

Cover page	
Meeting	Board of Directors
Paper Title	Integrated Performance Report – June 2020
Date of meeting	30 July 2020
Date paper was written	23 July 2020
Responsible Director	Chief Executive
Author	Chris Preston, Bev Tabernacle-Pennington, Maggie Bayley, Arne Rose, Nigel Lee, Rhia Boyode, James Drury, Julia Clarke, David Holden
Presenter	Louise Barnett
Executive Summary	
<p>This paper summarises the Trust's performance for June 2020 across each of the following domains:</p> <ul style="list-style-type: none"> • Overall performance dashboard • Quality • Operational • Workforce • Finance • Estates, Facilities, Health and Safety and Security • Risk <p>It is recommended that the Board of Directors note the content of this paper and support the actions being progressed.</p>	
Previously considered by	N/A

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

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

1533, 1746, 561, 670, 1558, 423

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

N/A

Integrated Performance Report

Chief Executive, Louise Barnett

June 2020



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Contents

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

Overall performance dashboard

	Measure	Target Month	Actual Month	Bench marking	Trend	Kitemark	Comment
S e r i o u s	Serious Incident Reporting		1				
	Never Events	0	0				
	UTI Ecoli Infections						Targets and reporting to commence in July 2020
	VTE Risk Assessments	95.0%		(Dec-19)			National returns not collected since Dec-19.
	Falls per 1000 bed days	6.60%	6.1%	(Mar-20)			
	Hospital Acquired Pressure Ulcers (Cat 2 Confirmed)	6	8	(Mar-20)			
	MSSA Bacteraemia Infections		3				Target to be confirmed
	E.coli Bacteraemia Infections		4				Target to be confirmed
E f f e c t i v e	C Diff Infection Cases	3	4				
	HSMR	96.42	79.22^	(Mar-20)			
	Readmission Rate (28 days)		6.5%	(May-20)			Target to be confirmed
	Ambulance Handover (over 60 mins)		33				Target to be confirmed
	Super Stranded		27.8				Target to be confirmed
	Average LOS (Adult Emergency)		5.5				Target to be confirmed
C o n f i d e n c e	Agency Staffing	£1,158k	£2,069k				
	Friends and Family Test: % Recommended by Patients - A&E	85.0%	86.00%	(Mar-20)			National returns not collected since Mar-20. Trust commenced local collection May 20
	% of Complaints which were upheld	19%	26%	(Dec-20)			
	A&E Left Without Being Seen	5.00%	1.7%	(Mar-20)			
	Maternity - Emergency C Sections	<10%	9.8%	(Mar-20)			
R e s p o n s i v e	Mixed Sex Accommodation Breaches - Confirmed	0	14				National reporting on MSA breaches has been paused due to COVID19 impact
	RTT Performance	92.0%	51.3%	(Jun-20)			
	Waiting Times - Diagnostic Waits	99.0%	33.7%	(May-20)			
	A&E 4 Hour Performance	95.0%	84.6%	(May-20)			
	RTT - 52 Week Breaches	0	243	(May-20)			
W e l l e d	Cancer Waiting Times - 62 Day	85.0%	69.4%**	(May-20)			
	Retention rate exc. Junior Drs		88.9%				Target to be confirmed
	Sickness	4.0%	3.81%	(Feb-20)			
	PDP Completion	90.0%	85.8%				
	Financial surplus/deficit	£0k	£0k		-		Target to be confirmed
	CIP Target		£93k	N/A			Target to be confirmed
	Capital Programme Delivery		£494k	N/A	-		Target to be confirmed
Staff FFT						Last available data Q2 19/20	

Key Achievements

In the month of June there were 8 confirmed hospital acquired pressure ulcers (all grades) reported. There were no category 3 or above pressure ulcers reported in June 2020.

Although further improvement is still needed, enhanced management and learning is improving performance.

All local critical clinical services have been restored in line with national timelines.

Sustained Delivery

We have continued to perform well both locally and nationally in relation to the numbers of Super Stranded patients, which has helped us to maintain a reduced length of hospital stay for our patients.

Key Concerns

The Diagnostic waiting times continue to be a concern, linked to reduced capacity and an increase in the backlog of patients due to the impact of Covid-19. Extra sessions and outsourcing are being put in place to address the backlog.

Clinical risk resulting from >62 day and >104 day cancer backlog.

Continued Challenged Performance

52 week waits remain a challenge as does the continued decline in the RTT Performance. This is expected to continue as elective and outpatient capacity remains constrained. Plans are being developed to address this issue.

Agency expenditure remains above the NHSI control total in month, work is ongoing to improve recruitment and retention to fill vacancies.

	Trend	Actual	Benchmark	Data kitemark
CQC Rating	Inadequate		Steady State	Middle Quartiles against all Acute Trusts
SOF Rating	4		Negative Trend	Lower Quartile against all Acute Trusts
			Positive Trend	Upper Quartile against all Acute Trusts

Position as at: ^ Mar 20, *Apr 20; **May-20

S - Sign Off and Validation

T - Timely & Complete

A - Audit & Accuracy

R - Robust Systems & Data Capture

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.

Green - assurance in place
Amber - more assurance required
Red - assurance required
inadequate

STAR Data Quality Assurance

Purpose

- The purpose is to provide an indication of the level of data quality assurance around key performance indicators (KPIs) reported through our performance dashboards.
- The indicator is not a measure of metric performance, but the STAR Indicator provides assurance around the processes used to generate the information.
- The STAR assessment process also helps to focus attention on areas where further improvement is required.

The Four Domains that make up the data kitemark

The 4 domains below that make up the STAR Assurance are described below

Domains	STAR Assurance Questions	Considerations & Actions
Sign Off and Validation S	What checks are in place of the reported position by the Service/Health Informatics before publishing (including for validity and consistency)? Does the Accountable KPI owner have oversight of the reported position and has approval been given to publish the reported position?	Stakeholder should review the DQ Issues, the opportunities and risks related to the metric that have been highlighted in assurance process This includes reviewing: Reporting Process, Systems used, SOPs and training requirements Acknowledge what is working well Oversee the action plans that have been agreed and review the progress on a regular basis
Timely & Complete T	Has the data been captured in a timely fashion? i.e. is the data complete at the time of reporting / has any data changed if you run the report a month later? Is the data known to be consistently incomplete i.e. missing fields or wrong data captured, at the time of reporting?	Ensure systems are in place to deliver the information determined by the reporting requirements Ensure the system design facilitates the ease of data capture Ensure contractual arrangements are in place in the event
Audit & Accuracy A	Is there an audit process in place? Has this indicator had an audit performed on it in the last 24 months? Plus is there an audit/review process in place to ensure accuracy of the reporting process?	Regular validation of the reporting process Provide summary of issues to Leadership and the Teams Proactively seek feedback for improvements Use of peer benchmarking to help better understand metric
Robust Systems & Data Capture R	Is the data captured on a fully documented system with built in validation rules that adhere to applicable Information Standards and NHS Data Dictionary? Are internal Data Quality reports and external reports / metrics (e.g. SUS+ DQ Reports / DQMI) been used to monitor and improve the quality of the source data critical to the indicator?	Provide feedback to teams on SOP compliance and review of guidelines Involve teams regarding system changes Provide feedback on best practice

Quality

Medical Director, Arne Rose
Chief Nurse, Maggie Bayley



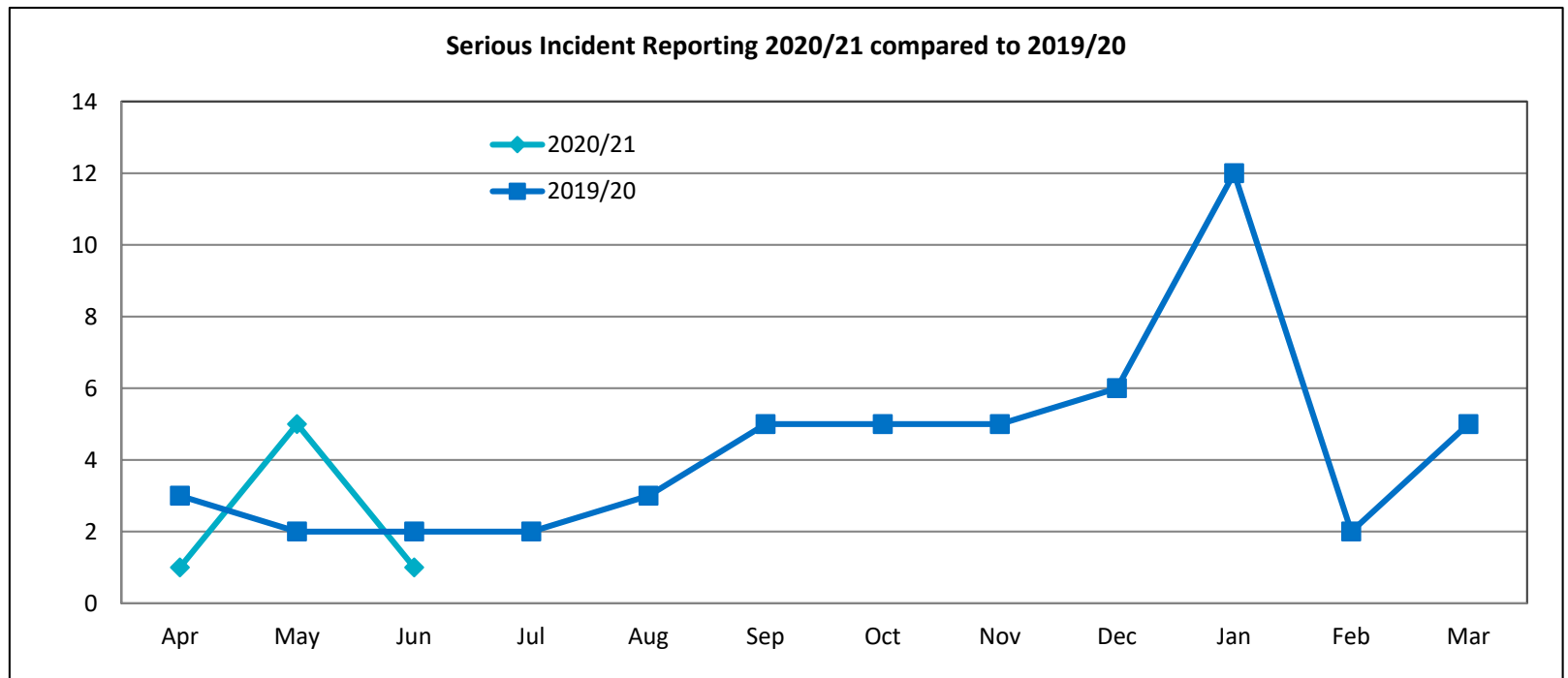
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Executive summary

- 1 Serious Incident was reported which is currently being investigated
- The number of falls increased in June 2020
- There were no falls resulting in moderate harm or above reported in June 2020
- There were 33 patient complaints, this remains lower than historical trends
- 8 Category 2 hospital acquired pressure ulcers were reported, but no Category 3 or above (more serious wounds)

Serious Incidents

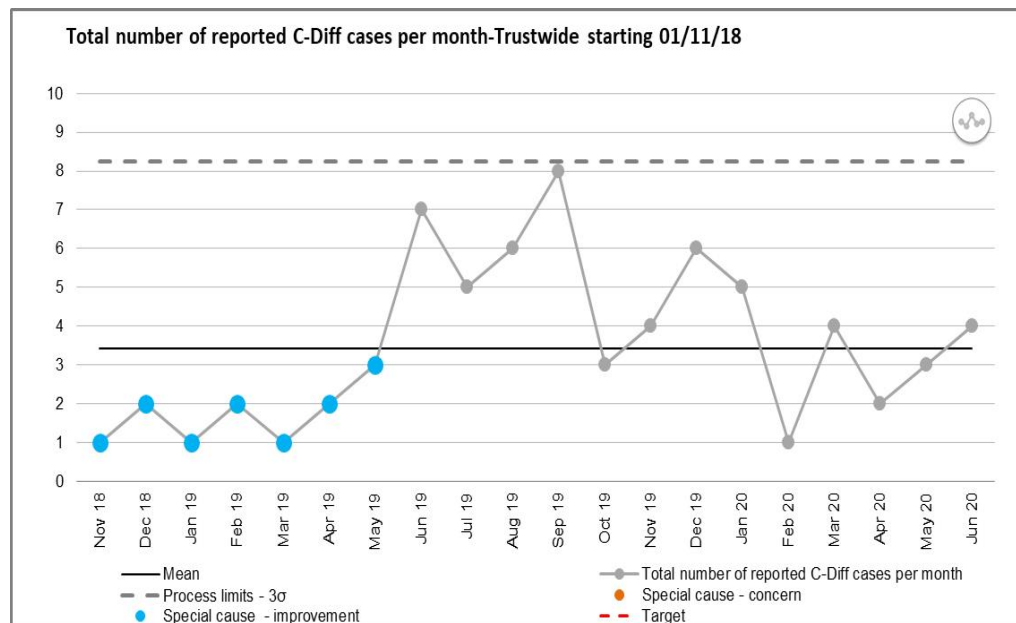
There was one Serious Incident reported in June 2020



Reference	Description
2020/11581	Delayed Diagnosis # NOF following patient fall at home

Infection Prevention and Control

Total number of C-Diff cases reported per month is shown in the chart below. There were four cases of C difficile attributed to the Trust in June 2020.



Of the 4 cases :

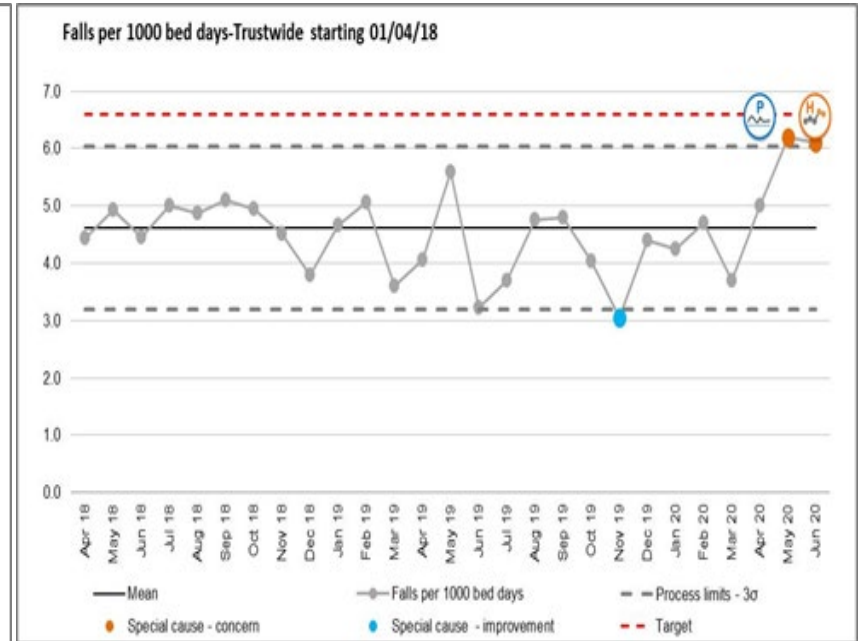
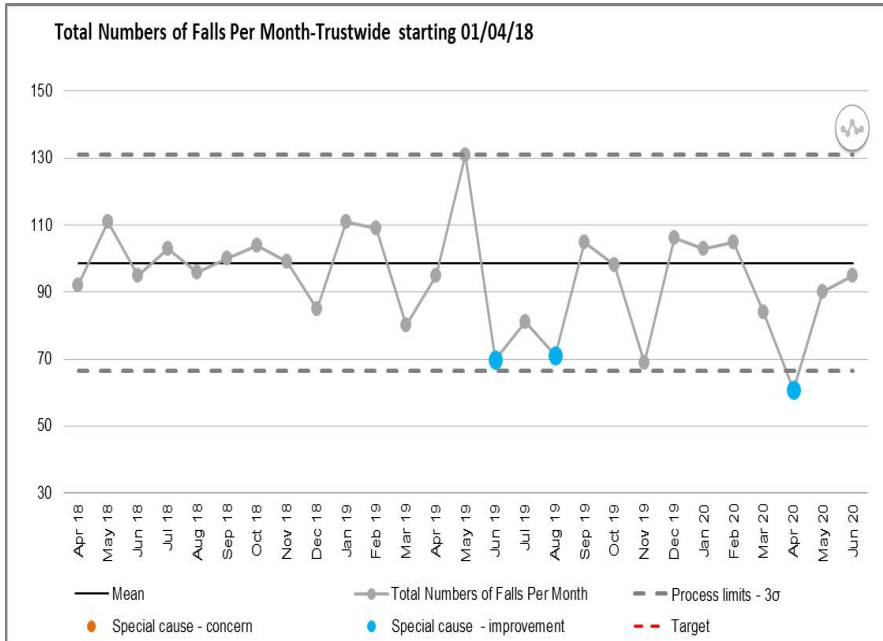
- Two cases were post 48 hours
- Two were pre 48 hour cases but these patients had been inpatients in the Trust in the last 28 days prior to their positive sample
- RCAs are completed for every case to enable learning to take place

The Trust has not been allocated a target for 2020/21.

Based on the target from 2019/20 of no more than 43 cases, the Trust is trending above the provisional target for this month, which was no more than 3 cases. However, the Trust remains under the cumulative target for the year to date.

Falls

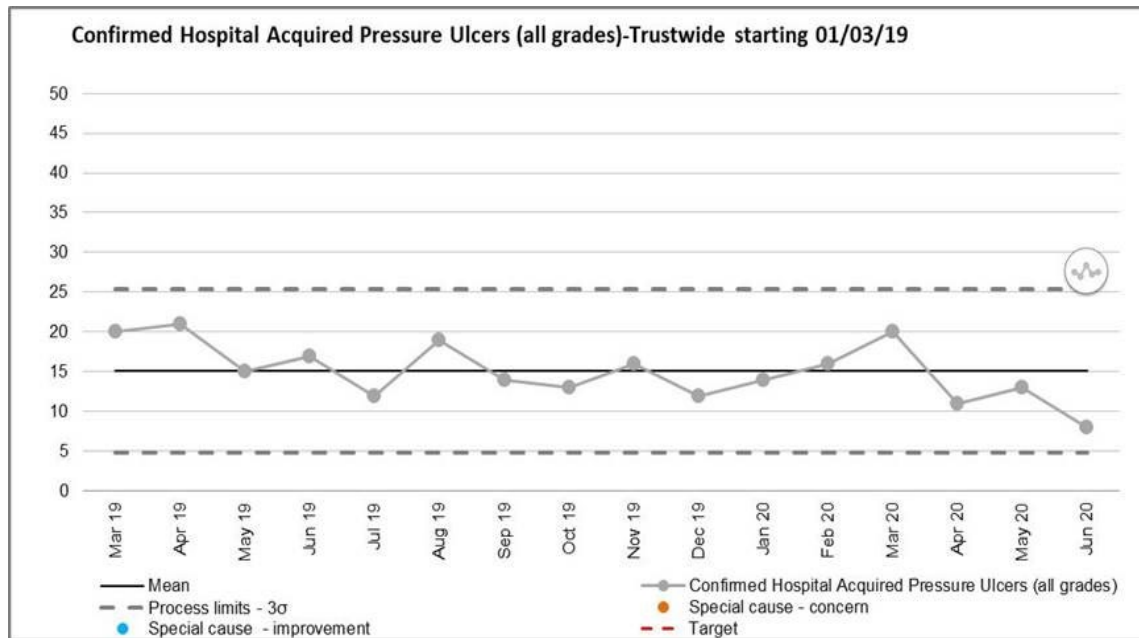
There were 95 falls reported in June 2020.



There were no falls resulting in moderate or severe harm in June 2020. Although falls and falls per 1000 bed days increased across the Trust, this did not lead to an increase in significant harm to patients. There has been one fall resulting in moderate harm or above in the last 4 months.

Pressure Ulcers (all categories)

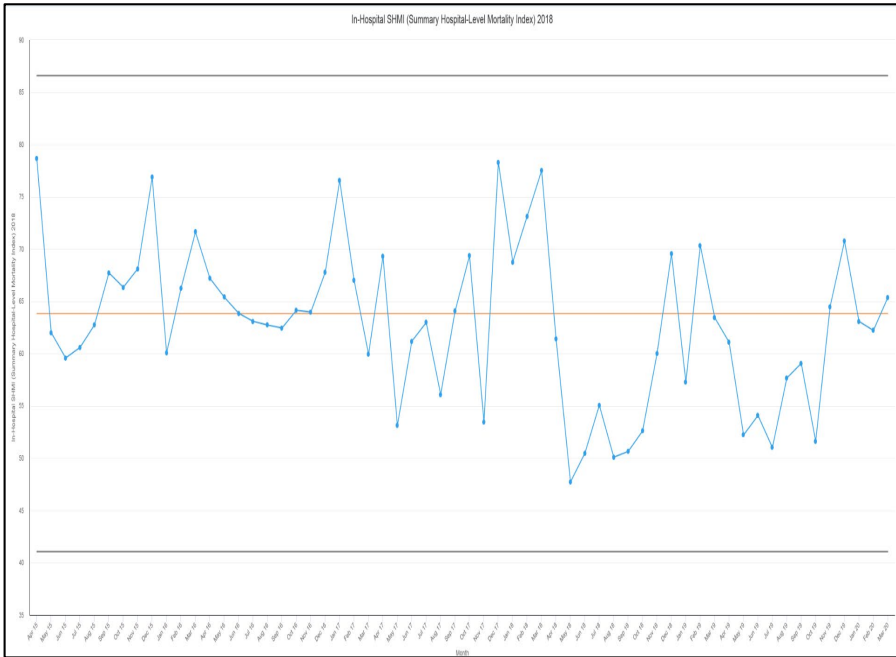
There were 8 confirmed hospital acquired pressure ulcers reported in June 2020. There were no category 3 or above pressure ulcers reported in June 2020.



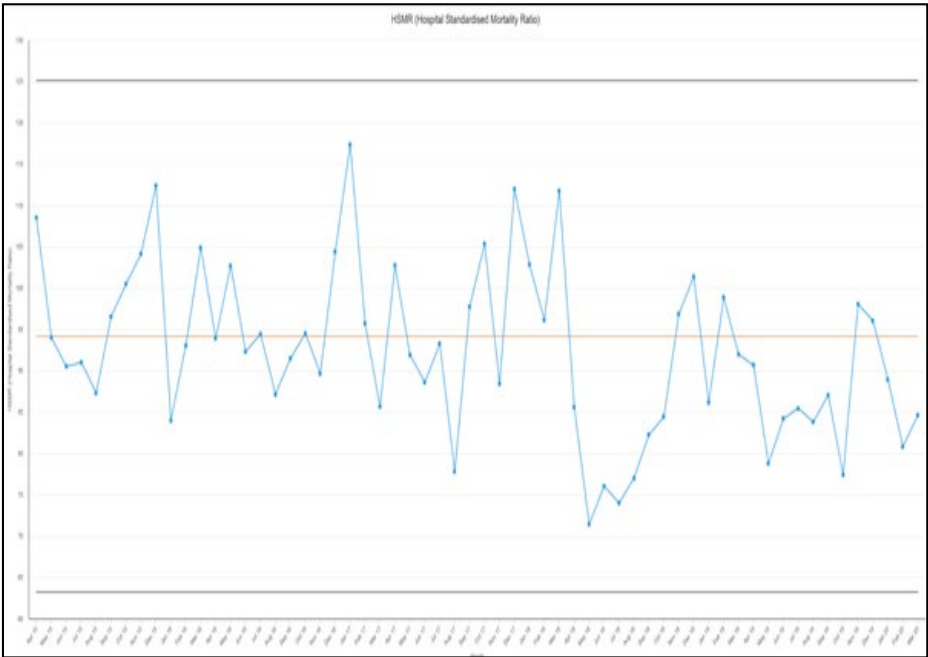
All category 3 or above hospital acquired pressure ulcers have an RCA investigation and go to the Tissue Viability Review Panel. All category 2 pressure ulcers which previously had a concise RCA managed locally, will also now come to the panel with the matron and ward manager in attendance to ensure these are completed in a timely manner, actions are identified and learning cascaded.

Mortality

SHMI



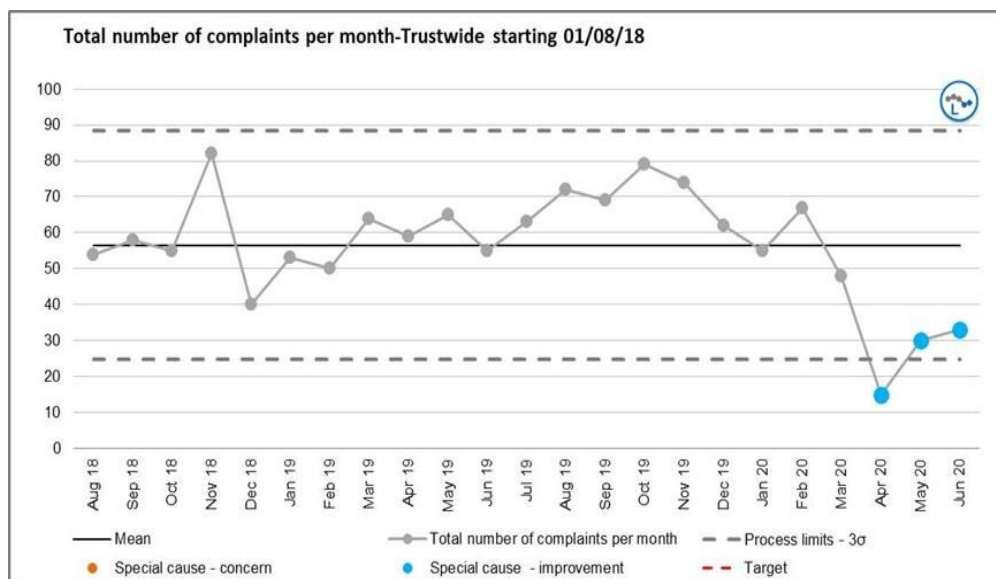
HSMR



The HSMR and SHMI data has not been updated by CHKS in the current month, which is likely a reflection of the challenges associated with the Covid-19 pandemic

Complaints

There were 33 formal complaints received in June 2020.



There were no new trends noted for the complaints in June 2020.

There has been a lower number of formal complaints being received in Quarter 1 of 2020/21 as a result of reduced activity to manage the COVID19 pandemic during this time.

Forward actions (quality)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Pressure Ulcers	All category 2 concise RCAs to also go through RCA Review Panels	Maggie Bayley	July 20
Falls	<p>Continue to implement falls improvement plan, including:</p> <ul style="list-style-type: none"> • Improvement in nursing risk assessment in relation to falls and bed rails • Revised Falls Prevention Care Plan • Monthly nursing audit of falls risk assessment and use of bed rails • Falls Training on high falls incidence wards • Discussion of patient falls risks at ward huddles • Enhanced Patient Supervision (EPS) Policy and improved use of cohort bays and 'bay tagging' 	Maggie Bayley	Ongoing

Operational

Chief Operating Officer, Nigel Lee



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Executive summary

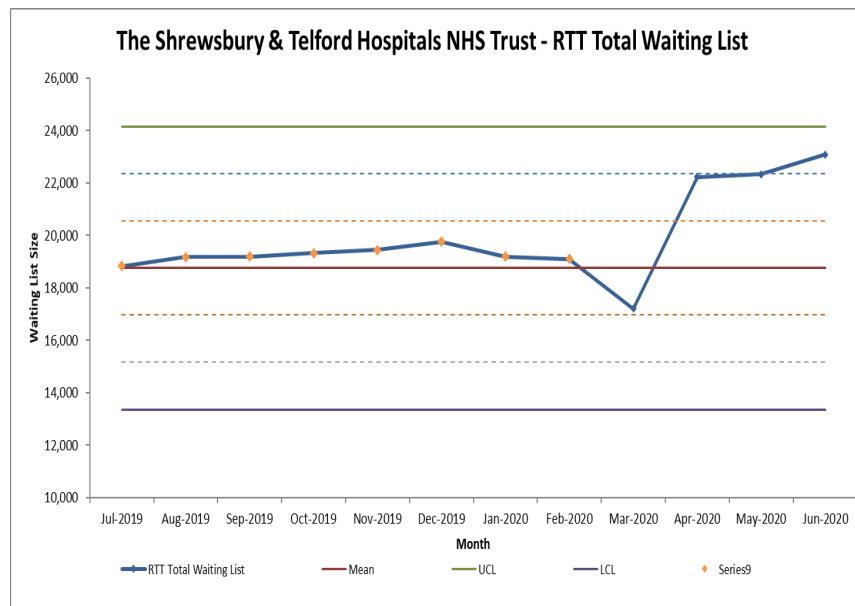
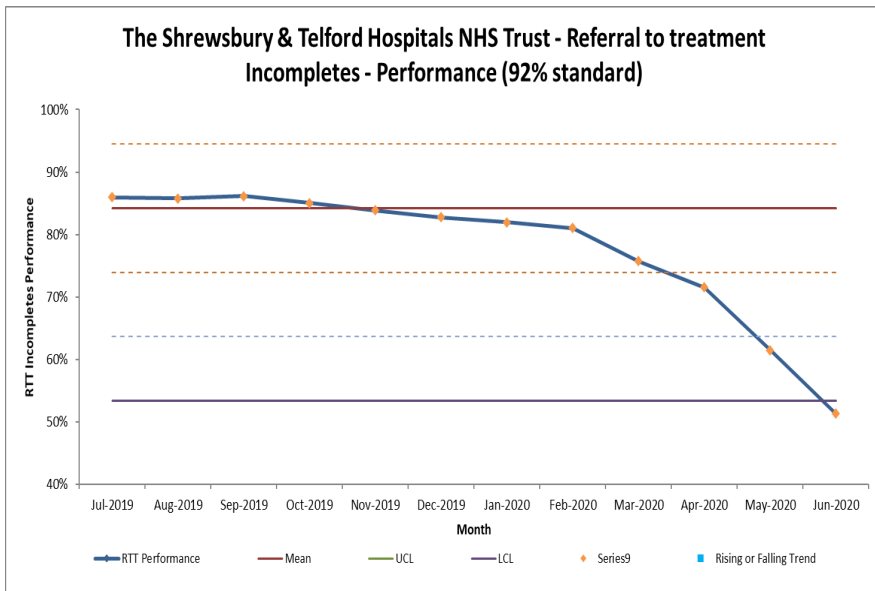
- Critical services have now been restored, though challenges remain due to IPC requirements
- Cancer backlog reduction plan in place to swiftly reduce >62 and >104 day patient numbers
- Numbers of patients > 6 weeks for diagnostics and >52 weeks for elective surgery have risen due to the pause on routine elective activity. This will remain challenging until additional capacity is brought online
- Independent Sector capacity is a vital part of recovery for cancer and elective activity, and is being expanded to include Ophthalmology from June
- Ambulance conveyances and majors demand has risen to above pre-Covid levels at RSH, with PRH remaining below during June

Infection Prevention & Control Impact

Stricter IP&C requirements have resulted in loss of capacity and/or productivity in key areas

Areas	Impact on capacity and/or productivity
General Acute Beds	Initial reduction in beds based on outbreaks and risk assessment (27 beds at RSH). Plans to install sinks in every bay – loss of up to 75 beds in total Risk of full 2m application = 149 beds reduction
Theatres	Productivity is around 60-70% of pre-Covid level due to PPE measures & air changes between patients. Use of Nuffield as dedicated 'Green' zone. 15-25% of patients are not complying with 14 day isolation rules
Outpatients	Limited capacity in waiting rooms, constraining the amount of patients who can be called for any individual clinic. Developing plan for virtual OPD. Increased DNA rate due to patient concerns
Cancer	Pre-Covid levels of operating and sufficient chemotherapy and radiotherapy to support current demand. Prioritised over routine work. July – now treating low risk 'Cat D' patients
Diagnostics	July capacity varies between modality: CT operating at 43.13% MRI operating at 47.35% Ultrasound operating at 58.48% The services are all putting in place plans to increase numbers of sessions e.g. 7 day working in order to ensure there is sufficient capacity to see all backlog patients

Elective activity - RTT



Key actions for June 2020

- Capacity options reviewed in line with National Guidance and Restore and Restoration is underway to deal with 52 week waiters
- Re-establish outpatient capacity (incl. use of Attend Anywhere)
- Extend the use of the independent sector (Ophthalmology)
- Extend the use of the Vanguard mobile unit at PRH till 31st March 2021
- D&C modelling to scope requirements for delivery of elective activity

Key risks

- Continued reduction in RTT performance July 2020 - current prediction for month end is 46%
- Further increase of 52 week waits
- Ability to maintain green zone due to increase in emergency surgical pressures (normal surge in July and August)
- Impact on productivity due to reduced theatre and bed capacity
- Constrained diagnostic and outpatient capacity

RTT June 2020

Total Incompletes

Treatment Function	MEDIAN	MEDIAN (95%)*	% within 18 weeks
General Surgery	15.84	44.19	56.71%
Urology	15.98	47.12	55.94%
Trauma & Orthopaedics	18.50	38.17	47.94%
Ear, Nose & Throat (ENT)	18.95	38.71	45.70%
Ophthalmology	19.95	38.26	41.97%
Oral Surgery	27.11	50.84	22.45%
Cardiothoracic Surgery	-	-	85.71%
General Medicine	13.88	32.93	65.53%
Gastroenterology	10.36	25.07	81.65%
Cardiology	18.23	38.09	49.15%
Dermatology	8.50	28.38	72.21%
Thoracic Medicine	18.51	36.57	47.82%
Neurology	-	-	87.50%
Geriatric Medicine	17.21	31.90	55.25%
Gynaecology	14.03	34.30	61.82%
Other	16.73	38.41	56.10%
Total - June 2020	17.67	40.28	51.31%

Total - May 2020	15.12	36.99	61.50%
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Total Variance May 20 vs Jun 20	2.54	3.29	-10%
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* Excludes Total WL <50

<=18 Wks	>18 Wks	Total Incomplete waiting list
1854	1415	3269
918	723	1641
372	404	776
1392	1654	3046
1647	2277	3924
401	1385	1786
6	1	7
557	293	850
1037	233	1270
899	930	1829
447	172	619
395	431	826
7	1	8
179	145	324
1096	677	1773
639	500	1139
11846	11241	23087

13734	8598	22332
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-1888	2643	755
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Total Incomplete

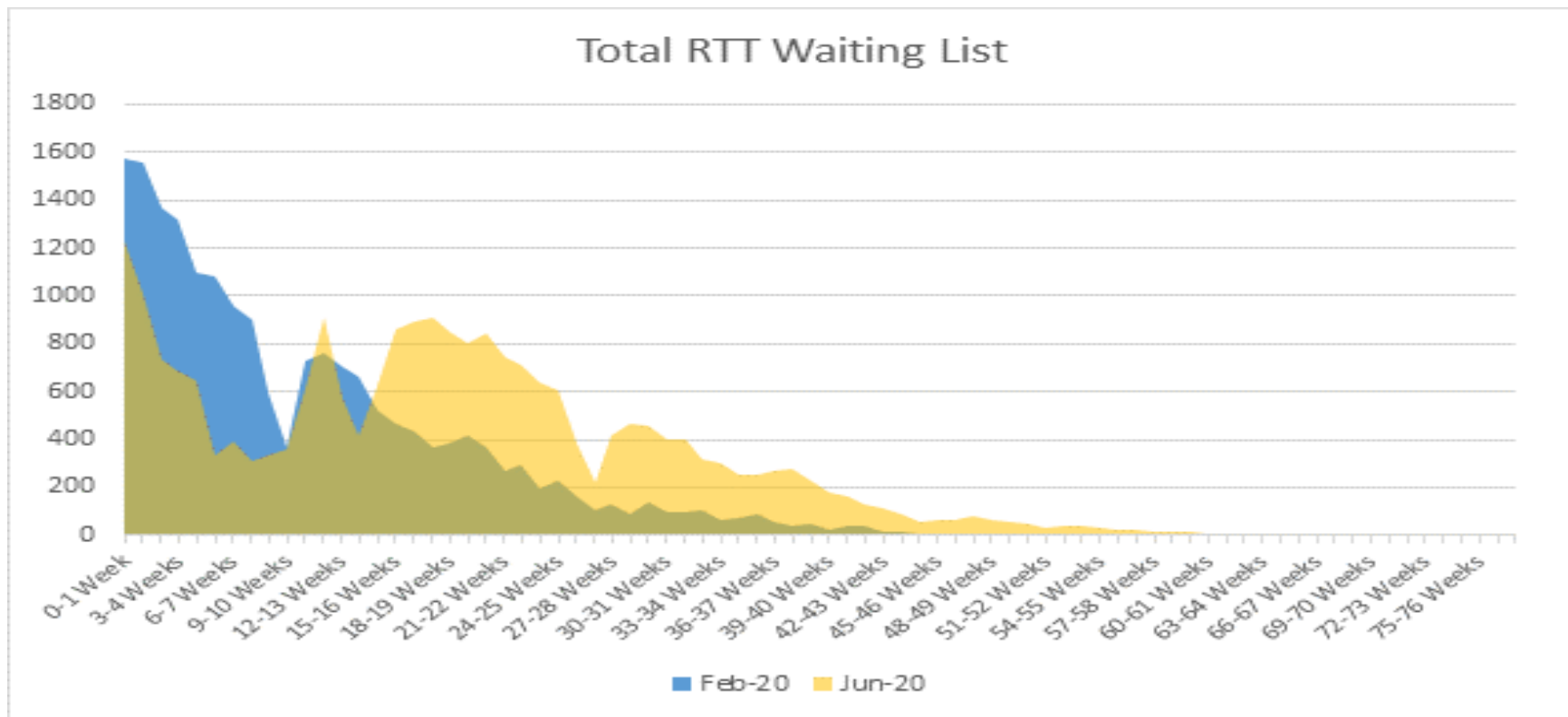
>26	>40	52+
788	246	60
411	153	54
177	27	2
706	125	21
1231	126	18
907	344	70
0	0	0
108	15	0
57	3	0
500	57	3
46	4	1
174	20	0
0	0	0
34	1	1
250	45	8
261	34	5
5650	1200	243

4336	790	105
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1314	410	138
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Reduced Elective capacity has impacted waiting list size and increased the median waiting times. The total waiting list size for June 2020 was 23087. The predicted waiting list for July 2020 is 23945 with a performance of 46%

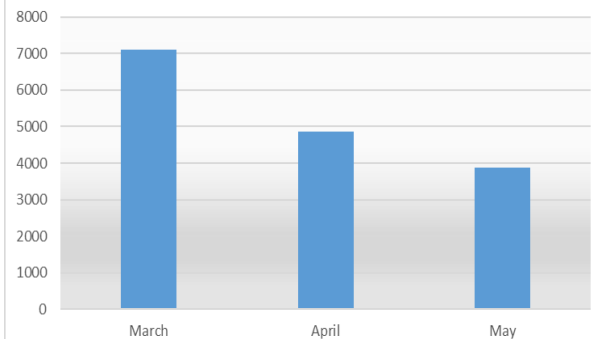
Waiting List Distribution



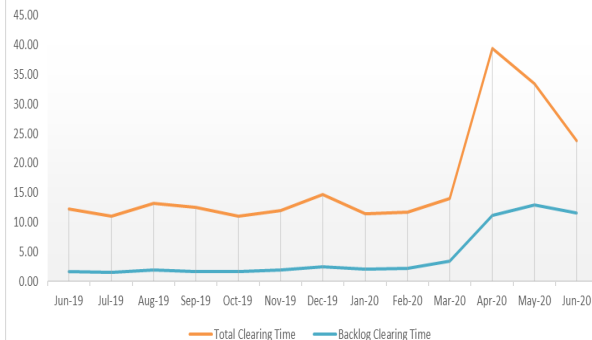
The graph illustrates the shift in waiting list distribution. The impact of Covid-19 can be clearly seen.

Waiting List Continued

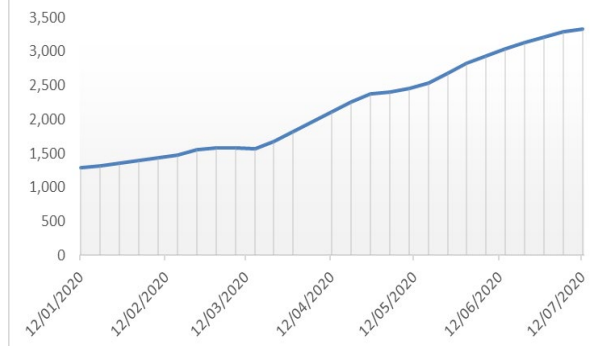
Referrals To Hospital



RTT Clearing Times



RTT Admitted Backlog



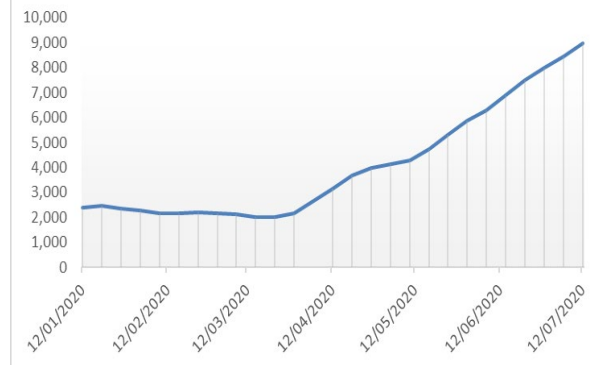
The number of referrals into the Trust has declined due to the Covid-19 restrictions within primary care settings.

The admitted list size increased significantly due to the cancellation of Elective activity at the mid-point of March 20.

The Non Admitted backlog continues to increase.

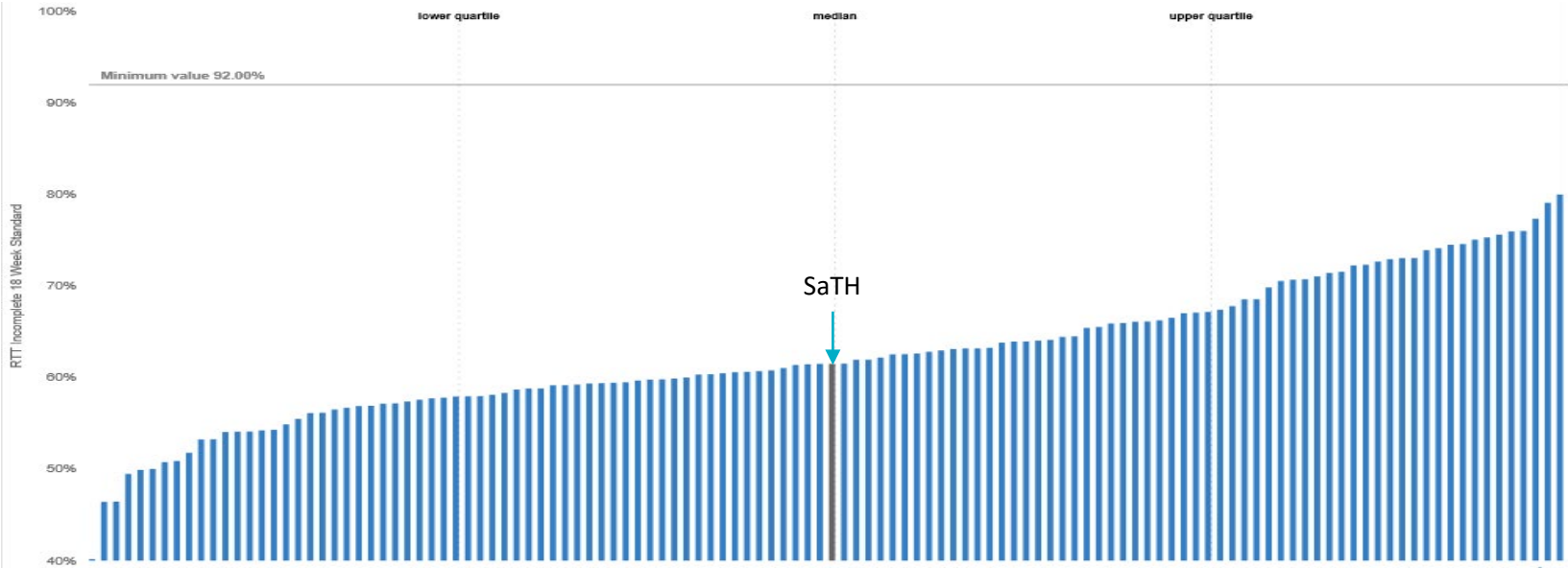
The RTT clearance times aim to indicate how long, in weeks, it would take to clear current patients on incomplete pathways assuming that no new patients are added to the list. Although this is not a national target a total clearance time of 8.5 weeks is deemed to indicate a sustainable waiting list according to the Department of Health.

RTT Non Admitted Backlog



RTT Benchmarking

In May 2020, the Trust ranked 61 out of 122 for the RTT incomplete performance with 61.5%. All Trusts failed to hit the 92% standard, the highest performance was 80% and the lowest 40%.

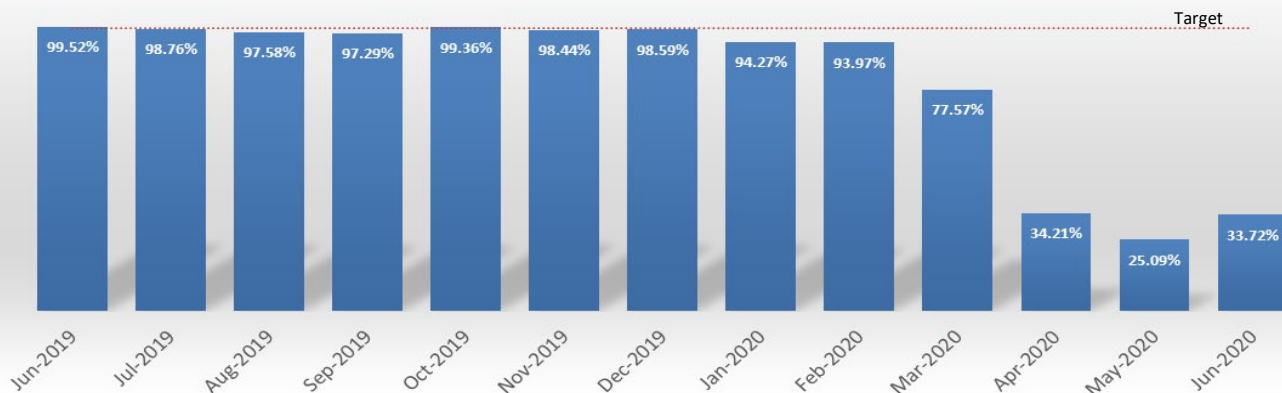


Data source: Public View May 2020

In May 2020 the Trust ranked 63 out of 122 Trust in terms of 52 week breaches, with 105 breaches.

Diagnosics waiting time

DM01 Performance



Key Actions:

Additional sessions for CT and MRI to reduce backlog, outsourcing of ultrasound backlog

Key Risks:

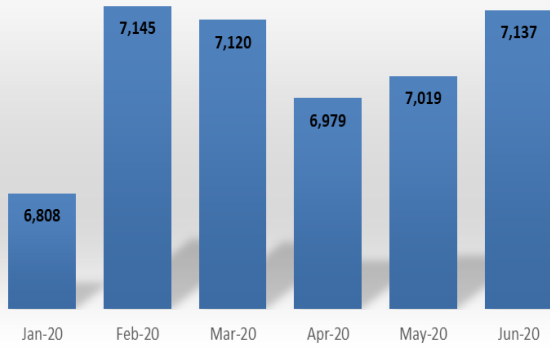
Continued impact of Covid-19, due to IPC and Social Distancing
Lack of capacity to reduce backlogs in CT and MRI

DM01 Waiting List Performance June 2020

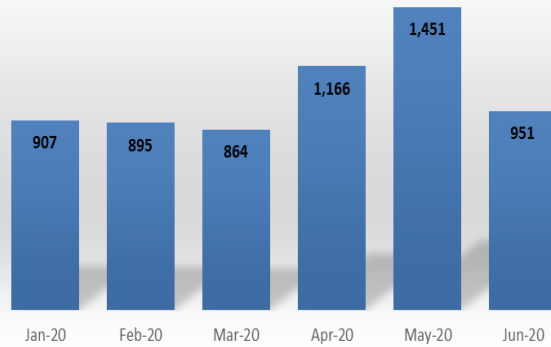
		Total Waiting List	Waiting >6 Weeks	Performance	Total Waiting List	Waiting >6 Weeks	Performance
Imaging	Magnetic Resonance Imaging	2629	1840	30.01%	7907	5098	35.5%
	Computed Tomography	1681	928	44.79%			
	Non-obstetric ultrasound	3597	2330	35.22%			
Physiological Measurement	Audiology - Audiology Assessments	588	507	13.78%	1648	1035	37.2%
	Cardiology - echocardiography	949	433	54.37%			
	Neurophysiology - peripheral neurophysiology	15	13	13.33%			
	Respiratory physiology - sleep studies	77	66	14.29%			
	Urodynamics - pressures & flows	19	16	15.79%			
Endoscopy	Colonoscopy	453	286	36.87%	1411	847	40.0%
	Flexi sigmoidoscopy	253	166	34.39%			
	Cystoscopy	130	9	93.08%			
	Gastroscopy	575	386	32.87%			
Total					10966	6980	36.35%

Diagnostics

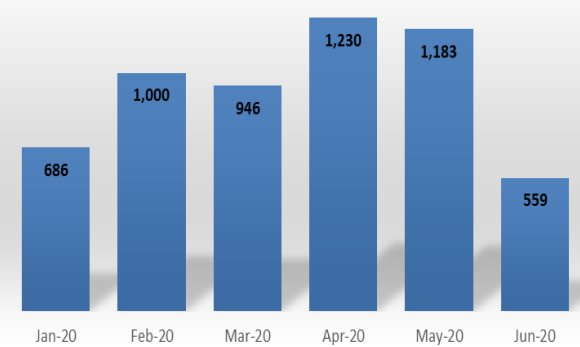
Imaging Waiting List



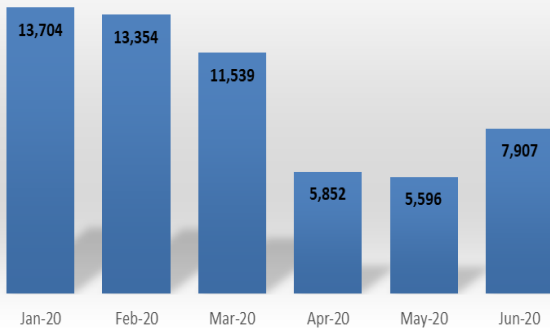
Physiological Measurement Waiting List



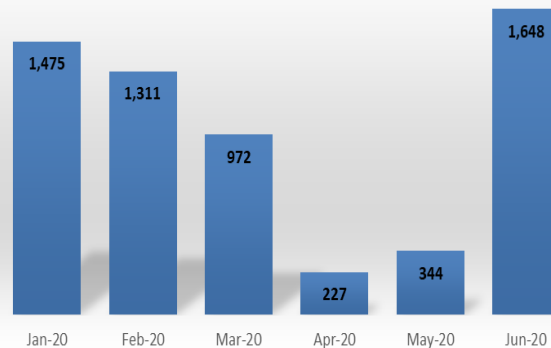
Endoscopy Waiting List



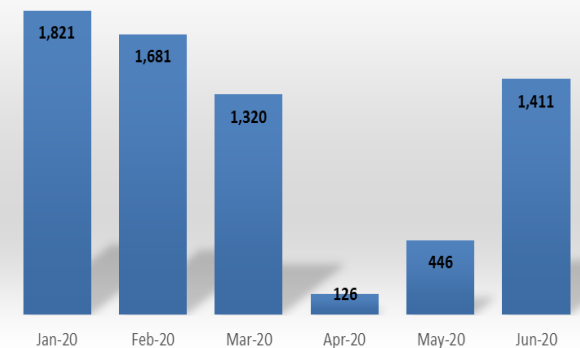
Imaging Activity Seen



Physiological Measurement Activity Seen



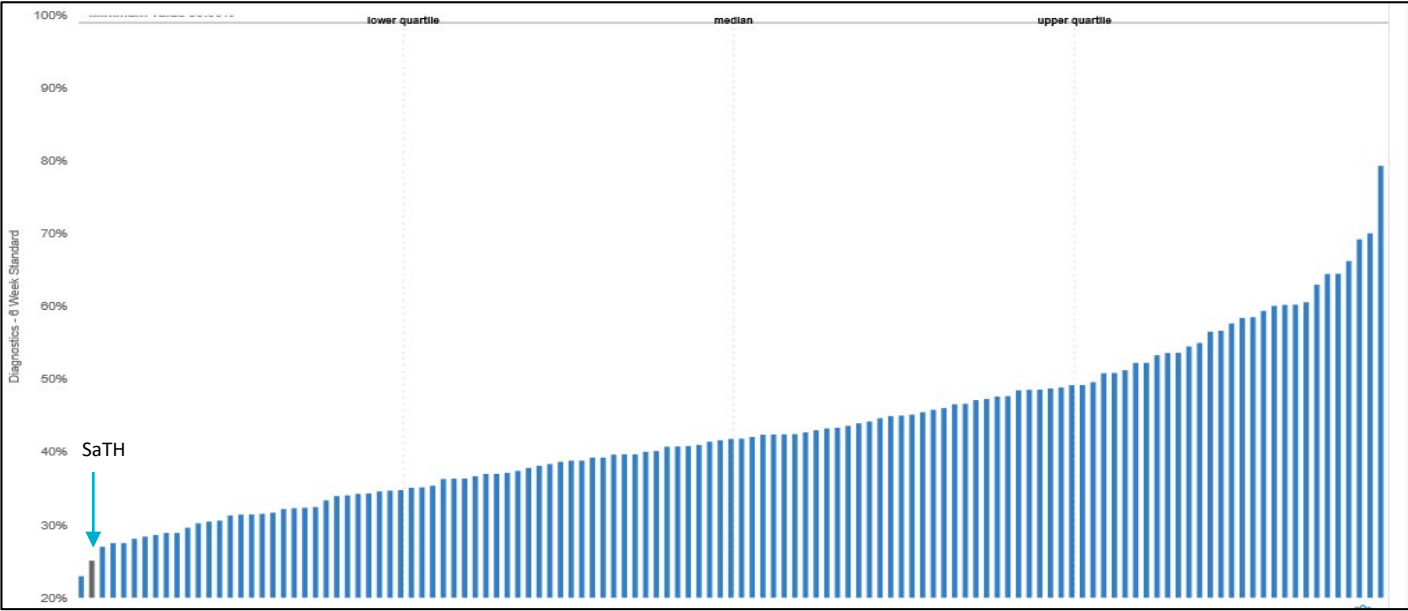
Endoscopy Activity Seen



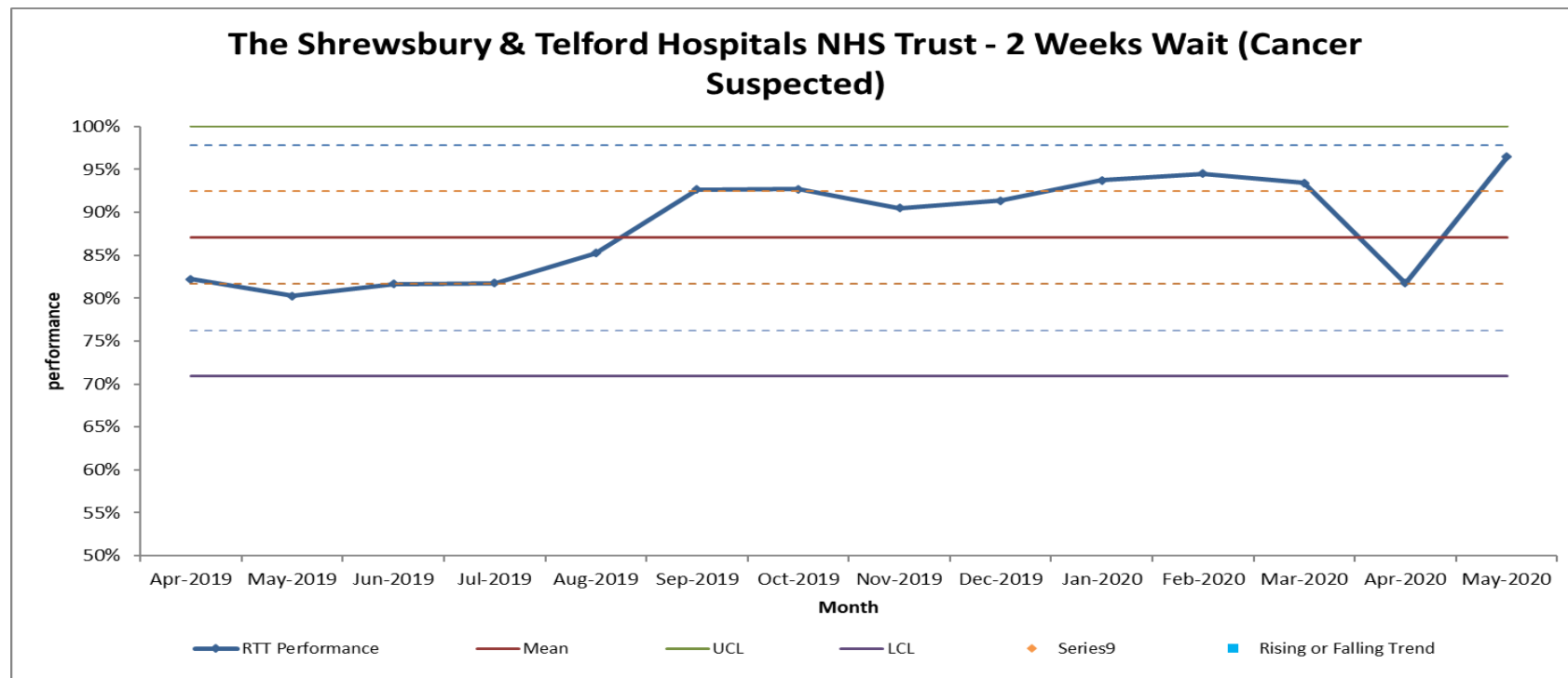
The impact of Covid-19 social distancing and IPC can be seen in the reduced activity and the increase of the waiting list. As the number of A&E attendances increases, capacity for elective needs will be adversely impacted.

DM01 Benchmarking

In May 2020, the Trust ranked 122nd out of 123 Trusts for the diagnostic 6 week standard, with a performance of 25.09%. The target is 99%, the highest performance was 79% and the lowest was 22%.



Cancer 2 Week Wait – May 2020



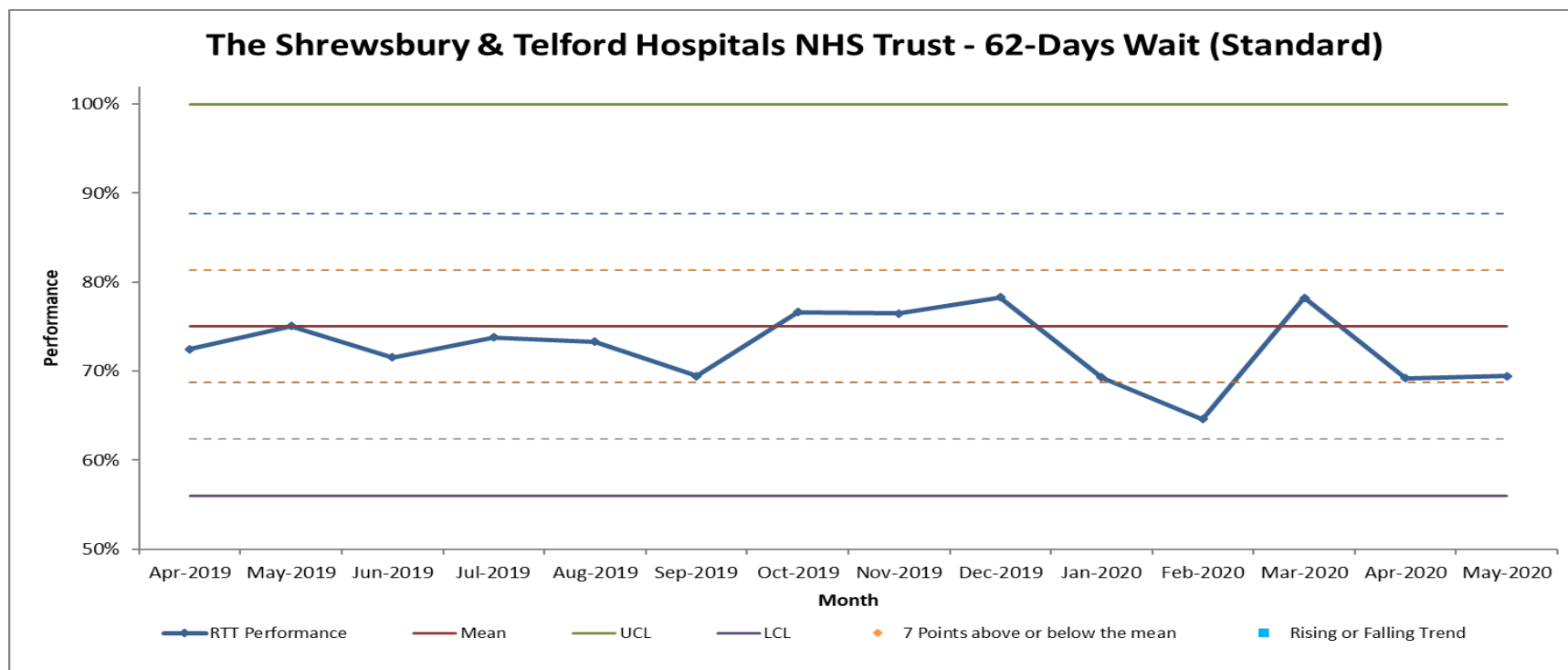
Key Actions

- Continue to follow revised triage / telephone call as first OPA
- Weekly assurance meetings between Cancer Services & operational teams
- Review all patients who refuse initial outpatient appointment and escalate to relevant MDT lead

Key Risks

- Covid-19 impact due to IPC and social distancing
- Current prediction for Jun 2020 shows performance at 97.2%
- Lung and Urology did not meet target, due to patient choice

Cancer 62 Day – May 2020



Key Actions

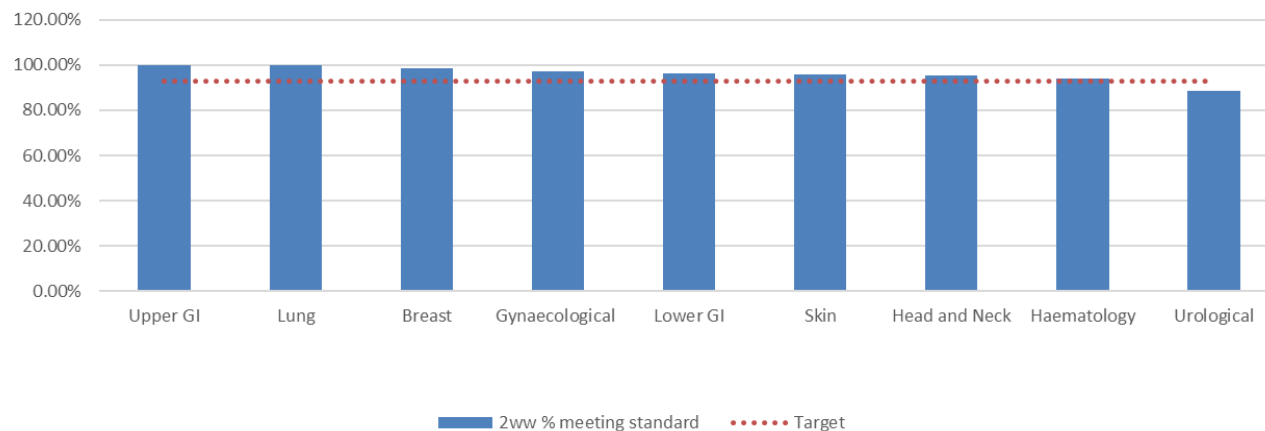
- SaTH's restoration and recovery work has commenced including twice weekly Urgent Treatment & Cancer group
- Cancer performance assurance meetings continue weekly from the start of May, to monitor progress against R&R plans
- Monitor and reduce backlog of 104 days & 62 days by August 2020

Key Risks

- Covid-19 impact as patients refusing surgery
- Current prediction for Jun 2020 shows performance at 68.2%
- Ability to maintain green zone for shielded and isolating patient, due to nature of treatment they are receiving
- Diagnostic capacity

Cancer Performance By Tumour – May 2020

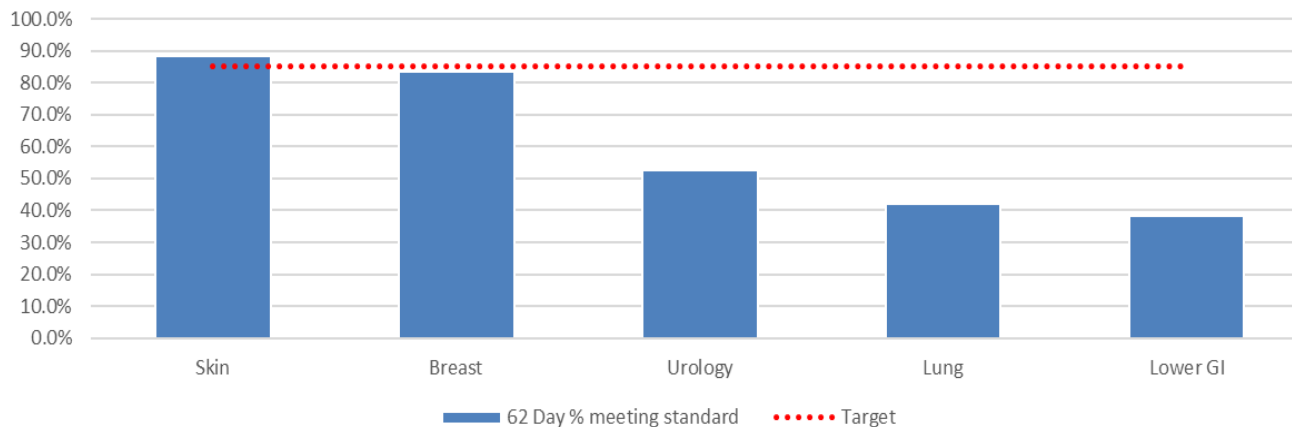
2 Week Wait % Meeting National Standard



2 Week Wait

- Referrals up to 74% of pre-Covid levels
- Achieving national standard

62 Day % Meeting National Standard

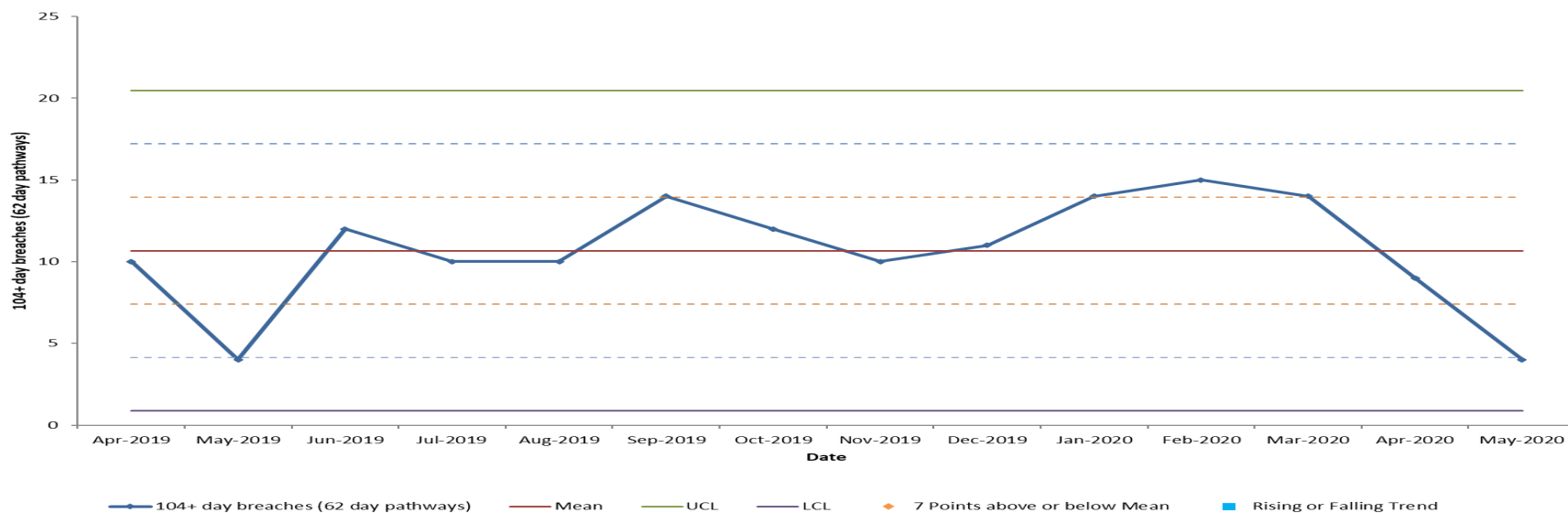


62 Day

- Current prediction for June 2020 is at 68%
- The performance is a result of clearing the backlog of patients waiting over 62days

104 day breaches – May 2020

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

1 x Colorectal (120 days). Delay for investigations and MDT. 19 days for CTVC from request to report. Patient asked for time to consider oncology treatment. Emergency admission required.

1 x UGI (109 days). Delay to pathway. Patient had fall, delaying referral to UHNM for investigation.

1 x UGI (154 days). Elective capacity inadequate / delay for diagnostics. 34 days for TRUSB from request to report. Known capacity issues for prostatectomy - only one surgeon performs this at SaTH.

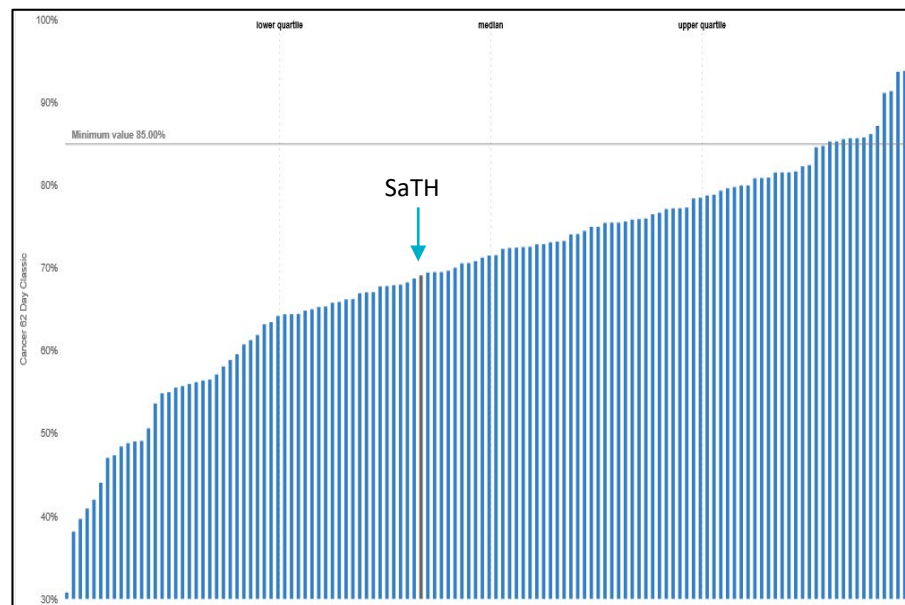
1 x Urology (104 days). Delay for diagnostics. 37 days for TRUSB from request to report. Change to treatment plan - initial decision was for active monitoring. Plan changed to hormone therapy followed by RT.

Cancer Benchmarking

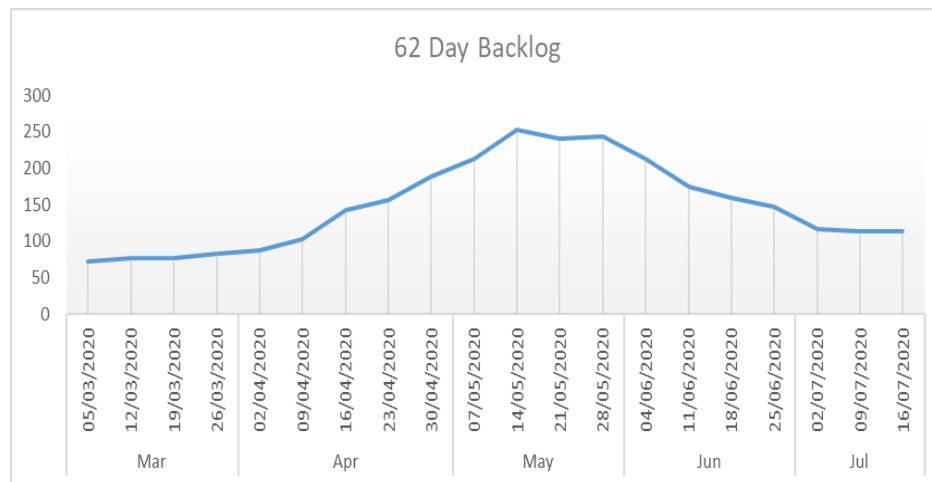
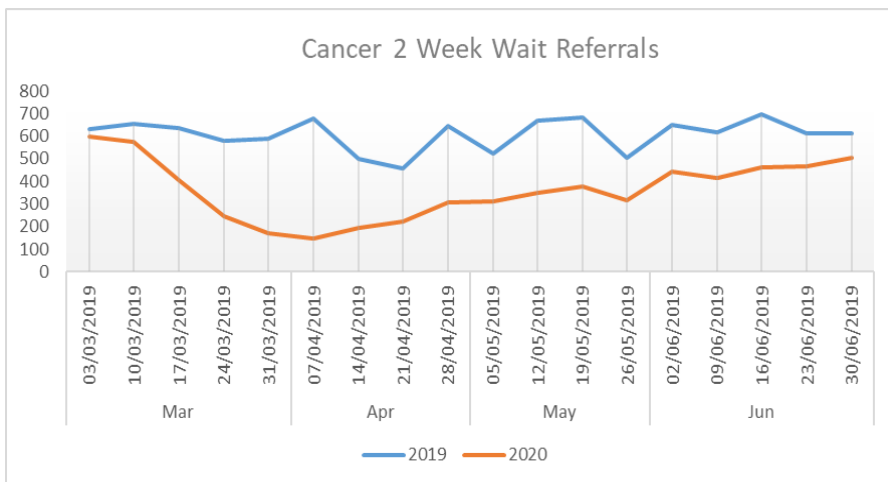
The Trust ranked 56 out of 124 Trusts for its 2 Week Wait Cancer standard. The performance for May was 96.5%.



The Trust ranked 72 out of 124 Trusts for its 62day Cancer standard, the highest value was 93.9% and the lowest 30.7%. The performance for the Trust in May was 69%.



Cancer Referrals



Significant reduction in Cancer Referrals coming to the Trust during March and April. However, June and July show signs of referrals picking up.

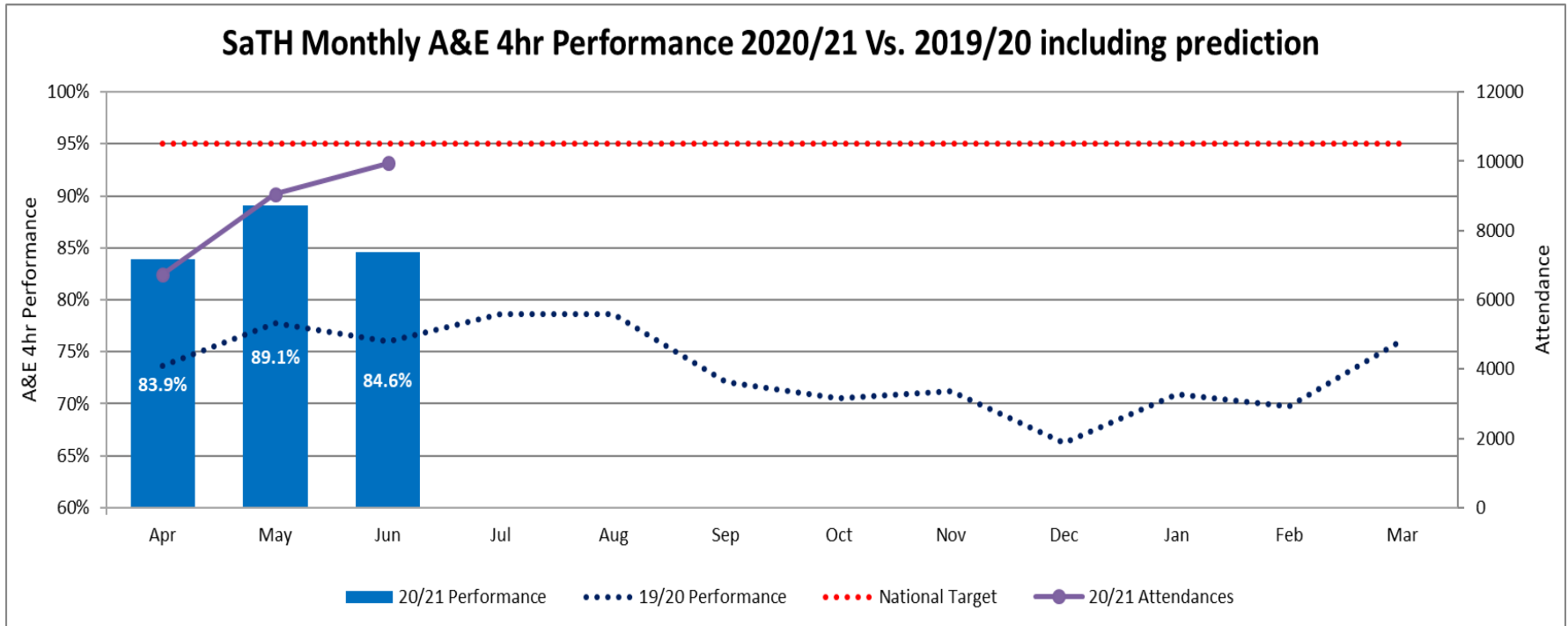
The 62 day backlog saw an increase during the months of April and May, reasons include patients refusing treatment due to the Covid-19 situation.

Elective activity has been taking place at Nuffield Shrewsbury to help with the 62 day backlog

Nuffield Activity

Treatment Specialty	Apr-20	May-20	Jun-20
Gastroenterology	166	221	193
Urology	79	163	196
Breast Surgery	40	21	28
Gynaecology	21	15	23
Upper GI Surgery	0	9	20
General Surgery	0	0	12
Total	306	429	460

A&E Performance



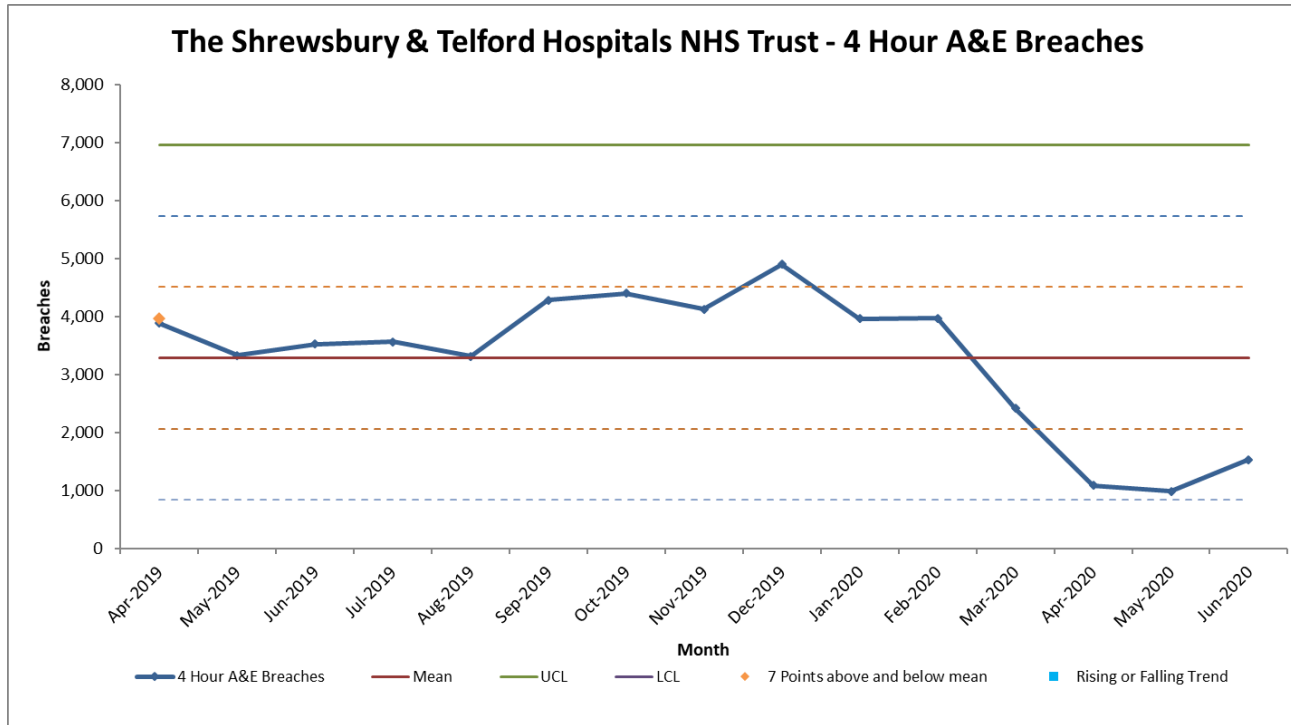
The A&E 4hr performance in June-2020 was 84.6% which is 8.6% above May-2019.

The YTD performance for 2020/21 is 86.0%.

The priority focus areas in July/August are:-

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

A&E Breaches

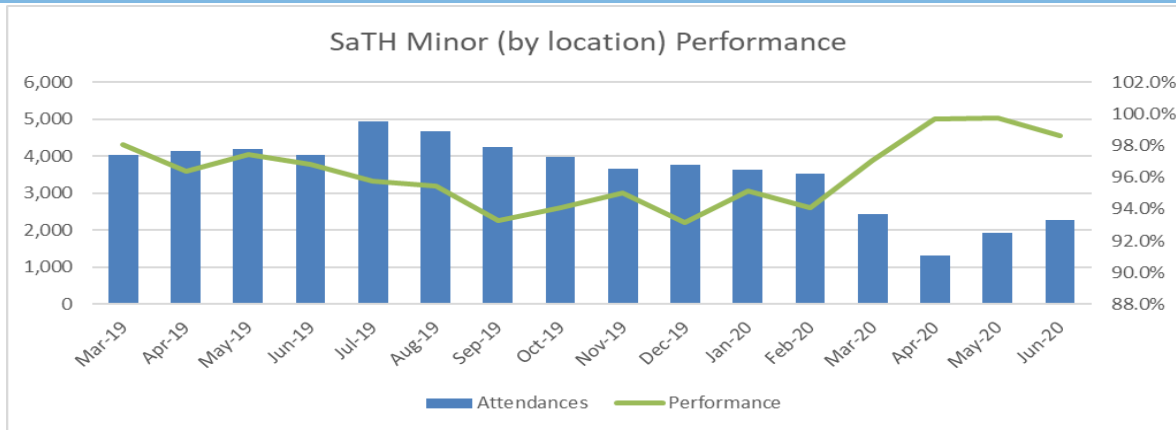


Breaches

A decrease in ED demand has reduced breaches by 31% (Jun 2019 vs Jun 2020)

In June 2020, the Trust had three 12 hour decision to admit breaches

Minor & Major 4 Hours performance

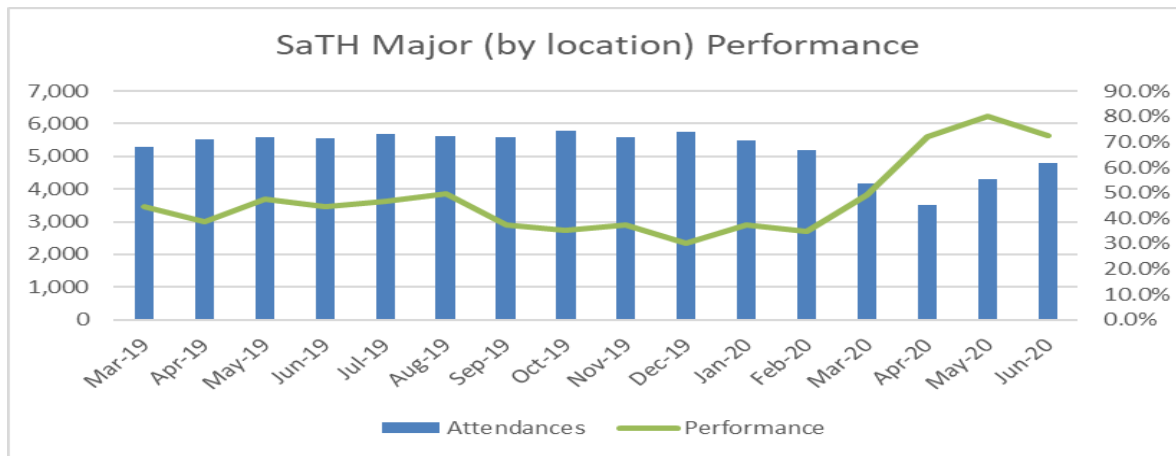


Attendance Comparison
Jun-20 vs Jun 19
-43%

Breach Comparison
Jun-20 vs Jun 19
-75%

Performance Comparison
Jun-20 vs Jun 19
1.8%

Minor Performance has remained steady, whilst major attendances have benefitted with the reduction in attendances



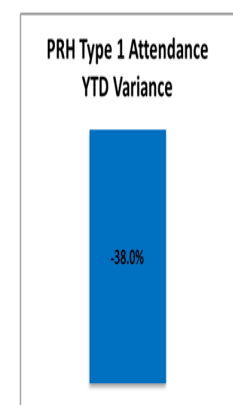
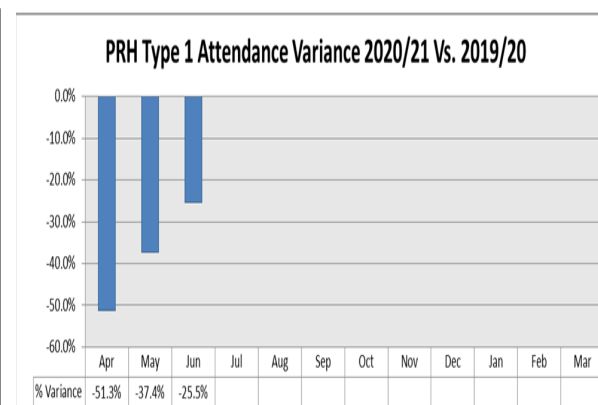
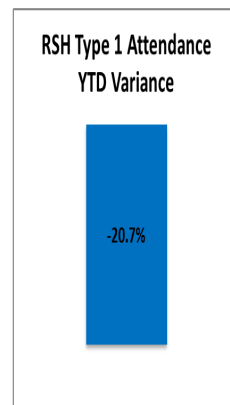
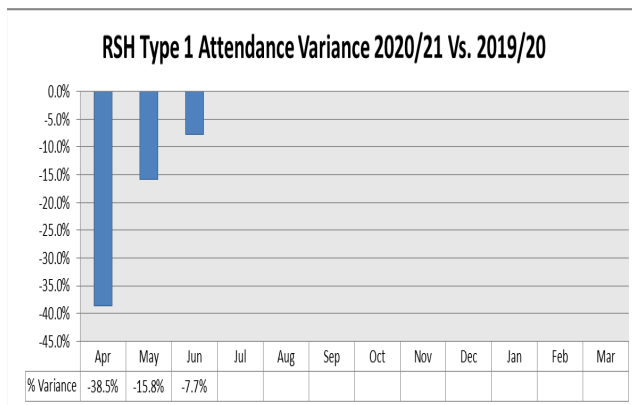
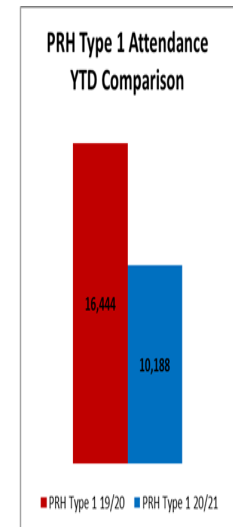
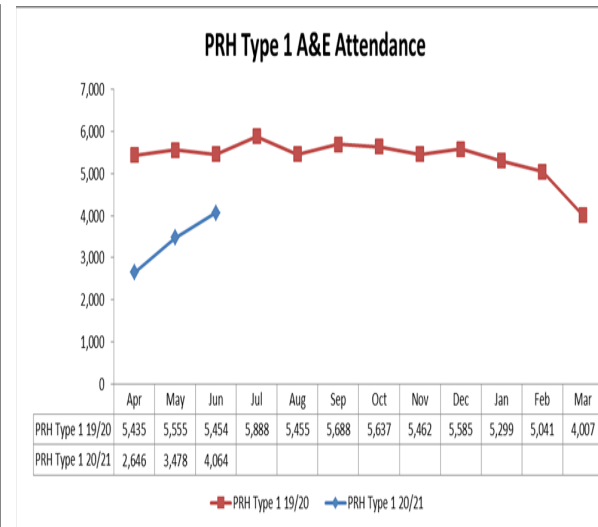
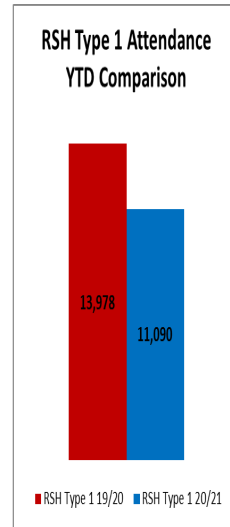
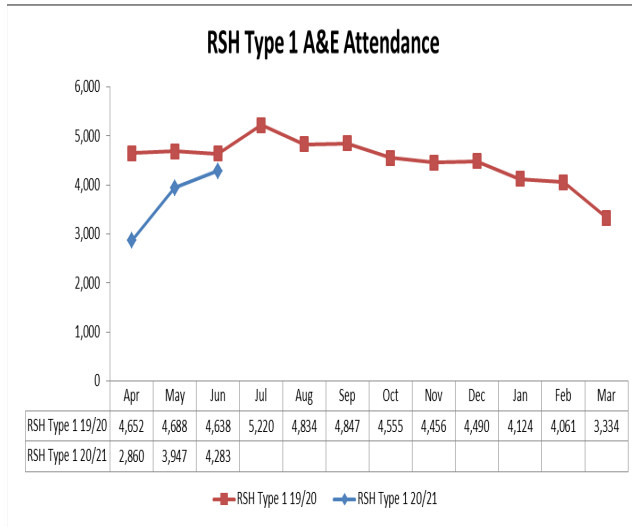
Attendance Comparison
Jun-20 vs Jun 19
-14%

Breach Comparison
Jun-20 vs Jun 19
-57%

Performance Comparison
Jun-20 vs Jun 19
27.8%

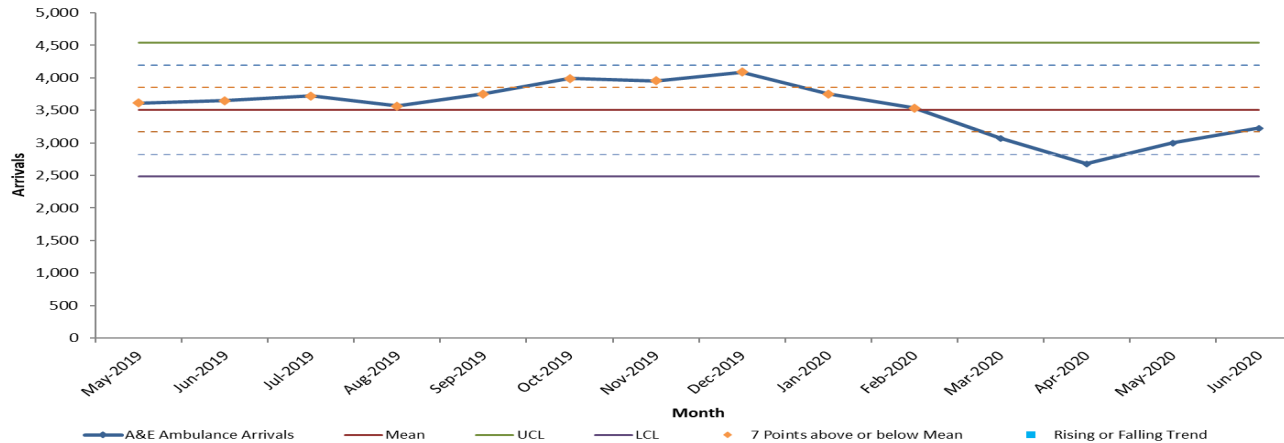
A&E Attendances by site

Attendances for patients arriving at Type 1 site which excludes MIU



Ambulance arrivals and handover delays

The Shrewsbury & Telford Hospitals NHS Trust - A&E Ambulance Arrivals

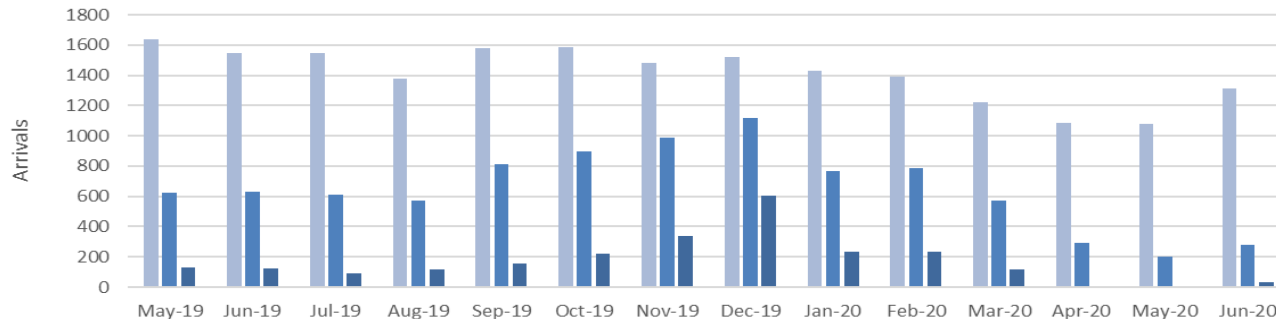


Ambulance arrivals are down by 11% when comparing Jun 2020 to Jun 2019. PRH saw the greatest reduction in ambulance arrivals (25.6%).

However RSH has exceeded last years arrivals by 4.7%.

Ambulance Handover times have significantly benefitted with the decreased activity in A&E.

Ambulance Handover Times

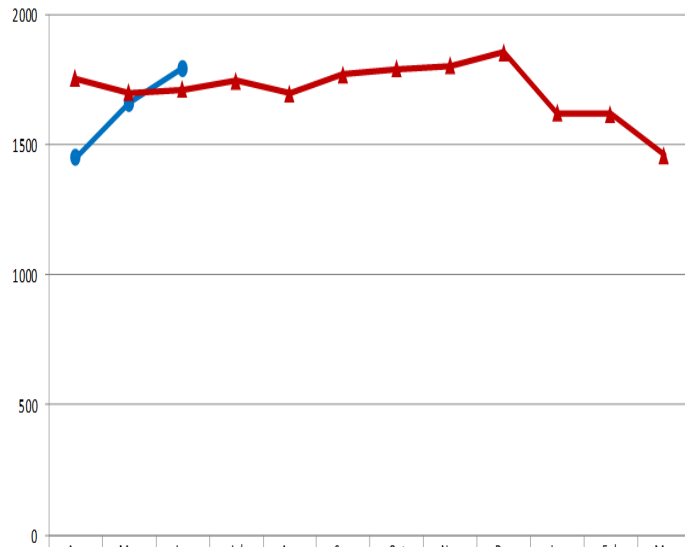


	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
15-30 mins	1637	1550	1544	1379	1578	1583	1482	1519	1433	1388	1220	1085	1082	1310
30-60 mins	627	629	608	571	813	897	991	1118	770	785	575	294	203	283
>60mins	132	122	89	115	155	219	341	605	232	236	119	3	8	33

Please note based on WMAS Figures

A&E arrivals via ambulance by site

RSH Ambulance Arrivals



● RSH Ambulance Arrivals 20/21	1449	1659	1792									
▲ RSH Ambulance Arrivals 19/20	1752	1699	1712	1744	1694	1767	1789	1803	1852	1620	1617	1459

Attendance % Comparison
Jun-20 Vs. Jun-19

4.7%

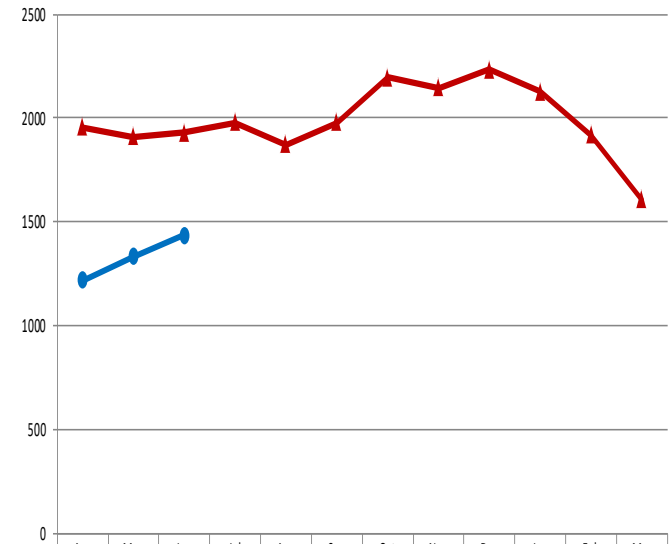
Attendance No. Comparison
Jun-20 Vs. Jun-19

80

YTD Attendance %
Comparison

-5.1%

PRH Ambulance Arrivals



● PRH Ambulance Arrivals 20/21	1218	1333	1435									
▲ PRH Ambulance Arrivals 19/20	1956	1910	1930	1978	1874	1979	2196	2144	2234	2126	1916	1606

Attendance % Comparison
Jun-20 Vs. Jun-19

-25.6%

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

-495

YTD Attendance %
Comparison

-31.2%

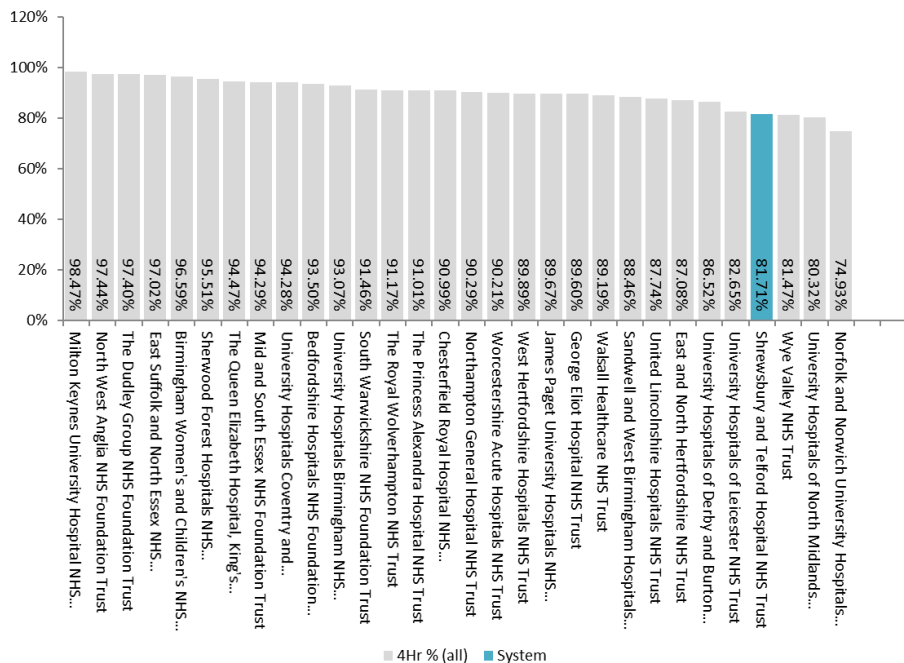
ED Summary

Metric	Jun-19	Jun-20	Variance
A&E Performance	76.0%	84.6%	8.6%
A&E Type 1 Performance	65.5%	81.7%	16.1%
A&E Attendance	12225	8345	-31.7%
A&E Minor Attendance	4020	2243	-44.2%
A&E Minor Performance	96.8%	98.2%	1.4%
A&E Ambulance Arrivals	3642	3227	-11.4%
A&E Average Time to Streaming	21	15	-6
A&E Average Time to Treatment	141	77	-64
A&E Left Before Treatment Rate	5.8%	1.7%	-4.1%
A&E Children Left Before Treatment Rate	5.0%	0.6%	-4.4%
A&E Re-Attendance Within 7 Days	6.6%	6.6%	0.1%
A&E Conversion Rate	24.2%	31.2%	7.0%
Emergency Spells	4941	0	-100.0%
Emergency Spells Average LOS	5.9	0.0	-100.0%

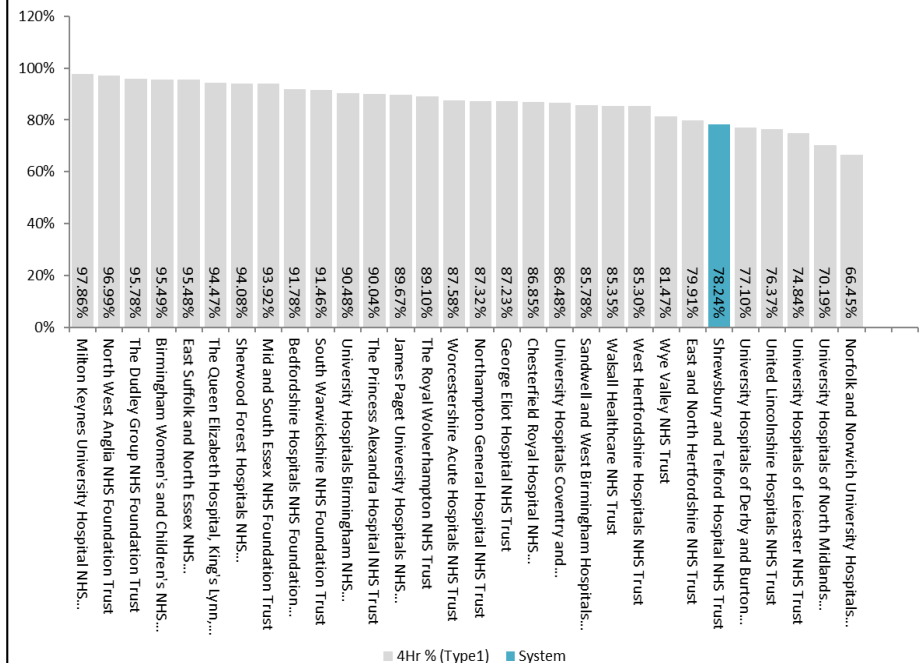
Regional Performance

Regional Performance as at the 1st July 2020 (UEC Dashboard ME Region)

4hr performance - all



4hr performance - type 1 only



Snapshot presentation above – received daily for region. SaTH has consistently delivered >80 % and performance relative to others has improved

Forward actions (operational)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Cancer waiting Times	<ul style="list-style-type: none"> Eliminate >104 breaches Reduce > 62 day backlog 	SB SB	End Aug 20 End Sep 20
Diagnostics waiting times	<ul style="list-style-type: none"> Increase Endoscopy capacity Increase CT capacity (use of mobile – in place 3 weeks from 24 Jul 20) Increase Ultrasound capacity (outsource contract) 	NR SF SF	Mid Aug 20 End Jul 20 Start Aug 20
A&E Performance	<ul style="list-style-type: none"> ED – department priority actions SDEC – business case for Medicine SDEC 7 days Flow – improvement programme with ECIST 	CMc CMc NL/AR/MB	End Sep 20 4 Aug 20 End Oct 20
RTT	<ul style="list-style-type: none"> Reduce >52 weeks – plan over Q2-Q4 Reduce admitted backlog – plan over Q2-Q4 Reduce non-admitted backlog – plan over Q2-Q4 Extend PRH Vanguard Theatre unit (complete) 	NR NR NR/CMc NR	End Mar 21 End Mar 21 End Mar 21 12 Jul 20
Capacity	<p>Updated submission to NHSE/I complete. Includes:</p> <ul style="list-style-type: none"> ED/SDEC General & Acute bed capacity Imaging and Endoscopy Critical Care Theatres 	NL	Submitted 8 Jul 20 Awaiting update
Operational Plan	Development of operational plan - With support from Deloitte	JD/CP/NL	Mid Aug 20
Winter Plan	Develop System Winter plan	NL	End Sep 20

Workforce

Interim Director of Workforce, Rhia Boyode



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Executive Summary

COVID 19

- Staff Shielding - Work underway to support the return of staff who were required to 'Shield' as part of government advice (1 August 2020). Risk assessment process outlined and managers asked to consider options for homeworking where possible or safe return to workplace with appropriate mitigation.
- Risk Assessment – commitment to achieve 100% compliance for all staff in 'at risk group' by end of July. Currently 99% completion rate for BAME.
- Support for managers – managers toolkit and supporting guidance 'working differently under COVID' is now available

Equality, Diversity and Inclusion

- As part of improving our staff engagement, we have established our BAME, LGBTQ+ networks and will be establishing an overarching Disability network, ensuring that it is inclusive of hidden disabilities such as Dyslexia, Autism and Hearing impairment. These networks will help to reassure staff of our commitment to E,D & I and support our commitment to the WRES and WDES.
- We are also reviewing our current E,D& I OD and training offer, working at system level to introduce targeted initiatives and enhance our e-learning offer by introducing Unconscious Bias awareness and Cultural Competence training

Development

- Medical Leadership Programme commissioned to start September 2020 focused towards Senior Medical Leadership team and Clinical Leads.
- Review of Leadership and Management Development provision resulting in new integrated programmes from September 2020

Recruitment and Workforce Planning

- International recruits should now be able to travel, and we are expecting the first cohort following COVID travel restrictions to arrive by the end of July.
- Workforce assessment of recovery of services and social distancing underway – high level analysis completed.

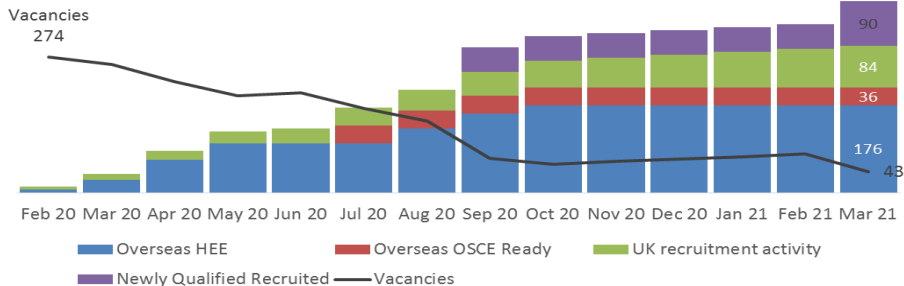
Improving SaTH Culture

Significant issues with Trust culture at all levels were identified as a result of a number of external reviews (especially CQC and Maternity), continuing poor performance, patient care, staff engagement and morale (staff survey). It is recognised that successful culture change is a work of years rather than months and some key areas of improvement focus are shown below. The People Strategy has a 3-year programme of work to improve performance. Significant changes as a result of Covid-19 are driving new ways of working, interacting with and valuing staff.

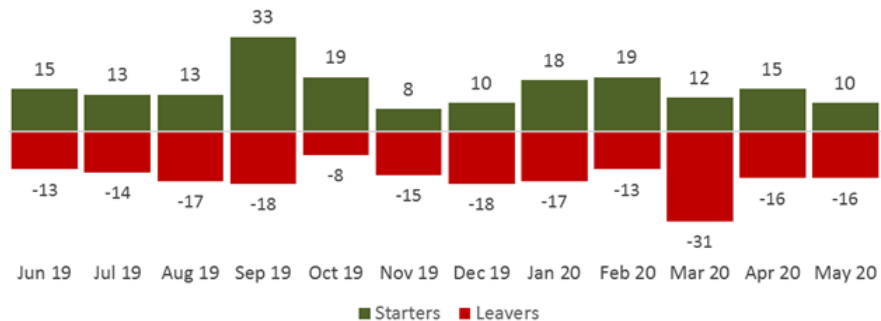
Leadership <ul style="list-style-type: none"> Investment in key Executive Director posts Board Development programme Tailored OD programmes for ED and W&C Review of Leadership Devt - Medical Leadership and Leadership and Mgmt Devt programmes (eg: the Engaging Manager programme) Comprehensive coaching offer and Think On coaching to support solution focused coaching - lnk in with improving Safety Culture and Service Improvement NHSI/E culture assessment & programme to start 20/21 	Measures/Risk <p>Staff Survey Line mgr score Visibility of leaders</p> <p>Key Risk to delivery is CV-19 wave 2. Mitigation is integration of online, digital and remote solutions</p>	Communications and Consultation <ul style="list-style-type: none"> Director-led Listening Into Action programme Values and vision – engagement and consultation led by CEO and Directors Development of underpinning behavioural framework Introduction of improved communications and monthly cascade process down and up across whole organisation – increased leader visibility Proactive and honest communications programme from CEO and EDs esp. on areas of high sensitivity Strong Covid comms well received by staff – daily Med Dir. briefing, Workforce Dir., SaTH Heroes etc 	Measures/Risk <p>No of people engaged in Values and Vision work Staff Survey Pulse surveys</p> <p>Key Risk to delivery is failure to sustain comms focus Mitigation is integration into all aspects of daily work</p>
Enablers – Accountability & Decision Making <ul style="list-style-type: none"> Review of senior mgr structure and meetings to simplify decision making and increase visibility Establishment of Innovation & Investment Committee for transparent decision making Redesigned risk management process and training for greater accountability and improved decision making Great working across system and STP working on systems issues and problems (eg Covid) Values and behaviours work integrated in objectives and appraisals for all staff 	Measures/Risk <p>Staff Survey Pulse Scores (FFT) Appraisal quality Trust improvement plan quality</p> <p>Key Risk to delivery is CV-19. Mitigation is integration into all aspects of daily work</p>	Engagement and Support <ul style="list-style-type: none"> Comprehensive support programmes for staff for psychological and wellbeing 3 staff networks set up for BAME, LGBTQ+, and Disabled colleagues Introduction of Values Cards – over 1,00- sent in first few weeks Strengthening of FTSUG function Secondment to focus on recognition and reward Coaching and team support offers Commitment to improvement of work/home/life balance, flexible working etc 	Measures/Risk <p>Staff Survey engagement & E&D scores, BAME risk assessment level WRES and WDES responses</p> <p>Key Risk to delivery is CV-19. Mitigation is OD, FTSUG and EDI teams strengthening</p>

Overview of workforce metrics

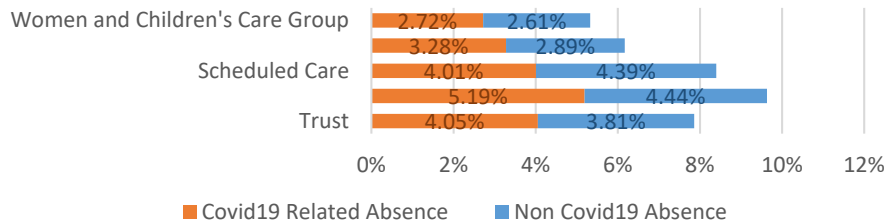
Nursing : Recruitment Cumulative



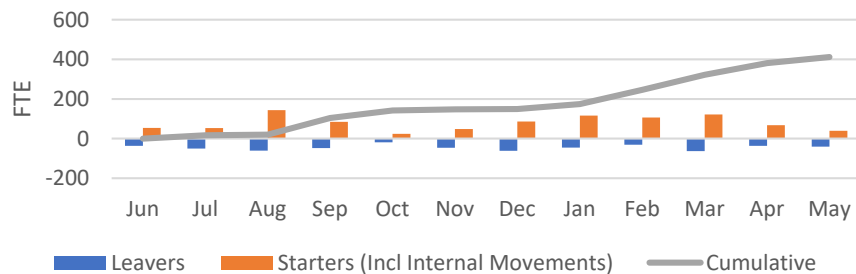
Starters/Leavers Jun 19 to May 20 - Registered Nursing



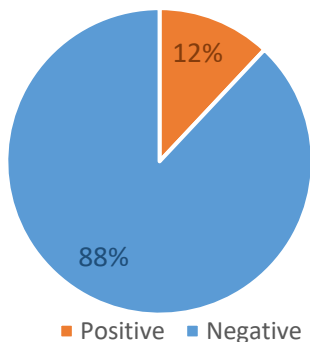
Calendar Days Absence FTE % by Care Group June



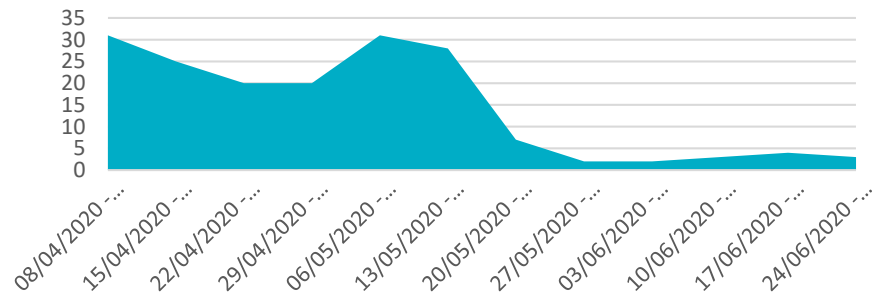
Cumulative Staff In Post - FTE



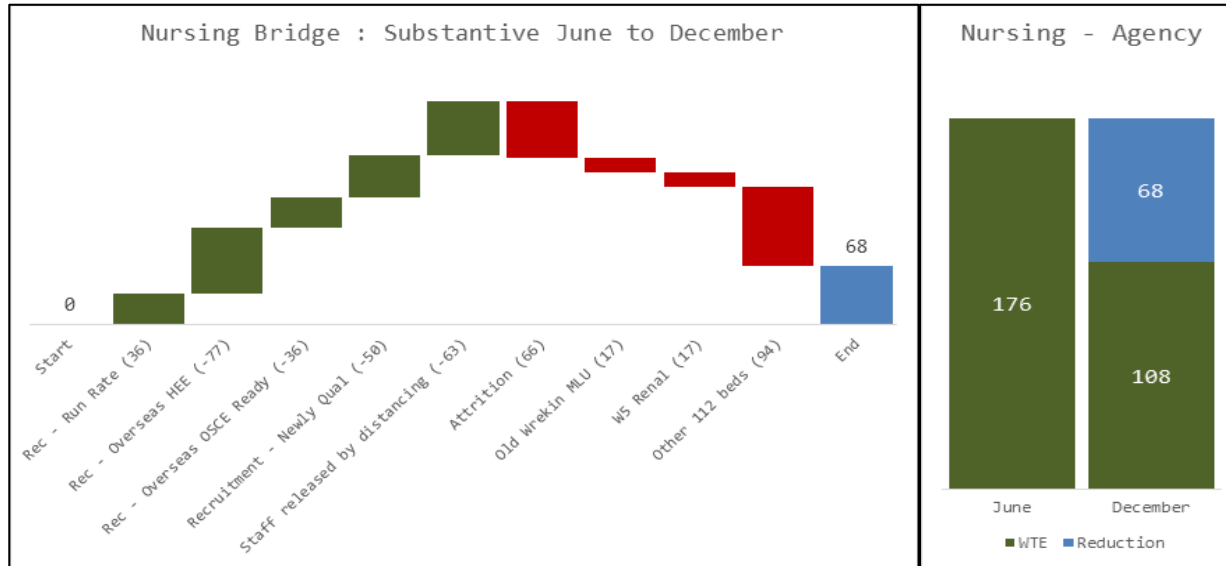
% of Staff Testing Positive in June



Number of Staff Testing Positive by Week



Workforce Planning 2020/21



The workforce planning approach this year has required a focus on the determining the capacity requirements of restoring services following the COVID 19 impact.

The impact of social distancing on bed numbers and outpatient clinics has been assessed to be able to outline the total workforce requirements by staff group for each speciality and ward.

The key assumptions that have been incorporated into the workforce plan include:

- The continued recruitment of international nurses via the Health Education England Global Learners Programme.
- International recruitment from India for OSCE ready nurses who are sufficiently experienced to work within our Emergency Department
- A number of new wards will be refurbished and opened to address winter capacity issues including:
 - Old Wrekin MLU to be refurbished to give 20 beds
 - Additional modular wards added (subject to funding and availability) to restore services and provide additional space to counteract social distancing restrictions
- Attrition has been factored in based on typical values
- UK recruitment pipeline included (recruitment run rate)

Forward actions (workforce)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Delivery of People Strategy (Year 1) - Transforming SaTH Together	<ul style="list-style-type: none"> • Capture all changes recommended as part of recovery of services and service changes and model impact on workforce. (e.g. modular wards, removal of beds due to social distancing). • Finalise workforce plan 20/21. 	Simon Balderstone	Aug 20
Delivery of People Strategy (Year 1) - Attracting People	<ul style="list-style-type: none"> • Work with HEE to ensure Indian nurses have completed all steps to enable them to enter UK and join the Trust following lock down. 	Dipesh Parmar	Aug 20
Delivery of People Strategy (Year 1) - Engagement and Wellbeing	<ul style="list-style-type: none"> • Develop our networks for BAME, LGBTQ+ and Disabled staff • Tailored OD programmes for ED and W&C • Comprehensive support programmes for staff for psychological wellbeing • Focus on completing all reporting aspects of COVID 19 requirements e.g. risk assessment and staff testing processes. 	Mary Beales / Simon Balderstone/ Kal Parkash	Sep-20
Delivery of People Strategy (Year 1) - Keeping Great people	<ul style="list-style-type: none"> • Create a Trust-wide retention strategy , including international retention. 	Dipesh Parmar	Aug-20
Delivery of People Strategy (Year 1) y - People Development and Leadership	<ul style="list-style-type: none"> • Develop (SaTH) Leadership Framework with a 3- year plan and milestones that includes assessment tools and pathways and integration with TCI • Review use of apprenticeship levy and develop plan with options for sustainable utilisation to support key strategic aims 	Mary Beales	Aug-20
Delivery of People Strategy (Year 1) - Support and Belonging	<ul style="list-style-type: none"> • Review management development offer and implement improved programme that includes support for managers with coaching and having difficult conversations. 	Mary Beales	Sep-20

Finance

Interim Director of Finance, James Drury



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Executive Summary Month 3

The Trust has reported a break even position for the month of June against the planned level of NHSEI support.

- COVID-19 expenditure to date is £4.933m (£2.078m in month), loss of income is £1.353m (£0.464m in month).
- The funding regime enables reimbursement of costs above planned levels, these are £1.596m to date and £0.613m in month.
- The breakeven position in month consists of:
 - A pay over-spend of £1.272m due to additional resources and COVID-19 costs and pay adjustments offset by unfilled vacancies;
 - A non-pay under-spend of £0.854m mainly due to reduced consumables due to low levels of elective activity; and
 - Other income loss of £0.324m related to COVID-19 impact on activities outside contracts.
- COVID-19 capital expenditure to date is £0.694m (with total commitments of £0.887m) (NB: outside of Trust Capital Resource Limit).
 - Any future capital bids will require pre-approval by NHSEI.
- Cash at end of June amounted to £42.2m, including pre-payment of one month's block and top up payments received in April amounting to £32.3m.
- If the pre-payment of block and top up payments of £32.3m are deducted from the M3 closing cash balance of £42.2m, £9.9m remains. The cash holding requirement is £1.7 million, the variance between this and actual cash is £8.2m which comprises of; lower capital expenditure to date of £1.8m, benefit of £2.2m relating to time of receipt of income and payment of expenditure and working capital improvement of £4.2m.
- The Trust's payment performance against the Better Payment Practice Code has shown significant improvement with 94.4% by number and 92.6% by value of undisputed invoices were paid within 30 days. In addition, 32% and 40% respectively of all invoices were paid within 7 days.

Executive Summary cont.

Temporary financial arrangements remain in place for 2020/21 due to the impact of COVID-19. The expenditure plan for April to July is based on the period November 2019 to January 2020 adjusted for inflation, CNST and PDC loan conversion. The majority of the Trust's clinical income is being received on a block basis, based on the same period and methodology. The variance between expected expenditure and income levels is covered by a retrospective top-up mechanism which enables 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. Latest information indicates the following likely changes:

- There will be no requirement for local contracting with commissioners in 2020/21, and possibly 2021/22,
- There are no specific targets of the levels of activity that systems should be delivering, but this is developing,
- The retrospective top-up scheme will likely be extended to cover M1-M6,
- For M7-M12 top-ups may become prospective, based on YTD spend and allocated to systems not Trusts.

No final decision on new arrangements, once the current top-up arrangements end, or on how any system wide allocation might work. Current work underway includes:

- Implementing the outcome of the baseline budget review, which has concluded,
- Strengthening oversight and control of direct Covid costs,
- Continuing to make the case for additional support from NHSEI and investment in the Trust's improvement agenda,
- Developing a year-end forecast, including Covid costs, allowing for operating at less than full capacity,
- Preparing a revised plan for M7-M12,
- Integrating financial planning work into a robust Operational Plan for 2021/22,
- Re-energising the efficiency and improvement agenda,
- Delivering a financial improvement programme.

Finance overview Month 3

	Annual	In Month			YTD			Memo	
	NHSEI Plan	NHSEI Plan	Actual	Variance	NHSEI Plan	Actual	Variance	In Month	YTD
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	COVID-19 £000s	COVID-19 £000s
Income	398,215	33,185	32,860	(325)	99,554	98,244	(1,310)	(464)	(1,353)
Pay	(295,705)	(24,642)	(25,915)	(1,273)	(73,926)	(77,867)	(3,940)	(938)	(2,409)
Non-Pay & General Reserves	(134,121)	(11,177)	(10,322)	855	(33,530)	(30,259)	3,271	(1,141)	(2,523)
Total expenditure	(429,825)	(35,819)	(36,237)	(418)	(107,456)	(108,126)	(669)	(2,079)	(4,933)
EBITDA	(31,610)	(2,634)	(3,377)	(743)	(7,903)	(9,882)	(1,979)	(2,544)	(6,286)
Finance Costs	(14,830)	(1,236)	(1,106)	130	(3,707)	(3,324)	383	0	0
Surplus/(deficit) against Control Total pre Top-Up	(46,440)	(3,870)	(4,483)	(613)	(11,610)	(13,206)	(1,596)	(2,544)	(6,286)
Planned Top-Up	46,440	3,870	3,870	(0)	11,610	11,610	(0)	0	0
Additional Top-Up		0	613	613	0	1,596	1,596	0	0
Adjusted Surplus/(deficit) post Top-Up	0	0	0	0	0	(0)	(0)	(2,544)	(6,286)

Finance overview Month 3

Key Messages

- **Overall expenditure costs have reduced as a consequence of the COVID-19 pandemic due to a reduced level of activity.**
- **In month, the Trust is showing a deficit of £0.6m pre Top Up. The incremental expenditure costs of COVID-19 amounted to £5.0m, which were partially offset by underspend against an expenditure plan of £4.6m.**

Income (excluding Top Up support) – £0.3m below plan in month and £1.3m below plan YTD

- Notional loss of Non-Clinical Income associated with COVID-19 £1.4m YTD, £0.5m in month.
- Excluded drugs and devices are included within the block payments from commissioners.

Pay – £1.3m above plan in month and £3.9m above plan YTD

- Within the year to date position £2.4m is attributed to COVID-19 not included within the NHSEI plan, £0.9m relating to June.
- Excluding COVID-19 costs pay is £1.5m above plan YTD and £0.4m in month.
 - Year to date position reflects pay award and Clinical Excellence Award adjustments.

Non Pay – £0.9m below plan in month and £3.3m below plan YTD

- COVID-19 costs are £2.5m up to the end of June, £1.1m relating to June.
- Excluding COVID-19 costs non pay is £5.8m under plan YTD and £2.0m under plan in month.
 - Clinical supplies, £2.1m, Drugs £1.9m and Estates & Facilities £0.6m below plan due to reduced activity.
 - Delay in overseas recruitment plan, underspend of £0.7m due to travel restrictions

Forward actions (finance)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Budgets	Baseline budgets to be re-issued by the end of August on completion of bottom up budget exercise	Finance	August 2020
Operational plan 20/21	Preparation of expenditure outturn for operational plan	Finance	August 2020
Planning guidance	Preparation for M7-12 forecast: <ul style="list-style-type: none"> • COVID-19 cost tracking and forecasting - develop COVID-19 cost tracking and forecasting mechanism to allow more accurate forecasts to be prepared including financial impact on support services • Business case process - streamline and document business case process (including COVID-19) 	Finance	August 2020
M7-12 planning exercise	Following receipt of planning guidance prepare M7-12 forecast: <ul style="list-style-type: none"> • 20/21 transformation and efficiency programme aligned with our plan for restoration and national planning guidance 	Finance	September 2020
Finance development programme	Trust wide implementation to strengthen financial management and control following Future Focussed Finance (FFF) methodology	Finance	June 2021

Estates and Facilities, Security & Health and Safety

Director of Corporate Services, Julia Clarke



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Executive summary

Estates

- Pressure/ventilation adjustments in Covid-19 ward/ITU areas, increased oxygen surveillance and fire risk assessments & awareness, Renal options progressing.
- Capital projects delayed due to Covid-19 restrictions – Radiology PRH, Endoscopy project both sites, RSH MLU and Ophthalmology Theatre in Copthorne building, Hamar Centre RSH. PRH new MLU completed & occupied. Increased planned preventative maintenance (PPMs).
- Estates capital team is progressing restoration and recovery plans with task and finish groups.

Facilities

- Introduced new patient menus at PRH w/c 6 July 2020.
- Undertaken review of cleaning hours against required frequencies to give gap analysis.

Health & Safety

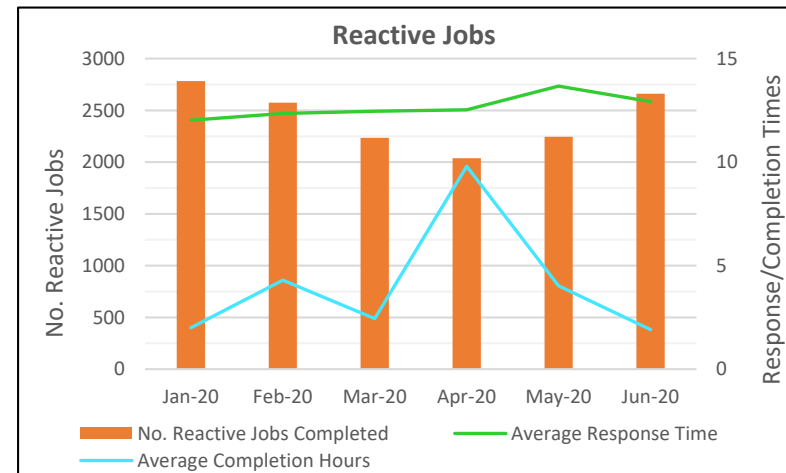
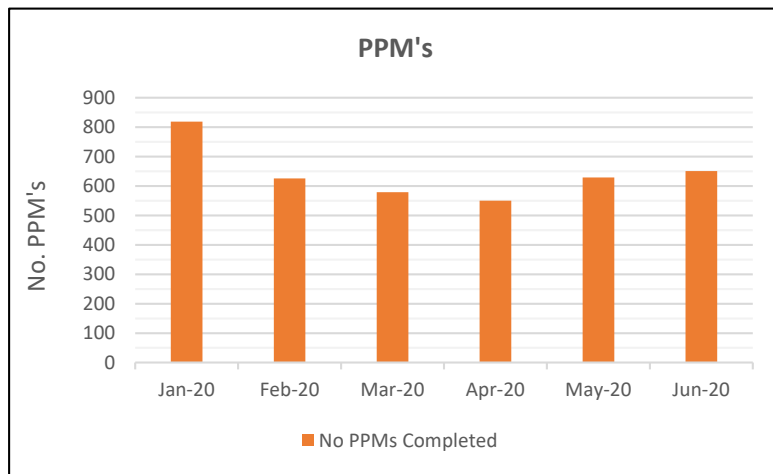
- Monday to Friday PPE fit-testing continues, new respirator stock introduced July 2020.
- Training support - introduction of RSH's new food service.
- Training support - patient handling induction courses for new starters.

Security

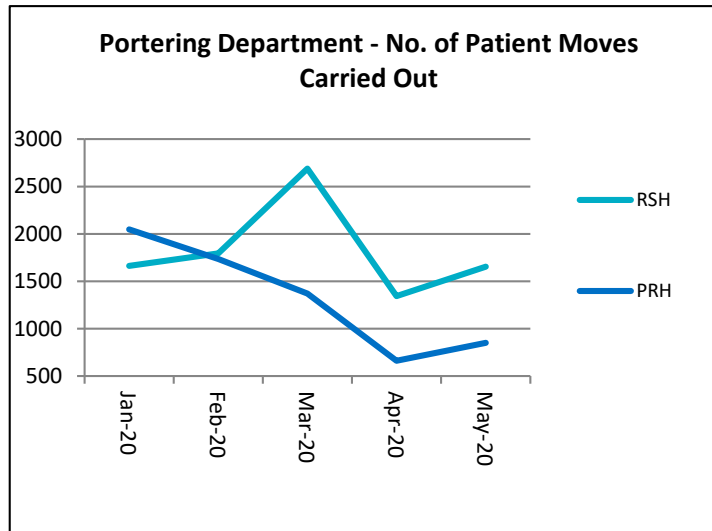
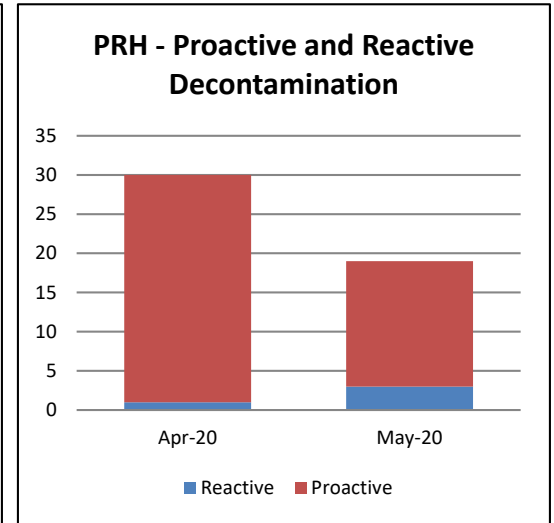
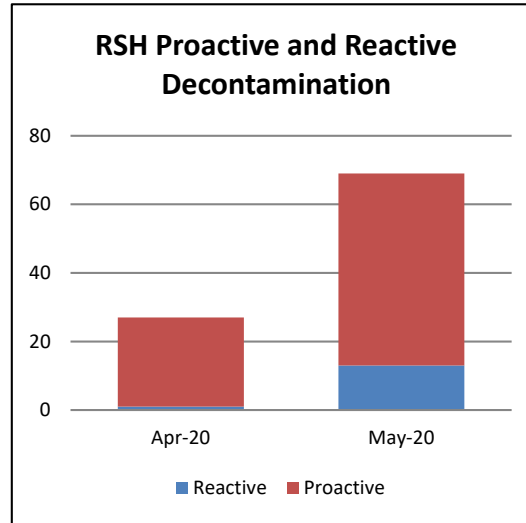
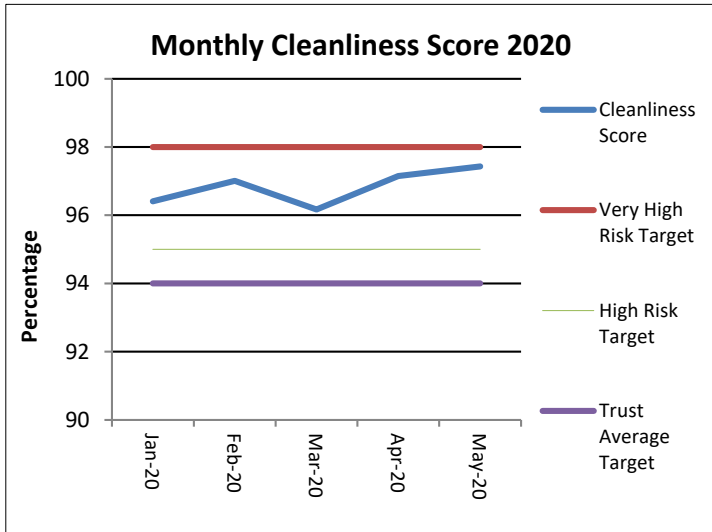
- All security activity incident reporting returning to expected levels as hospital activity increases. Continued support to police ongoing to support prosecutions on number of assaults/racial abuse of staff

Key metrics – Estates

Area	Update
Capital Projects	55 Capital Projects being handled (excluding urgent Covid schemes)
Estates Operations	651 PPMs completed / 36.5% on time – MICAD reporting is being refined to provide more accurate data 2,806 reactive jobs assigned, 2,662 completed 94.87% Average response time 12.9 hours - Average completion time 1.9 hours
MES	84% Assets in Date 1,279 medical equipment jobs handled –808 for SATH: Inc. 118 commissioning, 14 Covid, 400 planned, 226 repair, 50 miscellaneous



Key metrics – Facilities



Cleanliness

- The overall score for the Cleanliness Team for May was 97.43%
- Proactive Decontamination has been increased in May on wards/departments that are empty and more accessible, with 16 proactive processes at PRH and 56 processes at RSH

Portering

- The Portering teams also carry out non-patient moves, with RSH carrying out 5,500 and PRH carrying out 6,664 in May 2020

Key metrics – Health & Safety

Benchmarking against HSE statistics

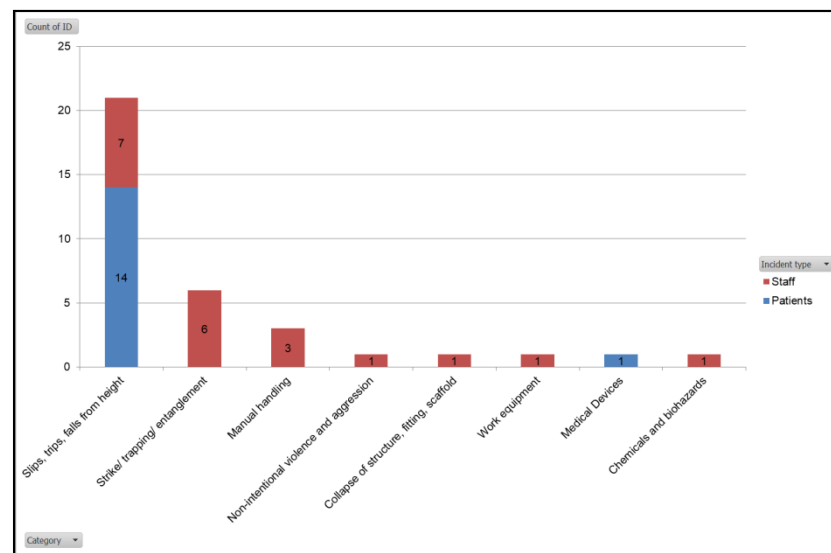
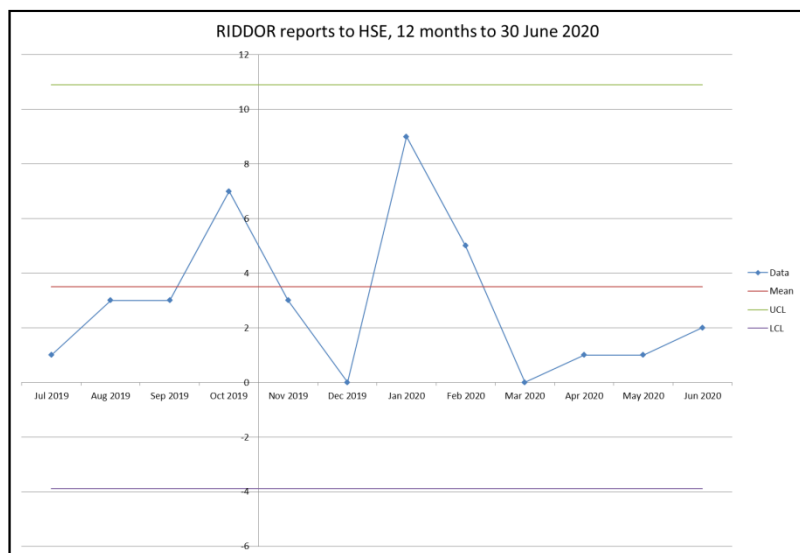
In the rolling 12-month period ending 30 June 2020, the Trust is reporting staff RIDDORs at a rate lower than the national benchmark compared to HSE’s statistics for the “Human Health” sector overall.

Category	HSE*	SATH Rolling 12 months ending 30 June 2020**	Raw number of “worker” RIDDOR reports submitted by Trust***
Fatal injuries	0	0	0
Specified injuries	62	60	4
Over 7-day injuries	307	223	15
Total: all non-fatal injuries	369	283	19
Dangerous occurrences	No benchmark data	15	1
Occupational diseases	No benchmark data	0	0

* HSE data 2013/14 to 2018/19 (latest available)

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

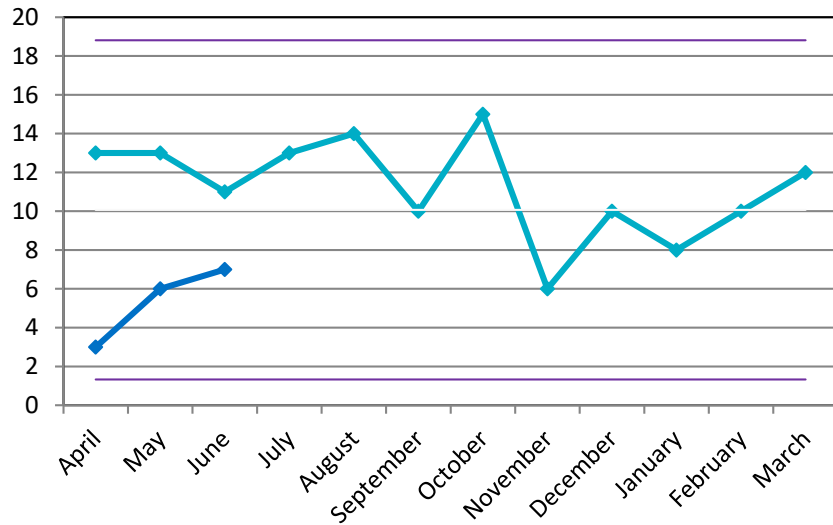
*** Datix records injured person as staff member or volunteer



Key metrics – Security

Intentional Aggression (physical & verbal)

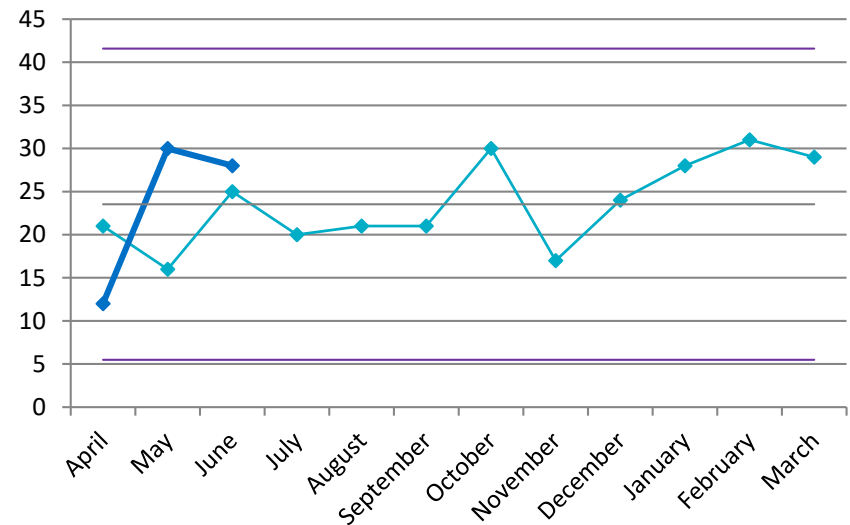
- Security team work with Police and CPS to see prosecution of offenders for serious incidents and consistent application of the SaTH Violence & Aggression policy to address other unwelcome behaviour towards staff.



— 2019 — 2020 — mean — UCL/LCL

Non-Intentional/Clinical Aggression (physical & verbal)

- Control of non-intentional/clinical aggression against or towards staff continues, following training and development of security team in restraint and resolution



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

Facilities

- Pilot new food service on one ward at RSH with a view to rolling out new service across site early September (mirroring PRH approach).
- Continuing to support patient movements for the CT Scanning Team

Health & Safety

- Supporting restoration phase – Covid-19 secure risk assessments, remote/home workers risk assessments.
- Continuing to deliver essential food safety and patient handling training courses.

Security

- Supporting CQC action plan (business case for additional permanent security staffing). Progress on security improvements to A&E (S).
- Moving security management to Ops wef 1 June 20.

Forward actions

(Estates; Facilities; Health and Safety; Security)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Estates	<ul style="list-style-type: none"> Identify additional project managers for capital projects 	WN	Aug-20
	<ul style="list-style-type: none"> Finalise plans for old Wrekin MLU with Ops 	WN	Aug-20
	<ul style="list-style-type: none"> Shortlist Compliance posts 	WN	Aug-20
	<ul style="list-style-type: none"> Finalise interim site control plan 	WN	Sep-20
	<ul style="list-style-type: none"> Identify safe system for surplus bed storage with Ops and IPC 	WN	Aug-20
Facilities	<ul style="list-style-type: none"> Pilot new ward menu at RSH 	JY	Aug-20
	<ul style="list-style-type: none"> Risk assess new cleanliness technicians to expedite employment and reduce reliance on contractors 	JY	Aug-20
	<ul style="list-style-type: none"> Continue to explore staff out of hour food options 	JY.	Sep-20
	<ul style="list-style-type: none"> Prepare for car park charging being reintroduced 	JY	Aug-20
Health & Safety	<ul style="list-style-type: none"> Work with HR to develop Home Working guidelines 	KT	Aug-20
	<ul style="list-style-type: none"> Deliver new PPE testing to all staff 	KT	Aug-20
Security	<ul style="list-style-type: none"> Work with Estates to ensure Security requirements included in capital projects 	JS	Aug-20
	<ul style="list-style-type: none"> Review post-Covid Security arrangements 	JS	Aug-20

Risk management

Director of Governance, David Holden



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Executive summary

- Operational risk review underway – updated significant risks will be incorporated into next months report along with planned mitigating actions
- A risk management strategy will be developed and presented in draft form to the Executive Team for approval in August and to the Board for ratification in September
- Training will be developed (using a variety of media - workshops, e-learning and classroom) and specific, tailored packages will be targeted towards senior leaders (including executive team), senior managers and staff (to be rolled out by the end of November 2020)

Forward actions (risk management)

Key issues/priorities	Planned actions to address issues/priorities	Owner	Completed by
Corporate Risk Register (CRR) to be reconstituted to ensure that it fully reflects key operational risks	Top operational risks to be identified/revise by Executive Team and included in the monthly IPR	CP	Aug 20
Executive Directors to hold 'Operational Risk Review' meeting 3 rd week in August	Meeting will discuss and agree all significant risks, this will provide a platform for the agenda and actions of a newly formed Risk Management Committee	DH	Aug 20
Risk Management Committee to be established in August	The Risk Management Committee will be formed and in operational ASAP, with membership and ToR. Executive Directors will act as 'gatekeepers of a new escalation and de-escalation process overseen by the Audit Committee	DH	Aug 20
Board 'BAF Workshop' to be arranged for Sept/Oct	The purpose of this workshop is to approve approach, content, process and use of new BAF, MIAA and 4risk to help facilitate session	DH	Sep 20
Board to receive new completed 'BAF' and to use the information provided as assurance process against strategic risk and direction	BAF will reflect strategic risk and assurance, and be presented to the Board with updates from assurance committees and their respective Chairs	DH	Sep/Oct 20

Overall summary

- Continued ongoing focus on improving the quality of care, including:
 - Continuing to address improvement areas and complete identified actions
 - Improved falls management
- Focus on backlogs and restoration of services
 - Cancer services
 - 52 week waits, RTT performance
- Complete system winter planning and confirm additional capacity plans
- Development and implementation of risk management strategy
- Complete bottom up financial planning exercise for 2020/21 H2 and roll out revised budget and controls
- Review of Integrated Performance Report and development plan
 - better data quality
 - improved SPC / statistical analysis
 - proactive insights