Board of Directors' Meeting
9 February 2023

Agenda item	010/23			
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:	2023.01.17: Quality Operational Committee 2023.01.25: Quality & Safety Assurance Committee 2023.01.26: Senior Leadership Committee – Operational			
Executive summary:	This report provides 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 November / December 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 9th February 2023

(presenting November/December 2022 data)

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The Shrewsbury and Telford Hospital NHS Trust

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Executive summary

December was an incredibly challenging month for the organisation which was to be expected given the ongoing pressures from the summertime onwards. In the 24 hours before the first ambulance strike on 21st December 2022 there was a considerable ramp up in ambulance conveyances to both sites which were already congested with significant numbers of complex patients who were medically fit to discharge but for whom there was no package of follow up care in place. The Trust triggered an internal critical incident the day before the strike to reflect the known risk and pressures. The critical incident remained in place until 12th January 2023 due to the consistent pressure and lack of ability to discharge complex patients.

The Trust also experienced significant numbers of paediatric attendances due to the high prevalence of RSV. This again caused operational pressures with the overcrowding of the emergency department.

Finally, there was also a marked increase in incidents of influenza and Covid-19 across the period which required an increase in measures related to infection control and segregation of patients.

The consequence of the above was that both sites were very pressured resulting in long waiting times in ED, significant waits to be admitted to the hospital and a lack of available beds which meant that patients were cared for on the corridors of both sites.

The Trust were very conscious of trying to ensure the site was safe and that there were sufficient staff to cover the escalation spaces that were required to be open. This has resulted in another month with a material pay overspend driven by the volume and unit price of agency staff. The Trust has quantified the cost of escalation and can demonstrate that this is the main driver of the adverse financial variance. It is incumbent on the Trust to work with the STW system to find a cost effective way to ensure there is flow out of the hospital into community care which would ease pressures in the emergency department.

Quality Patient Safety and Effectiveness

The Shrewsbury and Telford Hospital NHS Trust

Executive Leads:

Director of Nursing

Hayley Flavell

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)	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	97.0	113.3	93.4	108.3	92.2	94.5	100.2	110.9	99.1	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	203	247	188	192	177	174	204	218	161	-	-	-	-	
	HCAI - MRSA		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	HCAI - MSSA		-	2	4	3	3	1	3	5	4	2	1	6	2	2	3	
	HCAI - C.Difficile	R	<4	3	4	2	0	3	6	5	5	1	5	10	2	5	5	
	HCAI - E-coli	R	<9	8	4	5	3	4	4	2	1	2	4	1	2	4	4	
	HCAI - Klebsiella		<3	2	1	1	0	1	1	1	3	0	1	0	2	2	1	
	HCAI - Pseudomonas Aeruginosa		<3	2	0	3	0	0	0	2	2	1	1	0	1	0	0	
	Pressure Ulcers - Category 2 and above		-	11	18	14	13	17	13	16	16	16	17	8	17	14	14	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.75	0.62	0.58	0.79	0.50	0.00	0.00	0.00	0.00	0.00	0.72	0.60	0.60	
	VTE Risk Assessment completion		95%	95%	94%	91%	93%	92%	91%	92%	93%	91%	93%	93%	92%	93%	-	
	Falls - per 1000 Bed Days		6.6	4.5	4.57	5.08	6.15	6.01	5.45	5.11	5.54	5.56	5.59	4.98	5.29	4.49	4.40	
	Falls - total		0	70	109	114	137	131	126	120	135	127	126	125	125	104	102	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.21	0.04	0.13	0.23	0.04	0.00	0.02	0.01	0.00	0.02	0.13	0.09	0.17	
	Falls - Resulting in Harm Moderate or Severe		0	0	5	1	3	5	1	1	4	2	1	4	3	2	4	
	Never Events		0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	10	4	9	6	5	8	3	9	10	9	15	8	7	
	Serious Incidents - Closed in Month		-	-	8	10	8	6	8	8	1	5	1	13	3	3	5	
	Serious Incidents - Total Open at Month End		-	-	35	34	38	37	35	35	33	35	44	42	51	52	44	
	Patient Safety Incidents as % of NRLS		98%	-	95%	97%	95%	98%	97%	98%	97%	95%	98%	96%	96%	97%	95%	
	% of PSI with Low or No Harm		100%	100%	98%	97%	97%	97%	97%	97%	96%	94%	98%	96%	97%	96%	95%	
	Mixed Sex Accommodation - breaches		0	0	46	45	39	36	62	77	47	45	141	93	45	71	86	
	One to One Care in Labour		100%	100%	98%	98%	97%	97%	96%	98%	100%	100%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity				61.0%	65.0%	61.0%	51.0%	45.0%	49.0%	68.0%	60.0%	60.0%	55.0%	58.0%	66.0%	79%	
	Smoking Rate at Delivery				13.0%	12.0%	10.0%	10.0%	12.0%	15.0%	11.0%	11.0%	12.0%	12.0%	13.0%	11.4%	11.2%	
	Caesarean Sections rate of Robson Group 1 Deliveries		-	-	12.5%	13.7%	12.2%	13.6%	25.0%	10.0%	14.9%	22.5%	9.1%	7.9%	16.2%	13.7%	21.2%	
	Caesarean Sections rate of Robson Group 2 Deliveries		-	-	34.5%	28.8%	34.5%	36.7%	40.9%	46.1%	57.3%	51.7%	51.4%	50.6%	45.9%	51.1%	54.8%	
	Caesarean Sections rate of Robson Group 5 Deliveries		-	-	73.8%	80.0%	73.8%	71.4%	60.0%	82.4%	87.5%	85.7%	90.0%	79.5%	76.2%	78.6%	77.3%	
Quality Caring & Experience	Complaints		-	-	51	50	56	61	56	58	64	73	79	77	72	69	82	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	64%	65%	69%	74%	74%	65%	50%	67%	60%	55%	71%	62%	59%	
	PALS - Count of concerns		-	-	309	249	280	292	334	285	257	225	314	368	286	306	301	
	Compliments				44	39	52	31	43	19	49	52	39	54	51	90	75	
	Friends and Family Test -SaTH		80%	80%	97%	98%	98%	98%	98%	98%	99%	99%	98%	97%	97%	98%	97%	
	Friends and Family Test - Inpatient		-	-	99%	100%	99%	99%	98%	98%	99%	99%	98%	99%	98%	98%	98%	
	Friends and Family Test - A&E		-	-	84%	86%	74%	86%	89%	98%	86%	89%	62%	59%	65%	71%	42%	
	Friends and Family Test - Maternity		-	-	99%	100%	99%	99%	98%	92%	99%	100%	98%	98%	99%	97%	100%	
	Friends and Family Test - Outpatients		-	-	98%	99%	99%	99%	99%	95%	99%	99%	99%	98%	99%	98%	98%	
	Friends and Family Test - SaTH Response rate %		-	-	6%	6%	6%	5%	5%	5%	6%	5%	6%	7%	7%	6%	8%	
	Friends and Family Test - Inpatient Response rate %		-	-	13%	14%	13%	12%	12%	13%	16%	14%	17%	18%	19%	17%	20%	
	Friends and Family Test - A&E Response rate %		-	-	3%	1%	2%	1%	1%	1%	0%	1%	0%	1%	1%	0%	1%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	3%	6%	8%	11%	10%	6%	4%	5%	7%	6%	5%	6%	8%	

Quality Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

VTE performance remains below the expected threshold despite intervention and process mapping is taking place to identify what further interventions are required to be put in place to improve the current performance. Any interventions identified will be reported via the Quality Operational Committee.

A positive NHSE IPC inspection has been undertaken and the Trust was RAG rated GREEN.

C. Difficile is above target this year to date and a full gap analysis has been undertaken. As part of this, training resources and a robust action plan is in place, which is monitored via the IPC operational and assurance meetings.

Increased assurance is in place regarding the IPC RCA process. There is zero backlog in place and weekly tracking is undertaken, with shared lessons across the Trust.

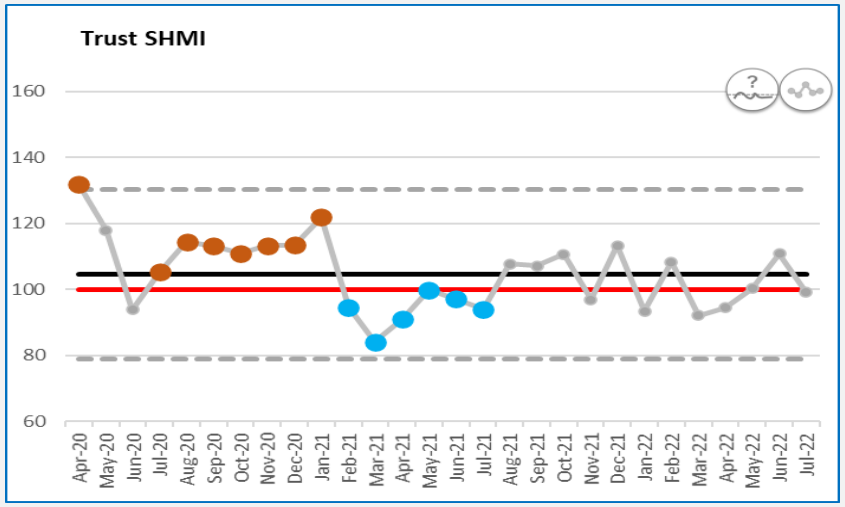
Falls improvement work continues with the falls per 1000 bed days having reduced for the 2nd consecutive month. As part of this success, the "re-conditioning games" initiative continues to be rolled out.

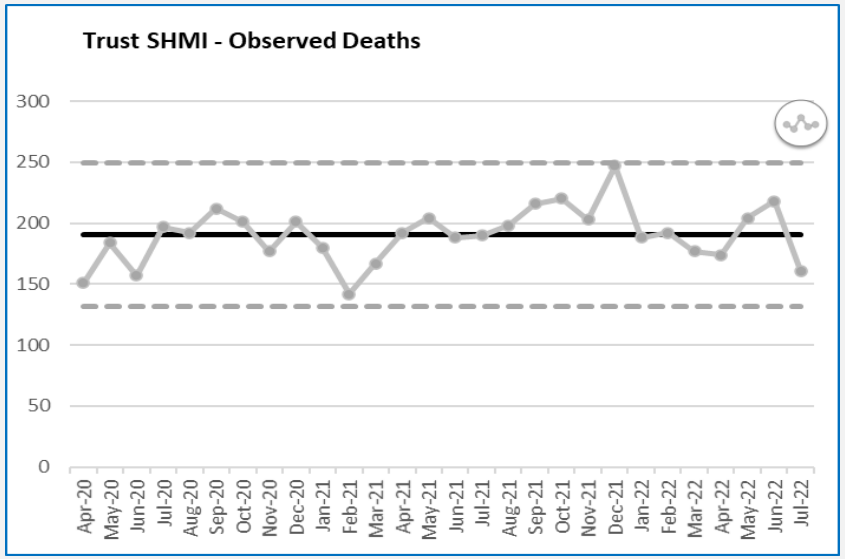
Mixed sex breaches continue to increase in ITU at both RSH and PRH and within AMU (PRH due to AMA). This increase is as a direct result of demand and capacity challenges.

Complaint responses performance has declined for the 2nd consecutive month and weekly meetings are taking place with divisions to ensure improvements are made.

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?

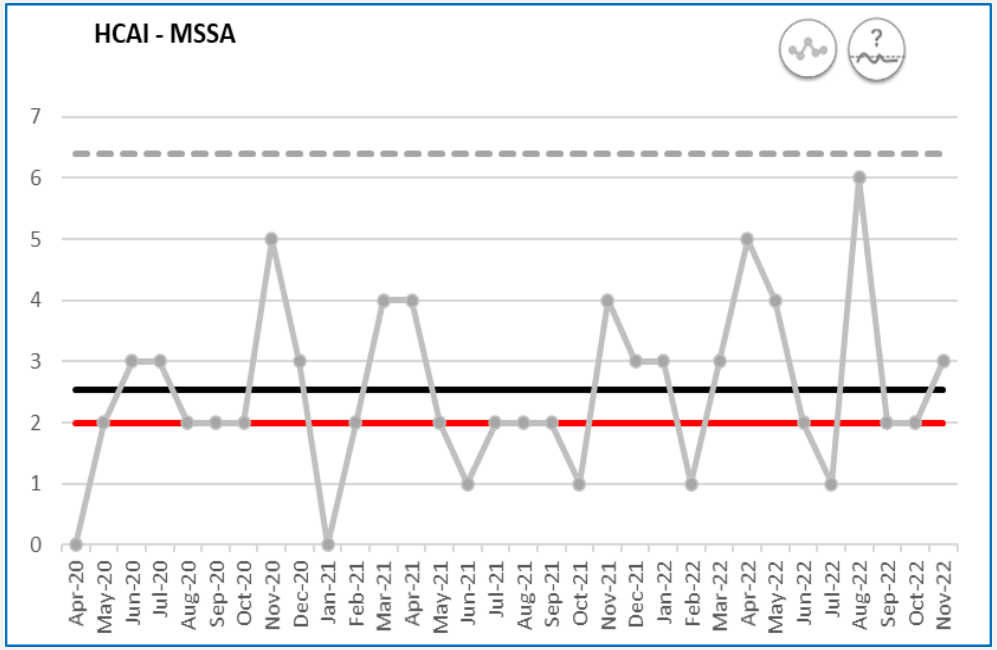
Primary diagnosis code of acute and unspecified renal failure - following an initial audit of patients who died within the Trust between September 2020 and August 2021, the renal physicians have undertaken additional audit work and are instituting targeted educational activity. A presentation of this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

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

There were three cases of MSSA bacteraemia in November 2022.

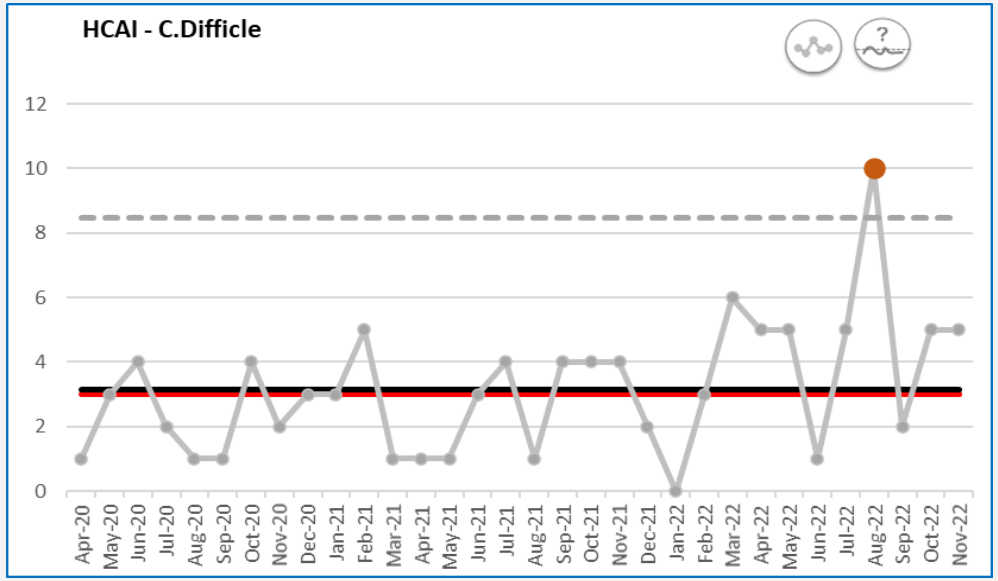
Whilst there is no national target for MSSA, year to date we are above our locally set target with 25 cases taking place so far this year.

What actions are being taken to improve?

Ongoing actions across the Trust include:

- Aseptic technique training delivered by CPE team.
- Cannula care/VIPs, with ward managers ensuring daily checks are undertaken.
- Ensuring the consistent use of catheter care plans and catheter insertion documentation.
- RCA summary and actions for device related MSSA bacteraemia, these are presented as part of Divisional updates monthly at IPCOG.
- Catheter documentation and cannula care is audited through the monthly matrons' quality audits and reviewed at the monthly Nursing Quality Metrics Meetings.

Infection Prevention and Control



What are the main risks impacting performance?

There has been a slight increase in the number of C. Difficile cases in October and November, with 5 cases reported this month.

Overall, there have been 38 cases of C.Difficile this year to date against a target of no more than 33 cases for the year 2022/23.

Common themes from RCAs include timely stool samples, prompt isolation, use of stool charts and antimicrobial prescribing.

What actions are being taken to improve

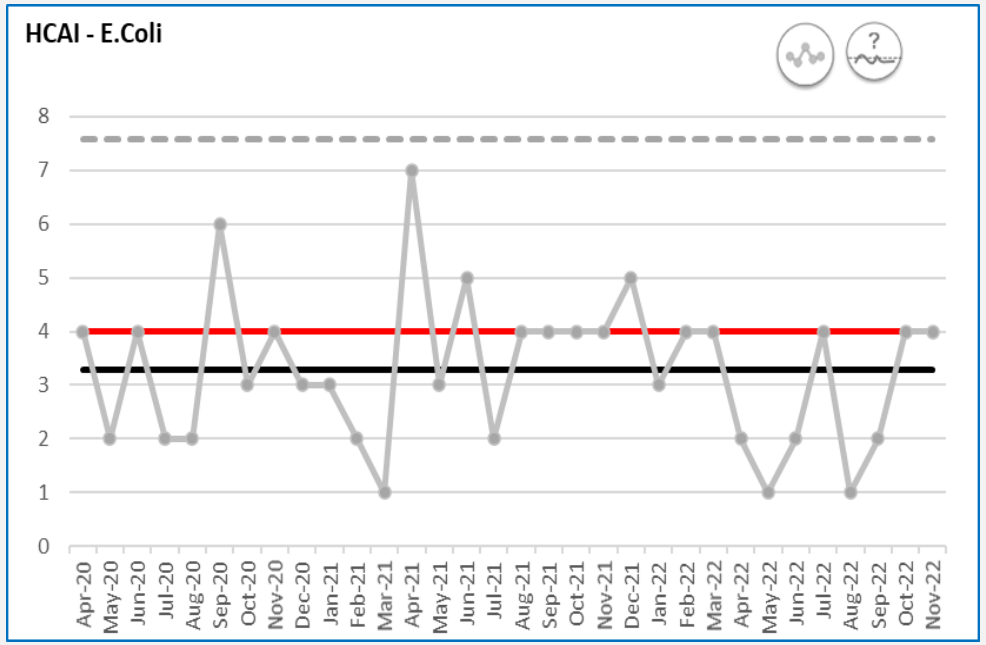
A C. Difficile action/recovery plan has been developed by the IPC team, which is being implemented and monitored across each division with monthly reporting through to IPCOG as part of the Divisional reporting in Q4.

Other actions in place include:

- Commode training for all ward staff
- Ongoing education included as part of QWW
- Staff attendance at NHSE/I and IPC Masterclasses delivered in September, October and November.
- Daily monitoring of IPC practices by ward matrons/managers.
- New stool sample posters.

An IPC update is provided at the weekly DON meeting with the senior nurses (Band 7, matrons) and actions are reported via Divisional IPC reports and monitored via the IPCOG as part of their monthly reporting.

Infection Prevention and Control



What are the main risks impacting performance?

Year to date there have been 20 cases compared against a national target of no more than 96 cases for 2022/23. There were 4 cases of E.Coli in November 2022.

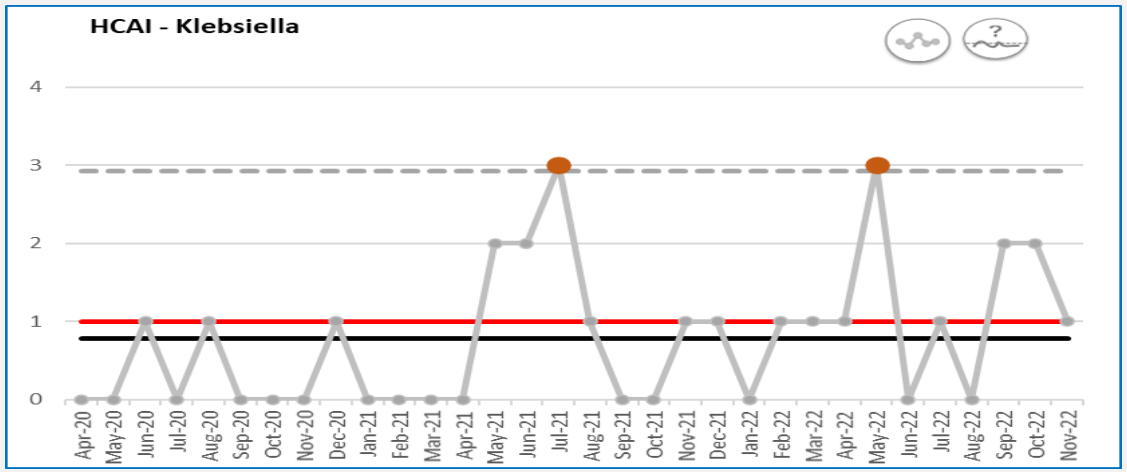
What actions are being taken to improve?

HCAI actions and actions from previous RCAs continue to be implemented and monitored. These include:

- Consistent use of catheter insertion documentation and care plans
- Aseptic technique training.
- Daily reporting of cannula VIPs and earliest possible removal of devices when no longer required. This is monitored daily by the matrons and ward managers.
- When a device related HCAI is reported, the IPC team immediately advise the team around immediate actions prior to the full completion of the RCA to facilitate early implementation of remedial actions.
- Catheter care is monitored via the monthly matron's quality assurance metrics audits, and high impact intervention audits. Actions from RCAs are reported at IPCOG. Cannula care is also monitored via the monthly matron quality audits.

Infection Prevention and Control

The Shrewsbury and Telford Hospital NHS Trust



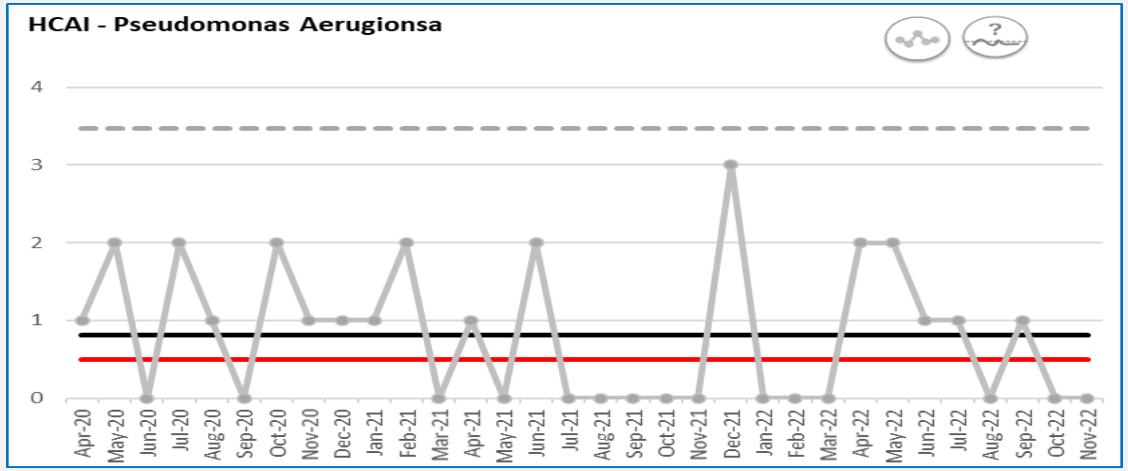
What are the main risks impacting performance?

One new cases of Klebsiella bacteraemia in November 2022.

There have been 10 cases reported YTD against a target of no more than 23 for 2022/23.

What actions are being taken to improve?

There is ongoing improvement work in relation to HCAIs and compliance with IPC standards and procedures, which is monitored at IPCOG and monthly metric meetings.



What are the main risks impacting performance?

There were no new cases of pseudomonas bacteraemia in November 2022, which leaves our year to date position at 7 cases reported against a national target of no more than 19 cases for 2022/23.

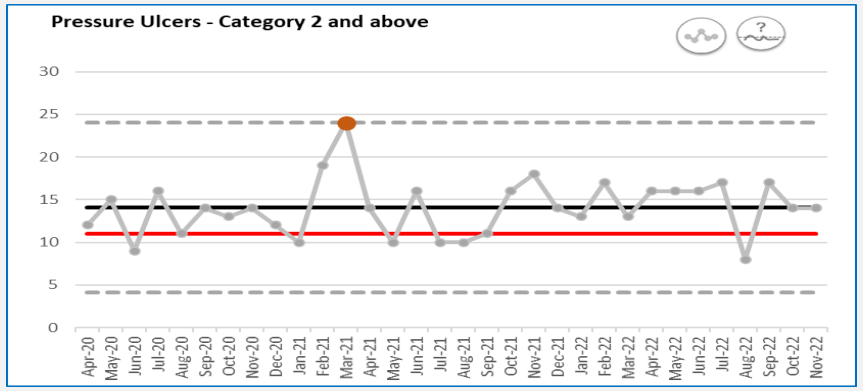
What actions are being taken to improve?

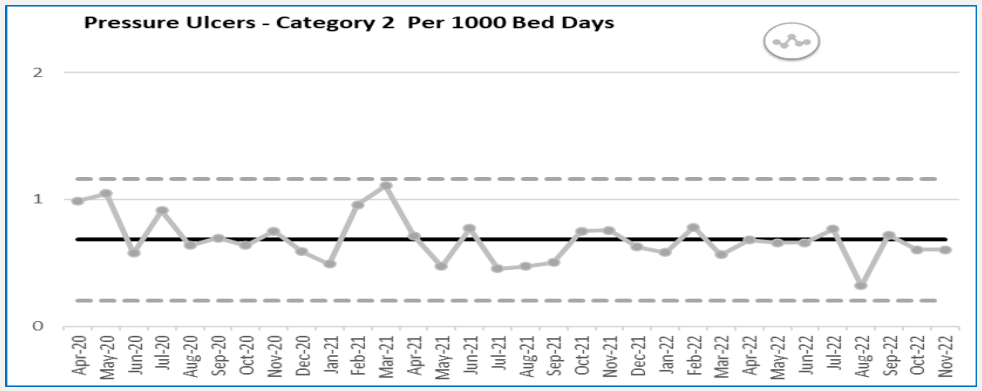
There is ongoing improvement work in relation to HCAIs as reported in the other sections of the IPR report for the HCAI's.

These are reported and monitored via the IPCOG, which reports monthly to the DIPC via the IPC Assurance Committee.

Patient harm- Pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	8
Surgery, Anaesthetics and Cancer	6

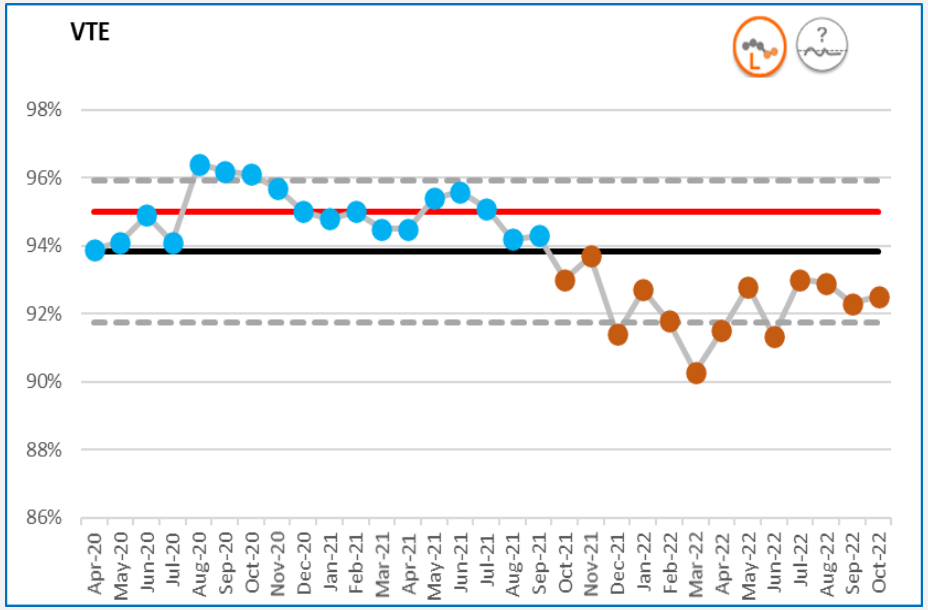
What does the data tell us?

- There were 14 acquired pressure ulcers in November 2022. Of which,12 were category 2 pressure ulcers and 2 were category 3 pressure ulcers with 1 on ward 23 and 1 on ward 17. Both instances are currently being investigated.

What actions are being taken to improve?

- Overarching pressure ulcer improvement plan developed following a thematic review of RCA/SI reports.
- Work is ongoing to ensure all patients have a waterlow and MUST assessment completed on admission and weekly thereafter or when their condition changes.
- All RN staff are completing the mandatory TV training. Compliance with the number of staff who have completed this training is improving and the aim is for all staff to have completed by March 2023.
- Spot checks by ward managers and matrons to ensure waterlow assessments are accurately completed and prevention actions implemented via care plans continues
- Additional bespoke TVN training to wards by the Pressure Ulcer Prevention Nurse.
- All pressure ulcers continue to have an investigation undertaken even if the threshold for an SI is not met. This ensures remedial actions are taken and learning shared. All investigations are reviewed at the Pressure Ulcer Panel Meeting monthly or the SIs are reported via the Nursing Incident Quality Assurance Meeting (NIQAM).

Patient Harm - VTE



What are the main risks impacting performance?

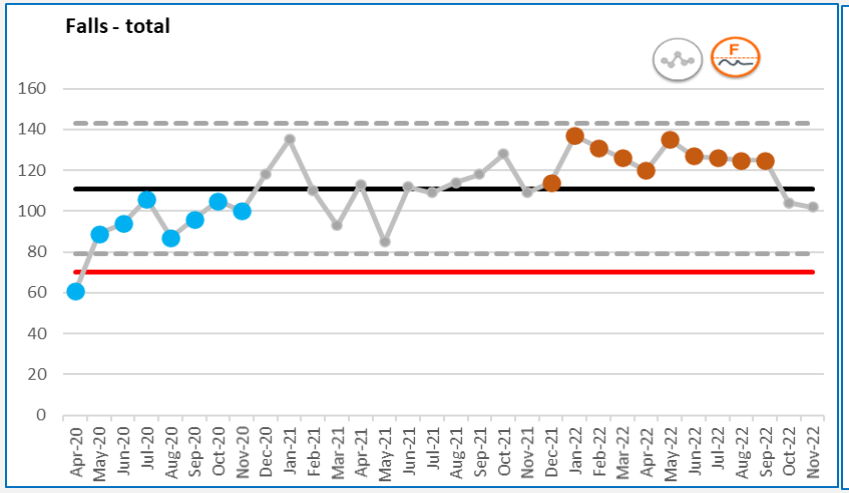
VTE assessment continues to fall below the national target line however, performance is steadily improving in recent months. Despite this recent improvement, special cause concern remains and requires further investigation and remedial action to be taken.

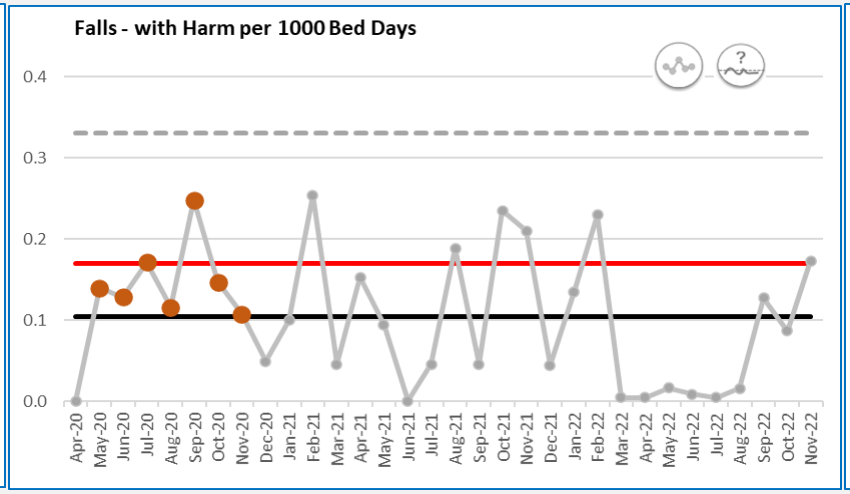
What actions are being taken to improve?

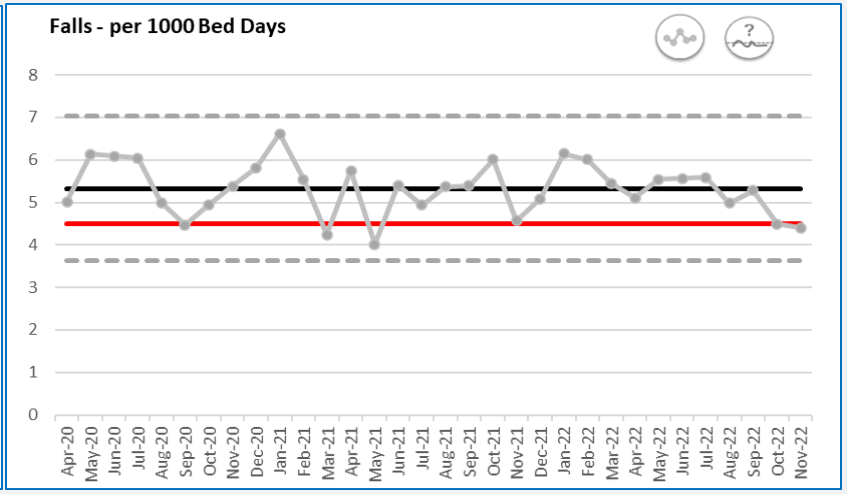
An action plan has been put in place to address the issues. Communication with divisional MDs, CDs, consultants, matrons, and ward managers are taking place to identify any outstanding VTE assessments and to ensure completion in a timely manner. Work continues on accurate consultant allocation and a workshop with all key stakeholders was set up for the end of September 2022 to review the issues and put an improvement plan in place. Divisions will be asked to target certain wards at PRMs and monitoring will continue with notifications sent to consultants. Regular escalation of outlier consultants will be undertaken.

Patient harm- Falls

The Shrewsbury and Telford Hospital NHS Trust







What does the data tell us?

- There was a reduction in the number of falls reported in November 2022, with 102 falls reported compared to 104 falls reported in October. However, this remains above the Trust improvement trajectory.
- The falls per 1,000 bed days reduced for the second consecutive month in November and was reported at 4, which is below the Trust target
- The falls with harm per 1,000 bed days has increased in November 2022, although there were no falls resulting in fractured neck of femur or head injury reported as serious incidents.
- The Trust continues to see falls that result in moderate harm or above for patients.

Patient harm- Falls

The Shrewsbury and Telford Hospital NHS Trust

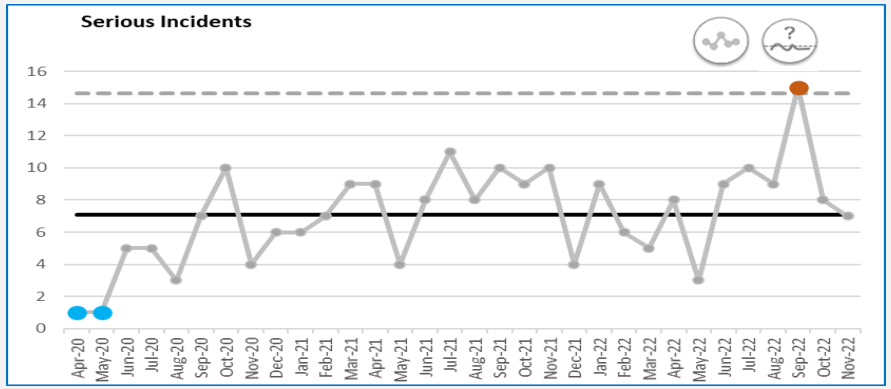
What actions are being taken to improve?

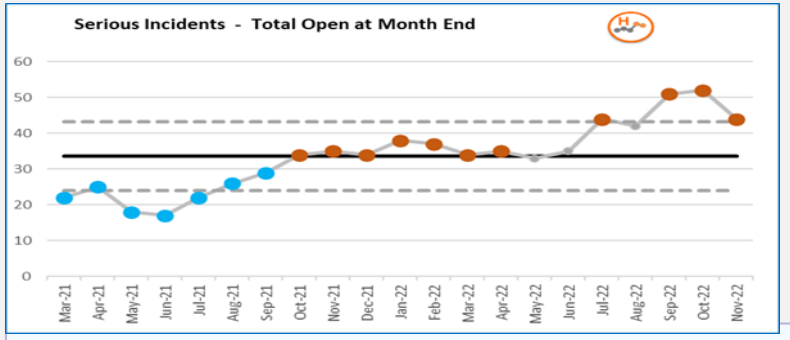
- Continue to ensure all patients have a falls risk assessment on admission and an appropriate falls prevention care plan
- To continue to ensure staff repeat the falls risk assessment and update care plans weekly or when a patient's condition changes.
- Recruitment is underway for the Enhanced Patient Supervision (EPS) team who will support in the clinical areas around cohorting and bay tagging.
- To continue to implement actions including lying and standing BP recording and post falls neuro observations.
- Falls Improvement week was undertaken in November and patient re-conditioning improvements planned for beginning of November 2022.
- All falls are reviewed daily by the quality matron and team. There is a weekly falls review meeting attended by the quality team and divisions where all falls that week are reviewed.
- Ongoing improvement work to ensure all actions in relation to best practice for falls are embedded across the Trust.
- The Quality Team have joined a national initiative called "the re-conditioning games" which encourages patients and the staff caring for them to get involved in games and activities which help maintain and improve independence whilst in hospital

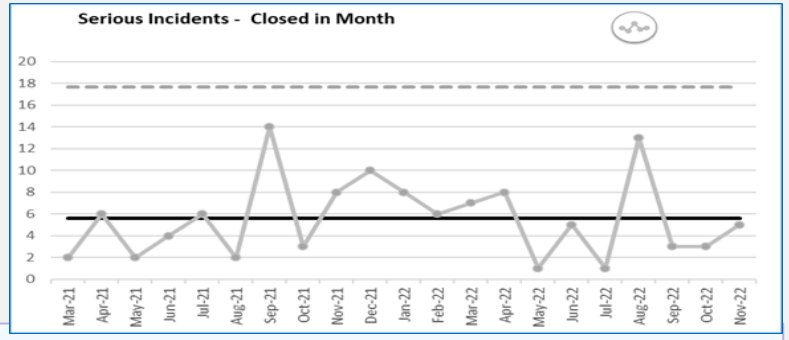
Falls – Total per Division	Number Reported
Medicine and Emergency Care	76
Surgery, Anaesthetics and Cancer	26
Women and Children's	2

Patient harm- Serious incidents

The Shrewsbury and Telford Hospital NHS Trust







SI theme	Number Reported
Delay / failure to implement care	2
Deteriorating patient / Sepsis	1
Death – Intra uterine	1
Delay in Outpatient follow up	1
Diagnosis wrong	2
Total	7

SI - by division	Number reported
Medicine and Emergency Care	4
Surgery, Anaesthetics and Cancer	1
Women's & Children's	2

What does the data tell us?

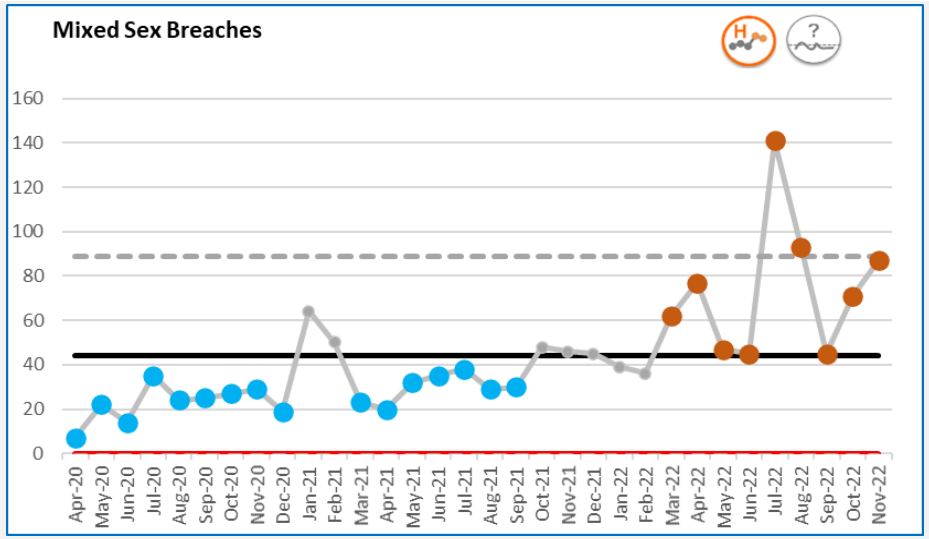
- The number of SIs reported reached its highest figure in recent years. While not uncommon to have a rise in November, this special cause variation will be monitored for trends and themes. No obvious issues have been identified but monitoring is in place for underpinning themes.
- Number of open serious incidents is 44 month, which is slightly increasing and now showing special concern.
- There were 5 serious incidents closed in November. This will also 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.
- Attain sustainable learning from incidents.
- A pulse survey has just closed which aims to test the assumption that the reason why SI reporting has increased is due to an improved reporting culture.

Mixed sex breaches exception report

The Shrewsbury and Telford Hospital NHS Trust



Location	Number of breaches	Additional Information
AMU (PRH)	63 breaches	
ITU / HDU (PRH)	9 primary breaches	5 Medical, 3 H&N, 1 Gynae
ITU / HDU (RSH)	15 primary breaches	4 medical, 11 surgical

What are the main risks impacting performance?

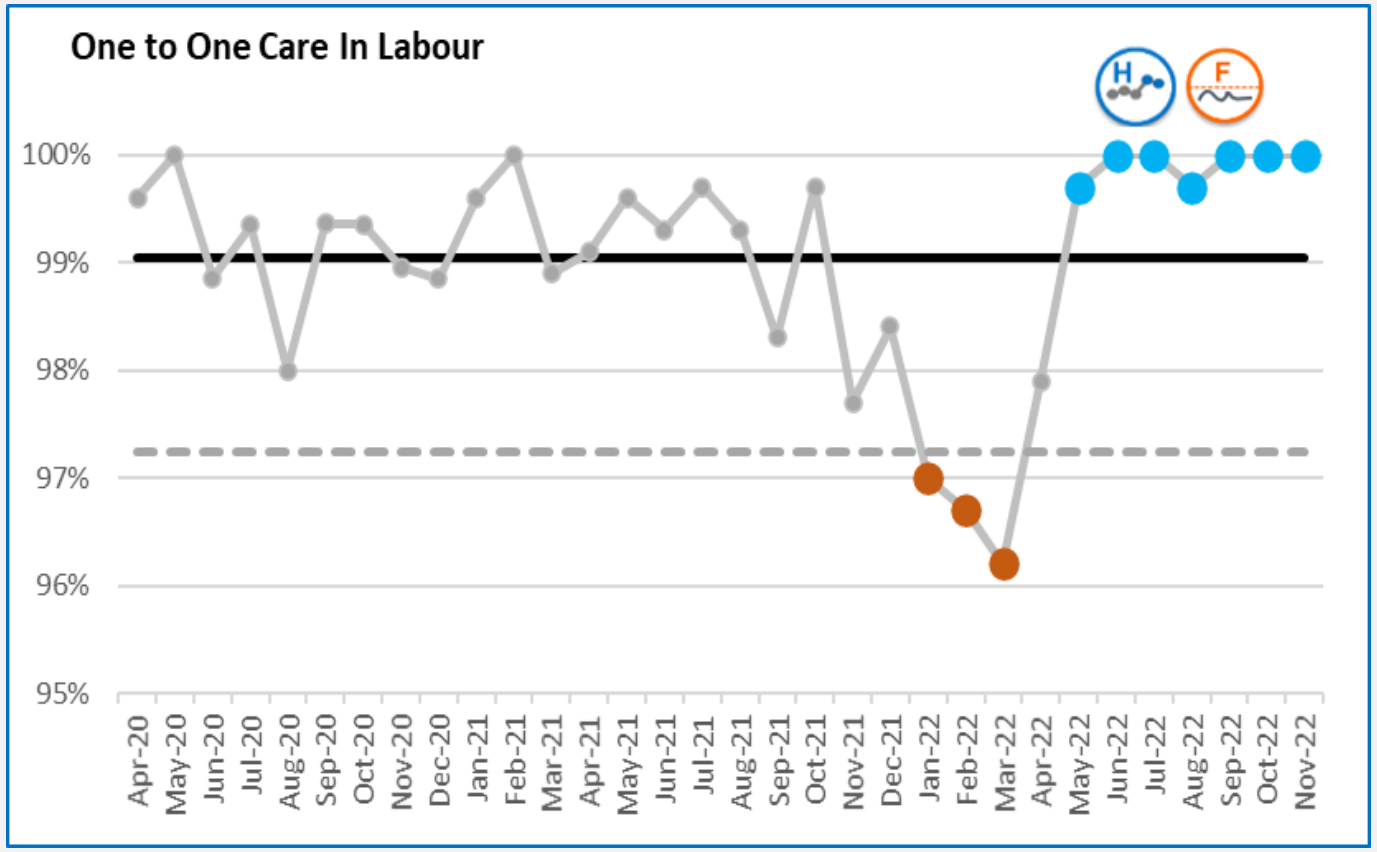
The number of mixed sex breaches is steadily increasing and continues to rise in November 22.

What actions are being taken to improve?

- Although we continue to try to ensure that the assessment area at PRH is not used for escalation overnight for patients, as this results in delays the following day with the ambulatory medical patients returning to the assessment area and also results in mixed sex accommodation breaches, the ongoing capacity pressures in relation to ambulance offload delays and patients in ED requiring beds means that sometimes this area has continued to be used. Delays in step down patients from ITU in a timely manner due to the bed pressures across the Trust also continues.
- 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 up beds earlier in the day for patients to be moved to. The development of the acute medical floor will enable improved acute medical pathways and is expected to have a positive impact on improving the level of breaches taking place.
- The decision to use the assessment area overnight for patients is made with discussion from the Executive on call.
- Curtains and screens are in place to maintain patient dignity if patients are cared for in the assessment area.

Maternity - One to One care in labour

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

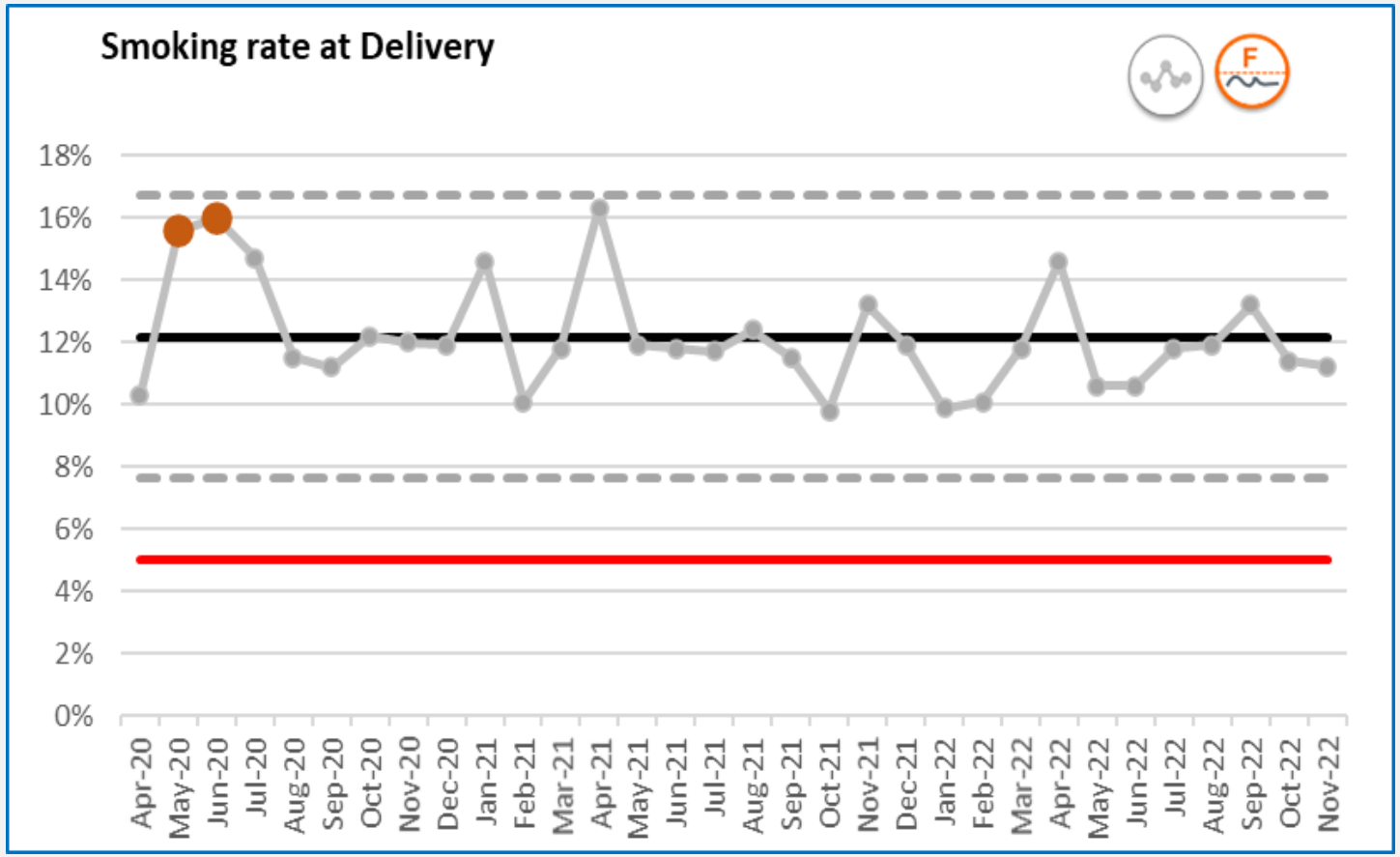
- The provision of 1:1 care in labour is a priority for the service and the result is reassuring that the actions and mitigations in place are effective.
- 100% 1:1 care has been achieved this month.

What actions are being taken to improve?

- Escalation policy which contains detailed information aligned to the regional OPEL framework to support the provision of 1:1 care is now in use.
- Support received from the on-call community team during times of high acuity invoking the escalation policy.
- Cohorting of postnatal women on the delivery suite for care by one midwife to enable the efficient use of available staff.
- Excellent compliance with the use of the Birth Rate + tool to measure acuity.
- A 7-day manager of the day rota to ensure oversight and action out of hours at weekends.

Maternity - Smoking rate at delivery

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

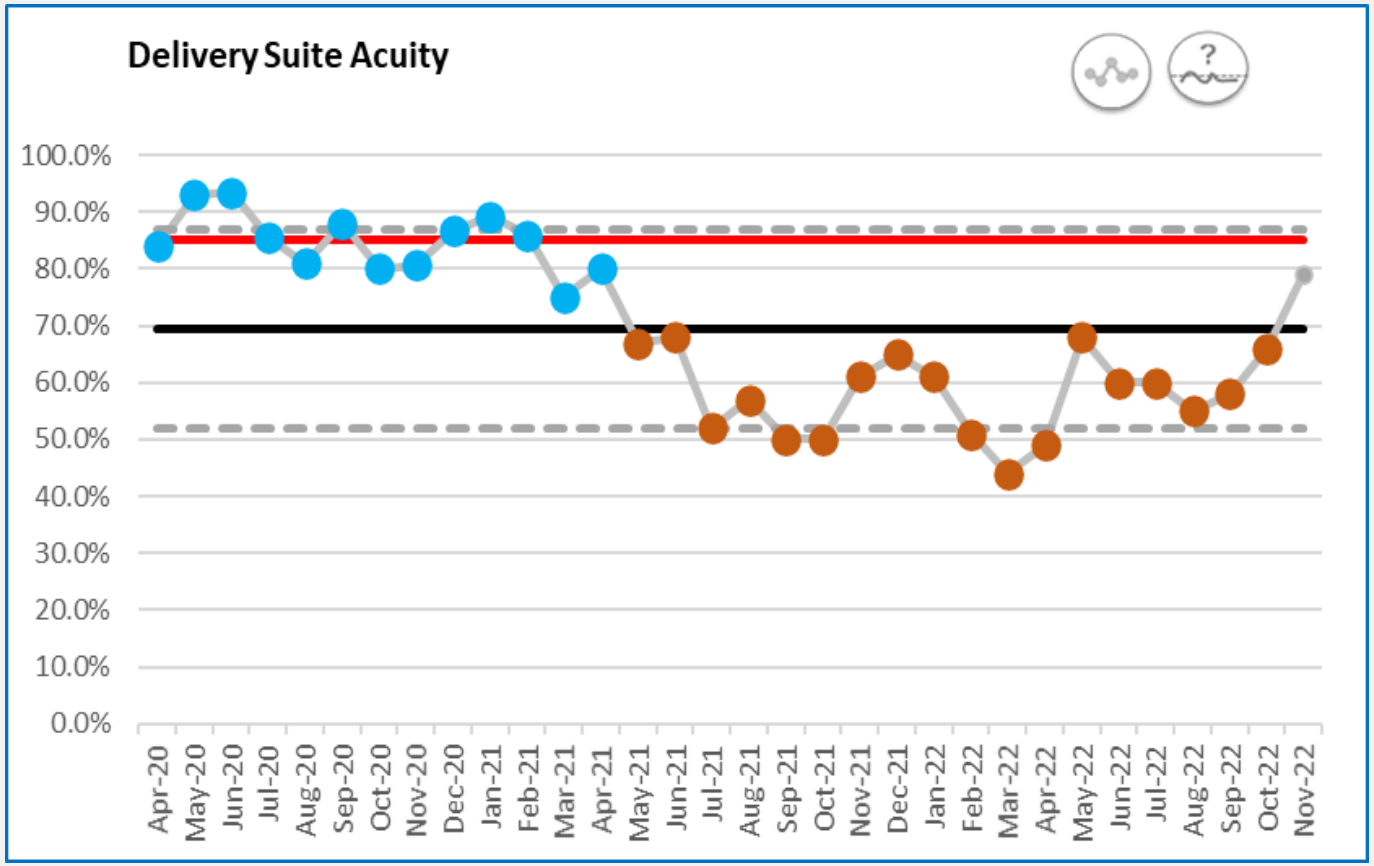
- SaTH provides care within a challenged demographic
- No NRT is provided currently for either women or their partners.
- Reduction in SATOD figures for November 2022.
- No anomalous results evident.
- New government target now for 5% SATOD. SaTH is higher than national average (9.1%) despite consistent reduction of SATOD figures over the last few years.

What actions are being taken to improve?

- Healthy Pregnancy Support Service (HPSS) launched since August 2022. The aim is to address barriers accessing support from our service and reducing inequalities.
- Return to face-to-face home visits. Support and signposting offered to partners who smoke.
- Despite service launch and interventions, may not be able to reach low government targets of 5% for our demographic.
- Majority of ICS not reaching this Government target.

Maternity - Delivery suite acuity

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

- There was an increase in acuity this month, to the highest position since April 2021.
- Staffing levels have improved in line with the vacancy position although there remains a higher-than-average rate of unavailability.

What actions are being taken to improve?

- The service is currently at establishment, which is the first time in 2 years
- Commitment to recruit up to 10 international midwives in 2023 continues, with the first cohort due to arrive this spring
- Proactive management of staffing deficits embedded via weekly staffing meetings which looks ahead as part of a 10-day forecast
- Acuity tool consistently being completed – reassurance of data quality.
- 100% 1:1 care in labour being achieved.
- 100% coordinator supernumerary
- Midwifery apprenticeship programme being worked up as part of long-term workforce plan

Quality Caring & Experience

The Shrewsbury and Telford Hospital NHS Trust

Executive Leads:

Director of Nursing

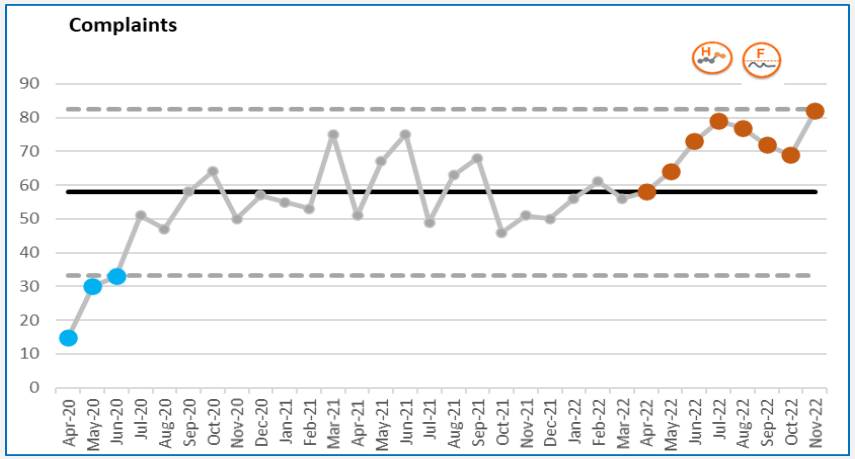
Hayley Flavell

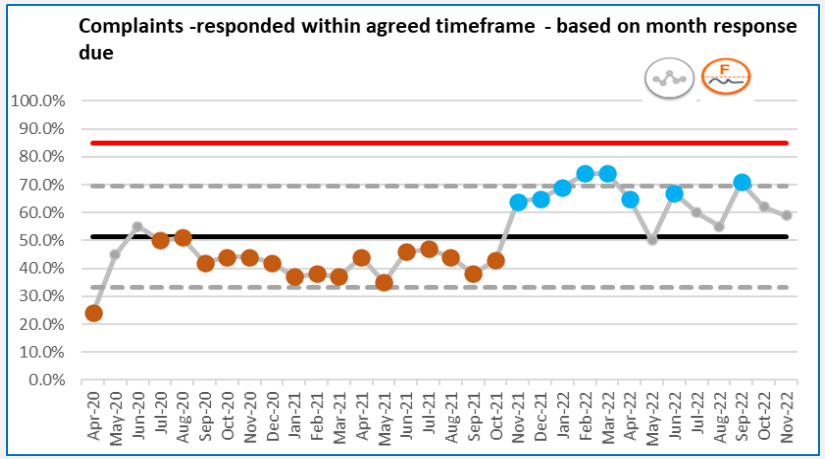
Medical Director

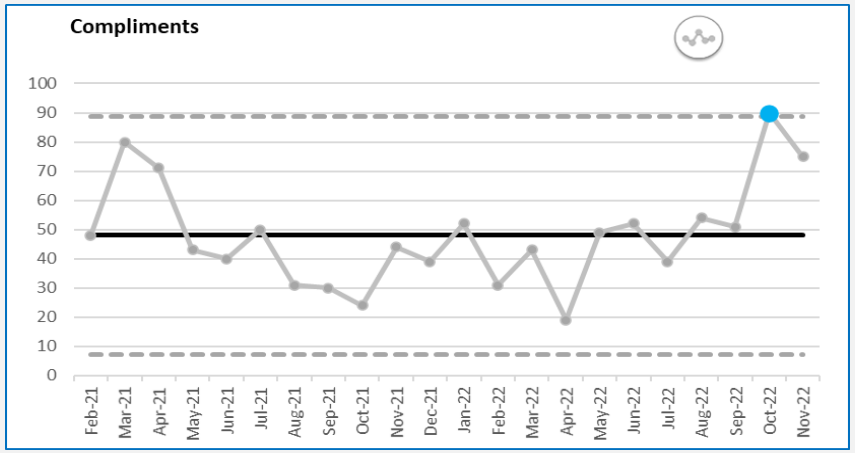
John Jones

Complaints

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

- Numbers remain high and outside of the expected range.
- There has been an increase in complaints relating to staff attitude and patient care, but there is no specific trend noted within this.
- Further improvement is needed to reach the Trust target for responding to complaints.
- Lower response rates are linked with ongoing high levels of demand and clinical pressures.
- The target of providing responses within three working days continues to be met, with 100% of complaints acknowledged within two working days and 79% acknowledged within one working day.
- The number of compliments remains higher, with improved reporting

What actions are being taken to improve?

- Weekly meetings with divisions to review open complaint cases and provide support.
- Regular reviews of open complaint cases and updates provided to complainants.
- Focus on backlog cases and closing the oldest cases
- Regular updates to complainants.

Responsiveness

The Shrewsbury and Telford Hospital NHS Trust

Executive Lead:

Acting 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)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		95%	64%	58.3%	56.0%	56.0%	54.7%	58.3%	58.7%	54.6%	52.5%	53.5%	51.5%	49.6%	49.0%	44.8%	
	ED - 4 Hour Performance (All Types inc MIU) %		95%	-	65.0%	63.3%	63.6%	62.7%	65.3%	66.2%	63.0%	61.8%	62.7%	60.2%	58.3%	57.7%	52.9%	
	ED - 12 Hour Trolley Breaches	R	0	0	322	497	336	307	538	181	392	649	585	632	972	1090	962	
	Ambulance Handover < 15 mins (%)	R	-	-	19%	16%	15%	13%	12%	14%	11%	9%	9%	8%	7%	8%	6%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	36%	30%	32%	30%	29%	33%	25%	23%	26%	24%	20%	28%	22%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%		19%	24%	26%	25%	24%	24%	27%	26%	26%	28%	25%	30%	26%	
	Ambulance Handover > 60 mins (%)	R	0%		26%	29%	27%	33%	36%	29%	37%	41%	38%	39%	48%	35%	46%	
	ED activity (total excluding planned returns)		-	12540	11183	11524	11061	12859	12340	13603	13280	13159	11972	12104	12869	12538	13482	
	ED activity (type 1 excluding planned returns)		-	10282	9383	9658	9314	10879	10251	11385	11115	10988	9947	10114	10639	10374	10764	
	Total Emergency Admissions from A&E		-	-	2785	2750	2672	3013	2863	3061	2957	2899	2782	2851	2842	2763	2838	
	% Patients seen within 15 minutes for initial assessment		-	-	47.1%	43.6%	36.4%	33.3%	32.7%	25.0%	24.0%	22.7%	29.4%	23.5%	20.2%	20.4%	18.1%	
	Average time to initial assessment (mins)				33	39	42	42	37	35	45	41	35	41	43	40	49	
	Average time to initial assessment (mins) Adults				35	43	50	50	47	47	62	56	48	57	66	61	71	
	Average time to initial assessment (mins) Children				23	23	28	34	31	33	38	39	21	35	30	37	57	
	Mean Time in ED Non Admitted (mins)		-	-	221.0	235.8	272.0	255.7	252.3	238.6	271.3	373.1	463.6	397.7	419.0	494.0	615.0	
	Mean Time in ED admitted (mins)		-	-	582.4	664.0	648.8	668.8	697.4	579.7	692.2	759.2	775.2	809.3	1026.0	1106.0	1384.0	
	No. Of Patients who spend more than 12 Hours in ED		-	-	1118	1375	1180	1502	1412	1146	1494	1787	1636	1842	2338	2305	2691	
	12 Hours in ED Performance %		-	-	10.0%	11.9%	10.7%	11.7%	11.4%	8.4%	11.3%	13.6%	13.7%	15.2%	18.0%	18.4%	20.0%	
	Bed Occupancy Rate		92%	-	86.8%	88.1%	87.1%	88.0%	88.9%	89.1%	89.8%	90.0%	90.5%	91.1%	92.2%	92.4%	91.9%	
	Diagnostic Activity Total			-	17497	17321	17243	19410	18151	19577	19208	19353	20098	19124	19426	20421	17856	
	Diagnostic 6 Week Wait Performance %		95%	-	58.7%	60.1%	63.1%	58.6%	58.7%	62.7%	60.7%	59.5%	53.0%	56.5%	58.0%	59.4%	55.3%	
	Diagnostic 6+ Week Breaches		0%	-	5158	5232	5149	6168	5994	5557	5936	6140	6846	6113	6119	6081	6615	
	Total Non Elective Activity		-	-	4831	4736	4718	5203	4869	5169	5030	4878	4717	4714	4786	5049	5035	
	Total elective IPDC activity		-	-	4918	4741	4792	5633	4670	5536	5305	5292	5448	5511	5695	6016	5204	
	Total outpatient attendances		-	-	40515	43663	43424	49931	41600	48976	46892	46031	46451	46924	47407	49430	38570	
	RTT Incomplete 18 Week Performance		92%	-	56.9%	57.6%	58.2%	58.1%	57.6%	58.7%	57.4%	55.7%	54.3%	52.9%	52.7%	52.2%	50.4%	
	RTT Waiting list -Total size	R	-	-	35008	34956	35772	36433	37936	38810	39545	41263	42487	42915	43179	42853	43173	
	RTT 52+ Week Breaches (All)	R	0	2242	2480	2446	2352	2595	2815	2910	3049	3189	3423	3618	3304	3421	3587	
	RTT 78+ Week Breaches (All)	R	0	202	438	367	343	396	436	393	315	315	324	344	313	372	481	
	RTT 104+ Week Breaches (All)	R	0	0	55	59	66	62	62	41	18	15	9	3	0	1	1	
	Cancer 2 Week Wait	R	93%	-	74.5%	68.8%	75.5%	74.5%	71.0%	76.6%	75.9%	77.3%	76.1%	67.5%	70.8%	73.5%	-	
	Cancer 31 Day First Treatment		96%	-	97.4%	80.8%	94.3%	92.1%	91.1%	90.1%	93.0%	93.2%	90.8%	86.7%	93.5%	82.0%	-	
	Cancer 62 Day Standard	R	85%	-	65.5%	43.8%	45.1%	63.9%	52.6%	50.0%	55.0%	55.5%	51.1%	45.9%	50.4%	47.7%	-	
	Cancer 28 Day Faster Diagnosis	R	75%	-	62.1%	48.2%	63.4%	56.3%	60.7%	63.7%	64.0%	65.0%	61.9%	56.0%	59.5%	55.8%	-	

Operational summary

The Shrewsbury and Telford Hospital

The Emergency Pathway has been under continued pressure through December with the Emergency Departments on both sites continuing to be impacted by limited flow out of the departments to the bed base. The acute floor has opened at RSH creating a co-located Acute Medical Assessment Area (AMA), Acute Medical Unit (AMU) and Short Stay Unit. At present, 3 bays and the assessment area within AMA have been opened. The remaining two bays (including the high dependency area) will open upon further recruitment of staff. Overseas cohorts are commencing in post end January/beginning of February. The benefits expected once all the building work is complete and the AMA is fully opened are reduced time in ED for admitted patients, reduced 12-hour breaches and reduced ambulance offload delays.

December saw the first day of industrial action by ambulance staff. This created a significant impact the day before as the immediate handover of 32 patients across both sites was enacted. Significant pressure was seen in both emergency departments over this period and additional escalation space was required in corridors to support patients. There was also a surge in paediatric attendances through December due to a rise in RSV/Strep A/Scarlet Fever. This placed pressure for ED and for the paediatric wards/PAU and for paediatric bed capacity across the country.

In the RTT non-admitted and admitted pathways, work continues to improve performance across several challenged specialties including Urology, T&O, Cardiology, Respiratory Medicine and Gynaecology. RTT elective waiting lists remain high due to persisting patient flow pressures and consistently high numbers of patients who are medically fit for discharge. To help address this, additional insourcing activity remains in place at weekends. SaTH achieved the target of 0 patient waits exceeding 104 weeks in December and is on trajectory to deliver 0 in January. As our focus moves to addressing the current 78+ week waits, there are plans in place to deliver a year end position of 512 (against the operating plan target of 212). Significant investment is required to achieve this which exceeds the funding (ERF) available in this financial year. We are working with system partners and NHSE to address these challenges. Mutual aid is being requested from NHS and independent sector partners.

Cancer two week wait performance remains below the national standard. There has been a sustained increase in 2 week wait referrals, exceeding pre-Covid levels, and there is limited capacity to be seen within 2 weeks in gynaecology, haematology, and lung.

The number of patients waiting over 62 days for cancer diagnosis and treatment improved in November but increased at the end of December from 506 to 538 and has increased further in January. Radiology/ reporting, endoscopy and urology/uro-oncology consultant workforce remain significant causative factors. Additional outsourced radiology capacity was introduced in December which is expected to increase the number of patients having a decision to treat from February. There is an operational planning requirement for colonoscopy referrals to be accompanied by a FIT test result. The current rate is 15% and the requirement is to have achieved 80% by April 1st. This has been escalated to the ICS and NHSE to find an urgent resolution.

The date for the CDC to become operational has slipped to July as a result of ongoing delays in obtaining sign-off of the lease documents. The programme has been redesigned to mitigate the impact of this as far as possible. CT scanning performance has been prioritised and maintained at >90% in December, but MRI performance, though improved during November, remained well below the national standard.

Operational - Emergency care

The Shrewsbury and Telford Hospital NHS Trust

What are the main risks impacting performance?

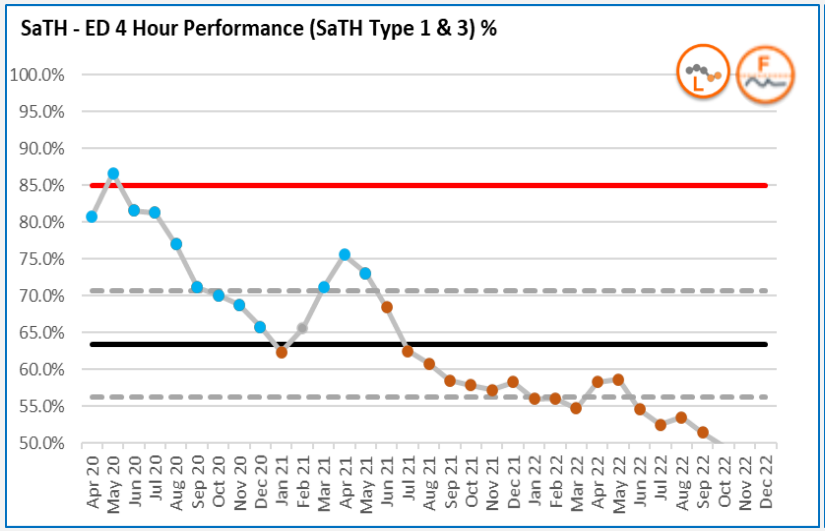
- Increased demand through December, particularly children due to RSV/Scarlet Fever/Strep A infections.
- Industrial action by WMAS on 21st December created challenges with immediate offload from mid-afternoon on 20th December.
- Flow out of ED continues to be a significant issue with high numbers of MFFD patients and a reduction in the number of complex discharges through December.
- Profile of discharges still weighted later in the day creating significant pressures and ambulance offload delays in ED.
- Direct referrals referred to ED and the bedding down of AMA at PRH also impacts on flow.
- Staffing pressures due to recruitment challenges and sickness absence across deep bed base and ED.
- Workforce and physical capacity constraints (particularly at PRH) continue to cause issues in meeting the demand for both walk in and ambulance arrivals, which leads to bottlenecks in the department.

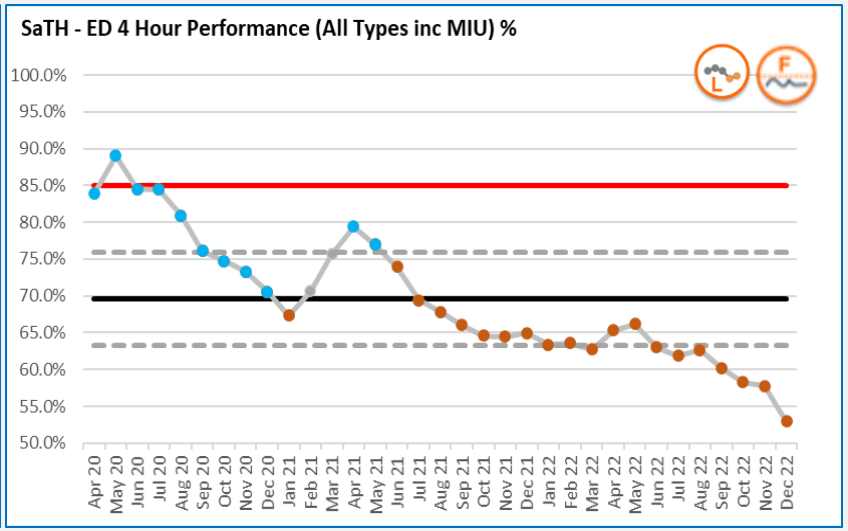
What actions are being taken to improve?

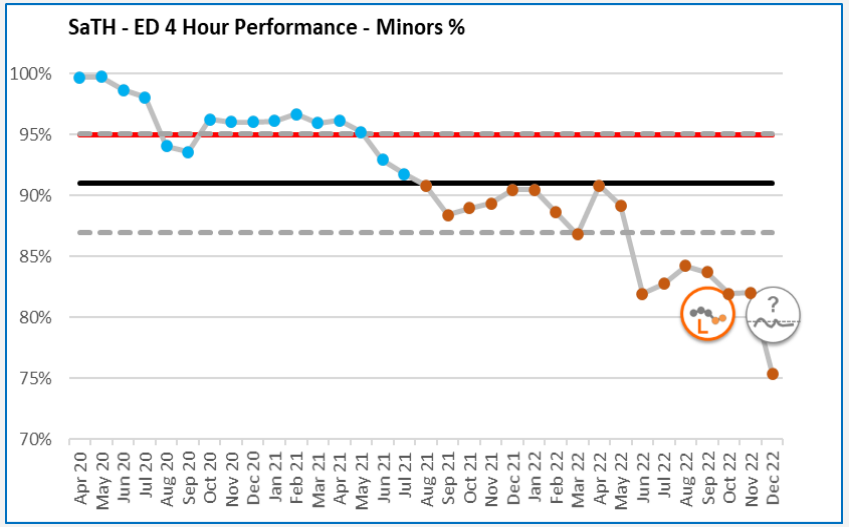
- Flow improvement programme is being led by the Interim Deputy COO & Divisional Programme manager – now progressing with wards 6/7/10/11/15/16 all commenced
- Ambulance Receiving Area (ARA) at PRH and RSH. RSH ARA in place staffed by SaTH & WMAS. PRH ARA is being run at a cost pressure to the Division. Location at PRH is currently in DSU theatres/recovery. Bid for modular drop in ARA outside PRH ED expected to be supported and implemented by the end of March 2023.
- The 'Next Patient' model continues to be a significant focus to support early discharge and flow.
- Acute Floor opened in December to 3 bays and an assessment area. Opening of the remaining 2 bays (including enhanced care area) is dependent on continued recruitment and a trajectory for full opening is being reviewed. Cohort of overseas nurses are commencing in post at the end of January. Some further estates work is required to complete the staff room and handover area however, fire stopping works are now in place which allows the building work to be completed in the coming weeks
- PRH SDEC reconfiguration is awaiting a completion date for building works, which will see an increase in trollies available.
- ED transformation programme launched September 2022 continues.
- Redirection tool has been piloted in PRH ED from 31st October 2022 with minimal impact to date but we are reviewing options to increase the impact.
- Business case for CYPU at PRH has been completed and this is to be included in operational plan 2023/24.
- MaDE took place on the 14th-20th of December and focussed on long stay patients and supporting Home for Christmas.

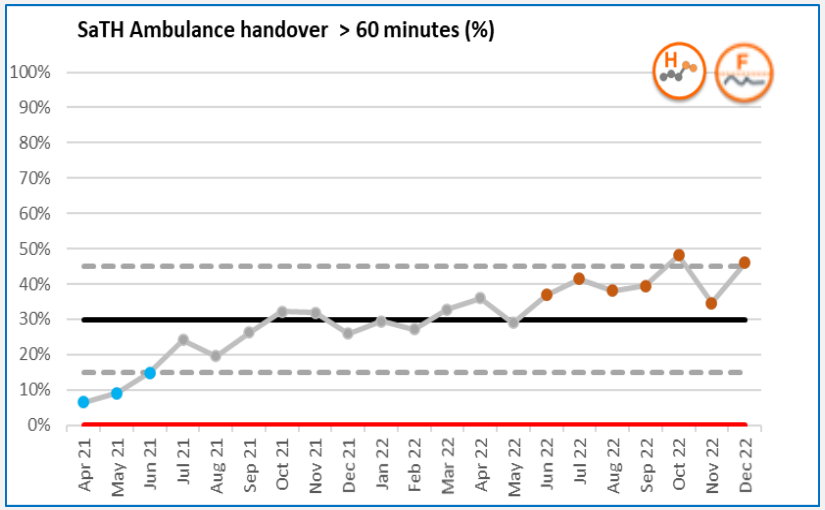
Operational - Emergency care

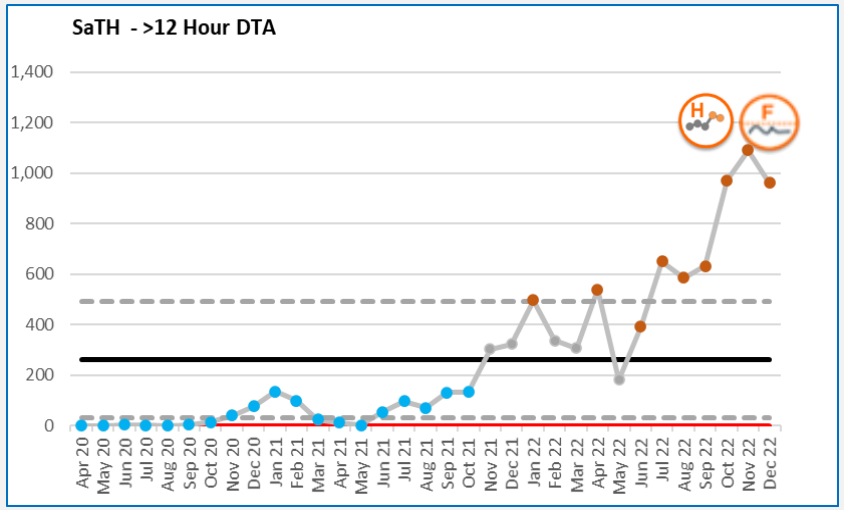
The Shrewsbury and Telford Hospital NHS Trust







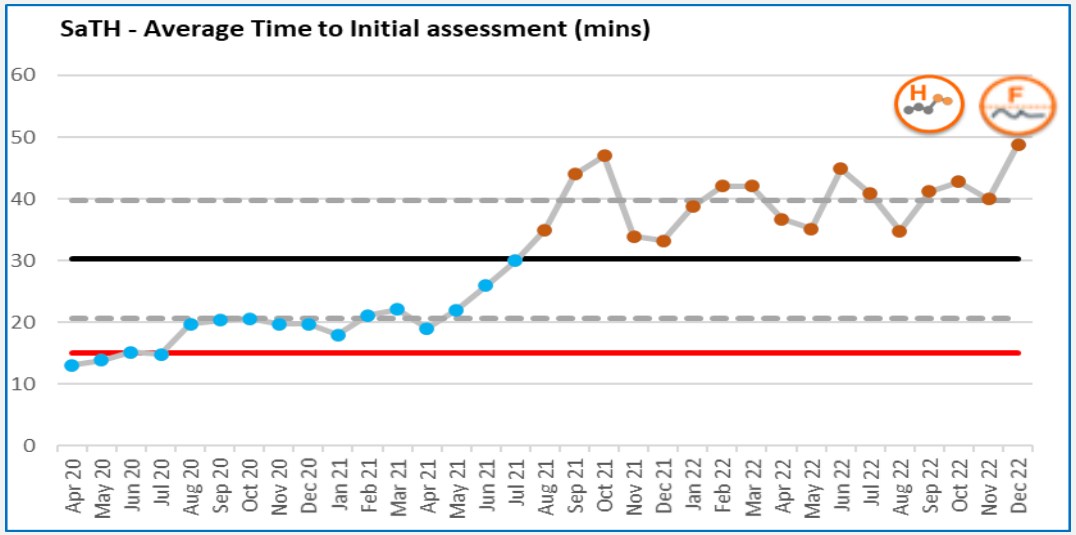


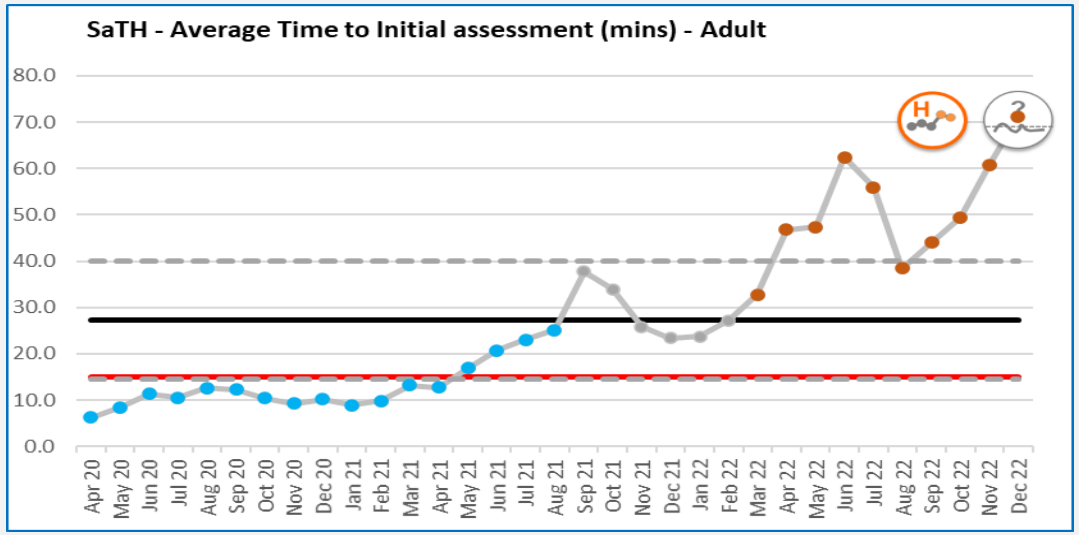


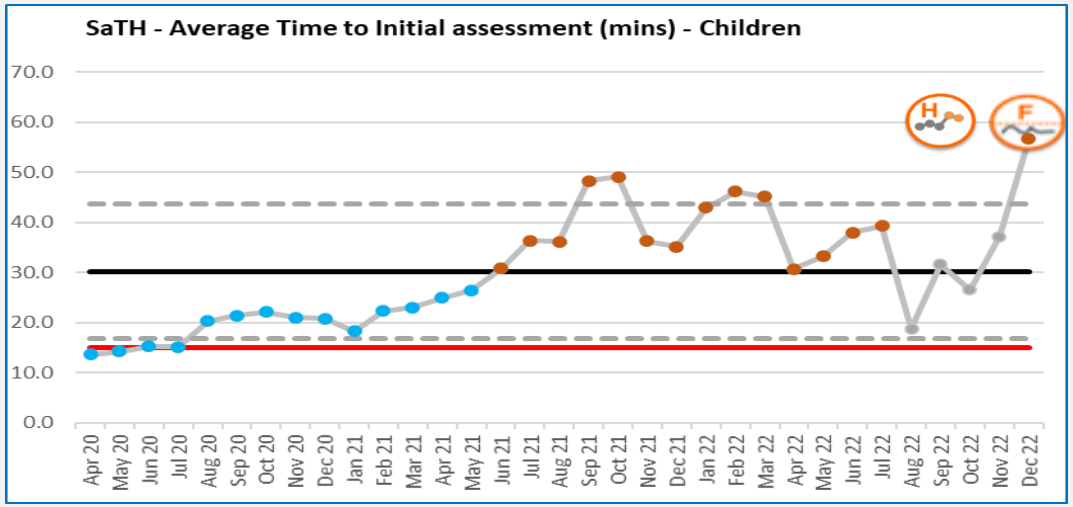
- ED performance was impacted in December 2022 due to an increased level of paediatric attendances, ambulance immediate offloads due to the Industrial action and overall bed capacity due to high acuity of patients with COVID-19 and flu symptoms.

Operational - Emergency care

The Shrewsbury and Telford Hospital NHS Trust



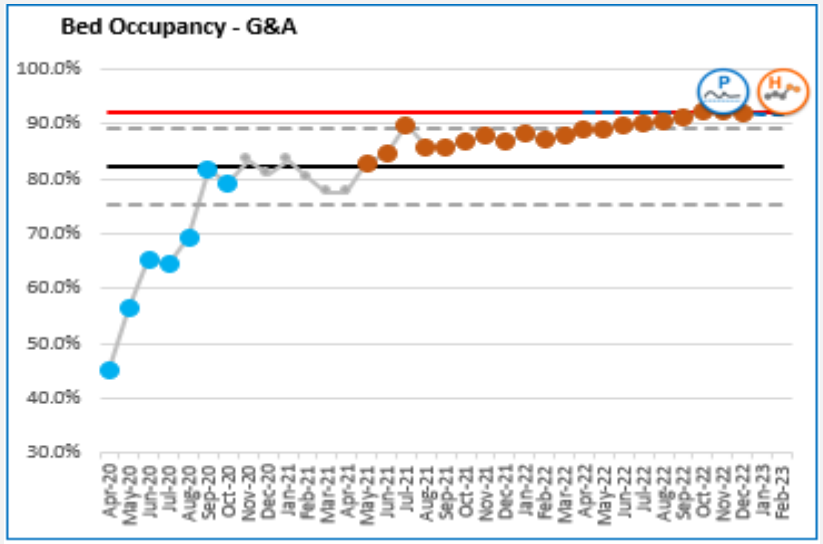


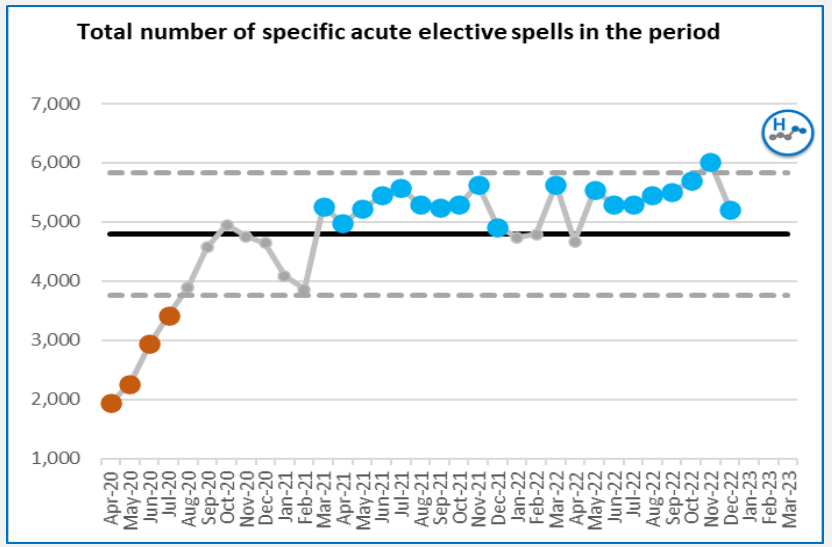


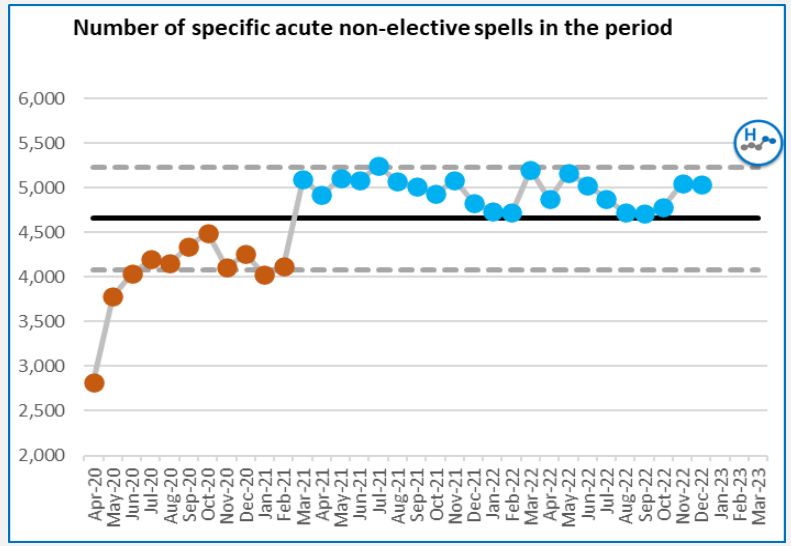
- Time to initial assessment has been impacted by the increased attendances in ED due to the RSV/Scarlet Fever/Strep A surge in paediatrics.
- Increased flu and COVID-19 through December also impacted on the space in ED to see patients for initial assessment.

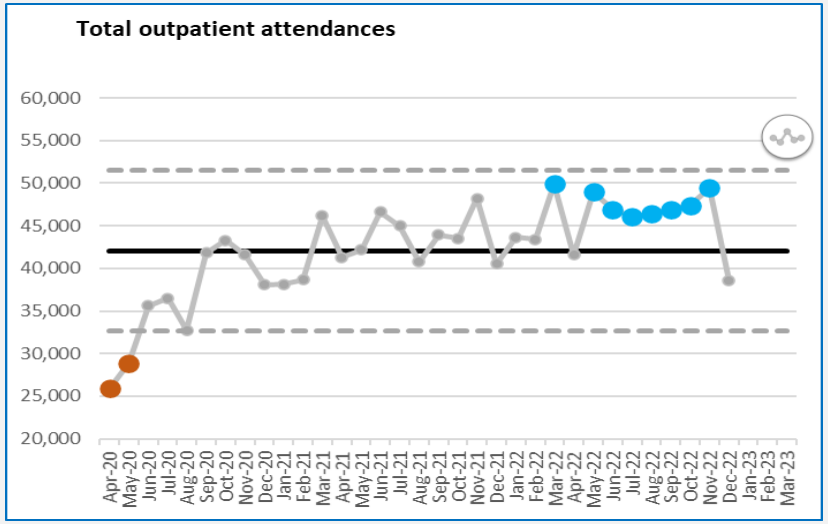
Operational – Activity and bed occupancy

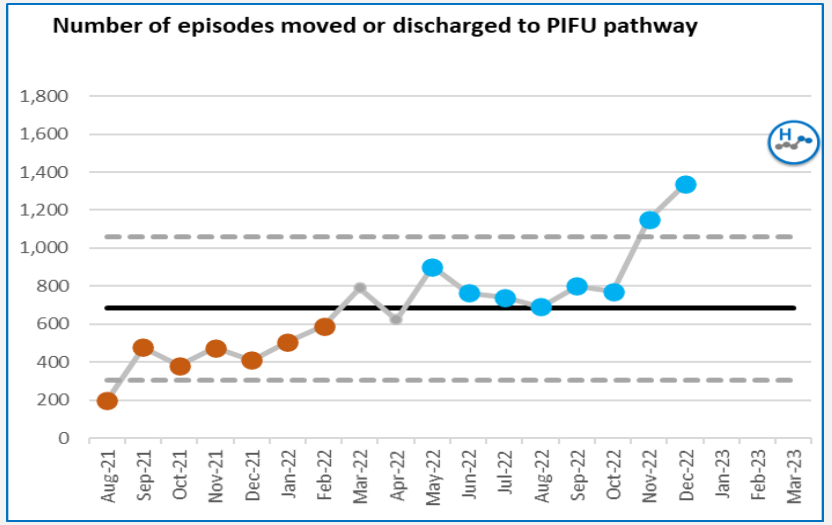
The Shrewsbury and Telford Hospital NHS Trust





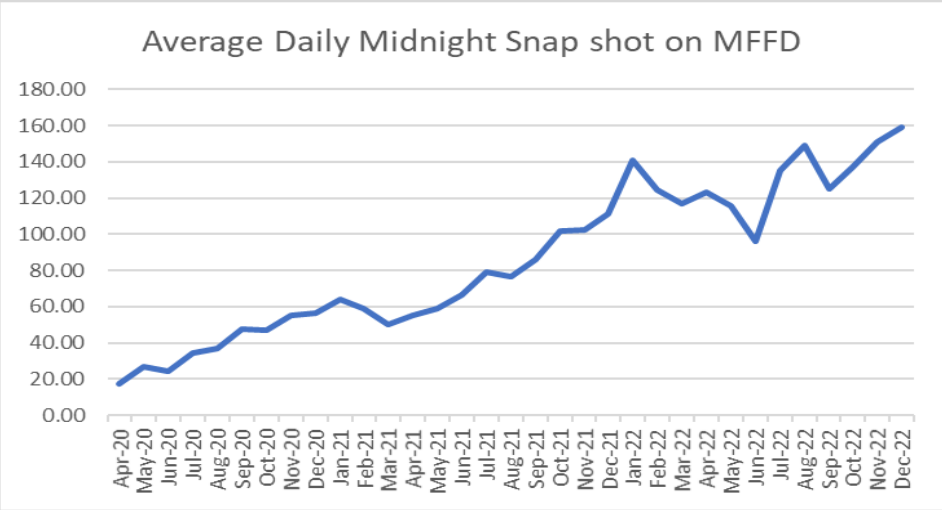


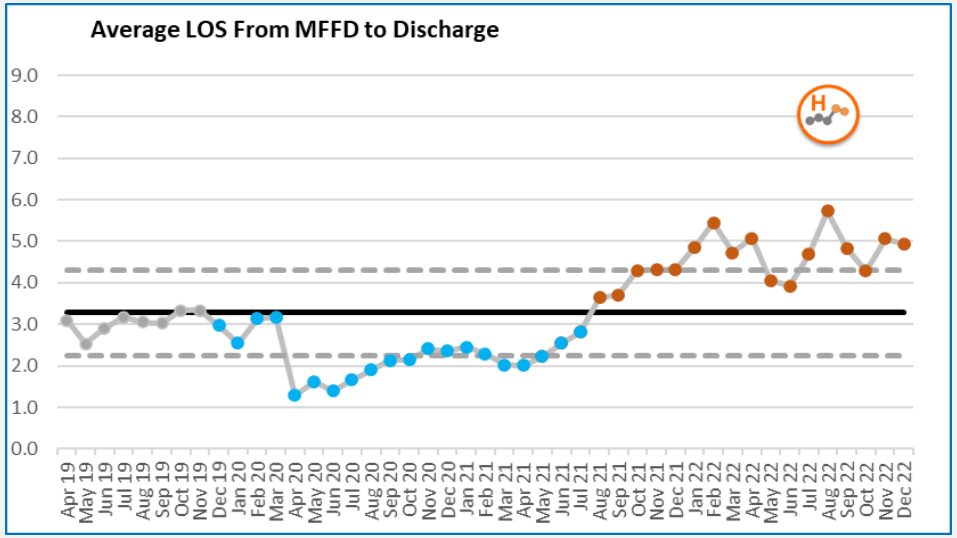




Operational – Patient flow

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

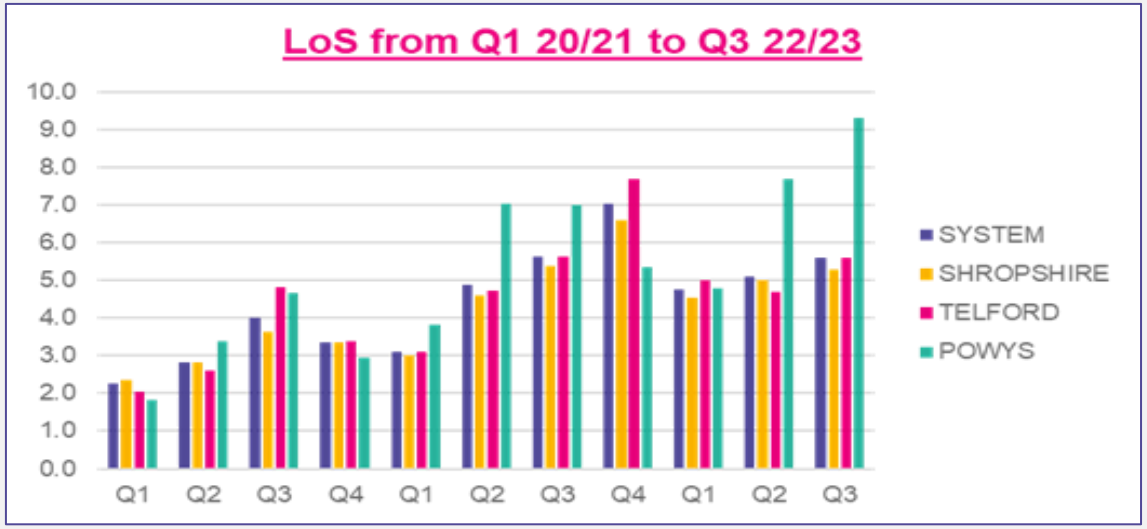
- Overcrowding in EDs due to reduced patient flow is resulting in long ambulance handover delays.
- Staff vacancies in nursing, medical, AHP and operational staff groups.
- Acuity of patients arriving in the EDs is increasing.
- Increased length of stay remains since COVID-19 lockdown in March 2020.
- Increasing number of patients who are medically fit for discharge, which is consistently >120 per day since December 2021.
- Lack of domiciliary and care home provision in the community to receive and care for these patients.
- Poor staff morale.

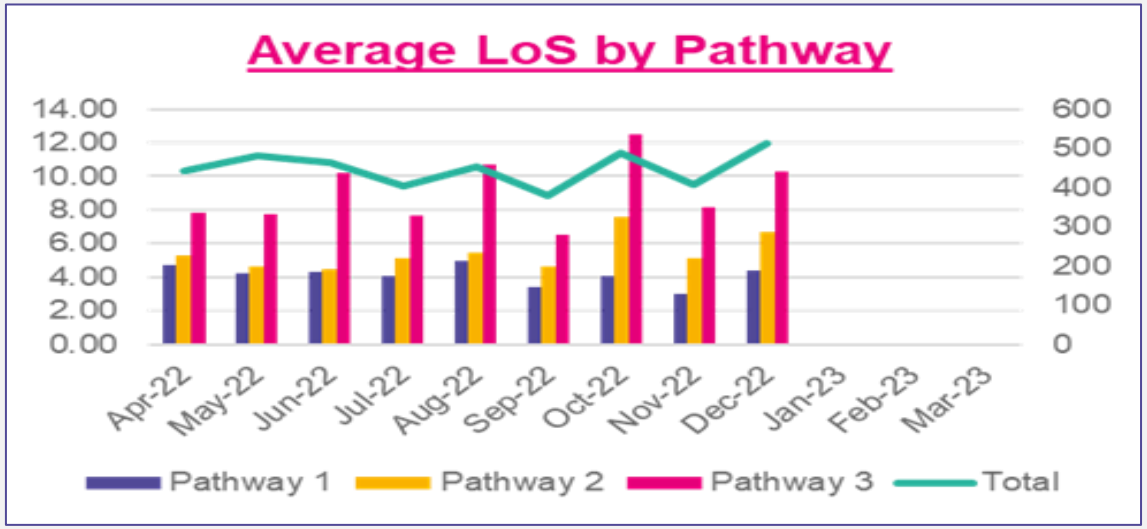
What actions are being taken to improve?

- Flow improvement programme led by the Deputy COO.
- Increased focus on internal SaTH systems and processes to ensure timely 'simple discharges'
- Introduction of 'Next Patient' initiative within SaTH to improve flow through ED and reduce ambulance handover delays.
- Increase in the use of the discharge lounge on both sites.
- Development of a System control centre in December 2022 to facilitate system conversations on actions to support timely discharge.
- 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.
- Introduction of virtual ward and pathway development to support step down from acute to community services.
- MaDE event – Home for Christmas from 14th December.

Operational – Complex Discharges

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

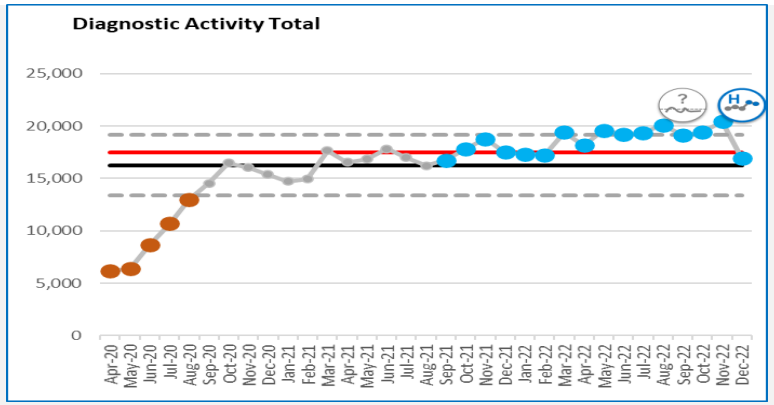
- The length of stay from MFFD to discharge across all pathways and MFFD rates increased in December when compared to November.
- The length of stay from MFFD to discharge increased in Q3 in all local authority areas.
- Powys length of stay has a further increase in LOS in quarter 3 of 2022/23 and this is impacting on bed days and flow.

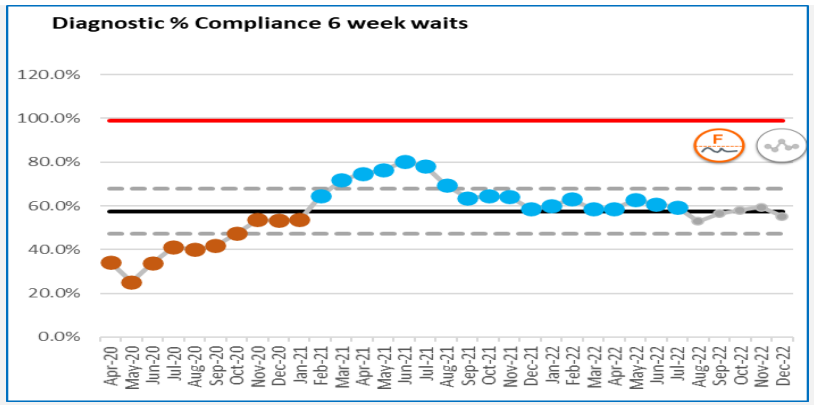
What actions are being taken to improve?

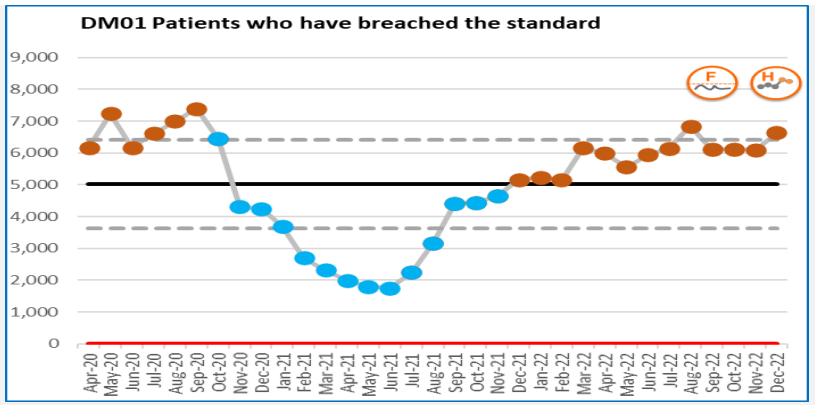
- Over 21-day reviews, which commenced in mid-October, are being undertaken on all wards on a weekly basis.
- Long stay escalation meeting has been reviewed and takes place with each local authority in attendance to focus on over 21 day patients with specific external delays.

Operational - Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

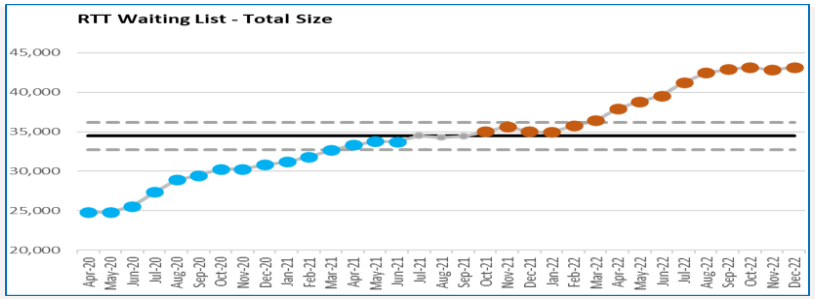
- Radiology reporting delays of up to 9-14 weeks for urgent MRI and 9-13 weeks for urgent CT has become a significant issue, with reports that patient care is being compromised.
- Long-standing vacancies in all modalities continue to restrict capacity with reduced resilience during periods of sickness or annual leave. CT scanner currently open for WLI Cardiac CT lists when staffing allows. MRI scanner in POD has reduced from 5 to 3 days per week from January due to staff attrition and unexpected absence.
- Clinical prioritisation of radiology referrals and reporting for the most-urgent patients, however, this is delaying recovery of the routine backlog.
- Staff continue to be deployed to prioritise acute and cancer pathway, with a resultant impact on routine capacity.
- CT and MRI contrast media shortages have now stabilised with no impact currently on service delivery; however, this is under constant review.
- Global shortage of Technetium has resolved following the re-opening of the generators. However, we continue to monitor the situation.

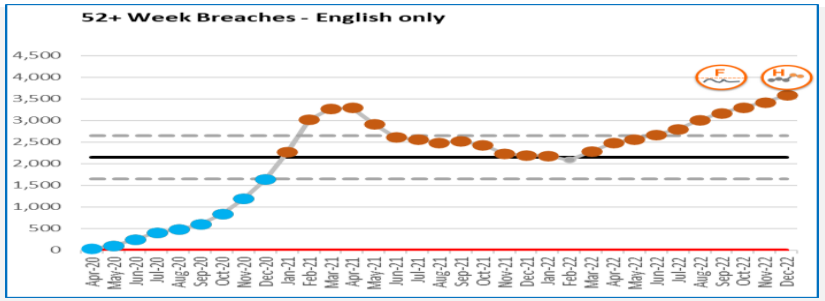
What actions are being taken to improve?

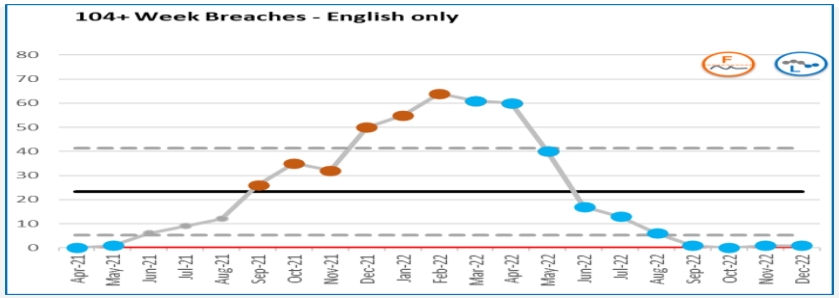
- Additional outsourced reporting commenced 1/12/2022 providing additional capacity for 100 CT and 100 MRI reports per week.
- Plain X-ray insourced reporting commenced beginning of December 2022. Together with in-house WLI, this has resolved the plain X-ray reporting backlog. WLIs are now underway to resolve the appointment backlog.
- On-site independent sector mobile CT and MRI scanners, along with US insourcing, continue to provide additional capacity and non-urgent CT scanning performance is now >90%. Business cases for additional mobile scanning, including reporting, needed in this financial year have been submitted to support recovery from increased demand in non-admitted and cancer pathways.
- Ongoing recruitment for Radiologists and Radiographers. Second cohort of 10x band 5 international Radiographers have arrived, with 2x band 6 arriving in January and May
- Use of agency and bank staff to cover workforce gaps and insourcing for US.
- Enhanced payments/WLIs are encouraging additional in-house clinical and reporting sessions across all modalities to address outstanding backlogs.
- Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent and cancer patients.

Operational - Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust







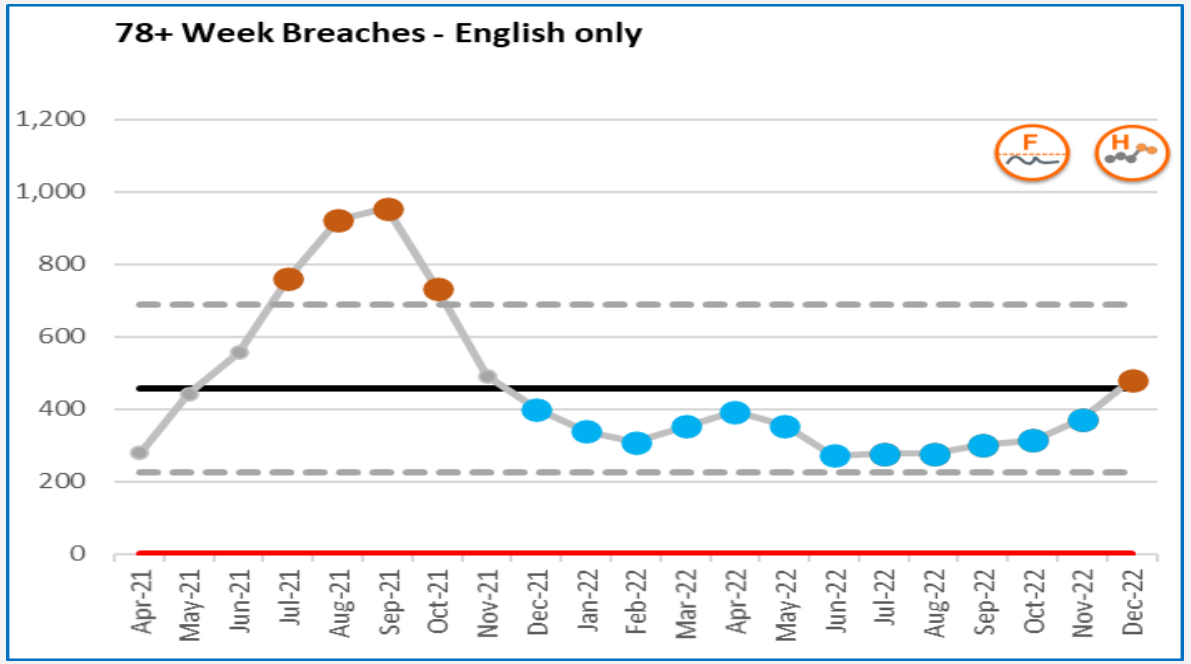
What are the main risks impacting performance?

- The total waiting list size remains high and continues to be larger than planned. This is due to persisting emergency pressures across both sites.
- Medical escalation of the DSU at PRH into two bays and side rooms is resulting in only eight elective DSU trollies being available.
- Increase in cancer referrals as these are prioritised over routine activity and 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 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 however we have had significant sickness and 5+ members of staff due to go on maternity leave. 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 78+ weeks continues and lists are allocated on clinical need. Optimising of the Vanguard theatre is in place and continued use of insourcing at weekends. We are also exploring options for mutual aid in challenged specialties.
- Weekly recovery meetings are also in place and 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. All specialties are pulling together revised PIFU/Virtual plans to be presented to the outpatient transformation meeting on the 25.1.23
- We are exploring mutual aid options for challenged specialties, and have a proposed interim plan for the elective orthopaedics meeting 20.1.23
- Phase 1 of the Elective Hub is underway and will be operational from June 2023. Phase 2 will be operational from January 2024.
- Teams working with the Performance and BI team, are pulling together subspecialty 78-week improvement trajectories for challenged areas.

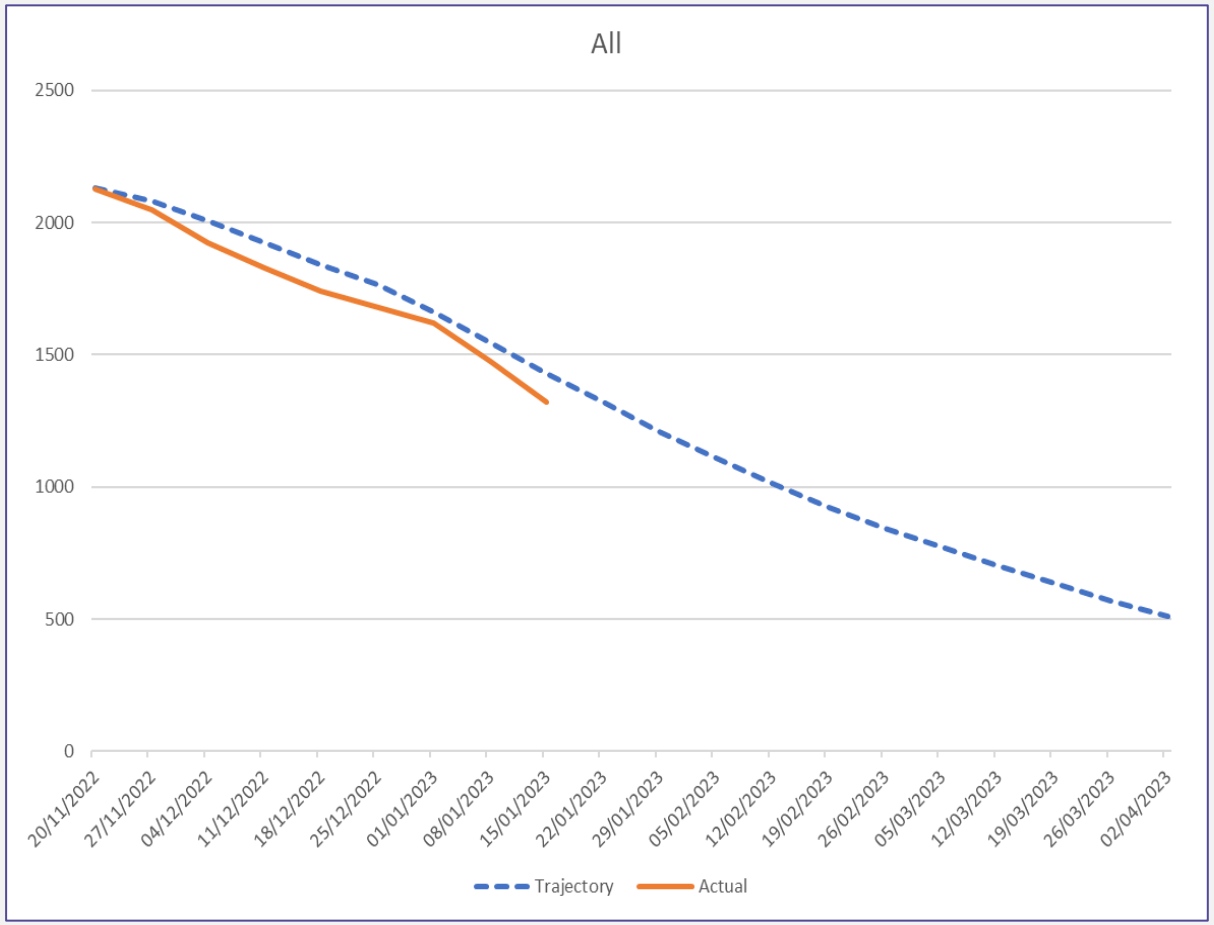
Operational - Referral to treatment (RTT)



- National reporting of patients waiting 78 weeks and over records those patients who are currently waiting this length of time (or longer). This performance is represented in the total breaches chart and shows a month-on-month increase is taking place with 481 patients currently waiting 78 weeks or longer.
- We are some way off achieving our target of 211 patients waiting 78 weeks by the end of March 2023. Our revised trajectory is 512. We are working with each of the specialties to develop robust trajectories for improvement and factoring in a range of interventions that will further improve the position. There is a further cohort of patients who are currently likely to breach 78 week waits in the first months of 2023/24, so it is imperative that as much progress is made as possible on these trajectories.
- The next slide shows delivery against the overall improvement trajectory and specialty level breakdown of patients waiting more than 78 weeks, highlighting the most challenged areas.

Operational – 78 plus Weeks Trajectory at 23/1/23

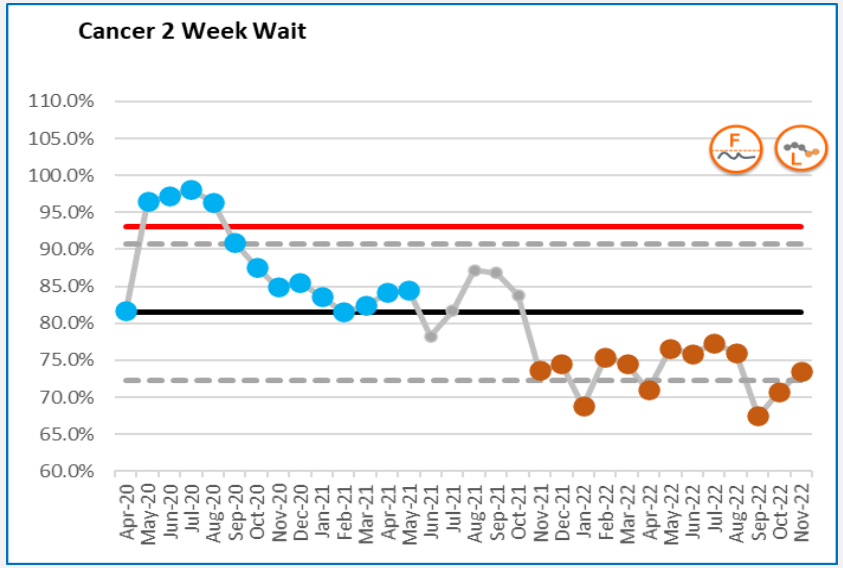
The Shrewsbury and Telford Hospital NHS Trust

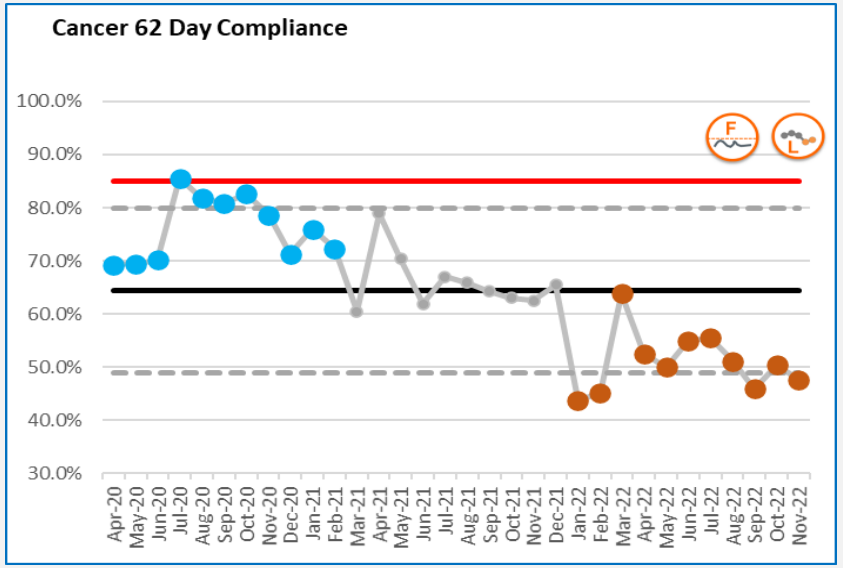


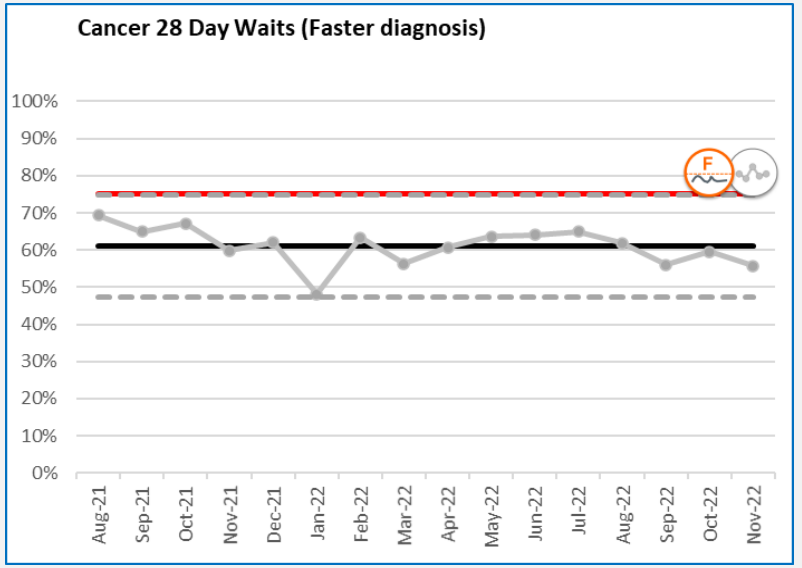
		System op	Current	Revised traj	Current anti	Diff
101	Urology	38	559	207	207	169
502	Gynaecology	54	252	202	202	147
340	Respiratory	8	56	31	0	23
320	Cardiology	6	27	2	0	-4
110	TAO	31	104	104	104	73
420	Paeds	0	5	0		0
106	Upper GI	1	39	0		-1
130	Ophthalmology	0	0	0		0
120	ENT	15	0	0		-15
107	Vascular	1	48	21	0	20
104	Colorectal	0	62	34	0	34
140	Oral Surgery	44	5	5	0	-39
301	Gastroenterology	9	33	24	0	16
302	Endocrinology	0	0	0		0
Other	Other	3	0	0		-3
		210	1190	630	512	420

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, which is impacting on delivery of the 2 week wait standard in Dermatology, Breast, Gynaecology, Skin, Head & Neck, Haematology, Urology, UGI and Lung. This is in part due to radiology capacity for the one stop clinics in breast and gynaecology and consultant capacity in lung and haematology, but overall demand is exceeding pre-COVID levels.
- Diagnostic capacity does not meet demand, and this was a significant issue prior to COVID-19. Total turnaround times for an urgent CT contrast scan grew to 17-20 weeks in December (MRI 16 weeks).
- Surgical capacity has not returned to pre-COVID-19 levels. Capacity at tertiary centres for surgery is impacting on pathways resulting in additional delays for treatment.
- Several MDT sites are reliant on locum staff and/or a third-party providers e.g., urology, oncology, head & neck & skin.

Operational - Cancer performance

The Shrewsbury and Telford Hospital NHS Trust

What actions are being taken to improve?

- Weekly NHSE tier 2 monitoring/meetings remain in place.
- Teledermatology pilot, due to commence in December 2022 in the Shrewsbury Primary Care Network, is delayed until 23rd January due to IT issues within the Primary Care remote workspace.
- Triaging of colorectal urgent suspected cancer referrals is now in place but only 15% of referrals are sent in from GPs with a FIT result. A request for support was made to Shropshire, Telford & Wrekin ICB in October to request that GPs only refer in once FIT result is known. However, to date there has been no confirmation of support received and the outcome of discussions with GPs has not improved compliance. The issue is been escalated weekly at the monitoring meetings with NHSE. An urgent solution is now required to meet the operational planning objective of 80% compliance by 1st April 2023.
- 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.
- Weekly internal cancer performance and assurance meetings are in place to monitor improvement actions for challenged sites.
- Second outsourced reporting provider for radiology is in place and reporting 200 CT/MRI reports per week. Quality of reports has been met with approval and plans are in place to commence mpMRI prostate reports in January 2023.
- Funding secured from WMCA to insource SAH Diagnostics to undertake 40 local anaesthetic trans perineal prostate biopsies (and report histology results). A site visit is booked for 17th January to progress and confirm a date for procedures.

Operational - Cancer backlogs (at 16/1/23)

The Shrewsbury and Telford Hospital NHS Trust

104s					
Cancer Site	Confirmed Cancer With DTT	Confirmed Cancer Without DTT	No Confirmed Cancer Without DTT	No Confirmed Cancer With DTT	Total
Breast	3				3
Colorectal	4	3	34		41
Gynaecology	3	3	15		21
Haematology			2		2
Head and Neck	2	2	12	2	18
Lung		2	3	4	9
Skin	1		8	7	16
Upper GI	3		5		8
Urology	9	26	44		79
Grand Total	25	36	123	13	197

Backlog								
Cancer Site	Backlog	Treated	Adjusted Backlog	With DTT	Without DTT	Without DTT - No Current Diagnosis	TCI In Next 7 Days	To Join Backlog In Next 7 Days
Breast	13	1	12	9	4	1	0	5
Colorectal	201	0	201	13	188	181	5	45
Gynaecology	99	1	98	3	96	93	5	27
Haematology	6	0	6	1	5	3	0	0
Head And Neck	46	2	44	4	42	38	5	7
Lung	24	3	21	6	18	14	1	2
Skin	72	33	39	36	36	29	13	9
Upper GI	20	2	18	3	17	16	0	5
Urology	228	2	226	13	215	170	1	47
Total	709	44	665	88	621	545	30	147

What are the main risks impacting performance?

- The table on the left shows the number of patients who have breached 104 days by tumour site. 197 patients breached 104 days at 16/1/23, 123 of whom have no cancer diagnosis and no decision to treat. These are all highly complex cases requiring multiple rounds of diagnostics and discussion by the multi-disciplinary team.
- The table on the right shows a breakdown of the number of patients who breached a 62 day wait for treatment by tumour site.
- At the end of December there were 538 patients waiting over 62 days for treatment. This number has risen following the holiday period and is monitored weekly. Accounting for the number of patients treated in the previous week, the adjusted backlog has risen to 665 at 16/1/2023.
- Of the 665, there are 621 patient currently without a decision to treat and 545 without diagnosis, with the greatest challenges in colorectal, urology and gynaecological tumour sites.

Activity vs operational planning

The Shrewsbury and Telford Hospital NHS Trust

- The operational activity plan includes activity provided by our core services, our additional internal interventions and the 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 due to emergency pressures impacting on elective recovery. Recovery against the 2019/20 baseline is also seeing a similar picture however, outpatient attendances are exceeding 2019/20 levels.
- There are very long waits for 1st outpatient appointments in some of our most challenged specialties e.g., the next available routine 1st appointment in urology for an adult is June 2025. Other specialties with similarly long waits are T&O, Cardiology, Respiratory and Gynaecology.
- Work is underway to look beyond the aggregate position and to identify specific specialties or patient cohorts that are showing larger variances of recovery to ensure targeted improvement can take place.

Total first outpatient attendances	April	May	June	July	August	September	October	November	December	YTD
19/20 Baseline	14,420	15,850	14,859	16,673	14,419	15,057	16,640	13,834	13,169	134,921
22/23 Actual	14,487	18,102	16,814	16,518	16,525	17,285	17,314	17,781	13,678	148,504
22/23 Plan	16,116	17,120	18,056	20,165	17,768	18,663	20,367	17,244	16,193	161,692
22/23 vs Baseline	100.5%	114.2%	113.2%	99.1%	114.6%	114.8%	104.1%	128.5%	103.9%	110.1%
Actual vs plan	89.9%	105.7%	93.1%	81.9%	93.0%	92.6%	85.0%	103.1%	84.5%	91.8%

Total follow up outpatient attendances	April	May	June	July	August	September	October	November	December	YTD
19/20 Baseline	29,958	30,804	28,545	32,543	27,012	27,255	30,341	28,244	25,388	260,090
22/23 Actual	27,113	30,874	30,078	29,513	29,926	29,639	30,093	31,649	24,892	263,777
22/23 Plan	29,229	29,093	31,749	35,527	29,845	30,038	33,873	31,310	27,943	278,608
22/23 vs Baseline	90.5%	100.2%	105.4%	90.7%	110.8%	108.7%	99.2%	112.1%	98.0%	101.4%
Actual vs plan	92.8%	106.1%	94.7%	83.1%	100.3%	98.7%	88.8%	101.1%	89.1%	94.7%

Activity vs operational planning

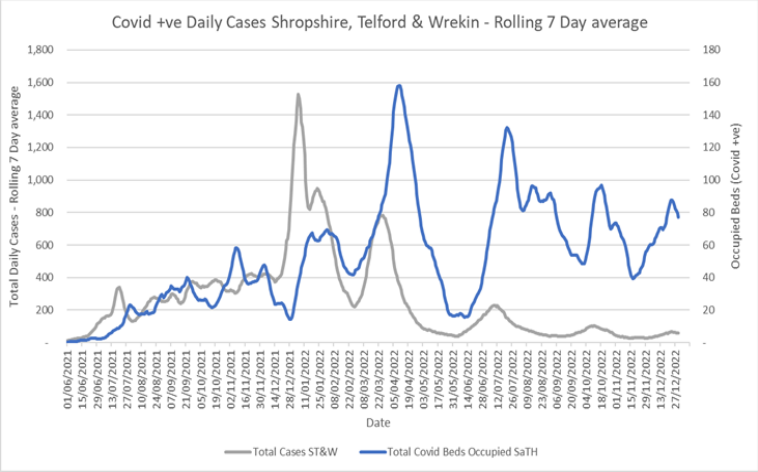
The Shrewsbury and Telford Hospital NHS Trust

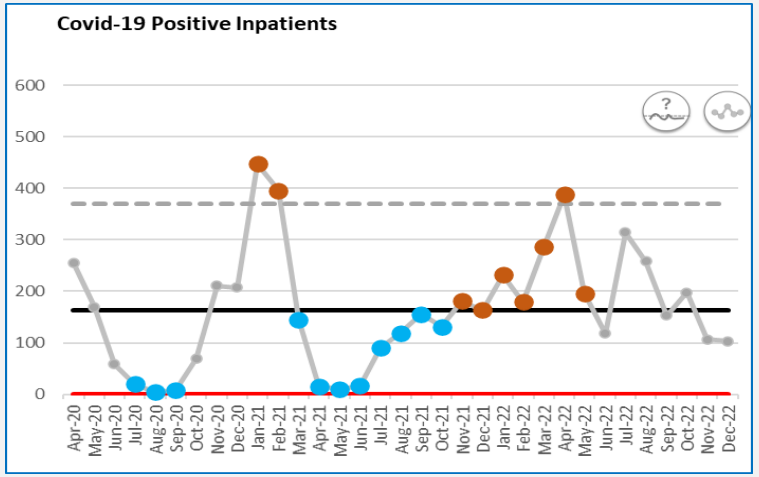
Total number of specific acute elective spells in the period	April	May	June	July	August	September	October	November	December	YTD
19/20 Baseline	329	385	426	488	408	384	438	417	371	3,646
22/23 Actual	193	296	281	285	268	269	316	292	280	2,480
22/23 Plan	163	279	487	553	471	449	492	480	437	3,812
22/23 vs Baseline	58.7%	76.9%	66.0%	58.4%	65.7%	70.1%	72.1%	70.0%	75.5%	68.0%
Actual vs plan	118.4%	106.0%	57.7%	51.5%	56.9%	59.9%	64.2%	60.8%	64.1%	65.1%

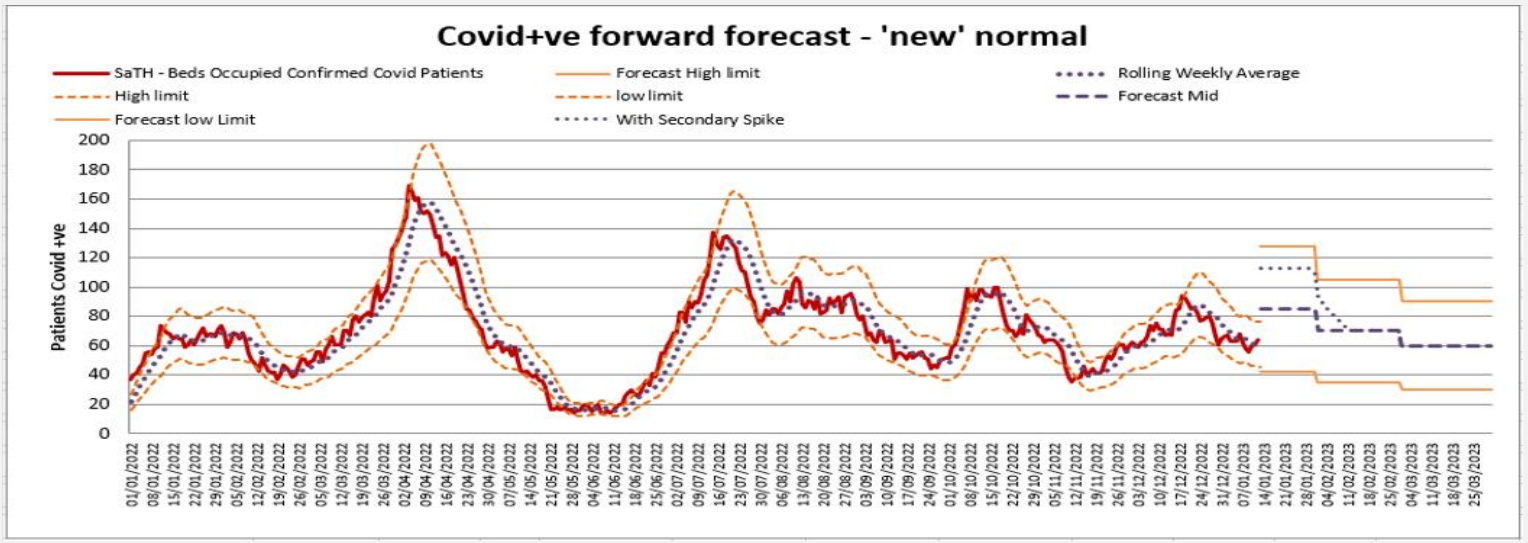
Total number of specific acute elective day case spells in the period	April	May	June	July	August	September	October	November	December	YTD
19/20 Baseline	4,997	5,434	5,015	5,406	4,944	4,980	5,427	5,159	4,792	46,154
22/23 Actual	4,477	5,240	5,023	5,007	5,180	5,242	5,379	5,724	4,924	46,196
22/23 Plan	4,560	5,123	6,214	6,658	6,140	6,221	6,679	6,564	6,145	54,304
22/23 vs Baseline	89.6%	96.4%	100.2%	92.6%	104.8%	105.3%	99.1%	111.0%	102.8%	100.1%
Actual vs plan	98.2%	102.3%	80.8%	75.2%	84.4%	84.3%	80.5%	87.2%	80.1%	85.1%

Number of specific acute non-elective spells in the period	April	May	June	July	August	September	October	November	December	YTD
19/20 Baseline	4,809	5,120	4,889	5,099	4,843	4,864	5,224	5,175	4,963	44,986
22/23 Actual	4,511	4,798	4,656	4,512	4,316	4,353	4,423	4,683	4,706	40,958
22/23 Plan	5,659	5,612	5,504	5,745	5,467	5,497	5,898	5,846	5,588	50,816
22/23 vs Baseline	93.8%	93.7%	95.2%	88.5%	89.1%	89.5%	84.7%	90.5%	94.8%	91.0%
Actual vs plan	79.7%	85.5%	84.6%	78.5%	78.9%	79.2%	75.0%	80.1%	84.2%	80.6%

Operational - COVID-19







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 considering the modelled impact of the likely additional wave in the winter months.

Although System level predictions are applied with caution as the progression of Covid-19 and new variants is still relatively unknown, modelling was correct in anticipating an increase in Covid admissions throughout December. However, the predicted peak of January took place earlier and we are currently experiencing the decline. We continue to monitor progression daily against this trajectory to ensure we are planning in the best way possible for any potential increases.

Well Led

The Shrewsbury and Telford Hospital NHS Trust

Executive Leads:

Director of People and Organisational Development

Rhia Boyode

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)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend
Well Led	WTE employed		-	6959	6051	6061	6095	6137	6104	6158	6166	6148	6157	6219	6270	6321	6318	
	Temporary/agency staffing		-	-	658	767	800	859	806	836	839	878	911	857	881	954	920	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.5%	1.0%	1.1%	1.9%	1.0%	0.9%	1.1%	1.4%	1.3%	1.3%	1.2%	1.1%	1.0%	
	Vacancies - month end		10%	<10%	9.7%	9.4%	8.8%	8.2%	10.0%	9.3%	9.0%	9.3%	9.2%	9.2%	10.4%	10.0%	10.1%	
	Sickness Absence rate		4%	4%	6.5%	7.5%	5.9%	7.2%	4.8%	4.8%	5.6%	7.1%	5.9%	5.5%	6.0%	5.9%	7.2%	
	Trust - Appraisal compliance		90%	90%	82%	78%	80%	81%	80%	81%	81%	80%	82%	80%	81%	82%	81%	
	Trust Appraisal – medical staff		90%	90%	88%	90%	92%	93%	92%	93%	94%	92%	91%	91%	89%	89%	89%	
	Trust Statutory and mandatory training compliance		90%	90%	83%	83%	83%	82%	80%	80%	81%	83%	85%	86%	88%	89%	88%	
	Trust MCA – DOLS and MHA		90%	90%	77%	78%	79%	79%	73%	73%	77%	78%	78%	80%	81%	83%	82%	
	Safeguarding Children - Level 2		90%	90%	83%	88%	88%	84%	83%	83%	85%	87%	89%	89%	90%	91%	89%	
	Safeguarding Adult - Level 2		90%	90%	81%	86%	87%	87%	81%	84%	83%	85%	86%	87%	89%	89%	88%	
	Safeguarding Children - Level 3		90%	90%	85%	85%	87%	76%	75%	77%	78%	78%	78%	79%	82%	83%	81%	
	Safeguarding Adult - Level 3		90%	90%	62%	63%	65%	60%	56%	71%	57%	67%	71%	75%	80%	84%	84%	
	Monthly agency expenditure (£'000)			4632	2893	2585	2598	3376	2998	3297	3351	3498	3604	3553	3177	4064	4632	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Bank and Agency
Usage continues at a high level, despite increases in staff in post as a result of high levels of escalation areas. Recruitment to the bank continues to rise each month. Significant effort has been made to ensure that the Trust remains compliant on the use of Agency workers in line with the agency rules by NHS England. Collaborative work continues between teams to be able to support the operational delivery required by the Trust whilst making progress though the workforce efficiency programme.

Vacancies
At the end of Month 9, vacancies have remained at 10%. Vacancies have increased in nursing to 126 WTE an increase of 11 WTE and there has been a reduction in medical vacancies by 3 WTE now at 106 WTE. The Trust will need to work hard to recruit and retain staff in a difficult environment.

Turnover
Turnover has reduced slightly and is now 14.2% as of Month 9. The rate of leavers continues at roughly the same rate each month. Benchmarking against other acute trusts is underway to understand where we rank, although the current challenges this Trust and other acute trusts face is well documented.

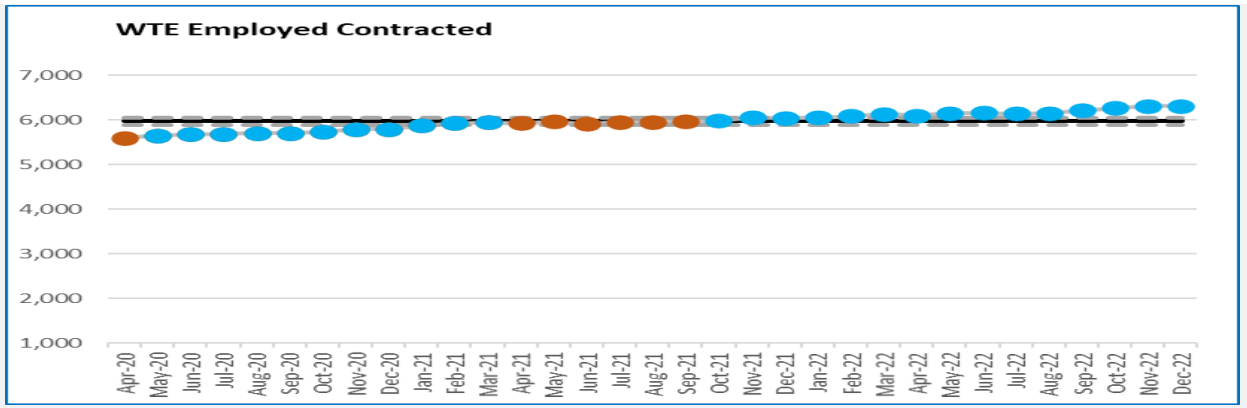
Sickness
At the end of Month 9 sickness continues to run above target at 7.2% vs 4.0%, the estimated cost of absence is £1.3 million. We are currently sourcing benchmarking data within other acute trusts for long term and short-term sickness rates to understand where we rank and if our targets are set correctly for 23/24.

Appraisal
Levels for both medical and non-medical continue to improve with gradual increases being achieved in the last 12 months, although the last couple of months have seen no improvement or a decrease. An improvement plan is in place to achieve the KPI target of 90%.

Mandatory Training
The Trust has increased its compliance rate to 89%, 1% away from our target of 90%. Despite this, the Trust needs to maintain this upward trajectory of improvement. The compliance rates for MCA and safeguarding slightly reduced in December 2022, this was expected and follows normal trends for December compliance.

Workforce

The Shrewsbury and Telford Hospital NHS Trust

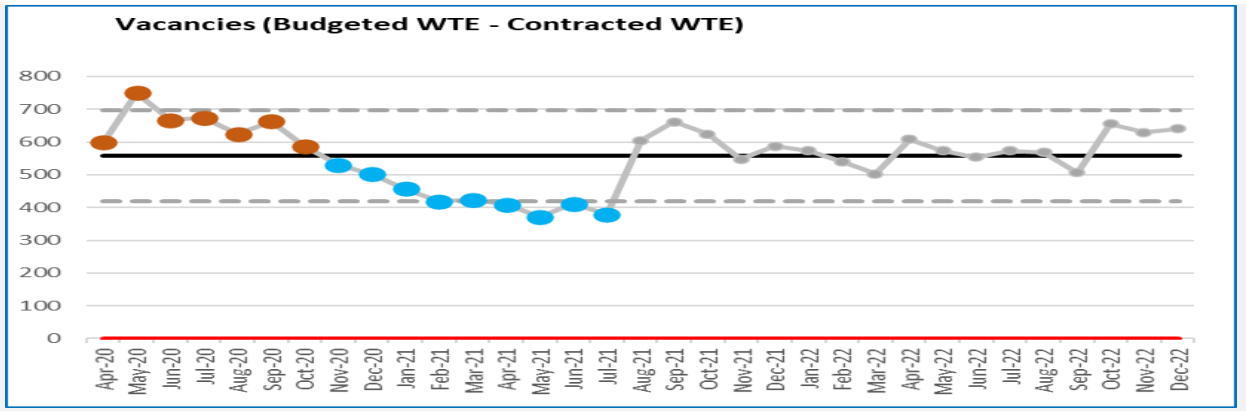


What are the main risks impacting performance?

Contracted figure of 6318 WTE in December. Overall substantive WTE numbers have increased over the last 12 months by 257 WTE, despite a high turnover rate of 14.2%. Nursing vacancies remain the biggest cause of concern across our emergency departments, acute medical units and medicine wards including ward 27, and ward 32.

What actions are being taken to improve?

The Trust has been successful in continuing to attract and retain overseas recruits with 13 international nurses arriving in December with a further 9 scheduled for arrival in January. The last 12 months have seen 181 leavers and 217 starters which is a net gain of 36. An overseas nurse review is underway. NHSE funding for next years cohorts finalised with key areas for improvement in training and development including career progression to senior nurse roles band 7 and above. Progression of operational plan to outline required workforce to meet demand over the next 2 years. Better utilisation of existing workforce through improved roster management.



What are the main risks impacting performance?

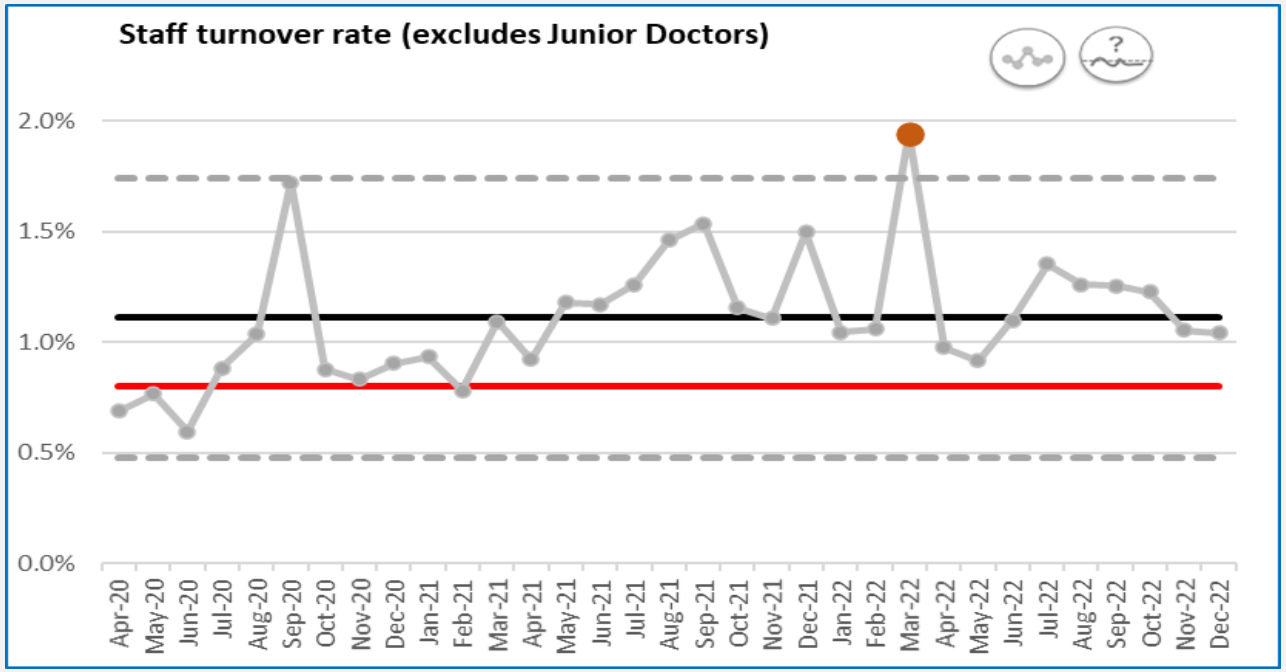
Increase in vacancy position to 641 WTE in December. High vacancies in roles that support clinical teams impacted by elevated attrition rate within this staff group, particularly those leaving within 12 months of starting. Overall higher than expected attrition levels impacting on vacancy position.

What actions are being taken to improve?

Our Improvement team have supported to process map the recruitment process and are currently testing for improvement areas to remove unnecessary delays. We are seeing some early indication of improvement which will be formally reviewed in March 2023.
A retention group is in place to prioritise activity and plans with a focus on career development, health and wellbeing, flexible working and culture development- civility and respect. This group is also aligned to the Culture group which has identified the top 10 areas from staff survey in need of intervention support. Stay conversations have provided further insight into areas for improvement, divisions do not have capacity to conduct these so we need to consider how we support longer term.

Workforce

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

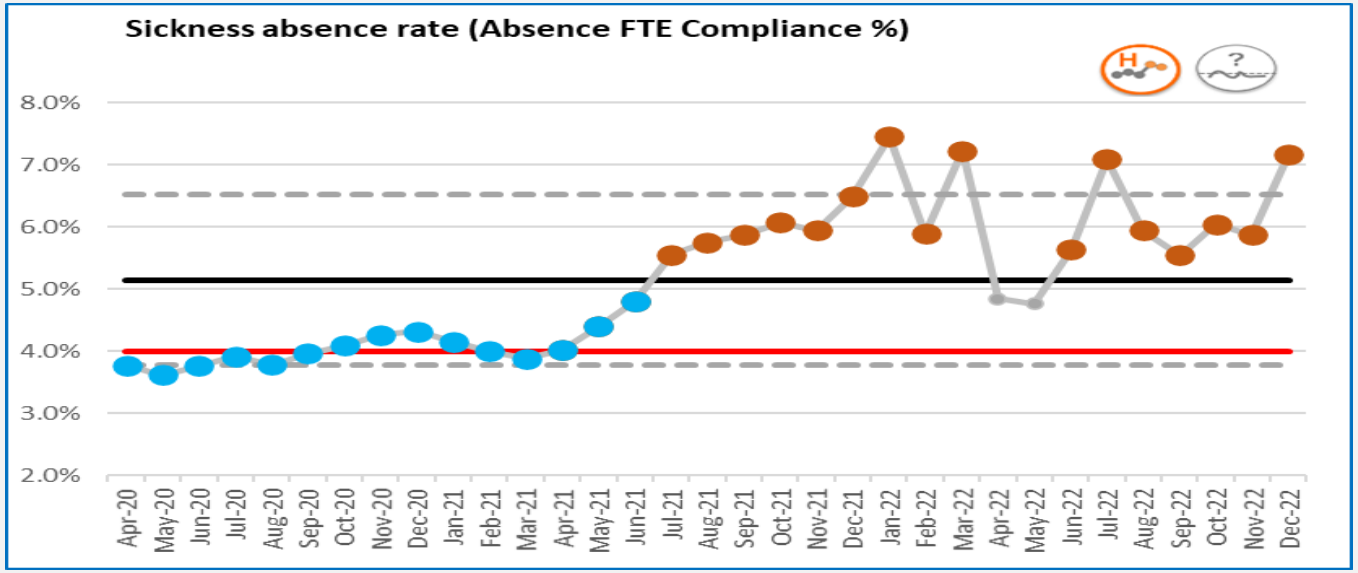
- Turnover rate continues to be high with a 14.2% turnover rate for the last 12 months equating to 832 WTE. An in month turnover rate of 1.04% equates to 62 WTE leavers in December 2022.
- There continues to be high numbers of staff leaving due to work life balance. Over the last 12 months 129 WTE have left the Trust for this reason with 37% (46 WTE) of these being from the nursing and midwifery staff group and 21% (27 WTE) from additional clinical services. The issue regarding cost of living is well documented.
- High number of leavers in the additional clinical services staff group; 41% (43 WTE) of HCAs who have left over the last 12 months have less than 1 years' service creating challenges in reducing the overall number of HCA vacancies.
- Staff on lower bands are more likely to leave in the first 12 months: 36% (82 WTE) of band 2 staff who have left over the last 12 months have less than 1 years' service compared with 17% (25 WTE) of band 5 staff. 27% are Admin and Clerical and 24% are Healthcare Assistants.

What actions are being taken to improve?

- Turnover remains a challenge, however divisions are workforce planning and implementing flexible recruitment solutions as applicants seek employment. A workforce dashboard is maintained to proactively recognise turnover trends, utilising temporary workforce and planned recruitment to mitigate gaps.
- Efforts are being made to improve engagement with staff to reduce the number of leavers, our Education team through target interventions with our Cleanliness Technicians have improved mandatory training compliance and staff are reporting better access and understanding of development opportunities. This is an area we know supports retention. Our Retention group is focusing on career development and we are doing more to engage with young people in Shropshire to promote apprenticeship opportunities and we are currently reviewing rewards to further aid our retention packages for staff alongside the winter wellbeing support we offer.
- Our improvement team have been supporting flow which is directly influencing the System MADE events, to improve patient experience and in turn our working lives which will also support retention where staff feel more involved and able to see direct improvements to patient care.
- New starters questionnaires are distributed with the aim of identifying any areas for improvement and a retention action plan by division and staff group will be provided to the workforce committee in April 23.

Sickness absence

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

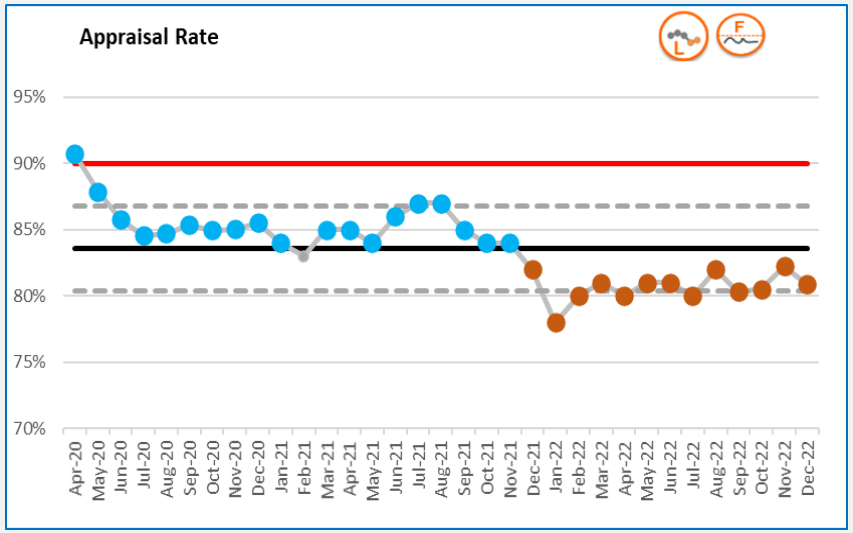
- From April 2022, sickness absence rates include employee sickness attributed to COVID-19.
- Current sickness rate of 7.18% (equating to 455 WTE), with the top 3 reasons for sickness accounting for 50% of calendar days lost.
- High levels of sickness attributed to cough, cold and flu accounting for 18% (81 WTE) of sickness; increase in Covid-19 accounting for 17% (76 WTE) and mental health sickness attributing to 16% (72 WTE) presents challenges to staff availability.
- Staff groups particularly impacted by sickness are estates and ancillary at 9.8% (52 WTE); additional clinical services at 9.7% (120 WTE) and nursing and midwifery at 8.4% (152 WTE).

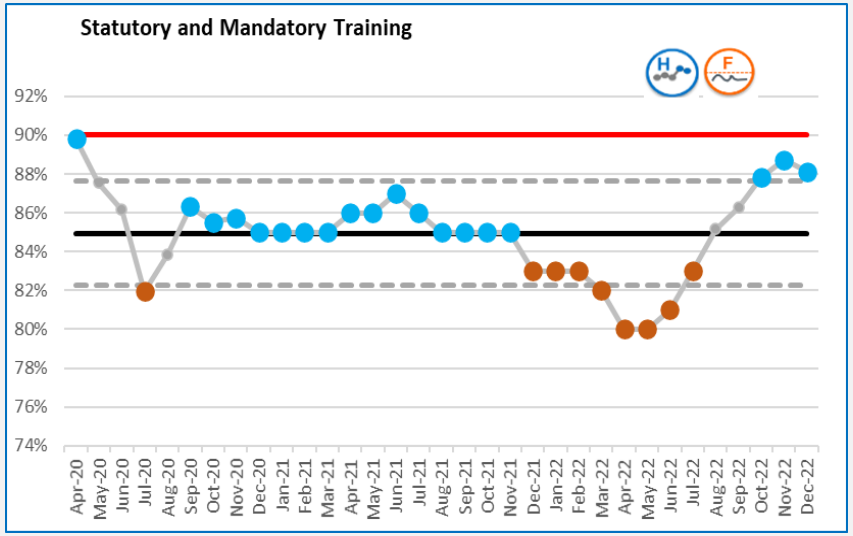
What actions are being taken to improve?

- Continued close working between occupational health and line managers with a greater focus on return to work with a focus on long term and frequent absence. Additional HR support to assist with caseload and unavailability to support targeted interventions.
- With the launch of our staff support hub in March 2023 we will provide further support to embed good management practice including 24/7 mental health support via the staff wellbeing hubs.
- Action plans in place for our hotspot areas through the culture group. Continue to support appropriate PPE adherence and vaccination uptake, work has also commenced on the occupational health referral pathway to improve efficiency and effectiveness.
- Holding absence management training for line managers and leadership development programmes to help support compassionate and appropriate early intervention in managing staff absences such as alternative duties via temporary secondments.
- Additional psychology support has been made available for all staff since December with key focus on emergency departments.
- To reduce absence levels, an improvement programme has launched to improve areas such as non-compliance in return-to-work interviews.
- The Trusts KPI is set at 4%. The clinical divisions of women's and children's and medicine have the highest absence rates at 7.3% and 8.4%. Estates (9.8%) and clinical support (9.7%) staff groups have the highest absence levels – reflecting national trends. The Trust will reset the sickness KPI measure level by which divisions can be managed.

Appraisal & Training compliance

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

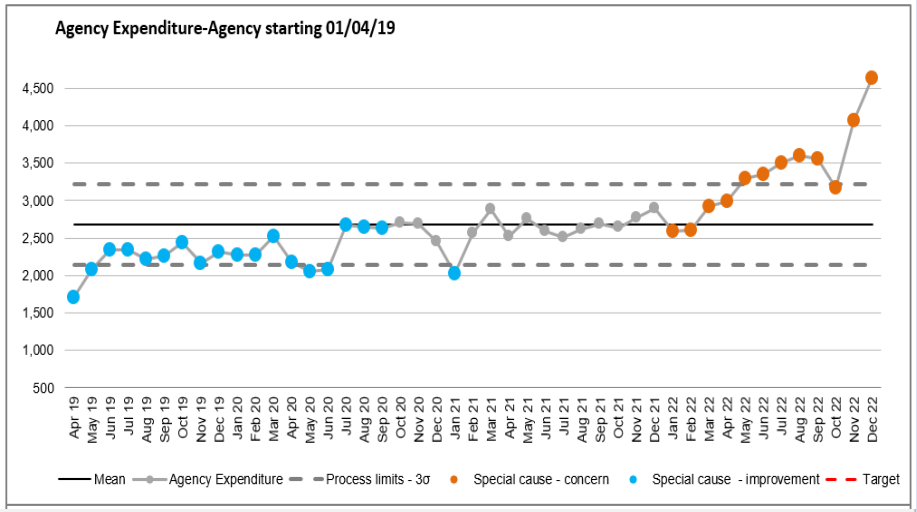
- The Trust continues to have sustained periods under a critical incident and staff sickness is running at high levels. COVID-19, staffing constraints, escalation levels and service improvement has reduced the ability of ward staff to have time to complete appraisals.
- 90% of staff are now registered on Learning Made Simple (LMS) and since it launched, the statutory training compliance rate has risen from 80% to 88.73%. However, there has been a decrease of 0.6% in December with current compliance at 88.13% which may affect trajectory to reach the 90% target by January 2023. The decrease is due to non-attendance on training due to site pressures.

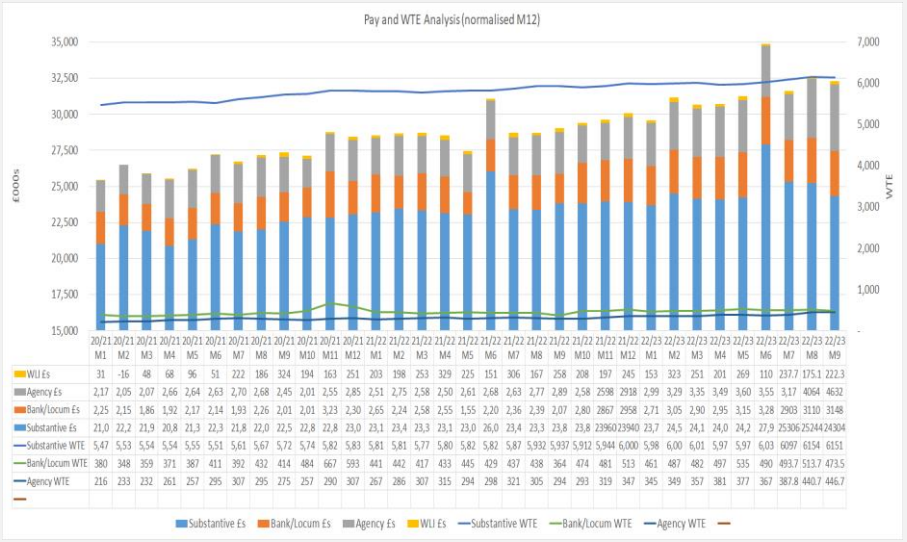
What actions are being taken to improve?

- Appraisals being linked to pay progression from April 2023. Focused support is being provided to the managers of any ward that is below target.
- Pilot of new appraisal form for non-medical staff started in September 2022 as the staff survey highlighted a need to change the current documentation and process. We are looking to launch from April 2023 and rebrand to align with our talent strategy and be more value based to improve experience and quality of appraisal process.
- Performance, skills and capabilities detailed review for each professional and division will commence in April together with professional leads to inform education and other development priority areas.
- Learning Made Simple Training (LMS) platform has now been implemented across the trust with 90% of staff registered.
- Mandatory training reminder notifications are active and the 5 departments with the lowest compliance are being provided with targeted support. Medical performance team are proactively booking medical staff onto mandatory training updates, prioritising least compliant first. This has been received well.
- Targeting of underperforming areas via regular reports to line managers is occurring across the divisions. Action plans also being developed within corporate services.

Agency Expenditure – monthly expenditure

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

- The trust's agency costs have increased over the past 2 years due mainly to the COVID-19 pandemic, increased use of escalation space 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 £32.172m year to date. In month costs are £1.634m higher than April and £0.568m higher than November.
- 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 where 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 a monthly dashboard review across key nursing metrics.
- The improvement plan for the rest of the financial year. The main effort has been to reduce the reliance on agency workers which are being addressed by staff group and where possible efforts are being made to move agency staff into the bank or into substantive roles.
- Recruitment to the bank has increased and the bank now has 4669 bank workers available to the Trust and 69 new staff have joined the bank.
- Targeted efforts have been made in specific staff groups to be able to standardise the charge rates to provide consistency, also with the reduction in agency workers progress is being made.

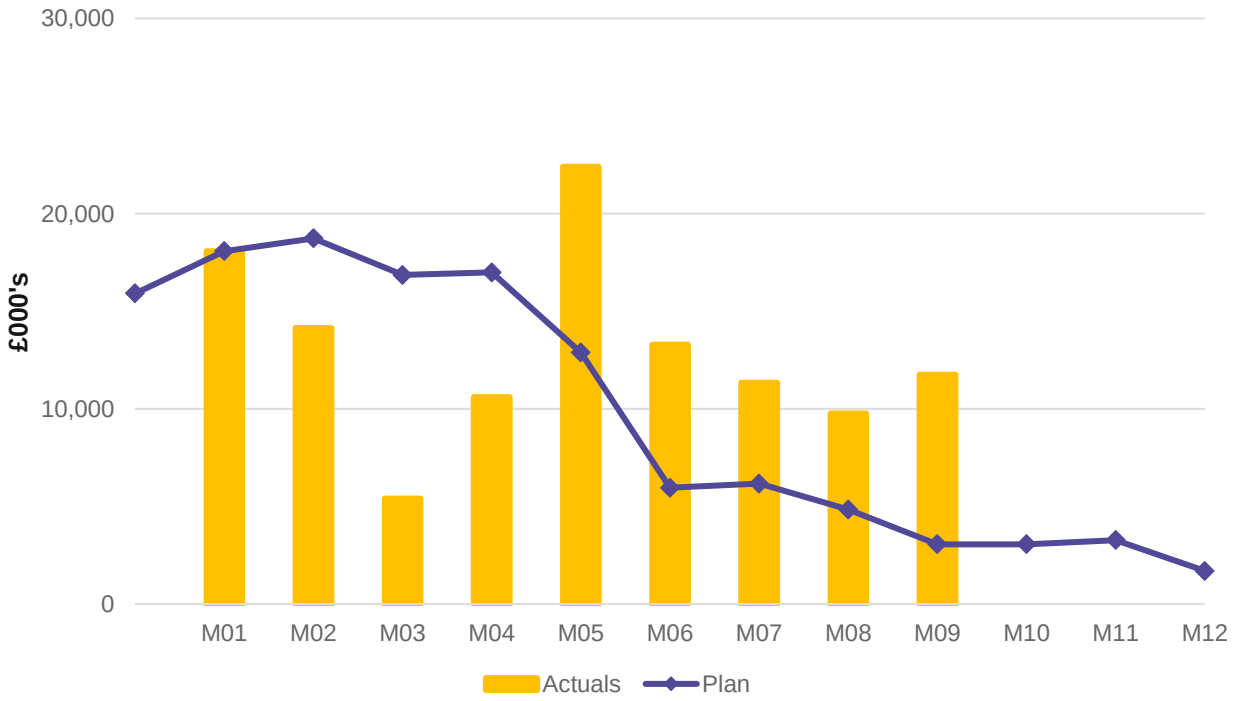
Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend
Finance	End of month cash balance £'000		-	11757	15320	26325	26833	15918	18083	14145	5412	10599	22404	13284	11337	9772	11757	
	In-month efficiency delivery £'000		-	405.0	681	756	623	1437	119	385	380	774	773	905	919	528	405	
	Year to date surplus/(deficit) £'000		-	(33610)	(7928.)	(8840)	(9308)	(10889)	(2726)	(5452)	(8352)	(11444)	(15968)	(18572)	(23174)	(29123_	(33610)	
	Year to date capital expenditure £'000			5380	6593	6989	8970	16048	85	315	11	844	1610	2540	3417	5062	5380	

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.
- At the end of December, the Trust has recorded a year-to-date deficit of £33.61m against a draft planned deficit of £16.13m, an adverse variance to plan of £17.49m.
- The year-to-date deficit is driven by:
    - Pay costs, excluding covid and ERF are £25.69m adverse to plan. This is predominantly driven by the increased pay award (£6.32m), which is offset by additional funding, opening of unfunded escalation areas (£10.82m) in order to mitigate ambulance delays, medical staffing premium (£2.63m), enhanced bank rates (£2.28m) for nursing which are required to ensure cover due to sickness absence and vacancies and supernumerary periods for TNA's and overseas nurses (£1.56m).
    - COVID-19 costs (in envelope) are £6.75m which is £4.58m adverse to the draft plan. There was an expectation that the majority of Covid 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 £8.73m which is £1.22m underspent against plan and is driven by decreased activity levels compared to plan. Plans are in place to incur the full costs by the end of March.
    - Elective activity as a whole remains below plan resulting in a non-pay underspend of £0.87m 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, excluding COVID-19 and ERF shows an over recovery of £10.02m which relates to additional pay award funding, winter capacity funding, increased training income and excluded drugs funding.
- The executive group set up to oversee the financial position is focussing on a range of programmes of work including more cost-effective ways to fill gaps in nursing and medical rotas that are arising though sickness absence.
- £4.87m of efficiency savings has been delivered year-to-date against plan of £5.35m, with the slippage being against the workforce BTI. Of the delivery against the 1.6% internal target there are three main schemes where over delivery has been seen year to date; procurement (£0.57m), overseas nursing (£0.40m) and pharmacy (£0.40m). Whilst it is expected that the annual internal target of £7.66m 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 has undertaken a review of the forecast with NHSE and have a revised year end forecast deficit of £47.5m. This has been shared with colleagues from STW ICB and the regional NHSE team. The main driver of the adverse variance is the cost of the escalation capacity.
- For 2022/23 the Trust's system allocation for capital remains at £19.822m. Expenditure at month nine was £5.380m (net of sale proceeds) against a plan of £12.633m.
- The Trust held a cash balance at the end of December 2022 of £11.757m.

Cash



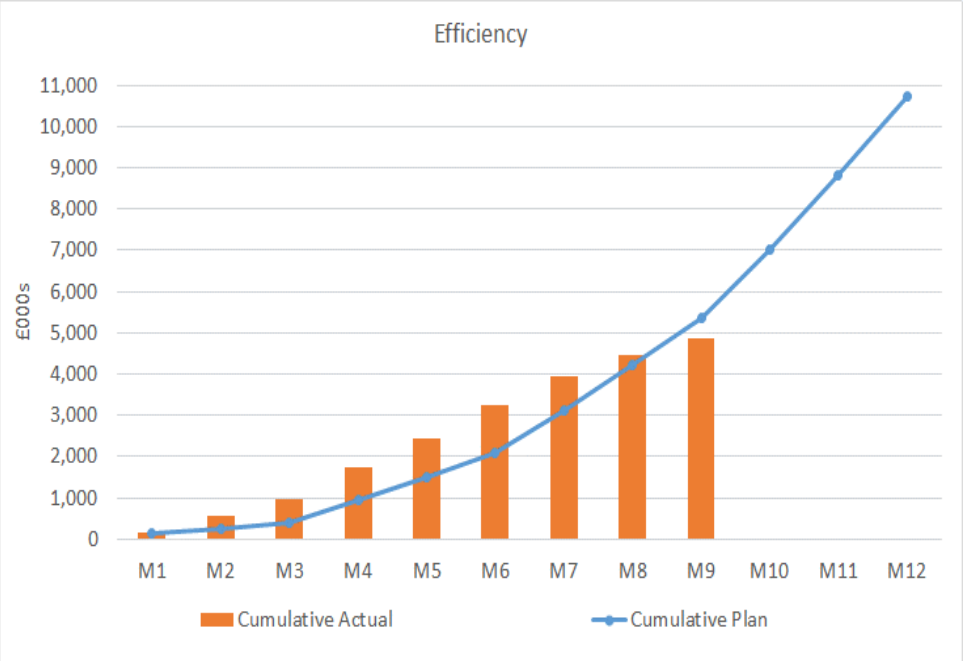
What are the main risks impacting performance?

- 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 £15.918m with a cash balance of £11.757m held at end of December 2022 (ledger balance of £11.652m due to reconciling items). The chart demonstrates that the cash position at end of December was greater than plan.

What actions are being taken to improve?

- The cash balance held at the end of December 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 cash position continues to be monitored closely. Treasury Management team undertaking active daily cashflow management, with weekly senior management review to allow management intervention as required.

Efficiency



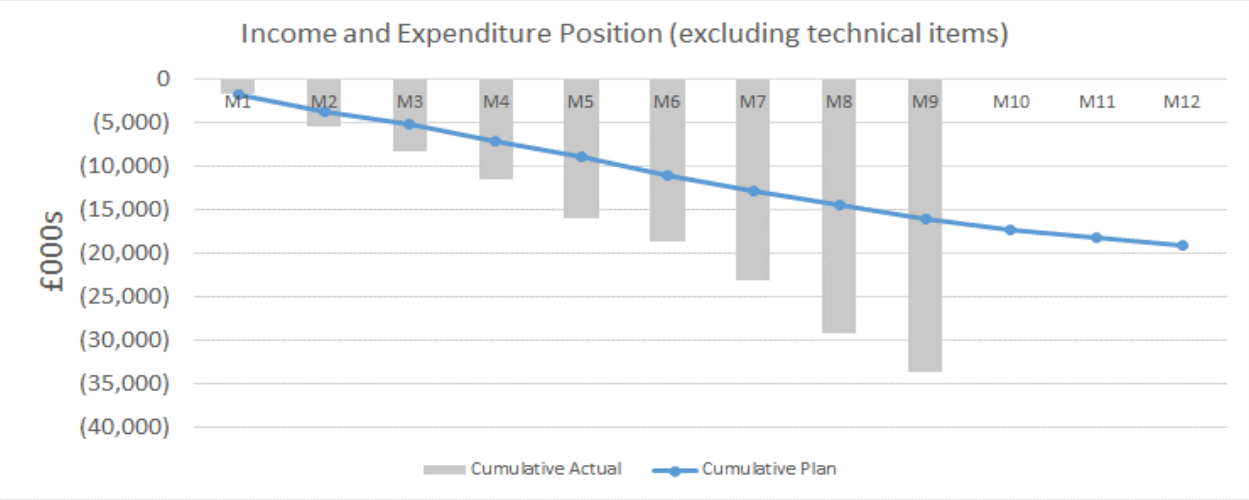
What are the main risks impacting performance?

- 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 £4.868m of efficiency savings year to date at the end of month nine which is £0.484m deficit to the phased plan. There are currently 7 workstreams which are delivering year to date including overseas nursing (£1.575m), procurement (£1.136m), divisional schemes (£0.925m), pharmacy (£0.538m) and discretionary spend (£0.254m). 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.
- The current slippage relates to delivery of the workforce BTI. Schemes are being worked up and are expected to deliver during Q4, however the delivery is likely to be under plan in-year but will deliver on a recurrent basis.

What actions are being taken to improve?

- 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 is devolved to the clinical divisions.
- 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.

Income and expenditure



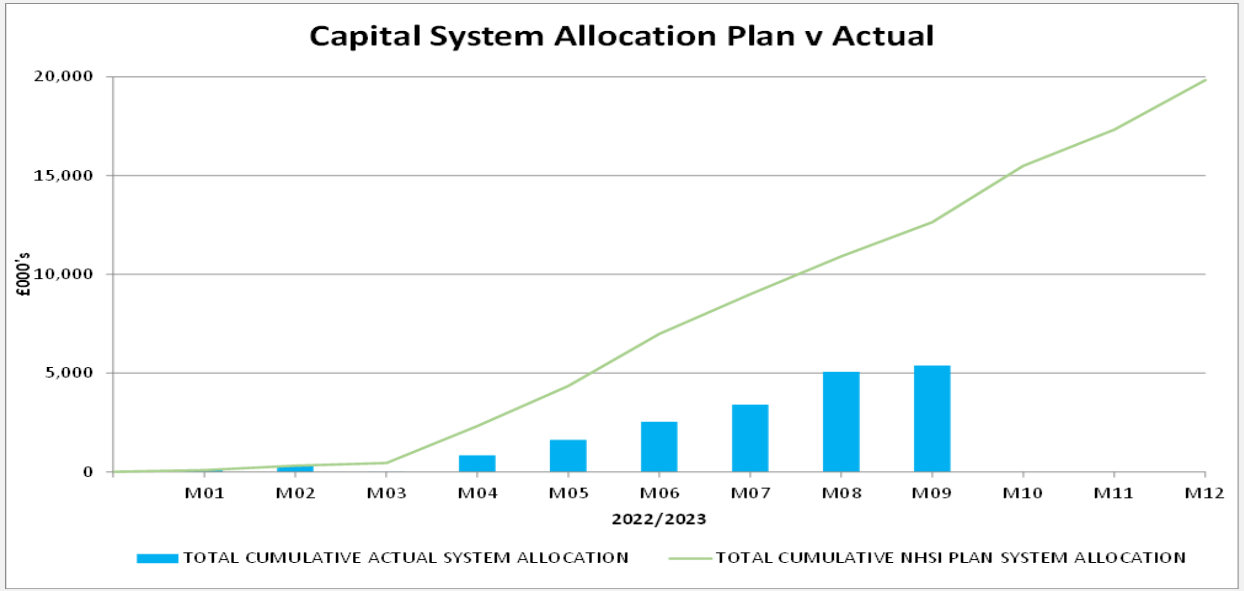
What are the main risks impacting performance?

- The Trust has submitted a revised financial plan for a deficit of £19.135m for 2022/23.
- The Trust recorded a year-to-date deficit of £33.610m at month nine which is £17.485m 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 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 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.
- 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.
- Introduction of new “critical” tier of agency nurse to reduce reliance on off-framework agency.
- Within medical staffing a review of rotas and job planning of consultants is underway.

Capital



What are the main risks impacting performance?

- For 2022/23 the Trust's system allocation remains at £19.822m. Included within this is the continuation of the endoscopy reconfiguration of £0.925m, 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 £12.633m would have been incurred by December 2022 (including sale proceeds).
- The actual expenditure as at month 9 was £5.380m net after sale proceeds. However, it should be noted that an additional £8.365m has been committed but not expensed which means that nine months into the financial year c.70% of the planned capital expenditure has been committed.

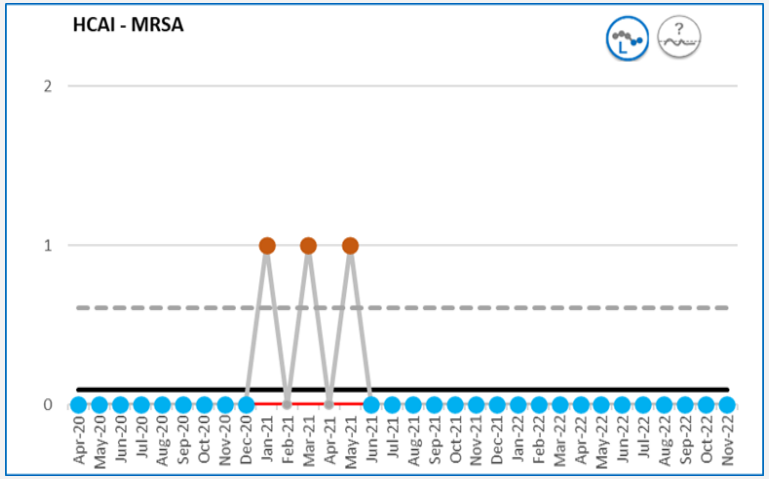
What actions are being taken to improve?

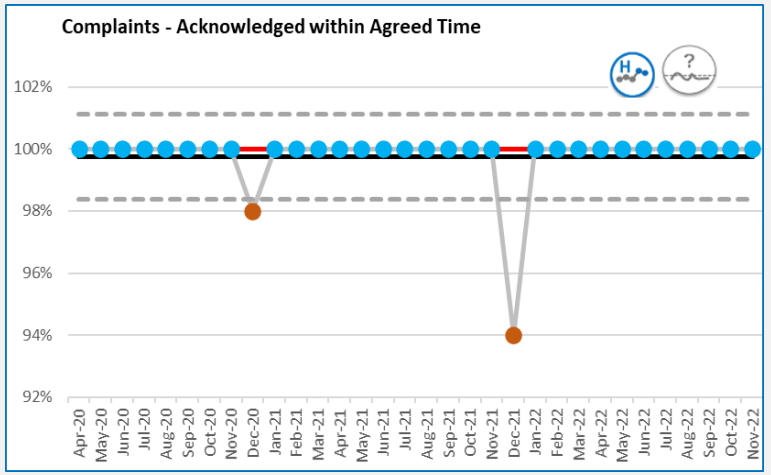
- The Trust is awaiting confirmation of approval of national PDC for the CDC scheme which has interdependencies with the scheme to move renal services to Hollinswood House. This has resulted in delays in committing expenditure and therefore an underspend to date against plan.
- Capital Planning Group continue to monitor the expected outturn and this was discussed at December meeting. CPG will continue to monitor the expenditure on a monthly basis.
- There are currently no concerns about committing the full capital programme.

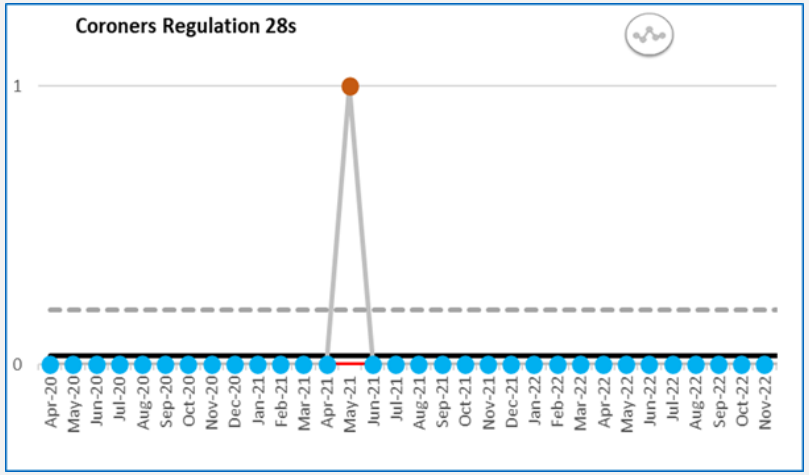
Appendices

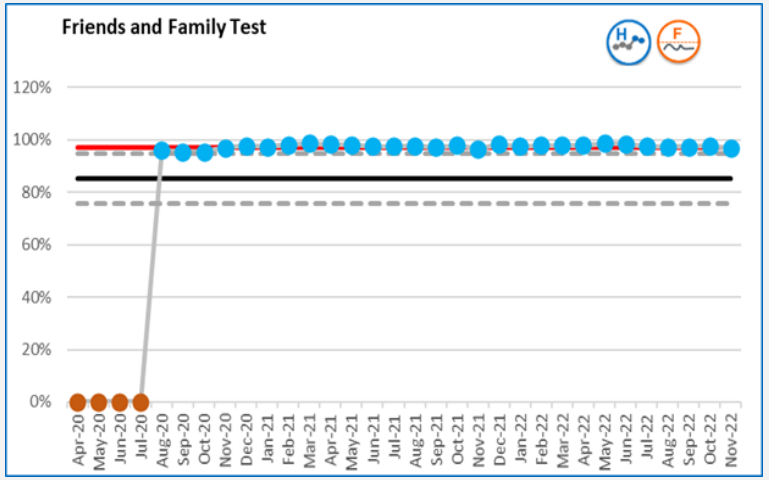
Appendix 1. Indicators performing in accordance with expected standards

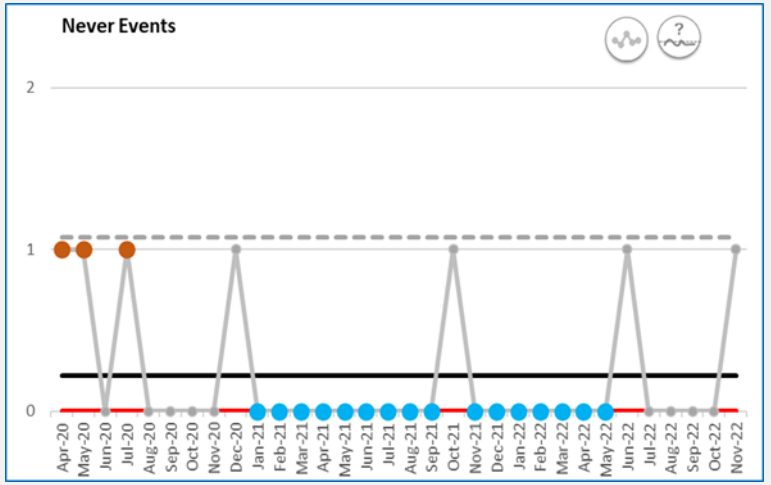
The Shrewsbury and Telford Hospital NHS Trust





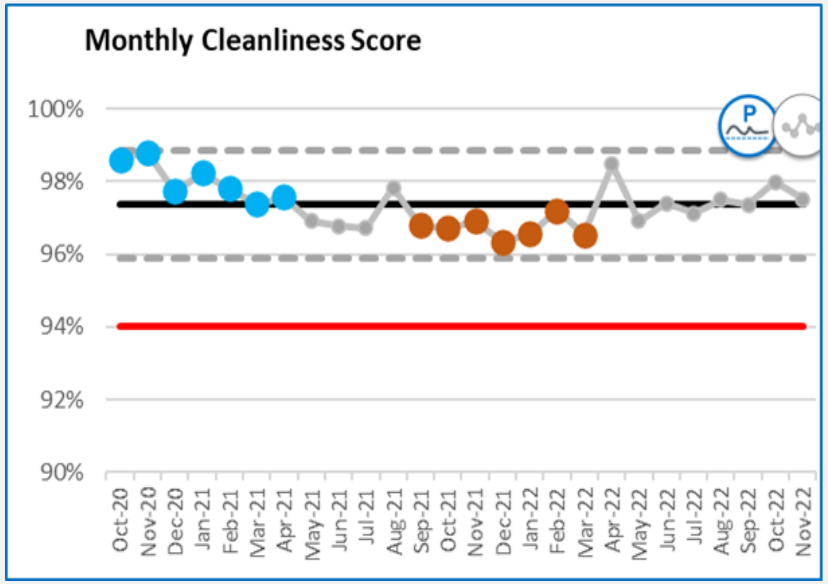


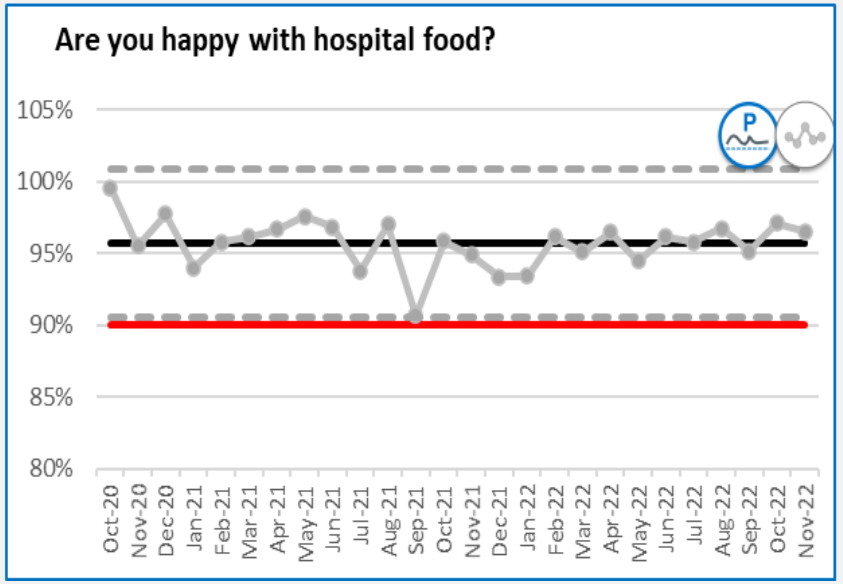


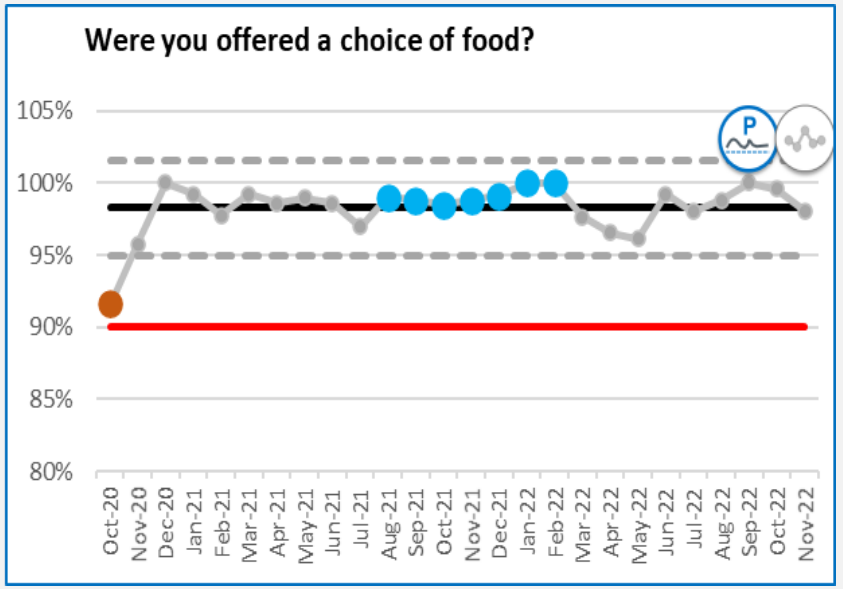


Appendix 1. Indicators performing in accordance with expected standards

The Shrewsbury and Telford Hospital NHS Trust

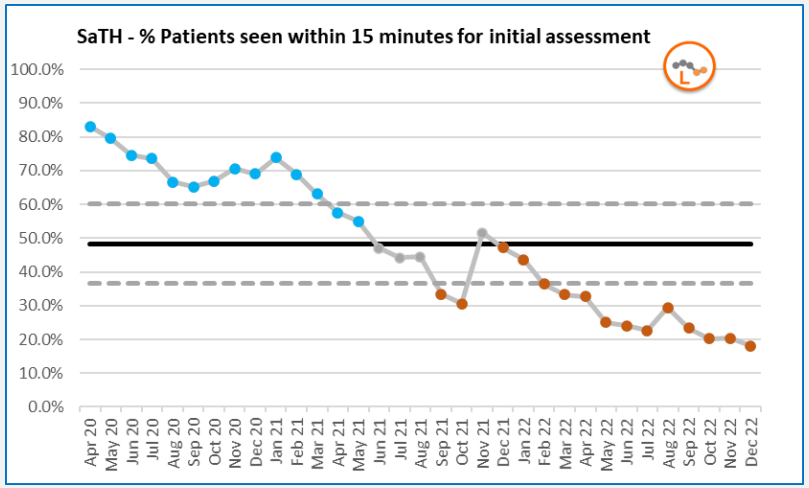


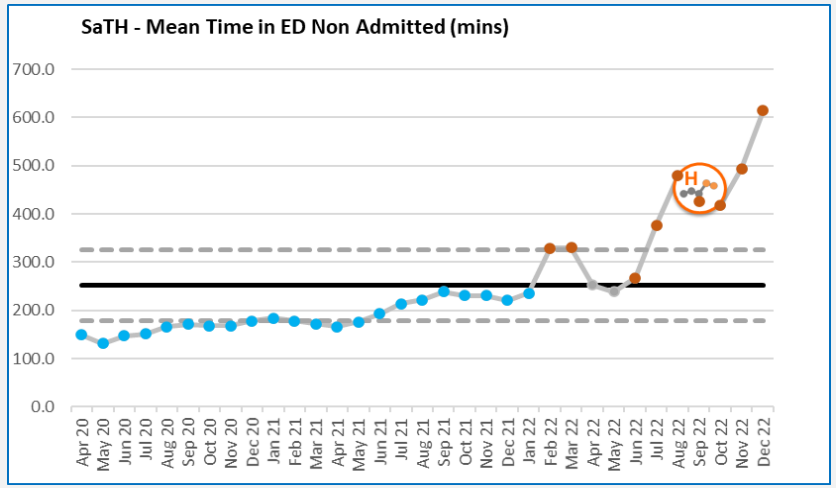


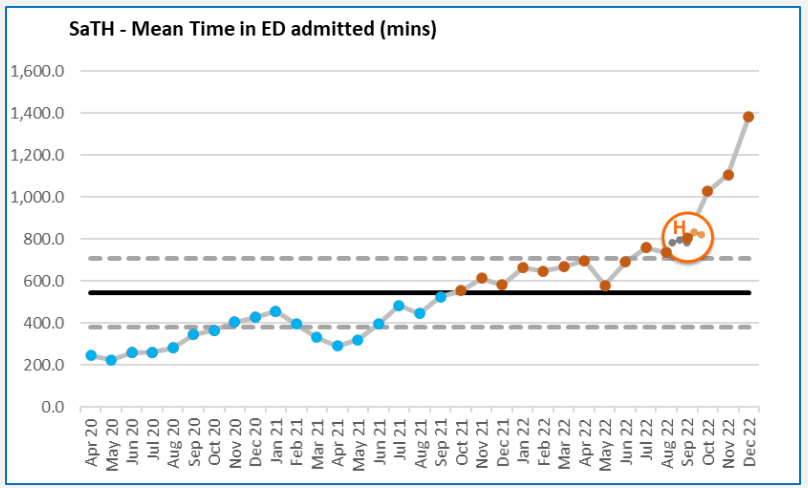


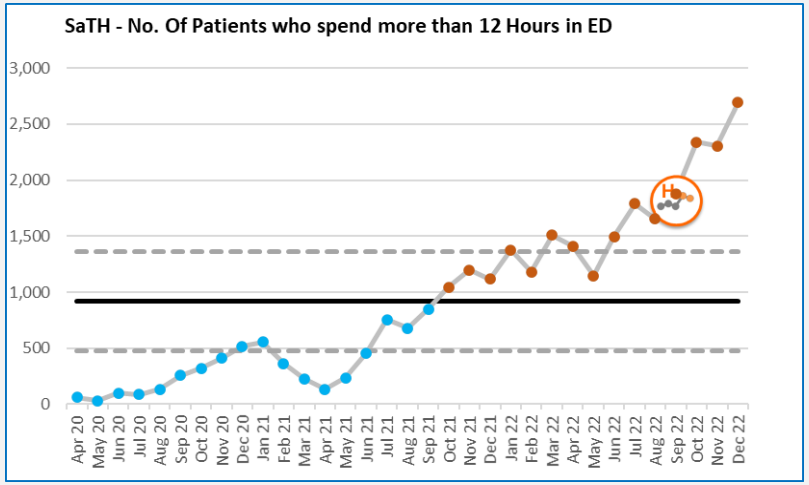
Appendices 2. – supporting detail on responsiveness

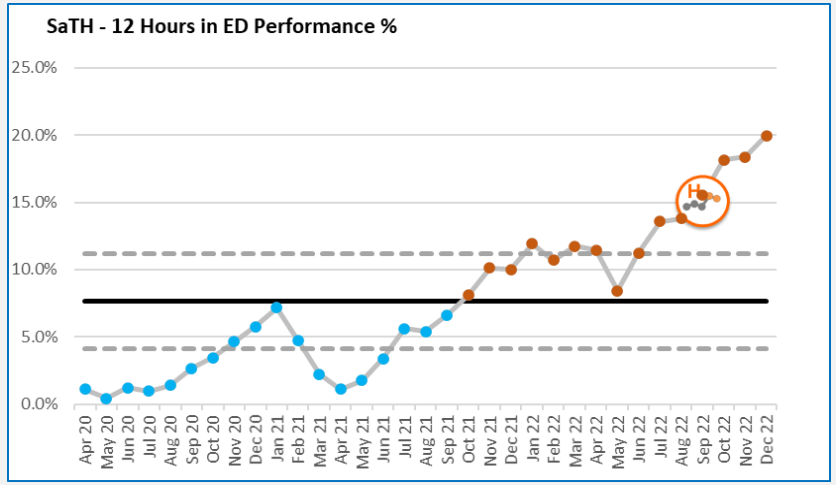
The Shrewsbury and Telford Hospital NHS Trust

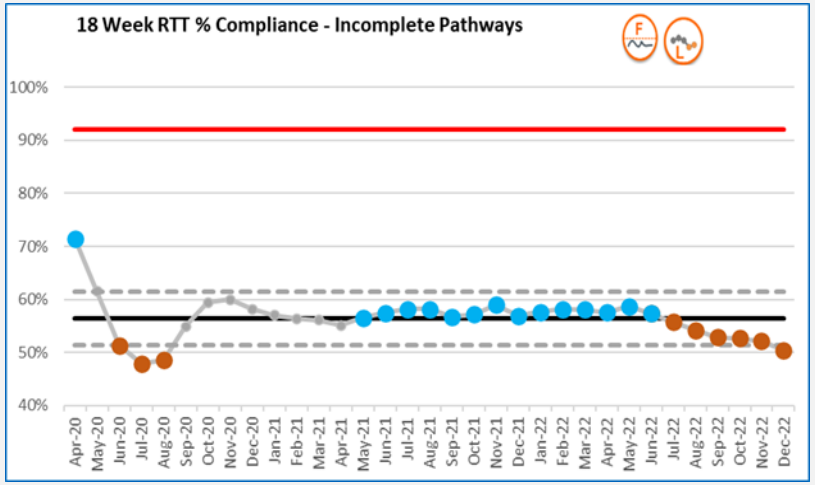






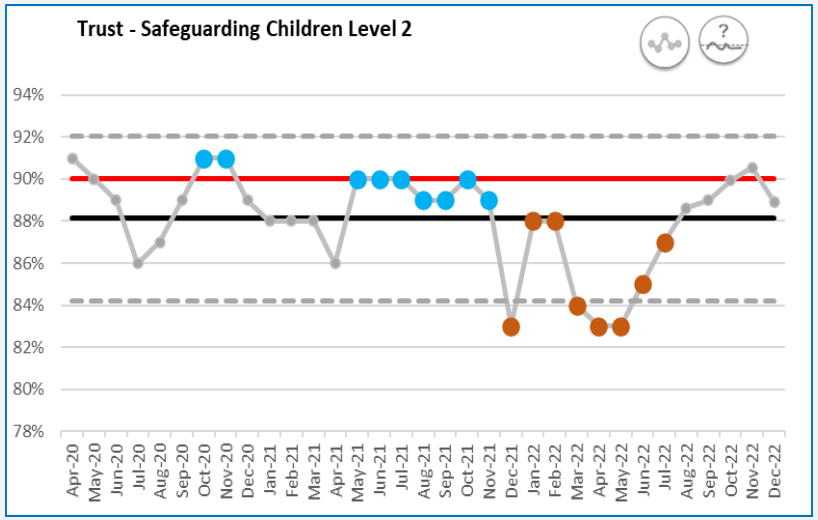


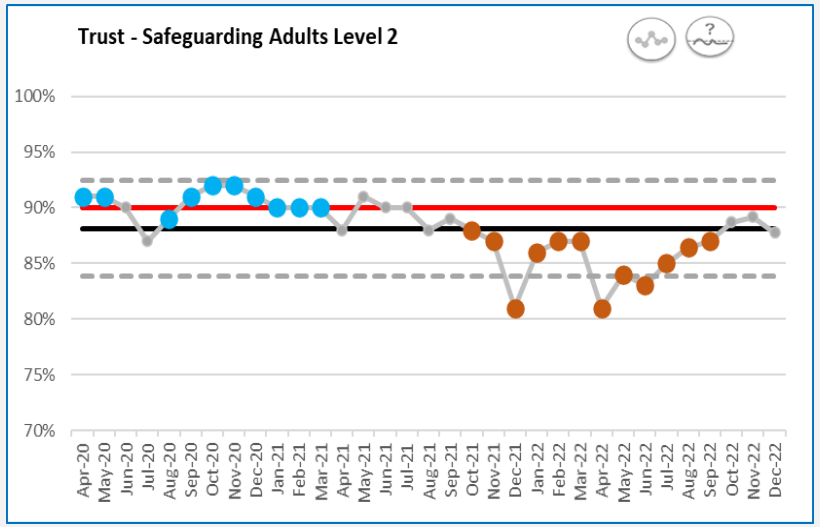


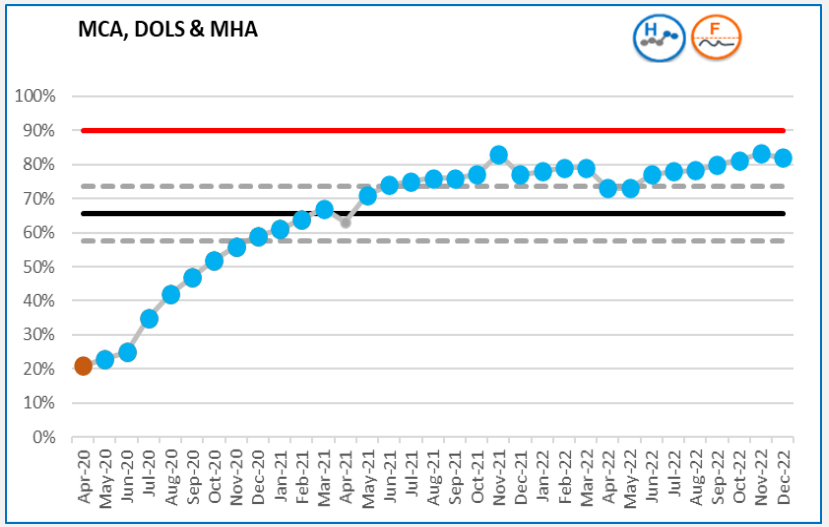


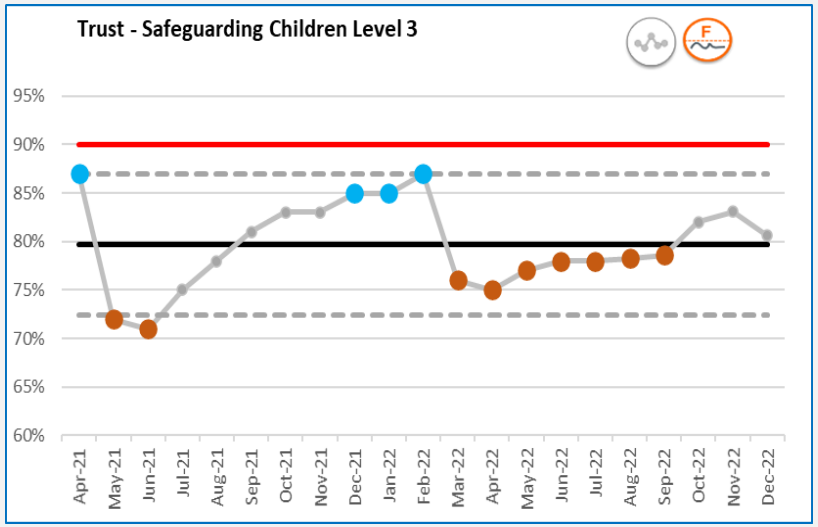
Appendices 3. – supporting detail on well led

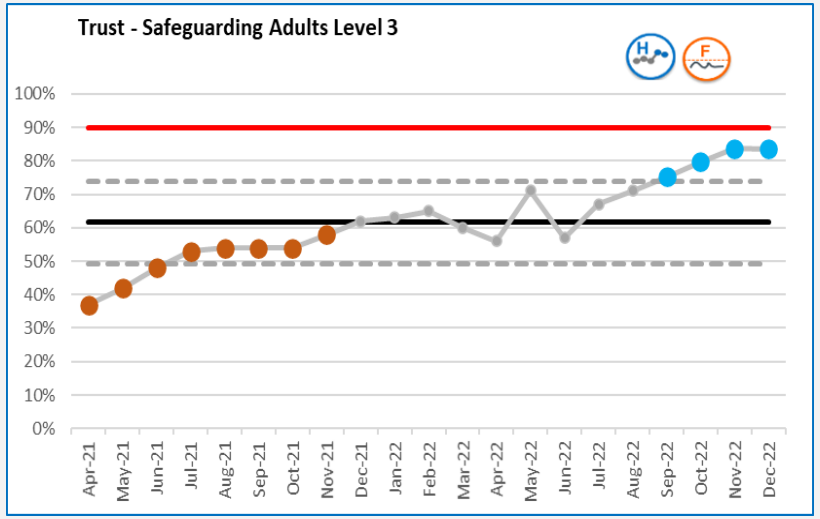
The Shrewsbury and Telford Hospital NHS Trust

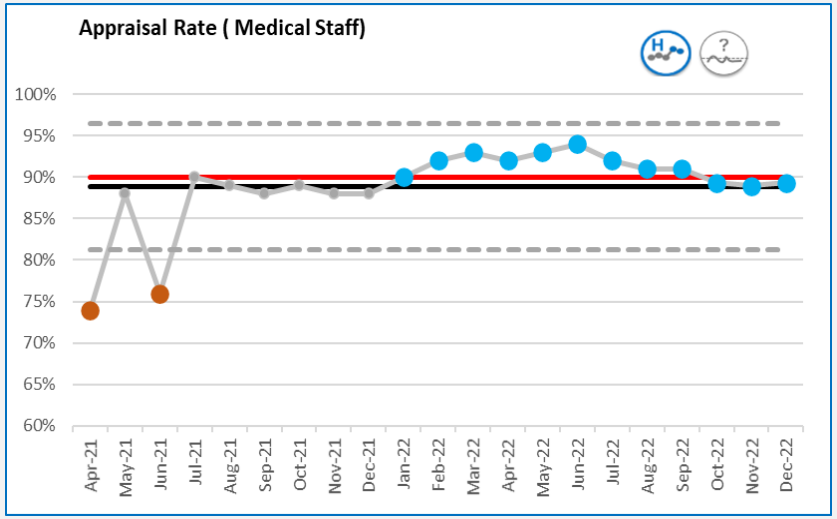








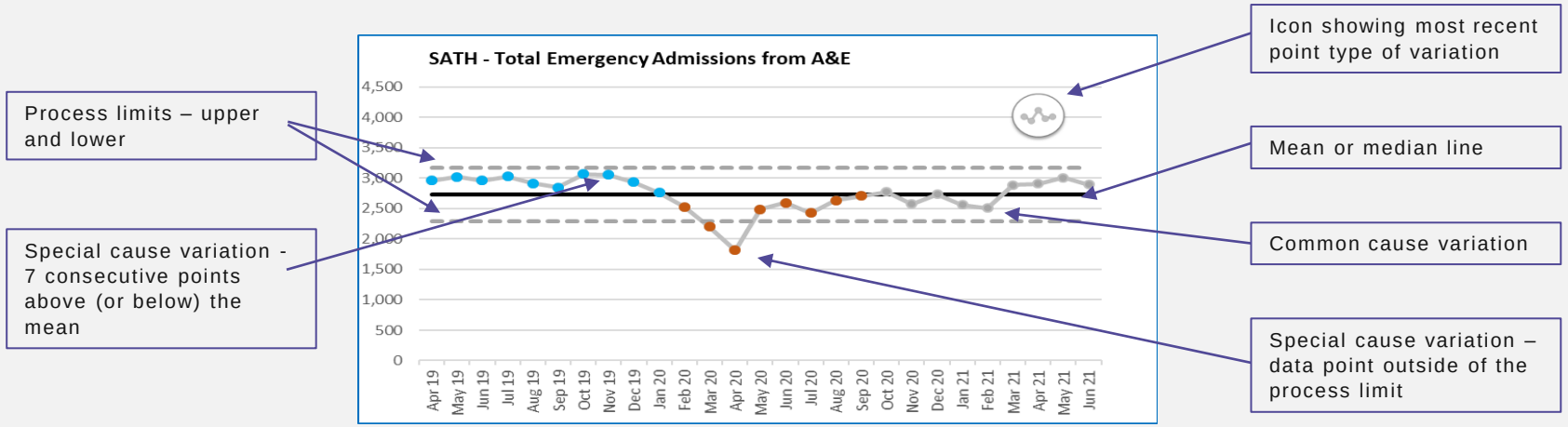




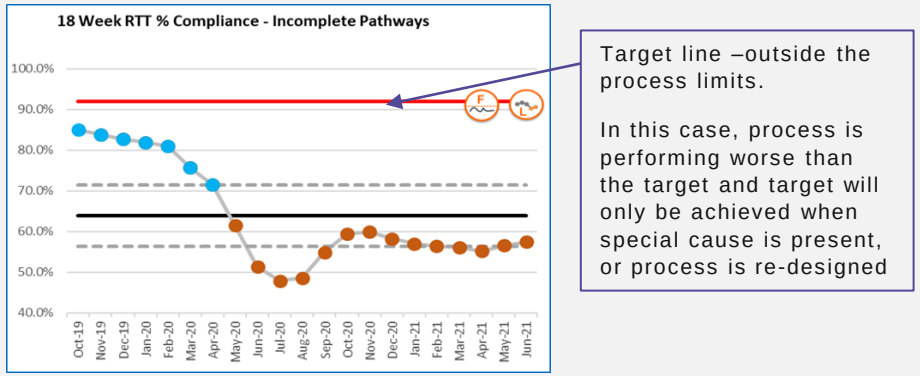
Appendix 5. Understanding Statistical control process charts in this report

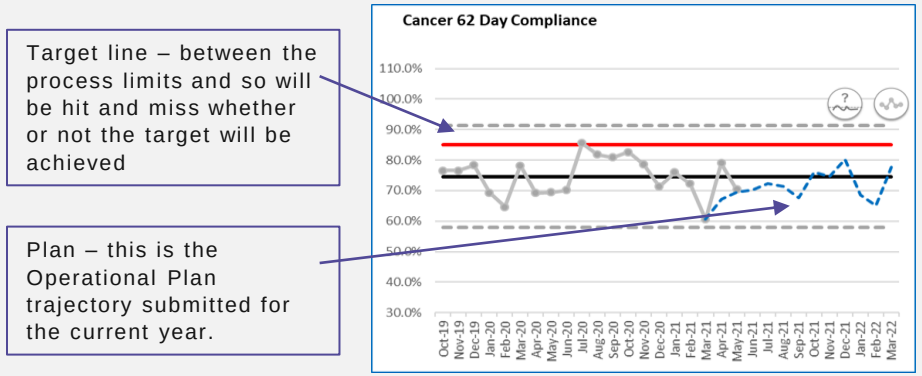
The Shrewsbury and Telford Hospital NHS Trust

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 6. Abbreviations used in this report

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
CDC	Community Diagnostic Centre
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 to Good
GI	Gastro-intestinal
GP	General Practitioner
H1	April 2022-September 2022 inclusive
H2	October 2022-March 2023 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 6. 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
MEC	Managed Equipment Service
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
PDC	Public Dividend Capital
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 Time of Delivery

Appendix 6. 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	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