Board of Directors' Meeting
10 November 2022

Agenda item	206/22			
Report Title	Integrated Performance Report			
Executive Lead	Louise Barnett, Chief Executive Officer			
Report Author	Helen Troalen, Director of Finance			
	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance		BAF 1, 2, 3, 4, 5, 8, 9, 10, 11, 12	
	For decision / approval		**Link to risk register:**	
	For review / discussion		All risks	
	For noting	√		
	For information			
	For consent			
Presented to:	2022.10.27: Senior Leadership Committee – Operational			
Executive summary:	This report appears in a new format this month in order to provide more clarity over the important performance indicators which the Board monitors. Excerpts of the report, and performance indicators, have been previously reported at a number of operational and leadership groups and committees. The report delivers to the Board an overview of the performance indicators to the end of September 2022, with a brief forward look using data analysed over a period of time, which helps to indicate themes and areas of potential higher risk, and the actions being taken to mitigate such risks. Each of the sections begins with an executive summary, highlighting areas of potential concern and actions. Feedback on the format of the report, from Board Members, would be welcomed.			
Appendices	Appendix 1: Integrated Performance Report			
Executive Lead				

The Shrewsbury and Telford Hospital NHS Trust

The Shrewsbury and Telford Hospital NHS Trust

Integrated Performance Report

Board of Directors' Meeting 10 November 2022

(presenting August/September 2022 data)

Contents

The Shrewsbury and Telford Hospital NHS Trust

Executive summary

The Shrewsbury and Telford Hospital NHS Trust

This report outlines our performance across August and September 2022. During that period the prevalence of Covid amongst the population, our patients, and our workforce had been declining. However, in recent weeks we have seen an increase in the numbers of patients testing positive which we are monitoring carefully, together with our healthcare partners.

As we approach winter, the Trust is reflecting the national position throughout the NHS, and we continue to experience considerable operational pressures, which are particularly evident in our emergency departments. Significant numbers of patients continue to arrive at our 'front door', but we are not seeing the number of discharges that are required to meet the demand. We continue to work closely with our system partners to improve the flow of patients through our hospitals, and to fully utilise the support available in our community, and other, healthcare settings. With our hospitals remaining so busy, we are continually preparing for a difficult winter period.

The challenges relating to our emergency departments continues to affect other services, with particular pressures being placed on our elective and cancer services. More details on this, and the measures that we are taking to improve the position, can be found in the Responsiveness section of this report (page 18 onwards).

In terms of the things that the Trust can address there are three programmes of work underway. The Trust has in place, an emergency care transformation plan which has been set up along similar lines to the maternity transformation work, which puts in place a robust improvement methodology. The Trust is also putting in place an "acute floor" which will increase clinical capacity to care for patients after having been admitted by the emergency department but without the patients needing to go into a bed on a ward if that is not appropriate. The acute floor will also co-locate several key steps in the non-elective patient journey which will also ensure patients are cared for in the most appropriate setting. The final key programme is the Our Next Patient model which we have put in place to bring patients more quickly out of the emergency department. This includes an expanded discharge lounge on each site and aligning patients that need to be admitted with known discharge spaces on wards.

We have also had another significant development with the recent award of £24million to develop an elective hub at the Princess Royal Hospital site. This new capacity will be built in two phases, which will allow us to begin to see patients in the facility during 2023 with the completion of the facility scheduled for 2024.

Quality Patient Safety and Effectiveness

The Shrewsbury and Telford Hospital NHS Trust

Executive Lead / s :

Director of Nursing

Hayley Flavell

Acting Medical Director

John Jones

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	108.68	112.01	98.03	114.13	94.49	109.67	93.54	94.68	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	216	220	203	246	188	192	177	172	-	-	-	-	-	
	HCAI - C.Difficile	R	<4	3	4	4	4	2	0	3	6	5	5	1	5	10	-	
	HCAI - E-coli	R	<8	4	4	4	4	5	3	4	4	2	1	2	4	1	-	
	Pressure Ulcers - Category 2 and above		-	11	11	16	18	14	13	17	13	16	16	16	17	8	-	
	Pressure Ulcers - Category 2 and above per 1000 Bed D		-	-	0.50	0.75	0.75	0.62	0.58	0.79	0.50	0.68	0.66	0.66	0.77	0.32	-	
	VTE Risk Assessment completion		95%	95%	94%	93%	94%	91%	93%	92%	91%	92%	93%	91%	93%	93%	-	
	Falls - per 1000 Bed Days		6.6	4.5	5.44	5.96	4.57	5.08	6.15	6.01	5.45	5.11	5.54	5.56	5.61	5.03	-	
	Falls-total		0	70	118	127	109	114	137	131	126	120	135	127	126	125	-	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.05	0.23	0.21	0.04	0.13	0.23	0.04	0.04	0.16	0.09	0.04	0.16	-	
	Falls - Resulting in Harm Moderate or Severe		0	0	1	5	5	1	3	5	1	1	4	2	1	4	-	
	Never Events		0	0	0	1	0	0	0	0	0	0	0	1	0	0	-	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	Serious Incidents		-	-	10	9	10	4	9	6	5	8	3	9	10	9	-	
	Serious Incidents - Closed in Month		-	-	14	3	8	10	8	6	8	8	1	5	1	13	-	
	Serious Incidents - Total Open at Month End		-	-	29	34	35	34	38	37	35	35	33	35	44	42	-	
	Patient Safety Incidents as % of NRLS		98%	-	95%	93%	95%	97%	95%	98%	97%	98%	97%	95%	98%	96%	-	
	% of PSI with Low or No Harm		100%	100%	96%	96%	98%	97%	97%	97%	97%	98%	96%	94%	98%	96%	-	
	Mixed Sex Accomondation - breaches		0	0	30	48	46	45	39	36	62	77	47	45	141	93	-	
	Caesarean Sections rate of Robson Group 1 Deliveries		-	-	18.5%	12.2%	12.5%	13.7%	12.2%	13.6%	25.0%	10.0%	14.9%	22.5%	9.1%	7.9%	-	
	Caesarean Sections rate of Robson Group 2 Deliveries		-	-	50.6%	50.0%	34.5%	28.8%	34.5%	36.7%	40.9%	46.1%	57.3%	51.7%	51.4%	50.6%	-	
	Caesarean Sections rate of Robson Group 5 Deliveries		-	-	88.2%	85.7%	73.8%	80.0%	73.8%	71.4%	60.0%	82.4%	87.5%	85.7%	90.0%	79.5%	-	
Quality Caring & Experience	Complaints		-	-	68	46	51	50	56	61	56	58	64	73	79	77	-	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	38%	43%	64%	65%	69%	74%	74%	65%	50%	67%	60%	55%	-	
	PALS - Count of concerns		-	-	389	297	309	249	280	292	334	285	257	225	314	368	-	
	Compliments				30	24	44	39	52	31	43	19	49	52	39	54		
	Friends and Family Test -SaTH		80%	80%	97%	98%	97%	98%	98%	98%	98%	98%	99%	99%	98%	97%	97%	
	Friends and Family Test - Inpatient		-	-	99%	99%	99%	100%	99%	99%	98%	98%	99%	99%	98%	99%	98%	
	Friends and Family Test - A&E		-	-	86%	89%	84%	86%	74%	86%	89%	98%	86%	89%	62%	59%	65%	
	Friends and Family Test - Maternity		-	-	99%	99%	99%	100%	99%	99%	98%	92%	99%	100%	98%	98%	99%	
	Friends and Family Test - Outpatients		-	-	99%	98%	98%	99%	99%	99%	99%	95%	99%	99%	99%	98%	99%	
	Friends and Family Test - SaTH Response rate %		-	-	7%	6%	6%	6%	6%	5%	5%	5%	6%	5%	6%	7%	7%	
	Friends and Family Test - Inpatient Response rate %		-	-	15%	15%	13%	14%	13%	12%	12%	13%	16%	14%	17%	18%	19%	
	Friends and Family Test -A&E Response rate %		-	-	3%	15%	3%	1%	2%	1%	1%	1%	0%	1%	0%	1%	1%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	14%	12%	3%	6%	8%	11%	10%	6%	4%	5%	7%	6%	5%	

Quality Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

E.Coli and clostridium difficile remain over target in month and the root cause analysis (RCA) process has been reviewed and strengthened which ensures all clostridium difficile cases and device-related hospital acquired bacteraemia (DRHAB) are completed within 20 working days. The outcomes from these RCAs are discussed and shared via the infection prevention and control operational group (IPCOG) and monitoring will take place via the infection prevention and control assurance committee (IPCAC), chaired by the Director of Infection Prevention and Control (DIPC). In addition, performance data is triangulated via the monthly metric audits, with a particular focus on cannula and catheter care. In terms of clostridium difficile, there is an overarching action plan and gap analysis that will be presented at IPCAC in October 2022.

Pressure ulcers remain slightly over the monthly target and one case of category 3 pressure ulcers is under investigation and improvement work continues.

Falls prevention remains a priority within the Trust and there is an ongoing improvement plan as part of our quality strategy. Training continues, along with embedding processes within operational practice i.e., bay tagging. There is a focus regarding neurology observations post fall and the recruitment of the enhanced supervision lead nurse and team has commenced.

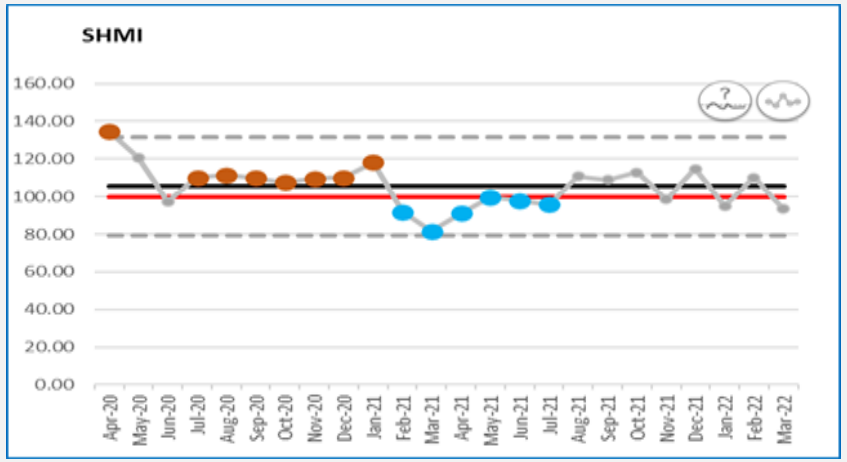
VTE screening performance remains below target. An improvement project has commenced and is working on improving this important measure. We are auditing samples of notes to determine whether the failure to complete electronic assessments is putting patients at risk by not providing adequate prophylaxis. We are preparing a proposal for change to prescription charts to assess benefits to a paper-based approach.

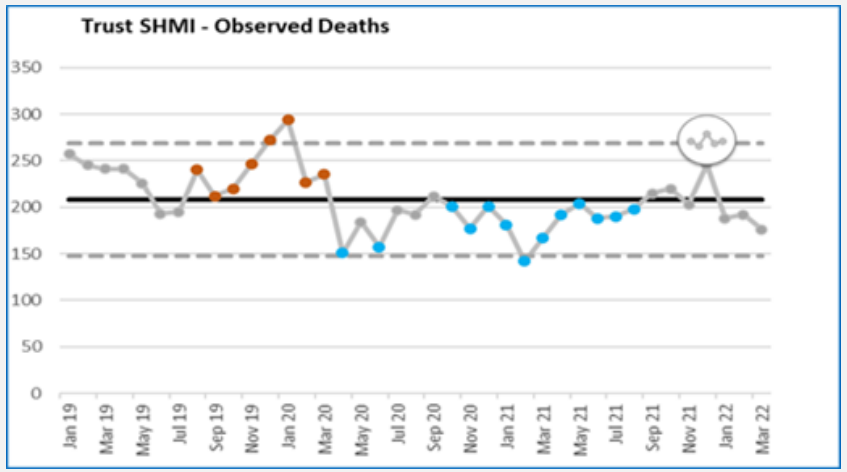
There has been an increase in same sex accommodation breaches in month, which is attributed to the current bed capacity demands across the Trust. This process is currently being reviewed as the COVID-19 numbers are increasing, in line with national trends.

The timeliness of complaint responses remains a challenge due to the significant pressures faced by the clinical teams within the divisions. However, an increase in resources for the complaints team should help to support an improvement over the coming months. A trajectory to reduce the backlog of complaints will be provided in future performance reports and progress will be monitored via the monthly divisional performance meetings.

Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust





What does the data tell us?

- The SHMI indicator continues to demonstrate common cause variation and CHKS data reflects a SHMI position that is favourable to the peer average. The conditions across the Trust with the highest number of excess deaths (where there were more deaths than expected by the SHMI model) are:
    - Acute and unspecified renal failure
    - Deficiency and other anaemia
    - Other connective tissue disease

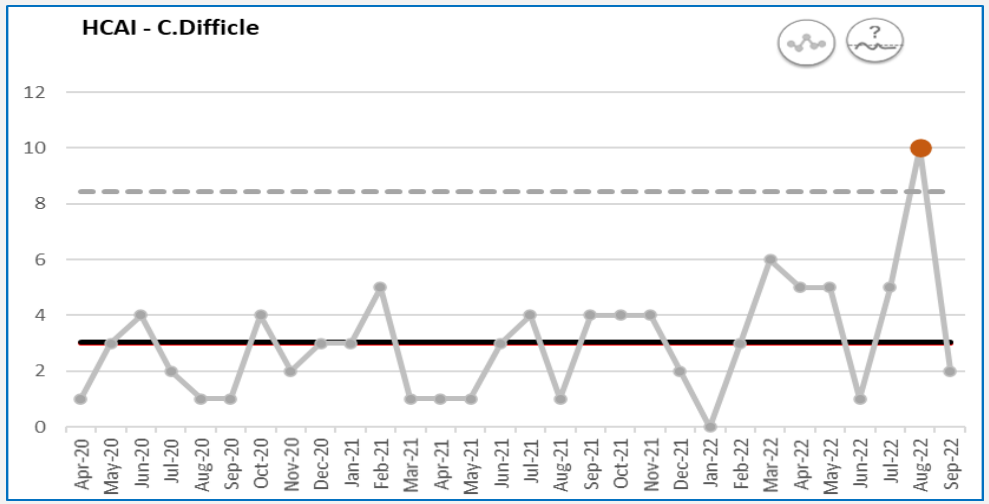
What actions are being taken to improve?

Primary diagnosis code of acute and unspecified renal failure - following an initial audit of patients who died within the Trust between September 2020 and August 2021, the renal physicians have undertaken additional audit work and are instituting targeted educational activity. A presentation of this work is planned for October 2022 at the Trust Learning from Deaths group.

Primary diagnosis code of deficiency and other anaemia - a clinical review of this small cohort of patients did not identify any specific concerns. The review identified widespread co-morbidities considered to be relevant to the diagnosis of anaemia for the cohort of patients and suggested that anaemia is easy to identify from blood results and therefore is likely to be documented on the ward round following admission and consequently impact SHMI. Anaemia is not usually a diagnosis on its own, rather an indicator of another problem. To support improvement work, the clinical coding team plan to undertake a further audit of documentation to confirm if coding was accurate for this group of patients.

Primary diagnosis code of other connective tissue disease - Contact has been made with Robert Jones and Agnes Hunt Hospital to initiate a further review of the cases; however, it is for noting that the cohort is small.
Mortality performance indicators are a standing agenda item at the monthly Learning from Deaths Group where all indicators that are above the expected range are discussed and appropriate action agreed.
Additional monthly CHKS updates have been introduced to the Learning from Deaths Group, specifically to monitor mortality performance relating to urinary tract infections, septicaemia, pneumonia, and acute and unspecified renal failure.

Infection Prevention and Control



What are the main risks impacting performance?

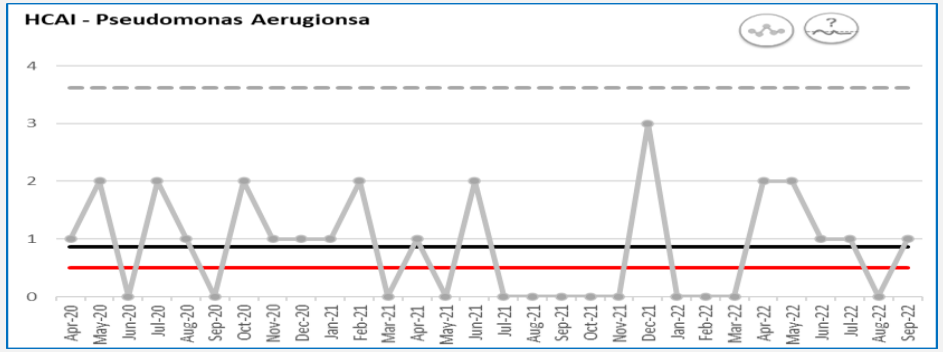
There were 10 cases of C.Diff in August 2022 and the Trust continues to report cases of C.Diff well above its trajectory. There have been 26 cases YTD against a target of no more than 12 cases. IPC quality ward walks (QWW) have identified issues with sanitary equipment and compliance with hand hygiene. Common themes from RCAs include, timely stool samples, prompt isolation, use of stool charts, antimicrobials.

What actions are being taken to improve?

IPC improvements are ongoing however, a specific C.Diff recovery action / recovery plan is being developed by the IPC team for implementation and monitoring across each division. Ongoing education is included as part of the QWW and IPC masterclasses and NHSE IPC masterclasses start on 4th October 2022. Commode training is being delivered across inpatient areas and daily monitoring of IPC practices by ward matrons and new stool sample posters are on display. Key messages are being delivered as part of the DON weekly senior nurse meeting and antimicrobial prescribing trends are shared at divisional/speciality level and actions are reported via divisional IPC reports and monitored via IPCOG as part of their monthly reporting. C.Diff action/recovery plan to be approved at IPCOG and IPCAC in October 2022.

Infection Prevention and Control

The Shrewsbury and Telford Hospital NHS Trust

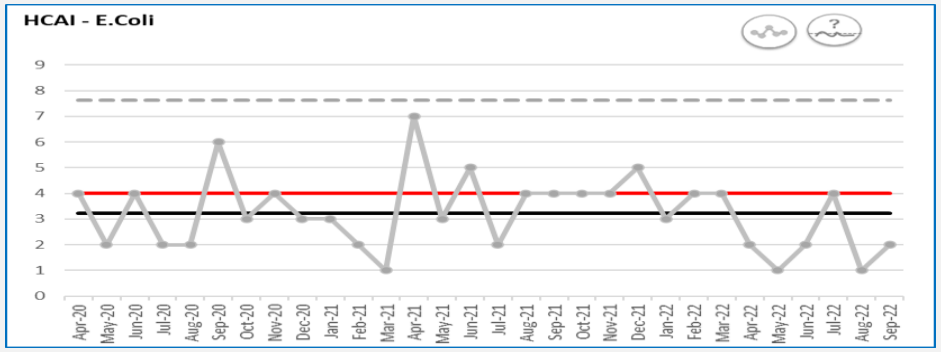


What are the main risks impacting performance?

There were no new cases of pseudomonas bacteraemia in August 2022. The Trust has breached its local improvement target with 6 cases reported YTD against a target of 6 cases for the year. However, the Trust remains below the nationally set target.

What actions are being taken to improve?

There is ongoing improvement work in relation to HCAIs and compliance with IPC standards and procedures. Ongoing monitoring of care through matron's audits are discussed at monthly quality review meetings and divisional reports to IPCOG.



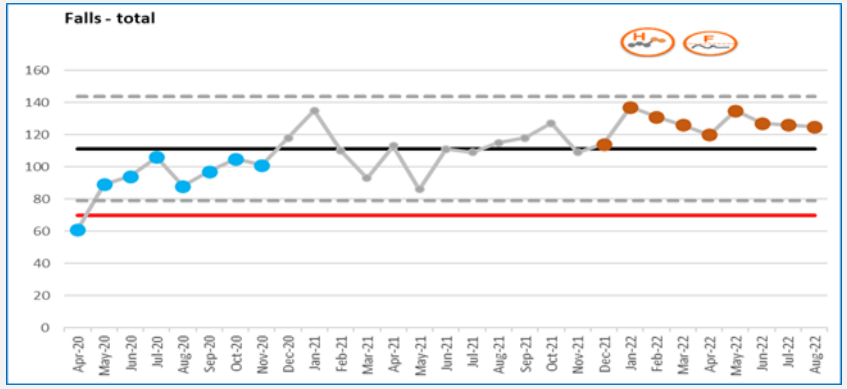
What are the main risks impacting performance?

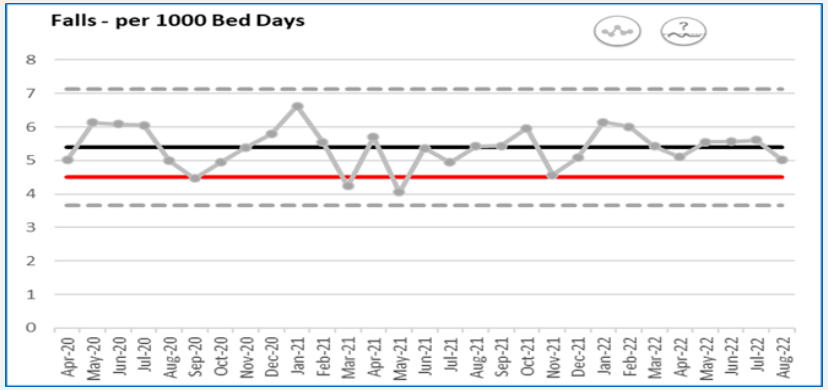
YTD there have been 10 cases compared to 21 cases for the same time period in 2021/22. The one case seen this month was on ward 25 and deemed to be device related, which is currently being investigated.

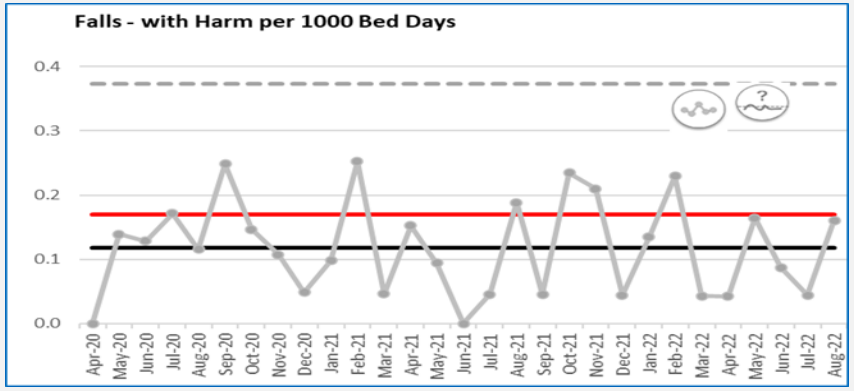
What actions are being taken to improve?

HCAI actions, and actions from previous RCAs, continue to be implemented and monitored which includes consistent use of catheter insertion documentation, daily reporting of cannula VIPs and earliest possible removal of devices when no longer required, catheter care plans, ANTT training, timely completion of SIs and implementing of actions from these. Going forward, when a device related HCAI is reported, the IPC team will advise the team around immediate actions prior to the full completion of the RCA to facilitate early implementation of remedial actions. Catheter and cannula care is monitored via the monthly matron's quality assurance metrics audits, and high impact intervention audits. Actions from RCAs are reported at IPCOG.

Patient harm- Falls







What does the data tell us?

- Falls amongst inpatients are the most frequently reported patient safety incident in the Trust.
- The number of falls per month remain higher than our Trust target with 125 reported in the month.
- The falls with harm per 1000 bed days remained low in August 2022, but the Trust continues to see falls that result in moderate harm or above for patients.
- There were four falls with harm reported in August 2022. Of these, 3 were reported as Serious Incidents (SI's) where 2 patients who fell on ward 22RE sustained a fractured neck of femur and 1 patient on the chemotherapy unit fell and sustained a fractured neck of femur. The investigations in relation to these cases are currently taking place.

Patient harm- Falls

The Shrewsbury and Telford Hospital NHS Trust

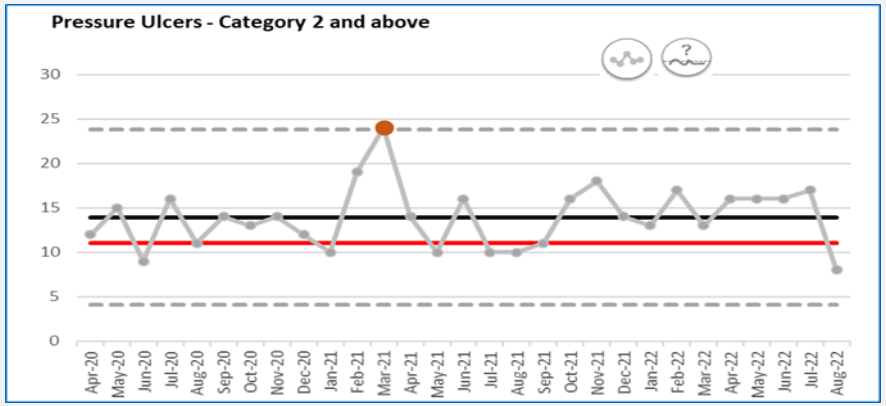
What actions are being taken to improve?

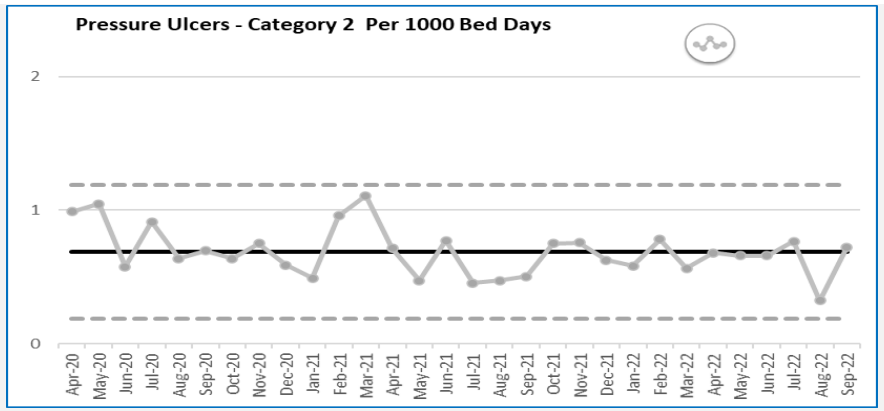
- Continue to ensure all patients have a falls risk assessment on admission and an appropriate falls prevention care plan.
- To continue to ensure staff repeat the falls risk assessment and update care plans weekly or when a patient's condition changes.
- Recruitment to the Enhanced Patient Supervision (EPS) team is ongoing to provide a team with enhanced training to undertake this supervision across the trust.
- The EPS policy and risk assessment is being reviewed. To continue to embed bay tagging for those patients at risk of falls and continue to implement actions including lying and standing BP recording and post falls neuro observations.
- The Quality matron and Deputy COO are implementing improvements in relation to addressing the de-conditioning of patients whilst in hospital, which has been included in our falls week. This was planned for September but postponed due to the Queen's funeral and is now planned for week commencing 3rd October 2022.
- All falls are reviewed daily by the quality matron and team and there is a weekly falls review meeting attended by the quality team and divisions where all falls that week are reviewed.

Falls – Total per Division	Number Reported
Medicine and Emergency Care	82
Surgery, Anaesthetics and Cancer	37
Women and Children's	6

Patient harm- Pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	6
Surgery, Anaesthetics and Cancer	2

What does the data tell us?

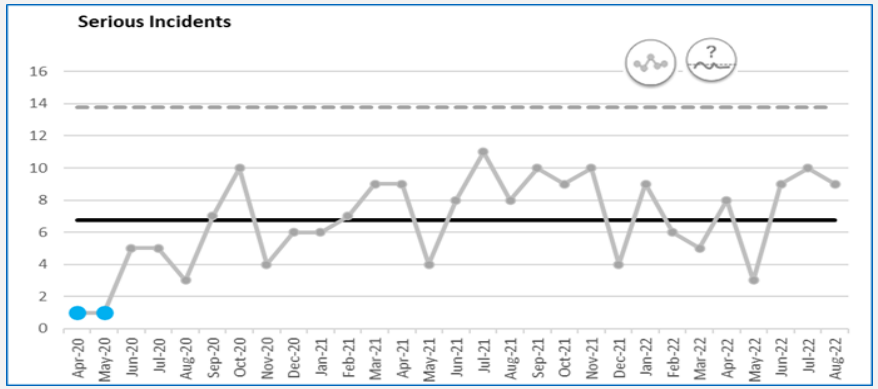
- There were 8 acquired pressure ulcers in August 2022.
- The number of acquired pressure ulcers reported monthly is below trajectory.
- There were 6 category 2 pressure ulcers and 2 category 3 pressure ulcers where one case took place on ward 36 and one on ward 27.

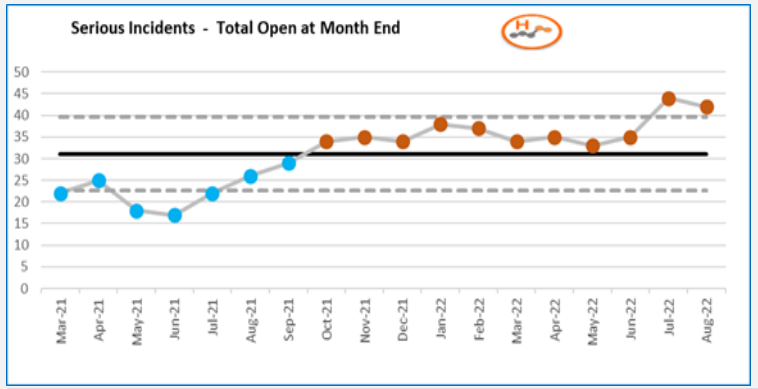
What actions are being taken to improve?

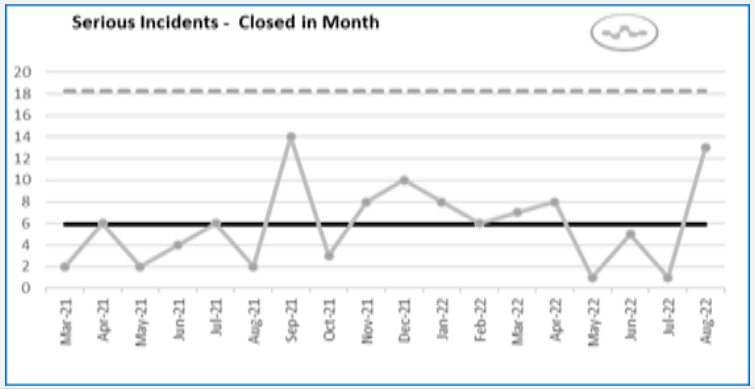
Overarching pressure ulcer improvement plan has been developed following a thematic review of RCA/SI reports. Ongoing work is underway to ensure all patients have a waterlow and MUST assessment completed on admission and weekly thereafter or when their condition changes. Mandatory TV training is taking place for all ward staff to ensure waterlow assessments are accurately completed and prevention actions are implemented via care plans.
Bespoke TVN training provided to wards as required and ensuring that staff are requesting pressure relieving equipment in a timely manner and that any delays are escalated and recorded via datix. The Pressure Ulcer Prevention Nurse continues to work alongside ward staff in relation to improving knowledge and providing timely support.
All category 2 pressure ulcers or above have an RCA, and are presented at the pressure ulcer panel and those that meet the threshold for an SI are investigated and presented at the Nursing Incident Quality Assurance Meeting (NIQA).

Patient harm- Serious incidents

The Shrewsbury and Telford Hospital NHS Trust







SUI theme	Number Reported
Suboptimal care leading to death	1
Delay in treatment	1
Delay in escalation	1
Blood transfusion incident	1
Fall # neck of femur	3
HCAI - category 3 pressure ulcer	1
Delay in treatment of long QT interval	1
Total	9

SI - by division	Number reported
Medicine & Emergency Care	4
Surgery, Anaesthetics and Cancer	4
Clinical Support Services	1

What does the data tell us?

- The number of SIs reported continues to show common cause variation.
- The number of open SI's at month end is 42, which is slightly increasing and now showing special concern.
- Thirteen SI's were closed in August 2022 and this will be monitored for trends.

What actions are being taken to improve?

- Monitor reviews and maintain investigation reporting within national frameworks for timely learning.
- Embed learning from incidents.
- Weekly rapid review of incidents and early identification of themes.
- Standardised investigation processes and early implementation of actions.

Quality Caring & Experience

The Shrewsbury and Telford Hospital NHS Trust

Executive Lead / s :

Director of Nursing

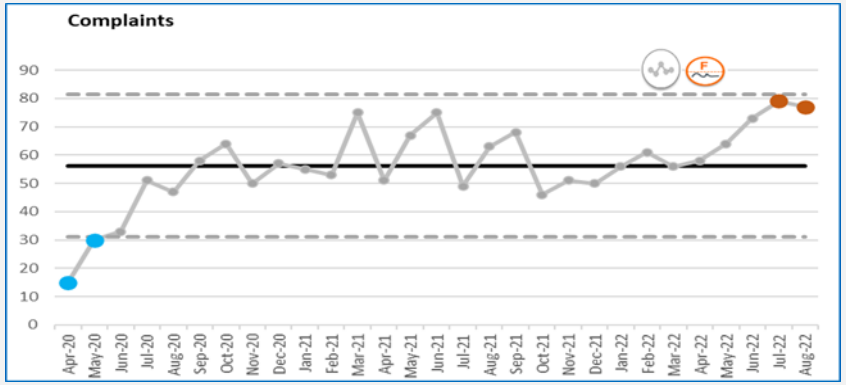
Hayley Flavell

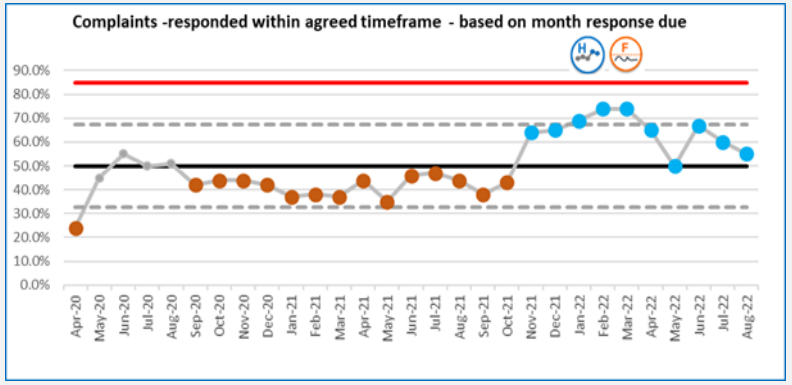
Acting Medical Director

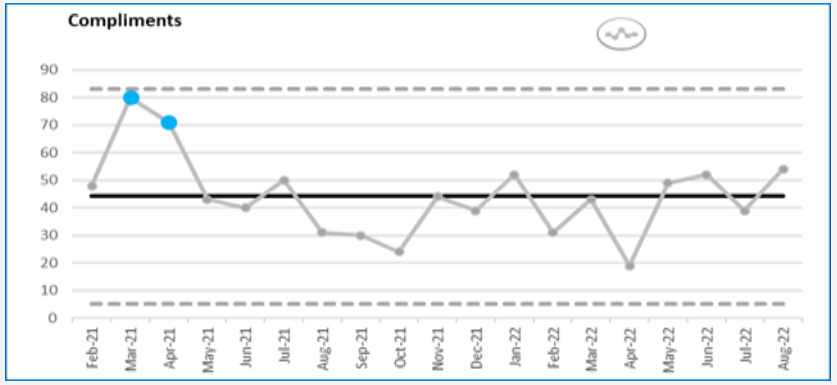
John Jones

Complaints

The Shrewsbury and Telford Hospital NHS Trust







Overdue Complaints per Division	Number Reported
Medicine and Emergency Care	74
Surgical, Anaesthetics and Cancer	8
Other	3
Total	85

What are the main risks impacting performance?

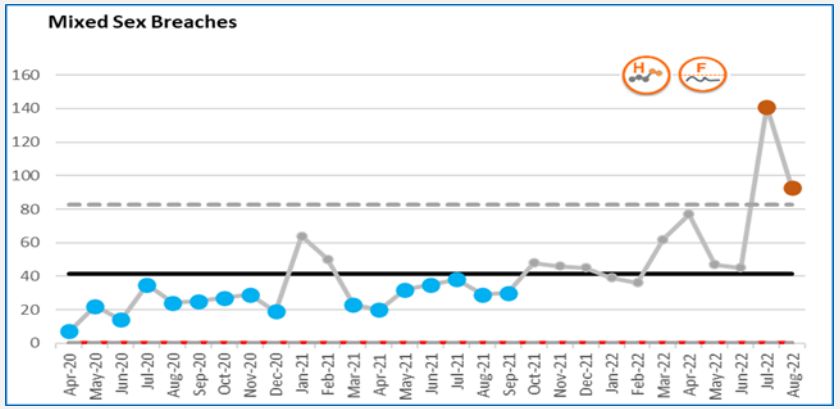
- Numbers remain within the expected range however, have seen an uptake in recent months. This increase now places performance within special cause concern.
- There has been an increase in complaints relating to radiology and linked to increased reporting times for scans. Although previously a cause for concern, the number of complaints relating to PRH ED reduced in August 2022.
- The target of providing responses within three working days continues to be met, with 95% of complaints acknowledged within two working days, and 83% acknowledged within one working day.
- The number of compliments remains low and is thought to be due to the low recording of compliments received.

What actions are being taken to improve?

- Weekly meetings with divisions to review open complaint cases.
- Regular reviews of open complaint cases and updates provided to complainants.
- Remind staff to use the Datix system to record positive feedback.

Mixed sex breaches exception report

The Shrewsbury and Telford Hospital NHS Trust



Location	Number of breaches	Additional Information
AMU (PRH)	65 breaches	21 occasions
ITU / HDU (PRH)	6 primary breaches	1 medical, 4 surgical, 1 gynae
ITU / HDU (RSH)	18 primary breaches	3 medical, 12 surgical, 2 orthopaedic, 1 urology
Ward 32 (RSH)	4 breaches	1 occasion

What are the main risks impacting performance?

- The number of mixed sex breaches reduced in August 22 but remains high.
- An assessment area was used for escalation due to the current capacity demands across the Trust, this meant that the assessment area was used overnight for patients of the same sex but in the morning when the ambulatory care area opened, there were other patients in the clinical area.
- Unable to step down patients from ITU in a timely manner due to the bed pressures across the Trust.

What actions are being taken to improve?

- There is work taking place across the Trust to improve the flow of patients through the organisation as well as the timeliness of discharges from the organisation. This will free beds earlier in the day for patients to be moved to. Development of the acute medical floor will also enable improved acute medical pathways.
- Same sex patients accommodated in the assessment space overnight and patients moved to available beds as early as possible the next day.
- Curtains and screens in place to maintain patient dignity.

Responsiveness

The Shrewsbury and Telford Hospital NHS Trust

Executive Lead :

Chief Operating Officer

Sara Biffen

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Responsiveness	ED - 4 Hour performance (excluding planned returns)		95%	64%	58.4%	57.7%	57.1%	58.2%	56.0%	55.9%	54.7%	58.3%	58.7%	54.6%	52.3%	53.2%	51.2%	
	ED - 4 Hour performance (including planned returns)		95%	-	65.3%	63.5%	63.8%	64.1%	62.5%	62.9%	61.7%	64.5%	65.3%	61.6%	60.4%	61.5%	58.9%	
	ED - 12 Hour Trolley Breaches	R	0	0	131	132	302	322	497	336	307	538	181	392	649	585	632	
	Ambulance Handover < 15 mins (%)	R	-	-	47%	48%	49%	45%	38%	40%	50%	57%	49%	40%	29%	34%	26%	
	Ambulance Handover > 15- 30 mins (%)	R	-	-	30%	29%	29%	36%	30%	32%	30%	29%	33%	25%	23%	26%	24%	
	Ambulance Handover > 30- 60 mins (%)	R	0%		16%	18%	15%	20%	19%	19%	18%	18%	18%	24%	24%	24%	24%	
	Ambulance Handover > 60 mins (%)	R	0%		27%	32%	32%	26%	29%	27%	33%	37%	29%	37%	41%	38%	40%	
	ED activity (total excluding planned returns)		-	12362	12764	12887	11868	11183	11524	11061	12859	12340	13603	13280	13159	11972	12105	
	ED activity (type 1 excluding planned returns)		-	10173	10831	10861	10120	9383	9658	9314	10879	10251	11385	11115	10988	9947	10115	
	Total Emergency Admissions from A&E		-	-	2790	2940	2812	2785	2753	2676	3014	2863	3062	2959	2902	2780	2850	
	% Patients seen within 15 minutes for initial assessment		-	-	26.7%	29.3%	51.6%	46.9%	43.0%	36.4%	33.0%	32.7%	29.8%	24.0%	22.6%	29.2%	23.3%	
	Mean Time in ED Non Admitted (mins)		-	-	238.7	231.0	231.2	228.0	244.5	370.0	408.0	330.0	300.0	318.5	304.3	382.0	426.4	
	Mean Time in ED admitted (mins)		-	-	525.0	554.3	613.6	582.6	674.2	640.0	705.0	710.5	617.7	696.8	771.4	761.0	806.3	
	No. Of Patients who spend more than 12 Hours in ED		-	-	847	1043	1200	1127	1387	1199	1568	1460	1181	1563	1829	1682	1881	
	12 Hours in ED Performance %		-	-	6.6%	8.1%	10.1%	10.1%	12.0%	10.8%	12.0%	11.8%	8.7%	11.8%	13.9%	14.0%	15.5%	
	Bed Occupancy Rate		92%	-	85.8%	86.8%	88.1%	86.8%	88.1%	87.1%	88.0%	88.9%	89.1%	89.8%	90.0%	90.5%	90.3%	
	Diagnostic Activity Total			-	16741	17833	18776	17497	17321	17243	19410	18151	19577	19208	19353	20098	18724	
	Diagnostic 6 Week Wait Performance %		95%	-	63.6%	64.4%	64.1%	58.7%	60.1%	63.1%	58.6%	58.7%	62.7%	60.7%	59.5%	53.0%	56.5%	
	Diagnostic 6+ Week Breaches		0%	-	4423	4436	4643	5158	5232	5149	6168	5994	5557	5936	6140	6846	6113	
	Total Non Elective Activity		-	-	5017	4931	5085	4831	4736	4718	5203	4869	5169	5030	4878	4717	4719	
	Total elective IPDC activity		-	-	5245	5291	5637	4918	4741	4792	5633	4670	5536	5305	5294	5457	5438	
	Total outpatient attendances		-	-	43957	43507	48215	40515	43663	43424	49931	41600	48976	44815	42696	43656	44079	
	RTT Incomplete 18 Week Performance		92%	-	56.7%	57.2%	59.0%	56.9%	57.6%	58.2%	58.1%	57.6%	58.7%	57.4%	55.7%	54.3%	52.9%	
	RTT Waiting list -Total size	R	-	-	34443	35033	35658	35008	34956	35772	36433	37936	38810	39545	41263	42487	42915	
	RTT 52+ Week Breaches (All)	R	0	2375	2794	2690	2486	2480	2446	2352	2595	2815	2910	3049	3189	3423	3415	
	RTT 78+ Week Breaches (All)	R	0	223	1075	805	537	438	367	343	396	436	393	315	315	324	310	
	RTT 104+ Week Breaches (All)	R	0	0	32	35	42	55	59	66	62	62	41	18	15	9	3	
	Cancer 2 Week Wait	R	93%	-	86.8%	83.8%	73.6%	74.5%	68.8%	75.5%	74.5%	71.0%	76.6%	75.9%	77.3%	76.1%	-	
	Cancer 31 Day First Treatment		96%	-	96.0%	94.4%	96.6%	97.4%	80.8%	94.3%	92.1%	91.1%	90.1%	93.0%	93.2%	90.8%	-	
	Cancer 62 Day Standard	R	85%	-	64.3%	63.0%	62.5%	65.5%	43.8%	45.1%	63.9%	52.6%	50.0%	55.0%	55.5%	51.1%	-	
	Cancer 28 Day Faster Diagnosis	R	75%	-	65.0%	67.2%	59.8%	62.1%	48.2%	63.4%	56.3%	60.7%	63.7%	64.0%	65.0%	61.9%	-	

Operational summary

The Shrewsbury and Telford Hospital NHS Trust

The emergency pathway continues to be under pressure. Attendances to ED, admissions via ED and bed occupancy were all slightly higher in September, which have impacted on all key performance metrics for urgent care. The acute floor reconfiguration commenced in September 2022 in order to create the space to commence building works. The Acute Medical Unit (AMU) and Short Stay Unit are now co-located and estates work is progressing to create the Acute Medical Assessment Unit (AMA). Benefits expected once the building work is complete and the AMA is opened are reduced time in ED for admitted patients, reduced 12 hour breaches and reduced ambulance offload delays.

The UEC Improvement Programme has developed further through September and nine distinct workstreams are focussing on specific actions to improve key performance metrics in the coming months.

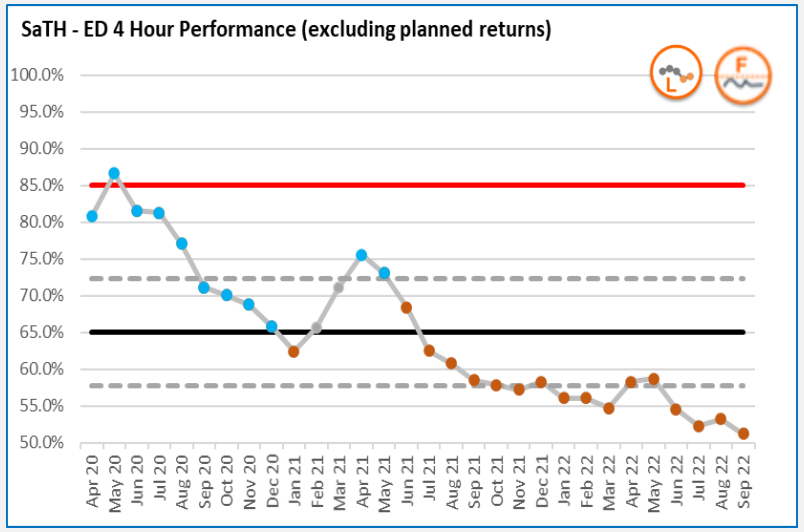
Overall RTT elective waiting lists have increased in September due to persistent flow pressures and consistent high numbers of patients who are medically fit for discharge. Additional insourcing activity remains in place at weekends and our Trust remains on trajectory to deliver the zero capacity target for 104 weeks at the end of October 2022. Phase 1 & 2 of the Elective Surgical Hub for PRH site have now been approved. Phase 1 will be operational from June 2023, phase 2 March 2024. We are working with contractors to explore how we could potentially become operational at an earlier stage by merging both phases.

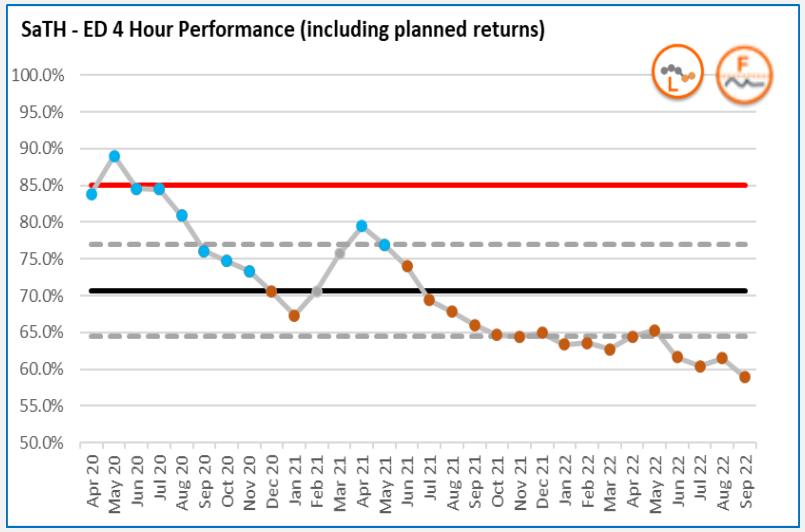
Evaluation of the 'Super September' (Outpatient validation) initiative is taking place. Of the 997 calls made to patients, 491 patients answered, of which 433 still required an appointment. 33 patients could possibly be removed after clinical validation and 275 patients of those contacted would be happy to be offered an alternative provider. Early indications are that the exercise has enabled us to reduce our new patient backlog by 25 patients across Cardiology(16) Respiratory(5) and Gynaecology(4). Work is also underway to reduce DNA rates as part of the initiative. The exercise took 50 hours to complete.

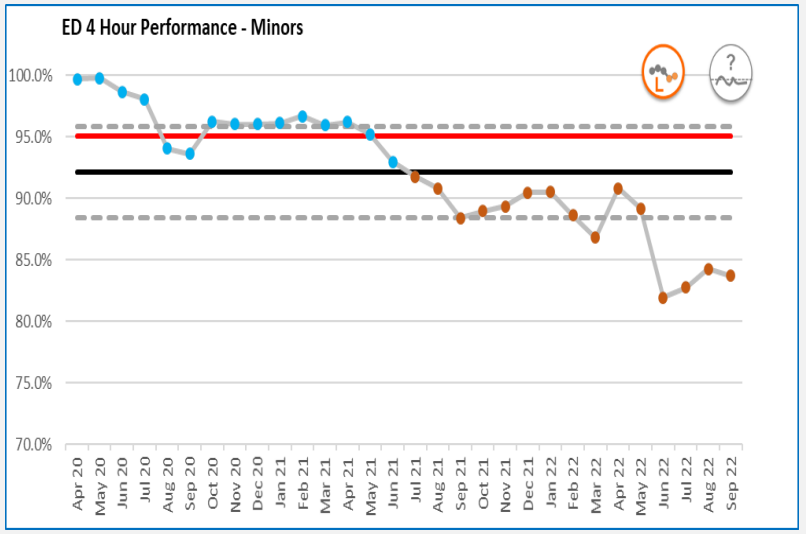
Cancer two week wait performance remains below the national standard. There has been a rise in 2 week wait referrals and the capacity to be seen within 2 weeks in breast, gynaecology, haematology, and lung. This is due to radiology capacity for the one stop clinics in breast and gynaecology and consultant capacity in lung and haematology. The number of patients waiting over 62 days for cancer diagnosis and treatment has risen slightly during September, with radiology/ reporting, endoscopy and Urology/Uro-oncology consultant workforce remaining the causative factors. Prioritisation is given to cancer pathways and the turnaround of imaging reports has increased significantly. Additional outsourced reporting capacity is being explored and requires IT input to implement. The recovery trajectory is monitored weekly at internal and system level and mutual aid has been requested from NHS and Independent Sector partners. CT scanning performance improved to 95% during September, however overall diagnostics performance remains below the national standard. We have been informed that mobile CT and MRI scanning will not be supported as part of the CDC business case and therefore a STW solution will be required to deliver our diagnostic improvement trajectory in 2022/23, as this assumes additional MRI and CT capacity from November.

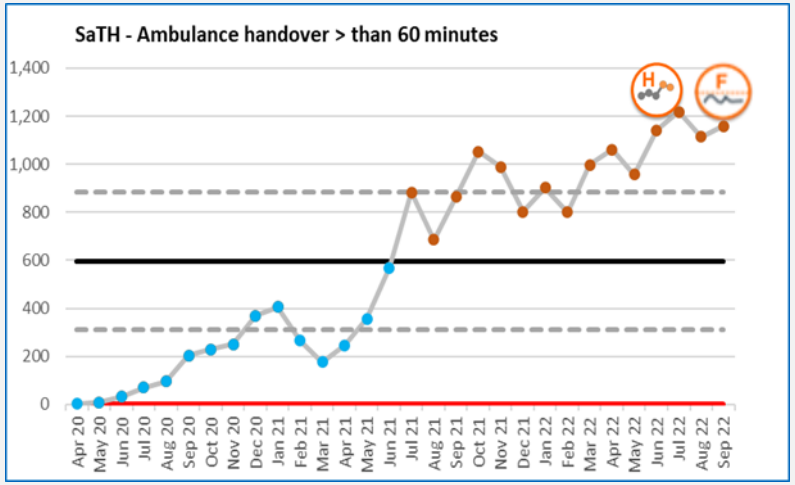
Operational - Emergency care

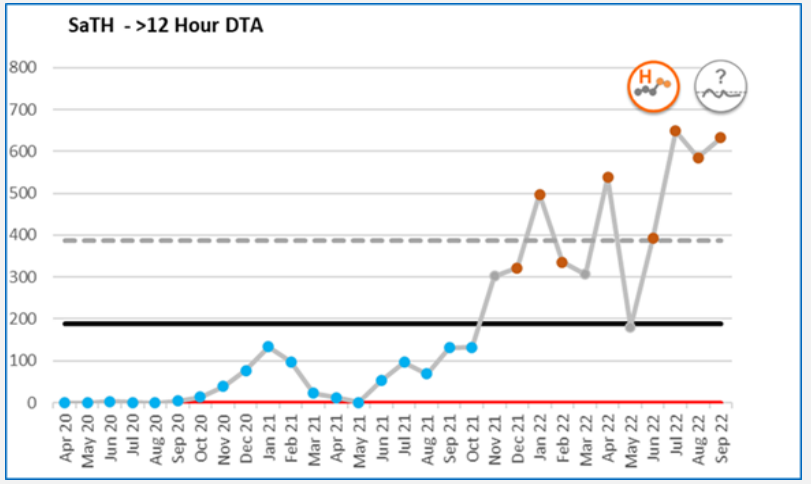
The Shrewsbury and Telford Hospital NHS Trust











Operational - Emergency care

The Shrewsbury and Telford Hospital NHS Trust

What are the main risks impacting performance?

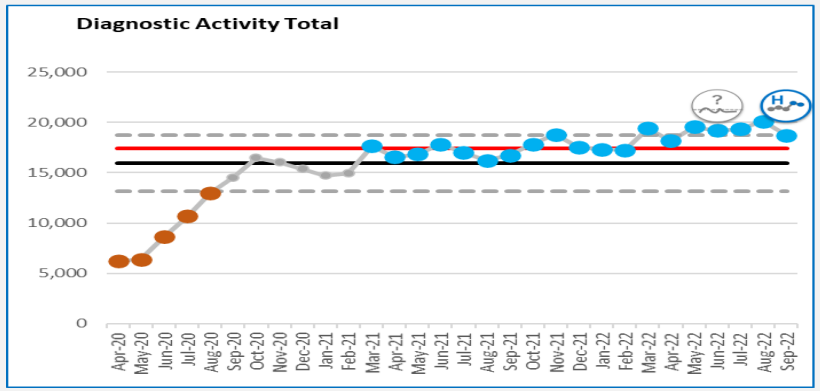
- Flow out of ED continues to be a significant issue with increased MFFD patients and a reduction in the number of complex discharges.
- Direct referrals referred to ED and the bedding down of AMA also impacts on flow.
- Staffing pressures due to recruitment challenges and sickness absence.
- Workforce and physical capacity constraints to meet the demand for both walk in and ambulance arrivals leads to bottlenecks in the department.
- Paediatric support to ED remains inconsistent due to staffing issues and capacity in PAU.

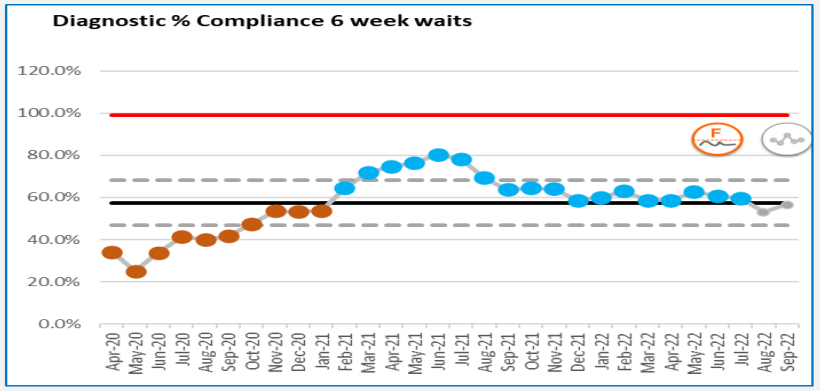
What actions are being taken to improve?

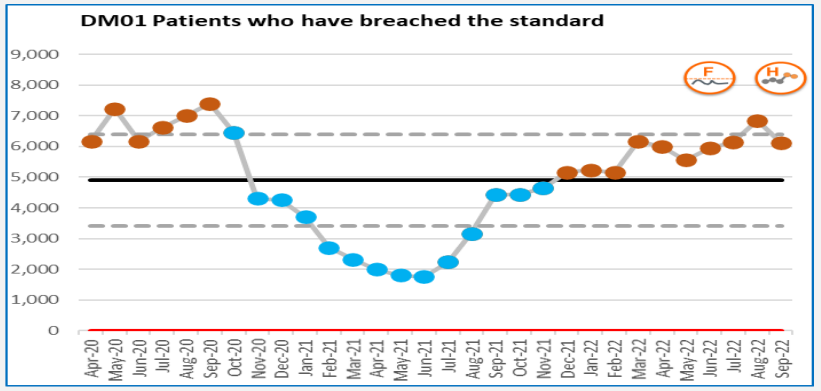
- RSH ward reconfiguration commencing enabling works to create and acute floor, it is expected that this will become operational in early December
- PRH SDEC reconfiguration awaiting a go live date which will see an increase in trollies available
- ICB ambulance handover action plan is in place and funding has been approved for key schemes with pre and post cohort plans
- Direct access for WAS and WMAS patients to SDEC with coloured phones to be introduced to support the assessment process.
- ED transformation programme was launched September 2022
- Embedding ownership of internal professional standards (IPS).

Operational - Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

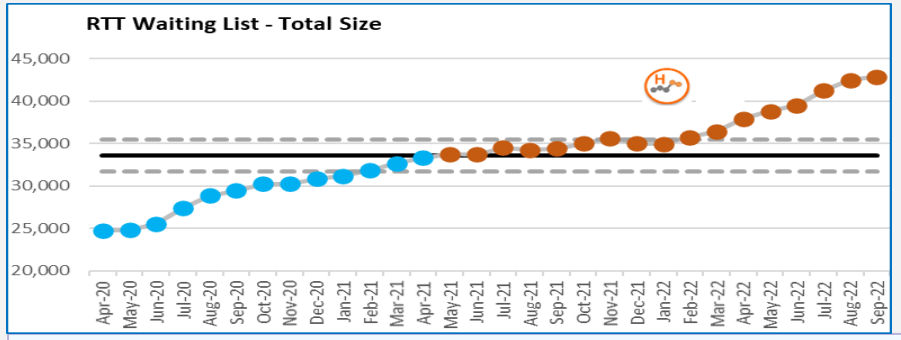
- Increased colorectal, skin and gynaecology referrals, along with a lack of endoscopy and imaging capacity.
- Annual leave in August has impacted on performance.
- The need to deploy staff to cover acute areas and cancer pathways impacts on routine capacity.
- Clinical prioritisation of radiology referrals prevents the recovery of routine patients in the backlog.
- National shortage of CT contrast media impacted on overall CT activity.
- Independent sector capacity in US and reporting is limited.

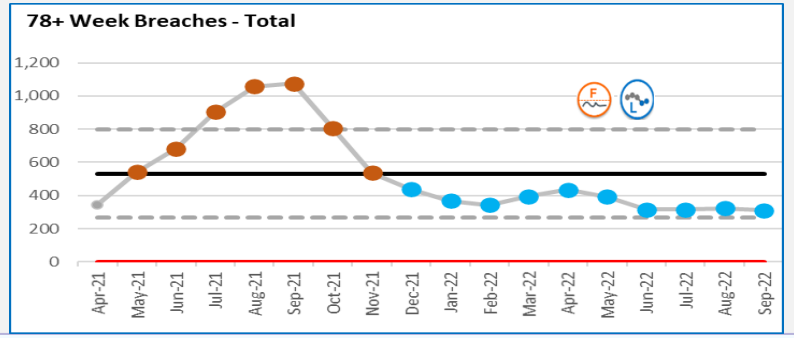
What actions are being taken to improve?

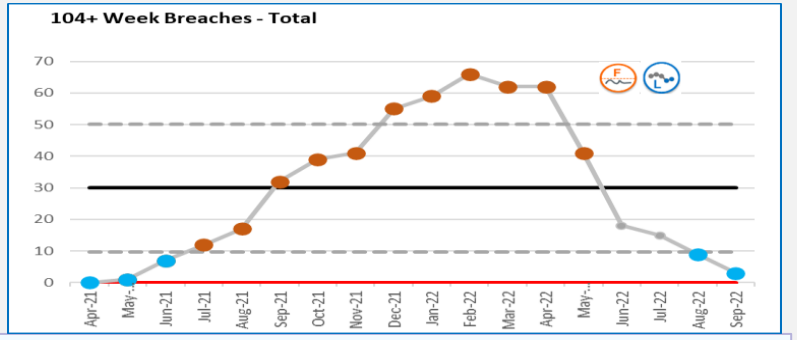
- Continued use of agency staff to cover workforce gaps and use of outsourced reporting provider.
- Enhanced payments to encourage additional sessions. However, this must be carefully managed with regard to staff wellbeing.
- Clinical prioritisation of all radiology bookings.
- On site mobile CT and MRI scanners, along with US insourcing to increase capacity.
- Sourced two further insourcing companies to increase capacity for Radiology reporting.
- Cleaning protocols reviewed to review throughput in plain film radiography, gaining 2 slots per hour.

Operational - Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

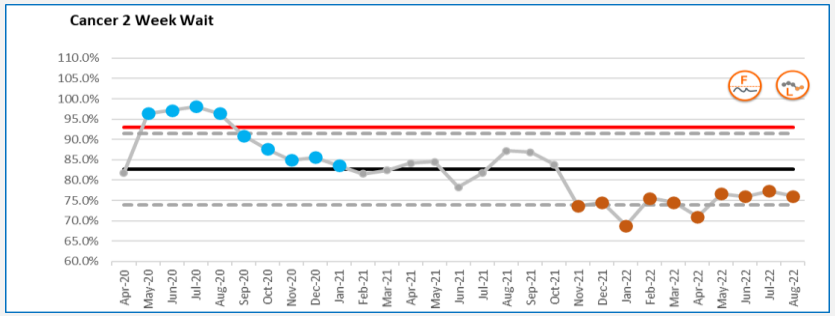
- The total waiting list size remains high and continues to be larger than planned. This is due to persisting elective emergency pressures across both sites.
- Medical escalation of the DSU at PRH into 2 bays and side rooms is resulting in only 8 elective DSU trollies being available.
- Increase in cancer referrals as these are prioritised over routine activity.
- Increased routine diagnostic waiting times.
- The volume of patients over 78 weeks is related to the proportion of clinically urgent patients waiting and the unscheduled care demands reducing capacity for routine long waiting patients.
- The forecast for 2022/23 shows that additional interventions will continue to be required in order to reduce this back to zero by the 31st March 2023.
- Limited theatre capacity results in the inability to open additional lists and a limited elective bed and DSU capacity on both sites.

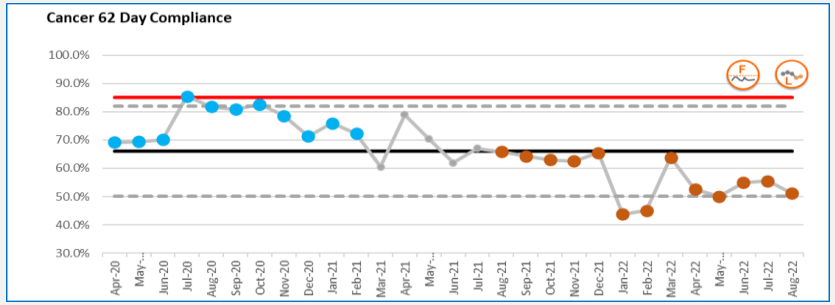
What actions are being taken to improve?

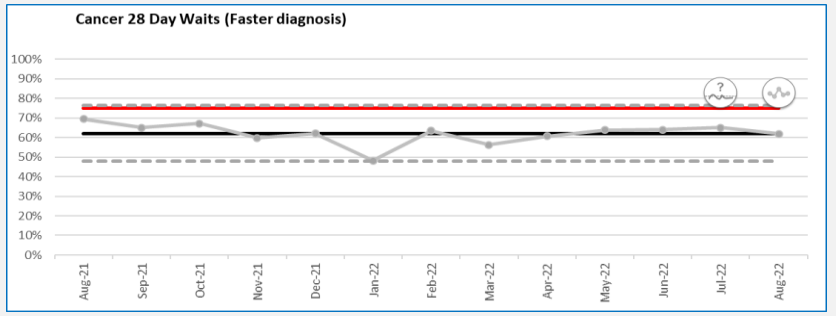
- Theatre vacancies are being addressed through recruitment and overseas nursing and the recruitment trajectory is being monitored. Elective recovery is part of the Trust's Getting to Good programme and recovery plans have been developed as part of the 2022/23 integrated operational planning cycle and are being continuously monitored and reviewed. Weekly NHSE meetings are in place to challenge the number of patients waiting 104 and 78 weeks.
- Clinical priority of patients waiting 104+ weeks continues, and lists are allocated on clinical need. Optimising of the Vanguard theatre is in place and continued use of '18 weeks' insourcing at weekends.
- Weekly recovery meetings are also in place and also an established weekly outpatient transformation meeting with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. There is insourcing taking place at weekends but internal staffing remains challenging.
- We are exploring mutual aid options for challenged specialties, along with exploring options for elective orthopaedics at PRH.
- Phases 1 & 2 of the Elective Hub bid for PRH site has been approved. Phase 1 will be operational from June 2023 and phase 2 from March 2024.

Operational - Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

- There has been a rise in cancer 2 week wait referrals, impacting on delivery of the 2 week wait standard in breast, gynaecology, haematology and lung. This is due to radiology capacity for the one stop clinics in breast and gynaecology and consultant capacity in lung and haematology.
- Surge in demand of colorectal, gynaecology and skin referrals with demand currently outstripping capacity.
- Diagnostics capacity does not meet demand. This was a significant issue prior to COVID-19. Surgical capacity has not returned to pre-COVID-19 levels and we continue to see staffing issues in oncology.

What actions are being taken to improve?

- 175 additional US slots for post-menopausal bleeding clinics will be available in October/November 2022 to support the gynaecology 2WW recovery.
- Additional actions have been put in place to mitigate against the impact of postal strikes.
- Telederm pilot is to commence in December 2022
- Exploring triaging in colorectal referrals.
- 2WW breast and gynaecology referral proforma revised and implemented. Plans to revise the Head & Neck referral proforma to improve the quality of referrals.
- Weekly review of PTL lists using Somerset Cancer Register are undertaken and escalated in line with the procedure. Best practice pathways are being reviewed and improvement trajectories for each tumour site continue to be developed. In addition, weekly NHSE tier 2 monitoring is in place.
- Internal cancer performance and assurance meetings are in place to monitor improvement actions for challenged sites.
- Second outsource reporting provider for imaging is being introduced in November.
- WLIs are offered for radiologists and radiographer reporting. Plans are also being progressed for Fine Needle Aspiration(FNA) to be undertaken by advanced practice radiographers.
- New best practice project manager has commenced their role in the surgical division to focus on best practice pathways.

Operational planning

The operational activity plan includes activity provided by our core services, our additional internal interventions and use of the Nuffield Hospital. In addition to this plan, the independent sector has been commissioned by the ICS to provide additional eye care, urology, and general surgery cases. The formal tracking process for monitoring performance against the plan in 2022/23 has been agreed and the year-to-date performance can be seen in the following table.

Performance is below plan across all points of delivery, which is as a result of emergency pressures impacting on elective recovery. Recovery against the 2019/20 baseline is also seeing a similar picture however, first outpatient attendances continue to show higher activity levels.

Work continues to look beyond the aggregate position and to identify specific specialties or patient cohorts that are showing larger variances of recovery to ensure targeted work can take place.

Total first outpatient attendances	April	May	June	July	August	September	YTD
19/20 Baseline	14,420	15,850	14,859	16,673	14,419	15,057	91,278
22/23 Actual	14,487	18,102	16,814	16,518	16,525	16,728	99,174
22/23 Plan	16,116	17,120	18,056	20,165	17,768	18,663	107,888
22/23 vs Baseline	100.5%	114.2%	113.2%	99.1%	114.6%	111.1%	108.7%
Actual vs plan	89.9%	105.7%	93.1%	81.9%	93.0%	89.6%	91.9%

Total follow up outpatient attendances	April	May	June	July	August	September	YTD
19/20 Baseline	29,958	30,804	28,545	32,543	27,012	27,255	176,117
22/23 Actual	27,113	30,874	30,078	29,513	29,926	28,767	176,271
22/23 Plan	29,229	29,093	31,749	35,527	29,845	30,038	185,482
22/23 vs Baseline	90.5%	100.2%	105.4%	90.7%	110.8%	105.5%	100.1%
Actual vs plan	92.8%	106.1%	94.7%	83.1%	100.3%	95.8%	95.0%

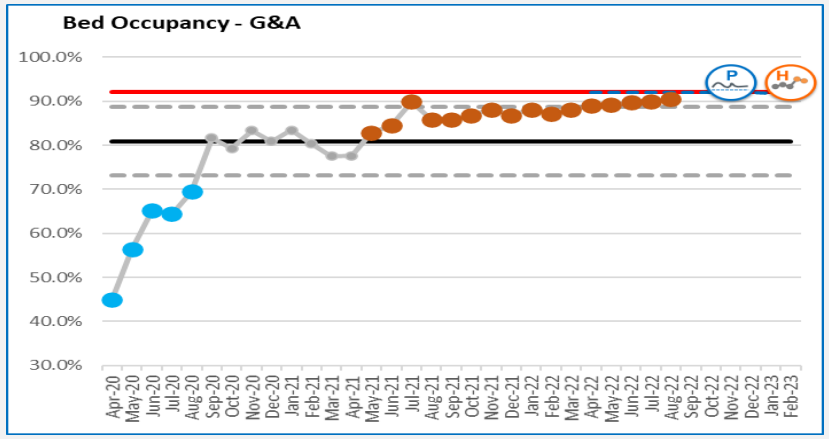
Total number of specific acute elective spells in the period	April	May	June	July	August	September	YTD
19/20 Baseline	329	385	426	488	408	384	2,420
22/23 Actual	193	296	281	285	268	268	1,591
22/23 Plan	163	279	487	553	471	449	2,402
22/23 vs Baseline	58.7%	76.9%	66.0%	58.4%	65.7%	69.8%	65.7%
Actual vs plan	118.4%	106.0%	57.7%	51.5%	56.9%	59.7%	66.2%

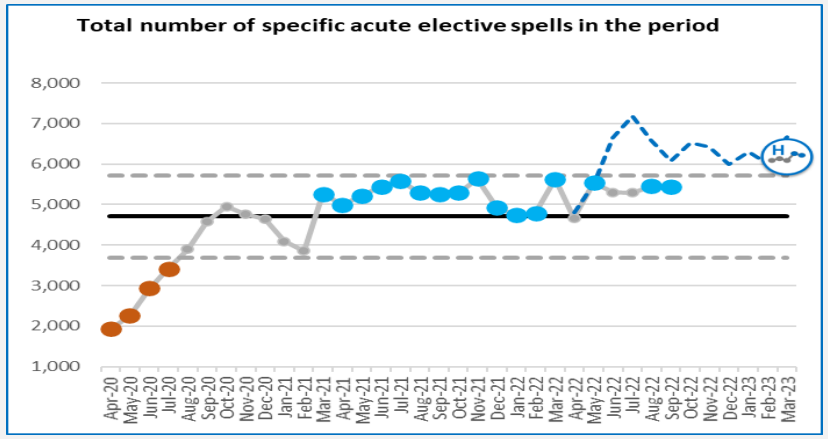
Total number of specific acute elective day case spells in the period	April	May	June	July	August	September	YTD
19/20 Baseline	4,997	5,434	5,015	5,406	4,944	4,980	30,776
22/23 Actual	4,477	5,240	5,023	5,007	5,180	5,234	30,161
22/23 Plan	4,560	5,123	6,214	6,658	6,140	6,221	34,916
22/23 vs Baseline	89.6%	96.4%	100.2%	92.6%	104.8%	105.1%	98.0%
Actual vs plan	98.2%	102.3%	80.8%	75.2%	84.4%	84.1%	86.4%

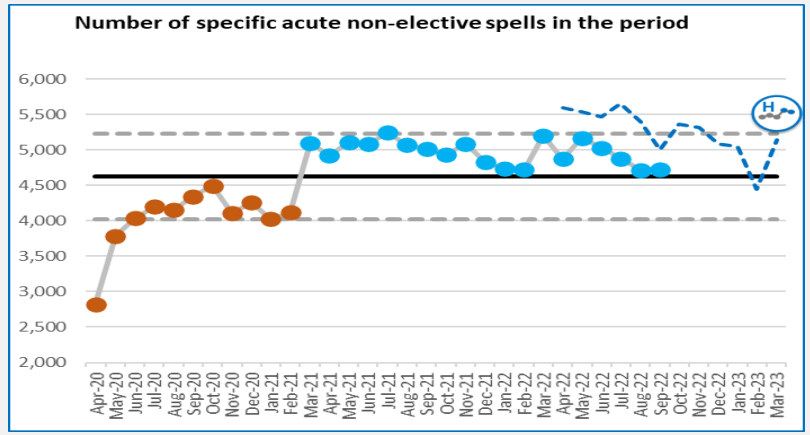
Number of specific acute non-elective spells in the period	April	May	June	July	August	September	YTD
19/20 Baseline	4,809	5,120	4,889	5,099	4,843	4,864	29,624
22/23 Actual	4,511	4,798	4,656	4,512	4,316	4,353	27,146
22/23 Plan	5,659	5,612	5,504	5,745	5,467	5,497	33,485
22/23 vs Baseline	93.8%	93.7%	95.2%	88.5%	89.1%	89.5%	91.6%
Actual vs plan	79.7%	85.5%	84.6%	78.5%	78.9%	79.2%	81.1%

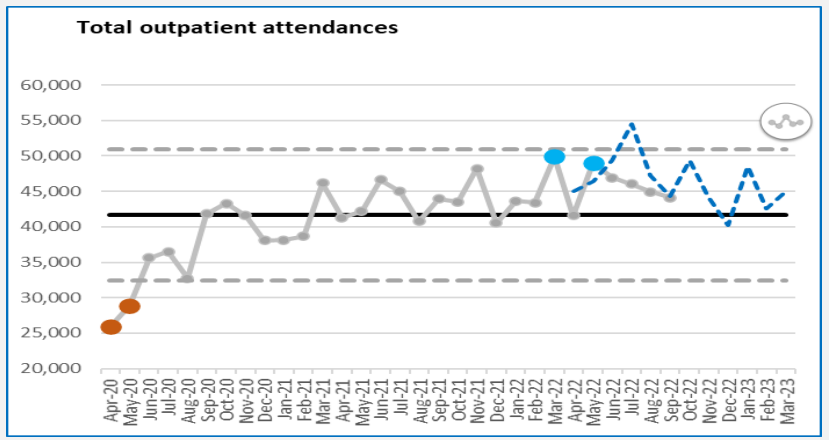
Operational – Activity and bed occupancy

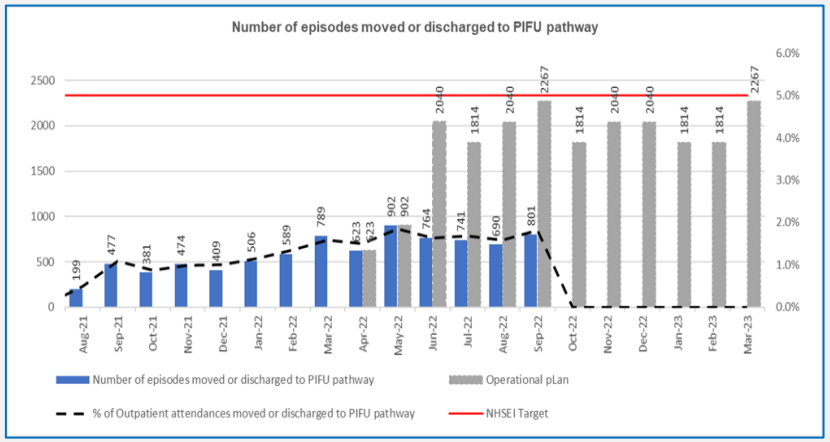
The Shrewsbury and Telford Hospital NHS Trust



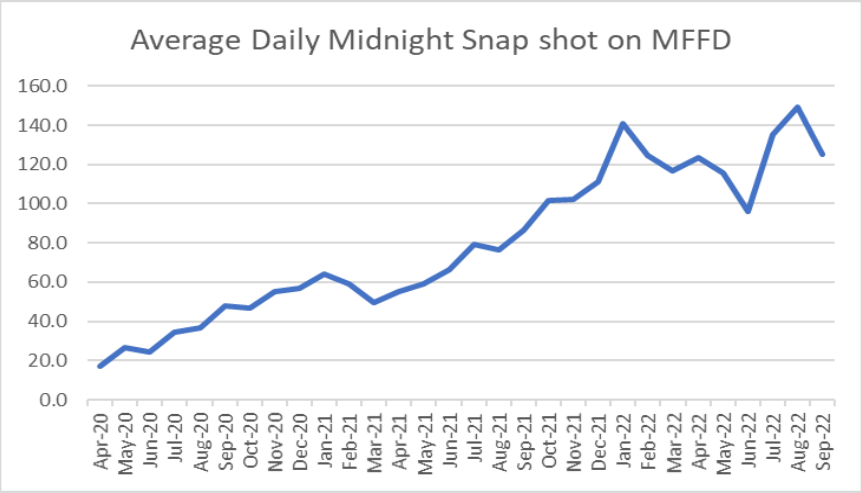


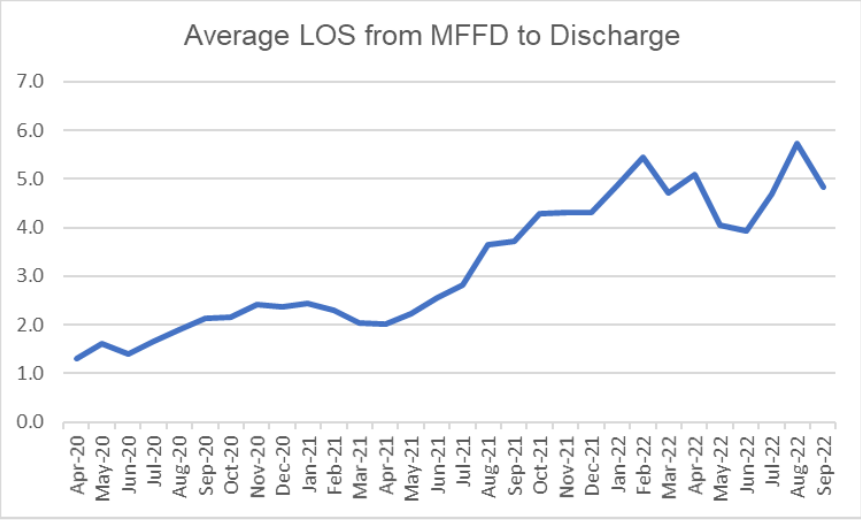






Operational – Patient flow





What are the main risks impacting performance?

- Overcrowding in EDs due to reduced patient flow resulting in long ambulance handover delays.
- Acuity of patients arriving in the ED's is increasing.
- Increased length of stay since COVID-19 lockdown in March 2021.
- Increasing number of patients who are medically fit for discharge - consistently > 120 per day since December 2021.
- Lack of domiciliary and care homes provision in the community to receive and care for these patients.
- Poor staff morale.

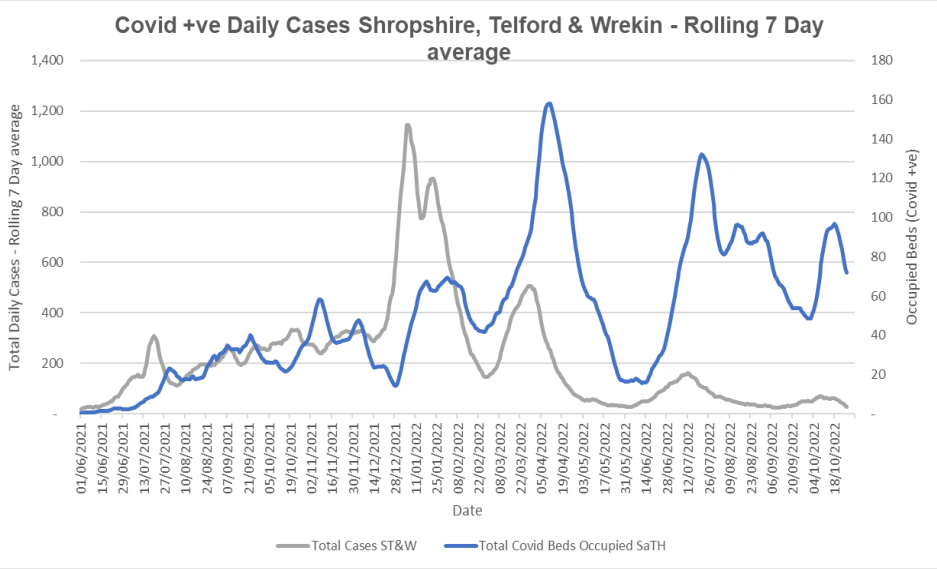
What actions are being taken to improve?

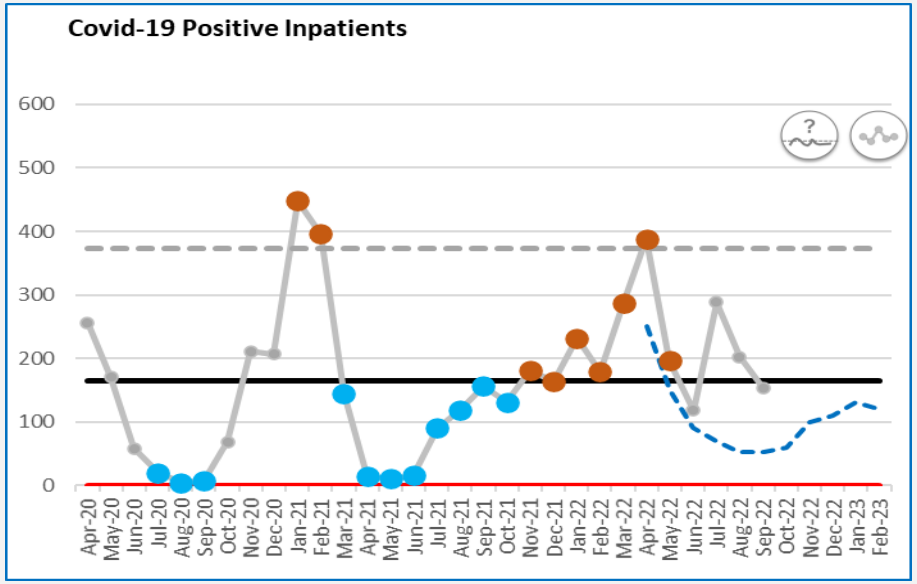
- Increased focus on internal SaTH systems and processes to ensure timely 'simple discharges'
- Introduction of 'Next Patient' Initiative within SaTH in order to improve flow through ED and reduce ambulance handover delays.
- Strengthening of capacity team to include a flow matron at each site and increased support for patient flow from the operational teams.
- In reach specialist medical review in the EDs.
- Daily UEC operational calls with system partners including local authorities and care homes to agree and monitor actions on planned and potential discharges to the community.
- Working with system partners to expedite complex discharges.
- Increased senior oversight of new processes to ensure patient safety remains paramount including daily touchpoints to review progress and learning points.

Operational - COVID-19

The Shrewsbury and Telford Hospital NHS Trust

While we work through the recovery of elective services and manage the demand for urgent and emergency care, we continue to be mindful of the prevalence of COVID-19 in the community, especially in light of the modelled impact of the likely additional wave in the winter months.





Well Led

Executive Lead / s :

Director of People and Organisational Development

Rhia Boyode

Board Sponsor:

Director of Finance

Helen Troalen

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Well Led	WTE employed		-	6726	5971	6008	6076	6067	6095	6123	6137	6104	6158	6166	6148	6157	6219	
	Temporary/agency staffing		-	-	727	757	742	658	767	800	859	731	836	839	878	911	857	
	Staff turnover rate (excluding Junior Doctors)		0.80%	0.75%	1.5%	1.2%	1.1%	1.4%	1.0%	1.0%	1.8%	1.0%	0.9%	1.1%	1.3%	1.2%	1.1%	
	Vacancies - month end		10%	<10%	11.1%	10.4%	9.0%	9.7%	9.4%	8.8%	8.2%	10.0%	9.3%	9.0%	9.3%	9.2%	9.2%	
	Sickness Absence rate		4%	4%	5.3%	5.4%	5.3%	5.6%	4.7%	4.2%	4.1%	5.0%	4.9%	5.7%	7.1%	6.0%	5.7%	
	Trust - Appraisal compliance		90%	90%	88%	89%	88%	88%	90%	92%	93%	92%	93%	94%	92%	91%	91%	
	Trust Appraisal – medical staff		90%	90%	85%	84%	84%	82%	78%	80%	81%	80%	81%	81%	80%	82%	80%	
	Trust Statutory and mandatory training compliance		90%	90%	85%	85%	85%	83%	83%	83%	82%	80%	80%	81%	83%	85%	86%	
	Trust MCA – DOLS and MHA		90%	90%	76%	77%	76%	77%	78%	79%	79%	73%	73%	77%	78%	78%	80%	
	Safeguarding Children - Level 2		90%	90%	89%	90%	89%	83%	88%	88%	84%	83%	83%	85%	87%	89%	89%	
	Safeguarding Adult - Level 2		90%	90%	89%	88%	87%	81%	86%	87%	87%	81%	84%	83%	85%	86%	87%	
	Safeguarding Children - Level 3		90%	90%	81%	83%	83%	85%	85%	87%	76%	75%	77%	78%	78%	78%	79%	
	Safeguarding Adult - Level 3		90%	90%	54%	54%	58%	62%	63%	65%	60%	56%	71%	57%	67%	71%	75%	
	Agency Expenditure - monthly expenditure			3553	2682	2639	2770	2893	2585	2598	3376	2998	3297	3351	3498	3604	3553	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Our workforce numbers continue to increase with growth of 62 WTE when compared to the previous month and the composition of our workforce remains consistent with last month at 87% substantive and 13% filled by bank and agency. We recruited over 140 staff in September and received over 2,500 applications in response to advertised roles.

A further 12 overseas nurses joined the Trust in September (to date - 23 from this year's business case) and 27 overseas nurses are due to join during October 2022. In addition, we recruited 11 overseas radiographers to help fill vacancies and support the opening the Community Diagnostic Centre and all of these posts now have start dates. There is a radiography recruitment event taking place on 7 November 2022 and further recruitment events are due to take place over the next two months including an open day booked for 28 October for Critical Care, a HCA event and a Dietetics event, which will be taking place late November 2022.

Statutory training compliance has continued to improve where we have seen month on month improvement since July when the new Learning Management system was introduced. Our new management skills and competency framework 'Strive Towards Excellence Programme' (STEP) is being launched as part of the Learning and Development Celebration on 9th November 2022. The framework includes leadership accountabilities, management competence and leadership behaviours. A pilot programme for new managers will start on 21st October 2022 with the plan to roll out Trust wide in 2023.

Total staff turnover is at 14.5% across all staff groups, which is above plan (target of 14.1% on People Strategy). Our nursing turnover rate is at 13.% and we have lost on average 17 nurses per month over the previous 5 months. A retention self-assessment process has been completed and a retention plan, specifically for nurses, is being developed with a focus on flexibility, support for staff and leadership development.

We have a retention group set up with colleagues from across the ICS, with one of the projects focussing on legacy mentors and their value within the workforce, specifically supporting the transition from Band 5 to 6 and Band 6 to 7. A ward transition programme has been introduced for our internationally trained SaTH nurses, which bridges the gap between clinical examination preparation and the clinical area. We are currently reviewing this model and its suitability for all new starters to the Trust.

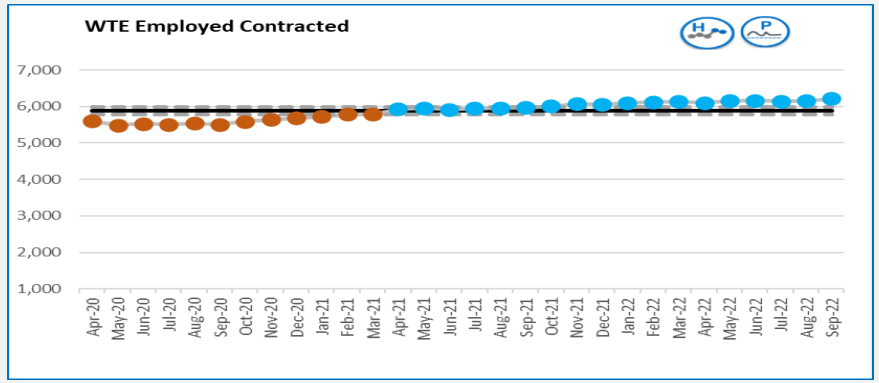
The National Staff Survey launched on 28th September 2022 and this will run until 25th November 2022. The questions are based on the NHS People Promise which was designed to ensure we make the NHS the best place to work.

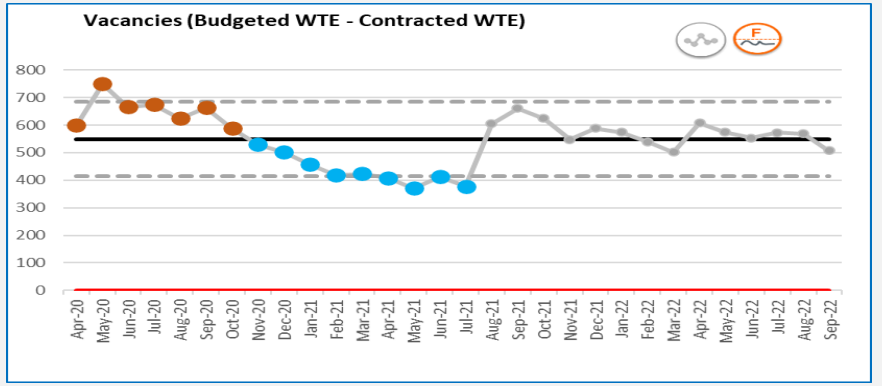
The Galvanise Leadership Programme for colleagues from ethnic backgrounds starts on 3rd November 2022 and 7 delegates have been identified for this pilot programme. This involves understanding self and others, developing leadership style, mentoring, action learning, networking and peer support.

Our Recognition Plan continues to be delivered including planning and launching our annual Trust Awards and a celebration and thank you to our administrators, secretaries and personal assistants during November 2022.

Workforce

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

Overall WTE numbers have increased over the last 12 months despite a high turnover rate of 14.5%. Staffing demands continue to present challenges with high patient activity levels and staff absences, along with higher overall levels of unavailability than planned.

What are the main risks impacting performance?

A competitive marketplace presents challenges in attracting candidates. Vacancy gaps continue to put pressure on bank and agency usage. Sickness absence creates an additional workforce unavailability challenge. High attrition levels result in vacancies occurring at a higher than expected rate.

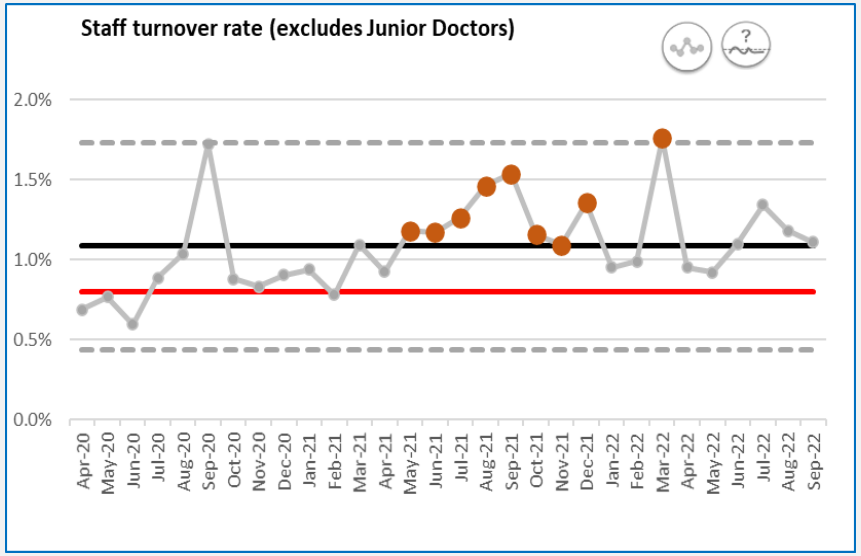
What actions are being taken to improve?

Continued recruitment campaigns including an international recruitment programme (delivery of 100 additional nurses by December 2022). A focus on retention plans, including leadership development and support for our mangers (rollout of management skills framework), flexibility for our staff and initiatives agreed following feedback from Making a Difference discussions. Support for early careers is also in place and improved onboarding of new staff, along with the review of cases for legacy mentors (experienced staff able to support new recruits). Progression of internal transfer scheme to help retain existing staff.

What actions are being taken to improve?

An international recruitment pipeline for nursing to address vacancy gaps and 23 nurses have arrived so far. Embedding and recruiting to revised nursing templates. Focus on retention of staff via supporting early career support and staff at the end of their careers. Better utilisation of existing workforce through improved roster management. Increased use of social media to support recruitment campaigns and exploring recruitment of young people and recruitment in local community; attendance at job fairs and recruitment events and targeted recruitment campaigns for hard to recruit areas.

Workforce



What are the main risks impacting performance?

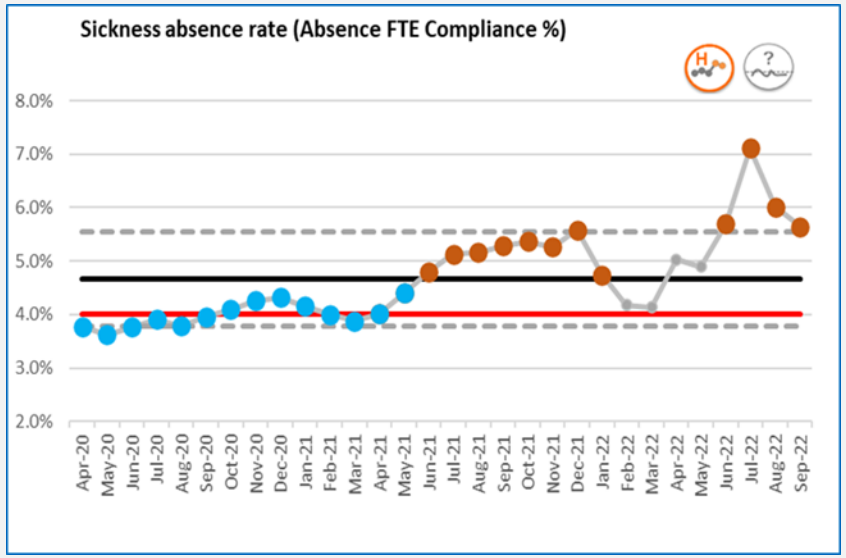
Turnover rate continues to be high with a 14.5% turnover rate for the last 12 months equating to 841 WTE. There continues to be high numbers of staff leaving due to work life balance. Over the last 12 months 127 WTE have left the Trust for this reason. 22% (183 WTE) of leavers have less than 12 months service.

What actions are being taken to improve?

Several initiatives are underway focusing on flexible working and programmes to support retention of staff. A pilot of team based rostering is underway, along with a revised approach in how flexible working requests are reviewed. A refreshed exit questionnaire is being launched via ESR employee self service to gain greater insights into staff who are leaving. Launch of Strive Towards Excellence Programme to support management skills and develop leadership capability. An ICS recruitment and retention group has been established to support in retention interventions across the system.

Sickness absence

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

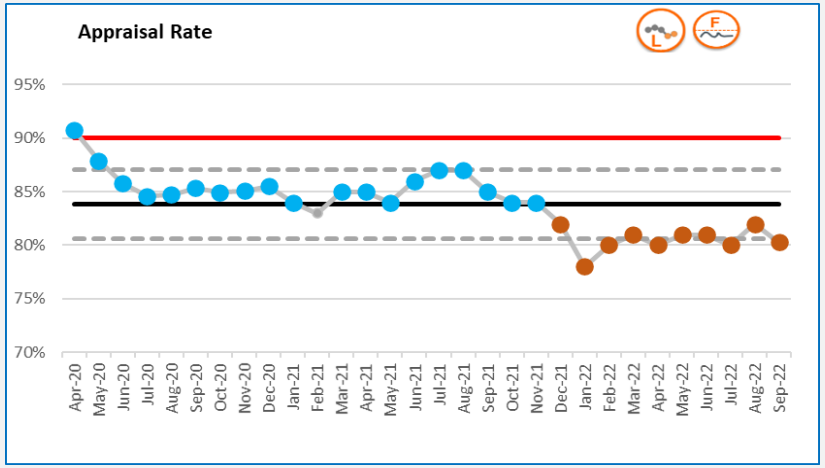
- From April 2022, sickness absence rates include employee sickness attributed to COVID-19.
- We are currently seeing a sickness rate of 5.7% (equating to 350 WTE), with the top 3 reasons for sickness accounting for 49% of calendar days lost.
- Main reasons for sickness in September 2022 are attributable to mental health, which accounts for 24% of calendar days lost (84 WTE), COVID-19 attributed to 14% of days lost (51 WTE) and other musculoskeletal 11% (36 WTE).
- Highest staff groups contributing to sickness are additional clinical services at 7.9% (94 WTE), estates and ancillary at 7.1% (37 WTE) and nursing and midwifery at 6.9% (125 WTE).

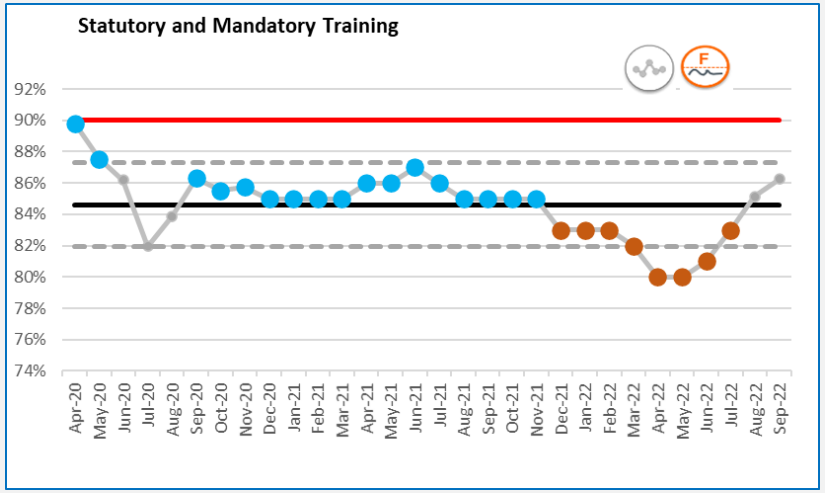
What actions are being taken to improve?

- Occupational health support to help fast track staff returning to work.
- Continue to embed new employee wellbeing and attendance management policy. Ensure all staff have access to a range of health and wellbeing initiatives and programmes. Promote initiatives such as well-being weeks.
- Continue to support appropriate PPE adherence and vaccination uptake.
- Leadership development programmes to help support compassionate and appropriate early intervention in managing staff absences and ongoing promotion of wellbeing support initiatives including introduction of the psychological support hub. Schwartz rounds continue to be held to support engagement, listening and sharing of staff experiences.
- Continue to work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary. Encourage bank uptake with escalated rates in challenged areas and review unavailability rates with Divisions to support targeted interventions.

Appraisal & Training compliance

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

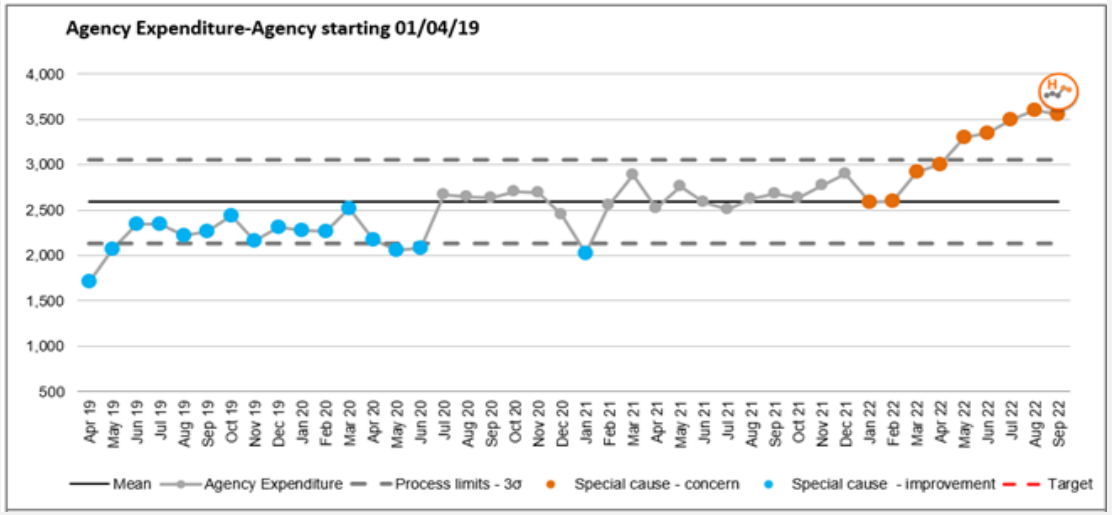
- The system is currently in a critical incident and staff sickness is running at high levels. COVID-19, staffing constraints, escalation levels and service improvement has reduced the ability of ward staff to have time to complete appraisals.

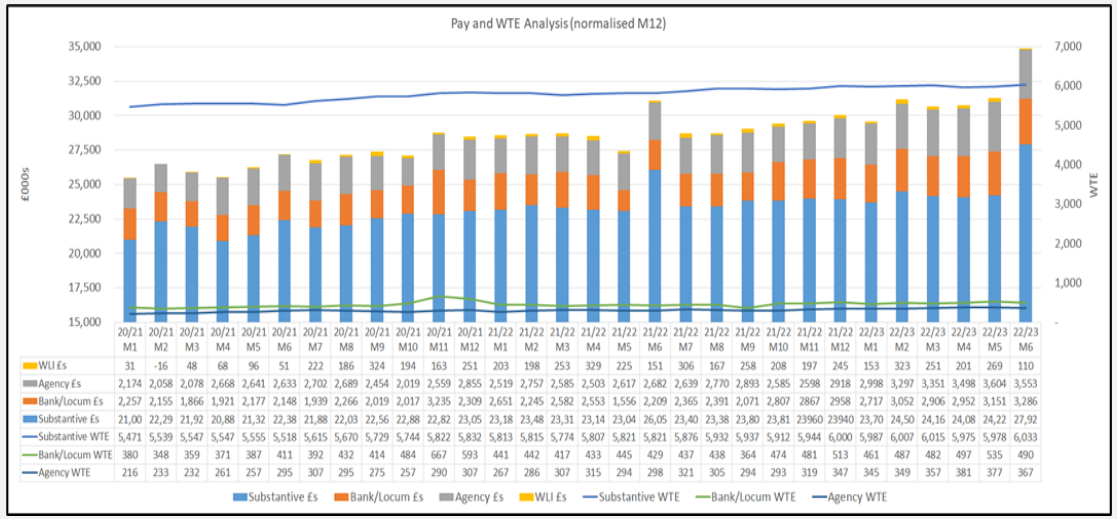
What actions are being taken to improve?

- Appraisals being linked to pay progression. Focused support is being provided to the managers of any ward that is below target. Linking in with HRBPs with regards to any areas of concern. Reminder emails to be sent to those out of date.
- Pilot of new appraisal form for non-medical staff started September 2022 as the staff survey highlighted a need to change the current documentation.
- Ensure the Health and Wellbeing offer is advertised widely throughout the Trust. Internal audit of appraisal record accuracy.
- Learning Made Simple Training (LMS) platform has now been implemented across the trust with 85% of staff registered. QR code linked to learning made simple has been designed. ESR to LMS data reconciliation work completed.
- Mandatory training reminder notifications are active and the 5 departments with the lowest compliance being provided with targeted support. Medical performance team are proactively booking medical staff on to mandatory training updates, prioritising least compliant first. This has been received well.
- Divisional trajectories developed for HPBPs.

Agency Expenditure – monthly expenditure

The Shrewsbury and Telford Hospital NHS Trust





	20/21 M1	20/21 M2	20/21 M3	20/21 M4	20/21 M5	20/21 M6	20/21 M7	20/21 M8	20/21 M9	20/21 M10	20/21 M11	20/21 M12	21/22 M1	21/22 M2	21/22 M3	21/22 M4	21/22 M5	21/22 M6	21/22 M7	21/22 M8	21/22 M9	21/22 M10	21/22 M11	21/22 M12	22/23 M1	22/23 M2	22/23 M3	22/23 M4	22/23 M5	22/23 M6
WLI £s	31	-16	48	68	96	51	222	186	324	194	163	251	203	198	253	329	225	151	306	167	258	208	197	245	153	323	251	201	269	110
Agency £s	2,174	2,058	2,078	2,668	2,641	2,633	2,702	2,689	2,454	2,019	2,559	2,855	2,519	2,757	2,585	2,503	2,617	2,682	2,639	2,770	2,893	2,585	2598	2918	2,998	3,297	3,351	3,498	3,604	3,553
Bank/Locum £s	2,257	2,155	1,866	1,921	2,177	2,148	1,939	2,266	2,019	2,017	3,235	2,309	2,651	2,245	2,582	2,553	1,556	2,209	2,365	2,391	2,071	2,807	2867	2958	2,717	3,052	2,906	2,952	3,151	3,286
Substantive £s	21,00	22,29	21,92	20,88	21,32	22,38	21,88	22,03	22,56	22,88	22,82	23,05	23,18	23,48	23,31	23,14	23,04	26,05	23,40	23,38	23,80	23,81	23960	23940	23,70	24,50	24,16	24,08	24,22	27,92
Substantive WTE	5,471	5,539	5,547	5,547	5,555	5,518	5,615	5,670	5,729	5,744	5,822	5,832	5,813	5,815	5,774	5,807	5,821	5,821	5,876	5,932	5,937	5,912	5,944	6,000	5,987	6,007	6,015	5,975	5,978	6,033
Bank/Locum WTE	380	348	359	371	387	411	392	432	414	484	667	593	441	442	417	433	445	429	437	438	364	474	481	513	461	487	482	497	535	490
Agency WTE	216	233	232	261	257	295	307	295	275	257	290	307	267	286	307	315	294	298	321	305	294	293	319	347	345	349	357	381	377	367

What are the main risks impacting performance?

The Trusts agency costs have increased over the past 2 years due mainly to the COVID-19 pandemic and additional quality service investment requirements. There is a strong focus on reducing agency spend across the Trust which is integral to the Trust efficiency programme. Agency costs are £20.300m year to date. In month costs are £0.555m higher than April and £0.051m lower than August. The increase since April is mainly due to further increases in off-framework agency within nursing and an increase in medical agency across both Medicine and Surgery divisions. Due to workforce fragility the Trust is consistently reliant upon agency premium resource. There has been a significant increase in the use of off-framework agency in recent months within the Medicine division. Operational and workforce pressures continue to force an increase in agency expenditure.

What actions are being taken to improve?

Direct engagement groups now set up to focus on agency spend and approval hierarchy, including monthly dashboard review across key nursing metrics. Overseas Registered Nursing recruitment continues and is expected to reduce the reliance on agency nurses once the supernumerary period is complete. System wide agency group implemented to review usage and support delivery of cost reduction, ensuring the system agency cap is not breached. Develop measurable metrics and action plans to understand where we can control agency expenditure. Increased focus on junior doctor rotas and recruitment to ensure effective use of medical locums. Delivery of recruitment and retention strategy.

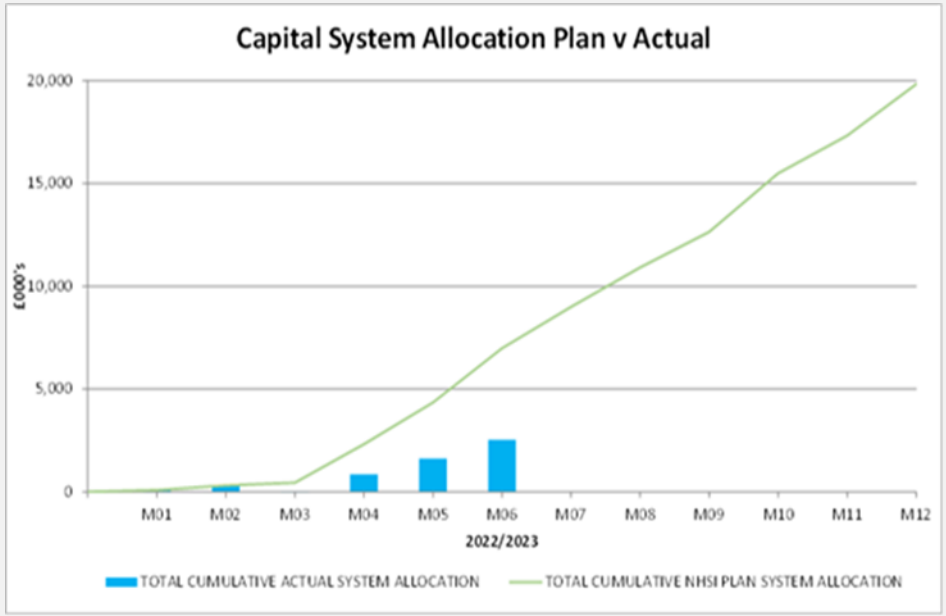
Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Finance	Cash - end of the month		-	13284	18602	18182	15328	15320	26325	26833	15918	18083	14145	5412	10599	22404	13284	
	Efficiency - £000's - in-month delivery		-	904.8	472	570	438	681	756	623	1437	119	385	380	774	773	905	
	Income and expenditure - Cumulative In-year		-	-18572	-5766	-7413	-9816	-7928	-8841	-9309	-10890	-2726	-5453	-8353	-11445	-15968	-18572	
	Cumulative Capital expenditure - In-year			2540	1941	3138	4894	6593	6989	8970	16048	85	315	11	844	1610	2540	

Finance Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

- The Trust submitted a revised plan for a deficit of £19.135m for 2022/23 on the 20th June. The Board will be notified when this plan is approved by NHS England.
- At the end of September, the Trust has recorded a year-to-date deficit of £18.57m against a draft planned deficit of £11.12m, an adverse variance to plan of £7.45m.
- The year-to-date deficit is driven by:
  - Pay costs, excluding COVID-19 and ERF are £15.59m adverse to plan. This is driven by the increased pay award (£4.12m), which is offset by additional funding, an increase in agency expenditure (£6.90m), especially off-framework bookings since April for nursing, opening of unfunded escalation areas (£1.84m) in order to mitigate ambulance delays and escalated bank rates (£1.75m) for both medical staffing and nursing which are required to ensure cover due to sickness absence.
  - COVID-19 costs (in envelope) are £5.11m which is £3.10m adverse to the draft plan. There was an expectation that the majority of COVID-19 costs will cease at the end of Q1 as COVID-19 prevalence dropped within the community, however given the continued prevalence, costs have continued to be incurred.
  - Elective recovery costs are £5.61m which is £0.89m underspent against plan which is driven by decreased activity levels compared to plan.
  - Elective activity as a whole remains below plan resulting in a non-pay underspend of £3.64m which has partially mitigated the above adverse variances. It should however be noted that costs since August have increased compared to previous months as activity increases.
  - Income over recovery of £6.31m which relates to additional pay award funding, increased training income and excluded drugs funding.
- As a result of the year-to-date variance the executive team have set up a weekly group to ensure there is oversight of the strengthening of financial governance measures. This group is looking at a range of measures including tackling both the volume of and the cost of temporary forms of staffing.
- £3.34m of efficiency savings has been delivered year-to-date against plan of £2.09m. There are two main schemes where over delivery has been seen year to date: procurement (£0.68m) and overseas nursing (£0.57m). Whilst it is expected that the annual target of £10.75m will be met in full there is likely to be an over delivery against schemes such as procurement which will offset under recovery against schemes such as medical staffing cost reductions.
- The Trust is currently in discussions with NHS England about the forecast outturn for the end of the year. It is clear with the operational pressures that remain and the need to ensure that as much elective work as possible is delivered that there are no easy options for mitigating the deficit. The Trust has formally reported a £24.1m deficit at year end which is £5m adverse to the planned deficit. This has been calculated by taking the planned deficit and adding the year to date expenditure already incurred to support escalation and COVID-19.
- For 2022/23 the Trust's system allocation for capital remains at £19.822m. Expenditure at month six was forecast at £6.976m, £2.540m was incurred (net of sale proceeds).
- The Trust held a cash bank balance at the end of September 2022 of £13.284m.

Cumulative Capital expenditure – in year



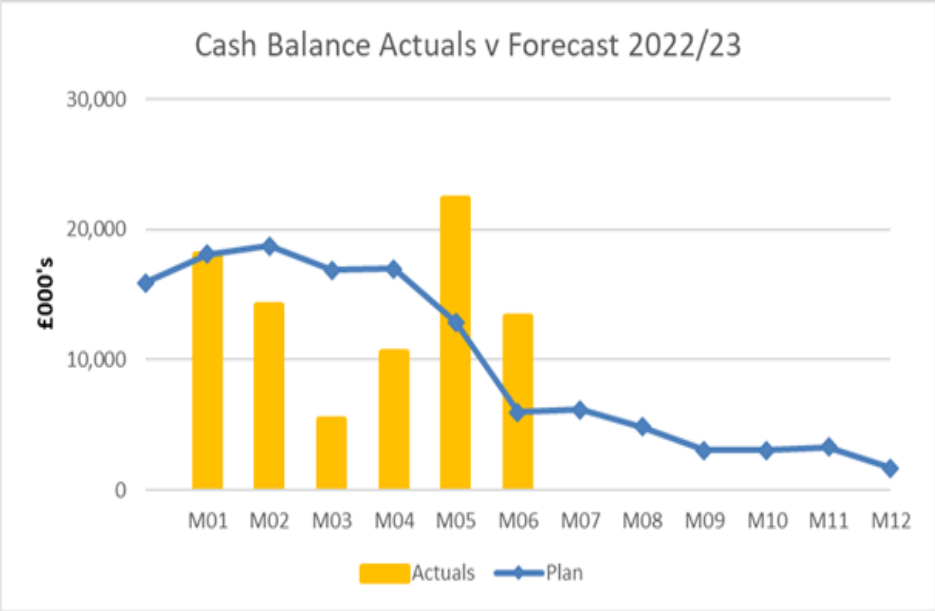
What are the main risks impacting performance?

For 2022/23 the Trust's system allocation remains at £19.82m. Included within this is the continuation of the endoscopy reconfiguration of £0.93m, with sales proceeds to match this expenditure. The capital programme was reforecast in the June's plan submission. Within the submitted plan it was projected that expenditure of £6.98m would have been incurred by September 2022 (including sale proceeds). The actual expenditure as at month 6 was £2.54m net after sale proceeds. The main drivers for the under delivery at month 6 are the renal offsite move (£1.57m) which has dependencies with the CDC scheme (£0.82m), the estates backlog programme (£1.42m) and MES Schemes (£0.47m) The Trust is awaiting approval confirmation of national PDC for CDC Scheme. The shortfall of expenditure against the phased plan. The Trust is awaiting approval confirmation of national PDC for CDC Scheme and has only recently received confirmation of Elective Centre funding. This has resulted in delays in committing expenditure and therefore an underspend to date against plan.

What actions are being taken to improve?

Capital Planning Group will review the expected outturn at October meeting with a view to managing any forecast underspends across financial years.

Cash – end of month



What are the main risks impacting performance?

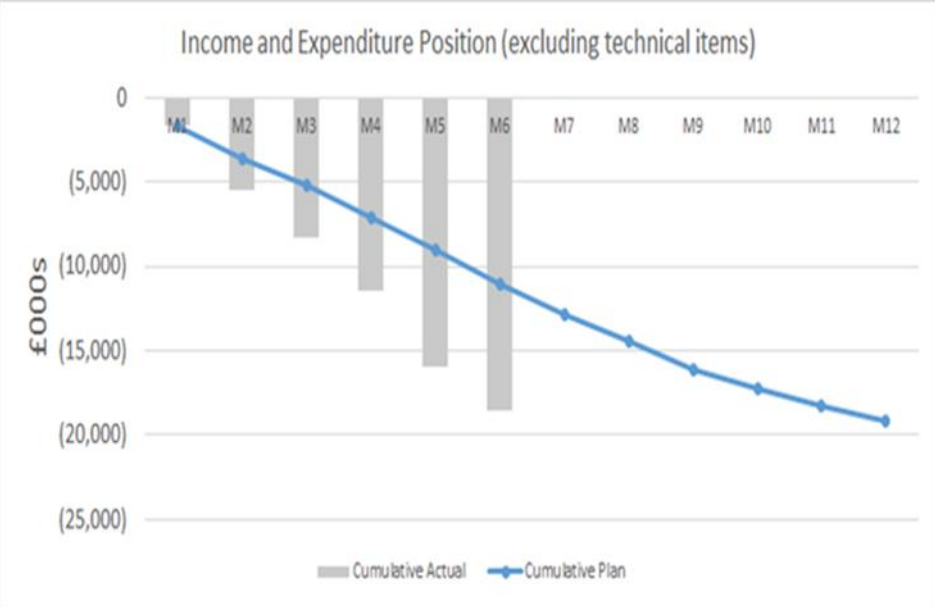
The Trust undertakes monthly cashflow forecasting. A review of the cashflow assumptions has been undertaken following the draft plan submission in June. The cash balance brought forward in 2022/23 was £15.92m with a cash balance of £13.28m held at end of September 2022 (ledger balance of £13.31m due to reconciling items). The chart demonstrates that the cash position at end of September was greater than plan. The cash balance held at the end of September was greater than the plan. This is due in part to management actions with regards to the Trust's creditor base and co-operation with our local ICB in terms of receipt of income. In addition, the Trust's capital programme is behind plan resulting in reduced outflows for capital creditors. The Trust is forecasting a requirement to apply for revenue cash support from November 22 onwards.

What actions are being taken to improve?

The cash position continues to be monitored closely. Trust to apply for revenue cash support for November 22 and as required in the future months. Treasury Management team undertaking active daily cashflow management, with weekly senior management review to allow management intervention as required.

Income and expenditure – Cumulative in year

The Shrewsbury and Telford Hospital NHS Trust



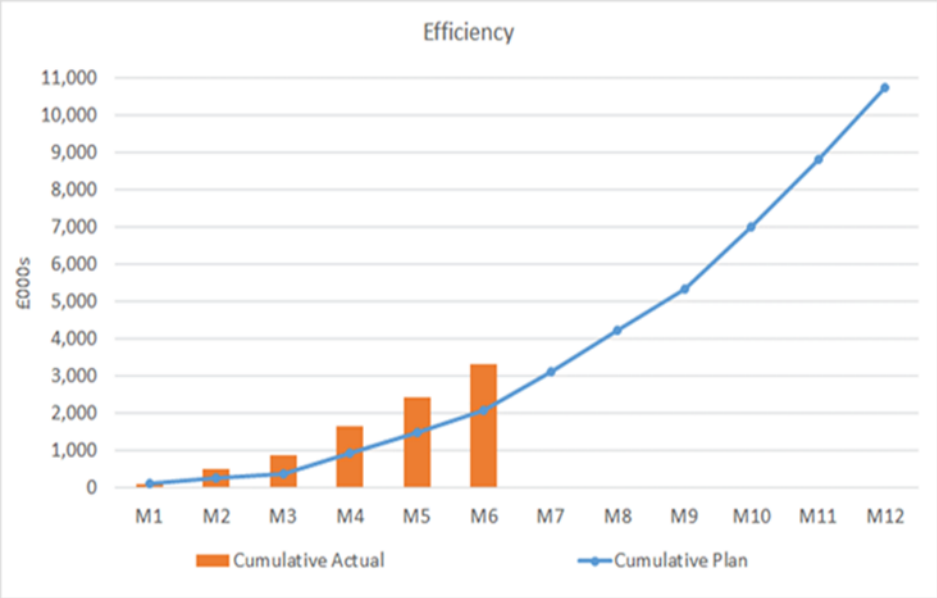
What are the main risks impacting performance?

The Trust has submitted a revised financial plan for a deficit of £19.135m for 2022/23. This plan is yet to receive formal approval and as such should be treated as draft. The Trust recorded a year-to-date deficit of £18.573m at month six which is £7.454m adverse to the draft plan. The year-to-date deficit is predominantly related to pay expenditure which is driven by premium cost staffing amongst both medical staffing and nursing to mitigate sickness absence, opening of escalation areas to support increasing non-elective pressures and a continuation of COVID-19 related costs.

What actions are being taken to improve?

Executive led Finance Governance Group in place and meeting weekly. Actions include supporting the monitoring of agency nurse booking reasons and deep dives into high usage areas, job planning for consultants and sign off of junior doctor rotas, review of escalation areas with a view to close where appropriate and the review of all enhanced bank payments to ensure exit plans are in place. Executive led
Rollout of the revised nursing templates will support greater control and transparency across the nursing position. On-going international recruitment will continue to reduce vacancies and the need for high-cost agency nurses. Rollout of the revised nursing templates will support greater control and transparency across the nursing position. On-going international recruitment will continue to reduce vacancies and the need for high-cost agency nurses. Within medical staffing a review of rotas and job planning of consultants is underway.

Efficiency – in month delivery



What are the main risks impacting performance?

A minimum of 1.6% in year recurrent savings (£7.600m) are required in 2022/23, which is in line with the agreed efficiency required to deliver the STW financial sustainability plan. Further efficiencies as part of workforce and MSK BTI's are also required in 2022/23 of which the Trust has a share totalling £3.000m for workforce and £0.147m for MSK. The Trust delivered £3.336m of efficiency savings year to date at the end of month six which is £1.244m surplus to the phased plan. There are currently 7 workstreams which are delivering year to date including Overseas Nursing (£1.102m), Procurement (£0.938m), Divisional Schemes (£0.533m), Pharmacy (£0.307m) and Discretionary Spend (£0.255m). Whilst these schemes are delivering and some are expected to over delivery such as Procurement there is concern around delivery in some areas such as Medical Staffing and Estates & Facilities. Whilst there is an over delivery year to date it should however be noted that planned efficiency delivery increases significantly from Q3. Efficiency plans continue to be worked up in relation to both the £7.600m target as part of STW financial sustainability plan and the system BTI targets. Of the £7.600m target, £2.000m relates directly to divisions.

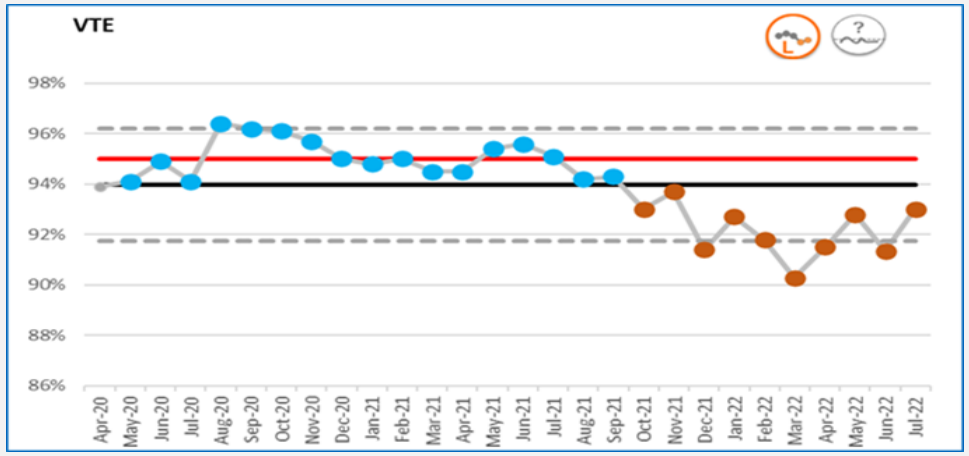
What actions are being taken to improve?

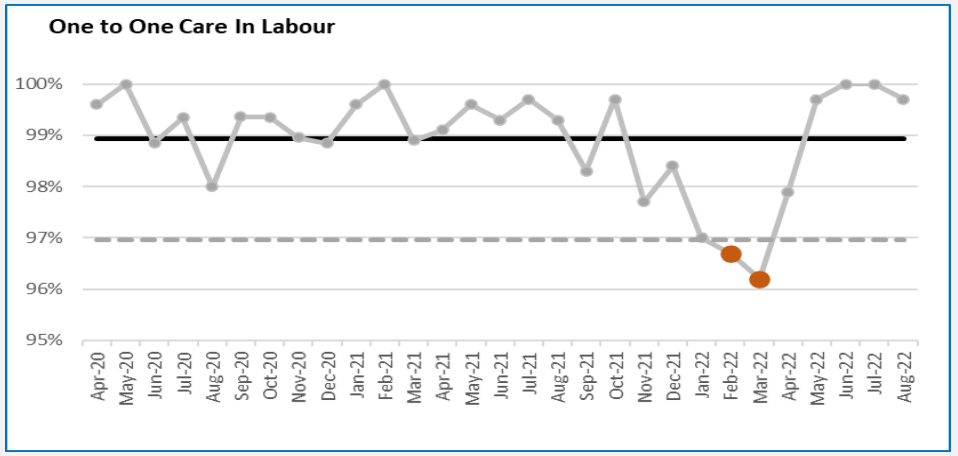
A minimum of 1.6% in year recurrent savings are required to maintain financial stability across the STW system in addition to the system wide schemes known as big ticket items (BTIs). However, potentially further savings are required to fund additional priority investments. Plans continue to be developed with an expectation that the Trust will deliver the 1.6% in full by year end.

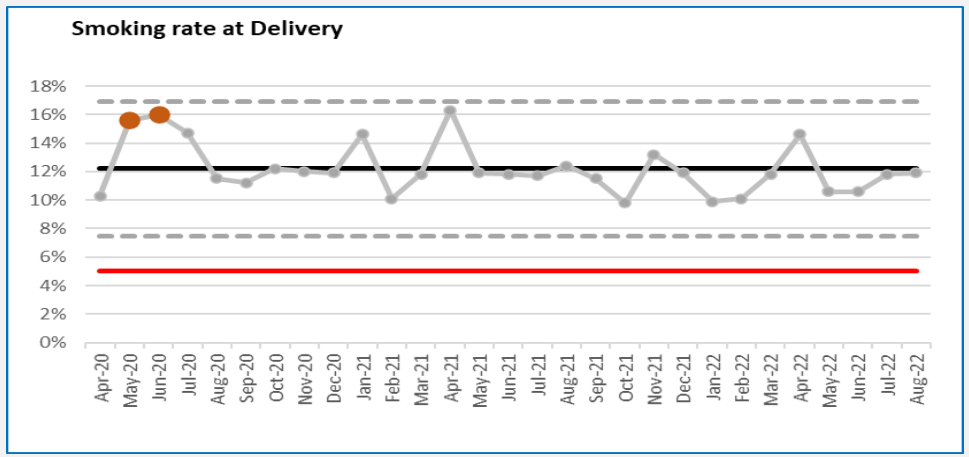
Appendices

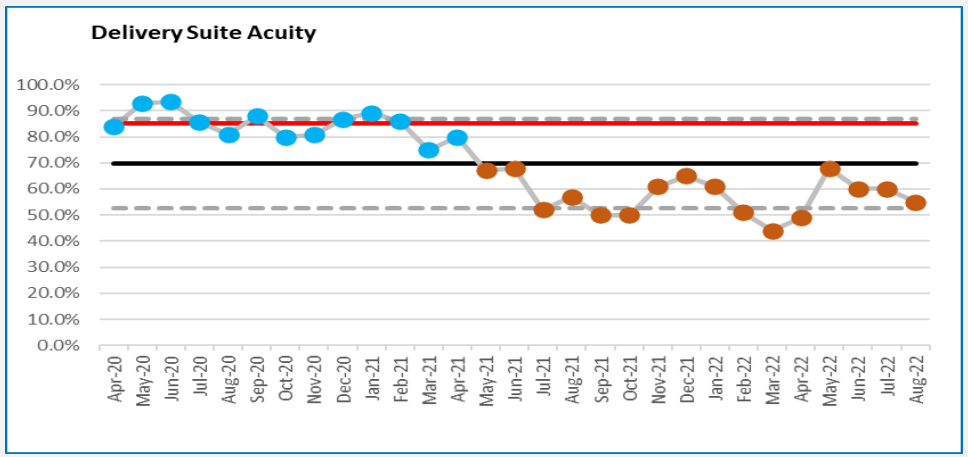
Appendices – supporting detail on Quality and Effectiveness

The Shrewsbury and Telford Hospital NHS Trust



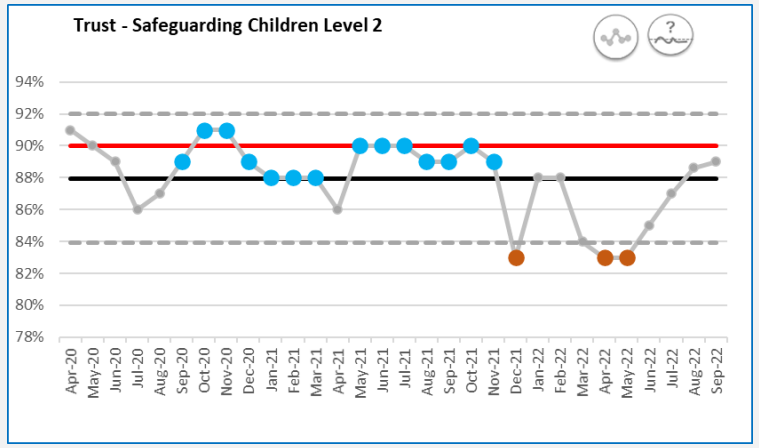


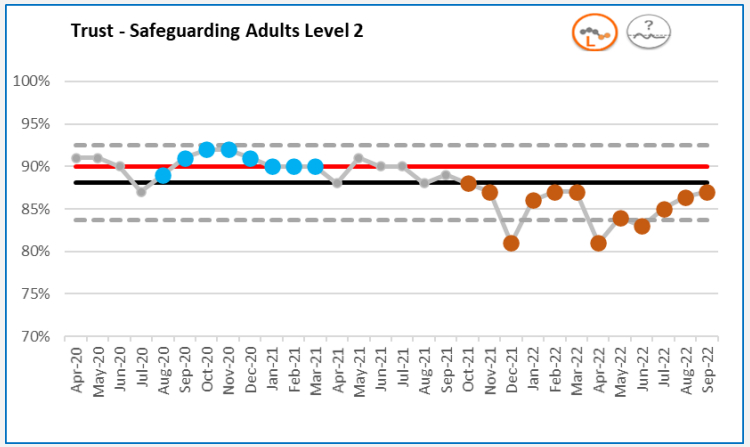


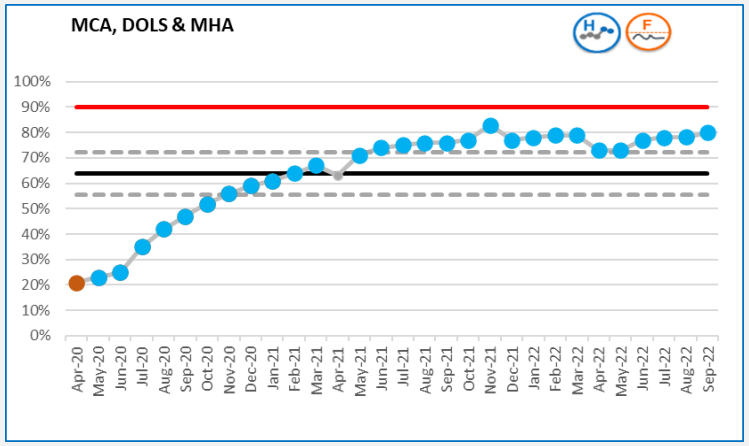


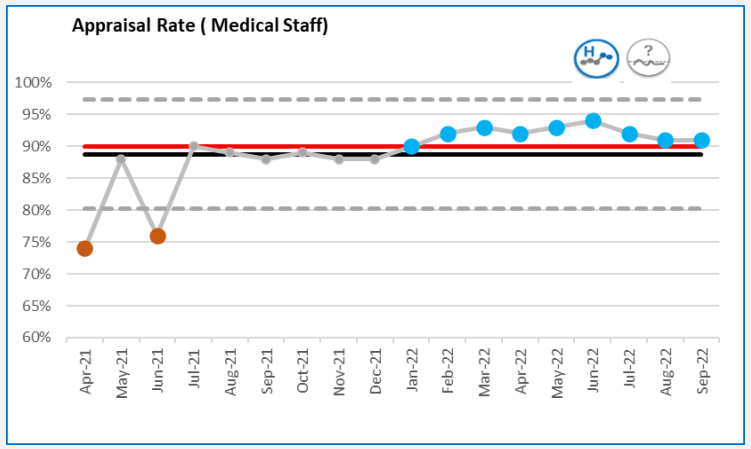
Appendices – supporting detail on Well Led

The Shrewsbury and Telford Hospital NHS Trust



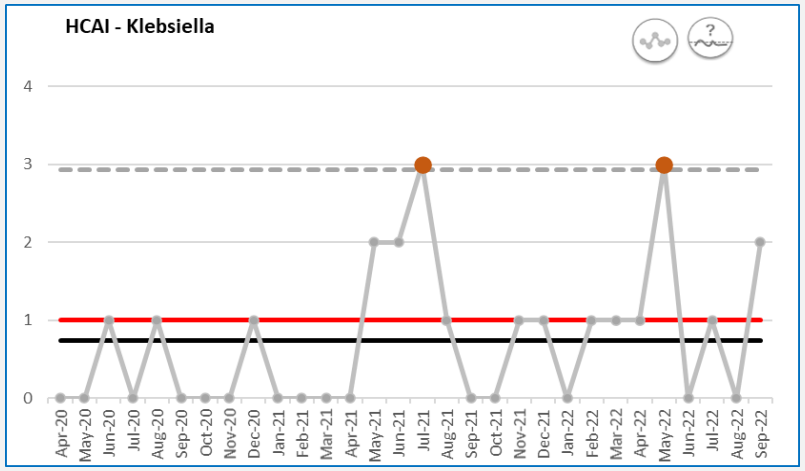


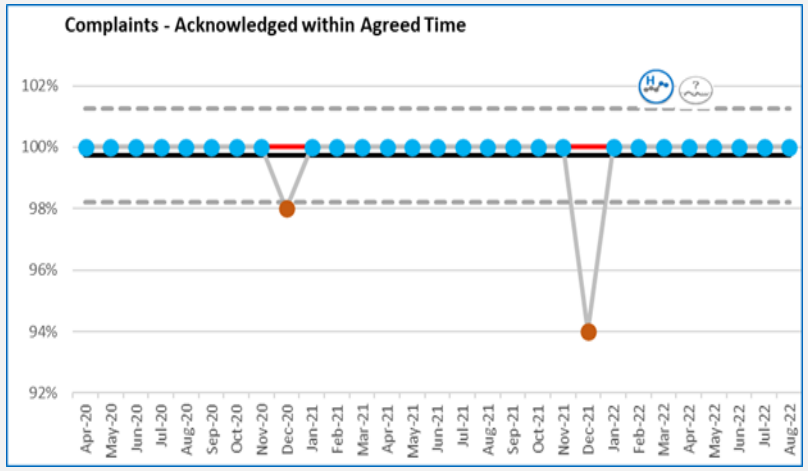


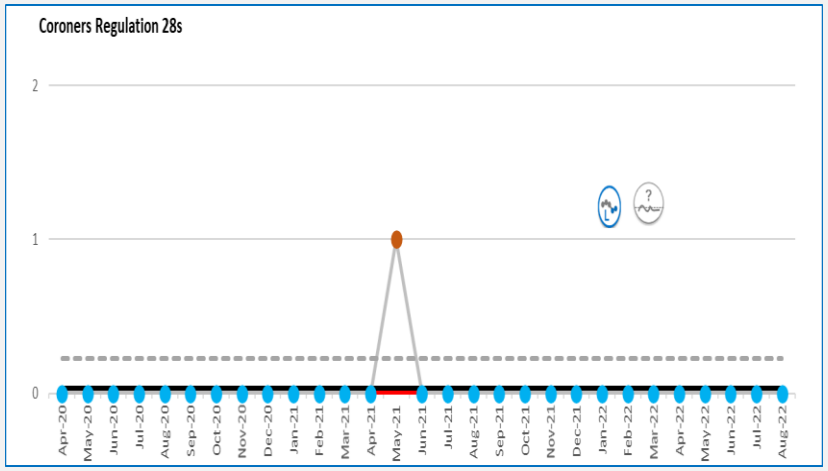


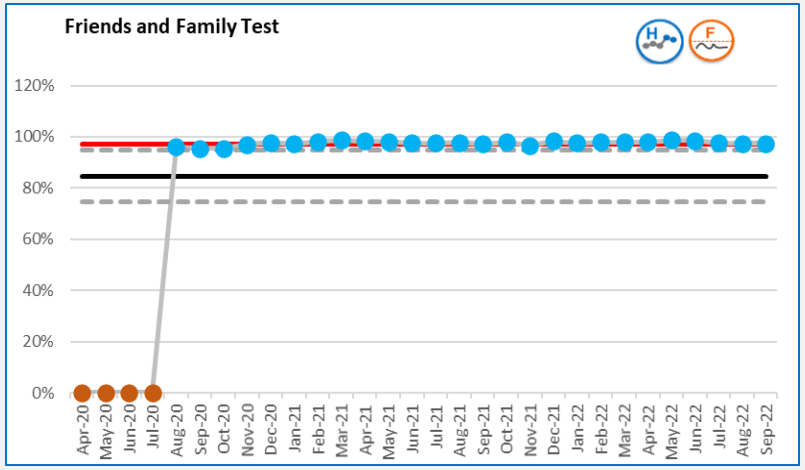
Appendix 1. Indicators performing in accordance with expected standards

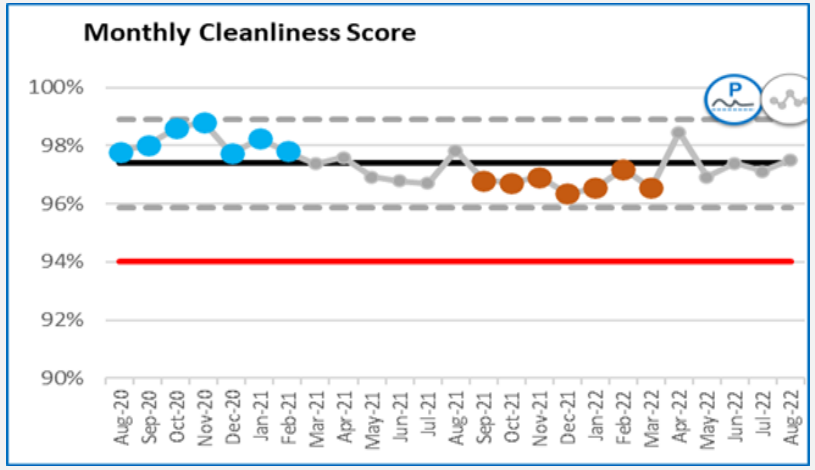
The Shrewsbury and Telford Hospital NHS Trust

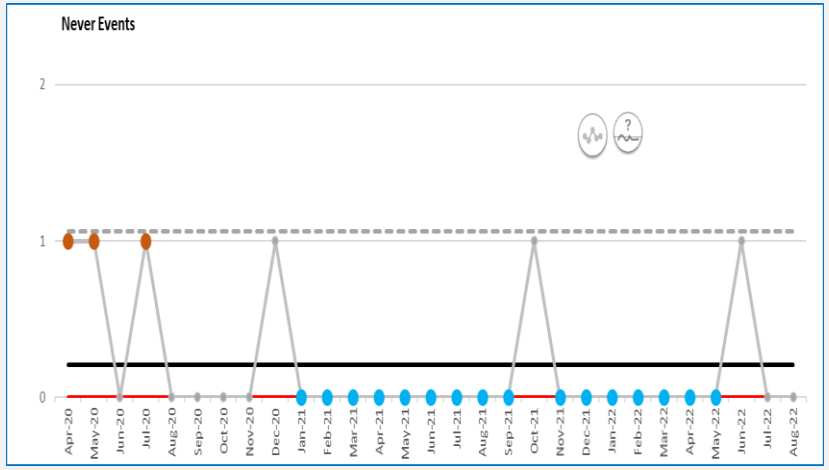








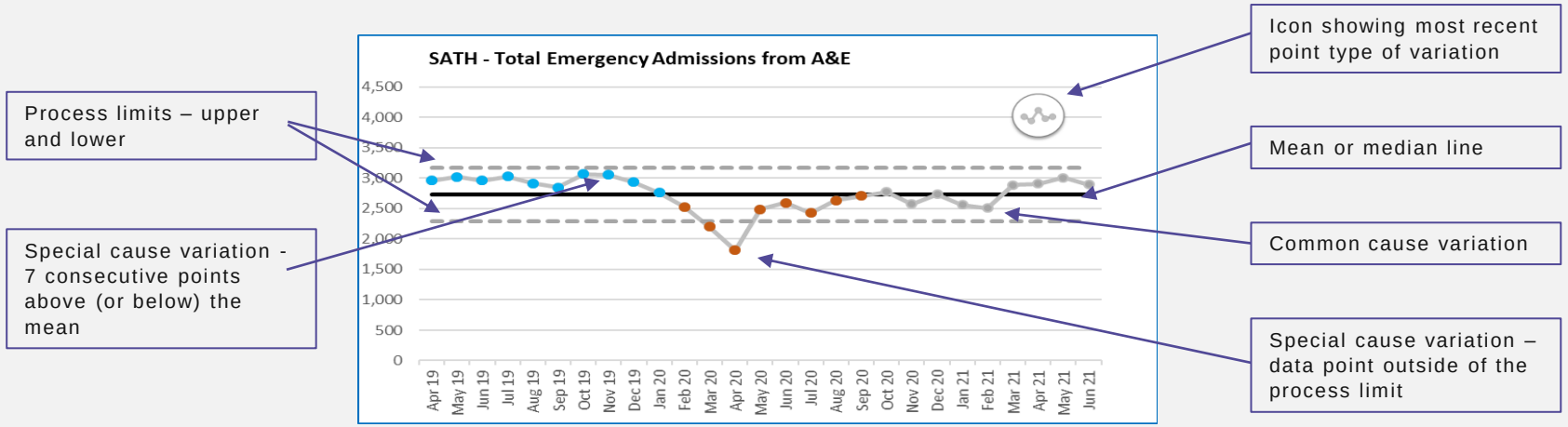




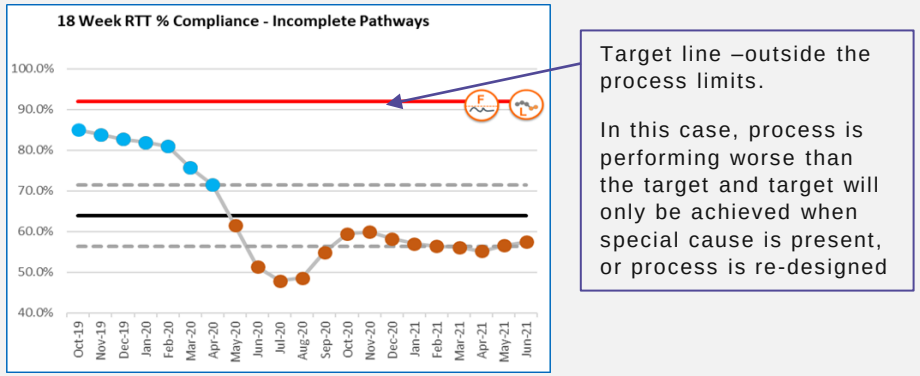
Appendix 2. Understanding Statistical control process charts in this report

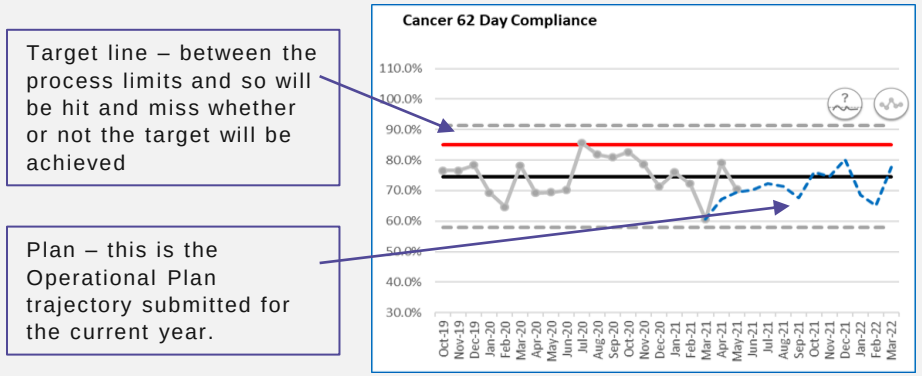
The Shrewsbury and Telford Hospital NHS Trust

The charts included in this paper are generally moving range charts (XmR) that plot the performance over time and calculate the mean of the difference between consecutive points. The process limits are calculated based on the calculated mean.



Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.





Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

Term	Definition
2WW	Two week waits
A&E	Accident and Emergency
A&G	Advice and Guidance
AGP	Aerosol-Generating Procedure
AMA	Acute Medical Assessment
ANTT	Antiseptic Non-Touch Training
BAF	Board Assurance Framework
BP	Blood pressure
CAMHS	Child and Adolescence Mental Health Service
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
C. difficile	Clostridium difficile
CHKS	Healthcare intelligence and quality improvement service.
CNST	Clinical Negligence Scheme for Trusts
COO	Chief Operating Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRR	Corporate Risk Register
C-sections	Caesarean Section
CSS	Clinical Support Services
CT	Computerised Tomography
CYPU	Children and Young Person Unit
DIPC	Director of Infection Prevention and Control
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DSU	Day Surgery Unit

Term	Definition
DTA	Decision to Admit
E. Coli	Escherichia Coli
Ed.	Education
ED	Emergency Department
EQIA	Equality Impact Assessments
EPS	Enhanced Patient Supervision
ERF	Elective Recovery Fund
Exec	Executive
F&P	Finance and Performance
FNA	Fine Needle Aspirate
FTE	Full Time Equivalent
FYE	Full year effect
G2G	Getting too Good
GI	Gastro-intestinal
GP	General Practitioner
H1	April 2021-September 2021 inclusive
H2	October 2021-March 2022 inclusive
HCAI	Health Care Associated Infections
HCSW	Health Care Support Worker
HDU	High Dependency Unit
HMT	Her Majesty's Treasury
HoNs	Head of Nursing
HSMR	Hospital Standardised Mortality Rate
HTP	Hospital Transformation Programme
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention Control

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

Term	Definition
IPCOG	Infection Prevention Control Operational Group
IPAC	Infection Prevention Control Assurance Committee
IPDC	Inpatients and day cases
IPR	Integrated Performance Review
ITU	Intensive Therapy Unit
ITU/HDU	Intensive Therapy Unit / High Dependency Unit
KPI	Key performance indicator
LFT	Lateral Flow Test
LMNS	Local maternity network
MADT	Making A Difference Together
MCA	Mental Capacity Act
MD	Medical Director
MEC	Medicine and Emergency Care
MFFD	Medically fit for discharge
MHA	Mental Health Act
MRI	Magnetic Resonance Imaging
MRSA	Methicillin- Sensitive Staphylococcus Aureus
MSK	Musculo-Skeletal
MSSA	Methicillin- Sensitive Staphylococcus Aureus
MTAC	Medical Technologies Advisory Committee
MVP	Maternity Voices Partnership
MUST	Malnutrition Universal Screening Tool
NEL	Non-Elective
NHSE	NHS England and NHS Improvement
NICE	National Institute for Clinical Excellence
NIQAM	Nurse Investigation Quality Assurance Meeting
OPD	Outpatient Department

Term	Definition
OPD	Outpatient Department
OPOG	Organisational performance operational group
OSCE	Objective Structural Clinical Examination
PAU	Paediatric Assessment Unit
PID	Project Initiation Document
PIFU	Patient Initiated follow up
PMB	Post-Menopausal Bleeding
PMO	Programme Management Office
POD	Point of Delivery
PPE	Personal Protective Equipment
PRH	Princess Royal Hospital
PTL	Patient Targeted List
PU	Pressure Ulcer
RALIG	Review Actions and Learning from Incidents Group
Q1	Quarter 1
QOC	Quality Operations Committee
QSAC	Quality and Safety Assurance Committee
R	Routine
RAMI	Risk Adjusted Mortality Rate
RCA	Route Cause Analysis
RJAH	Robert Jones and Agnes Hunt Hospital
RIU	Respiratory Isolation Unit
RN	Registered Nurse
RSH	Royal Shrewsbury Hospital
SAC	Surgery Anaesthetics and Cancer
SaTH	Shrewsbury and Telford Hospitals
SATOD	Smoking at the onset of delivery

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

Term	Definition
SDEC	Same Day Emergency Care
SI	Serious Incidents
SMT	Senior Management Team
SOC	Strategic Outline Case
SRO's	Senior Responsible Officer
STEP	Strive Towards Excellence Programme
T&O	Trauma and Orthopaedics
TOR	Terms of Reference
TVN	Tissue Viability Nurse
UEC	Urgent and Emergency Care service
US	Ultrasound
VIP	Visual Infusion Phlebitis
VTE	Venous Thromboembolism
WAS	Welsh Ambulance Service
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent
YTD	Year to Date