

Cover page	
Meeting	Board of Directors
Paper Title	Integrated Performance Report – April 2020
Date of meeting	28 May 2020
Date paper was written	22 May 2020
Responsible Director	Chief Executive
Authors	Chris Preston, Bev Tabernacle-Pennington, Maggie Bayley, Arne Rose, Nigel Lee, Rhia Boyode, James Drury, Julia Clarke, David Holden
Executive Summary	
<p>This paper summarises the Trust's performance for April 2020 across each of the following domains:</p> <ul style="list-style-type: none"> <li>• Overall performance dashboard</li> <li>• Quality</li> <li>• Operational</li> <li>• Workforce</li> <li>• Finance</li> <li>• Estates, Facilities, Health and Safety and Security</li> <li>• Risk</li> </ul> <p>It is recommended that the Trust Board <b>notes</b> the content of this paper and <b>supports</b> the actions being progressed.</p>	
Previously considered by	N/A

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

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
Link to strategic objective(s)	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work			
Link to Board Assurance Framework risk(s)	BAF risks 1533, 1746, 561, 670, 1558, 423			
Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)			
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA			
Financial assessment	No financial impact			

# Integrated Performance Report

## April 2020

Chief Executive, Louise Barnett  
Report to Board - 28 May 2020



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# Contents

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

# Overall performance dashboard – April 2020

	Measure	Target	Actual	Bench marking	Trend	Kitemark	Comment
S a f e	Serious Incident Reporting	0	1		↑	🟢	
	Never Events	0	1		↑	🟢	
	Harm Free Care						Not currently routinely collected (contract variation)
	VTE Risk Assessments	95.0%	93.8%	95.7%	↓	🟢	
	Falls per 1000 bed days	6.6	3.7		↑	🟢	
E f f e c t i v e	Hospital Acquired Pressure Ulcers (Cat 2 Confirmed)		10		↑	🟢	Target to be confirmed
	C Diff Infection Cases	43	1		↓	🟢	
	HSMR	100	74.9	92.3	↓	🟢	
	Readmission Rate		7.2%	4.7%	↓	🟢	Target to be confirmed
	Ambulance Handover		3	19	↓	🟢	Target to be confirmed
C a r i n g	Super Stranded		29		↓	🟢	Target to be confirmed
	Average LOS (Adult Emergency)		6.2	7.9	↓	🟢	Target to be confirmed
	Agency Staffing		9.4%		↓	🟢	Target to be confirmed
	Friends and Family Test: % Recommended by Patients - Inpatients (NHS)	95.0%	98.0%	96.1%	↑	🟢	
	Complaints Rate	23	15		↑	🟢	
R e s p o n s i v e	A&E Left Without Being Seen		51		↓	🟢	Target to be confirmed
	Maternity - Emergency C Sections	<10%	11%		↑	🟢	
	Mixed Sex Accommodation Breaches - Confirmed	0	56		↓	🟢	National reporting on NSA breaches has been paused due to COVID19 impact
	RTT Performance	92.0%	71.5%	79.70%	↓	🟢	
	Waiting Times - Diagnostic Waits	99.0%	34.2%		↓	🟢	
W e l l l e d	A&E 4 Hour Performance	95.0%	84%		↑	🟢	
	52 Week Breaches	0	37		↑	🟢	
	Cancer Waiting Times - 62 Day	85.0%	64%	78.9%	↓	🟢	
	Retention rate exc. Junior Drs		88.7%		↑	🟢	Target to be confirmed
	Sickness	4.0%	3.95%		↓	🟢	
L e d	PDP Completion	90.0%	90.5%		↑	🟢	
	Financial surplus/deficit	0	0				
	CIP Target						Target to be confirmed
	Capital Programme Delivery		0.3M				Target to be confirmed
	Staff FFT	80%	58%		↑	🟢	

## Key Achievements

15 formal complaints were received in April 2020, this is significantly lower than previous months, largely as a result of reduced activity during the COVID19 pandemic. 8 complaints related to RSH, and 7 related to PRH. The team has put in place patient experience facilitators which enable patients to keep in touch with families through the use of iPads when they can't have visitors.

We have seen improvements in both our appraisal rates and mandatory training performance. During COVID19 we have been encouraging staff to update their training whilst working from home or shielding.

## Key Concerns

We have seen a substantial rise in the number of 52 week breaches, this has mainly been due to the impact of the COVID19 pandemic and the suspension of elective services. We are working to reduce this over the coming months, but are expecting a further rise in the short term as we restore services and review waiting lists.

There was one Serious Incident reported in April 2020 that was also categorised as a 'Never Event'. This related to a retained swab and is currently being investigated.

## Sustained Delivery

Readmission rates have remained low and our work on super stranded patients has continued to progress especially through the development of the integrated discharge team. Our strong performance in these areas has contributed to our LoS remaining low.

Since January 2020, we have seen a continued reduction in the number of patients attending our A&E departments who have left without being seen - although this is partly attributable to lower attendances (linked to COVID19).

## Continued Challenged Performance

Falls with harm continue to be a concern. An external review has been undertaken and the outcomes of this are being taken forward in an improvement plan for this area.

Cancer performance has also been impacted by the COVID19 pandemic and remains challenging. Work is underway through the Trust's Restoration and Recovery programme to put in place plans that will restore cancer performance as soon as practically possible.

		Trend		Benchmark	
CQC Rating	Inadequate	Key	↓	Down from last reported figure (worse)	Middle Quartile against peers
SOF Rating	4		↑	Up from last reported figure (better)	Lower Quartile against peers
			↑	Up from last reported figure (worse)	Upper Quartile against peers
			↓	Down from last reported figure (better)	

## Data kitemark

S - Sign Off and Validation

T - Timely & Complete

A - Audit & Accuracy

R - Robust Systems & Data Capture



Green - assurance in place;  
Amber - more assurance required

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

# Quality

Medical Director, Arne Rose  
Chief Nurse, Maggie Bayley



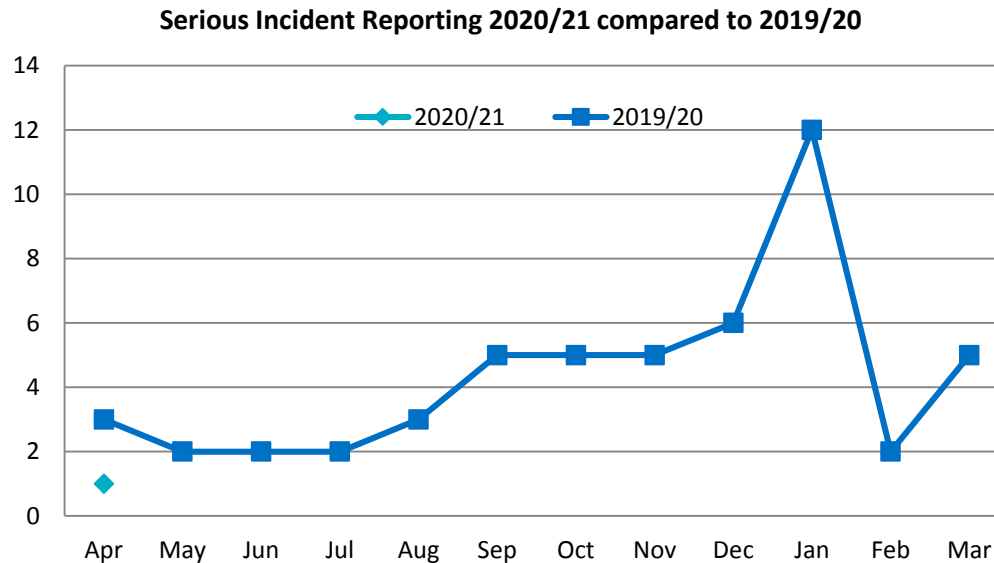
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# Executive summary

- One Serious Incident, also reported as a Never Event, being investigated
- Actual number of falls has reduced in month and falls per 1,000 bed days remains consistently below the national benchmark
- No falls resulting in moderate or severe harm
- Reduction in complaints and PALS contacts
- Mortality metrics are within expected range
- 2 Category 3 hospital acquired pressure ulcers reported

# Serious Incidents

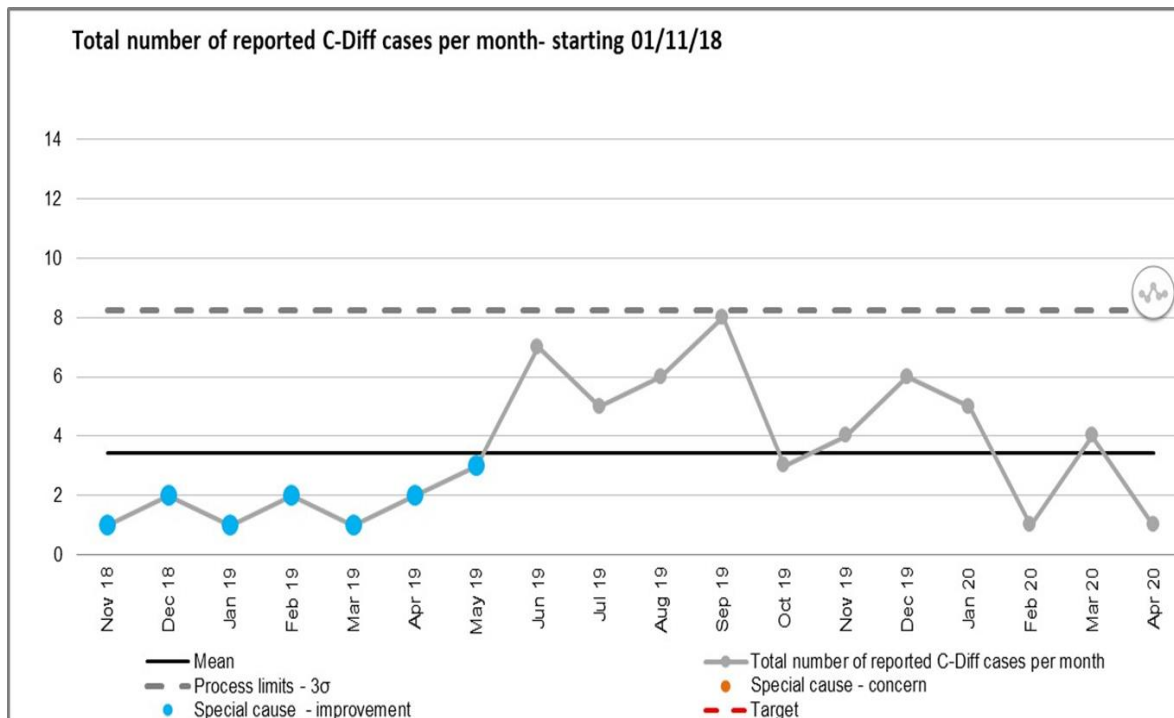
There was 1 Serious Incident reported in April 2020, this was also categorised as a 'Never Event', this related to a retained swab and is currently being investigated





# Infection Prevention and Control

The Trust Target for 2019/20 was for ***no more than 43 cases to be attributed to the Trust***; in total 54 cases were attributed to the Trust in 2019/20.



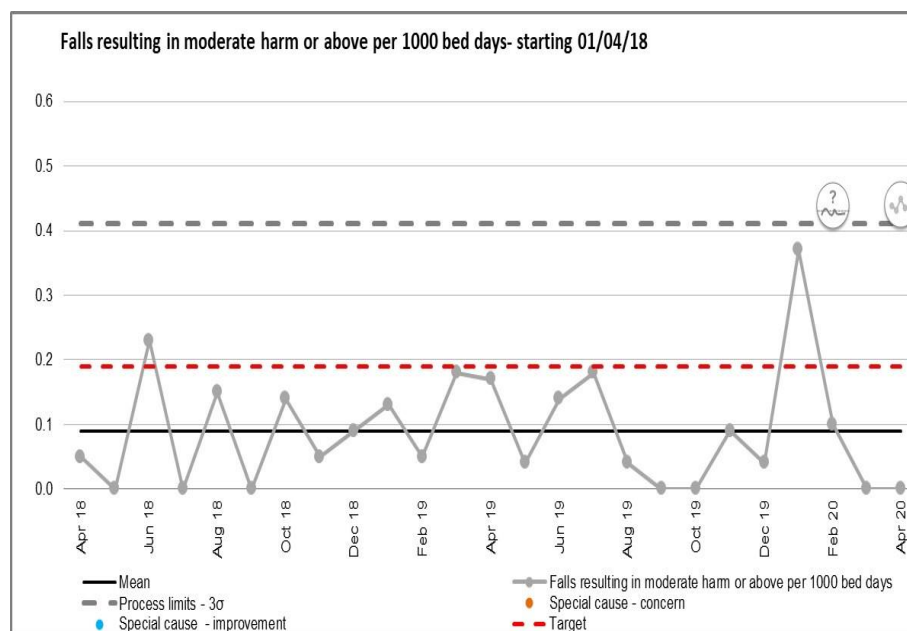
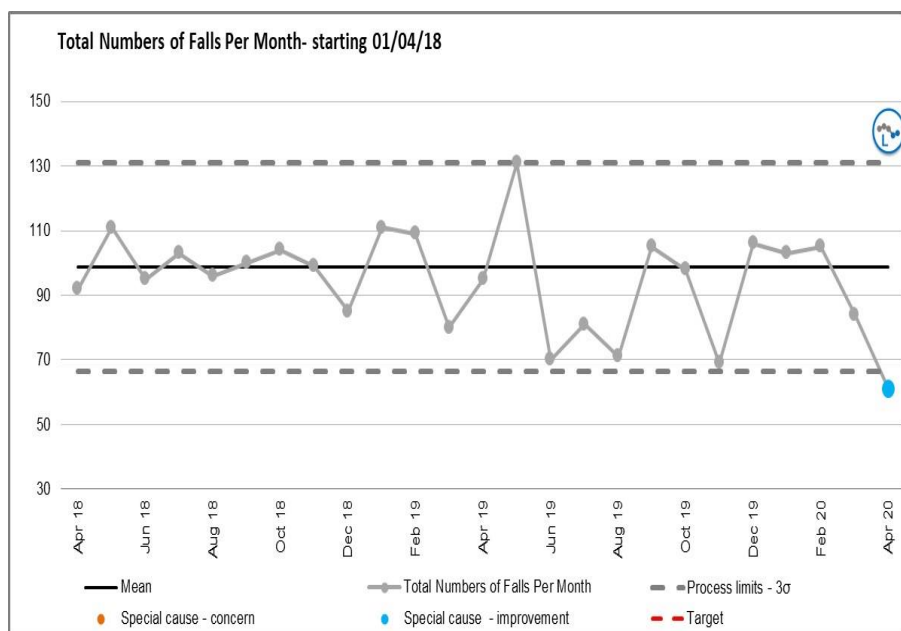
No target for the Trust for 2020/21 has published by NHSI/E for 2020/21. An internal target of ***no more than 43 cases*** has been set until formal notice is received in relation to the target this year.

In April 2020 there was 1 case of CDiff attributed to the Trust.

All cases have an RCA investigation undertaken to ensure any actions/learning addressed

# Falls

61 falls were reported in April 2020, the lowest for over 2 years (however, this needs to be seen in the context of reduced bed occupancy in April 2020 due to COVID19)  
Falls per 1,000 bed days remains consistently below the national benchmark of 6.6.

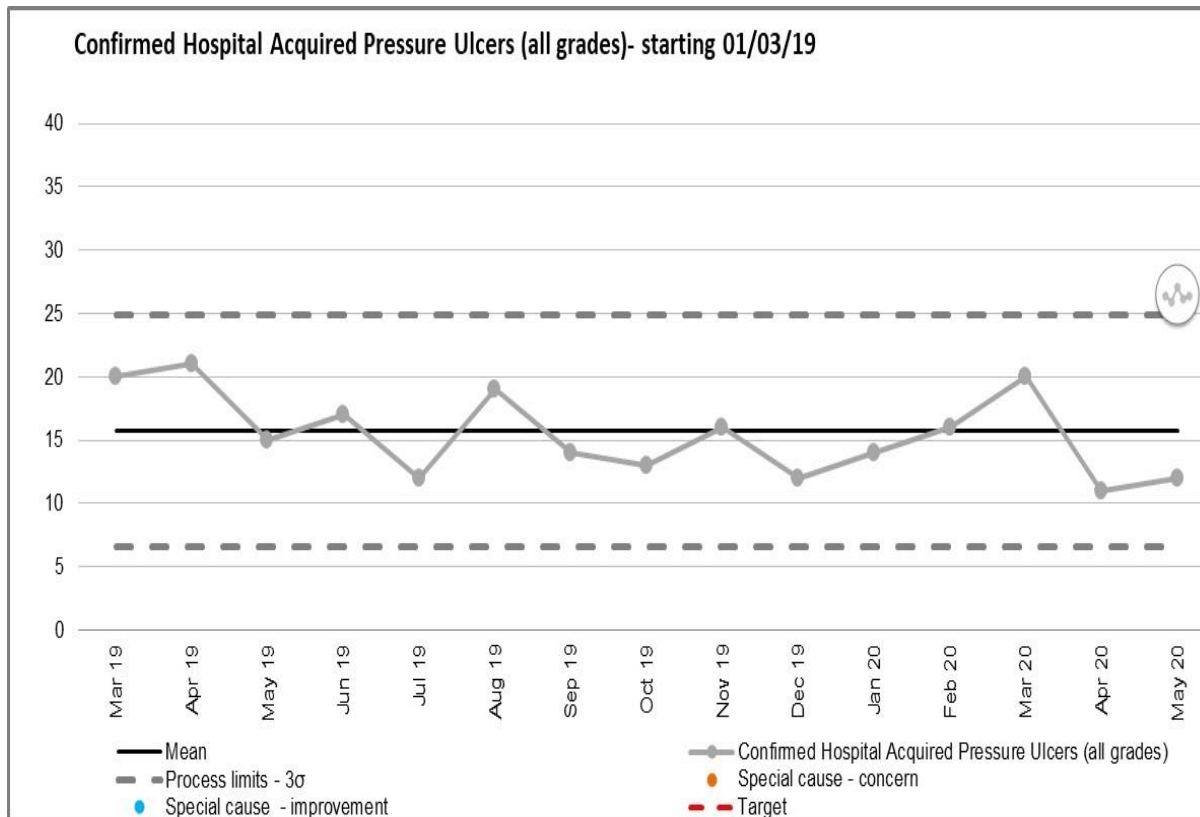


There have been no falls resulting in moderate or severe harm in April 2020.

From September 2019, all falls which result in severe harm are reported as serious incidents and a full RCA investigation is undertaken.

# Pressure Ulcers (all categories)

A total of 12 hospital acquired pressure ulcers were reported for April 2020

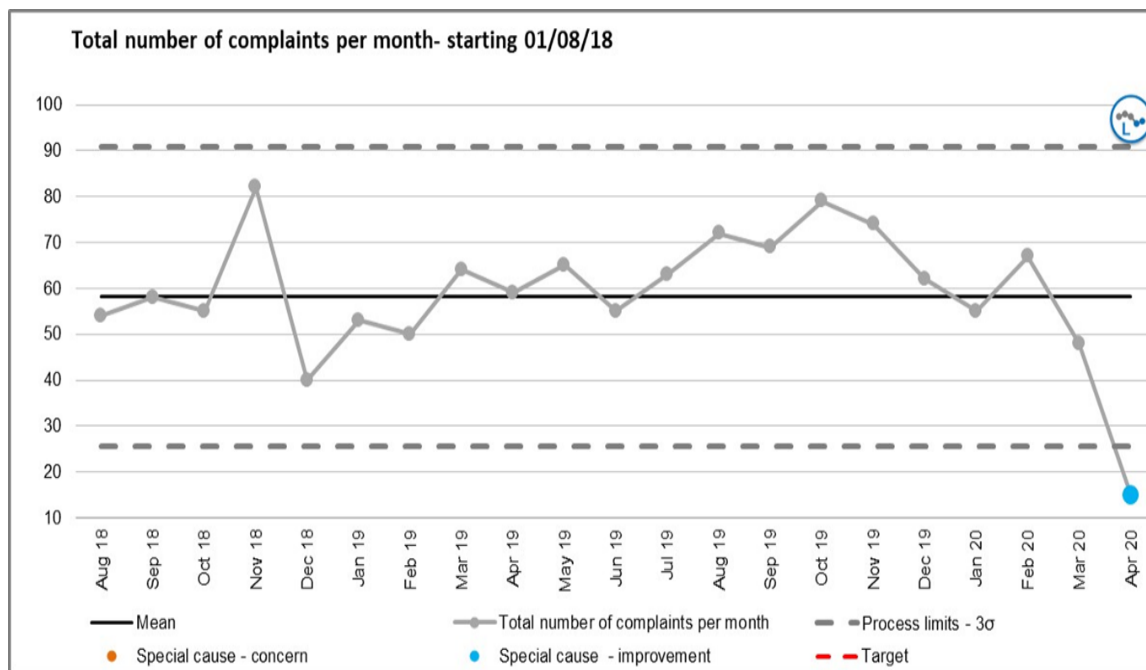


- 2 Category 3 pressure ulcers were reported
- All Category 3 or above Pressure Ulcers have an RCA investigation undertaken and are presented to a Tissue Viability Panel to agree actions and learning
- 10 Category 2 pressure ulcers were reported
- All pressure ulcers were validated by the Tissue Viability Team

A predominant theme in relation to the Category 2 pressure ulcers was linked to device related injuries in ITU associated with the COVID 19 patients an essential equipment and positioning required

# Complaints

The total number of complaints fell in April 2020 (reflective of the reduced activity across the Trust due to COVID19).



15 complaints were received:

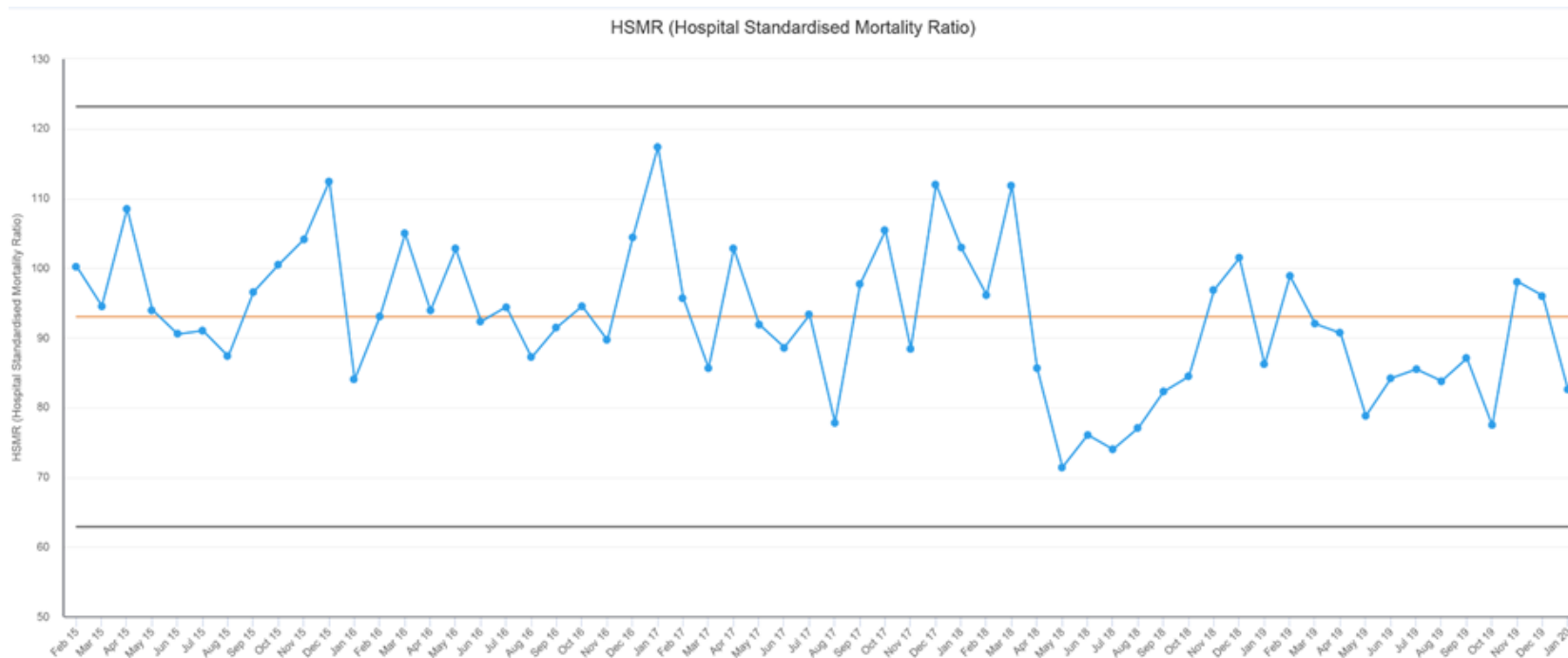
- 8 complaints related to RSH
- 7 complaints related to PRH
- No new trends or themes identified in relation to these complaints

79 PALS contacts were received (again a reduction from previous months). Themes related to communication with family members who are unable to visit, concerns about cancelled appointments and discharge plans

# Mortality

Overall the mortality metrics for the Trust are within the expected range.

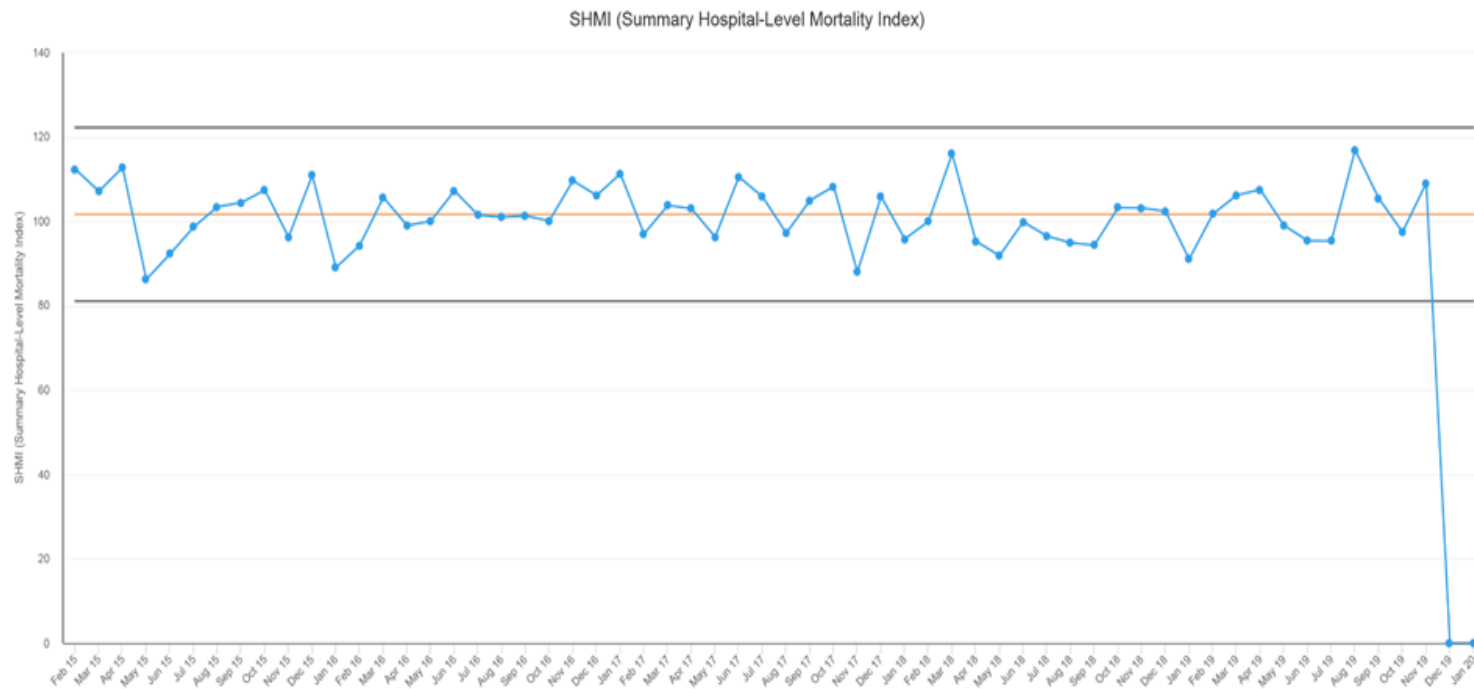
HSMR (February 2015-January 2020)



# Mortality

Overall the mortality metrics for the Trust are within the expected range.

SHMI (note data not updated on CHKS from Nov 2019)

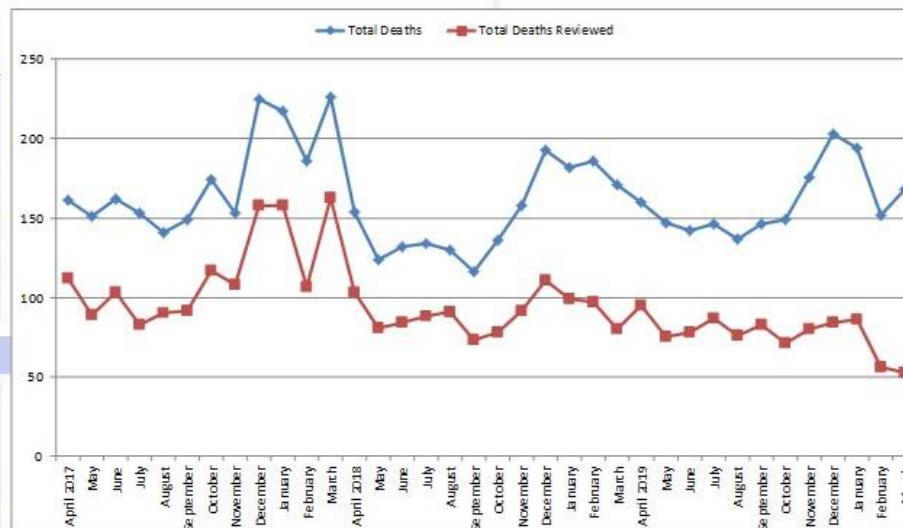


# Learning from deaths - reviews

Summary of total number of deaths and total number of cases reviewed under the Trust Casenote Review Methodology

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)**

Total Number of Deaths in Scope		Total Deaths Reviewed		Total number of deaths considered to have been potentially avoidable (CESDI 3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
168	152	53	56	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
514	528	195	235	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1920	1816	924	1077	4	5



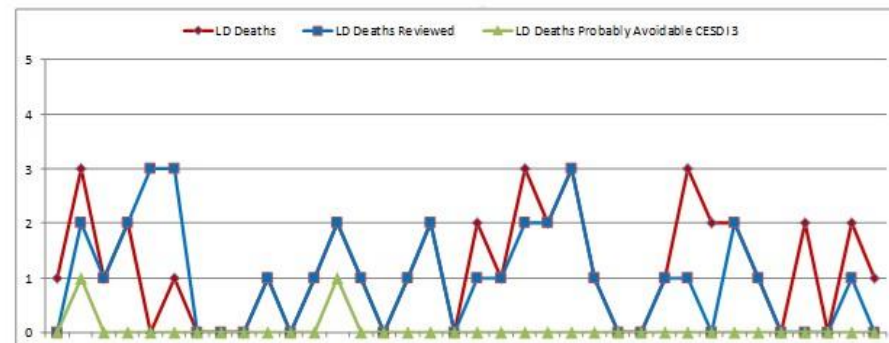
**Total Deaths Reviewed by Methodology Score**

CESDI 0 No sub optimal care		CESDI 1 Some sub optimal care which did not affect the patient's outcome		CESDI 2 Some sub optimal care which might have affected the patient's outcome	
This Month		This Month		This Month	
48		3		0	
This Quarter (QTD)		This Quarter (QTD)		This Quarter (QTD)	
173		18		2	
This Year (YTD)		This Year (YTD)		This Year (YTD)	
798		104		11	

Summary of total number of deaths of patients with a Learning Disability and, the total number reviewed under the LeDeR and Trust methodology

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities**

Total Number of Deaths in scope		Total Deaths Reviewed by Trust or Reported Through the LeDeR Methodology		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
1	2	1	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	3	1	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
14	18	14	18	0	1





# Key messages

- Continue focused improvement work to reduce falls across the Trust, including timely completion of risk assessments and implementation of Falls Prevention Care Plan
- Improvement work to reduce number of Category 2 pressure ulcers and roll out of Skin Bundle
- Focused work on completion of Serious Incidents and complaint responses in line with national timescales
- Review of the mortality process and systems in place
  - NICHE commissioned by CCG to undertake mortality review (with system focus) which will review c 200 deaths from Oct 19 to Mar 20
  - Process for addressing the backlog in mortality reviews from 1st April 2020 planned



# Operational

Chief Operating Officer, Nigel Lee



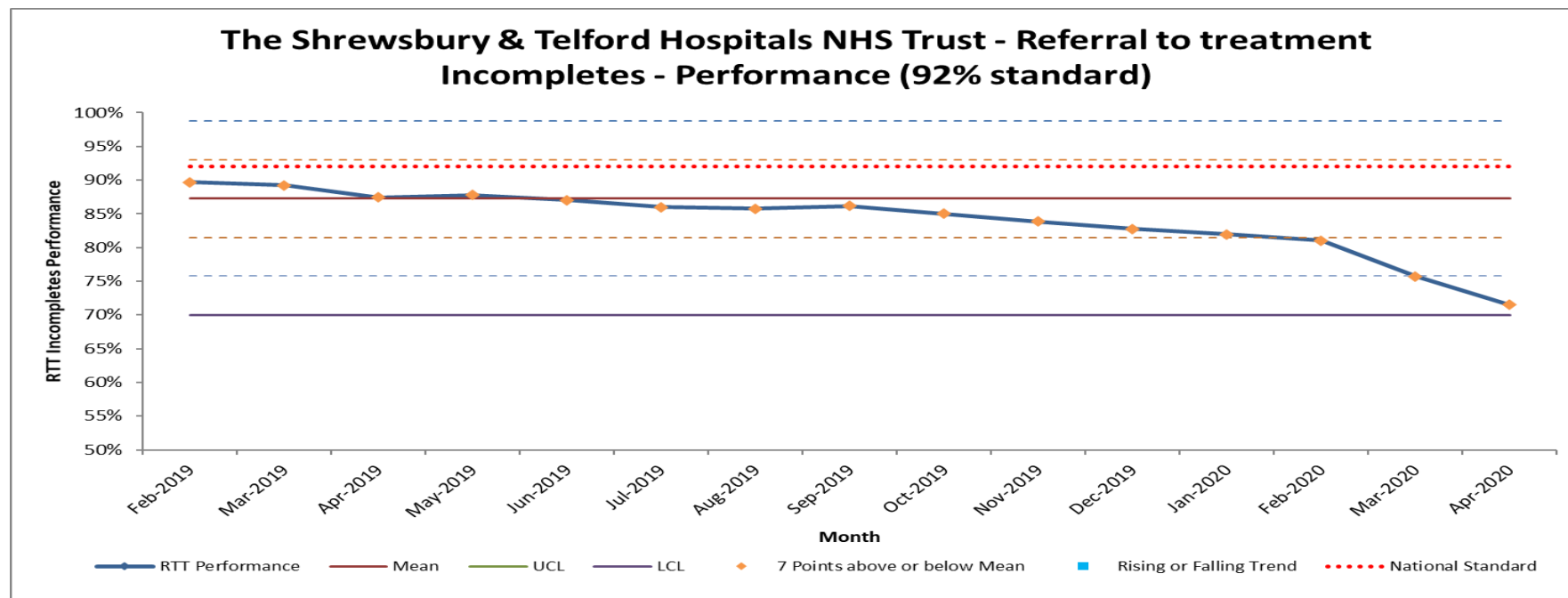
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# Executive summary

- Significant impact of COVID19 on Elective and Cancer referrals and activity
- Increase in RTT (inc >52 weeks), and DM01 waiting lists and reduction in performance
- Impact on Cancer – reduction in referrals, reduction in pathways closed and increase in >62 day and >104 day numbers
- A&E demand reduced, but with corresponding improvement in performance (4 hours, Ambulance Handover)

# Elective activity - RTT

Please note the SPC graph has been calculated using 24 point, however only 14 points are illustrated



**April 20–** month saw continued pressure on elective activity due to Covid-19, with 10, 52 week waiters

## Key actions for May 2020 :

- Focus on Cancer and Urgent activity
- Dialogue with CCG re cancer and urgent referrals
- Capacity options reviewed in line with National Guidance

## Key risks:

- Continued reduction in RTT May 2020 given the current context.
- Increased 52 week waits

# RTT Waiting List size



The total waiting list size for April 2020 was 22,234. The predicted waiting list for May 2020 is 22,150, with a performance of 66%.

In March 2020 the number of 40+ week patients waiting stood at 245, the number of 40+ week patients waiting has risen to 471 for April 2020. 52+ patients waiting were up by 26 too, making it 37 patients waiting for the month.

There was a drop in the number of patients on the Non-Admitted list as at the end of March 20 due to technical issues around the cancellation of clinics on the PAS system and the inability to book new referrals on to the system due to there being no slots to book into. The Admitted list size increased significantly due to the cancellation of Elective activity at the mid-point of March 20. It has however remained stable mainly due to the absence of Decisions To Admit resulting from the lack of Outpatient contact or Diagnostic testing/review. As Non-Admitted activity increases in the coming weeks this number can be expected to grow, only impacted by any resumption of Elective Activity at the Trust or redirection to other supporting Providers such as Nuffield.

# RTT April 2020

## Total Incompletes

Treatment Function	MEDIAN	MEDIAN (95%)*	% within 18 weeks
General Surgery	11.46	37.77	71.23%
Urology	12.04	39.10	69.41%
Trauma & Orthopaedics	11.02	30.49	73.37%
Ear, Nose & Throat (ENT)	12.73	30.91	70.91%
Ophthalmology	13.25	29.93	65.57%
Oral Surgery	19.58	43.37	46.78%
Cardiothoracic Surgery	-	-	100.00%
General Medicine	7.68	27.86	84.95%
Gastroenterology	8.57	20.22	91.19%
Cardiology	13.02	32.87	66.99%
Dermatology	8.77	22.00	89.62%
Thoracic Medicine	11.31	29.82	74.50%
Neurology	-	-	100.00%
Rheumatology	-	-	-
Geriatric Medicine	10.20	25.12	84.15%
Gynaecology	8.83	27.95	84.33%
Other	10.55	30.65	75.99%
<b>Total - April 2020</b>	<b>11.68</b>	<b>33.12</b>	<b>71.51%</b>

<=18 Wks	>18 Wks	Total Incomplete waiting list
2097	847	2944
1173	517	1690
485	176	661
2111	866	2977
2481	1303	3784
827	941	1768
16	0	16
621	110	731
1108	107	1215
1179	581	1760
466	54	520
593	203	796
4	0	4
0	0	0
276	52	328
1545	287	1832
918	290	1208
<b>15900</b>	<b>6334</b>	<b>22234</b>

Total Incomplete		
>26	>40	52+
469	101	3
283	80	17
67	6	1
301	44	0
518	26	1
571	150	10
0	0	0
42	2	0
14	0	0
275	22	1
12	1	0
79	7	0
0	0	0
0	0	0
12	2	0
111	16	3
127	14	1
<b>2881</b>	<b>471</b>	<b>37</b>

<b>Total - Mar 2020</b>	<b>9.43</b>	<b>31.24</b>	<b>75.73%</b>
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<b>13031</b>	<b>4177</b>	<b>17208</b>
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<b>1650</b>	<b>245</b>	<b>11</b>
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<b>Total Variance Mar 20 vs Apr 20</b>	<b>2.25</b>	<b>1.88</b>	<b>-0.04</b>
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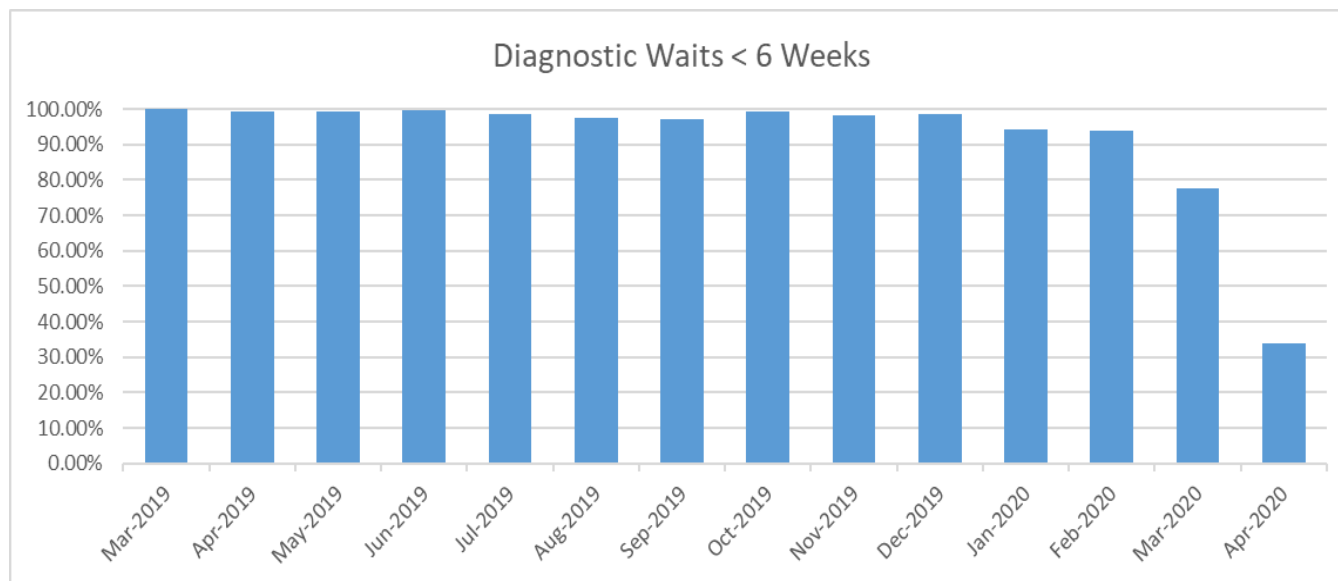
<b>2869</b>	<b>2157</b>	<b>5026</b>
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<b>1231</b>	<b>226</b>	<b>26</b>
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\*Exclude Total WL < 50

Reduced Elective capacity has been impacted on waiting list size and increased the median waiting times.

# Diagnostics waiting time



## Key Actions:

Covid-19 impact has resulted in significant changes to capacity from March.

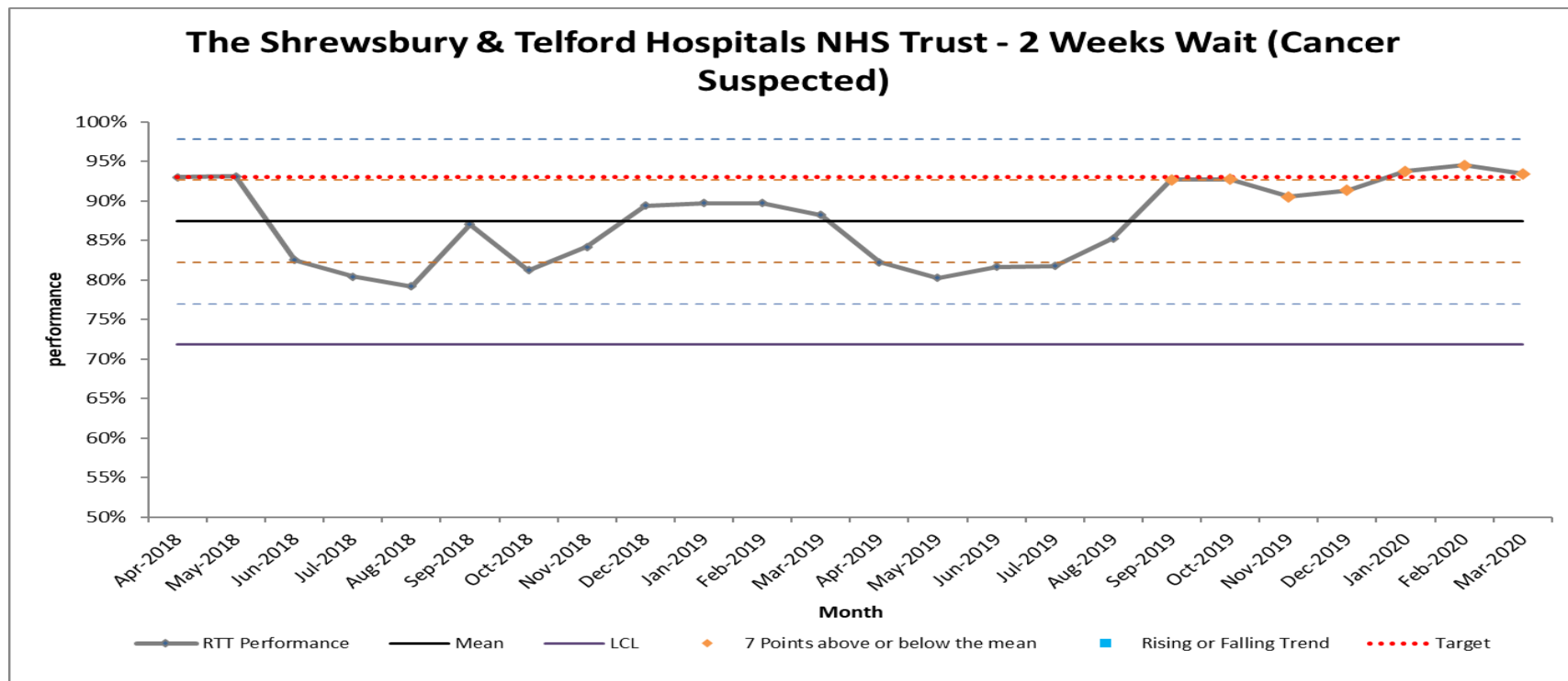
## Key Risks:

Continued impact in May due to Covid-19

## DM01 Waiting List Performance April 2020

		Total WL	Total > 6Wks	Proc Perf	Total WL	Over 6 wks	Performance
Imaging	Magnetic Resonance Imaging	2452	1872	23.7%	6979	4922	29.5%
	Computed Tomography	1357	904	33.4%			
	Non-obstetric ultrasound	3170	2146	32.3%			
Physiological Measurement	Audiology - Audiology Assessments	459	170	63.0%	1166	457	60.8%
	Cardiology - echocardiography	645	249	61.4%			
	Neurophysiology - peripheral neurophysiology	1	0	100.0%			
	Respiratory physiology - sleep studies	52	37	28.8%			
	Urodynamics - pressures & flows	9	1	88.9%			
Endoscopy	Colonoscopy	338	237	29.9%	1230	789	35.9%
	Flexi sigmoidoscopy	209	130	37.8%			
	Cystoscopy	145	76	47.6%			
	Gastroscopy	538	346	35.7%			
Total					9375	6168	34.2%

# Cancer 2 Week Wait



## Key Actions 2020

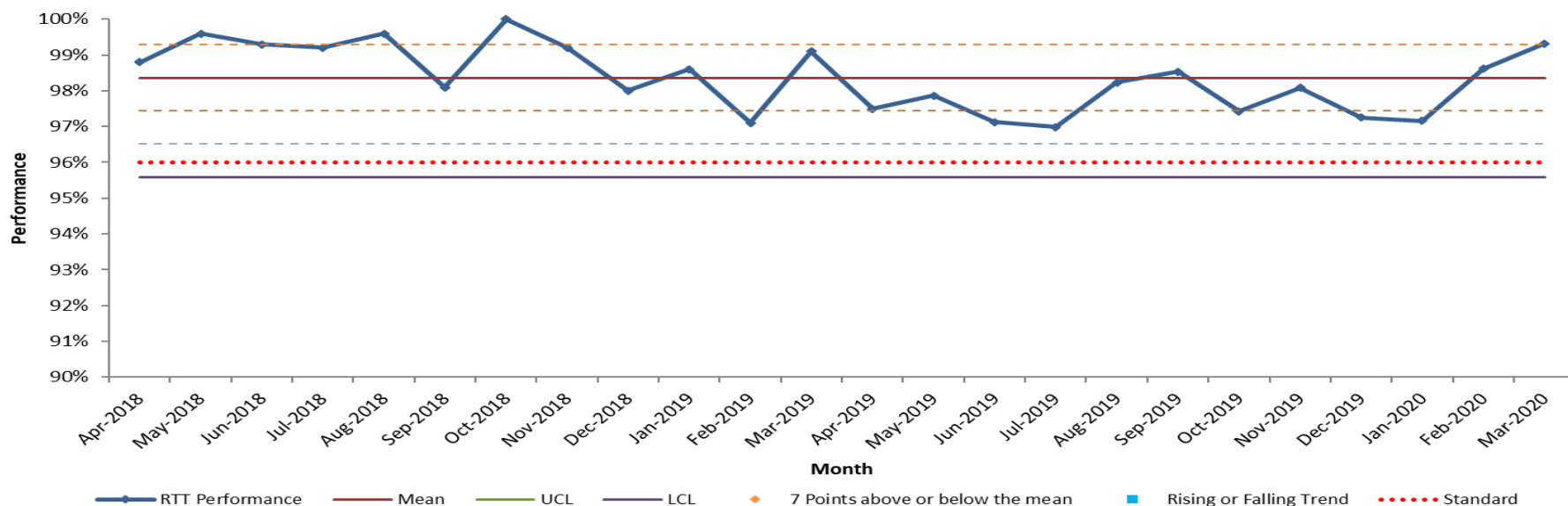
- Continue to follow revised triage / telephone call as first OPA until such time as advised to do otherwise
- Weekly meetings between Cancer Services & 2WW team / ops teams

## Key Risks

- Capacity for all 2 week wait patients in target.
- Consistent approach to following new guidance
- Covid-19 impact
- Current prediction for April 2020 shows performance at 81.72%

# Cancer 31 Day Wait summary

**The Shrewsbury & Telford Hospitals NHS Trust - 31-Days Wait (First Treatment)**



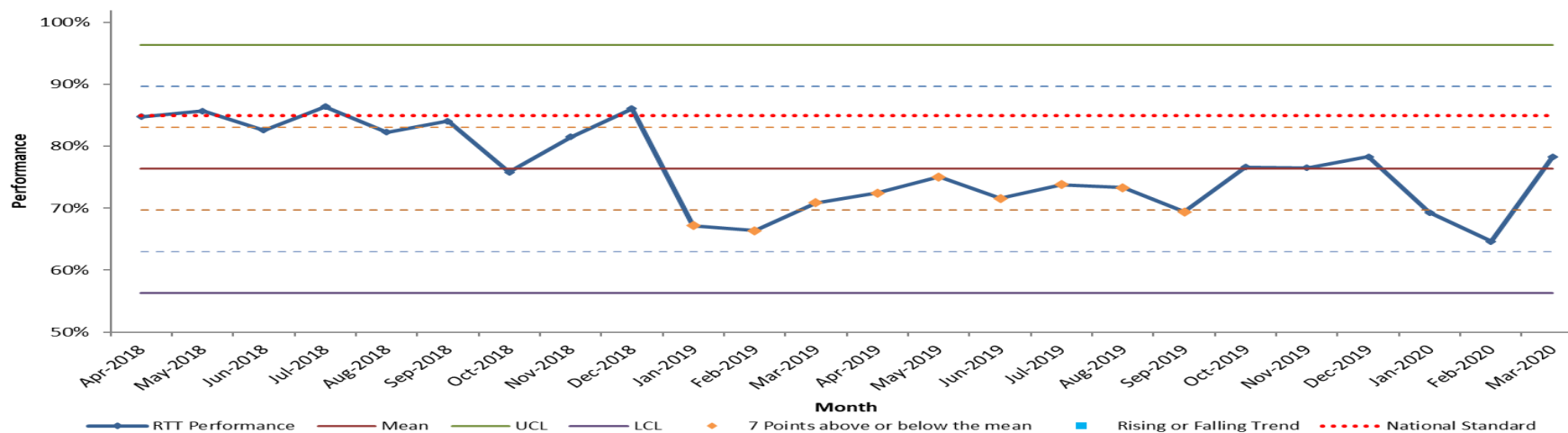
Cancer Waiting Times - 31 Day First Treatment	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Number Treated < 31 Days	248	267	280	262	280	270	273	275	249	260	254	268	
Total Number Seen	250	269	283	264	282	274	273	277	253	262	255	269	
Performance % (96% standard)	99.2%	99.3%	98.9%	99.2%	99.3%	98.5%	100.0%	99.3%	98.4%	99.2%	99.6%	99.6%	
Number Treated < 31 Days	272	274	237	290	277	269	303	256	248	274	214	292	182
Total Number Seen	279	280	244	299	282	273	311	261	255	282	217	294	185
Performance % (96% standard)	97.5%	97.9%	97.1%	97.0%	98.2%	98.5%	97.4%	98.1%	97.3%	97.2%	98.6%	99.3%	98.4%

April 2020 predicted figures



# Cancer 62 Day GP Referral

The Shrewsbury & Telford Hospitals NHS Trust - 62-Days Wait (Standard)



Cancer Waiting Times - 62 Day GP Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Ongoing Forecast - Number Treated < 62 Days	106	122	132	115	142	87	94	123	118	123	103	111	
Total Number Seen	141	154	162	141	168	129	133	162	153	161	129	133	
Performance % (85% standard)	75.1%	79.2%	81.4%	81.5%	84.5%	67.7%	70.9%	76.2%	77.1%	76.4%	80.2%	83.5%	
Number Treated < 62 Days	114.5	122	109.5	125.5	103	100	136	114	115	117	90	126	72
Total Number Seen	158	162.5	153	170	140.5	144	177.5	149	147	169	140	161	100
Performance % (85% standard)	72.5%	75.1%	71.6%	73.8%	73.3%	69.4%	76.6%	76.5%	78.2%	69.2%	64.3%	78.3%	72.0%

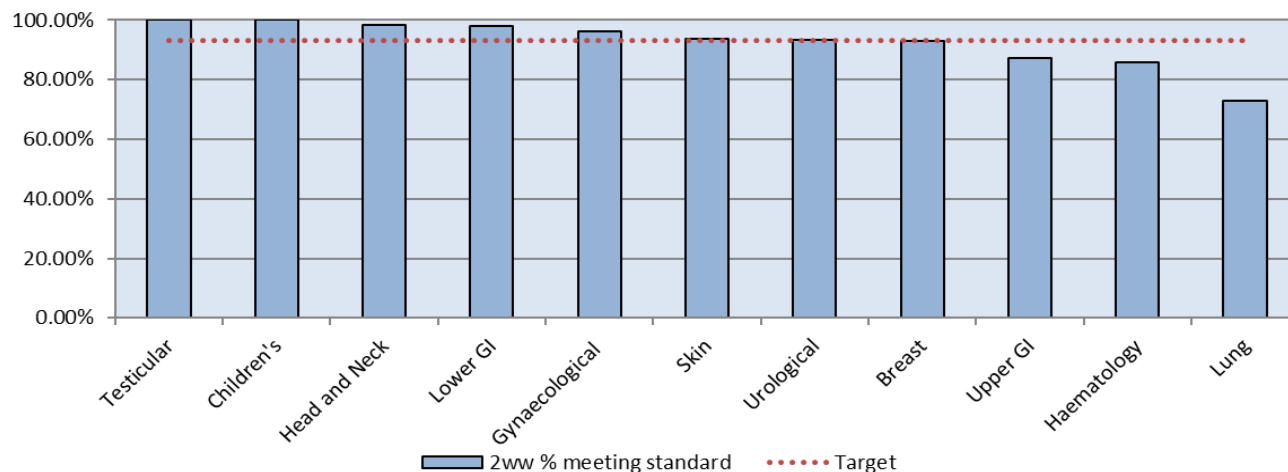
April 2020 predicted figures

## Key Risks

- Urology capacity
- Anaesthetic capacity due to COVID19
- Diagnostic capacity due to COVID19

# Cancer Performance By Tumour – Mar 20

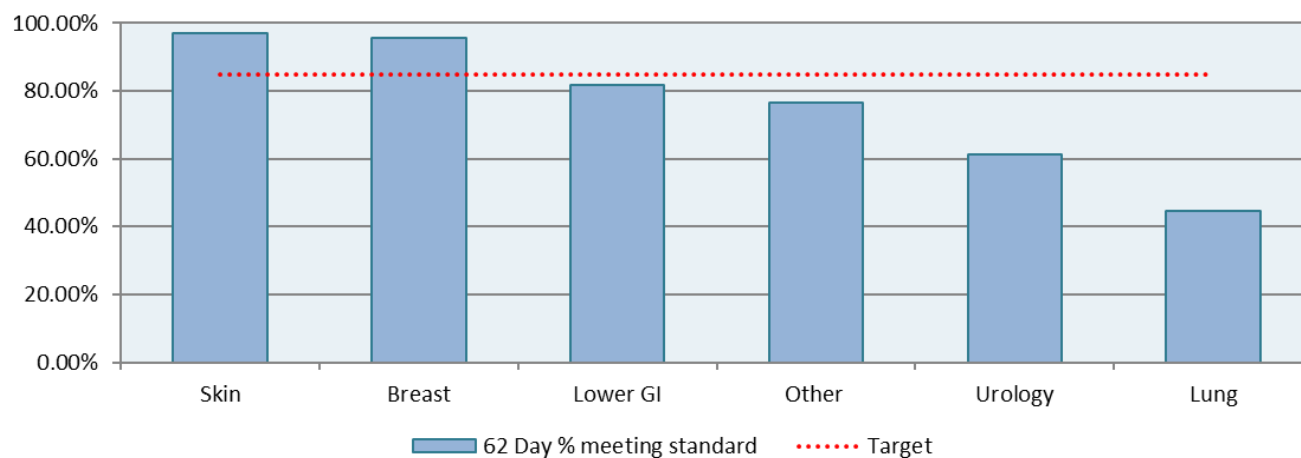
## 2 Week Wait % Meeting National Standard



### 2 Week Wait:

There are currently significant delays for Oncology appointments for certain specialties (up to 3 weeks or more) as a result of capacity issues.

## 62 Day % Meeting National Standard



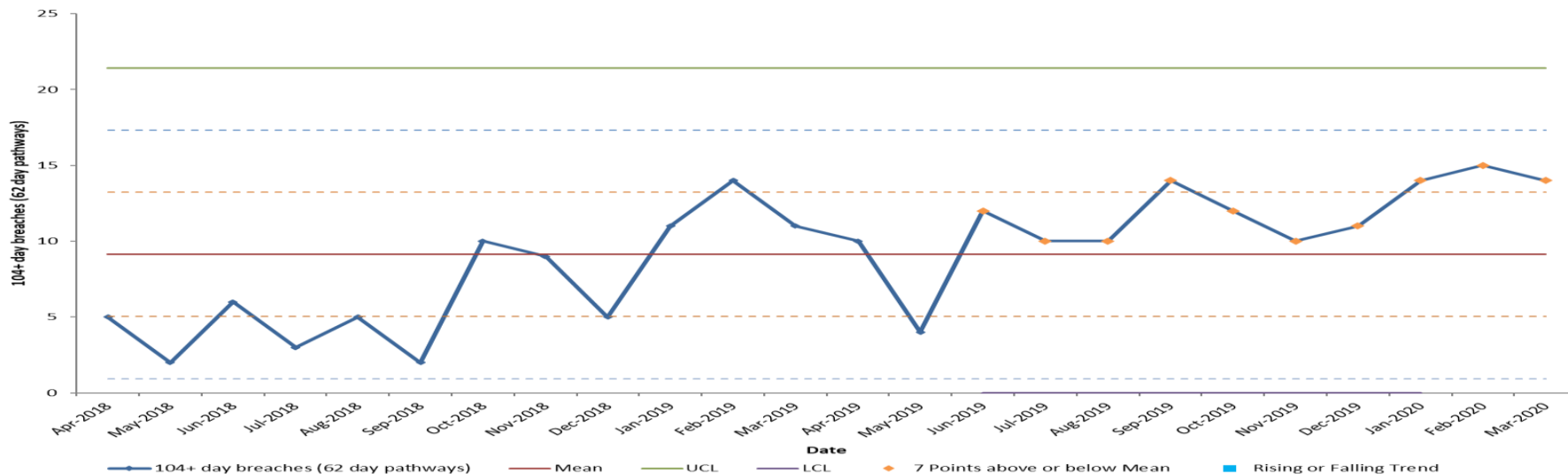
### 62 Day:

Current prediction for April 2020 is at 72.64%. The reduction in performance is as a result of clearing the backlog of patients waiting over 62days.

Lung, Urology and Lower/Upper GI remain risk areas

# 104 day breaches

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

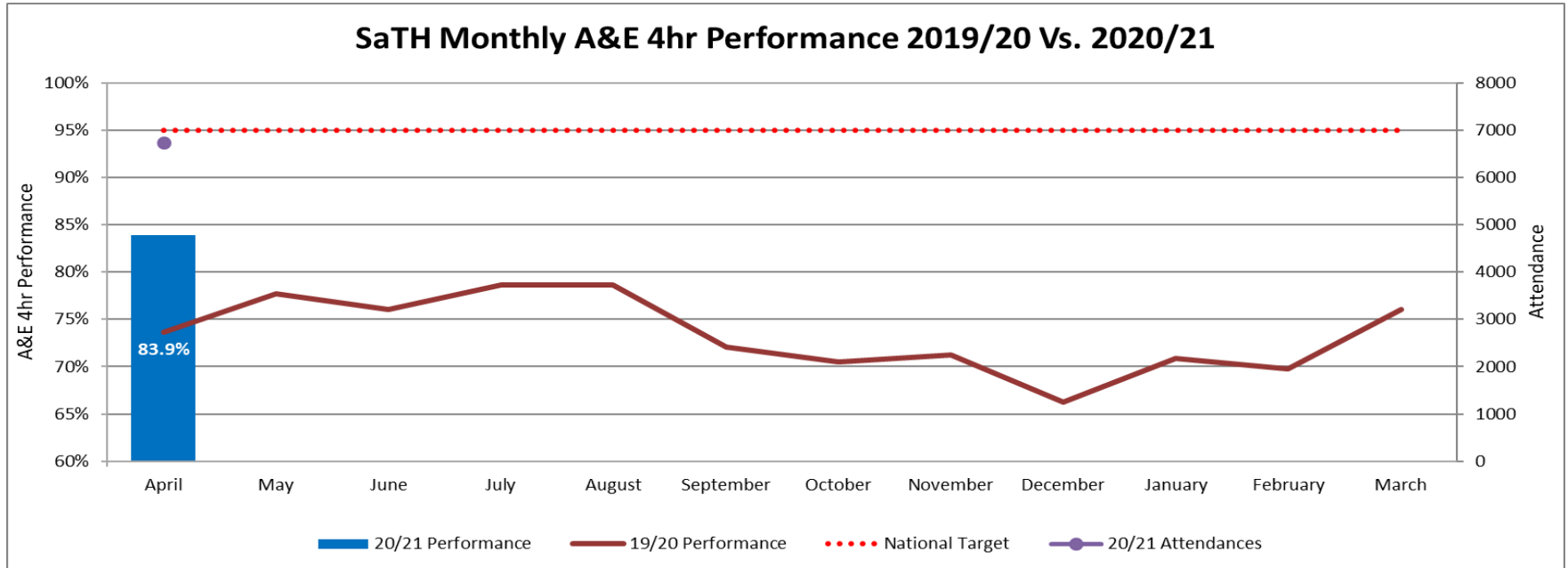


The following patients received their first definitive treatment for cancer after 104 days in January 2020(the target for referral to treatment being 62 days):-

1 x Colorectal (113 days) - Delay for diagnostics / patient choice.  
 1 x Gynaecology (104 days) - Complex diagnostic pathway  
 1 x Lung (123 days) - Complex diagnostic pathway  
 1 x Lung (160 days) - Out-patient capacity inadequate/patient choice/diagnosis delayed for medical reasons.  
 1 x Lung (169 days) - Complex diagnostic  
 1 x Lung (110 days) - Complex diagnostic pathway  
 1 x Lung (105 days) - Complex pathway - multiple investigations needed  
 1 x Skin (117 days) - First OPA day 23. Delays for OPA following MDT discussion.

1 x Urology (114 days) - Delay for diagnostics / elective capacity  
 1 x Urology (140 days) - Complex diagnostic pathway  
 1 x Urology (123 days) - Patient choice - patient choice to delay repeat PSA testing with GP  
 1 x Urology (120 days) - Patient choice to delay diagnostic  
 1 x Urology (124 days) - 27 days for MRI from request to report.  
 1 x Urology (122 days) - Delay for diagnostics / out-patient capacity inadequate.

# A&E Performance



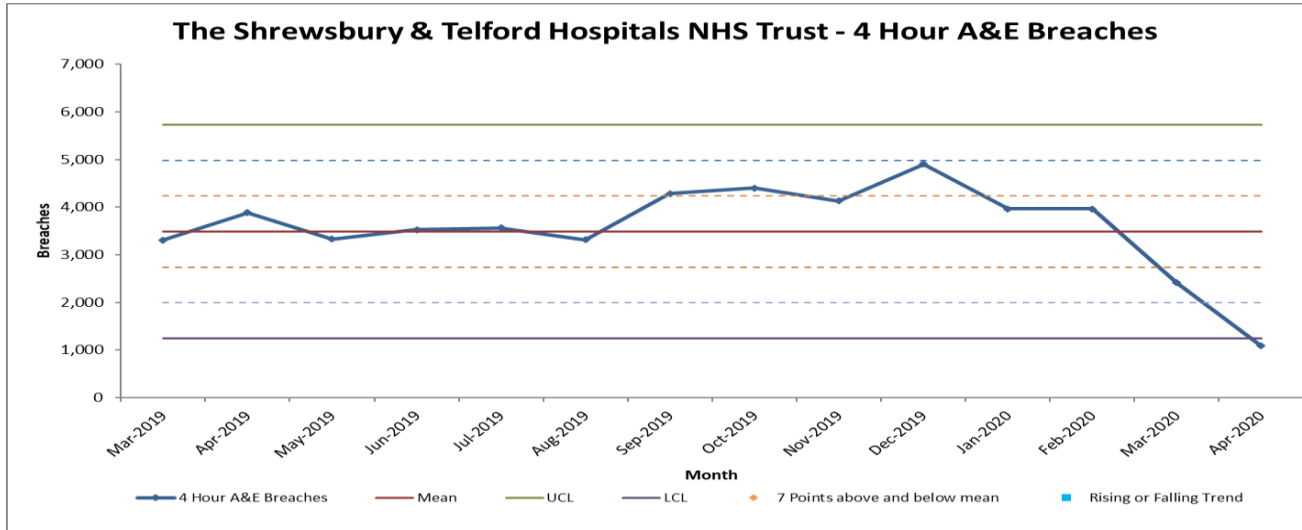
March includes pre COVID19 period and the start of COVID19 activity.

The priority areas in March/April are:-

- 4 hour performance
- ED department management processes
- Internal professional standards

# A&E Breaches

Please note the SPC graph has been calculated using 24 point, however only 14 points are illustrated

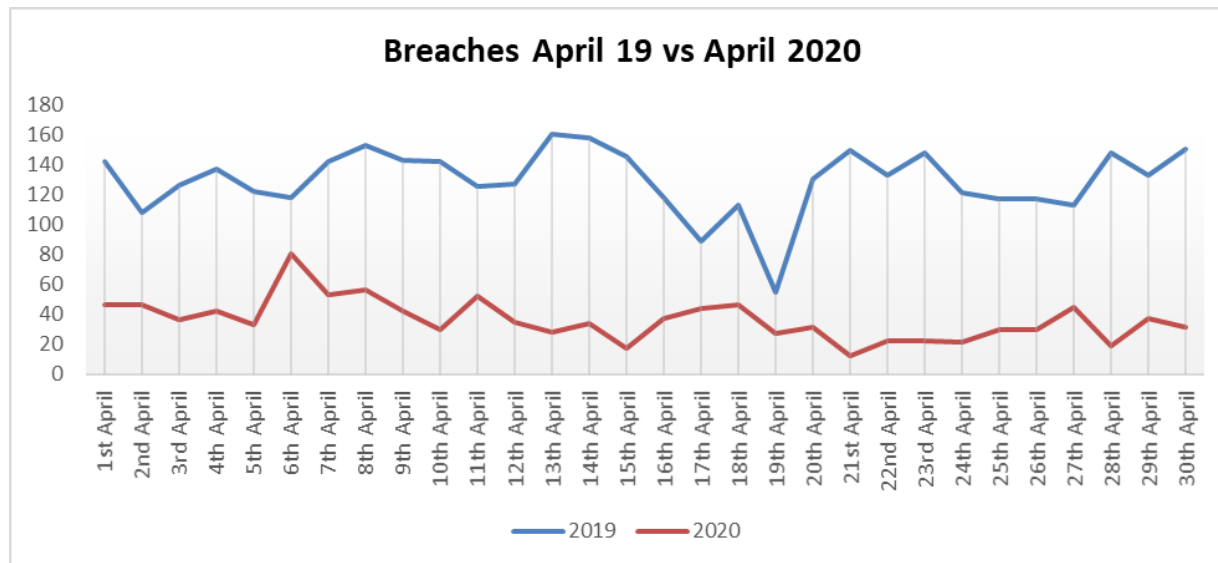


## Breaches

A decrease in ED demand has reduced breaches by 72% (April 2019 vs April 2020)

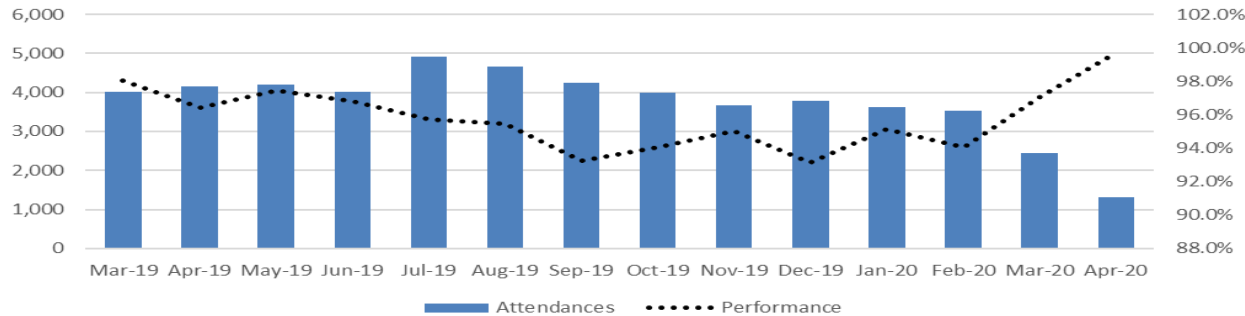
Compared to March 2020 (which saw reduction, more so in the later part) April 2020 breaches were down by 55%.

The average number of daily breaches for Apr-20 were 36 compared to 129 for the same time last year.



# Minor injuries 4 Hours performance

SaTH Minor (by location) Performance



**Attendance Comparison**

Apr-20 vs Apr-19

-68%

**Breach Comparison**

Apr-20 vs Apr-19

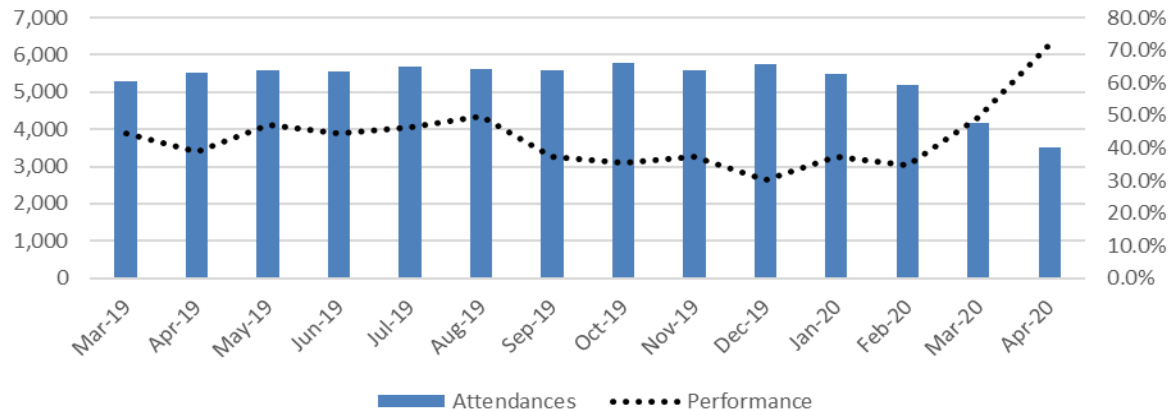
-97%

**Performance Comparison**

Apr-20 vs Apr-19

3.3%

SaTH Major (by location) Performance



**Attendance Comparison**

Apr-20 vs Apr-19

-36%

**Breach Comparison**

Apr-20 vs Apr-19

-70%

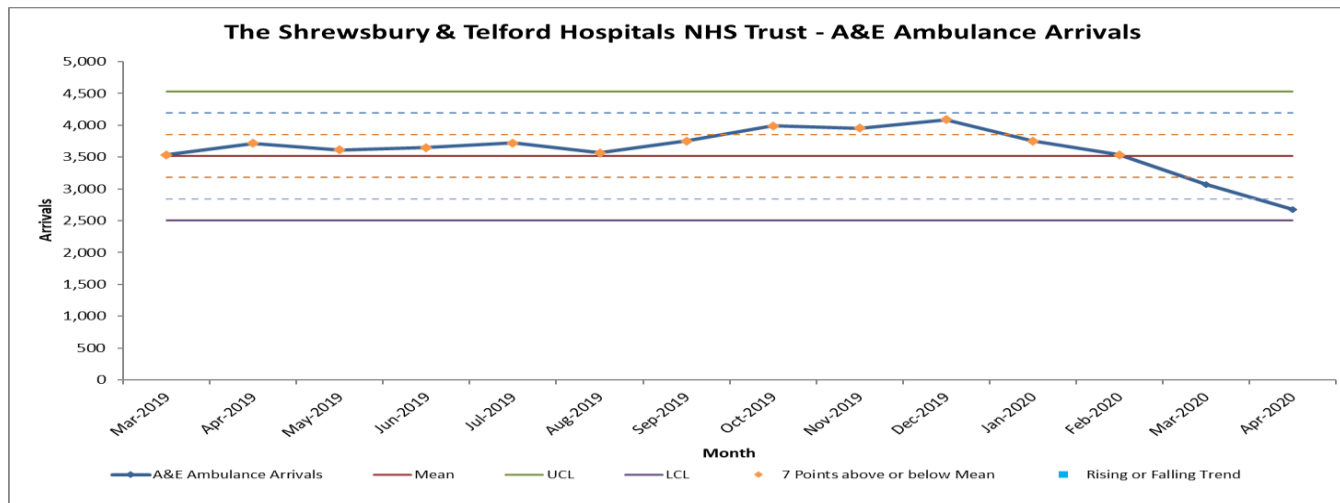
**Performance Comparison**

Apr-20 vs Apr-19

33.3%

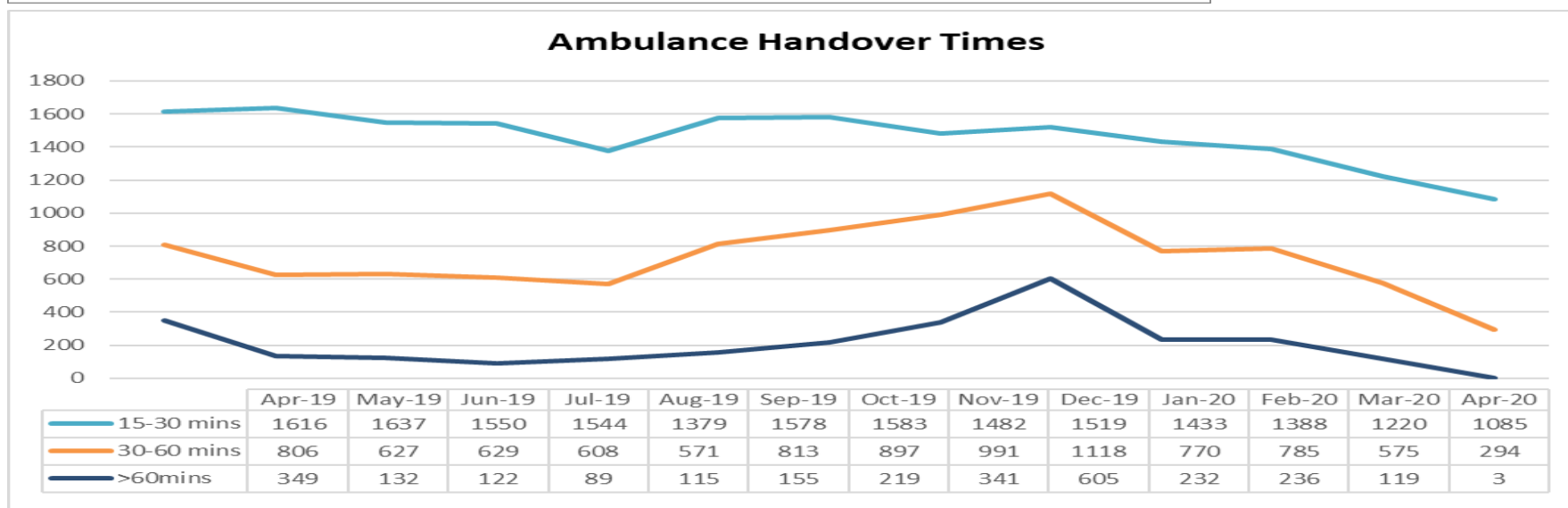
# Ambulance arrivals and handover delays

Please note the SPC graph has been calculated using 24 point methodology, however only 14 points are illustrated



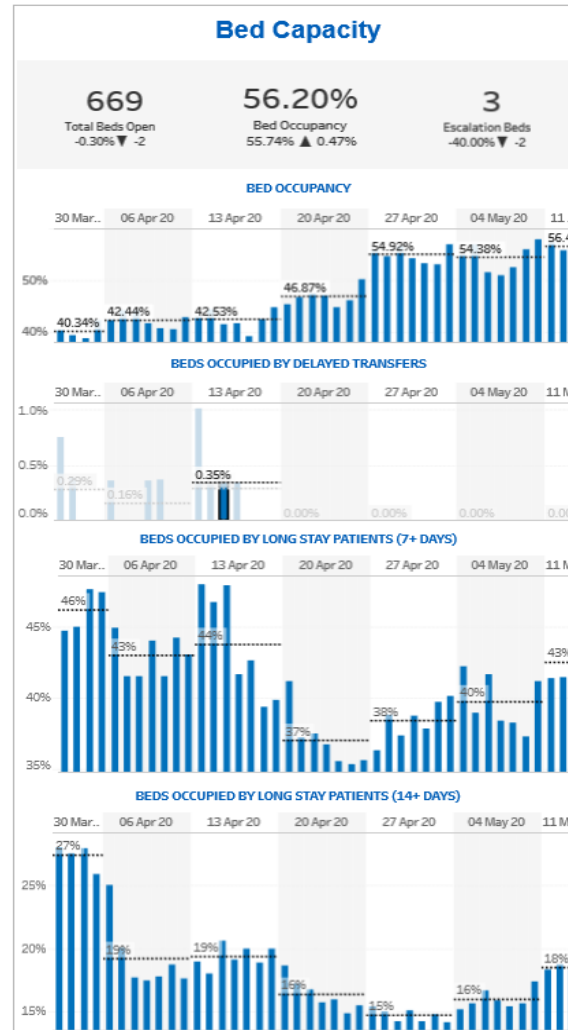
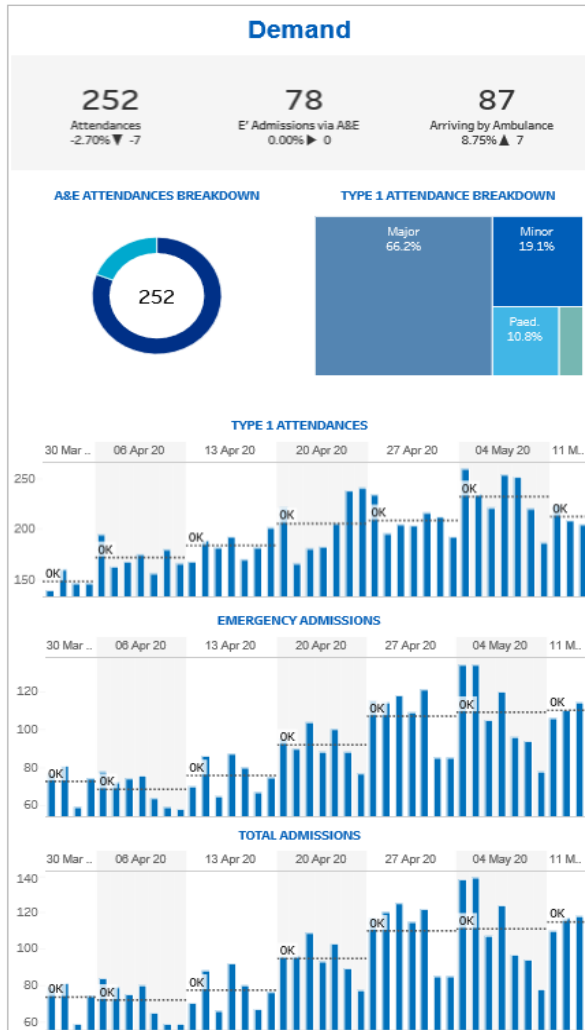
Ambulance demand has followed a similar pattern as overall ED activity due to Covid-19, with significant reductions in second part of March 2020. Ambulance arrivals are down by 27.9% when comparing April 2020 to April 2019.

Ambulance Handover times have significantly benefitted with the decreased pressure in A&E demand of ambulance.



# Daily Sitrep Summary

From 30/03/2020 to 13/05/2020





# Key messages

- Restoration and Recovery plans are focused on clinical priorities – urgent cancer incl. endoscopy, urgent medical conditions
- Careful implementation during ‘Restore’ phase – includes:
  - Capacity and demand modelling using updated NHSI assumptions for Non-Elective demand for 20/21
  - Impact of key constraints such as PPE, Medicines, Testing and IPC/Social distancing measures
- Vital to continue work as shadow ICS and with UHNM (use of RJAH and Nuffield capacity)
- Continued focus on quality and safety, ED performance and flow improvements with support from ECIST

# Workforce

Interim Director of Workforce, Rhia Boyode



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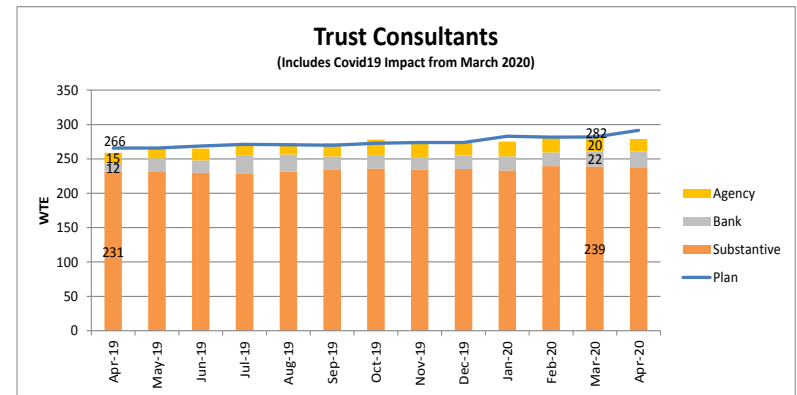
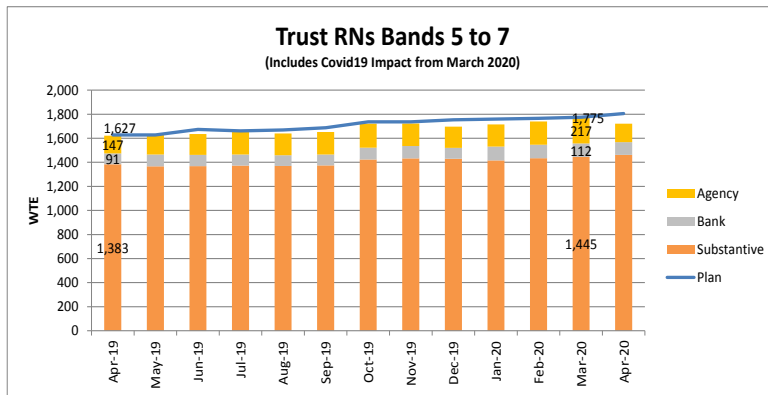
# Executive summary

- Staff risk assessment currently being completed (assessing impact of COVID-19).
  - All agencies that supply workers to the Trust have been contacted and provided with a copy of the letter and risk assessment.
  - Conducting risk assessments based on age, gender, health condition and ethnicity.
  - BAME assessments to be completed by 29 May 20.
- Staff Testing continued over **500** staff referred for testing over last month.
- Over **150** redeployed across the Trust in preparation for COVID 19.
- **13** Staff employed via Bring Bank Scheme.
- Recruitment and Temporary Staffing - the number of temporary shifts requested in April fell from 7765 to **7106**
- International recruitment delays due to COVID 19. A total of **99** International nurses have now arrived with accommodation sources both on site, in student accommodation and in private homes.
- Both International pipelines are currently on hold due to the Covid-19 lock down in India.

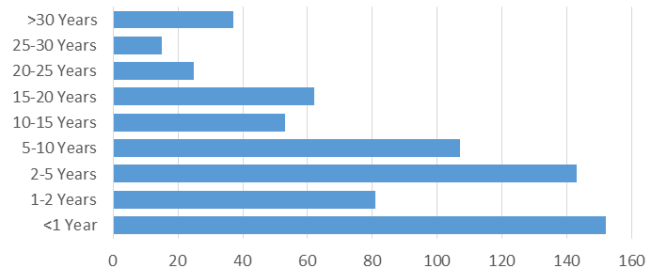
## Summary Trust Workforce Metrics - April

Appraisal	Statutory Training	Sickness
91%	89% (February) SSU training was suspended in March as a result of Covid-19 and only e-learning is still running	3.95% (Non COVID 19) 6.25% (COVID 19)

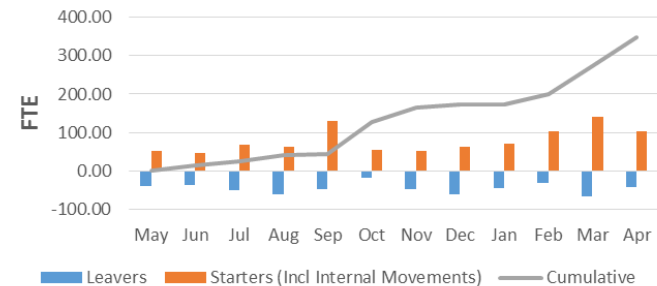
# Workforce metrics



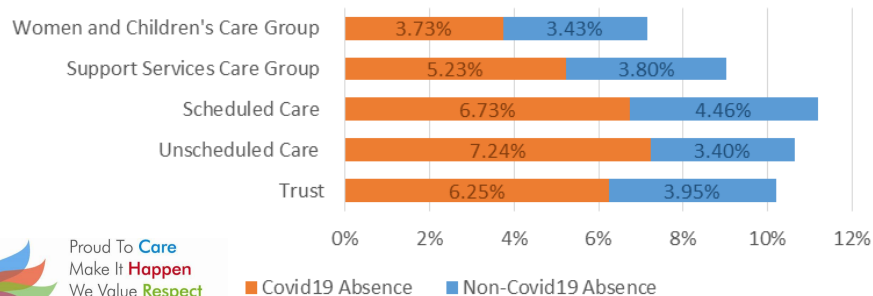
Leavers By Length Of Service - Headcount



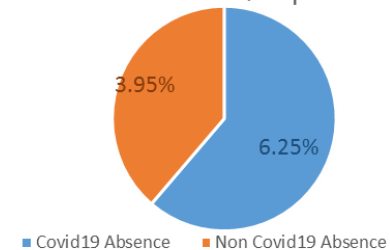
Cumulative Staff In Post - FTE



Absence % by Care Group Apr-20



Trust Absence % April



# Key messages

- Reducing vacancies through implementation of recruitment and retention plans (including expected impact of overseas recruitment plans)
- Expanding staff support programmes – particularly linked to COVID19 and factoring in impact of ongoing work constraints and demand (e.g. social distancing requirements)
- Developing plans to improve staff engagement
- Increasing focus on workforce planning to support Restoration and Recovery activities
- Embracing innovative work practices that assist with the restoration of patient services and support safe working

# Finance

Interim Director of Finance, James Drury



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# Executive Summary

**The Trust has reported a break even position for the month of April against the NHSI plan.**

- COVID-19 expenditure amounted to £1.432 million and loss of income of £0.516m reported (£1.948 million in total).  
Top up COVID-19 reimbursement of £0.961m included in month 1 submission, meaning that the Trust has underspent M8-M11 baseline costs by £0.987m.
- Underspend of £0.987m relates to:
  - Mainly incurred in non-pay (drugs and clinical suppliers) linked to lower levels of clinical activity in April, creating an underspend of £1.2m
  - This was offset by pay costs that were higher than plan by £0.2m
- COVID-19 capital expenditure in month 1 of £0.216m (NB: outside of Trust Capital Resource Limit).  
NHSE/I confirmed on 15th May that of Trust forecast for COVID-19 capital expenditure to 31st July 2020 of £941k:
  - £0.380m approved
  - £0.262m to be re-submitted for approval when items delivered.
  - £0.300m will require prior approval as exceed £250k. Trust to develop plans and re-submit.
- System Capital Resource Limit confirmed at £26.2 million. SaTH share based on method of calculation is in the range of £17 million to £18 million. SaTH to demonstrate that affordable and cash to fund then obtain STP agreement to plan.
- Cash at end of month amounted to £40.9 million representing May block and top up payments being paid in April amounting to £32.3m.
- If May block and top up payments of £32.3m are deducted from the closing cash balance of £40.9, £8.6 remains. When compared to the cash holding requirement of £1.7 million, the variance is broadly explained by lower capital expenditure in month 1 of circa £1.0 million and benefit of c£3.3m of receipt of income (mainly due quarterly payment in advance for Education). In addition there was an improvement in working capital balances of c£2.6m.
- The Trust Better Payment Practice Code has shown significant improvement with 96.8% of invoices by number and 92.1% by value paid within required period. Further work required to validate improvement to seven days payment.

# Finance Overview – April 2020

	4 Month	YTD				
	NHSI Plan	Plan	Actual	Variance	Memorandum COVID	Variance (excl. COVID)
	£000s	£000s	£000s	£000s	£000s	£000s
Total Income	132,736	33,184	32,280	(904)	(516)	(388)
Total Expenditure	(143,275)	(35,819)	(35,871)	(52)	(1,432)	1,380
EBITDA	(10,539)	(2,635)	(3,591)	(956)	(1,948)	992
Finance Costs	(4,943)	(1,236)	(1,241)	(5)	0	(5)
Surplus/(deficit) against Control Total pre Top-Up	(15,482)	(3,871)	(4,832)	(961)	(1,948)	987
Top-Up	15,482	3,871	3,871	0		0
Covid Top-Up	0	0	961	961		961
Surplus/(deficit) against Control Total post Top-Up	0	0	0	0	(1,948)	1,948

## Key Message

- In month the Trust is reporting a breakeven position.
- Expenditure costs have reduced as a consequence of the COVID-19 pandemic and the impact that this has had on the total Trust activity.
- The breakeven position is summarised as follows:
- The Trust incurred £1.95m in incremental costs associated with COVID.
- The Trust has requested further Top-Up of £0.96m in relation to these incremental costs associated with COVID.
- An underspend against plan of £0.99m

## Income – £0.90m below plan (excluding Top-Up)

- Loss of income associated with COVID totalled £0.52m

## Expenditure – £0.05m above plan

- Additional incremental costs were incurred in response to COVID, but elsewhere in the Trust there were reductions in costs due to lower levels of activity undertaken.



# Key Messages

Temporary financial arrangements are in place for 2020/21 due to the impact of COVID19. The expenditure plan for April to July is based on the period November 2019 to January 2020. The majority of the Trust's clinical income is being received on a block basis is also based on the same period and methodology. There have been some adjustments to these levels for example inflation assumptions, CNST premiums and loan to PDC conversion. The variance between expected expenditure and income levels, will be provided via a top-up mechanism in income, which will enable the Trust to deliver a breakeven financial position.

The latest guidance from NHSE/I states that these arrangements will continue until end of October 2020, but with a refined top-up mechanism. The guidance further indicates the following likely changes:

- There will be no requirement for local contracting between commissioners and providers
- Expectations regarding the levels of activity systems should be delivering

No final decision has been made as to what arrangements will be in place beyond end of October 2020. Trust financial implications for 2020/21 will be further informed by:

- Work being undertaken to ascertain the underlying financial position
- Measures to increase grip and control
- Planning guidance for period to 31 October (link to restoration)
- Planning guidance for period from 1st November to 31st March on financial arrangements to the year end

# Estates, Facilities, Health and Safety and Security

Director of Corporate Services, Julia Clarke



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# Executive summary

- **Estates**

- Pressure/ventilation adjustments in Covid ward/ITU areas, increased oxygen surveillance and fire risk assessments & awareness, Renal options progressing
- Capital projects paused/slowed due to Covid restrictions – Radiology PRH, Endoscopy project both sites, MLU and Ophthalmology Theatre Copthorne, Hamar Centre RSH. PRH MLU completed & occupied. Increased planned preventative maintenance (PPMs)

- **Facilities**

- Extended cleaning in ED and high risk areas 24/7, three sessions wards days
- Extending twilight/night catering offer and supporting staff wellbeing rooms

- **Health and Safety**

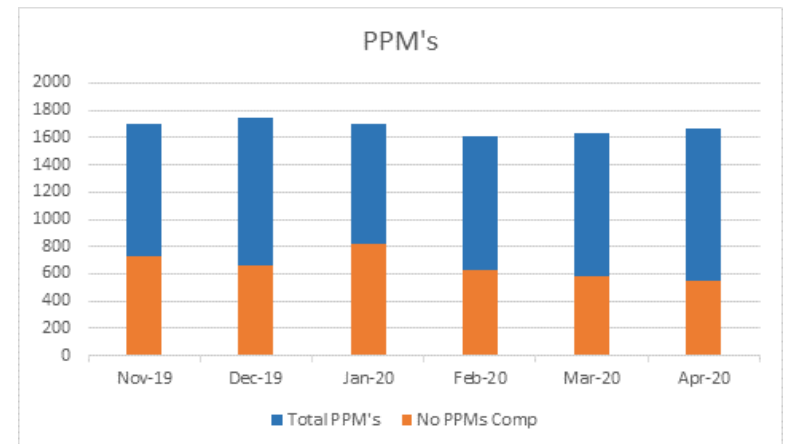
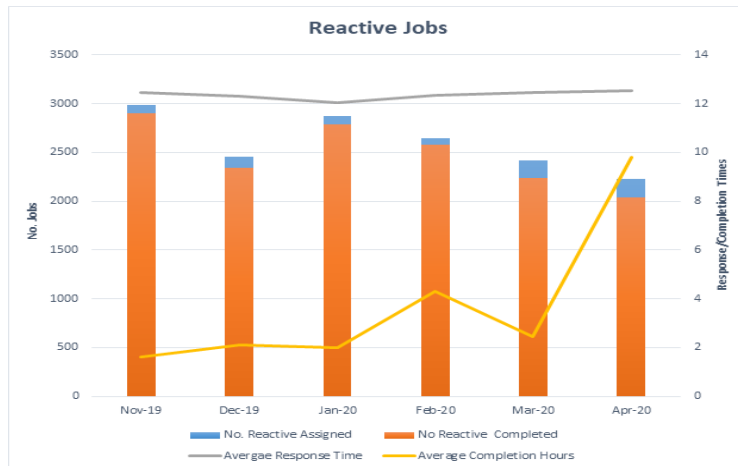
- 7-day week Mask Fit-testing now extended to FFP2 as well as FFP3 and developing hood library. Supporting external organisations training and testing needs

- **Security**

- Additional cover 3 guards per site 24/7 to address potential security threats during pandemic. Increased surveillance and CCTV provision

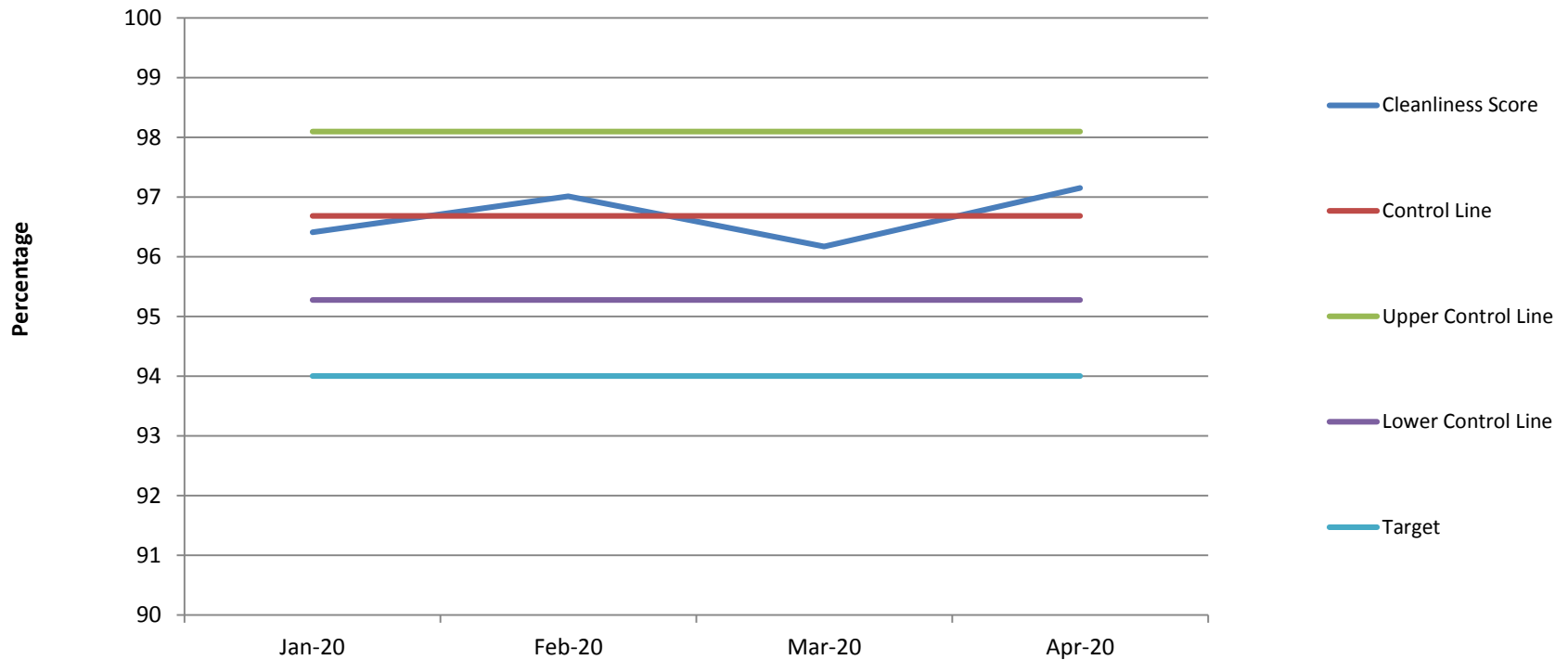
# Key metrics - Estates

Area	Update
Capital Projects	50 Capital Projects being progressed (excluding urgent Covid schemes)
Estates Operations	550 PPMs completed / 33% on time – MICAD reporting has been refined to provide more accurate data 2,228 reactive jobs assigned, 2,038 completed 91.5% Average response time 12.5 hours - Average completion time 9.8 hours
MES	82% Assets in Date 1,358 medical equipment jobs handled –1059 for SATH: Inc. 233 commissioning, 529 planned, 261 repair, 36 miscellaneous



# Key metrics - Facilities

## Monthly Cleanliness Score 2020



# Key metrics – Health and Safety

## Benchmarking Trust performance against HSE statistics

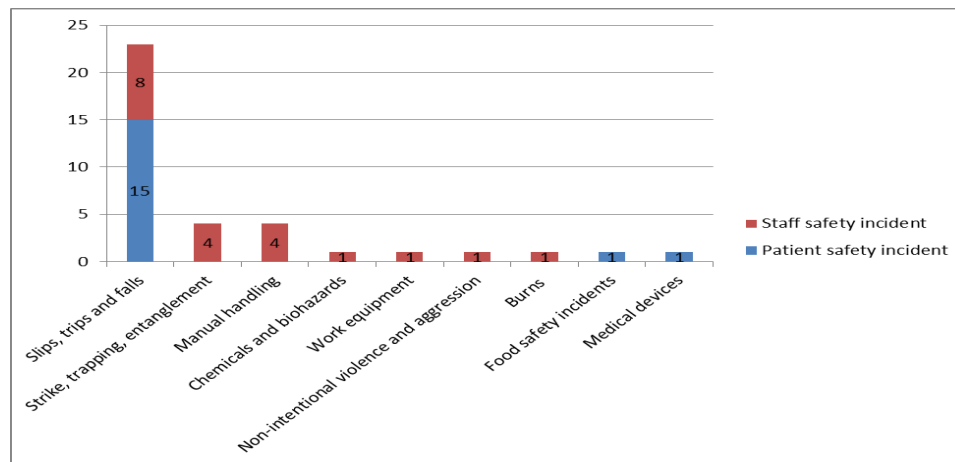
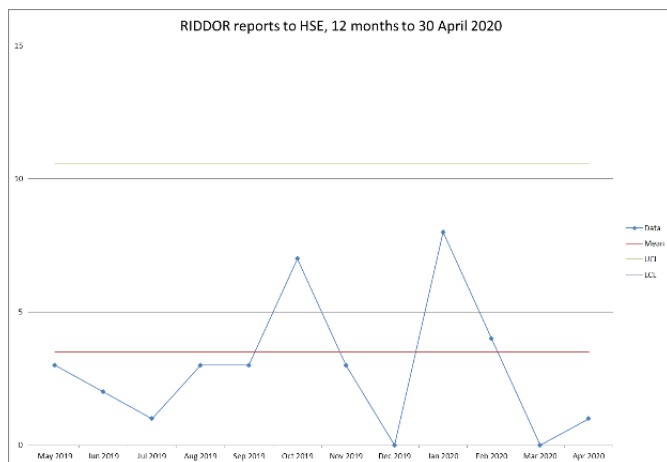
The Trust's performance with respect to HSE's own data on "worker" RIDDOR reportable incidents is detailed below. This demonstrates that in the rolling 12-month period ending 31 March 2020, the Trust is reporting staff RIDDORs at a rate lower than the national benchmark compared to HSE's statistics for the "Human Health" sector overall.

Category	HSE*	SATH Rolling 12 months ending 31 March 2020**	Raw number of "worker" RIDDOR reports submitted by Trust***
Fatal injuries	0	0	0
Specified injuries	62	46	3
Over 7-day injuries	307	232	15
<b>Total: all non-fatal injuries</b>	<b>369</b>	<b>279</b>	<b>18</b>
Dangerous occurrences	No benchmark data	15	1
Occupational diseases	No benchmark data	0	

\* HSE data for years 2013/14 to 2018/19

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

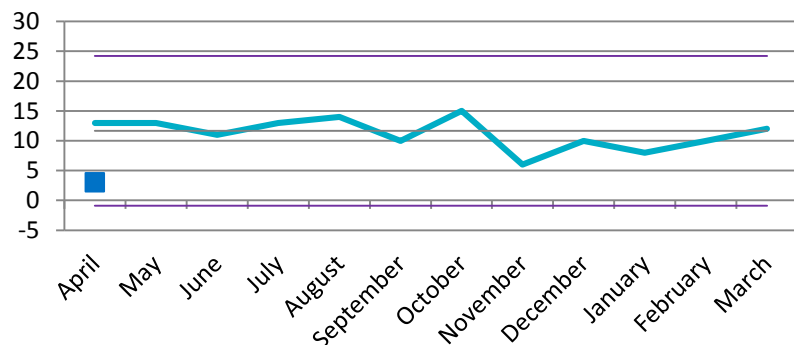
\*\*\* Datix records injured person as staff member or volunteer



# Key metrics - Security

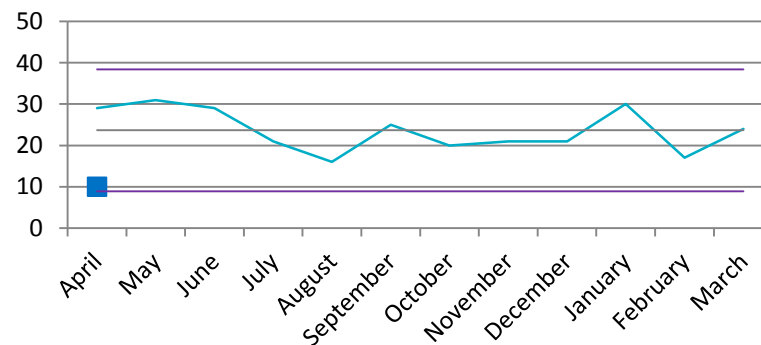
## Intentional Aggression (physical & verbal)

- The Security team work closely with Police and CPS to see the prosecution of offenders for serious incidents and consistent application of the SaTH Violence & Aggression policy to address other unwelcome behaviour towards staff.
- Reported incidents of intentional aggression remain below the UCL (monthly average). For the year 2019/20 there were 128 incidents of which 37 were physical. Action was taken in all identifiable cases.



## Non-Intentional/Clinical Aggression (physical & verbal)

- Reduction in numbers of physical aggression towards staff follows investment in the training and development of security team (in terms of restraint and resolution) and numbers remain below UCL (monthly average).
- Reported incidents of physical contact/injury to staff in 2019-20 were 14% less than 2018-19 and 18% less than 2017-18. Overall there were 283 cases, 151 were physical.



During 2019/20 there were a total of 1,295 other non aggression security incidents and other events involving the Security team ranging from dealing with suspect packages, trespass and various patient-related support matters. In addition there are continuous security patrols and CCTV monitoring across the site. In April there were 50 other incidents, which reflects the lower level of activity at the Trust generally. However the security patrols were stepped up as there are no longer car park attendants on-site and there had been a spate of catalytic converter thefts from vehicles.

# Key messages

## Estates

- Enriched oxygen environment creates additional fire risk – monitors & alarms installed. Oxygen storage and flow being maximised and discussions to further expand ongoing
- Winter/urgent capacity capital plans being finalised and compliance staff being recruited
- Contractors beginning to return to site, observing social distancing

## Facilities

- Recruiting additional substantive cleaning staff to deliver cleanliness standards
- Focus groups being arranged to explore improved staff catering provision. New food service to be launched at RSH in September following

## H&S

- Supporting restoration phase – H&S risk assessments

## Security

- Security management aspects of CQC action plan (incl. progress of Business Case for additional permanent security staffing)



# Risks (with a current risk score of 20 or over)

Director of Governance, David Holden



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# Executive summary

- An external review of the Trust's risk management processes has recently been undertaken
- A number of improvement actions are planned
  - Establish Risk Management Committee
  - Review risk register (ensuring appropriate moderation and aggregation of risks)
  - Increase organisational focus on risk management (including engagement with care group and corporate functions)
  - Agree organisational risk appetite
  - Establish realistic and deliverable risk mitigation plans to reduce the potential impact of risks to levels within that risk appetite
- A more detailed action plan will be developed in response to the recommendations of the external review (with further assurance provided through the Audit and Risk Assurance Committee)

# Risks (1) – subject to Executive review

(with a current risk score of 20 or over)

KEY: ↑ risk increasing ↓ risk decreasing = no change in last period

Risks rated 20							
Risk Ref	Centre & Tier 2 Committee	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
1586	Anaesthetics Theatres & Critical Care <b>W</b>	1	Lack of Consultant Anaesthetists cover at PRH impacting on the ability to maintain an out of hours anaesthetic department which if not resolved will have impact upon all other service - both planned and unplanned within the hospital. <i>Controls: ACAs offered to all existing Anaesthetists</i> <b>Assurances: Continue to source support Cross site. New Anaesthetist with interest in Paediatric Anaesthesia commenced in post</b>	Not applicable	20 =	11/6/19 (10/5/19)	02/04/20
1122	Emergency Assessment <b>W</b>	2	Lack of Middle Grade Medical cover in ED. Shortage of middle grade doctors is giving risk to safety and financial risks. 14/24 posts currently filled. <i>Controls: additional locum Consultant cover in place</i> <b>Assurances: Overarching recruitment trajectory in place.</b>	Not applicable	20 =	06/09/16 (22/8/16)	09/03/20
949	Theatre, Anaesthetics & Critical Care <b>W</b>	3=	Non-compliance with Critical Care standards for Intensivist cover within ITU. <i>Controls: RSH split rota now in place with intensivists solely on rota to cover ITU/HDU departments to ensure 24/7 cover.</i> <b>Assurance: Recruitment plan in place. New rota offering increasing cover to PRH ITU.</b>	Not applicable	20 =	05/05/15 (20/1/15)	15/05/20
1620	Pathology Centre <b>Q</b>	3=	NPSA Safety alert 16: Early Identification of failure to act on Radiological Imaging Reports. <i>Controls: Radiologists will contact the referring team or relevant equivalent for findings that require immediate intervention</i> <b>Assurance: All reports are made readily available within PACS, Review, Clinical Portal and CRIS as well as paper copies being posted out to the referrer. All unexpected findings include an NPSA alert tag within the report text to flag to the referrer</b>	Not applicable	20 =	1/08/19 (1/7/19)	17/02/20
1547	Chief Operating Officer <b>S</b>	5	Digital Dictation Hardware and Software Equipment is failing and no continuity plan is yet in place. <i>Controls: Revert to manual recording of patient consultations.</i> <b>Assurance: Revert to manual recording of patient consultations (limited assurance)</b>	c.£115k (plus PM resource to deliver)	20 =	12/03/19 (15/2/19)	04/05/20

# Risks (2) – subject to Executive review

(with a current risk score of 20 or over)

KEY: ↑ risk increasing ↓ risk decreasing = no change in last period

Risk Ref	Centre & Tier 2 Committee	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
1084	Ophthalmology <b>Q</b>	6	Ophthalmology patients waiting longer than the recommended follow up time may come to harm. There have been a number of reported incidents. <i>Controls: 3<sup>rd</sup> party providers provide additional capacity. Past Max to wait report to ensure accurate recording</i> <b>Assurances: Complete review of workforce in line with demand v capacity analysis. This will inform the need for additional resource.</b>	Not applicable	20 =	11/09/18 (1/3/16)	07/01/20
1075	Estates <b>S</b>	7	Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites. <i>Controls: CPG to prioritise funding based on areas of highest risk.</i> <b>Assurance: 6 facet survey being refreshed to reprioritise areas for funding</b>	RSH (Condition & Statutory) High Risk: £5.61m PRH (Condition & Statutory) High Risk: £366k (gross)	20 =	01/03/16 (1/3/16)	24/09/19
1751	Estates <b>W</b>	8	Compliance Structure & Resources. Failure to assure compliance across estates functions and potential patient and staff harm. <i>Controls: Regularly gather compliance action plans and highest risk and prioritise actions with highest impact.</i> <b>Assurances: Commissioning external contractors to provide assurance through surveys/audits</b>	Not applicable	20 =	10/3/20 (6/1/20)	-
1640	Medicine <b>W</b>	9	Single Handed Transplant Nurse/access to transplantation. The team dedicated to the transplant service is insufficient to support timely access to transplantation. Poor access to transplantation was highlighted by GIRFT <i>Controls: Additional 6 hours bank nurse/week</i> <b>Assurance: Management team developing business case to increase transplant service provision through repatriation of activity from UHB.</b>	Not applicable	20 =	10/3/20 (20/9/19)	18/2/20
1573	Pathology Centre <b>W</b>	10=	Microbiology Consultant capacity to meet service requirements <i>Controls: No controls identified</i> <b>Assurance: Development of Consultant Clinical Scientist, approach potential locum, approach neighbouring Trusts for support</b>	Not applicable	No res'l score (inh't. 20) =	16/4/19 (18/3/19)	01/05/20
1468	Surgery <b>W</b>	10=	Urology Demand & Capacity Mismatch. Significant Work Force Challenge <i>Controls: Additional capacity scheduled and extra theatre sessions secured.</i> <b>Assurance: Review of D&amp;C modelling to inform BC around consultant / urology workforce</b>	Not applicable	20 =	23/8/18 (31/7/18)	30/04/20
1318	Emergency Assessment <b>W</b>	10=	Nursing staffing levels in ED at PRH and RSH <i>Controls: Rotational programme, block booking agency, international recruitment initiatives etc</i> <b>Assurance: Ongoing recruitment drive in ED</b>	Not applicable	20 =	18/12/18 (1/11/17)	21/04/20
830	Theatres Anaesthetics & Critical Care <b>S</b>	10=	Theatre lights in PRH Theatres The operating lights are coming to the end of their life and are not supported should they fail. <i>Controls: Mobile lights hired as contingency</i> <b>Assurance: DCS seeking funding support from Friends of Telford to purchase a set of Mindray operating lights</b>	£19k per Theatre	20 =	31/7/13 (6/8/13)	06/05/20
1345	Corporate <b>S</b>	10=	Patient hoists – passive hoists fitted with actuators: ageing stock and reliability issues <i>Controls: Regular LOLER inspections.</i> <b>Assurance: Limited</b>	£300k	20 =	13/2/18 (13/2/18)	02/12/19

# Risks (3) – subject to Executive review

(with a current risk score of 20 or over)

KEY: ↑ risk increasing ↓ risk decreasing = no change in last period

Risk Ref	Centre & Tier 2 Committee	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
1363	Cardiology <b>S</b>	10=	Diminishing Quality of Ultrasound Heart Scan Machines <i>Controls: Regular maintenance is carried out to try and keep the machines functioning to the best of their ability.</i> <b>Assurances: Business Case for equipment replacement being developed by management teams in conjunction with Radiology</b>	tbc	20 =	29/19 (5/3/18)	31/7/19
881	Emergency Assessment <b>W</b>	16	Insufficient consultant capacity in Acute Medicine with increased numbers of patients, and ambulatory care not supported by defined posts. <i>Control: SDEC working group set up with dedicated support from ECIST</i> <b>Assurances: The Pre-Business Case and Summary Business Case have been submitted to Carol McInnes, although this is now on hold until the Covid-19 Pandemic is over.</b>	Not applicable	20 =	10/07/18 (3/7/14)	07/05/20
1313	Therapies <b>W</b>	17=	Reduced in-patient therapy staffing levels caused by vacancies and staff sickness means the service is only to operate at the level of a bank holiday service. <i>Controls: agency physio; job reallocation</i> <b>Assurances: Locums continually being sourced for interim cover arrangements</b>	Not applicable	20 =	14/1/19 (15/9/17)	05/05/20
1236	Ophthalmology <b>W</b>	17=	Consultants in Ophthalmology Shortage of key clinical staff are making service provision difficult. The department has had some significant challenges in recruitment and retention of medical staff for a number of years. <b>Assurances: Recruit to vacant posts and Develop Nurse injectors for medical retina.</b>	Not applicable	20 =	14/1/19 (30/6/17)	07/01/20
1082 (855)	Radiology <b>S</b>	19	The Trust is the only one of 150 Trusts surveyed which has no digital x-ray rooms. The CR equipment, which translates x-rays into digital images so they can be uploaded into PACS, is now showing signs of imminent breakdown beyond repair. Multiple (5x) X-ray rooms cross site need updating (plus 2 fluoroscopy rooms). <i>Controls: regular planned maintenance. Contingency plans in event of failure</i> <b>Assurance: Plan to seek alternative funding sources for high risk equipment in line with financial strategy.</b>	£2,520k (including Enabling Works)	20 =	13/03/18 (4/4/16)	23/03/20
33	Estates – Medical Engineering Services <b>S</b>	20	Level of capital for medical equipment 'rolling' programme or developments <i>Controls: Maintenance programmes. Small contingency to replace highest priority devices.MES uses an Equipment Replacement Priority Index.</i> <b>Assurances: Work underway to link the replacement of Priority 1 equipment with the available charitable funds.</b>	c. £1.5m Priority 1 replacements	20 =	01/03/16 (23/10/08)	18/05/20
1105	Medicine <b>S</b>	21	Cardiac Catheter Lab needs replacement: The lab has regular periods of downtime which require repair. <i>Controls: Continued manufacturer support. Contract adjusted to match the requirements of an end of life piece of equipment. QA tests undertaken to monitor the systems. Email notification for risk monitoring.</i> <b>Assurance: Official Tender for Cath Lab completed. Cath lab funding was authorised Jun-19, subject to operational priorities (location of Vanguard Unit)</b>	£1,000k	20 =	06/06/17 (2/8/16)	11/11/19
910	Medical Director	22	Systems (manual and electronic) do not facilitate management of significant patient test results <i>Controls: each Centre has their own method of making</i>	£18,000k over 10 years	20 =	02/12/14 (8/09/14)	30/12/19



# Risks (4) – subject to Executive review

(with a current risk score of 20 or over)

KEY: ↑ risk increasing ↓ risk decreasing = no change in last period

Risk Ref	Centre & Tier 2 Committee	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
	<b>S</b>		sure reports are read and actioned. This is not standardised nor is it monitored. <b>Assurances: Awaiting decision and procurement of EPR. Option appraisal for EPR submitted to Execs and business case being developed</b>				
1548	Women and Children's <b>Q</b>	23	Risk to the Services and Trust reputation - Independent Maternity Review (IMR) <i>Controls:</i> <ul style="list-style-type: none"> <li>Regular staff engagement &amp; communication</li> <li>Proactive and reactive communication plan</li> <li>Positive communication of what has been done well</li> </ul> <b>Assurance: Acknowledgement where there has been failure. Learning review of cases. Openness and honesty with staff and the public</b>	Not applicable	<b>20</b> =	12/03/19 (19/2/19)	19/02/20
1691	Cancer Services <b>Q</b>	24	Implementation of Remote Monitoring Somerset Cancer Register system <i>Controls: No controls in place</i> <b>Assurance: Monthly compliance checking by CCG. Accountability framework in place</b>	Funding in place	<b>20</b> =	12/11/19 (not stated)	01/05/20
1325	Surgery <b>P</b>	25	Automatic Endoscope Reprocessor in PRH Endoscopy at end of life impacting on RTT, patient flow, & cancer targets. <i>Control: maintenance and repair; transporting scopes to RSH for decontamination.</i> <b>Assurances: Review costings and draft plan for replacement but part of wider issue with sustainability of services.</b>	tbc	<b>20</b> =	12/6/18 (01/01/18)	01/04/20
1452	Surgery <b>P</b>	26	Non-compliance with national decontamination standards as measured by JAG is putting risk to our JAG accreditation <i>Control: Decontamination processes in place in line with Decontamination policy and associated SOPs</i> <b>Assurances: Group being established to determine how to meet best practice guidance</b>	tbc	<b>20</b> =	15/10/19 (31/3/18)	01/04/20

# Summary

- Some performance improvements have been made, but a number of significant performance issues remain
- Focus on driving quality and operational improvements whilst restoring services
- Embracing innovation and engaging staff, patients and stakeholders is critical to delivering positive improvements to patient care
- The content and quality of the IPR will continue to be enhanced to better reflect progress, risks and mitigations
- Will also be supported by the strengthened Performance Management Framework