability of beds and theatres is constraining the elective IP delivery. Elective inpatient beds are reduced by 60% compared to 2019-20 and 39 theatre sessions per week have been removed to provide additional critical care capacity and staff.</p> <p>Plans to redirect inpatient orthopaedics to RJAH will be based around system clinical priority on a single PTL.</p> <p>SaTH patients may not be the highest clinical priority for the available capacity</p>	<p>Full utilisation of all available staffed theatre lists including IS and Vanguard.</p> <p>Nuffield utilisation increased both in terms of patient throughput and minutes of available theatre time used in November</p> <p>Continued protection of RSH DSU as low risk area.</p> <p>Improvement of processes around consent and pre-op to ensure scheduled cases are performed.</p> <p>Scheduling of orthopaedics to RJAH by clinical priority</p>	<p>Elective IP and DC actual v plan reviewed at specialty level and forward plan increased to reflect the capacity delivered in the first 3 months of the plan.</p> <p>This has significantly increased the elective IP forecast for the remainder of the year, although still falls short of the national target.</p>

Outpatient Activity – Phase 3 recovery plan



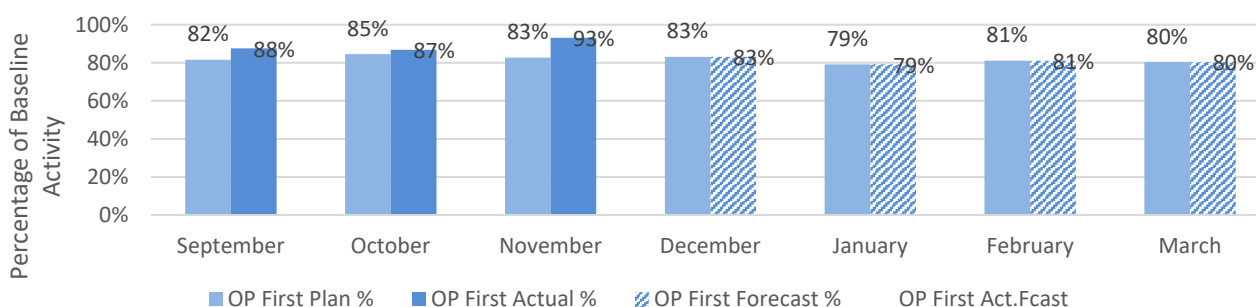
November 2020 actual performance
51811
Variance Type
Improving special cause
Local Target
57946 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
Below target with pre-covid delivery unreliable against the target month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Due to social distancing constraints and estate constraints, activity remains at below 2019 levels	<p>There has been a good level of performance against the Trust's submitted plan.</p> <p>Combined Outpatient performance against the national target is 94% in November against the national target of 100%.</p>	<p>Waiting space has resulted in the numbers of patients per clinic being reduced</p> <p>CNA and DNA numbers have returned to pre-covid levels</p> <p>Aerosol generating outpatient procedures have been re-located into environments with suitable air changes</p>	<p>Pilots are in place for patients to wait in cars until called into clinics</p> <p>Virtual clinics –telephone and attend anywhere underway are well utilised for suitable follow up patients</p> <p>Patient initiated follow up commencing</p> <p>Text reminder service to be modified</p> <p>Outpatient procedures being clinically prioritised</p>	<p>Bid submitted for air change units to improve throughput for outpatient procedures</p> <p>Community based outpatient capacity being sought from ShropCom</p>

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	18,668	20,546	21,810				
20/21 Forecast			19,380	17,556	19,890	18,398	18,234
Actual / Forecast %	88%	87%	93%	83%	79%	81%	80%
vs plan	6%	2%	10%				
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%

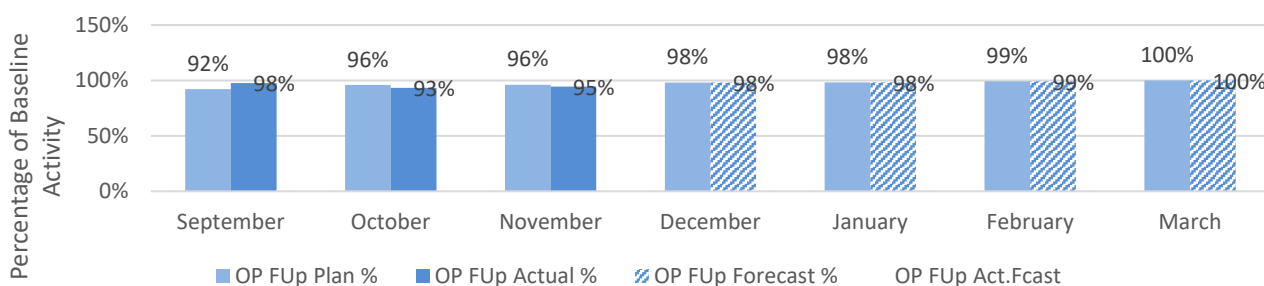
Outpatient First Activity vs Plan %



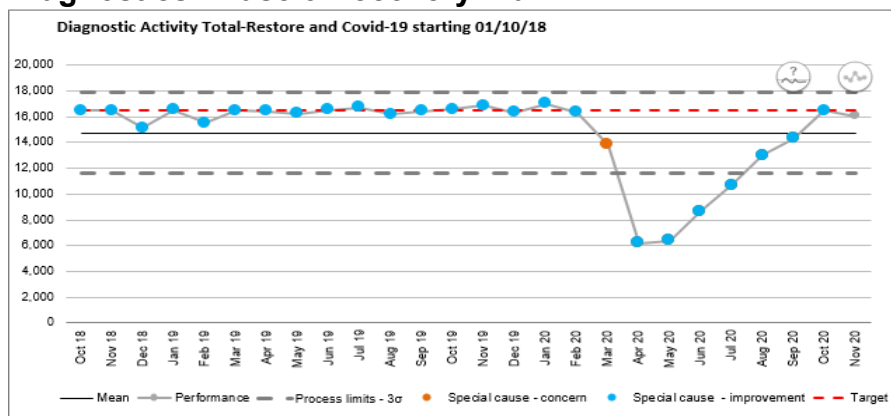
Outpatient Follow Up - Monthly

	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	20,352	21,400	20,841				
20/21 Forecast			21,198	18,615	22,719	19,820	19,857
Actual / Forecast %	98%	93%	95%	98%	98%	99%	100%
vs plan	5%	-3%	-2%				
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%

Outpatient Follow Up Activity vs Plan %



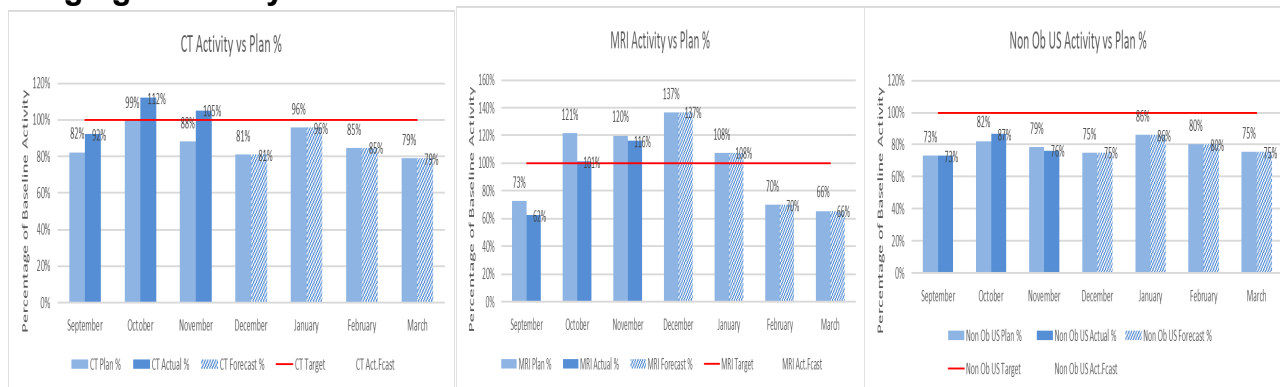
Diagnostics Phase 3 Recovery Plan



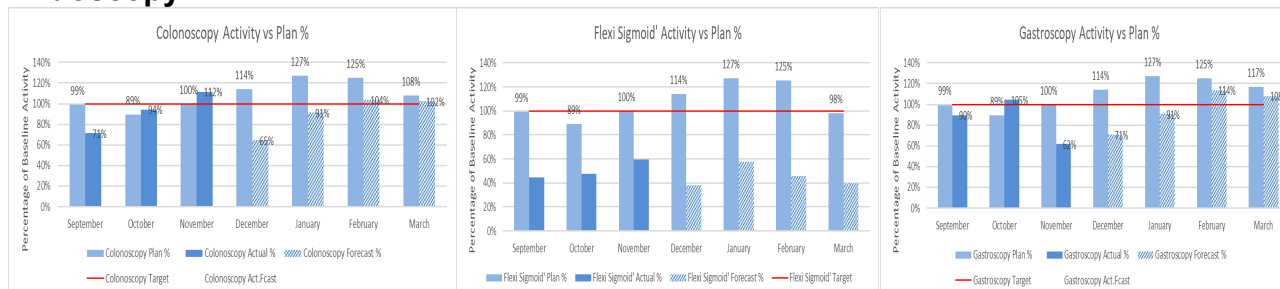
November 2020 actual performance
16045
Variance Type
Recovering to pre-covid normal variation
Local Target
16500 (based on Apr-19-Feb-20 average)
Target/ Plan achievement
The target is not reliably achievable month on month

Background	What the Chart tells us:	Issues	Actions	Mitigations
Diagnostic activity is made of the number of tests/procedures carried out during the month and incorporates Imaging, Physiological Measurement and Endoscopy Tests.	The Trust is returning to pre-Covid levels however there are variations in the 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	Insufficient capacity post Covid restrictions in place particularly in Imaging and Endoscopy	<p>Additional mobile imaging for MRI and CT is on site at PRH and RSH</p> <p>Business case for additional CT mobile capacity in development</p> <p>MSK CT and MRI available in RJAH</p> <p>MRI IT connections at Nuffield in place to support image transmission and reporting</p> <p>Endoscopy plan re-profiled to reflect the delays to some interventions. Transnasal endoscopes ordered. This has improved the plan for colonoscopy but shortfalls continue in gastroscopy.</p>	<p>Risk stratification in place.</p> <p>Mobile CT/MRI scanners available from national NHSE/I contract allocation.</p> <p>System Diagnostic hub programme underway</p> <p>Joint diagnostic productivity review for CT/MRI and NOUS conducted with RJAH</p>

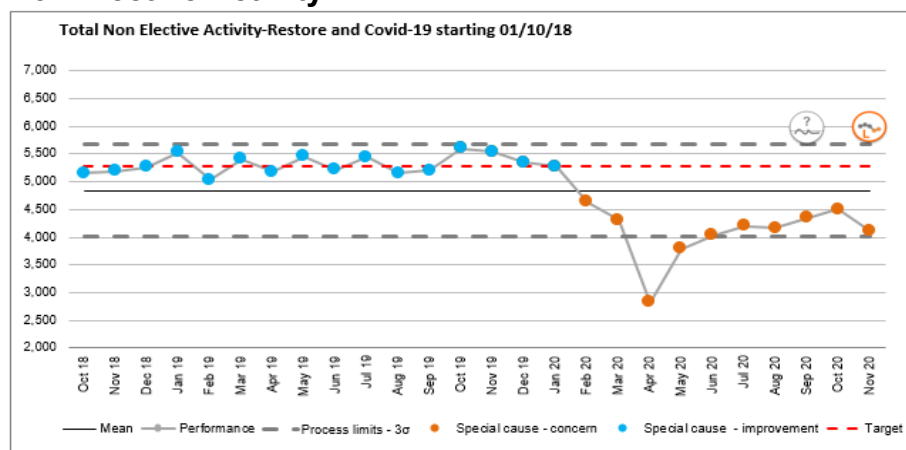
Imaging Recovery



Endoscopy



Non Elective Activity



November 2020 actual performance

4114

Variance Type

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

National Target

5276

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 requiring hospitalisation	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.	The non-elective activity via ED has largely recovered towards pre-covid-19 levels, however the level of GP admitted non elective activity remains significantly lower than pre-covid-19, especially for those patients with a 0 or 1 day length of stay.	<p>Bed modelling for winter adjusted to reflect lower than previous demand from direct GP and other HCP admissions</p> <p>Winter plan admission avoidance schemes commenced November 2020</p>	<p>Continue to monitor non-Covid 19 emergency demand</p> <p>SDEC and PRH capacity increase available end Dec and beginning of Jan for anticipated increase in winter demand</p>

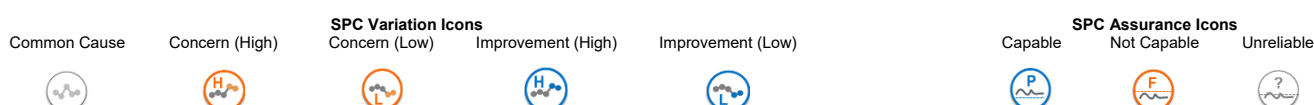
8.0 Operational Executive Summary

Mr Nigel Lee, Chief Operating Officer

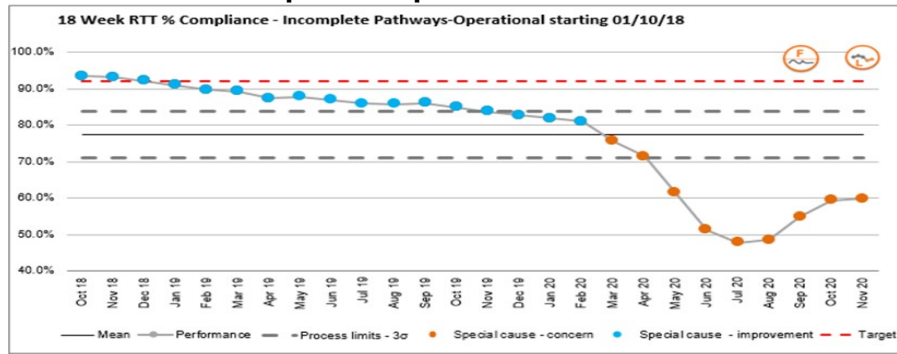
- The delivery of operational performance targets is continuing to be impacted by the Covid-19 pandemic. During November, the Trust was affected by the 2nd wave of Covid-19, restricting its ability to recover elective services and impacting on the flow of patients through our beds, contributing to delays within our emergency departments.
- As a result, the Trust's actual performance in November was below many of the relevant national targets and therefore exception reports have been included. This picture is not dissimilar to other Trusts in the region and across the UK.
- It is commendable that our staff have continued to support our patients and have been particularly innovative and flexible in responding to day to day service needs.
- The rate of increase in the size of the RTT waiting list and the deterioration of the 18 week wait performance have slowed with the impact of the phase 3 recovery plan combined with a reduction in referrals. However, the number of patients waiting over 52 weeks continues to grow, as priority is given to those patients with greatest clinical need.
- The ED 4 hour performance is better than in 2019-20, however as attendances have returned to near pre-covid levels and the flow out of ED for admitted patients has become more difficult, the Trust's 4 hour performance has deteriorated. We are progressing well with the creation of additional capacity via the SDEC at RSH and the 23-bedded unit at PRH, both of which will be open from January 2021 and assist with patient flow.

9.0 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	Exception
Elective Care									
RTT Waiting list -total size	Nov 20	27613	n/a	n/a			18723	22380	Yes
18 week RTT % compliance -incomplete pathways	Nov 20	60.0%	92.0%	92.0%			71.2%	83.8%	Yes
52 week breaches	Nov 20	1190	0	0			24	277	Yes
Cancer									
Cancer 2 week wait	Oct 20	87.6%	93.0%	93.0%			80.8%	97.7%	Yes
Cancer 62 day compliance	Oct 20	82.6%	85.0%	85.0%			61.6%	87.7%	Yes
Diagnostics									
Diagnostic % compliance 6 week waits	Nov 20	53.6%	99%	99%			67.7%	91.5%	Yes
Emergency Department									
ED - 4 Hour performance	Nov 20	73.5%	95.0%				67.0%	84.2%	Yes
ED - Ambulance handover > 60mins	Nov 20	251	0	0			-29	438	Yes
ED 4 Hour Performance - Minors	Nov 20	96.0%	n/a	95.0%			91.4%	99.4%	No
ED 4 Hour Performance - Majors	Nov 20	51.4%	n/a	95.0%			31.6%	62.9%	Yes
ED time to initial assessment (mins)	Nov 20	20	15	15			14	29	Yes
12 hour ED trolley waits	Nov 20	39	0	0			-53	151	Yes
Total Emergency Admissions from A&E	Nov 20	2490	n/a	n/a			2179	2969	Yes
Hospital Occupancy									
Bed Occupancy -G&A	Nov 20	83.0%	92.0%	92.0%			71.9%	95.8%	Yes



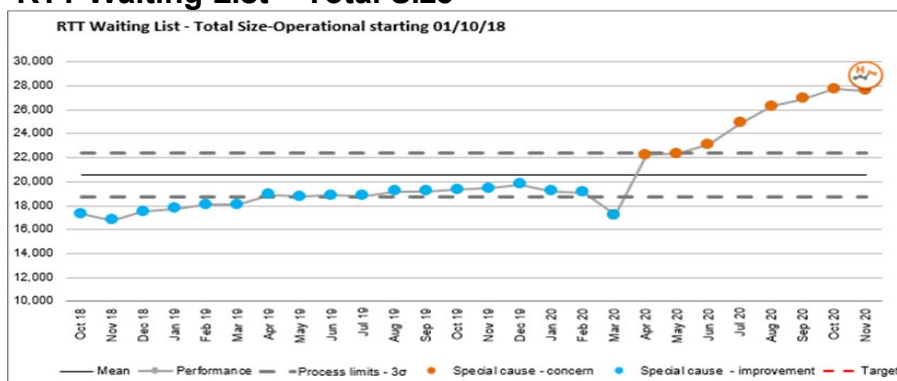
18 week RTT Exception Report



November 2020 actual performance
59.96%
Variance Type
Special Cause
National Target
92%
Target/ Plan achievement
Target cannot be assured while backlog of long waiting patients continues to grow

Background	What the Chart tells us:	Issues	Actions	Mitigations
Failed to deliver RTT since January 2019 due to demand and capacity challenges	<p>Situation significantly worsened since start of pandemic and subsequent reduction of routine elective activity.</p> <p>Performance recently improved but has slowed between October and November</p>	<p>Admitted – lack of theatre capacity and low risk bed constraints.</p> <p>Non-Admitted – diagnostic delays & social distancing for Face to Face appointments</p>	<p>After urgent and cancer pathway patients are allocated to available capacity, residual to be maximised based on length of wait.</p> <p>Validation in line with national guidance.</p> <p>Use of Virtual appointments</p> <p>Allocation of lists based on speciality need.</p>	<p>Full validation of waiting list</p> <p>Clinical triage of referrals.</p> <p>Risk stratification of admitted list</p> <p>Harm proformas for longest waits.</p>

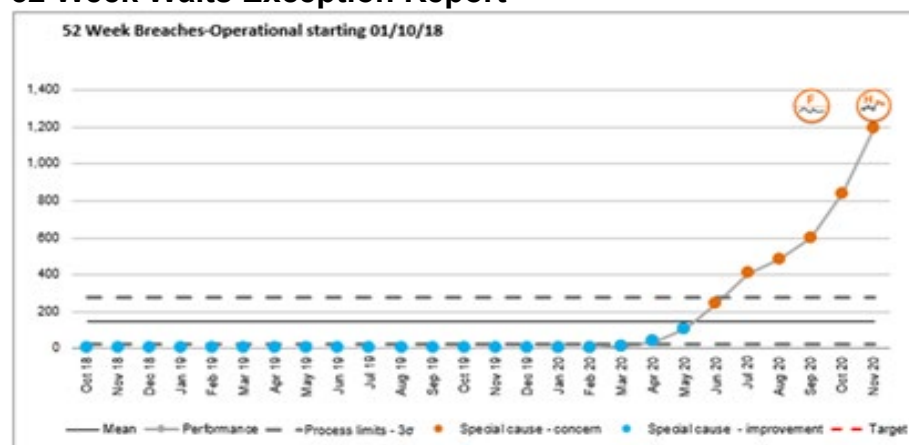
RTT Waiting List – Total Size



November 2020 actual performance
27613 (English only)
Variance Type
Special Cause Variation
National Target
19,199
Target/ Plan achievement
The waiting list rate of growth has reduced as the phase 3 recovery plan has been implemented

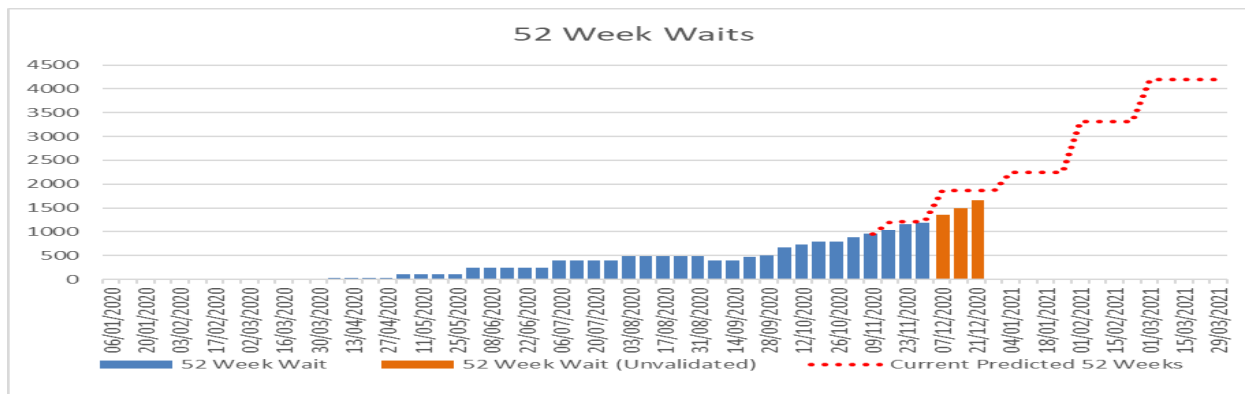
Background	What the Chart tells us:	Issues	Actions	Mitigations
The objective for overall list size is to get back to the end January 2020 position by the end of March 2021. At the end of November, the total number of patients waiting with an open RTT pathway was in excess of this figure by 8,414. This is driven by both admitted and non-admitted pathways.	<p>The list size has increased significantly since the beginning of the pandemic. The dip in March 2020 was a technical data recording issue due to setting up of holding clinics during the week of the first lockdown.</p> <p>The rate of growth of the waiting list size has reduced this month as the recovery plan impact has improved.</p>	<p>The rate of new referrals is increasing at a rate quicker than the ability to treat patients, causing a net list size increase month on month. The number of referrals remain below the 2019-20 levels.</p> <p>The availability of beds and theatres is constraining the ability to treat patients on an admitted pathway.</p> <p>For outpatients, the 2 metre social distancing standards are impacting throughput. Many new outpatients require hands-on physical examinations.</p>	<p>Full utilisation of all staffed theatre lists including IS and Vanguard</p> <p>Continued protection of RSH DSU as low risk area. Improvement of processes around consent and pre-op</p> <p>To resolve the significant volume of patients who have been referred and are awaiting appointment allocation, a range of new approaches are being implemented (phone, attend anywhere, 'wait in car' booking etc.)</p>	<p>Clinical triage of all referrals.</p> <p>Validation of overdue follow-ups.</p> <p>Clinically led group to roll out use of PIFU.</p>

52 Week Waits Exception Report

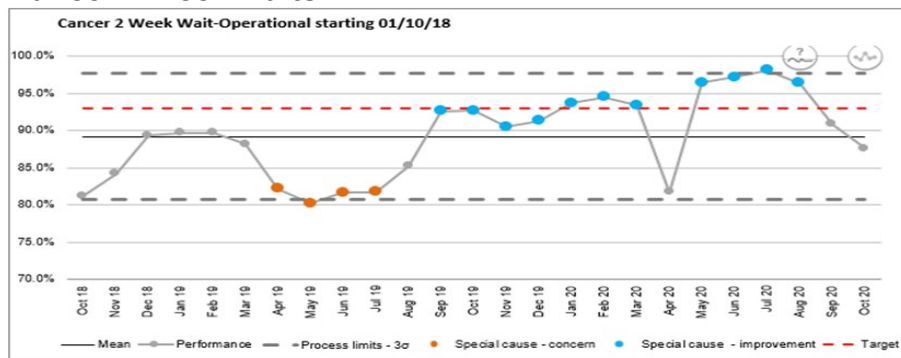


November 2020 actual performance
1190 (English only)
1429 (all patients)
Variance Type
Special Cause
National Target
0
Target/ Plan achievement
The target will not be achieved this financial year and further deterioration is forecast

Background	What the Chart tells us:	Issues	Actions	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 the English number shown in the chart above, there were also 239 Welsh patients waiting > 52 weeks, taking the Trust end of November figure to 1,429 (October total was 1,028)	<p>The volume of breaches is increasing at a significant rate.</p> <p>The impact of the winter period and the pandemic is likely to mean that the number of breaches will accelerate in the short term</p>	<p>Insufficient capacity and a necessary focus on patients who are a clinical priority mean that routine patients will continue to wait longer.</p> <p>Between 150 and 200 patients, a week will be added to the backlog each week in December.</p>	<p>Full validation of waiting list</p> <p>Focus on non-admitted pathways.</p> <p>Increased CT and MRI capacity</p> <p>Allocation of Independent Sector, RJA and Vanguard capacity to highest priority patients</p>	<p>Micro-management of patients at 78 weeks plus.</p> <p>Risk stratification to ensure that only clinically routine patients are waiting > 52 weeks.</p>



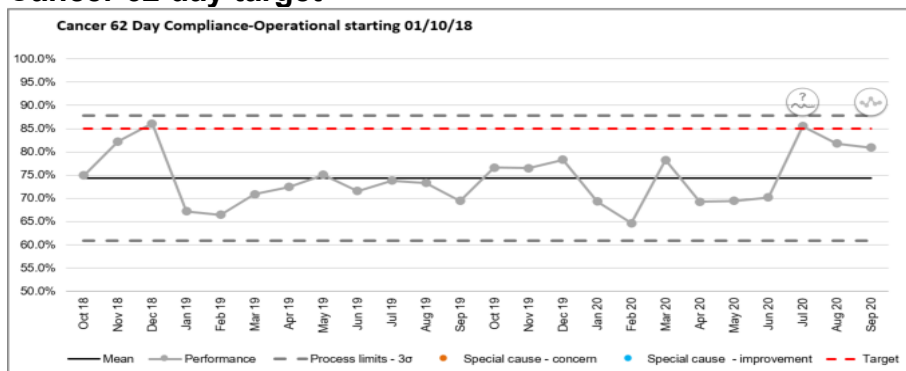
Cancer 2 week waits



October 2020 actual performance
87.6%
Variance Type
Common Cause
National Target
93%
Target/ Plan achievement
Actual performance is unlikely to be consistently above target

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator of 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	<p>The present arrangements are unlikely to deliver the target reliably each month.</p> <p>Compliance with this target has fluctuated since April 2019 – attributed to poor performance (capacity) within the breast service.</p>	Capacity issues in the Breast specialty have impacted negatively on SaTH's overall 2 Week Wait (2WW) performance	<p>Weekly review of PTL lists using Somerset Cancer Register – escalations made as per Cancer Escalation Procedure</p> <p>Breast Task and Finish Group meets fortnightly</p>	<p>Implementation of revised 2WW Breast Referral Proforma</p> <p>COVID Risk Assessment completed with a view to introducing additional capacity in Radiology</p>

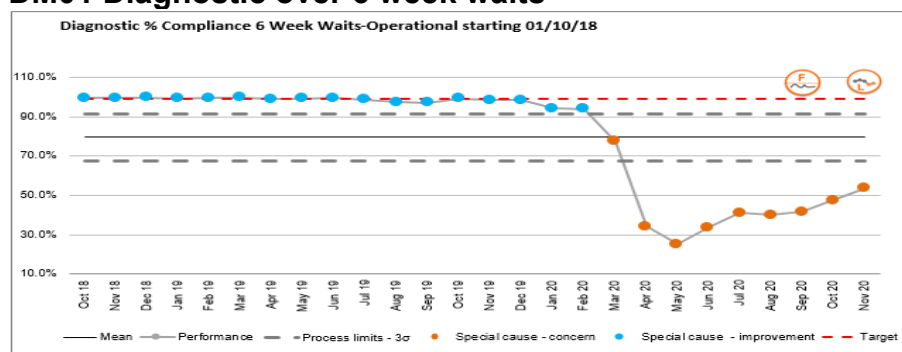
Cancer 62 day target



October 2020 actual performance
82.6%
Variance Type
Common Cause
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.	<p>This target is unlikely to be delivered reliably each month.</p> <p>Compliance with this target has been achieved once since April 2019.</p>	<p>Complex pathways in many specialities</p> <p>Capacity does not meet demand (diagnostics is a significant issue, even prior to Covid-19)</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>

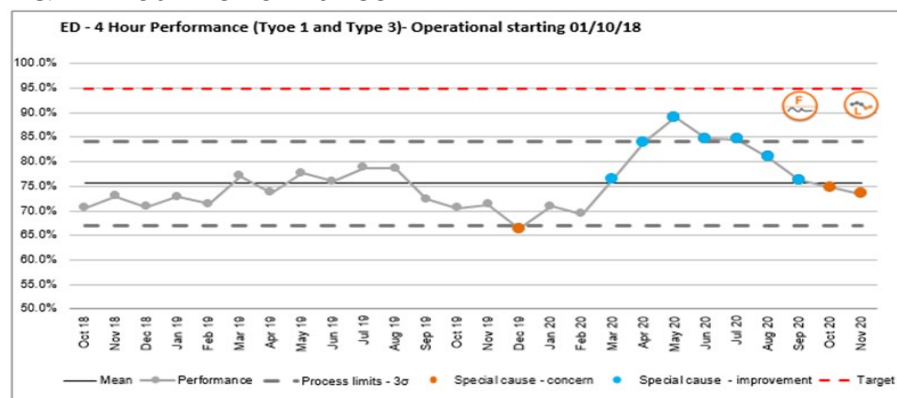
DM01 Diagnostic over 6 week waits



November 2020 actual performance
53.6%
Variance Type
Special Cause
National Target
99%
Target/ Plan achievement
Target not achievable in present situation as the target is above the upper process control limit

Background	What the Chart tells us:	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6w of the referral	<p>The overall standard has not been achieved this year.</p> <p>Special Cause variation is currently related to Covid-19</p>	<p>Benchmarking identifies relative very high productivity, indicating underlying insufficient capacity in all modalities carried out at SaTH prior to Covid restrictions.</p> <p>Replacement of a CT scanner is proceeding in Jan-Feb 2021 and while most welcome to improve reliability and productivity, it will result in further loss of capacity for the 2 months</p>	<p>Imaging pod will be available from April 1st 21.</p> <p>Mobile capacity on site for CT and MRI, plus weekly capacity at RJA</p> <p>Business cases approved and being implemented for additional MRI capacity</p> <p>Business case for additional CT mobile capacity being drafted</p> <p>Insourcing provider for Ultrasound commissioned</p> <p>Endoscopy plan re-phased based on interventions planned</p>	<p>Risk stratification in place.</p> <p>Additional mobile CT capacity is required in this financial year to maintain progress.</p> <p>Additional staff recruitment for endoscopy</p>

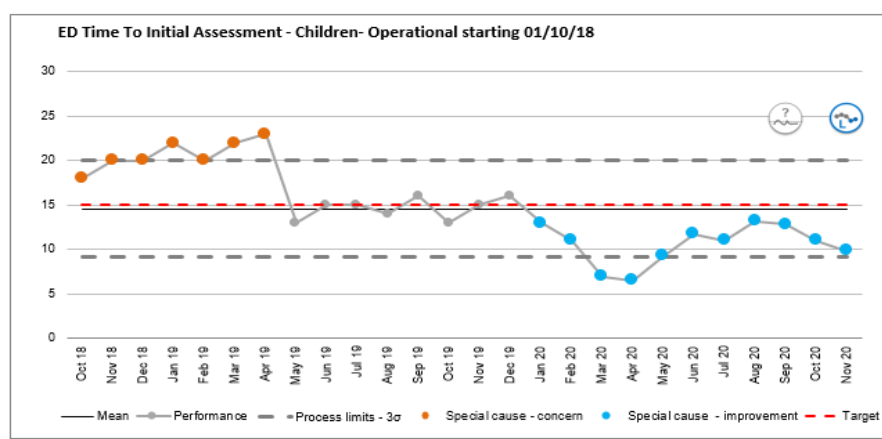
A&E 4 Hour Performance



November 2020 actual performance
73.5%
Variance Type
Special Cause
National Target
95%
Target/ Plan achievement
Target not achievable in current situation as the target is above the upper process control limit

Background	What the Chart tells us:	Issues	Actions	Mitigations
The national target is for all patients to be seen treated, admitted, transferred or discharged within 4 hours of arrival at the emergency department	ED Performance 2.2% greater than same period last year	<p>Continued challenge in managing Covid-19 high risk and medium risk pathways</p> <p>Shortfall in capacity to meet demand impacts upon flow from departments to inpatient areas</p>	<p>Medical SDEC for RSH site scheduled launch late December 2020</p> <p>Continued focus upon ED systems and processes</p> <p>Plans to support expansion of RSH ED into fracture clinic</p> <p>Increase in staff appointed to ED, both medical and nursing</p> <p>Capacity gap escalated to regulators with proposal for additional resource to address</p>	<p>Dedicated support rota in place for both EDs to identify and flag risks early to prevent breaches where possible</p> <p>Recruitment of ED breach validation post underway</p>

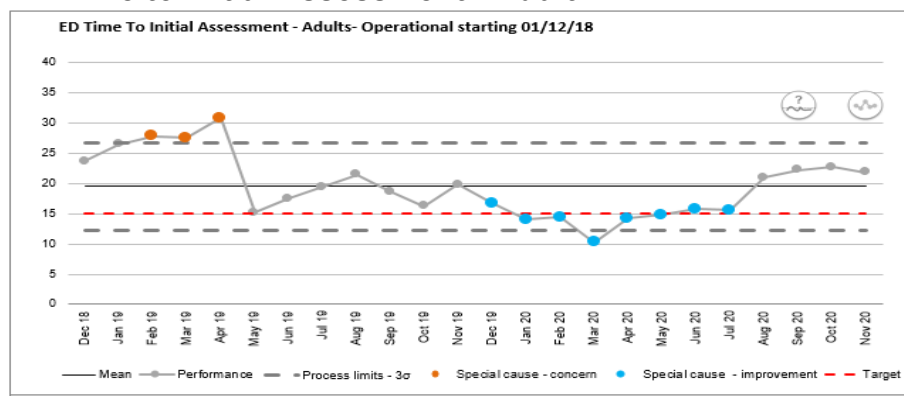
ED Time to Initial Assessment - Children



November 2020 actual performance
9.8
Variance Type
Special Cause
National Target
15
Target/ Plan achievement
Delivery of target achieved for the last 11months

Background	What the Chart tells us:	Issues	Actions	Mitigations
Ensuring prompt assessment of children on arrival in ED is an important safety measure and part of the CQC improvement plan for ED	Performance has improved and been maintained against the standard for the last 11months. The process control limits can be adjusted if this performance is sustained next month as delivery is now showing reliability	Compliance with recording of time to triage is lower on the PRH site and not yet consistent at the 85% target set for data capture to give full assurance	<p>Paediatric ED consultant recruited and taken up post</p> <p>Paediatric nurse compliment in post</p> <p>Importance of capturing time of assessment re-enforced</p>	<p>Audit of compliance undertaken weekly on both sites</p> <p>Reviewed at ED Quality Operational Committee chaired by COO</p>

ED Time to Initial Assessment - Adult



November 2020 actual performance

21.9

Variance Type

Common Cause

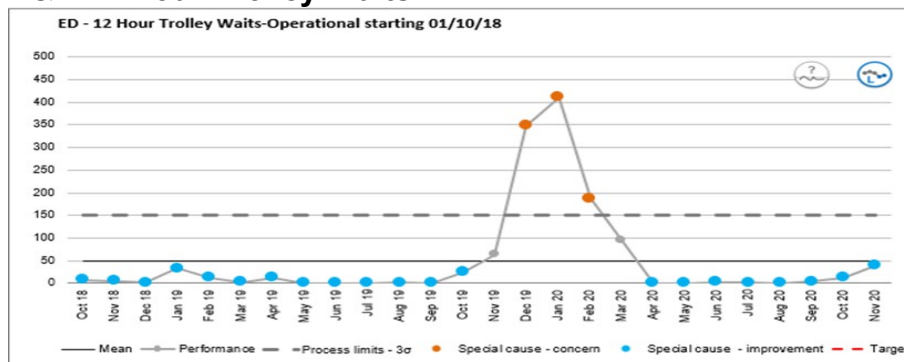
National Target

15

Target/ Plan achievement

The target is below the mean and it is therefore unlikely to be delivered each month

A&E 12 Hour Trolley Waits



November 2020 actual performance

39

Variance Type

Special Cause

National Target

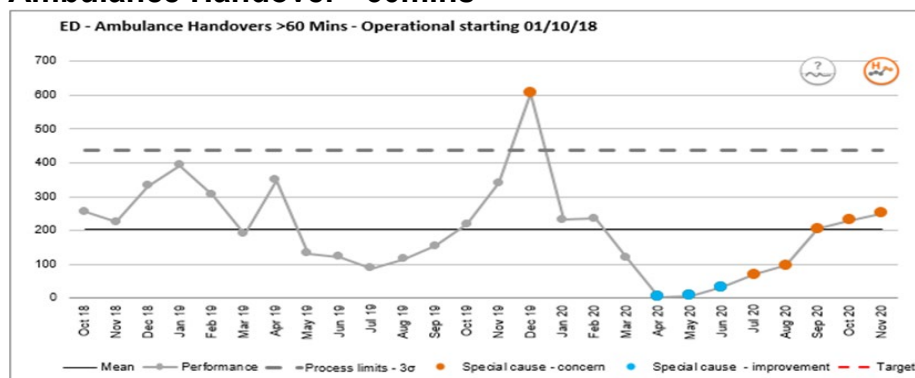
0

Target/ Plan achievement

The target was not delivered 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 there has been a substantial increase this month	<p>12 hour trolley waits occurring due to insufficient admission capacity for both medicine and surgery</p> <p>Issue compounded by cohorting requirements of green and blue Covid-19 pathways</p> <p>The majority of 12 hour waits are on the RSH site</p> <p>Average age of admission on the RSH site is higher than the national mean, indicating a frailer admitted population</p>	<p>Medical SDEC for RSH to be in place from late December 2020</p> <p>SDEC model of care is being strengthened on the PRH site</p> <p>Daily cohorting meetings established to maximise bed base and reduce the number of beds closed due to infection control measures</p>	Oversight of patient safety maintained by senior ED team

Ambulance Handover >60mins



November 2020 actual performance

251

Variance Type

Special Cause

National Target

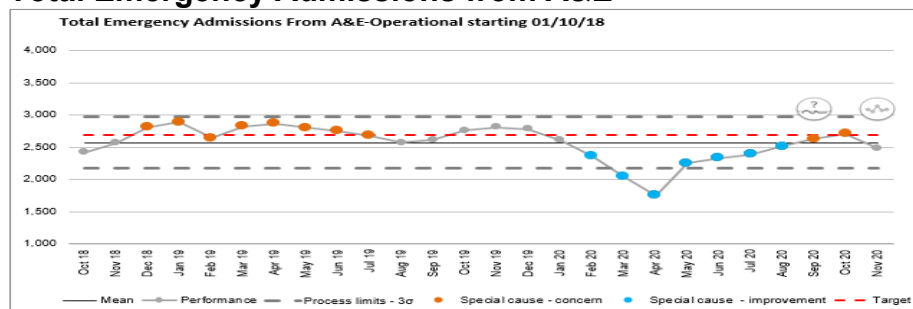
0

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	There has been an increase in ambulance handover delays over winter period, however at a lower rate than the same period over last two years	Capacity to offload reduced by departments requirement to manage green and blue Covid-19 pathways separately Reduced flow through departments to admission portals as demand outstrips capacity	Medical SDEC for RSH to be in place from late December 2020 Internal forum established between ED clinical leads and ambulance representatives to identify and resolve any internal process issues System wide meeting held with WMAS to review conveyance rates, alternative services to ED etc. Task and Finish Group established to develop and implement improvement plan	Ambulance handover SOP in place to support oversight and management of delayed handover patients HALO in place for RSH site to link with WMAS for intelligent conveyancing purposes

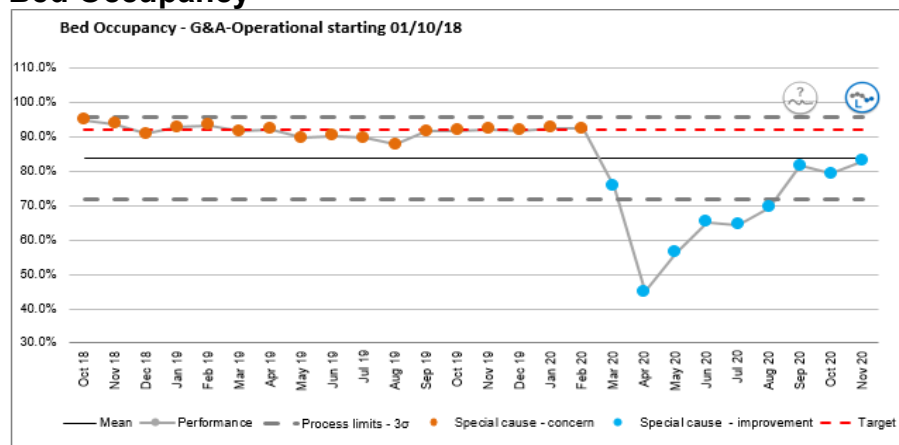
Total Emergency Admissions from A&E



November 2020 actual performance
2490
Variance Type
Common Cause
National Target
n/a
Target/ Plan achievement
n/a

Background	What the Chart tells us:	Issues	Actions	Mitigations
The number of emergency admissions is an indicator of system performance and a reflection of the prevalence of serious illness and injuries in the community	The number of admissions from A&E are returning to their pre-covid levels	The rate of admission is increasing on the RSH site and is higher on this site than previously Admissions from GPs have reduced on the RSH site and it is possible that some patients are now being admitted via ED increasing the rate reported from ED	<ul style="list-style-type: none"> SDEC implementation Ambulatory Care expansion at PRH Admission avoidance schemes and winter plan Community trust review of patients suitable for alternatives to acute admissions 	Length of stay reviews Bed management

Bed Occupancy



November 2020 actual performance

83%

Variance Type

Special Cause as return towards pre-covid levels

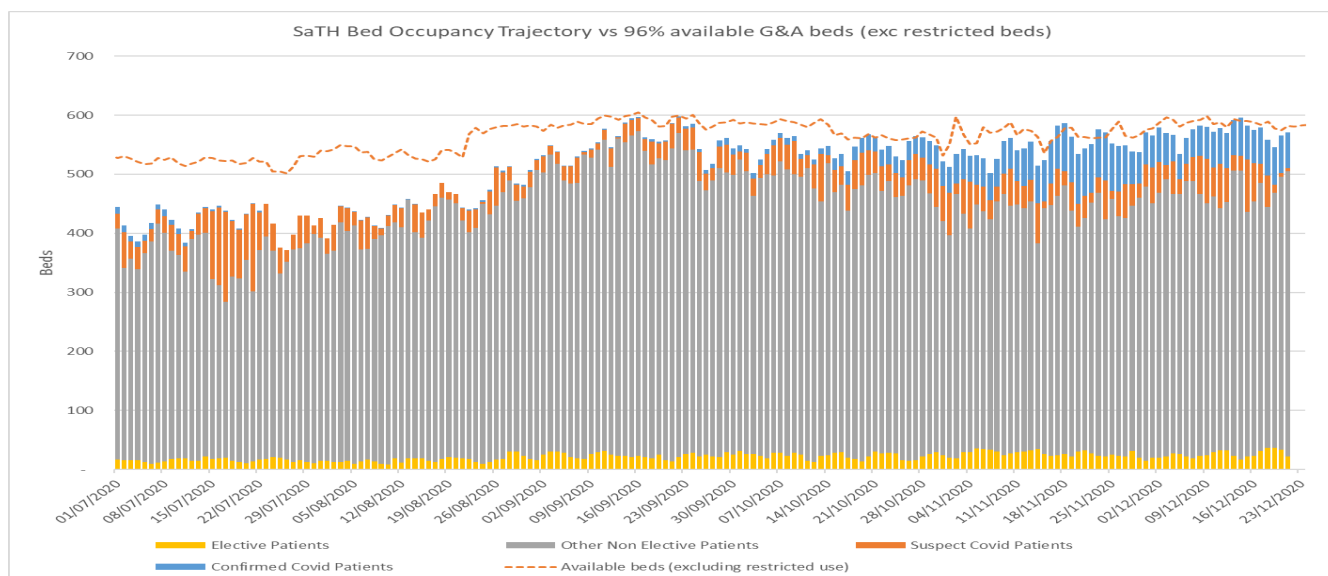
National Target

92%

Target/ Plan achievement

Bed occupancy v core beds is likely to continue to be below target, as a number of core beds are unavailable for admissions















Background	What the Chart tells us:	Issues	Actions	Mitigations
Bed occupancy is an important measure indicating the flow and capacity within the system	<p>Admissions fell during the 1st wave of covid due to fall in non covid urgent care demand and cessation of elective care admissions.</p> <p>Since this time, emergency admissions through ED have returned to near normal levels and elective care has moved to recovery phase</p>	<p>The bed occupancy formally reported does not take account of the available beds which are reduced at present due to:</p> <ol style="list-style-type: none"> Ring-fencing of capacity for Covid +ve patients The social distancing required between beds Temporary closure of beds due to outbreaks 	<p>Bed modelling completed to show the daily impact of the factors on bed availability</p> <p>Agreement in principle obtained for two modular wards to expand bed capacity</p> <p>Winter plan includes admission avoidance and discharge schemes</p> <p>Clear curtains being installed between beds to support infection control measures</p>	<p>Bed occupancy planned to increase to 96%</p> <p>Trigger points set as part of the potential 3rd wave escalation plan</p>











10.0 Workforce Executive Summary

Rhia Boyode, Director of Workforce

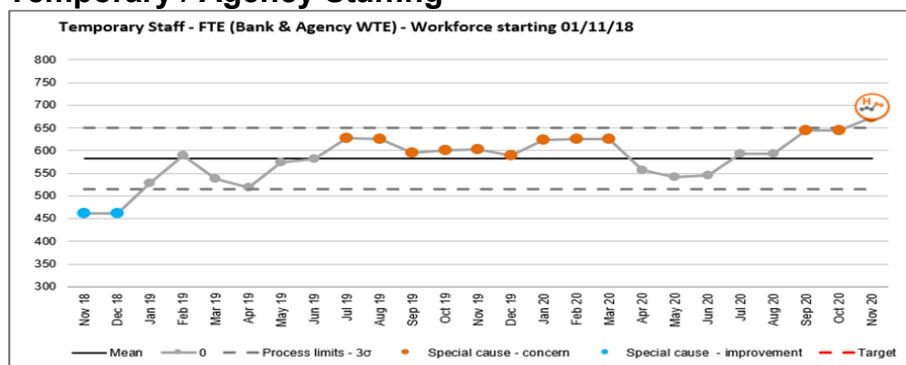
- The Sickness Absence has increased by 0.12% from previous month to 4.23%. However most areas have seen a decline in long term sickness absence.
- Covid-19 related sickness has increased to 4.85% in the month, attributed to an introduction of shielding for clinically exceedingly vulnerable colleagues, alongside a noticeable increase in test and trace absences reflecting an overall increase in confirmed Covid-19 cases.
- High levels of staff testing positive with COVID 19 in November creating substantive staffing gaps resulting in escalated levels of bank and agency usage. Lateral flow testing for staff is in place to support infection control measures. Staff vaccination programme commencing in December when the new vaccines are made available.
- Recruitment resulted in a reduction in our vacancy rate in December, however the shortage of staff due to absences and in key areas resulted in the continuing use of agency staffing. We are continuing to participate in the overseas recruitment programme and encouraging staff to undertake shifts on our own bank.
- The Mandatory Training and Appraisal compliance rate remains below the 90% Target at 86% (Training) and 85% (Appraisals). Continued focus to ensure colleagues are supported with protected time, with the constraints from CV-19 and staffing gaps in some areas.
- £10,000 of funding was secured during the month, to support additional Health and Wellbeing programmes of work for colleagues and their families.
- A newly formed Cultural steering group including colleagues from clinical, staff-side (union reps) and corporate services met during the month in partnership with Clever Together. The objective of this group is to bring the voice of colleagues to the centre of patient improvement and culture change.

Workforce - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Lower process limit	Upper process limit	Exception
Activity									
WTE Employed* <i>*Contracted</i>	Nov 20	5642	n/a	6173			5221	5474	No
Total temporary staff -FTE	Nov 20	673	n/a	n/a			514	650	Yes
Staff turnover rate (excludes junior doctors)	Nov 20	0.82%	n/a	0.75%			0.01%	1.78%	Yes
Sickness absence rate Excluding Covid Related	Nov 20	4.23%	4%	4.0%			3.60%	5.01%	Yes
Appraisal Rate	Oct 20	85%	90.0%	90.0%			85.61%	90.41%	Yes
Vacancies (less than 10% of contracted WTE)	Nov 20	530	564	564			397	760	No
Statutory and Mandatory Training	Oct 20	86%	90.0%	90.0%			82.0%	88.0%	Yes

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

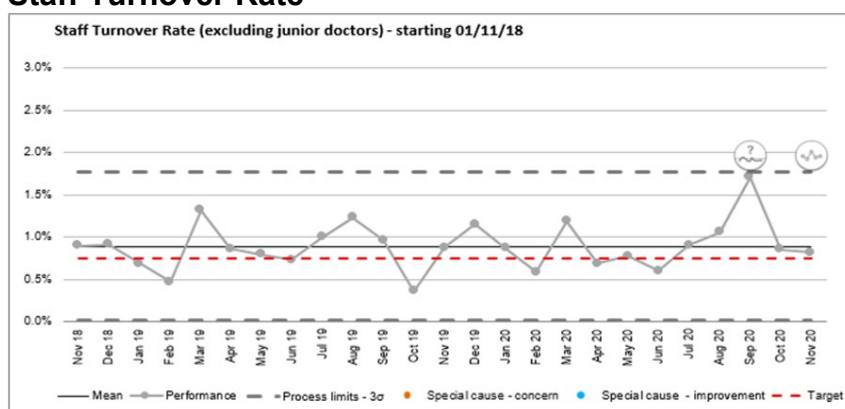
Temporary / Agency Staffing



November 2020 actual performance
673
Variance Type
Special cause concern from Sep 20
National Target
n/a
Target/ Plan achievement
Plan to reduce reliance on temporary staff

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of agency and bank usage expressed as an FTE	Following reduced bank and agency usage over Summer 20, levels are now increasing with highest levels shown in November 20	<p>High levels of staff testing positive with COVID 19 in November creating substantive staffing gaps resulting in escalated levels of bank and agency usage.</p> <p>Increase in patient activity also compounds the situation</p> <p>This is despite the highest number of substantive staff being in post in November</p>	<p>Continue to monitor staff absence levels</p> <p>Monitor roster approvals to help ensure unfilled duties are sent to temporary staffing in timely manner</p>	<p>Escalated bank rates in ITU</p> <p>Progress with recruitment activities to increase substantive workforce</p>

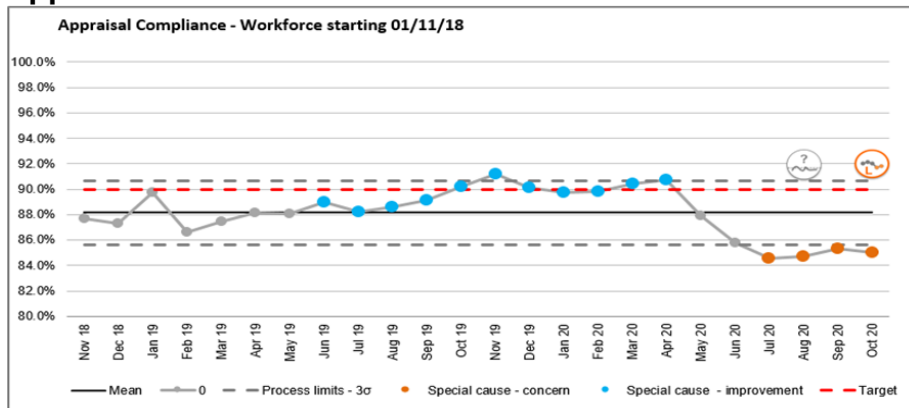
Staff Turnover Rate



November 2020 actual performance
0.82%
Variance Type
Common Cause
National Target
0.75%
Target/ Plan achievement
Performance is close to target but with variation each month. The target is just below the mean and so will not be reliably delivered each month.

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is an indicator of the % of staff who have left the organisation within the month.	The % of staff who are leaving the organisation remains within process control limits.	<p>The % of leavers is not consistent across all staff groups with higher turnover levels within nursing, admin and clerical and HCAs</p> <p>Staff with less than 1yrs service continue to be the most likely to leave, with nursing being most prominent within this group.</p>	<p>Work continues with on-boarding teams to support staff within the workplace. Interventions in place to try to identify potential leavers prior to leaving.</p> <p>Opportunity to complete exit questionnaires to help learn lessons from why people are leaving.</p>	Recruitment activity to help ensure minimal workforce gaps.

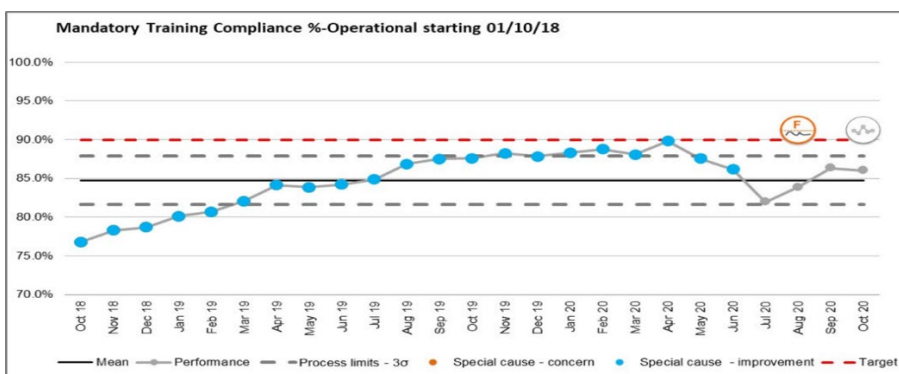
Appraisals



November 2020 actual performance
85%
Variance Type
Special Cause
National Target
90%
Target/ Plan achievement
Performance worse than target for 6 th consecutive month

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 last 4 months.	CV-19, staffing constraints and service improvement have reduced ability of wards to release staff time.	<p>E-mail reminders due or outstanding are sent to all staff</p> <p>Focused support is being provided to the managers of any ward that is below target</p> <p>A substantial review of appraisal will be undertaken once the behaviours and values work is complete to ensure alignment with overall Trust objectives</p>	Appraisal form has had an interim revision to include the new Trust Values and health and well-being and flexible working discussions

Mandatory Training

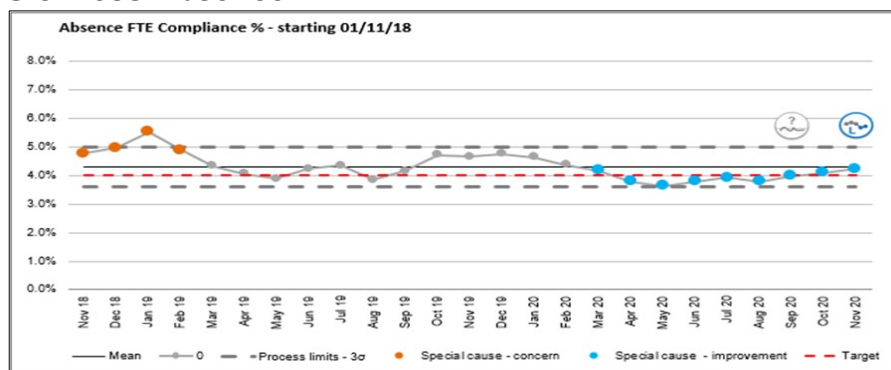


October 2020 actual performance
86%
Variance Type
Normal variation with Special Cause in Nov 2020
National Target
90%
Target/ Plan achievement
Performance worse than target for 6 th consecutive month

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 retaining 90% target has stalled in Nov 2020. This is partly as a result of separating out Safeguarding training as a new discrete report in response to performance	<p>CV-19, staffing constraints and service improvement have reduced ability of Wards to release staff for training</p> <p>Increased Stat/Mandatory training requirements e.g. Hand Hygiene moving from triennial to annual</p>	<p>E-learning and workbooks offered as alternatives to face to face training</p> <p>Requirements made more transparent and newsletters to staff are signposting more clearly</p> <p>Libraries supporting learners to access e-learning</p>	<p>Corporate Education is working with Care Groups to identify and reduce data conflicts</p> <p>Corporate Education is supporting Ward/Dept managers to prioritise and schedule training</p>

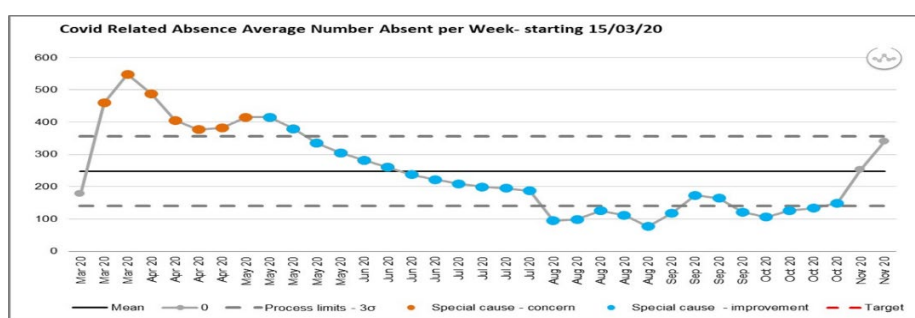
	and CQC concerns. Safeguarding training compliance continues to improve month on month	Poor IT literacy impacting on e-learning completion Some data validation issues	Phone support for e-learning	Corporate Education implementing proxy facility to support remote e-learners effectively
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Sickness Absence



November 2020 actual performance
4.23%
Variance Type
Special Cause improvement from Mar-20
National Target
4%
Target/ Plan achievement
Non-covid sickness absence is slightly worse than target

Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>The measure is an indicator of staff sickness absence and is a % of FTE calendar days absent.</p> <p>Covid-19 related sickness and absence is not included</p>	<p>Sickness absence levels since March have broadly followed target levels showing special cause improvement since Mar-20.</p> <p>Seasonal variation showing with lower levels reported for this Nov. than in the previous 2 years.</p>	<p>High levels of absence attributed to mental health reasons</p> <p>Staff tired and feeling strain of covid-19 cases and increased work pressures</p> <p>Sickness levels lower than anticipated due to the numbers of staff absent linked to covid-19.</p>	<p>Continue to offer support packages via health and wellbeing initiatives</p> <p>Continue to monitor sickness levels within care groups</p>	<p>Improved monitoring of staffing levels</p> <p>Work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary</p>



November 2020 (mid) actual performance
340
Variance Type
Common cause variation
National Target
N/A
Target/ Plan achievement
Increase noted as we are in 2 nd wave of Covid-19

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

11.0 Finance Executive Summary

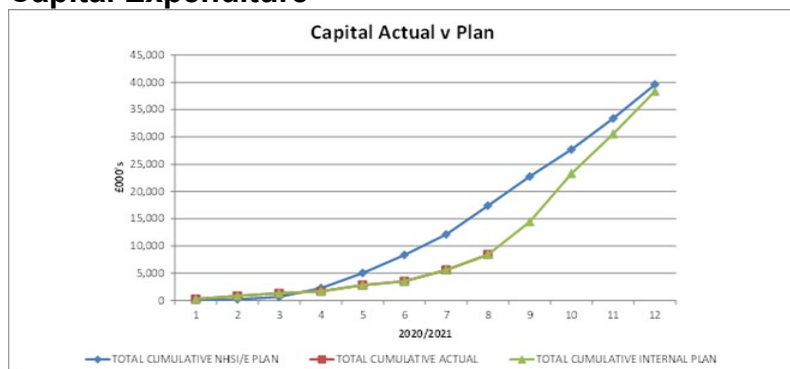
Mr James Drury

- The Trust is forecasting to achieve its control total in 2020-21 (deficit £7.724m in STW STP M7-M12 submission). Potential additional expenditure pressures totalling £3.70m (net) have been identified, and mitigation plans are currently being developed.
- The variance to the Trust's M7-M12 Plan in month is £6k favourable, £5k half year to date (in month deficit of £1.039m vs. £1.045m). Excluding COVID-19 costs, the Trust had a surplus in month of £0.299m due to slippage in planned developments.
- COVID-19 costs within the Plan (inside envelope) had a £0.405k adverse variance due to higher sickness and ITU costs.
- COVID-19 funded separately (outside of envelope) recorded a £0.112k favourable variance due to prior month catch up. COVID-19 capital expenditure and commitments to date are £0.876m compared to Plan of £0.891m.
- Total capital expenditure to date is £8.4m vs. £16.94m plan due to slippage in project start dates. The capital forecast remains at a combination of £19.09m of internally funded CRL and £20.53m of externally funded capital allocations. To the extent that risks are identified to the delivery of the forecast, mitigating actions will be put in place and implemented.
- Cash at the end of November amounted to £39.750m, 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 deteriorated this month with 90.5% by number and 92.7% by value of undisputed invoices were paid within 30 days. In addition, 32% and 49% respectively of all invoices were paid within 7 days.

12.0 Finance Dashboard

Finance - KPI	Target	Units	Target	Actual	Variance	Variance	Comment	Exception
I&E month	Surplus / (Deficit)	£M	(1.0)	(1.0)	0.0	0%	On track	No
Pay & Non-Pay Expenses month	Spend to plan	£M	(38.9)	(39.3)	-0.4	1%	On track	No
Cumulative capex	Under / (over) spend	£M	(16.9)	(8.4)	8.5	(50%)	At risk	Yes
Cumulative CIP delivery	Savings to plan	£M	n/a	0.7	n/a	0%	On track	No
Cash balances	Above minimum	£M	1.7	39.8	38.1	2241%	On track	No
7 day payments (% volume)	No target	%	n/a	32%	n/a	n/a	Note info	Yes
Elective Incentive Scheme payments	Reward / (penalty)	£M	0	0	0.0	0%	At risk	Yes
Exit expenditure run rate	No target	£M	n/a	498	n/a	n/a	Note info	Yes
Agency spend vs cap month	Spend not >ceiling	£M	(1.2)	(2.7)	(1.5)	125%	At risk	Yes

Capital Expenditure



November 2020 actual performance

Spend year to date is £8.437m

Variance Type

In line with internal plan

National Target

SaTH Plan

N/A

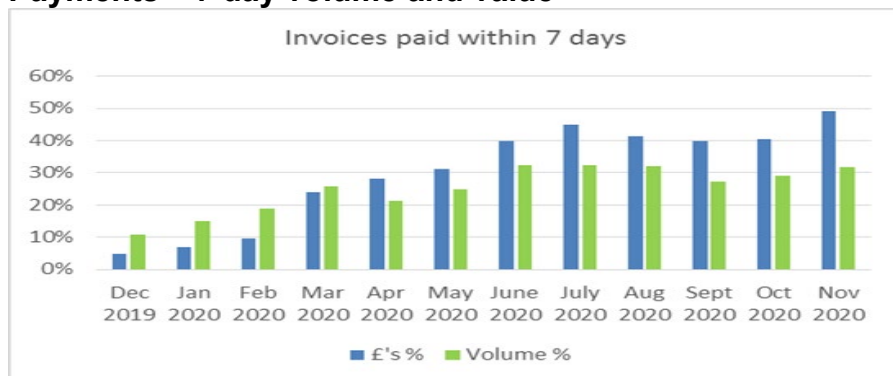
£8.437
(revised
internal plan)

Target/ Plan achievement

To meet the Trust's Capital Resource Limit (CRL) at year end – currently reported as £39.6m

Background	What the Chart tells us:	Issues	Actions	Mitigations
The Trust current total Capital Resource Limit (CRL) is forecast at £39.6m.	As stated last month, the Plan used for M08 is a revised internal Plan which is based on actuals to M08 and then forecast based on revised Programmes submitted to Capital Planning Group (CPG) by Project Managers at December meeting. As this is matched to expenditure at M08 the Plan and actual spend is £8.437m.	The expenditure to M08 is lower than plan, with 22% of the Capital Programme spent. A further 36% has been ordered, giving a total value of £22.153m expensed or ordered.	Project Managers to finalise all outstanding scoping/tendering as soon as possible.	CPG receives monthly updates and members are working towards scoping schemes that can be delivered in-year to cover any slippage. Project Managers have been asked to confirm which schemes are forecast to under-deliver, in order that any unused CRL can be reallocated.

Payments – 7 day volume and value



November 2020 actual performance

49% Value
32% Volume

Variance Type

N/A

National Target

SaTH Plan

No national target

No local target

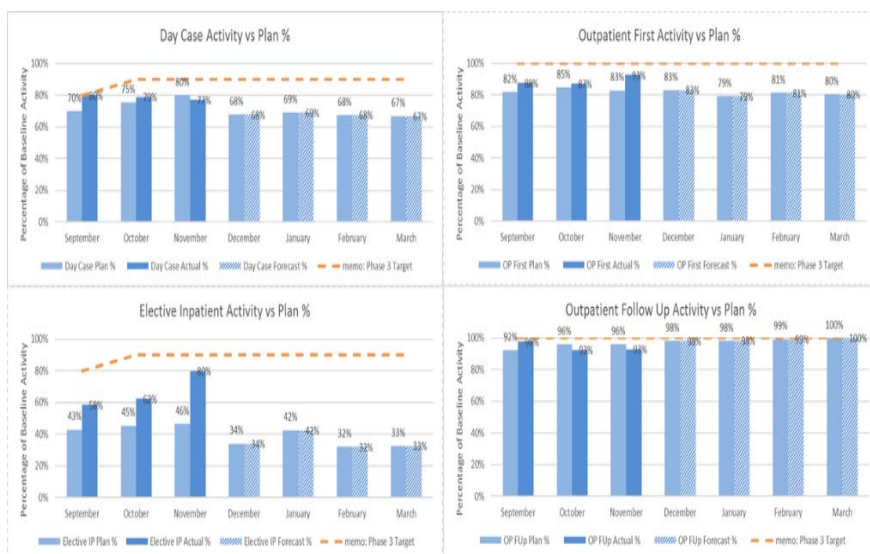
Target/ Plan achievement

N/A

Background	What the Chart tells us:	Issues	Actions	Mitigations
The Cabinet Office Procurement Policy Notes PPN 02/20 and PPN 04/20 state that the public sector must pay suppliers within 30 days under the Public Contracts Regulations 2015 (PCR) but recommends shortening this timescale to accelerate payments to 7 days to ensure that cash flows as promptly as possible during COVID-19. These notes expired on 31 October 2020 but the Trust has decided to continue with the 7 day payment	In November 32% of invoices in volume (M07: 29%) and 49% in value (M07: 40%) were paid within 7 days. Significant improvement on performance in	Managers do not always approve invoices in a timely manner Invoices may be disputed and a credit note awaited Pharmacy invoices are uploaded from the Pharmacy	The number of payments per week has been increased to accelerate payments to suppliers An e-mail has been sent to approvers in Oracle to remind them that they should set a vacation rule within Oracle when they are absent to ensure	

target subject to cash flow availability due to continuation of block payment in advance.	second half of 19/20.	JAC system on a weekly basis	invoices can still be approved in their absence	
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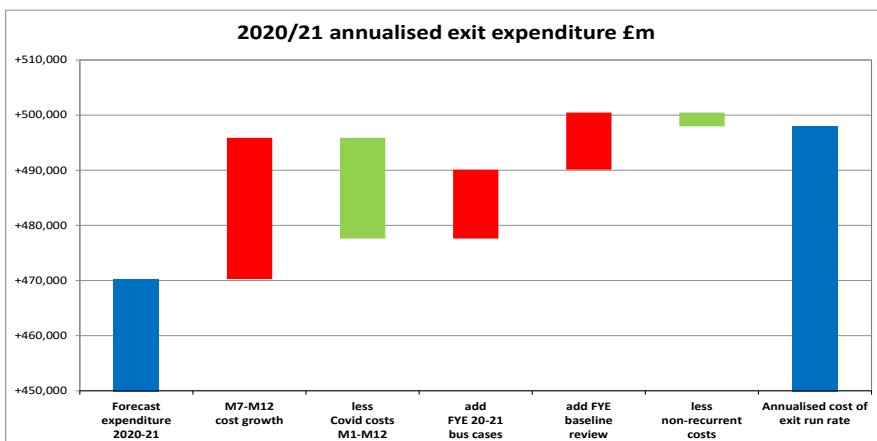
Elective Incentive Scheme



November 2020 actual performance	
Notional in month – £0.199m	
Variance Type	
N/A	
National Target	SaTH Plan
£0	£0 Excluded from Forecast Outturn and shown as memorandum item
Target/ Plan achievement	
£0.199m notional adverse variance	

What the Charts tells us:	Issues	Actions	Mitigations
<p>The charts show that we are delivering less than the national target and therefore the financial risk to Trust is estimated to be £0.604m September - November.</p> <p>This is not being reported as part of our finance position to date as per guidance from NHSEI.</p>	<p>Not yet known when this will be applied to our income. Trust to apply as deduction made to income</p> <p>The target is at an STP level and the apportionment of any penalty has not yet been decided</p>	<p>Monitor performance against threshold</p> <p>Maximise levels of elective activity</p> <p>Maximise use of RJAH lists and Nuffield lists</p> <p>Hold system to account for delivery of system improvement plan to address non elective demand and impact on elective activity</p>	

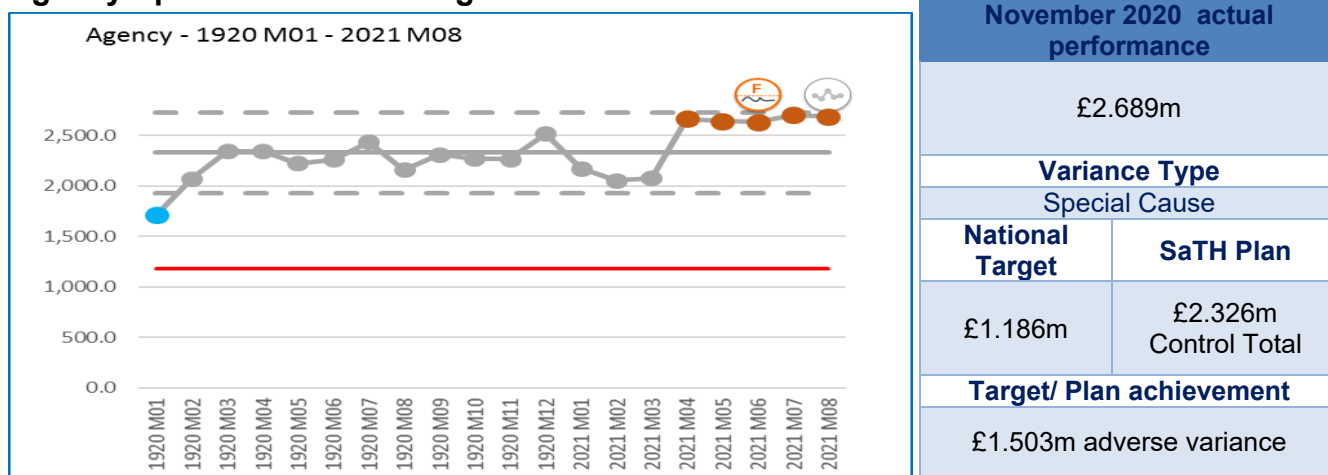
Exit Expenditure Run Rate



November 2020 estimate	
£498.0M spend	
Variance Type	
n/a	
National Target	SaTH Plan
n/a	n/a
Target/ Plan achievement	
N/A	

Background	What the Chart tells us:	Issues	Actions	Mitigations
This metric shows the underlying exit expenditure position for the 20/21 financial year.	The bridge diagram shows that is currently anticipated that the underlying expenditure will increase by a net £27.3M	<p>The FYE of business case decisions is £12.5M tbc</p> <p>Cost growth in M7-M12 adds £25.6M to costs, this will be reviewed in detail as part of budget setting</p> <p>Covid costs of £18.3M are assumed to be non-recurrent</p> <p>Other non-recurrent costs estimated at £2.5M</p>	<p>Analysis of costs, including trends in underlying expenditure, to be prepared for budget setting</p> <p>Business cases to be reviewed and confirmed, with impacts assessed for 21-22</p> <p>Recurrent costs associated with Covid to be identified</p>	

Agency Spend v NHSEI ceiling



Background	What the Chart tells us:	Issues	Actions	Mitigations
<p>NHSEI sets expenditure ceilings on the total amount that individual trusts should spend on agency staff across all staff groups.</p> <p>There is a strong expectation that all trusts will revise plans to ensure agency expenditure is at or below their ceiling</p>	Agency spend is significantly above the NHSEI ceiling and 2019/20 levels.	Due to workforce fragility the trust is consistently overspent against its Agency ceiling	<p>Direct engagement groups now set up to focus on agency spend and approval hierarchy</p> <p>Overseas recruitment in 19/20 and 20/21 (180 recruited to date)</p> <p>Re-establish workforce group to performance monitor bank, agency and locum groups</p> <p>Developing proposals to enhance and promote SaTH bank</p> <p>Recruitment and retention strategy</p>	<p>Develop measurable metrics and action plans to understand where we can control agency spend</p> <p>Build on increased medical bank fill rates since implementation of Locums Nest</p> <p>Deliver year one of our Recruitment and Retention strategy to increase substantive workforce and improve retention levels.</p>

13.0 Transformation Executive Summary

Chris Preston, Interim Director of Strategy and Planning

- During the month of November, the Trust has transitioned from delivery and assurance around its original 11 key objectives, into the wider Getting to Good programme of work supported by NHSE/I and the UHB Improvement Alliance. The original 11 objectives still feature within the 25 work programmes, with enhancements to their scope in some cases.
- The improvement and transformational initiatives identified in the wider Transforming Care 'Getting to Good' programme have been consolidated into 25 key projects, and in November, 24 of these projects were reporting good or reasonable progress.
- At the end of November 2020, the RAG status for the delivery of the 25 Getting to Good work programmes is as below:

RAG Rating	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	5	11
Good - No material performance concerns	5	13

Please note this is the first month reporting for fourteen of the objectives, hence previous month's 'overall' reflects the original 11 key objectives, and 'current' reflects all 25 work streams

Transformational Programme –Getting to Good Progress	Previous month RAG Status	Current month RAG Status
Quality Strategy and Plan		G
Reducing Mortality and Excess Deaths		G
Quality / Regulatory Compliance	G	G
Maternity Transformation	A	A
Increasing Community Engagement		A
Quality Improvement Approach and Methodology		G
Leadership, Development and Education		G
Clinical Standards, Skills and Capability		G
Culture and Behaviours		G
Communication and Engagement	G	G
Recruitment & Retention	G	G
Urgent and Emergency Care	G	G
Restoration & Recovery	A	A
Digital transformation and Infrastructure		A
Physical capacity and estates development		G
Improve Service Sustainability	A	A
Reduction in face-to-face clinic appointments	A	A
System Improvement and integration plan		A
Develop OBC for Hospital Transformation programme	R	R
System Long Term Plan		G
Oversight, assurance, roles and accountabilities		A
Strong Financial Foundations	A	A
Performance data and analytics	G	A
Risk Management		A
Programme and Project Management		G

14 milestones were due to be delivered at the end of November 2020 and a further 33 milestones due in January 2021.

The table below provides an update on the latest status of the November milestones:

G2G Programme	Milestone	Latest position
Quality Strategy and Plan	Implement NIQAM and RALIG	G
Leadership, Development and Education	Deliver leadership development in partnership with the NHS Leadership Academy	G
Urgent and Emergency Care	ECIST Intensive Improvement week around site management and escalation	G
	Development and implementation of QIP Phase 2 focusing on embedding change	G
Restoration & Recovery	Additional business case imaging (MRI) to extend to Q4	G
Digital transformation and Infrastructure	Conclude meetings with CCG, AO and BT, exploratory phase	G
	Paper to identify benefits of digital partnership with the health system and private provider BT and draft outline proposal	G
Physical capacity and estates development	SAU Office Relocation (Medical Records Corridor) - Construction	G
	SAU Office Relocation (Medical Records Corridor) - Handover	G
System Improvement and integration plan	Implement the system governance and performance management to ensure delivery of the systems improvement programmes	A
Develop OBC for Hospital Transformation programme	Formal approval given by NHSI to progress the OBC and confirmation of funding provided	R
Performance data and analytics	Board and Care Group SPC training sessions delivered	G
	QSAG report produced and submitted using SPCs and best practice approach to reporting	G
Programme and Project Management	Business case for additional short term PMO resources	A

Develop OBC for HTP	Status as at end November
<p>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.</p> <p>Following on from the confirmation that £6m of funding had been approved in principle for the Trust to further develop plans for the Hospitals Transformation Programme, the Trust commenced work with an external provider to undertake a readiness assessment for the next stage of development. A draft report will be produced in January including key recommendations and revised timelines.</p>	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.</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>	<p>The Outline Business Case cannot be progressed without the appointment of technical external advisors.</p> <p>Original timescales assumed the advisors would be in place by June.</p> <p>Confirmation of external funding for the next stage of the programme's development has now been received in principle.</p>	<p>Undertake readiness assessment for the next stage. A draft report will be produced in January outlining key recommendations and revised timelines</p> <p>Review and finalise key system assumptions that will be used to complete the strategic outline case and develop the business case</p> <p>Produce programme exception report with revised plan and timelines</p>	<p>Continued escalation of programme funding requirements within system, region and nationally</p> <p>Continue to enhance and improve stakeholder engagement</p>