

Board of Directors' Meeting: 10 August 2023

Agenda item		095/23		
Report Title		Integrated Performance Report		
Executive Lead		Louise Barnett, Chief Executive Officer		
Report Author		Inese Robotham, Assistant Chief Executive		
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	√	BAF 1, 2, 3, 4, 5, 8, 9, 10, 11, 12
Effective	√	Our people	√	
Caring	√	Our service delivery	√	Trust Risk Register id:
Responsive	√	Our governance	√	All risks
Well Led	√	Our partners	√	
Consultation Communication		Quality Operational Committee, 2023.07.18 Quality & Safety Assurance Committee, 2023.07.26 Senior Leadership Committee – Operational, 2023.07.27		
Executive summary:		1. The Board’s attention is drawn to sections: safety and effectiveness, responsive and well led, which incorporates finance. 2. The risk to the organisation is not achieving the key strategic goals. 3. This report provides more clarity over the important performance indicators which the Board monitors. Excerpts of the report, and performance indicators, have been previously reported at a number of operational and leadership groups and committees. The report delivers to the Board an overview of the performance indicators to the end of May/June 2023, with a brief forward look using data analysed over a period, 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.		
Recommendations for the Board:		The Board is asked to take assurance from this report, that effective systems of control are in place. To receive and formally approve the recommendations highlighted in the report, approve its recommendations or particular course of action. This report is provided for full publication.		
Appendices:		Appendix 1: Integrated Performance Report		

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

Board of Directors' Meeting 10th August 2023
(presenting May / June 2023 data)



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Executive summary

There was a slight deterioration in the performance against the 4 hour UEC standard in June 2023 – 53.7% versus 55.3% in May 2023 and there has been no change in the monthly number of 12 hour trolley breaches. However, there was an improvement in ambulance handovers over 60 minutes from 27.5% in May 2023 to 20.8% in June 2023 which is the lowest it has been within the last twelve months rolling period. A UEC performance dashboard has been created and is underpinning a new weekly performance meeting chaired by the COO.

Pay costs remain the main driver for adverse variance to our planned monthly financial position. At month three the pay costs, excluding ERF are £12.7m adverse to plan. This is offset by over recovery of income (£4.3m) and some non-pay underspend (£0.8m). Overall the Trust has an adverse variance of £7.3m against the plan. The efficiency target of £2.2m YTD has been delivered, however, it has to be noted that the efficiency targets increase significantly from Quarter 2 onwards. The Trust continues to work through identified mitigations including accelerating recruitment processes, improving budget management and rostering processes, vacancy control and sustained reduction of the escalation capacity.

The elective recovery programme remains on track and specialty level improvement trajectories are delivering to the plan. However, there were 3 over 78 week waiters reportable at the end of June 2023 due to complexity and specific circumstances of these particular cases. The Trust remains on track to deliver zero over 65 week waits by the end of March 2024.

In cancer our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on Faster Diagnosis Standards (FDS). The backlog as at the end of June 2023 was 431 and we have an improvement trajectory to reduce this to 212 by the end of March 2024. The unvalidated FDS position for May 2023 is 62.2% against the trajectory of 63.2%. Each of the challenged tumour pathways have identified actions in place and we continue to support STW in the implementation of 80% compliance with FIT testing in primary care. Recent bids for additional WMCA funding have been successful, including an additional £1m support for endoscopy capacity.

Performance against the diagnostic standard improved in June 2023 to 66.8% compared to 63.6% in May 2023 and the volume of 6 week breaches reduced by 510. The plans for the Community Diagnostic Centre remain on track for contractor's handover in mid September 2023 and subsequent opening to patients in October 2023. The standalone MRI unit at the site will come online in November 2023 and cardio-respiratory testing and tele-dermatology services are expected to open in January 2024.

Quality Patient Safety and Effectiveness

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 23/24	Current Month Trajectory (RAG)	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	99	111	98	105	99	102	102	99	-	-	-	-		
	Trust SHMI - Expected Deaths		-	-	205	199	164	171	187	181	204	224	-	-	-	-		
	Trust SHMI - Observed Deaths		-	-	204	220	161	180	185	184	209	222	-	-	-	-		
	SJRs Completed by Month				-	-	-	-	-	-	-	-	2	12	20	13	33	
	HOHA - MRSA	R	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	
	COHA - MRSA	R	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	HOHA - MSSA		-	-	4	2	1	6	2	2	3	0	1	4	2	1	4	
	HOHA - C.Difficile	R	32	3	4	1	4	7	2	3	4	1	3	12	3	4	7	
	COHA - C.Difficile	R			1	0	1	3	0	2	1	0	1	1	1	3	3	
	HOHA - E-coli	R	90	7	1	2	4	1	2	4	4	5	4	5	5	4	4	
	COHA - E-coli	R			4	4	7	7	13	5	12	6	5	5	8	5	7	
	HOHA - Klebsiella	R	22	2	3	0	1	0	2	2	1	2	3	4	0	1	0	
	COHA - Klebsiella	R			0	2	4	0	2	1	2	2	0	1	3	1	0	
	HOHA - Pseudomonas Aeruginosa	R	18	1	2	1	1	0	1	0	0	0	1	0	0	1	3	
	COHA - Pseudomonas Aeruginosa	R			1	0	1	1	1	4	0	0	0	0	0	0	0	
	Pressure Ulcers - Category 2 and above		-	15	16	16	17	8	17	14	14	9	32	26	16	23	38	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.66	0.70	0.75	0.32	0.72	0.60	0.56	0.36	1.22	1.13	0.61	0.99	1.51	
	VTE Risk Assessment completion		95%	95%	92.8%	91.3%	93.0%	92.9%	92.3%	92.5%	91.7%	88.9%	91.3%	90.5%	90.3%	89.7%	-	
	Falls - per 1000 Bed Days		6.6	4.5	5.54	5.56	5.59	4.98	5.28	4.45	4.09	4.93	3.92	4.48	4.05	4.55	3.38	
	Falls - total		-	105	135	127	126	125	125	104	102	122	103	103	107	106	85	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.16	0.09	0.04	0.16	0.13	0.09	0.16	0.04	0.08	0.04	0.08	0.21	0.08	
	Falls - Resulting in Harm Moderate or Severe		0	0	4	2	1	4	3	2	4	1	2	1	2	5	2	
	Never Events		0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	3	9	10	9	15	8	7	7	9	11	11	10	5	
	Serious Incidents - Closed in Month		-	-	1	5	1	13	3	3	5	8	10	1	12	11	4	
	Serious Incidents - Total Open at Month End		-	-	33	35	44	42	51	52	44	43	46	50	48	52	45	
	Mixed Sex Accommodation - breaches		0	0	47	45	141	93	45	71	86	95	90	56	76	72	95	
Quality Caring & Experience	One to One Care in Labour		100%	100%	99.7%	100.0%	100.0%	100%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity		85%	85%	68%	60%	60%	55%	58%	66%	79%	70%	86%	83%	82%	81%	86%	
	Smoking Rate at Delivery		5%	5%	10.6%	10.6%	11.8%	11.9%	13.2%	11.4%	11.2%	10.8%	10.9%	13.1%	8.8%	12.3%	11.5%	
	Complaints		-	-	64	73	79	77	72	69	82	42	73	45	75	67	76	
	Complaints - responded within agreed timeframe - based on month response due		85%	85%	50%	67%	60%	55%	71%	62%	59%	49%	50%	47%	47%	46%	54%	
	PALS - Count of concerns		-	-	257	225	314	368	286	306	301	210	279	240	330	262	264	
	Compliments		-	-	49	52	39	54	51	90	75	54	84	54	108	59	125	
	Friends and Family Test -SaTH		95%	95%	99%	99%	98%	97%	97%	98%	97%	98%	97%	97%	98%	99%	97%	
	Friends and Family Test - Inpatient		95%	95%	99%	99%	98%	99%	98%	98%	98%	99%	98%	98%	98%	99%	98%	
	Friends and Family Test - A&E		85%	85%	86.4%	88.7%	61.5%	59.4%	65.1%	71.1%	42.4%	42.9%	43.3%	55.0%	73.0%	77.8%	53.3%	
	Friends and Family Test - Maternity		95%	95%	99%	100%	98%	98%	99%	97%	100%	98%	100%	100%	99%	100%	95%	
	Friends and Family Test - Outpatients		95%	95%	99%	99%	99%	98%	99%	98%	98%	99%	98%	98%	98%	98%	98%	
	Friends and Family Test - SaTH Response rate %		-	-	6%	5%	6%	7%	7%	6%	8%	6%	7%	6%	8%	6%	8%	
	Friends and Family Test - Inpatient Response rate %		-	-	16%	14%	17%	18%	19%	17%	20%	18%	19%	14%	20%	17%	22%	
	Friends and Family Test - A&E Response rate %		-	-	0.2%	0.5%	0.3%	0.5%	0.9%	0.3%	0.5%	0.2%	0.3%	0.4%	0.3%	0.1%	0.6%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	4%	5%	7%	6%	5%	6%	8%	7%	5%	6%	7%	1%	8%	

Quality Executive Summary

We are seeing an increase in HCAIs in month and deep dives have been taken in relation to C.Difficile, with support from the Associate Regional DIPC. The Trust C.Difficile action plan has been reviewed and revised and this will be tracked via IPCOG and IPCAC. We are working closely with our ICS colleagues as there is a need to understand the whole patient journey and prehospital intervention and demographics. A risk will be added to the risk register regarding the HCAIs.

An increase in pressure ulcers have been noted in month. Themes have been identified and a comprehensive Trust wide action plan is in place, including a trial regarding appropriate equipment selection and availability at RSH, which supports mitigation and prevention. Further work is ongoing with our external suppliers of mattresses regarding timely delivery and what mitigations are in place when delays are occurring. There is also focused work into seasonal variation due to the extreme heat and hydration and moisture lesions.

Falls per 1,000 bed days and the overall number of falls reduced in month, along with falls with significant harm. However, YTD we have seen increased falls (11) with harm, all of which are subject to a serious investigation. A thematic analysis has taken place and those findings can be seen on page 17 with corresponding actions.

Smoking at time of delivery remains over target. Funding for NRT is not available for 2023/24, which impacts on the outcomes and the ability to meet the Saving Babies Lives care bundle and subsequently CNST year 5. This issue has been raised with our LMNS colleagues.

Complaints performance remains below accepted levels of performance; however, we are seeing an improving position and assurance is being gained regarding the complaints process.

Mortality outcome data

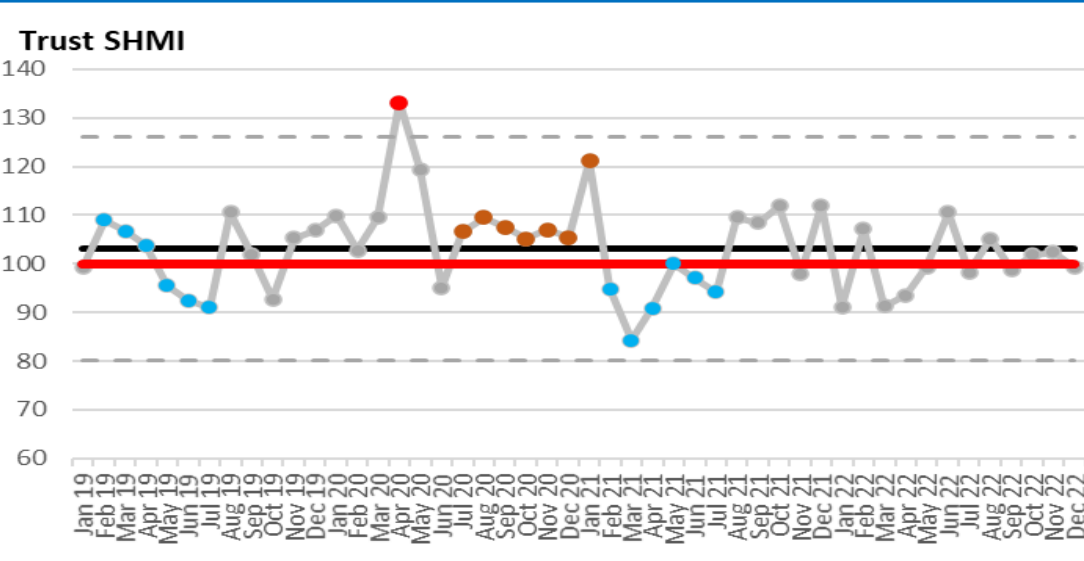
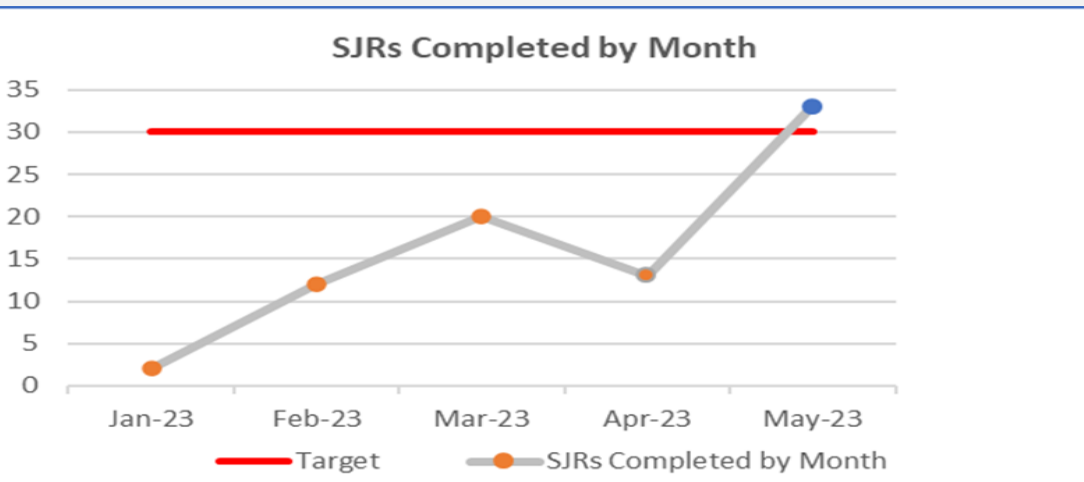
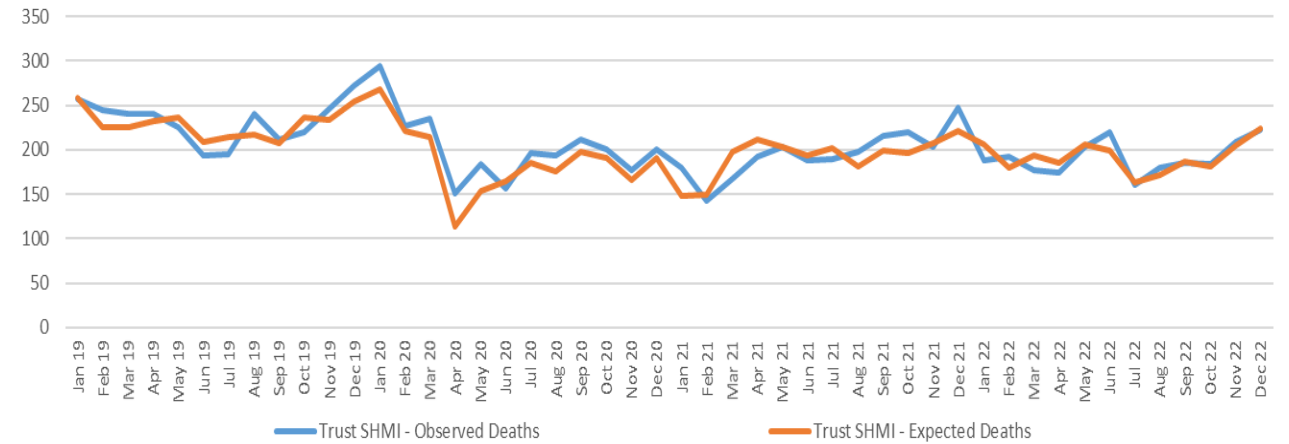
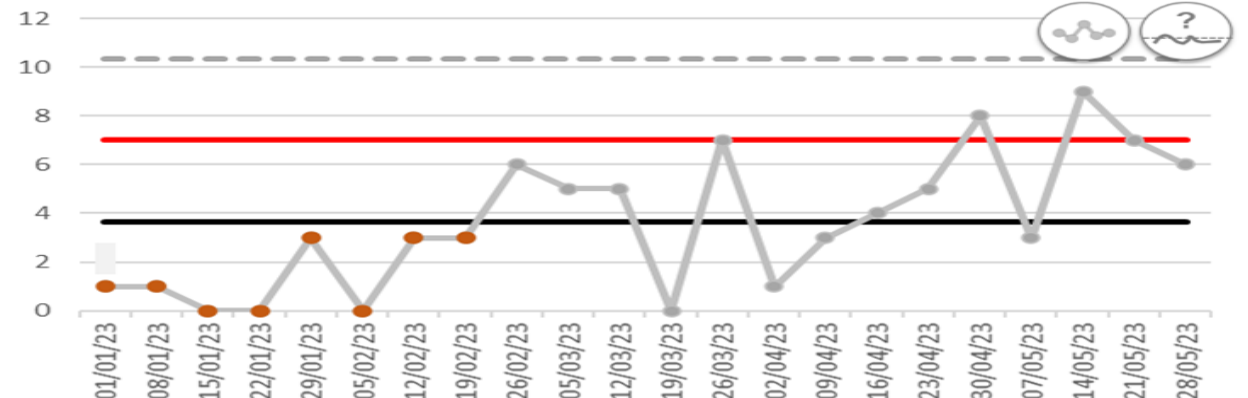


Fig. 4 Trust expected deaths Vs. observed deaths



SJR's Completed by Week



Mortality outcome data

What does the data tell us?

- The Trust SHMI position for the latest available period is favourable to the peer average.
- The SHMI was higher at PRH than RSH through most of the year. However, by the end of the 12 month period the indices were similar at both hospitals, although the high number of deaths in December at PRH increased the index.
- Also included in this slide is the number of mortality Structured Judgement Reviews (SJRs) completed weekly and monthly with the target shown. As a result of investment in new reviewers, the percentages of SJRs completed are improving.

What actions are being taken to improve?

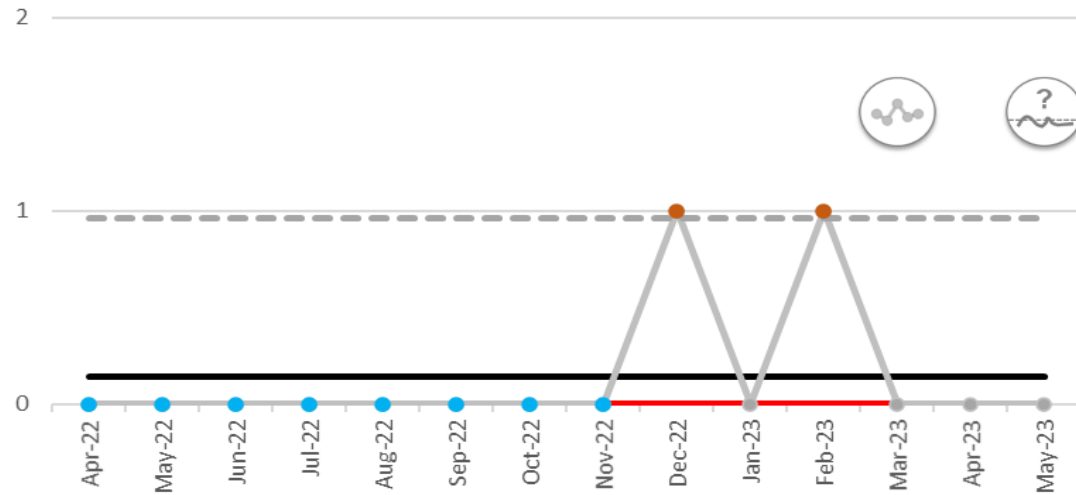
Further analysis from the CHKS report shows the SHMI conditions (on presentation) with the highest number of 'excess' deaths in SaTH. The actions taken are summarised below:

- Anaemia: A detailed clinical review of in hospital cases for the last quarter 2022/23 has been completed, with no concerns in respect of patient management.
- Acute and unspecified renal failure: A review of deaths associated with AKI on admission has been undertaken by the renal physicians. AKI management at SaTH has been compared with that of neighbouring Trusts and as a result, the renal consultants have proposed the development of the role of an acute kidney injury nurse.
- Acute cerebrovascular disease: This is shown as excess deaths only at the RSH site. In the majority of cases looked after at RSH, these deaths follow an intracerebral haemorrhage where the expected mortality is high. Further investigations of RSH cases are being carried out by the Stroke Consultants.

In addition to the above, 3 senior clinicians have been recruited to the corporate SJR Reviewer team to increase the completion rates.

Infection Prevention and Control

HOHA & COHA- MRSA



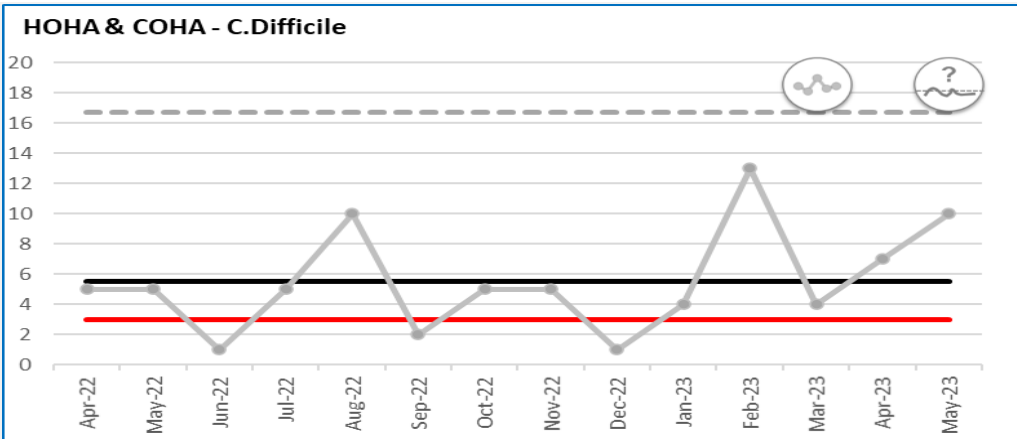
What are the main risks impacting performance?

- There were no HOHA or COHA cases of MRSA bacteraemia attributed to the Trust in May 2023.

What actions are being taken to improve?

- Ensuring compliance with IPC policy and procedures including those relating to MRSA decolonisation continues to be undertaken across all divisions.
- The target set by NHS England for HOHA MRSA remains zero.

Infection Prevention and Control



What are the main risks impacting performance?

- There were 10 new cases of C.Difficile in May 2023 (HOHA 7, COHA 3).
- A target of no more than 32 cases is set for the year 2023/24 and SaTH has reported 17 cases before the end of Q1.
- Common themes from RCAs include timely stool samples, prompt isolation, use of stool charts, antimicrobial prescribing and the use of Proton-Pump inhibitors (PPI).

What actions are being taken to improve

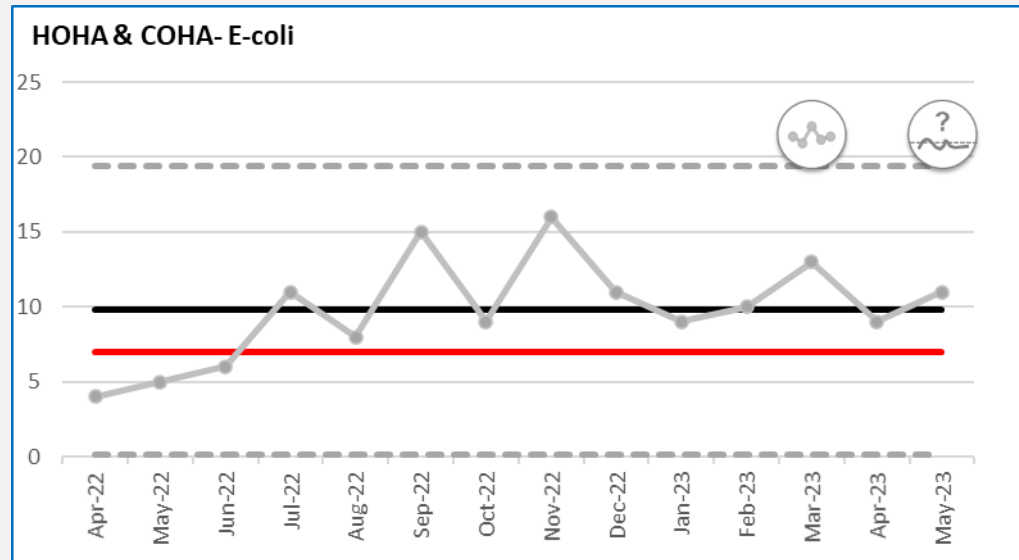
The C.Difficile action/recovery plan continues to be implemented across the divisions.

Other actions which are ongoing are:

- Commode training
- Quality ward walks undertaken by the IPC team and senior divisional nursing staff with real-time education
- IPC training
- Daily monitoring of IPC practices by ward matrons/managers
- Ensuring compliance with nursing aspects of ward cleanliness
- Explore options to enable a deep clean of wards across RSH in January 2024
- A case review of all C.Difficile cases in 2022/23 has been undertaken by the IPC Doctor (Consultant Microbiologist)
- There needs to be system wide discussions and workstreams in relation to antimicrobial and PPI prescribing

Actions are reported via divisional IPC reports and monitored via the IPCOG.

Infection Prevention and Control



What are the main risks impacting performance?

- There were 11 cases of E.coli bacteremia in May 2023 (HOHA 4, COHA 7).
- This is above the monthly target for 2023/24 which has been set at no more than 7 cases a month and will result in the annual target of no more than 90 cases more of a challenge to achieve.

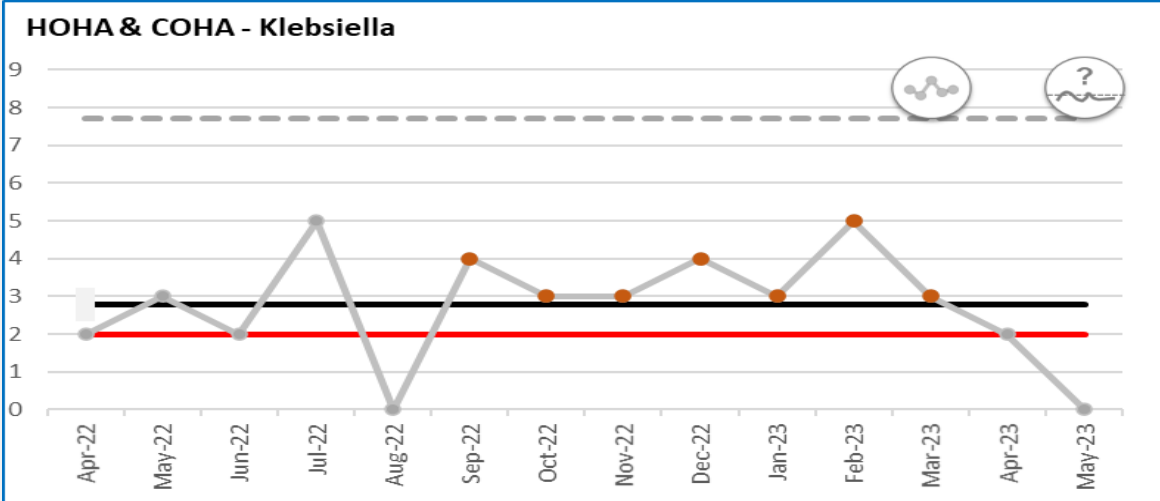
What actions are being taken to improve?

All HOHA actions continue to be implemented and monitored.

These include:

- Use of catheter documentation for insertion and ongoing care.
- 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.
- Divisions report on progress of these actions through IPCOG in their monthly IPC reports.
- Catheter care and VIPs are also reported via the ward quality dashboards and discussed at the monthly nursing metrics meetings when the ward managers/matrons discuss their exception reports.

Infection Prevention and Control

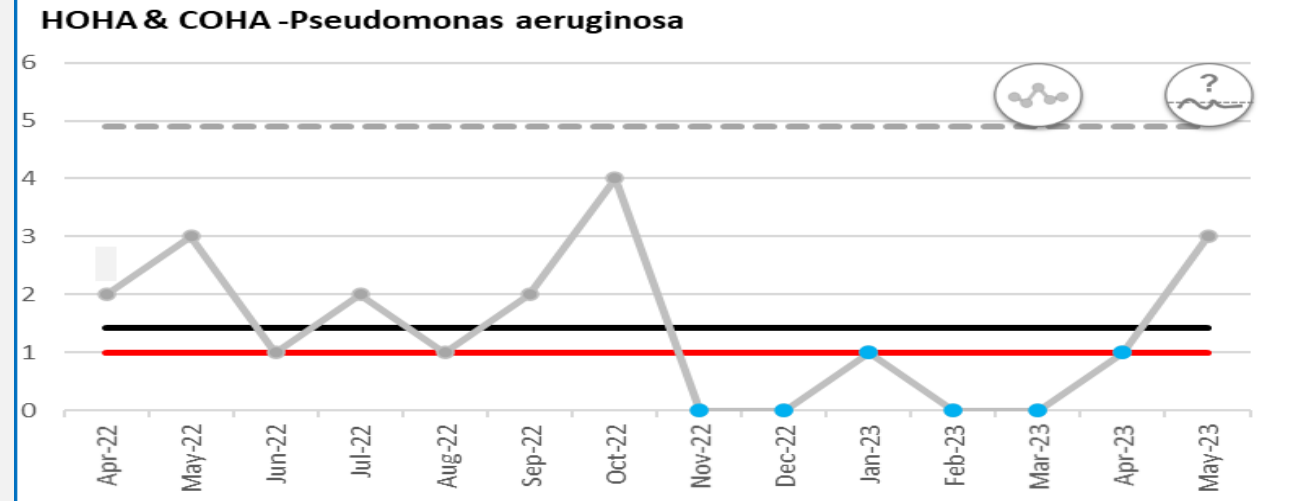


What are the main risks impacting performance?

- There were no new cases of Klebsiella bacteraemia in May 2023.

What actions are being taken to improve?

- There is ongoing improvement work in relation to HCAs and compliance with IPC standards and procedures. Performance is monitored at IPCOG and monthly metric meetings.



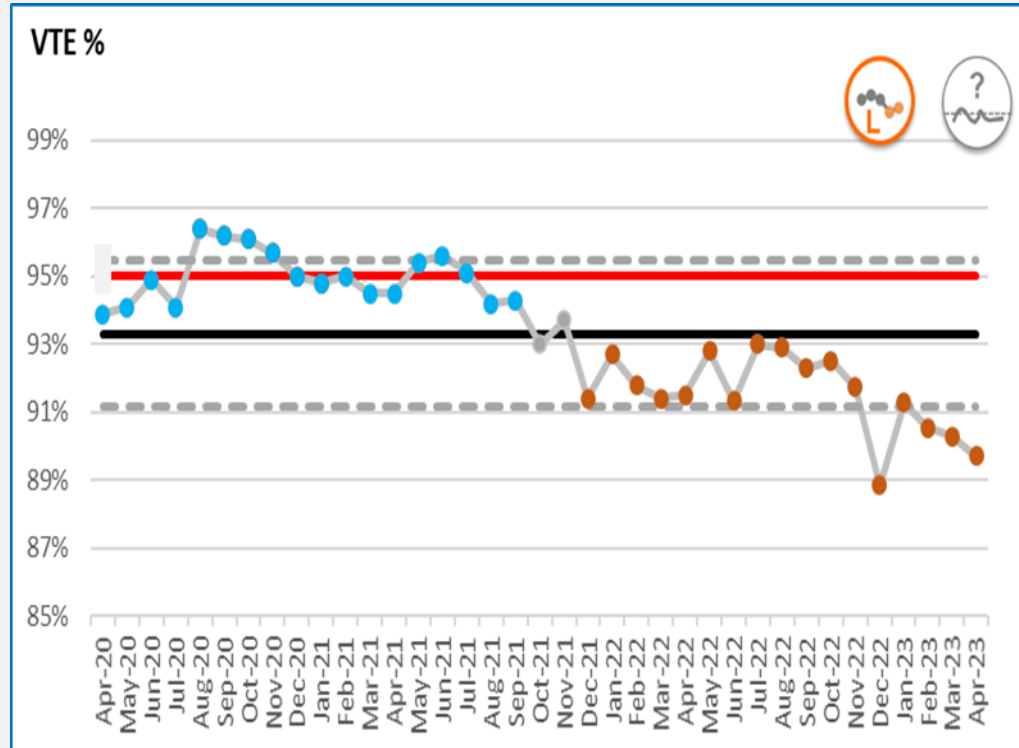
What are the main risks impacting performance?

- There were 3 HOHA cases of pseudomonas bacteraemia in May 2023.
- This is above the monthly target for 2023/24 which has been set at no more than 1 case per month, and no more than 18 cases in the financial year.

What actions are being taken to improve?

- There is ongoing improvement work in relation to HOHAs as reported in the other sections of the IPR report for the HOCAs.

Patient harm- VTE



What are the main risks impacting performance?

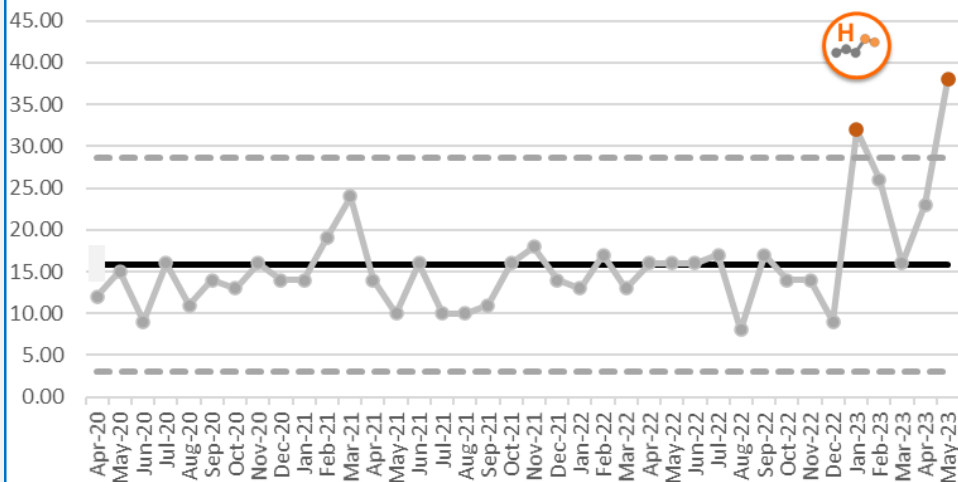
- VTE assessment continues to fall below the national target line and is outside of reporting limits
- There remains a continued reliance on electronic assessment but paper prescriptions.
- Prolonged time of patients in ED is likely to be a contributing factor as VTE alerts are not as visible.

What does the data tell us?

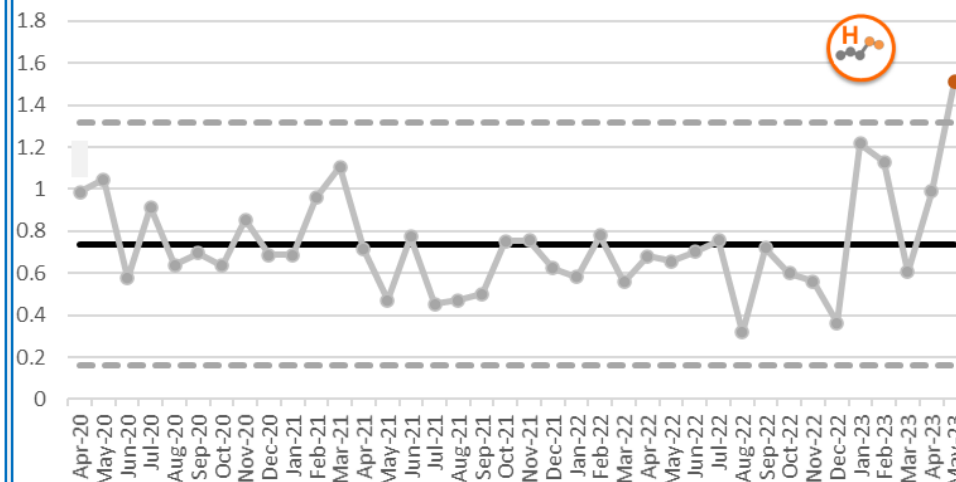
- A pilot started week commencing 5th June 2023 in AMU on both sites to use prompts on the patient's prescription charts to trigger the completion of VTE assessments. There will be a full audit cycle during the pilot which completes on 30th June 2023. Findings from this pilot will be presented to Quality Operational Committee.
- Communication continues with the divisional medical directors, clinical directors, consultants, matrons and ward managers to identify any outstanding VTE assessments and to ensure completion in a timely manner.
- Monitoring will continue with notifications sent to consultants.

Patient harm- Pressure ulcers

Pressure Ulcers - grade 2 and above



Pressure Ulcers - grade 2 and above per 1000 Bed Days



Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	21
Surgery, Anaesthetics and Cancer	16
Women's & Children's	1

What does the data tell us?

- There were 38 pressure ulcers reported in May 2023, which is showing cause for concern as this is outside reporting control limits.

What actions are being taken to improve?

- Review of the recent RCA/SIs has shown themes around mattresses, both in relation to availability and timely ordering. Actions to address this include:
 - Clinical Support advisor from Arjo support to wards twice weekly
 - Ward training on e-trace for orders
 - Review of mattresses contract in progress

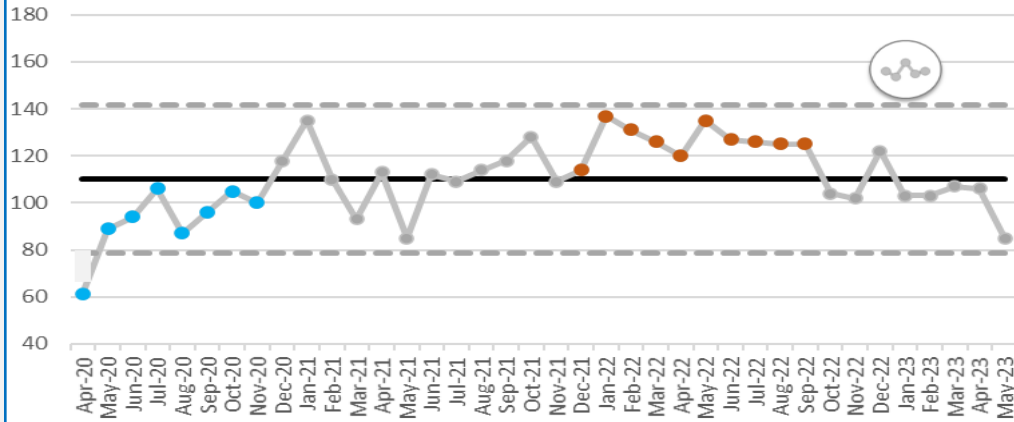
Patient harm- Pressure ulcers

What actions are being taken to improve?

- TVN to link in with healthcare support worker academy in relation to the provision of TV training to HCAs as part of induction.
- Reminder to registrants about delegated responsibility and oversight of care delivered by HCAs throughout the shift to ensure prescribed nursing care is delivered.
- There is an overarching pressure ulcer prevention plan which includes actions from previous RCA/SI investigations. This continues to be implemented across all divisions.
- All RN staff are completing the mandatory tissue viability training and compliance with training is monitored via the monthly Nursing Quality Metrics meetings.
- Spot checks are undertaken by ward managers and matrons to ensure Waterlow assessments are accurately completed, and prevention actions implemented via the care plans continue to be implemented.
- Targeted additional education and support is being provided by the tissue viability team for wards with increased numbers of pressure ulcers.

Patient harm - Falls

Falls-total



Falls – Total
per Division

Medicine and
Emergency
Care

Number
Reported

57

Surgery,
Anaesthetics
and Cancer

27

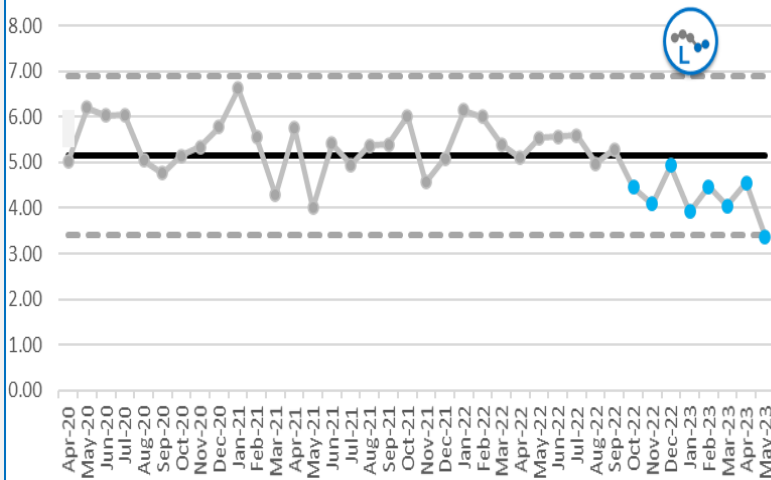
Women and
Children's

1

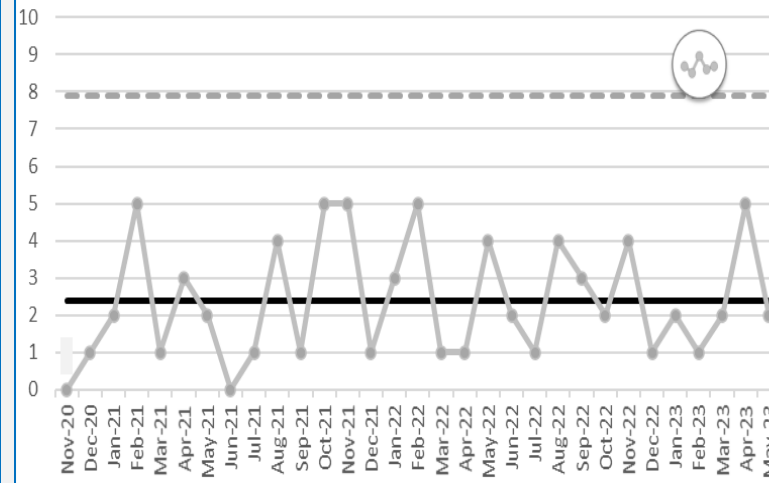
What does the data tell us?

- The number of falls and falls per 1,000 bed days has reduced significantly this month.
- The Trust continues to see falls that result in moderate harm or above, with 2 falls reported this month. This has shown a resultant decline in the falls with harm per 1,000 bed days.

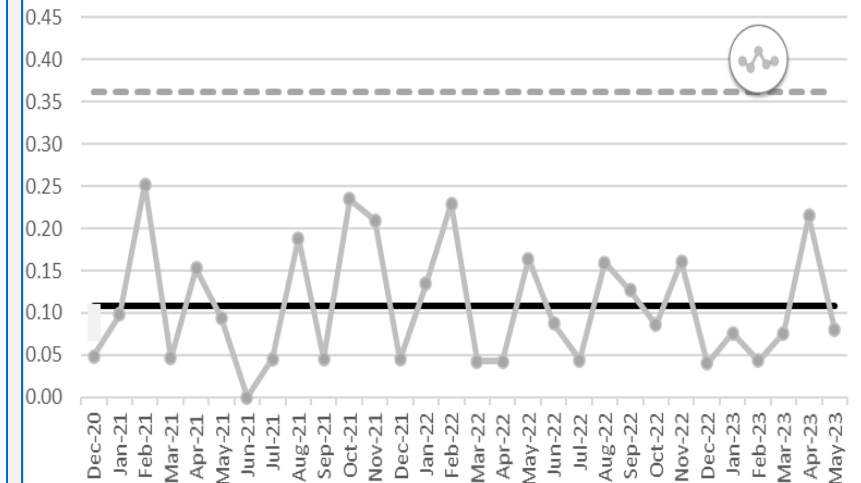
Falls - per 1000 Bed Days



Falls - Resulting in Harm Moderate or Severe



Falls - with Harm per 1000 Bed Days



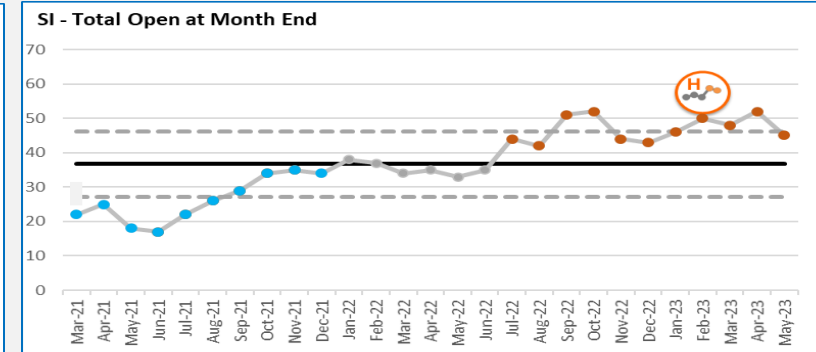
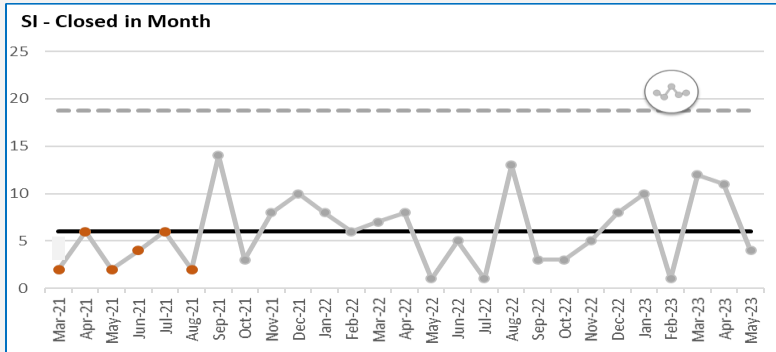
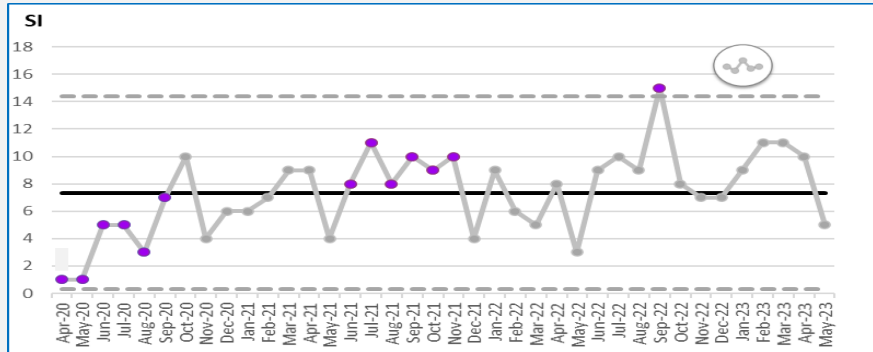
Patient harm - Falls

What actions are being taken to improve?

A review has taken place in relation to the 11 falls with harm this YTD following the SI investigations to identify any themes. Actions based on the findings of this include:

- Ensuring that staff are cohorting correctly and ensuring the more consistent use of the yellow falls tabard for staff undertaking cohorting.
- Ensuring lying and standing blood pressure is undertaken on patients at risk of falls and that any findings in relation to a postural drop in BP are escalated and acted upon.
- Ensure patients have appropriate footwear. Several patients were bare foot or had own socks on at the time of the fall. Ensuring that staff are using the yellow non-slip socks is essential.
- Ensure pre-fall prevention plans are accurate and fully completed and that ward managers have processes in place to spot check documentation on a regular basis.
- Ensure when falls are discussed at the ward huddles, we ask the question "what can we do to reduce this risk today for this patient"?

Patient harm - Serious incidents



What does the data tell us?

- The number of SIs reported has reduced below the mean and within usual reporting limits. No obvious issues have been identified but monitoring is in place for underpinning themes.
- Number of open SI's is 45, which has slightly reduced and continues to show cause for concern. Divisions are working on reducing the number of SI's currently open. There was 4 SI's closed in May, which will also be monitored for trends.

What actions are being taken to improve?

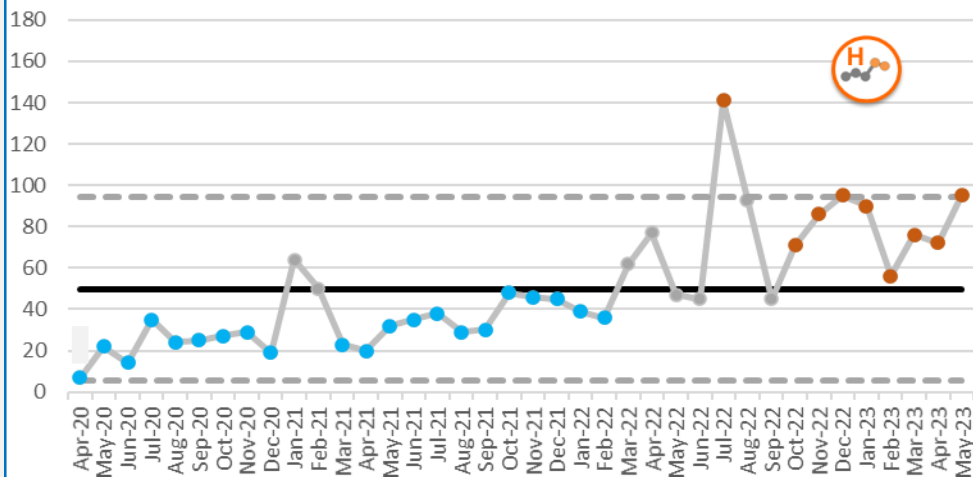
- Monitor reviews and maintain investigation reporting within national frameworks for timely learning.
- Embed learning from incidents.
- Weekly rapid review of incidents and early identification of themes.
- Standardised investigation processes and early implementation of actions.
- Attain sustainable learning from incidents.
- Divisions are working on reducing the number of SI's currently open.

Serious Incidents theme	Number Reported
Fall	2
Delayed cancer diagnosis	1
Pressure Ulcer – Category 3	2
Total	5

Serious incidents - by division	Number reported
Medicine and Emergency care	5

Mixed sex breaches exception report

Mixed Sex Breaches



Location	Number of breaches	Additional Information
AMU (PRH)	46 breaches	In AMA over 26 occasions.
ITU / HDU (PRH)	20 primary breaches	16 medical, 2 H&N, 1 surgical, 1 orthopaedic
ITU / HDU (RSH)	29 primary breaches	10 medical, 17 surgical, 2 orthopaedic

What are the main risks impacting performance?

- There remains a high number of mixed sex breaches, which is largely as a result of limited bed capacity meaning patient discharges from the ITU/HDU are delayed due to lack of timely availability of ward beds to transfer patients to and ongoing use of the AMA at PRH at times of increased activity.

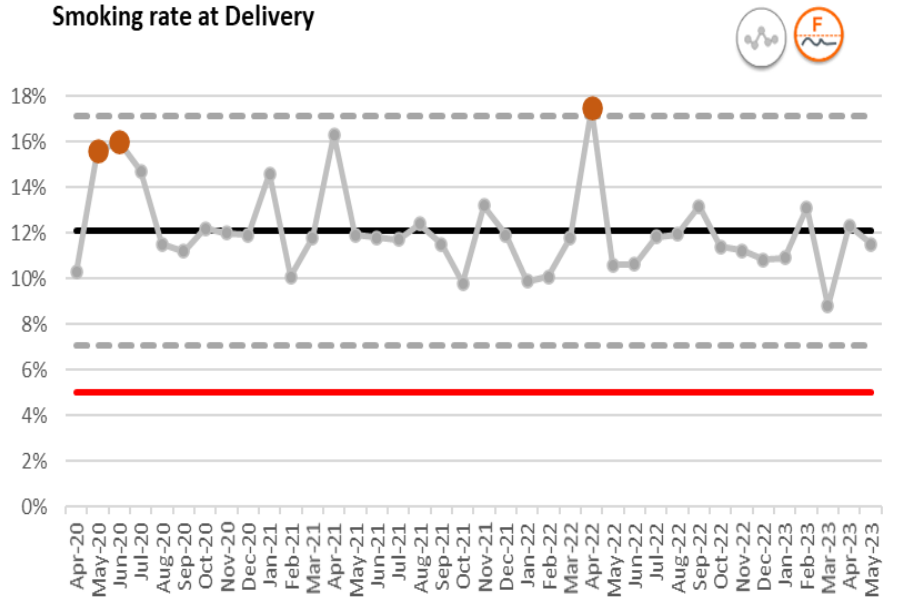
What actions are being taken to improve?

There is ongoing work to ensure:

- We avoid using the assessment area on the Acute Medical Unit at PRH for escalation overnight for patients, where possible, as this results in delays the following day with the ambulatory medical patients returning to the assessment area and results in mixed sex accommodation breaches.
- Reduce delays in stepping down patients from ITU as this is still impacted by bed pressures across the Trust.

Maternity - Smoking rate at delivery

Smoking rate at Delivery



What is the data telling us?

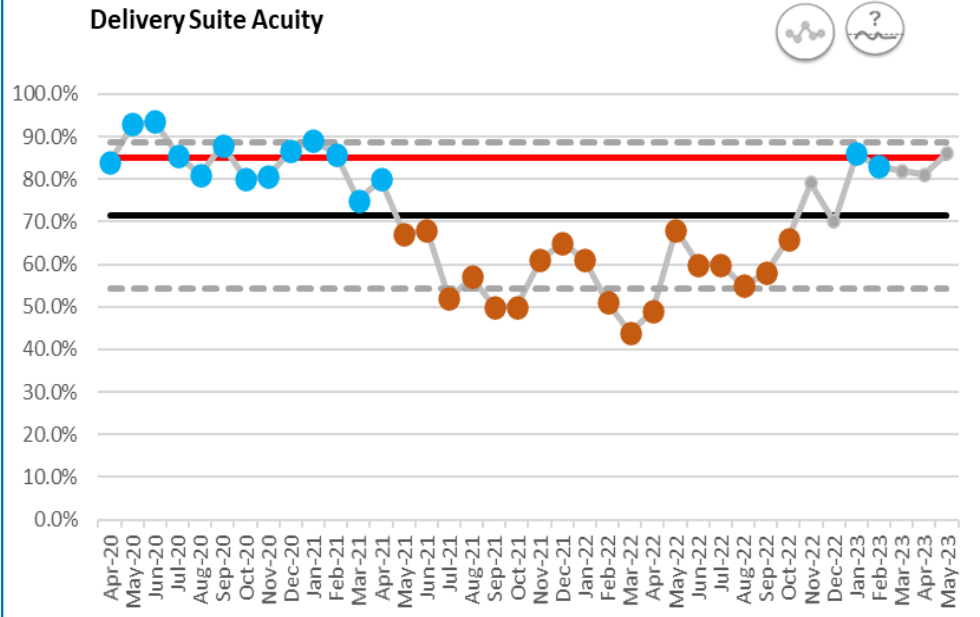
- SATOD figures for this month is 11.5%, which is a slight decrease on last month's performance.
- The overall SATOD position for 2022/23 was 11.8%, which is showing a decline from 2021/22 of 12.1%.
- The government target has now been set as 5% SATOD. SaTH is higher than the national average with 8.8% SATOD (2022/23) despite a consistent reduction over the last four years.
- Majority of ICB's are also not reaching this government target (only 11 out of 106 ICB's). Despite a service launch and interventions, it may be difficult to achieve the government target due to the local social demographic areas of deprivation that are more likely to have higher rates of smoking.
- Funding for Nicotine Replacement Therapy (NRT) availability has not been confirmed for 2023/24. NRT is recommended in the latest Saving Babies Lives (SBL) Care Bundle therefore if no agreement is reached, it will affect delivery of Year 5 CNST MIS.

What actions are being taken to improve?

- Healthy Pregnancy Support Service (HPSS) launched in August 2022. The service addresses barriers to accessing healthcare support and reduce inequalities and provides face to face support and Nicotine Replacement Therapy (NRT).
- Support and signposting offered to partners who smoke.
- Smoking rates at time of booking (SATOB) are decreasing so it is anticipated that we will see a resulting decreasing trend for smoking at time of delivery.
- Future NRT provision highlighted as a risk and escalated.

Maternity - Delivery suite acuity

Delivery Suite Acuity



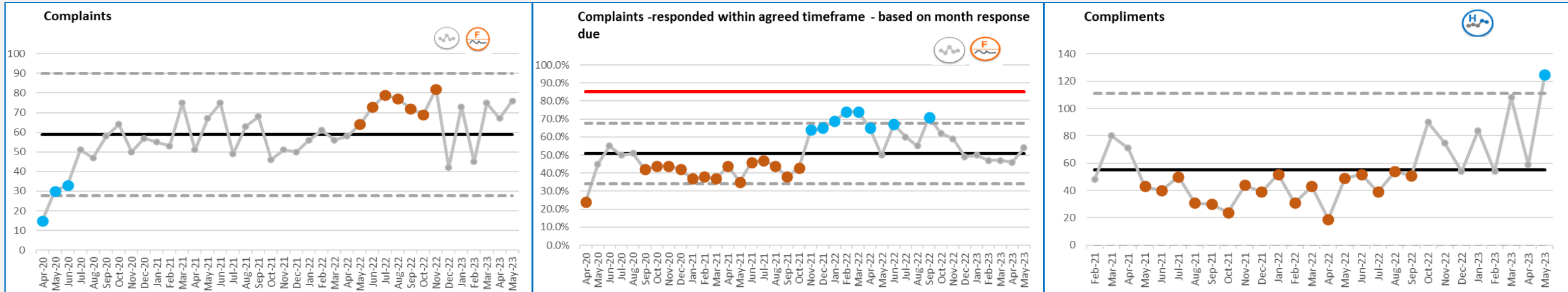
What are the main risks impacting performance?

- This month has shown an improvement in acuity, which is the second time since February 2021 that the delivery suite acuity has met the standard.
- High unavailability of staff due to sickness and maternity leave (15%) is impacting safe staffing requiring use of the escalation policy, which is working well.

What actions are being taken to improve?

- Although we are now at establishment, we are carrying an unavailability rate of 15%. To have maintained an acuity position of >80% is extremely positive.
- Proactive management of staffing deficits embedded via weekly staffing meetings and the escalation policy, ensuring staff compliance with 1:1 care in labour and the coordinator maintains supernumerary status as per CNST.
- Acuity tool consistently being completed with reassurance of data quality for all entries.
- 100% 1:1 care in labour being achieved.

Complaints



What are the main risks impacting performance?

- The number of complaints remains within standard variation. There has been a slight increase in complaints on Ward 23 in May 2023, and this will be monitored.
- Response rates remain below target for the Trust as a whole, however the Surgery, Anaesthetics and Cancer division are consistently achieving higher response rates.
- The target of providing written acknowledgement within three working days was met in 100% of cases in May 2023, with 95% acknowledged within two days.

What actions are being taken to improve?

- Weekly meetings are undertaken with divisions to review open complaint cases and provide support
- Regular reviews of open complaint cases and updates provided to complainants.
- Continue to focus on backlog cases and closing the oldest cases, which is proving positive with numbers on the backlog reducing

Responsiveness

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	Regulator	National Standard	Current Month Trajectory (PAC)	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	68.2%	58.7%	54.6%	52.5%	53.5%	51.5%	49.7%	49.1%	45.0%	55.3%	53.4%	54.2%	54.6%	55.3%	53.7%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	66.2%	63.0%	61.8%	62.7%	60.2%	58.4%	57.8%	53.1%	64.0%	62.2%	63.3%	63.1%	64.8%	64.0%	
	ED - 12 Hour Trolley Breaches	R	0	0	176	392	649	585	632	972	1090	962	629	651	817	524	529	525	
	Ambulance Handover < 15 mins (%)	R	-	-	14.0%	10.5%	9.5%	9.4%	8.3%	6.9%	7.5%	6.4%	16.3%	11.6%	8.9%	17.1%	14.4%	19.3%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	32.6%	25.2%	23.5%	26.3%	23.9%	20.1%	27.9%	21.7%	39.4%	29.6%	26.9%	39.9%	37.4%	36.5%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%	-	24.5%	27.4%	25.6%	26.2%	28.5%	25.0%	29.9%	25.9%	24.4%	27.9%	26.1%	25.2%	27.5%	20.8%	
	Ambulance Handover > 60 mins (%)	R	0%	-	29.0%	36.7%	41.1%	38.0%	39.7%	48.1%	34.8%	46.3%	20.6%	31.0%	39.8%	18.2%	21.1%	20.8%	
	ED activity (total excluding planned returns)		-	13619	13601	13280	13159	11972	12104	12868	12538	13481	11037	10776	12239	12243	13375	13265	
	ED activity (type 1 excluding planned returns)		-	11392	11383	11115	10988	9947	10114	10639	10374	10763	9097	8762	10086	9902	11023	10875	
	Total Emergency Admissions from A&E		-	-	3060	2957	2899	2780	2850	2837	2762	2837	2679	2424	2599	2587	2634	2700	
	% Patients seen within 15 minutes for initial assessment		-	0%	25.0%	24.0%	22.7%	29.4%	23.5%	20.2%	20.4%	18.1%	32.7%	27.2%	27.5%	35.7%	35.9%	33.4%	
	Average time to initial assessment (mins)		15 Mins	15	35	42	41	35	41	43	40	49	28	31	35	28	28	31	
	Average time to initial assessment (mins) Adults		15 Mins	15	37	44	43	38	44	48	43	49	31	34	39	30	30	24	
	Average time to initial assessment (mins) Children		15 Mins	15	29	33	35	19	32	27	31	49	18	22	21	19	30	33	
	Mean Time in ED Non Admitted (mins)		-	215	239	255	268	288	306	365	381	439	338	387	367	501	477	401	
	Mean Time in ED admitted (mins)		-	500	568	683	759	773	804	1152	1106	1366	1147	1205	1369	1143	1127	1053	
	No. Of Patients who spend more than 12 Hours in ED		-	165	1145	1490	1784	1625	1836	2317	2295	2648	1888	1918	2048	1920	2086	2025	
	12 Hours in ED Performance %		-	6%	8.4%	11.2%	13.6%	13.6%	15.2%	18.0%	18.3%	19.6%	17.1%	17.8%	16.7%	15.7%	15.6%	15.3%	
	Bed Occupancy Rate		92%	-	89.1%	89.8%	90.0%	90.5%	91.1%	92.2%	92.4%	91.9%	93.3%	91.5%	90.8%	89.9%	91.1%	90.1%	
	Diagnostic Activity Total		-	-	19577	19208	19353	20098	19124	19426	20897	17586	20905	20254	22366	19341	21966	20927	
	Diagnostic 6 Week Wait Performance %		95%	-	62.7%	60.7%	59.5%	53.0%	56.5%	58.0%	59.4%	55.3%	55.7%	63.6%	63.9%	63.9%	63.6%	66.8%	
	Diagnostic 6+ Week Breaches		0	-	5557	5936	6140	6846	6113	6119	6081	6614	6445	5097	4968	4820	4625	4115	
	Total Non Elective Activity		-	-	5169	5030	4878	4717	4714	4786	5051	5022	5167	4776	5163	4844	5122	5116	
	Total elective IPDC activity		-	-	5536	5305	5292	5448	5511	5695	6049	5279	5791	5557	6223	5432	5815	6072	
	Total outpatient attendances		-	-	48976	46892	46031	46451	46924	47407	51990	41392	50868	48210	52598	44164	49238	48118	
	RTT Incomplete 18 Week Performance		92%	-	58.7%	57.4%	55.7%	54.3%	52.9%	52.7%	52.2%	50.4%	50.9%	52.1%	53.3%	54.1%	54.6%	54.9%	
	RTT Waiting list - Total size	R	-	-	38810	39545	41263	42487	42915	43179	42853	43173	41227	40232	40069	40228	39841	39360	
	RTT Waiting list - English only		-	37328	34655	35250	36834	37901	38406	38783	38591	38859	37075	36090	35841	36043	35614	35176	
	RTT 52+ Week Breaches (All)	R	0	-	2910	3049	3189	3423	3618	3763	3845	4018	3553	3172	2965	2852	2920	2605	
	RTT 52+ Week Breaches - English only		-	2380	2564	2673	2806	3015	3170	3304	3421	3587	3169	2842	2652	2592	2635	2335	
	RTT 65+ Week Breaches (All)		-	-	1083	1093	1160	1331	1476	1529	1549	1757	1552	1246	785	726	796	729	
	RTT 65+ Week Breaches - English only		-	592	957	939	1000	1163	1295	1343	1369	1560	1372	1109	705	652	733	654	
	RTT 78+ Week Breaches (All)	R	0	0	393	315	315	324	344	351	415	549	465	291	57	57	82	11	
	RTT 78+ Week Breaches - English only		-	0	354	271	276	277	301	313	372	481	401	252	43	50	72	3	
	RTT 104+ Week Breaches (All)	R	0	0	62	41	18	15	9	3	0	1	1	0	1	0	0	1	
	RTT 104+ Week Breaches - English only		-	0	60	40	17	13	6	1	0	1	1	0	1	0	0	0	
	Cancer 2 Week Wait	R	93%	-	76.6%	75.9%	77.3%	76.1%	67.5%	70.8%	73.5%	67.4%	79.0%	86.7%	70.8%	63.1%	65.0%	-	
	Cancer 62 Day Standard	R	85%	-	50.0%	55.0%	55.5%	51.1%	45.9%	50.4%	47.7%	48.5%	39.1%	38.2%	48.1%	39.7%	45.8%	-	
	Cancer 31 Day First Treatment		96%	-	90.1%	93.0%	93.2%	90.8%	86.7%	93.5%	82.0%	82.3%	78.0%	84.9%	83.3%	83.2%	81.6%	-	
	Cancer 28 Day Faster Diagnosis	R	75%	68.92%	63.7%	64.0%	65.0%	61.9%	56.0%	59.5%	55.8%	56.8%	59.7%	64.6%	58.1%	59.4%	60.9%	-	

Operational summary

June has seen a further period of junior doctor industrial action. A MaDE event was planned for the first week in June and focussed on improving referral rates to the Virtual ward. In-reach support was provided by the Virtual Ward team and additional communications, an intranet page, video and posters were provided to all wards. This resulted in a significant increase in virtual ward referrals, however not all of these converted into discharges onto the Virtual ward. The focus through July is to understand what is impacting conversion rates.

A UEC dashboard has been created that is supporting a new weekly performance meeting chaired by the COO. Through June, there has been a reduction in length of stay, a reduction in patients with a length of stay over 14 and 21 days and a reduction in the number of patients with No Criteria to Reside. However, this hasn't had an impact on long waits in ED or in the overall ED performance. A deep dive into ED performance is planned to be undertaken in early August.

During June, there has been a need for ward 22 to move to alternative accommodation whilst the ward has some essential fire compartmentalisation estates work undertaken. This has resulted in a loss of 10 acute medicine beds. These will be reinstated at the beginning of August, once the acute floor returns to ward 22.

NHSE tier 1 monitoring continues due to our RTT and cancer performance and elective recovery has improved this month. Daily RTT monitoring with the specialty teams is providing assurance of continuing progress at the expected rate. We are continuing to insource and explore options of mutual aid across challenged specialties. Specialty level improvement trajectories are on track to delivering the plan for zero 78-week waiters by June 2023 and zero 65-week waiters by March 2024.

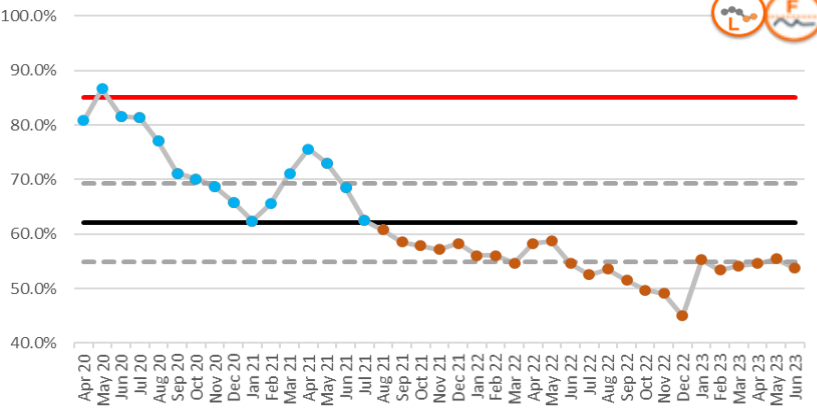
In cancer, our focus is on improved performance in the 62 day and Faster Diagnosis standards (FDS) standards and we continue to prioritise improvement on our most challenged specialties of urology, colorectal and gynaecology. There were 431 patients waiting over 62 days for treatment on 30th June against our target of 212 by 31st March 2024. Our unvalidated FDS position for May is 62.2% against our trajectory of 63.2%, and there are challenges in key high-volume areas if we are to meet our milestone target of 67% in June. Recent bids for additional WMCA funding have been successful, including an additional £1m support for endoscopy capacity.

In urology, we are focussing on implementing early triage and improving turnaround in MRI and LATP in the prostate pathway. A cohort of 200 prostate staging MRI reports returned in May has streamlined treatment options for these patients. In the colorectal pathway, primary care did not meet the target of 80% compliance with FIT testing by Q1 and STW are continuing to work on GP engagement. Similarly, a second Telederm pilot utilising a secondary care model will commence in early July which will inform the Telederm service model to be eventually adopted in STW. This service is expected to significantly improve our performance against the FDS standard. In gynaecology, we expect to see a significant improvement in the 62 day backlog following the additional ultrasound capacity being provided during July in order to re-focus efforts on early diagnostics and an improved FDS performance in this area.

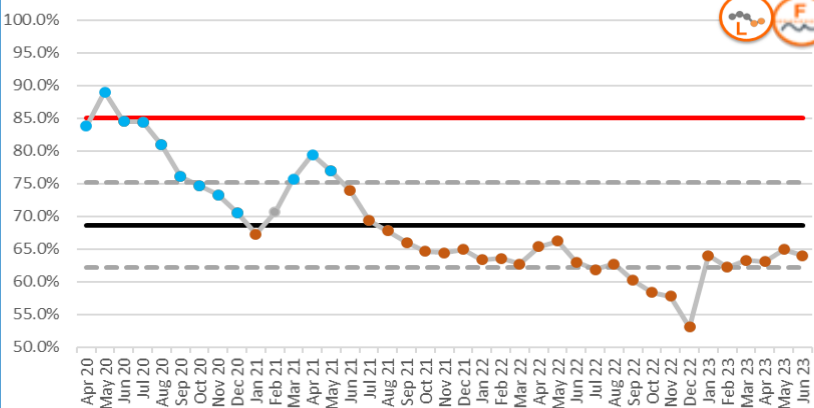
CDC is on track to receive patients on the ground floor in early October 2023. The standalone MRI unit at the site will become operational in November 2023. Cardio-respiratory testing and tele-dermatology services are expected to open in January 2024.

Operational - Emergency care

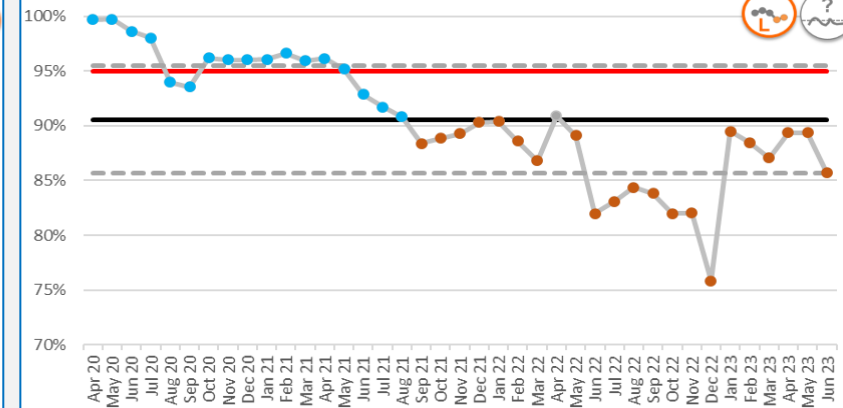
SaTH - ED 4 Hour Performance (SaTH Type 1 & 3) %



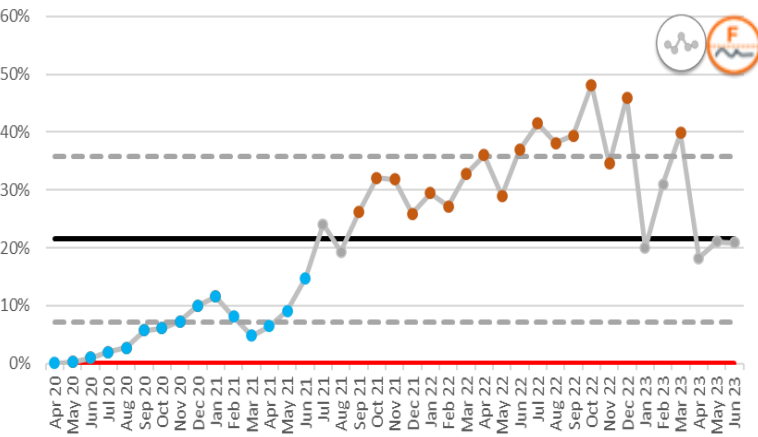
SaTH - ED 4 Hour Performance (All Types inc MIU) %



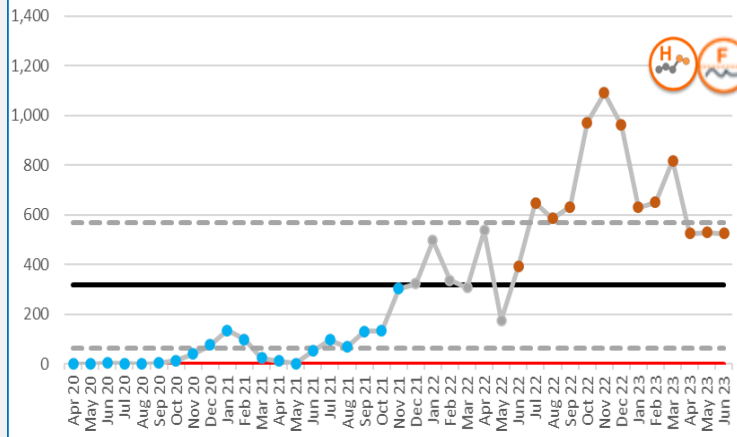
SaTH - ED 4 Hour Performance - Minors %



SaTH Ambulance handover > 60 minutes (%)



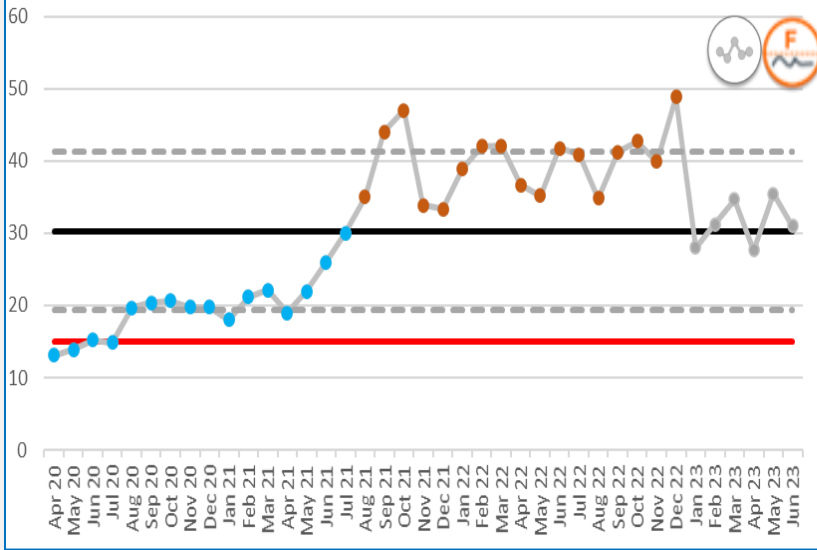
SaTH - >12 Hour DTA



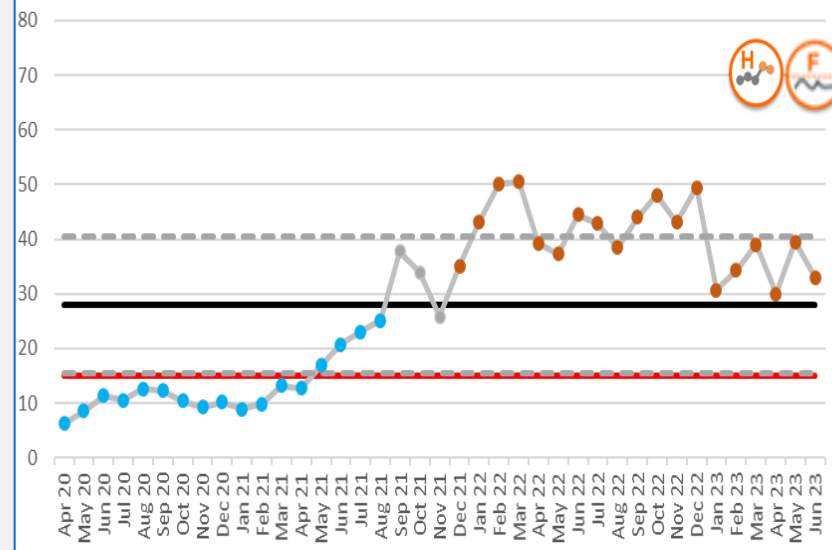
- Following significant improvement in January, the 4-hour performance has maintained a static position from February onwards, until June where we have seen a slight decline in performance. 12-hour performance has remained static since March.
- The reduction in ambulance handover delays of over 60 minutes seen in April and May has been sustained in June.
- Improvements seen in time of discharge, LOS and MFFD are not reflecting in ED performance. A deep dive has been commissioned to understand why we are not seeing a correlating improvement. It should however be noted that total medical beds have reduced by 10 beds due to the essential compartmentalisation estates work required on ward 22. Despite this bed reduction

Operational - Emergency care

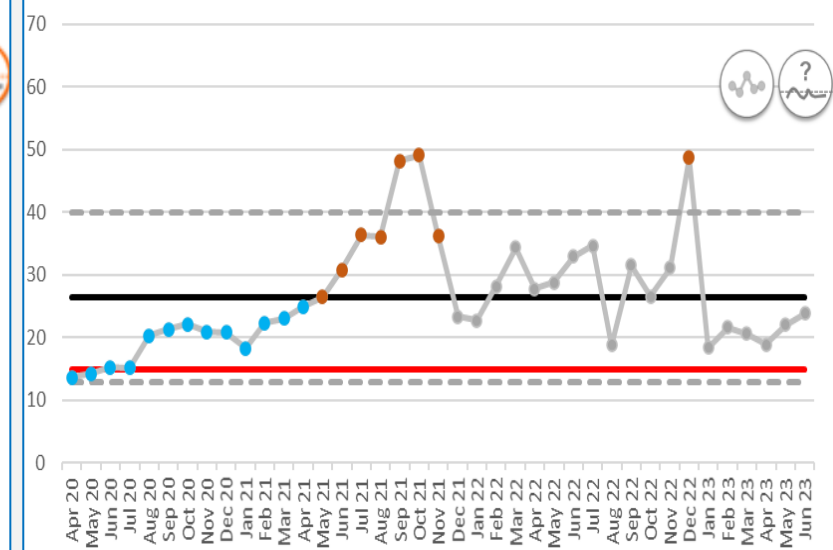
SaTH - Average Time to Initial assessment (mins)



SaTH - Average Time to Initial assessment (mins) - Adult



SaTH - Average Time to Initial assessment (mins) - Children



- June has seen a further reduction in time to initial assessment for adults. This follows commencement of a pilot in June to create a dedicated space for tests to be undertaken following initial assessment, maintaining flow through the initial assessment rooms. This pilot and its benefits are being monitored through the Emergency Care Transformation Programme (ECTP).
- Time to initial assessment for children has increased in month. Work is being undertaken to fully understand this decline in performance. Physical capacity constraints are impacting on performance at PRH. The business case to create a designated CYPU at PRH to mirror RSH is being finalised for presentation to the Trust Business Case Review Group in September.
- The improvement trajectory continues to be driven and monitored through the ECTP.

Operational - Emergency care

What are the main risks impacting performance?

- High acuity within the cohort of patients attending ED.
- Staffing pressures remain due to recruitment challenges and sickness absence rates remain across the 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.
- Overcrowding and long waits for admission in ED's due to the bed gap is resulting in long ambulance handover delays. This is also resulting in additional expenditure as extra agency consultant and junior doctors are required to review this cohort of patients (regularly equating to 2 additional wards) on both sites.

What actions are being taken to improve?

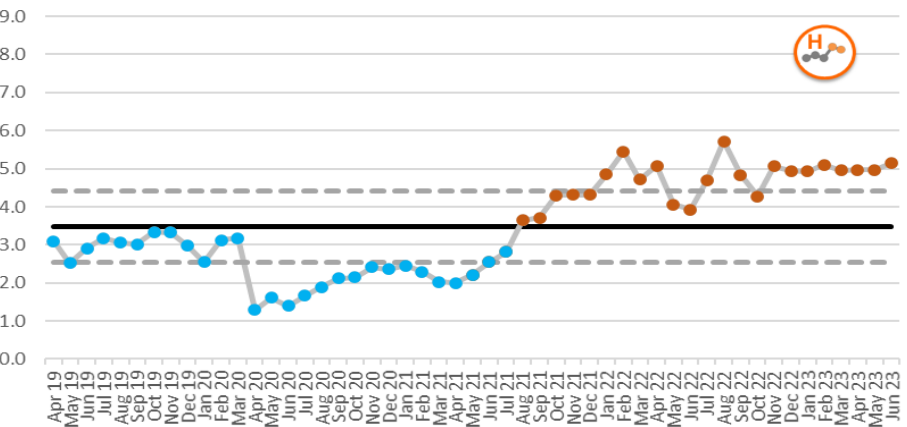
- Flow improvement programme continues with expansion to include surgical wards.
- Criteria led discharge continues in respiratory at RSH with a roll out plan in place to progress across all medical and surgical wards.
- Discharge profiles now earlier in the day, coupled with a reduction in 14 and 21-day LoS. Work has commenced to ensure this is sustained and to extend this work into wards within the surgery and cancer care division.
- Ambulance Receiving Area (ARA) operational at RSH and PRH.
- All GP direct patients are directly attending the Acute Medical Assessment Area (AMA) rather than ED which continues to reduce the demand in ED.
- PRH SDEC reconfiguration is due for completion in August 2023, which will see an increase in trollies available and opening over 24 hours rather than the current 12 hours a day.
- Deep dive in to SDEC has been commissioned to ensure capacity maximised ahead of expansion of the PRH unit.
- The ED transformation programme continues.
- ECIST review of the initial assessment process in ED, acute floor and the medical flow improvement programme has been undertaken and recommendations have been incorporated within workplans.
- The business case for CYPU at PRH has been completed and approval to progress to full business case was granted by II&C in March. The full business case is to be presented at the Trust Business Case Review Group in September.
- A weekly meeting has been established to review performance against the key metrics that have been identified within the 2023/24 operational plan.
- A new way of working has released operational and clinical times from site meetings through the day to enable a more delivery focus on discharge.

Operational – Patient flow

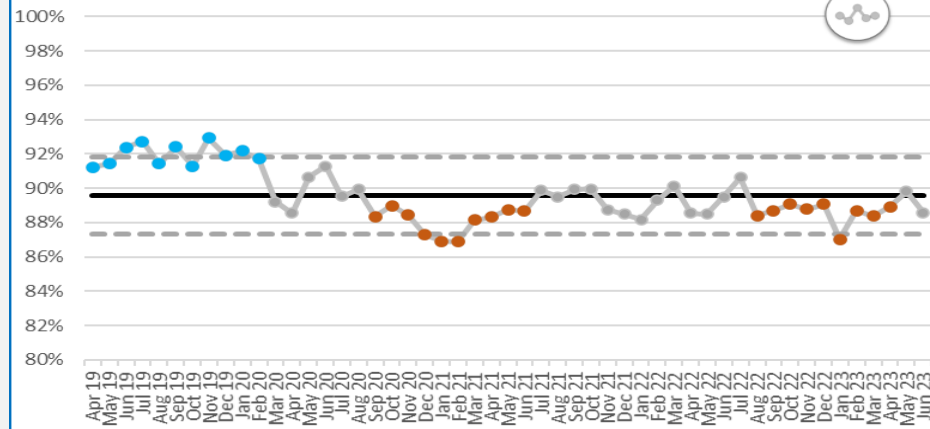
AVG Daily Midnight Snap Shot on MFFD



Average LOS From MFFD to Discharge



Discharges Completed Pathway 0 - %



What are the main risks impacting performance?

- Staff vacancies in nursing, medical, AHP and operational staff groups is impacting on assessments being completed in a timely manner.
- A steady reduction in the number of patients with no criteria to reside has been seen since January 2023, however, remains higher than November 2022.
- LOS for patients on Pathway 1-3 from being identified as having No Criteria to Reside and discharge is flatlining at 5.0 days.
- Increased demand and limited availability of care home provision, particularly EMI care home provision, in the community to receive and care for these patients.
- Low numbers of discharges on a Sunday and Monday means that ED and the site becomes overcrowded as flow is impacted.

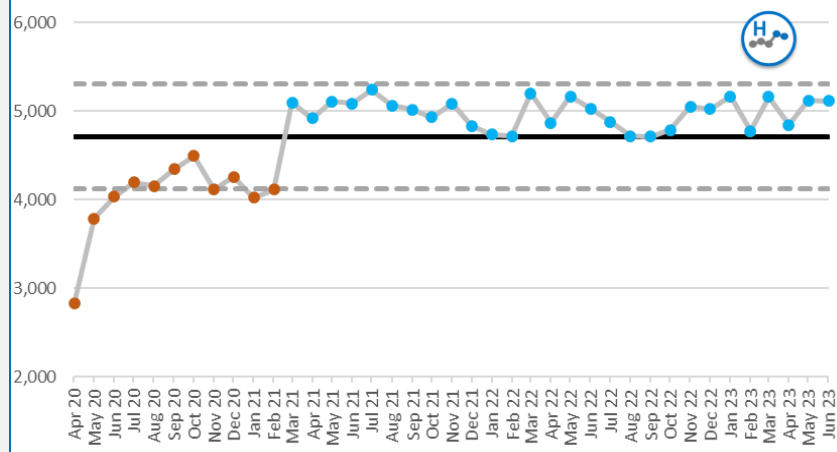
Operational – Patient Flow

What actions are being taken to improve?

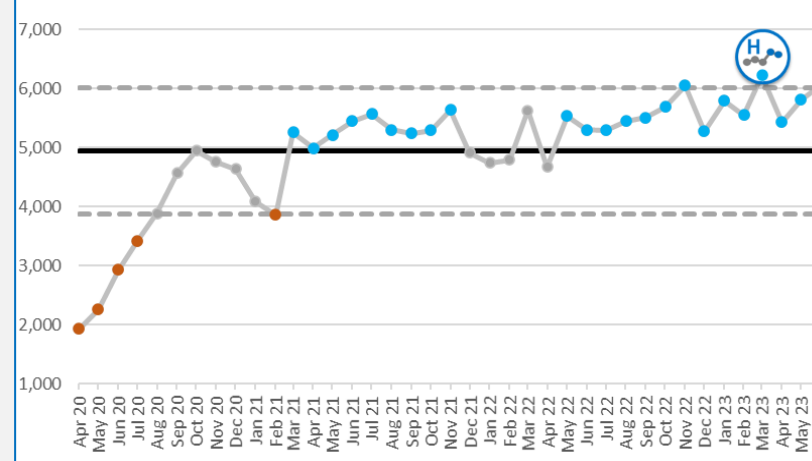
- Continued focus on ward processes across medicine and surgery wards to develop consistent and sustainable practices and support early discharges.
- A weekly grand check, chase, challenge has been in place since April led by the clinical coordinator to ensure each patient has a clear plan and this is being followed.
- A new discharge management tool has been developed to track each patient's in-patient stay so that delays can be escalated and minimised.
- Long stay escalation meetings are held weekly with each local authority and Powys health board to discuss the longest waiting patients that have no criteria to reside.
- A UEC dashboard has been developed that can drill down to ward level and can be used by wards to "see how they are doing" against key metrics.
- An ED dashboard is also being created; work is commencing 1st August.
- A weekly UEC performance meeting has been implemented, chaired by the COO.
- The UEC improvement programme has been refreshed to add further relevant workstreams.
- A significant emphasis on referrals to virtual ward has been a focus of the June MaDE event – this increased significantly the number of referrals made to the virtual ward, achieving the trajectory for June. We are now reviewing conversion rate from referral to VW caseload.
- Continued work with Shropcomm and local authority colleagues is underway to increase the effectiveness of the integrated discharge team.

Operational – Activity and bed occupancy

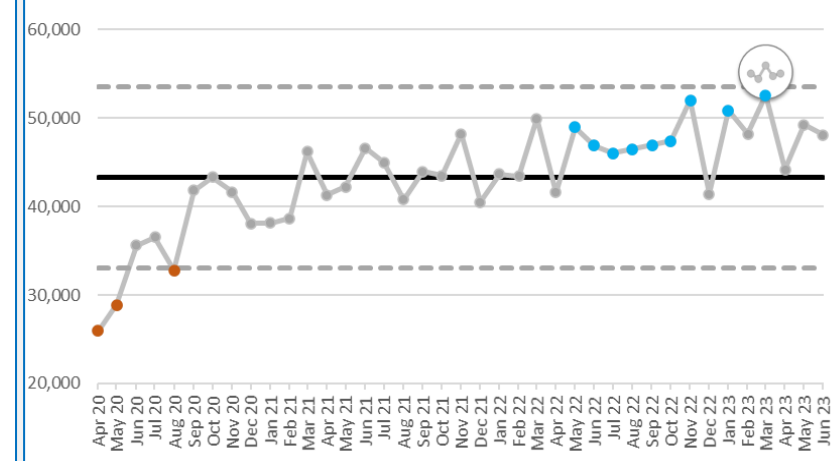
Total Non Elective Activity



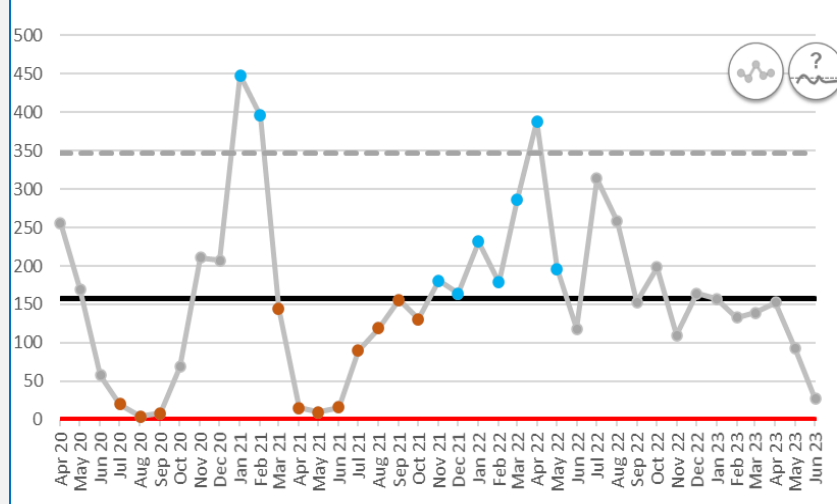
Total Elective IP & DC Activity



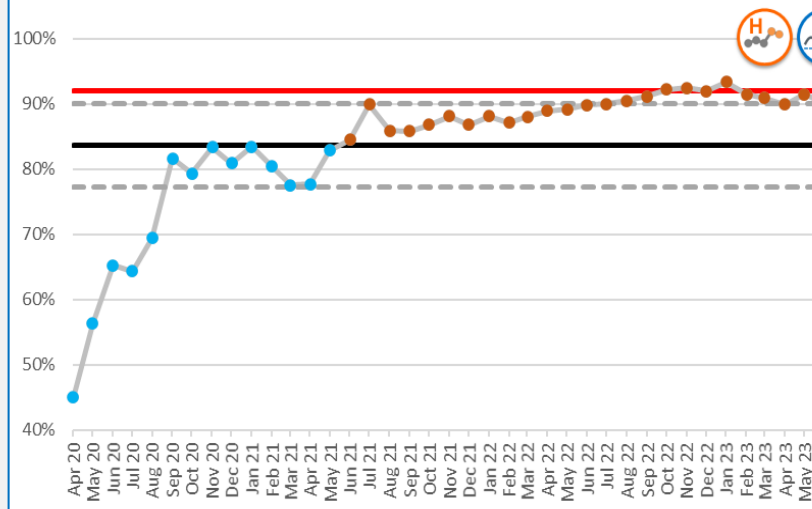
Total Outpatients Attendances



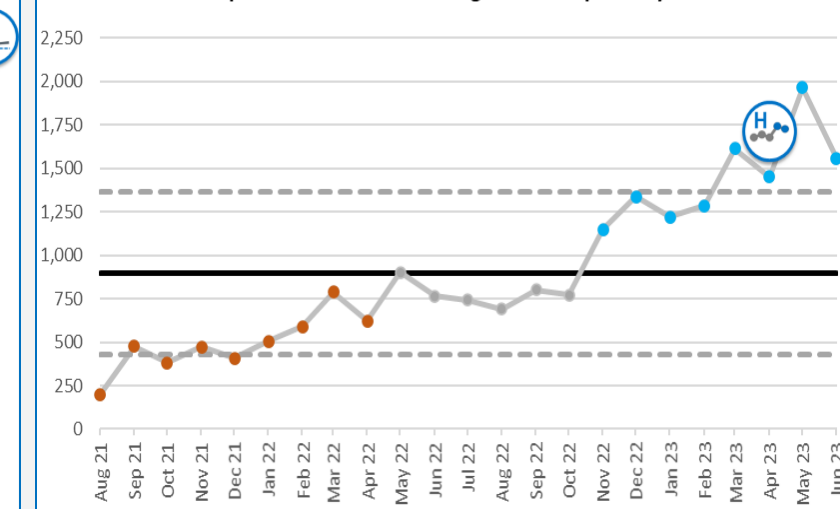
Covid-19 Positive Inpatients



Bed Occupancy - G&A

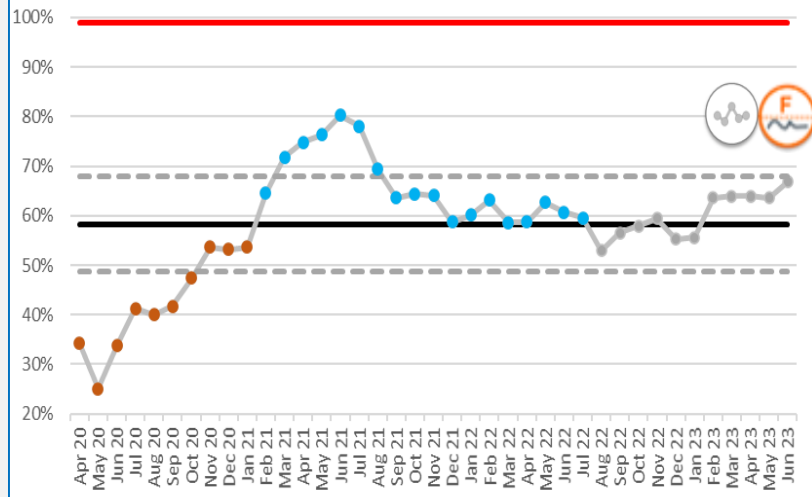


Number of episodes moved or discharged to PIFU pathway

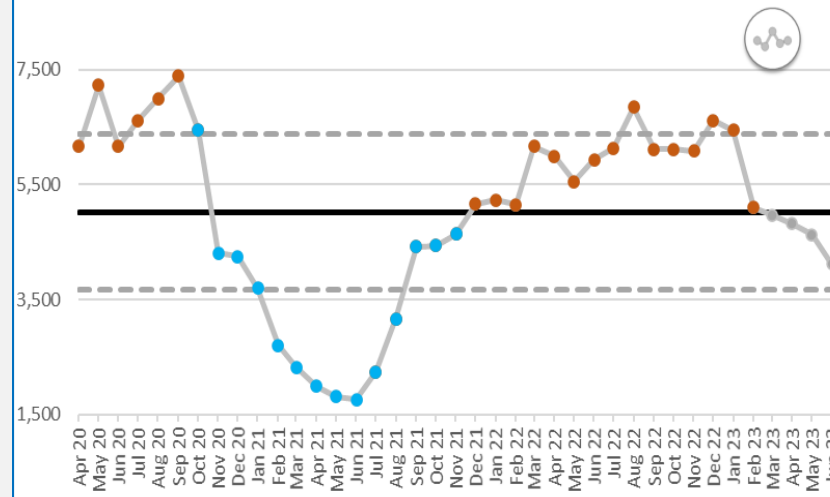


Operational - Diagnostic waiting times

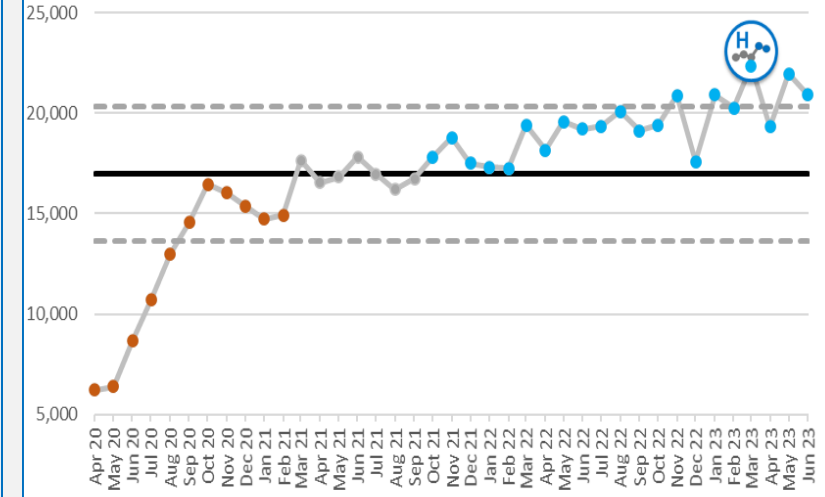
Diagnostic % Compliance 6 week waits



DM01 Patients who have breached the standard



Diagnostic Activity Total



What are the main risks impacting performance?

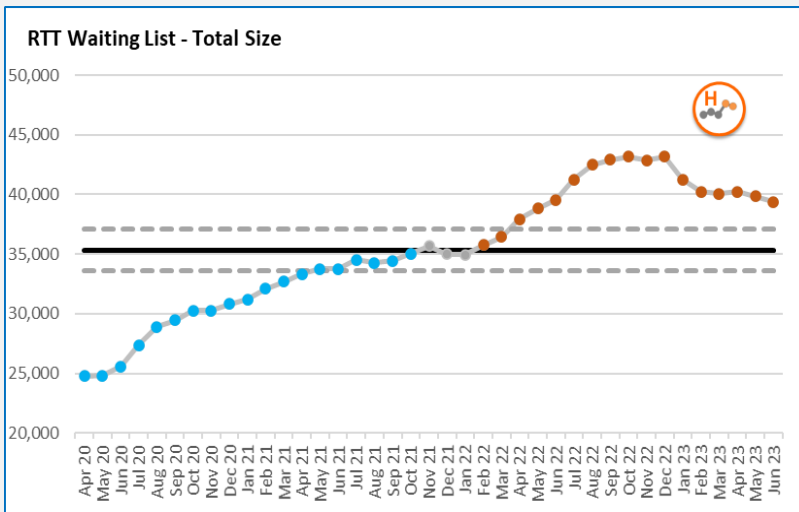
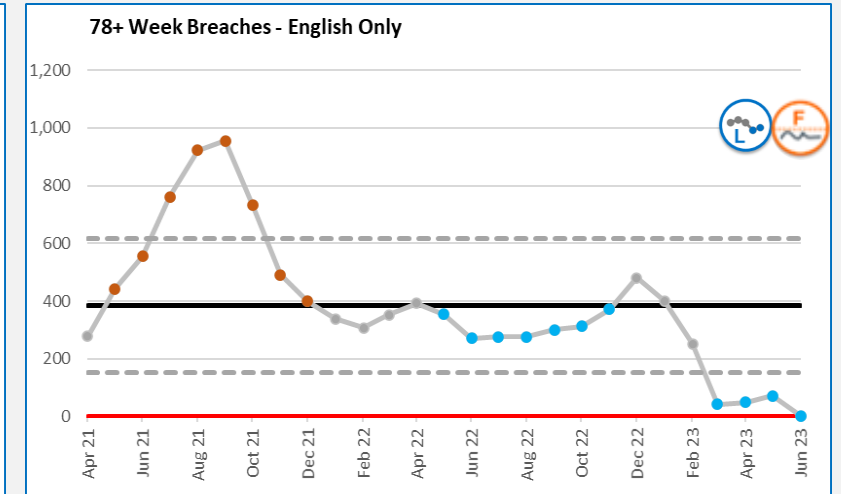
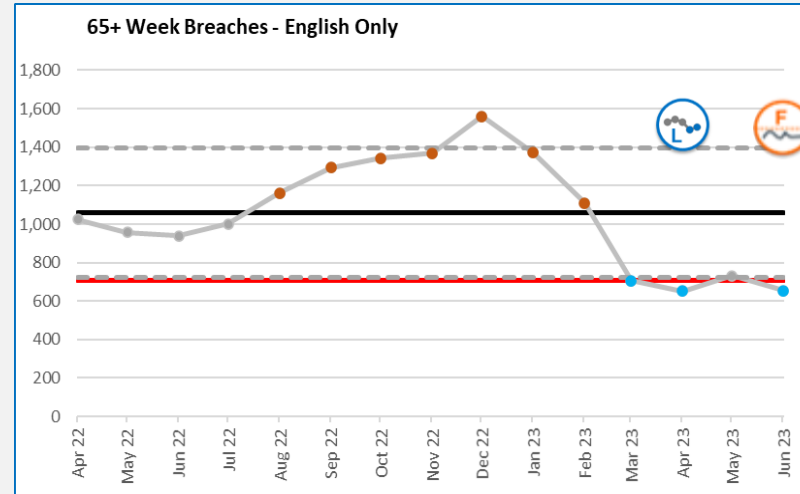
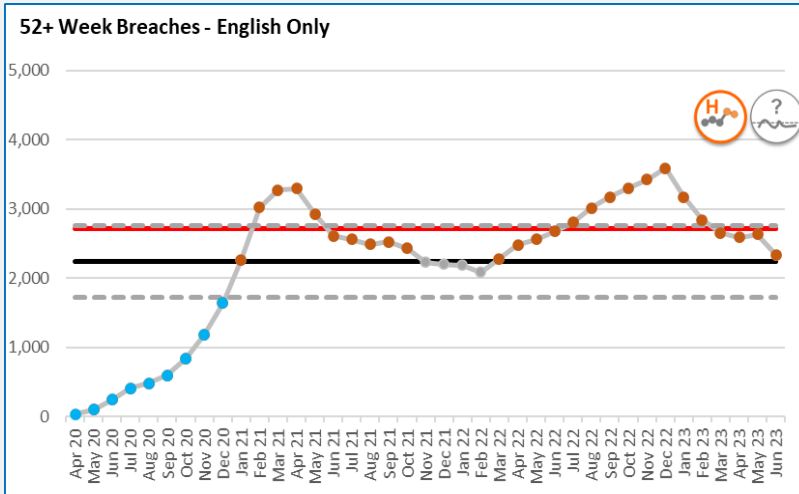
- Radiology reporting delays remain a cause of concern but are continuing to improve.
- MRI reporting turnaround times are; 2WW 3-5 weeks, urgent 5-7 weeks and routine tests at 9-10 weeks.
- CT reporting times are; 2WW 3-5 weeks, urgent 6-7 weeks and routine at 8-9 weeks.
- Further reductions in waiting times are expected following the introduction of outsourced scanning provision within our mobile van contracts now in place.
- Long standing vacancies and long-term sickness in all modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.
- Recruitment is ongoing and we are utilising new agency staff where possible.
- Focus is on further overseas recruitment, and this is currently underway, with 10 positions offered. The first of these recruits will be joining SaTH in September.
- Clinical prioritisation of radiology referrals and reporting for the most urgent patients is being targeted alongside elective recovery of 78+ week waits. This is impacting on the recovery of the routine backlog.
- Staff continue to be deployed to prioritise acute and cancer pathways with a resultant impact on routine capacity.

Operational - Diagnostic waiting times

What actions are being taken to improve?

- Additional outsourced reporting with '4Ways' continues to provide an additional 100 CT and 100 MRI reports per week – significant improvement in prostate pathway.
- Enhanced payments and WLIs are encouraging additional in-house clinical and reporting sessions across all modalities to address outstanding backlogs.
- On-site independent sector mobile CT and MRI scanners, along with US insourcing, continues to provide additional capacity that is essential to maintain current performance levels.
- The additional CT scanner has been on site since May and the mobile scanners now also include reporting.
- Additional insourcing from '18 Weeks' to support endoscopy DM01 levels at weekends has been supported through the ERF.
- There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers and 2x band 6 radiographers are in post and have undergone a full induction ready for rotation to the CDC when open in October. Offers have been accepted for 2 x additional sonographers and these are currently undergoing recruitment checks. Offers have also been made to 10 additional overseas Radiographers, with the first of these joining us in September.
- Use of agency and bank staff to cover workforce gaps and insourcing for US.
- Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent, cancer patients and longest waiting patients on RTT pathways.
- Imaging DM01 performance is at 77%, with a continued increase in US, which is now at 66% because of the introduction of WLI's in January 2023. Non-urgent CT scanning performance is now at 97%, and MRI and 93%.
- Process for avoiding RTT breaches is in place, with daily calls attended by radiology and the operational teams.
- Significant capacity challenges in endoscopy - business case being developed with additional temporary funding of £1m from WMCA.

Operational - Referral to treatment (RTT)



What are the main risks impacting performance?

- The total waiting list size remains high and larger than planned. However, continued reductions have been seen since October 2022.
- Faster recovery is constrained by persisting emergency flow pressures across both sites. Medical escalation of the DSU at PRH has improved and we now have 2 out of the 3 bays and side rooms resulting in 15 elective DSU trollies being available however, we are utilising space on ward 36.
- Increase in cancer referrals has been seen and these are prioritised over routine activity and long routine diagnostic waiting times, particularly endoscopy.
- Limited theatre capacity results in the inability to open additional lists and there is limited elective bed base and DSU capacity on both sites. We have opened a number of lists in theatre 6 & 7 using 18-week insourcing.

Operational - Referral to treatment (RTT)

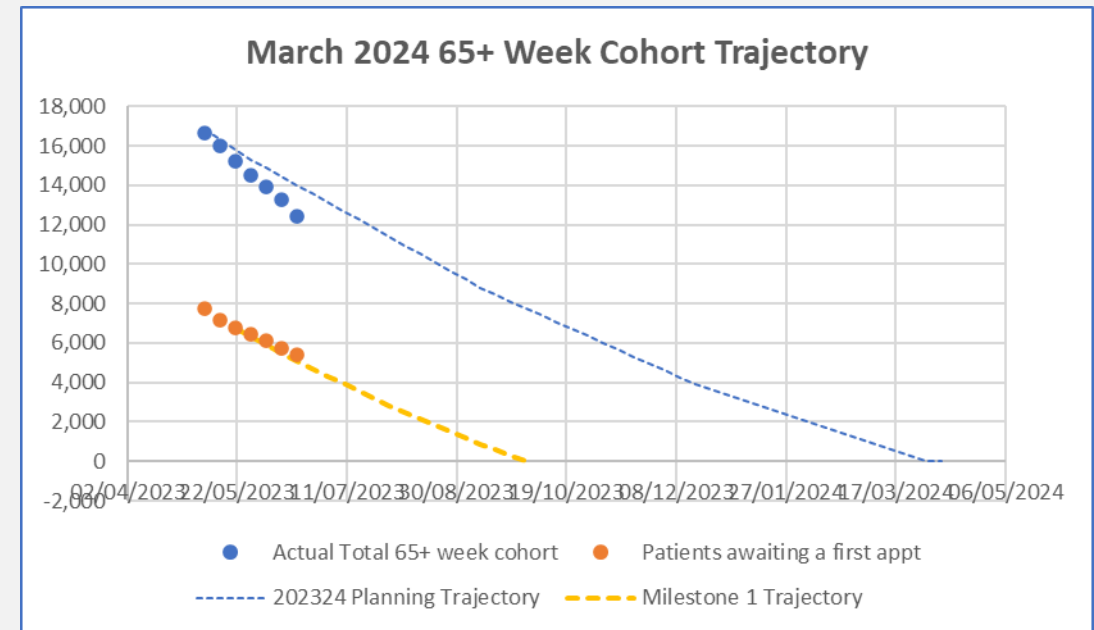
What actions are being taken to improve?

- Elective recovery is part of the Trust's 'Getting to Good' programme. Recovery plans have been developed as part of the 2023/24 integrated operational planning cycle and are continuously monitored and reviewed.
- Theatre vacancies are being addressed through a restructure of the theatre teams to develop new roles and ways of working. In addition, recruitment campaigns are underway and options around overseas nursing. We have a recruitment trajectory which is being monitored however, we have had significant sickness and 11 members of staff due to or commenced maternity leave at PRH.
- Weekly NHSE Tier 1 meetings are in place to challenge the longest waiting patients at 104, 78 & 65 weeks. A daily performance meeting is in place for escalation and assurance and all specialties exceeded their planned improvement trajectories.
- Clinical priority of the longest waiting patients continues, and lists are allocated in line with clinical need. Optimising of the Vanguard theatre is in place and continued use of insourcing on some weekdays and weekends. We have actively explored options for mutual aid in the challenged specialty of gynaecology, cardiology & ENT, via the DMAS (digital mutual aid system) although this has achieved limited success, and there are ongoing conversations with Walsall. We are also exploring additional insourcing options for cardiology and respiratory to support the target to achieve zero 65 weeks by March 2024. We are also in discussions with the Royal Orthopaedic Hospital to see how they can support our 65-week challenges.
- Weekly outpatient transformation meetings are in place with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. There is increased insourcing taking place on Mondays, Fridays and weekends but continuing internal staffing challenges requires daily mitigation. All specialties have provided revised PIFU/virtual plans which have been presented at the OP transformation meeting and the STW OP transformation board.
- We continue to work with NHSE weekly to explore mutual aid options for the challenged specialties. This is still heavily reliant on the reduction of our MFFD list to reduce medical escalation. We are also scoping other options to further support elective activity at PRH.

Operational – 65 plus Weeks Trajectory

The below shows delivery against the overall improvement trajectory of patients booked before September 2023 to enable the Trust to deliver against the overall trajectory of zero patients waiting over 65 weeks by March 2024. This information is tracked on a weekly basis and although performance is currently positive in terms of the overall 65-week cohort reducing, the number of patients awaiting a first outpatient appointment is higher than plan. Work continues to track the below at specialty level to identify areas where additional support is needed.

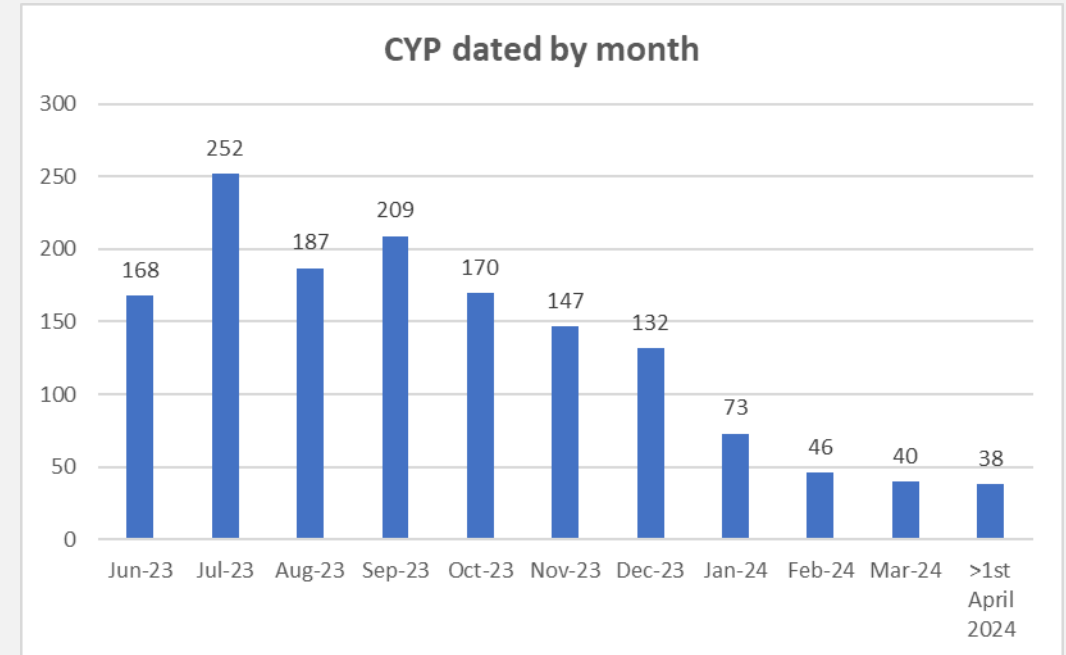
	65+ Weeks cohort actuals (all stages)						
TOTAL COHORT (All Stages)	07/05/2023	14/05/2023	21/05/2023	28/05/2023	04/06/2023	11/06/2023	18/06/2023
NHSE Planning: - TASK50828 - 2023/24 Trajectory	16,885	16,363	15,840	15,318	14,883	14,448	14,013
ACTUAL TOTAL - 65+ Week Cohort	16,679	16,015	15,247	14,493	13,925	13,262	12,459
% Actual Movement	-4.2%	-4.0%	-4.8%	-4.9%	-3.9%	-4.8%	-6.1%
	Of which; Patients awaiting a first appointment breakdown						
65+ Week Cohort - Split by Stage	07/05/2023	14/05/2023	21/05/2023	28/05/2023	04/06/2023	11/06/2023	18/06/2023
Milestone 1 (awaiting 1st appt)	7,727	7,191	6,748	6,460	6,105	5,767	5,407
Milestone 2/Other (follow-up/diagnostic stages/validation)	4,585	4,579	4,352	4,020	3,909	3,675	3,356
Milestone 3 (awaiting admission)	4,367	4,245	4,147	4,013	3,911	3,820	3,696
Milestone 1 Trajectory (awaiting 1st appt)			6,748	6,309	5,905	5,500	5,095
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	7,727	7,191	6,748	6,460	6,105	5,767	5,407
Patients undated	1,552	1,548	1,518	1,421	1,336	1,297	1,186
Patients dated	6,175	5,643	5,230	5,039	4,769	4,470	4,221
Patients dated by month:							
Apr-23							
May-23	1,283	781	339	92			
Jun-23	819	924	964	1,139	1,041	762	492
Jul-23	476	476	505	497	534	563	658
Aug-23	413	410	435	410	384	402	404
Sep-23	405	388	395	405	392	405	419
Oct-23	382	350	356	343	340	319	327
Nov-23	318	304	287	280	275	269	268
Dec-23	1,743	1,696	1,649	1,576	1,504	1,452	1,361
Jan-24	153	154	157	154	151	149	145
Feb-24	38	40	41	40	41	40	39
Mar-24	44	34	31	29	28	29	29
>1st April 2024	101	86	71	74	79	80	79



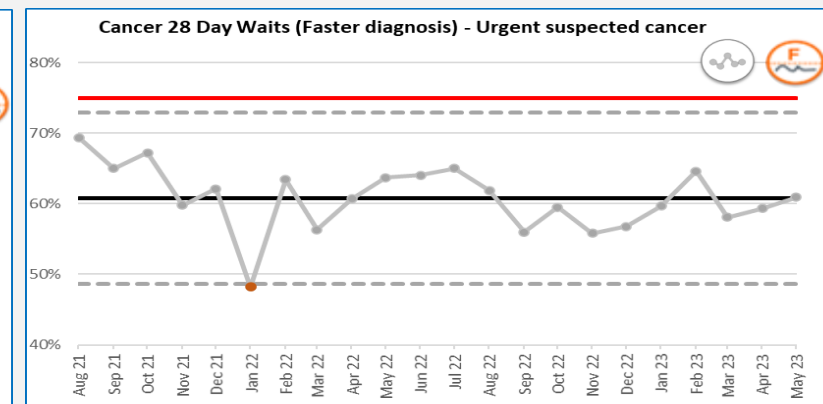
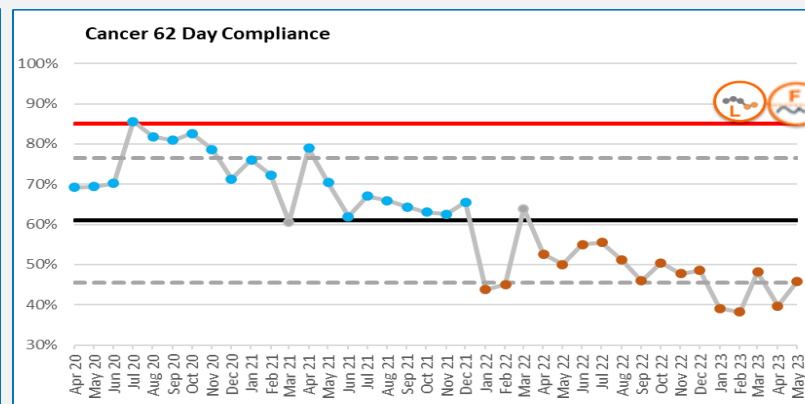
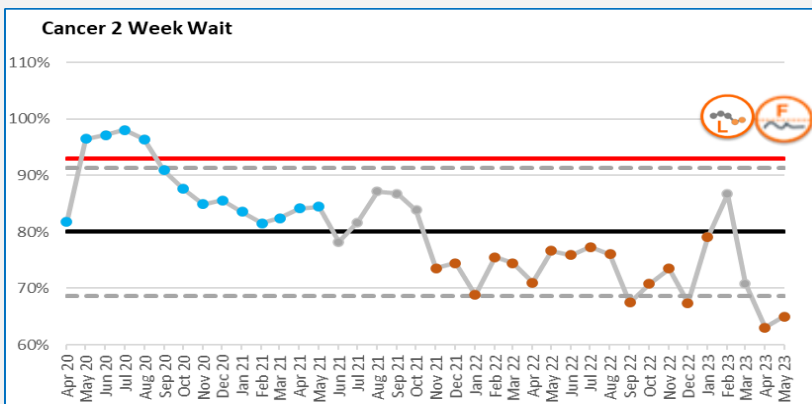
Operational – 52 plus weeks for CYP cohort

In addition to tracking overall patient cohorts, we have also commenced tracking of our children and young people cohort who, if not seen, will be waiting 52 weeks or more by 31st March 2024. Ensuring we can provide targeted support in booking these patients earlier in the year will prevent unavoidable delays and ensure parity with adult recovery. Performance against the booking of these patients is monitored on a weekly basis and will also be tracked at a specialty level.

	52+ Weeks cohort actuals (all stages) for CYP patients					
TOTAL COHORT (All Stages)	18/06/2023	25/06/2023	02/07/2023	09/07/2023	16/07/2023	23/07/2023
ACTUAL TOTAL - 52+ Week CYP Cohort	2,949					
	Of which; Patients awaiting a first appointment breakdown					
52+ Week CYP Cohort - Split by Stage	18/06/2023	25/06/2023	02/07/2023	09/07/2023	16/07/2023	23/07/2023
Milestone 1 (awaiting 1st appt)	2,102					
Milestone 2/Other (follow-up/diagnostic stages/validation)	415					
Milestone 3 (awaiting admission)	432					
Milestone 1 Trajectory (awaiting 1st appt)						
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	2,102					
Patients undated	640					
Patients dated	1,462					
Patients dated by month:						
Apr-23						
May-23						
Jun-23	168					
Jul-23	252					
Aug-23	187					
Sep-23	209					
Oct-23	170					
Nov-23	147					
Dec-23	132					
Jan-24	73					
Feb-24	46					
Mar-24	40					
>1st April 2024	38					



Operational - Cancer performance



What are the main risks impacting performance?

- Although improving, diagnostic capacity does not meet demand.
- 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.
- 2WW demand continues to grow and outstrips capacity in several sites. This is particularly an issue for Gynae, Skin, Breast, H&N, Colorectal and Urology.
- Tele-dermatology pilot commenced 31st January, but referrals continue lower than anticipated. A task and finish group is in place and being supported by NHSE and a roll out plan to commence a second provider led pilot is in place to commence end of June. This will run for a further 3 months and then the pilot outcomes and data will be reviewed.
- Workforce constraints within Haematology, Dermatology, Oncology & Urology. Unable to recruit locums to support.
- Delays within Oncology & Radiotherapy for OPA +/- treatment due to limited workforce availability and booking out times to commence chemotherapy.
- At the end of May, 64.3% of colorectal referrals were received with a FIT test result. This has increased from 40.5% (April data) but is significantly below the 80% requirement as per 2023/2024 priorities and operational planning guidance. Work is ongoing within the system to increase this and for primary care to be compliant by the end of Q1 2023/24. Currently no reduction in Colorectal 2WW referrals is being seen.
- Currently no pathway in place for FIT negative patients with ongoing symptoms suspicious for cancer. Aiming to commence this from September 2023.
- Demand for local anaesthetic trans-perineal prostate biopsies remains high and is being supported by 40 additional procedures being insourced per month funded by the West Midlands Cancer Alliance. Capacity for mpMRI to support this pathway remains a challenge due to high levels of demand post COVID-19.
- Endoscopy capacity constraints are impacting on delivering optimal pathways.

Operational - Cancer performance

What actions are being taken to improve?

Our backlog target for 2023/24 is 212 by March 2024 and we continue to work with NHSE through tier 1 weekly meetings to implement the following interventions:

- Implementing FIT triage for patients referred on a 2WW colorectal pathway. Further STW intervention is required to implement FIT in primary care to enable decision making prior to referral on a 2WW pathway, in line with operational planning guidance 2023/24. This would ensure the streamlining of suitable patients 'straight to test' for the first appointment. GP practice level data is being fed back to the ICB to target non-compliance. ICB target of 80% of referrals being sent in with a FIT test not met. At the end of May compliance was recorded at 64.3%.
- A non-site-specific vague symptoms pathway is to be reinstated in September for GPs to refer patients into if a patient is FIT negative but has indicators suspicious for cancer. A clinical lead has been identified and is able to commence in late August/early September. Additional workforce to support delivery of the pathway is to be recruited into over the summer period. Funding for this pathway and service has been received from the WMCA for a 2-year period.
- Increasing capacity for Local Anaesthetic Trans-perineal Prostate biopsies (LATP) through insourcing via SAH diagnostics whilst also increasing our own local capacity for this procedure. 40 insourced procedures a month have been funded until September via WMCA.
- NHSE support has commenced to redesign the prostate pathway in line with the Best Practice Timed Pathway (BPTP) and a GIRFT visit took place in May and the recommendations are being worked through. Two Project Managers have commenced in post to support the delivery of the BPTP in Urology, Colorectal, Breast & UGI.
- Tele-dermatology pilot to triage skin referrals commenced in January and continues to be monitored through a systemwide task & finish group (with NHSE colleagues supporting). Images are triaged within 72 hours and patients are either discharged, referred to a community provider for treatment if benign, given an urgent appointment or listed for a minor operative procedure. A second pilot in which a secondary care photo-hub will commence from 3rd July, due to poor uptake by GPs with the Primary Care photo-hub model. GPs can still take and send images directly for triage if they prefer.
- The Community Diagnostic Centre (CDC) will provide additional diagnostic capacity for STW and provide a hub and spoke model for tele-dermatology.
- Weekly review of PTL lists using Somerset cancer register is undertaken and escalated in line with the procedure.
- Best practice pathways, 62-day backlog reduction and Day 28 Faster Diagnostic Standard compliance is reviewed weekly through NHSE Tier 1 management processes. Improvement trajectories for each tumour sites have been developed.
- Weekly internal cancer performance and assurance meetings are in place to monitor improvement actions for challenged sites.

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Well Led

Executive Lead:

Director of People and Organisational Development
Rhia Boyode

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report



The Shrewsbury and
Telford Hospital
NHS Trust

Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
WTE employed		-		6175	6145	6163	6210	6296	6329	6326	6390	6468	6524	6545	6576	6619	
Temporary/agency staffing		-	-	839	878	911	857	881	954	920	1029	1031	1114	1057	1113	1013	
Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.1%	1.4%	1.3%	1.3%	1.2%	1.1%	1.1%	1.0%	0.8%	1.1%	0.98%	0.77%	1.12%	
Vacancies - month end		10%	<10%	9.0%	9.3%	9.2%	8.2%	10.4%	10.0%	10.1%	9.3%	7.8%	7.3%	6.5%	6.5%	4.5%	
Sickness Absence rate		4%	4%	5.6%	7.1%	5.9%	5.5%	6.0%	5.8%	7.1%	5.8%	5.6%	5.8%	5.1%	4.7%	4.7%	
Trust - Appraisal compliance		90%	90%	81.00%	80.00%	82.00%	80.30%	80.52%	82.23%	80.89%	81.04%	81.26%	82.82%	83.20%	83.10%	83.5%	
Trust Appraisal – medical staff		90%	90%	94.00%	92.00%	91.00%	91.00%	91.07%	91.40%	91.64%	91.32%	91.70%	92.76%	92.20%	93%	93.3%	
Trust Statutory and mandatory training compliance		90%	90%	81.0%	83.0%	85.2%	86.3%	87.9%	88.7%	88.1%	90.2%	91.1%	91.5%	91.5%	92.1%	92.5%	
Trust MCA – DOLS and MHA		90%	90%	77.0%	78.0%	78.2%	79.7%	81.1%	83.1%	82.0%	82.5%	83.8%	84.0%	83.0%	83.7%	82.15%	
Safeguarding Children - Level 2		90%	90%	85.0%	87.0%	88.6%	89.2%	89.9%	90.5%	88.9%	90.6%	91.7%	92.5%	92.8%	93.3%	93.7%	
Safeguarding Adult - Level 2		90%	90%	83.0%	85.0%	86.4%	87.3%	88.6%	89.2%	87.7%	95.5%	93.8%	94.1%	94.8%	95.1%	95.1%	
Safeguarding Children - Level 3		90%	90%	78.0%	78.0%	78.3%	78.6%	82.0%	83.1%	80.6%	83.0%	83.1%	83.3%	75.6%	76.4%	83.9%	
Safeguarding Adult - Level 3		90%	90%	57.0%	67.0%	71.0%	75.3%	79.6%	83.8%	83.5%	85.6%	88.8%	89.6%	89.9%	90.9%	91.1%	
Monthly agency expenditure (£'000)		-	4,677	3,351	3,498	3,604	3,553	3,177	4,064	4,632	4,677	3,802	5,387	4,118	4,277	3,646	

Workforce Executive Summary

Vacancies - Vacancies have reduced by 6.7% this month to 454 WTE. We have had successful recruitment of Health Care Support Workers (HCSW) over the last month, and we are looking to be in a net position of 92 additional HCSW by the end of August. This recruitment position should deliver on our plan to reduce agency to zero for this staff group by October. 18 overseas nurses joined the Trust during June 2023 and our recruitment over in India and Dubai resulted in 142 offers being made to nurses that will join the Trust by the end of December. Several recruitment events were held in June, which has supported us in closing our vacancy gap in key areas such as children's nurses where 11 offers were made on the day and within Theatres, which made 6 offers. The time taken to shortlist has slightly increased to 5.2 working days with 60% of adverts shortlisted within the Trust KPI of 5 days.

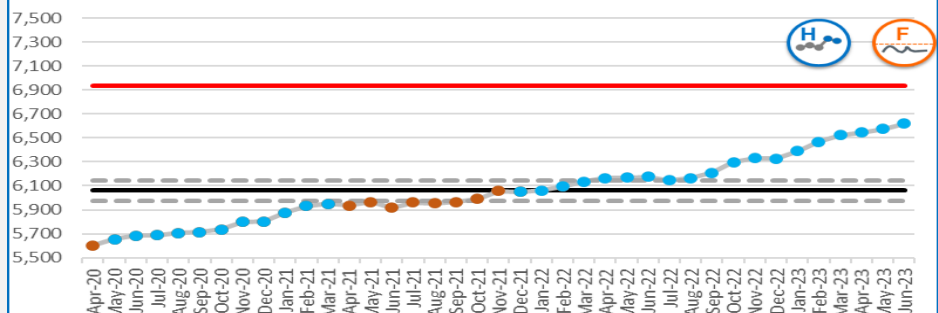
Turnover - Turnover has increased marginally by 0.1% to 13.1% for the last 12 months. Our in month turnover rate of 1.12% equates to 74 WTE leavers in June 2023. There continues to be high numbers of staff leaving due to work life balance and high numbers of leavers within the additional clinical services staff.

Impact of industrial action continues to pose a risk to availability and morale, alongside impact on other staff groups affected by the industrial action. We continue to support and plan for the industrial action, but prolonged industrial disputes do impact how our people feel, impact our patients and could further exacerbate our retention. Healthcare Assistants were identified as a staff group with high turnover. Reviews of the leaver data and stay conversations with a small group in Medicine and Emergency Care have identified key areas for improvement; career development, flexible working and a better on-boarding experience. This feedback also correlates to the staff survey and people pulse results but highlight more improvements are required.

Wellbeing of our staff – We have seen a reduction in open sickness cases which correlates with a reducing overall sickness rate. Mental health absences still equate to one of the top reasons for absence at the Trust. Our staff psychology service went live in March 2023, and we have had over 200 referrals to date. In addition, the team are working closely with divisions to develop bespoke interventions e.g., hot de-brief training for our ED teams.

Agency and temporary staffing - Good progress has been made in the reduction of agency usage across nursing roles which has seen agency usage reduce by 16%. The main areas of focus are now on reducing levels of unavailability above 24% such as sickness, Health Care Support Workers agency usage where we are using on average 75 WTE more than plan per week and Junior Doctors as we are using 80 WTE higher levels each week than planned levels.

Contracted WTE



What is the data telling us?

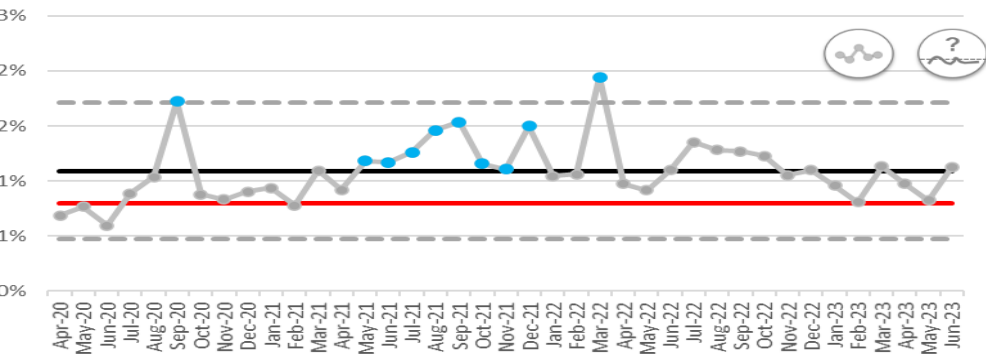
- Contracted figure of 6,619 WTE in June 2023. There are several factors that impact our ability to meet our establishment including vacancies, employee absence, and retention.
- Overall substantive WTE numbers have increased over the last 12 months by 474 WTE, despite a turnover rate of 13.1%.
- The use of agency workers and bank staff are used to mitigate the risk however, there is a risk of reliance on a temporary workforce which increases costs. The workforce efficiency programme is delivering key actions to help reduce agency in 2023/24.

What actions are being taken to improve?

- We continue to support divisions with focused open days which have proved successful. In addition, the use of recruitment videos and staff engagement with these is growing.
- As at the end June 2023 our HCA vacancies were 103.91 WTE with a further 81.58 WTE due to commence or at pre-employment check stages. We are holding weekly HCA interviews and continue to plan for a face-to-face HCSW event in collaboration with the ICS over the coming months.
- 26.15 WTE permanent HCAs commenced in post during June, in addition to 22 new starters joining the TSD bank.
- Staff nurse vacancies are 122 WTE with a further 282.43 ready to start or at pre-employment check stage. We have monthly interviews booked during 2023. 18 nurses joined the Trust in June 2023, and 142 offers were made during in person interviews held in India and Dubai.
- We supported Children's Nursing Assistant one stop shop event on 10th and 11th June. Offers made on the day included 8 permanent and 2 bank contracts.
- We also supported a Theatre event on 12th June which included a social media video campaign including colleagues from the team. 6 offers were made on the day.
- 2 Internationally recruited Therapeutic Radiographers have commenced in post with a further 10 offers made for internationally trained Diagnostic Radiographers. We should start to see them commencing in post throughout August and September.
- We are seeing the time it takes managers to shortlist increasing so it is important this activity is prioritised by recruiting managers.
- Further work to support targeted and local job fairs continues, we are concerned about accommodation availability in the area and a task group is looking at these concerns that could impact all staff groups including junior doctors. We have relaunched our 'Rent a Room' scheme, but this is yet to yield the numbers required.
- Our medic on duty rostering system for medical staff will help ensure our medical workforce is still on track to be rolled out for junior doctor specialities by August 2023.

Workforce – Staff Turnover rate

Staff Turnover Rate (FTE)



What is the data telling us?

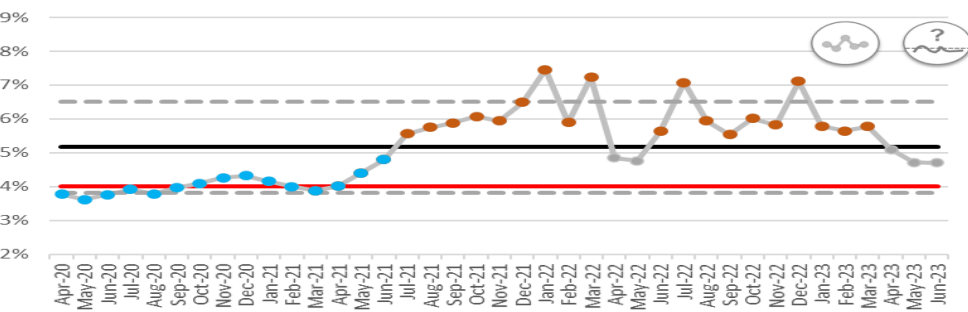
- June turnover rate of 13.1% for the last 12 months, equating to 867 WTE.
- An in month turnover rate of 1.12% equates to 74 WTE leavers in June 2023.

What actions are being taken to improve?

- Our People retention group is established and involves ICB colleagues. The group are focusing on 24 different projects to support improvements to retention. One of the flagship programmes; Flexible working are looking at process improvements, more transparency regarding requests and outcomes which include a new email address for requests to be centralised. Deep dives are being completed for areas where requests are low, or we have higher leaver data. The Trust is also piloting legacy mentors and promoting the different retirement options.
- There has been some improvements to our induction and on-boarding experience and the team will continually review this. A trial in Therapies was successful in implementing a new localised induction package which included regular contact prior to start date, a booklet for staff on their first day, a shadowing programme for 4 weeks and café bistro vouchers. We would like all teams to learn and replicate this approach as part of our improvement journey.
- The employment tribunal recently found evidence of race discrimination, harassment and victimisation for whistleblowing at NHS England. We have reviewed the learning and are taking a number of steps to ensure our processes remain robust, fair, inclusive and timely. We know from our staff survey results that staff experience can vary at SaTH and we must ensure our processes are safe, supportive and tackle inappropriate behaviour and discrimination. We also know a great working environment will support attendance and reduce turnover retaining our people and providing better patient care.
- In 2022 we launched a pilot of our Strive Towards Excellence Programme (STEP) to provide managers with essential tools to manage their teams well. This programme has now been incorporated into our leadership development offer and has been well received.
- Our divisions have reported to Operational People Group their staff engagement improvements aligned to our people promise priorities and we hope to showcase their stories as part of the Staff Survey 2023 campaign.

Workforce - Sickness absence

Sickness Absence FTE %



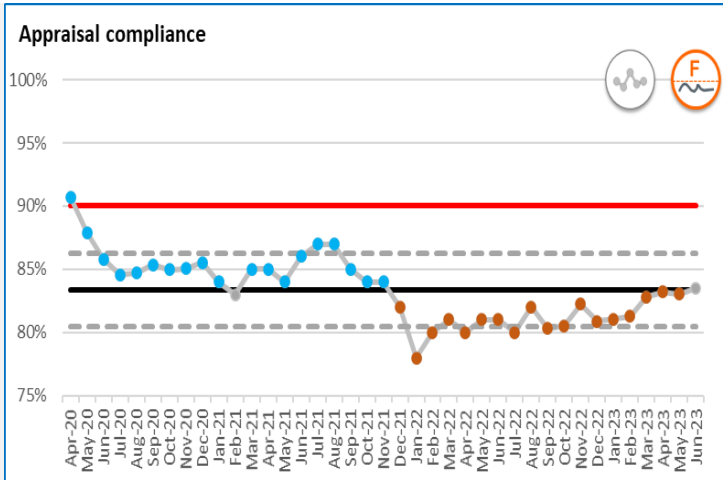
What is the data telling us?

- June saw our sickness rate remaining static at 4.7% (equating to 311 WTE).
- Sickness attributed to mental health continues to be the top reason for sickness making up 27% of calendar days lost in June. This equates to 81 WTE with an average of 17 days of absence per episode.

What actions are being taken to improve?

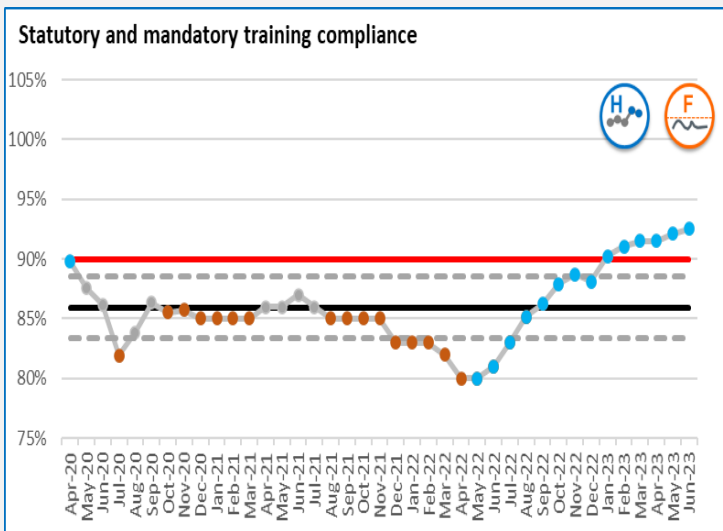
- We have been notified by NHS England of a measles outbreak across the country. We have updated risk assessment guidance for colleagues who are pregnant and are working with occupational health to prioritise at risk areas where staff immunisations are required.
- Planning for the 2023/24 Flu campaign has commenced, and we aim to start vaccinations from 13th September 2023.
- In May 2023 we decided to do an additional People Pulse survey, our response rate dropped from 1146 in April to 676 in May which may be due to the quick succession of surveys. The key issues flagged from those that did complete the survey are; Improve management/Management not visible, Communication needs improving, and we are understaffed/under resourced. We saw slight increases in questions around 'In my team we support each other' and 'I feel well informed about changes taking place in my organisation'.
- In June we undertook a making a Difference Together conversation to engage with colleagues around the National Staff Survey and incentives they would like to see. Colleagues liked the suggestion of receiving a restaurant voucher for teams to have a meal and to be offered paid time to complete the staff survey if it was not possible to do within normal working hours. Colleagues did raise concerns about whether feedback is listened to and there were also useful questions around understanding the questions especially around who the survey refers to when it mentions line management. This will be incorporated into our education and communication plans for this year. It again highlights the importance of good engagement.
- During Values week 5-9th June 2023 we saw over 200 value pledges made by colleagues across the Trust to support our improving culture. We held a Schwartz round in June which was well received and have planned future sessions on psychology support, menopause and men's health.
- Our health and wellbeing roadshow took place 26th and 27th June with over 350 colleagues attending including psychological safety sessions.
- We are also reviewing our Inclusion approach following publication of the NHS Inclusion Improvement plan on 8th June. This will be reported to Trust Board by October 2023.

Workforce - Appraisal & Training



What are the main risks impacting performance?

- The statutory training compliance rate has risen to 92.5% in June 2023, this is a further increase of 0.4% in month and sustained improvement since January 2023. It is a great example of using improvement methodology and the plan, do, study and act cycle.
- This approach is now being used to improve our appraisal rates which have improved to 83.5% from 83.10% in May.
- Our DOLS and MHA plus Safeguarding Children's level 3 training remain below compliance rates. Although we note significant improvement for Safeguarding level 3 from 76.4% in May to 83.9% in June.

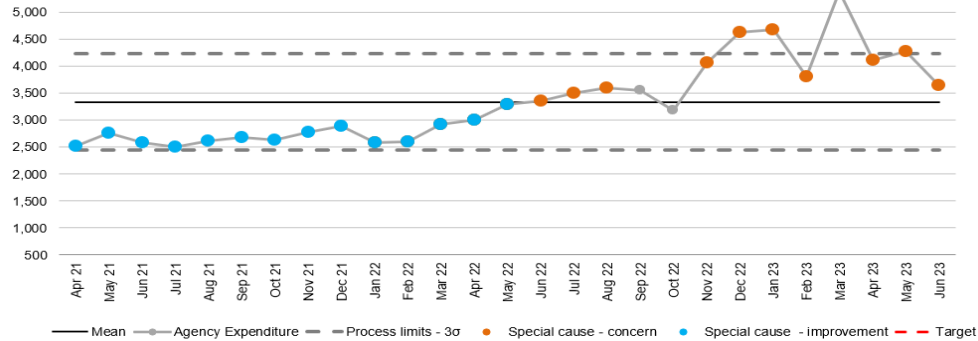


What actions are being taken to improve?

- The health care support worker academy is well established now in partnership with Telford college. They support to provide training in skills prior to entering the clinical environment. This includes statutory and mandatory training and theoretical aspects of the care certificate. A buddy system is also developed to support on-going integration and learning.
- The Trust is committed to ensure all our HCAs have a talent conversation using our new framework by August 2024.
- Our education team are working to add and further develop our career pathway templates. In addition, our education support unit will be running career clinics to share different pathways for staff groups. This is supported by our talent portal, that allows staff to review their own personal career development, use self-assessments, application/CV and interview preparation materials and online learning resources. The portal also provides tips on values and behaviours, talent conversations, scope for growth career conversations as well as promoting our 'what's on' guides.
- The June 2023 education week was a great success, our next planned recognition event is in November 2023 during recognition week.

Agency Expenditure – monthly expenditure

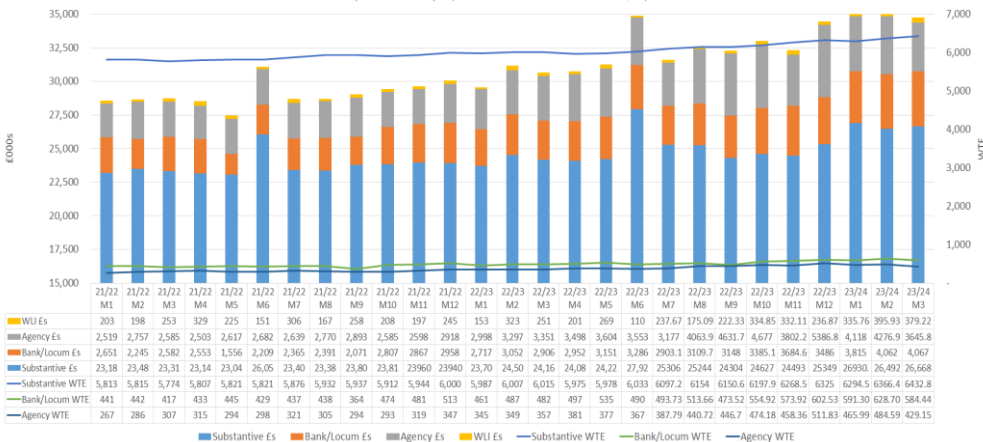
Agency Expenditure-Agency starting 01/04/21



What are the main risks impacting performance?

- Agency costs have increased over the past 2 years. This is due mainly to safely staffing the opening of escalation areas driven by delayed discharges, which causes poor flow in the hospital.
- Key risks are the level of escalation spaces being used across the Trust which are being staffed with agency workers, levels of unavailability of staff such as sickness, annual leave and vacancies across nursing, healthcare assistants and doctors.
- There is a strong focus on reducing agency spend across the Trust which is integral to the Trust's efficiency programme.

Pay and WTE Analysis (normalised M12's & M2 and M3 23/24)



What actions are being taken to improve?

- Daily medical agency approval panels.
- Review of all junior doctor rotas and removal of agency where possible.
- Reduce off framework through increased lower-tier agency and bank usage.
- Twice-daily reviews of Trust wide off framework agency requests.
- Review of rosters pre-final approval on annual leave metric of 15% and 6-week roster approvals.
- International recruitment (193 WTE in 2023/24).
- Nursing associates converting to RNs (9 WTE in September 2023).
- Bank incentive scheme to be launched.
- Strengthen offering around sickness absence management
- Direct engagement for non-nursing and non-medical staff went live last month.

Well Led - Finance

Executive Lead:

**Director of Finance
Helen Troalen**

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report



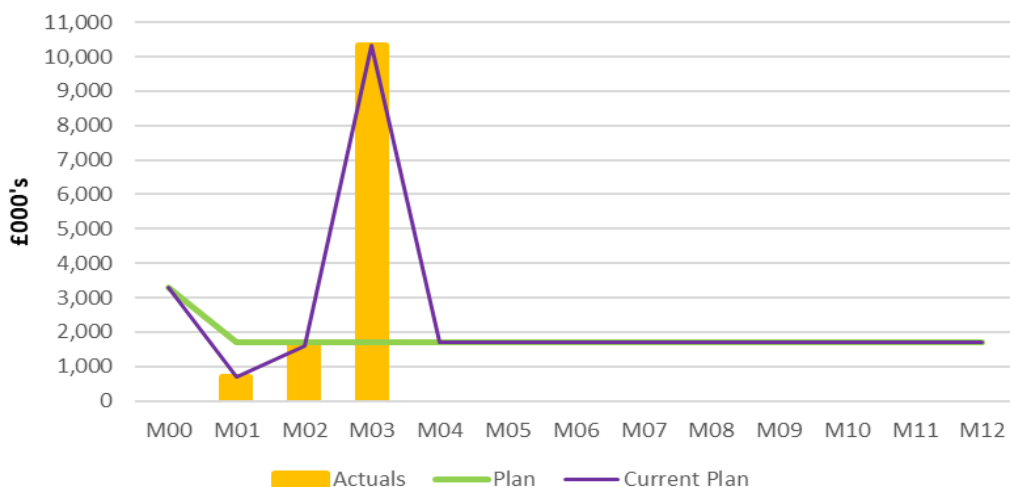
The Shrewsbury and
Telford Hospital
NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
Finance	Cash -end of month cash balance £'000's		-	13,103	5,412	10,599	22,404	13,284	11,337	9,772	11,757	13,103	18,930	3,279	712	1,582	10,319	
	Efficiency - £000's - in-month delivery		-	783	401	764	700	820	686	552	381	783	1168	1363	183	699	1,335	
	Year to date surplus/(deficit) £'000		-	(38,560)	(8,353)	(11,445)	(15,968)	(18,572)	(23,174)	(29,123)	(33,610)	(38,560)	(43,105)	(47,206)	(8,538)	(16,909)	(26,359)	
	Year to date capital expenditure £'000			7,852	11	844	1,610	2,540	3,417	5,062	5,380	7,852	11,156	19,798	140	323	917	

Finance Executive Summary

- The Trust submitted a plan for a deficit of £45.452m for 2023/24 on the 4th May 2023. The Board has received notification from NHSE that this plan has been accepted subject to the implementation of additional controls. These controls are currently being reviewed against what is already in place and where necessary additional actions will be implemented.
- At the end of June (month three), the Trust has recorded a deficit of £26.359m against a draft planned deficit of £19.038m, an adverse variance to plan of £7.321m.
- The year-to-date deficit is driven by:
 - Pay costs, excluding ERF, are £12.7m adverse to plan. This is predominantly driven by:
 - Costs covered by additional income - £5.3m
 - Additional staffing to support operational pressures - £2.0m
 - Escalation costs above plan - £1.1m
 - Unavailability above 24% - £0.9m
 - Increased usage of 1-2-1 care - £0.8m
 - Enhanced bank rates - £0.6m
 - Pay award impact - £0.4m
 - Additional cost of covering junior doctor strike - £0.5m
 - Elective recovery costs are £3.8m which is £0.3m underspent against plan and is driven by decreased external capacity costs.
 - Non-pay, excluding ERF, is underspent by £0.8m year to date and is predominantly driven by reduced elective activity and excluded drugs and devices costs in prior months, which are offset by a reduction in clinical income.
- Income, excluding ERF, shows an over recovery of £4.3m which relates to additional funding of pay expenditure and is partially offset by a reduction in excluded drugs and devices costs.
- 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 through sickness absence.
- £2.2m of efficiency savings has been delivered year to date against a plan of £2.2m. Despite being on plan year to date it should be noted that the plan for delivery increases significantly over future months in order to meet the full year target of £19.7m. In month delivery predominantly relates to procurement and non-recurrent schemes.
- For 2023/4 the Trust's system allocation capital programme has been set at £18.429m. Expenditure at month three was £0.917m (before disposals) – an underspend of £0.213m against a plan.
- The Trust held a cash balance at the end of June 2023 of £10.319m.

Cash Balance Actuals v Forecast 2023/24



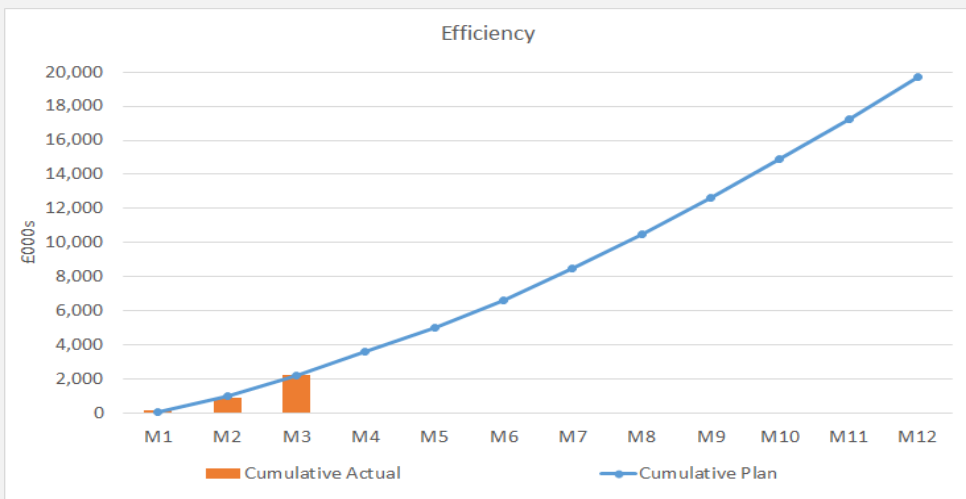
What are the main risks impacting performance?

- The Trust undertakes monthly cashflow forecasting.
- Due to the Trust's forecast planned deficit and actuals to date, it is forecast that there will be a requirement for revenue support during 2023/24. This is subject to approval through the provider revenue support process.
- The cash balance brought forward in 2023/24 was £3.279m with a cash balance of £10.319m held at end of June 2023 (ledger balance of £10.360m due to reconciling items).
- The graph illustrates actuals against original plan and reforecast post-M03 (June 23) and shows that the cash position at end of June was higher than plan. This is a timing issue, relating to on-going negotiations regarding a large capital payment and the outflow for the on-costs relating to the pay award.

What actions are being taken to improve?

- 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?

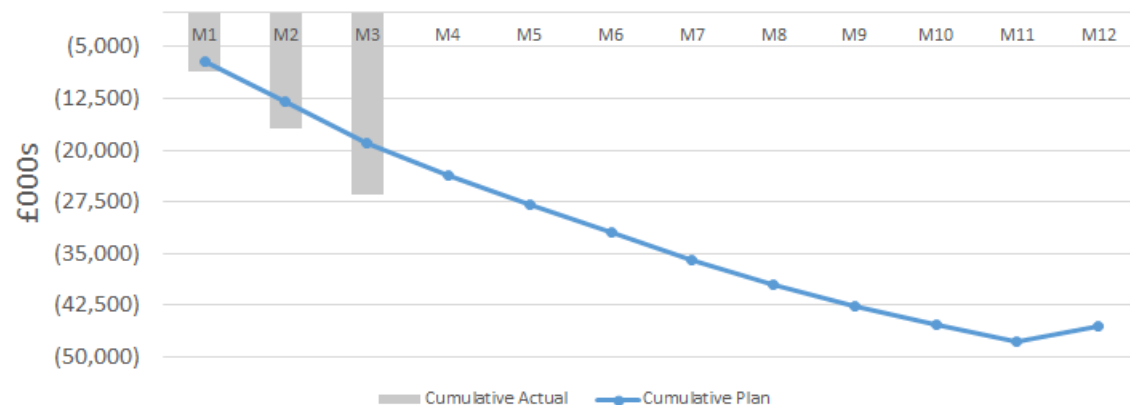
- The Trust has an efficiency target for 2023/24 of £19.734m. This is comprised of; 2.2% business as usual efficiency (£11.979m), workforce big ticket item (£3.000m), bridging efficiency in corporate areas (£2.100m), non-recurrent (£1.055m), and a vacancy factor (£1.600m).
- In addition, there are schemes to deliver a reduction in cost of escalation capacity (£10.469m), and a share of the system stretch target that is sitting in the SaTH plan (£5.249m).
- £2.2m of efficiency savings has been delivered year to date against a plan of £2.2m. Despite being on plan year to date it should be noted that the plan for delivery increases significantly over future months in order to meet the full year target of £19.7m. In month delivery predominantly relates to procurement and non-recurrent schemes.

What actions are being taken to improve?

- A minimum of 2.2% 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).
- CIP schemes and delivery to be monitored through the weekly executive meeting
- Escalation efficiency to be driven through a combination of system wide and internal interventions.
- KPI's linked to escalation are monitored on a weekly basis.
- £1.700m has been identified internally against the stretch efficiency of £5.249m. The remaining gap is yet to be identified across the system.

Income and expenditure

Income and Expenditure Position (excluding technical items)

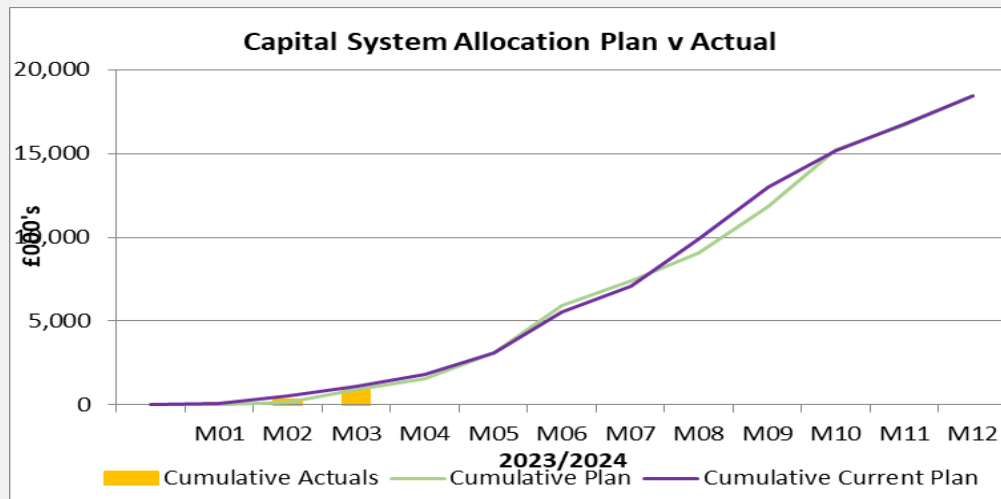


What are the main risks impacting performance?

- The Trust has submitted a revised financial plan for a deficit of £45.452m for 2023/24.
- The Trust recorded a year-to-date deficit at month three of £26.359m which is £7.321m adverse to the plan.
- The year-to-date deficit relates solely to pay expenditure which is driven by premium cost staffing amongst both medical staffing and nursing to mitigate sickness absence, additional staffing to support patient flow and ambulance handover delays, unavailability and escalation costs above plan due to high levels of NCTR patients..

What actions are being taken to improve?

- Executive led finance governance group in place and meeting weekly.
- Regular review of nursing agency requests through a twice daily panel.
- Review of junior doctor rotas to ensure efficiency and compliance.
- Implementation of bank incentive scheme to reduce the cost of enhanced bank rates.
- On-going international recruitment will continue to reduce vacancies and the need for high-cost agency nurses.



What are the main risks impacting performance?

- For 2023/24 the Trust has set a capital programme funded from system allocation of £19.393m, being an allowable 5% in excess of the Trust's system allocation of £18.429m. This is to allow slippage on agreed schemes.
- The Trust is committed to achieving the agreed allocation of £18.429m.
- Within the submitted plan it was projected that expenditure of £1.130m would have been incurred at the end of June (month 3).
- The actual expenditure as at month three was £0.917m.

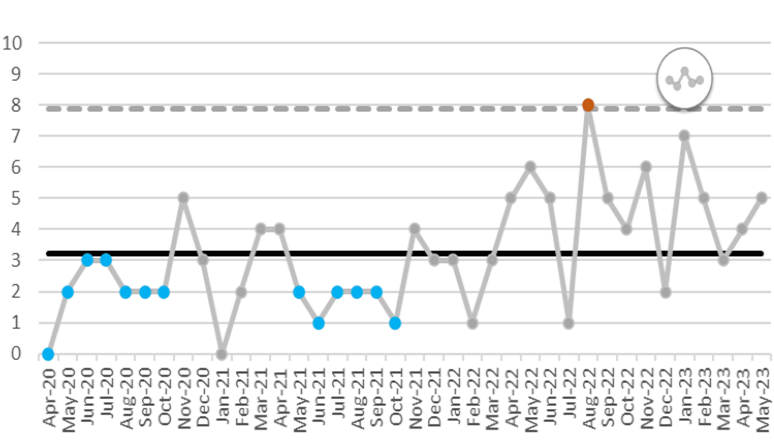
What actions are being taken to improve?

- A detailed capital programme was discussed and agreed at Mays Capital Planning Group meeting.
- The group is committed to delivering the capital programme throughout the 4 quarters of the year.
- CPG will continue to monitor the expenditure against plan on a monthly basis.

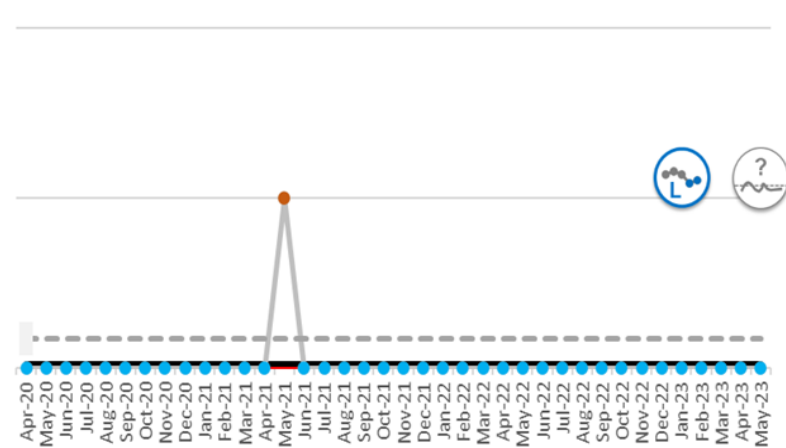
Appendices

Appendix 1. Indicators performing in accordance with expected standards

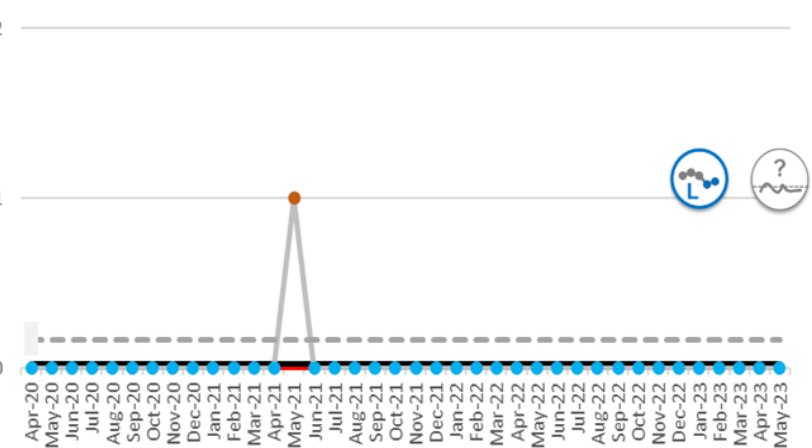
HOHA - MSSA



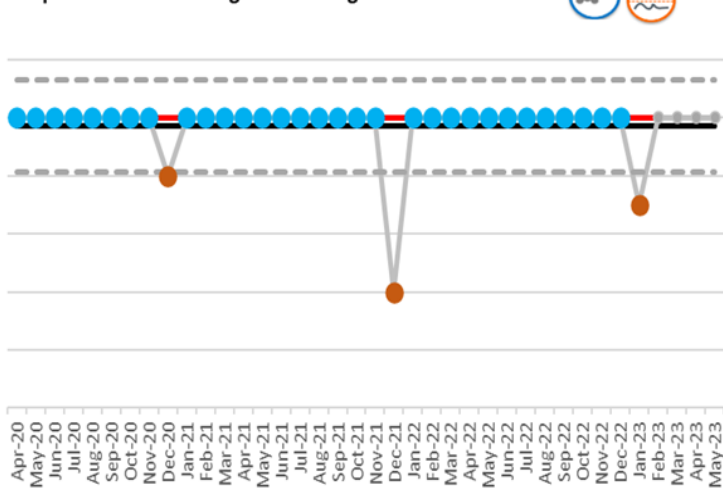
Never Events



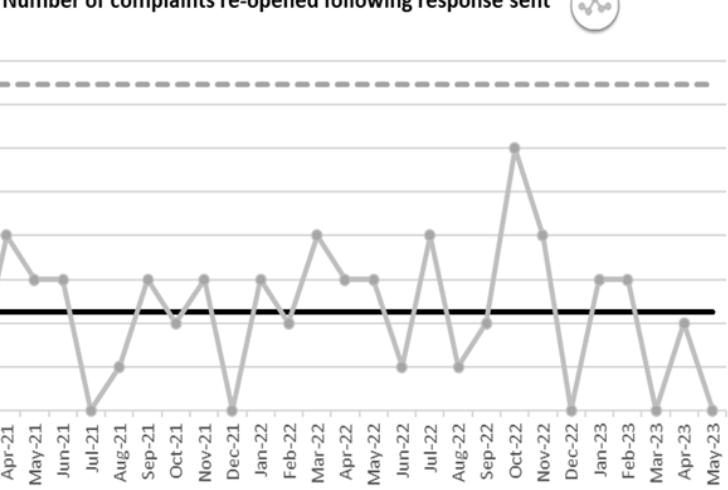
Coroner Regulation 28s



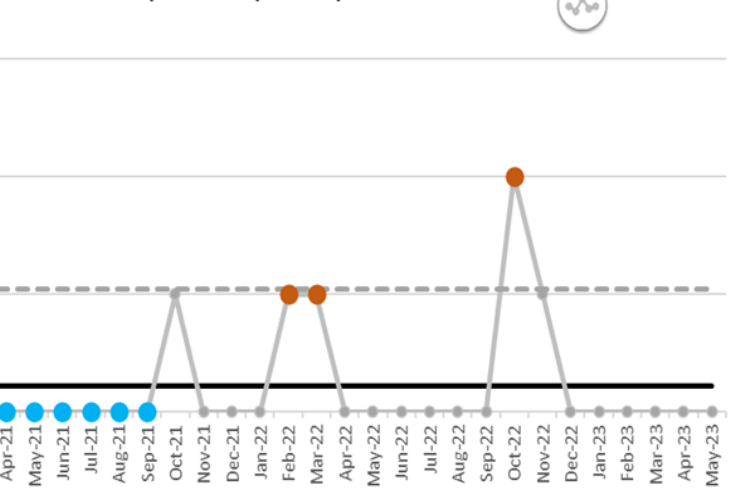
Complaints - Acknowledged within Agreed Time



Number of complaints re-opened following response sent

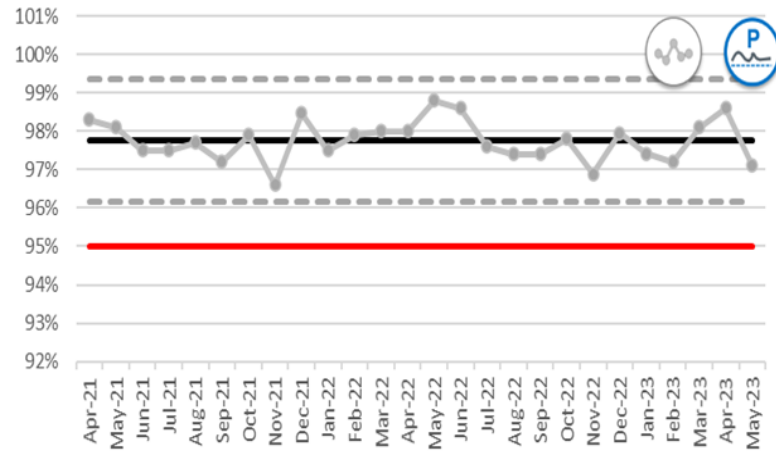


Number of re-opened complaints upheld

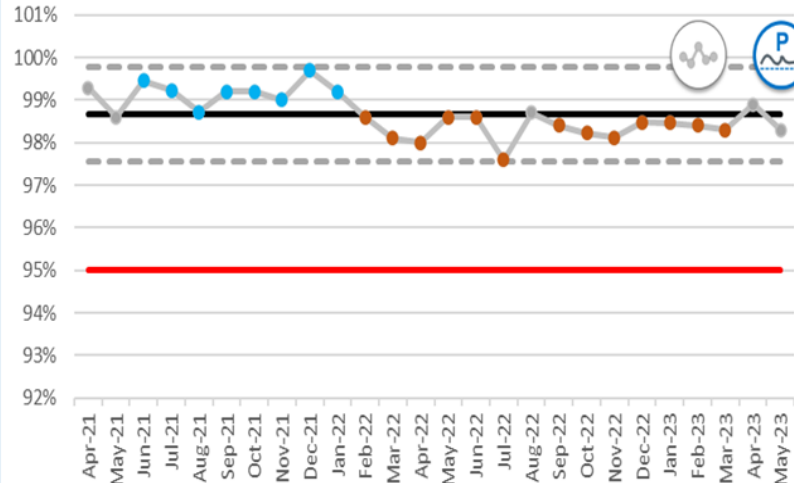


Appendix 1. Indicators performing in accordance with expected standards

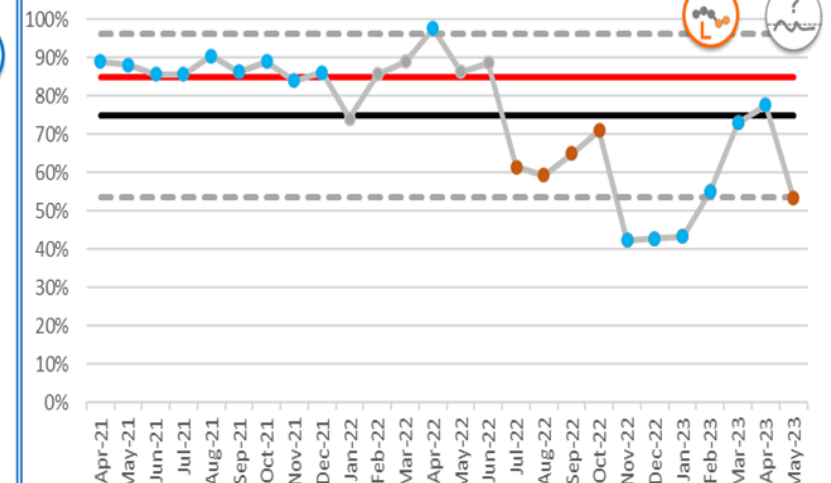
Friends and Family Test - SaTH



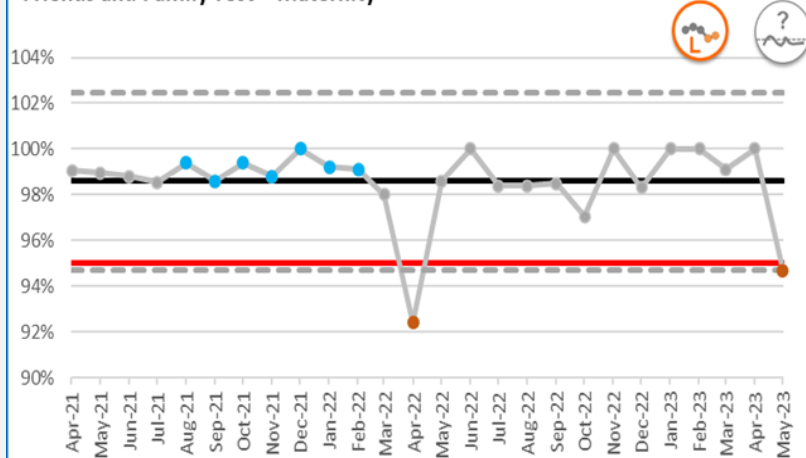
Friends and Family Test - Inpatient



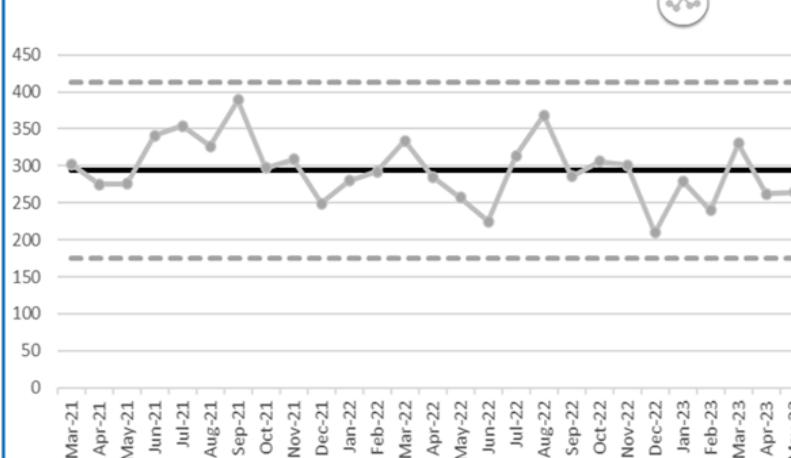
Friends and Family Test - A&E



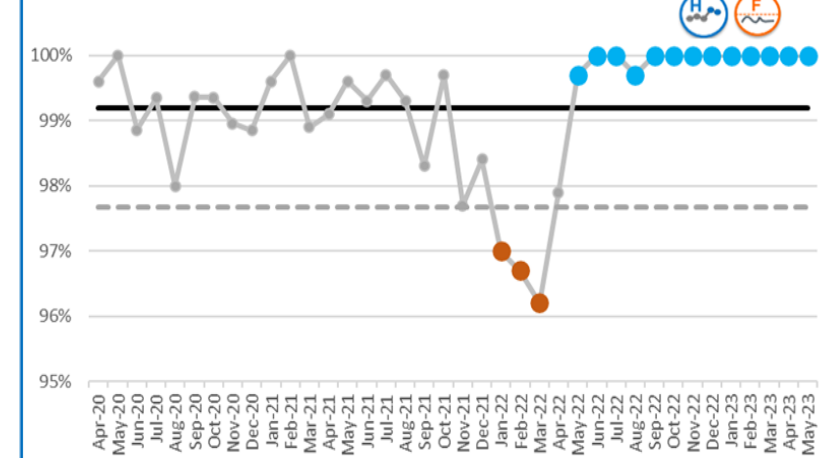
Friends and Family Test - Maternity



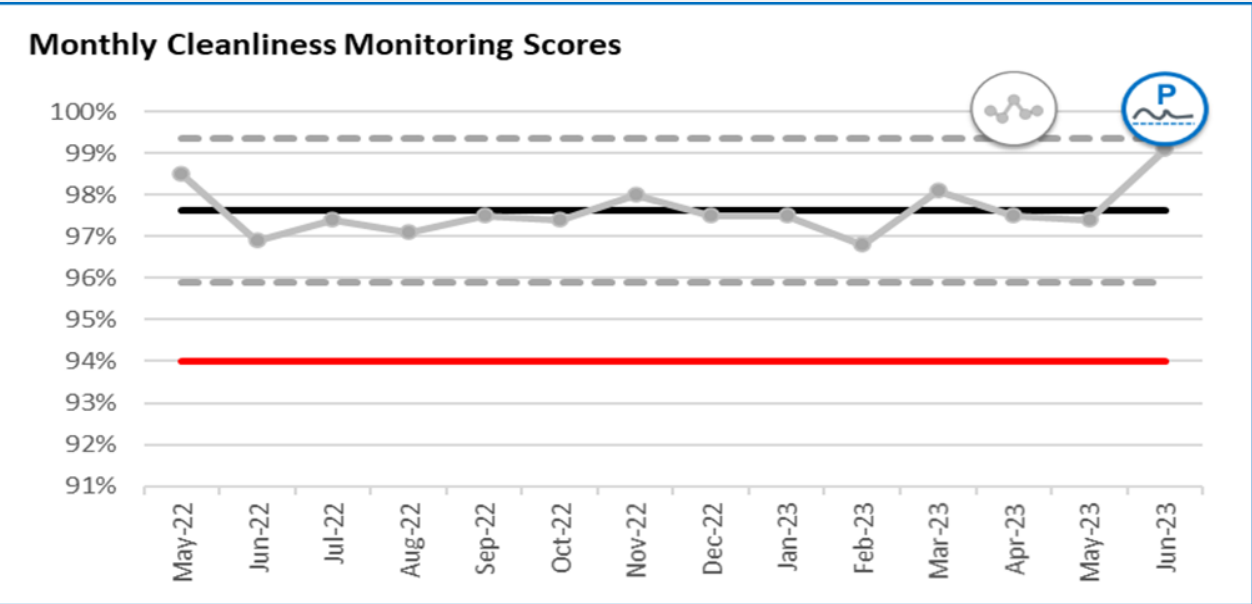
PALS contacts



One to One Care In Labour



Appendix 1. – Indicators performing in accordance with expected standards



What are the main risks impacting performance?

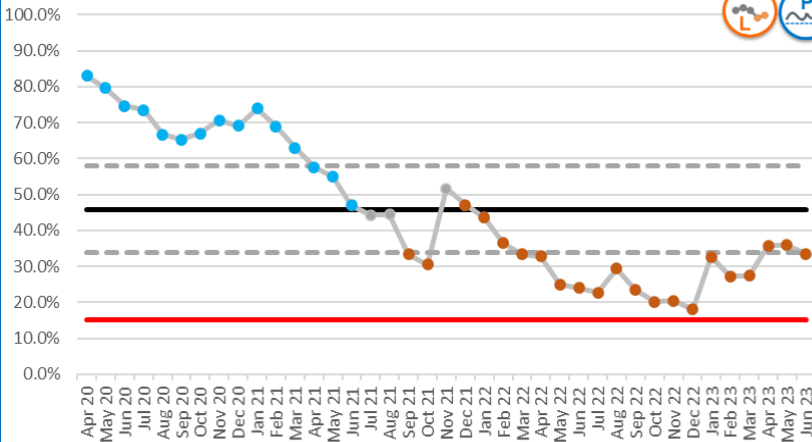
- No issues with the performance this month.
- Cleanliness Services achieved 99.1% in May.
- There has been a change to the questions asked in the nursing audit for Catering - it is now “Are you offered food that meets any dietary requirements or needs you have”. The score for this month was 96.93%.

What actions are being taken to improve?

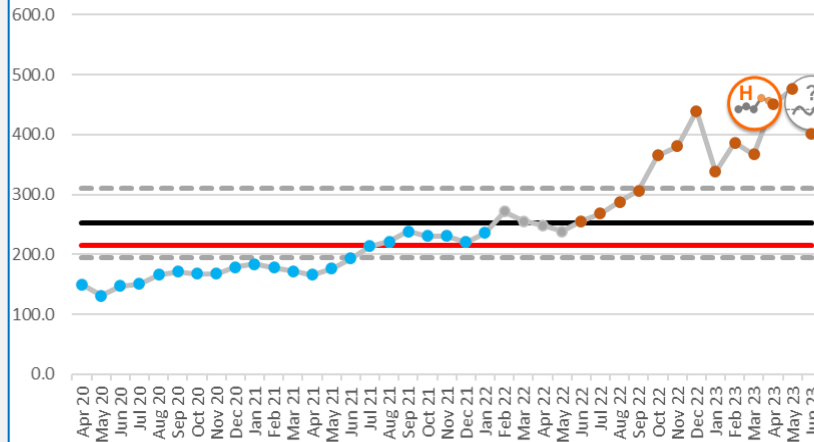
- To continue to use agency and contract staff to cover as many gaps as possible.

Appendices 2. – supporting detail on responsiveness

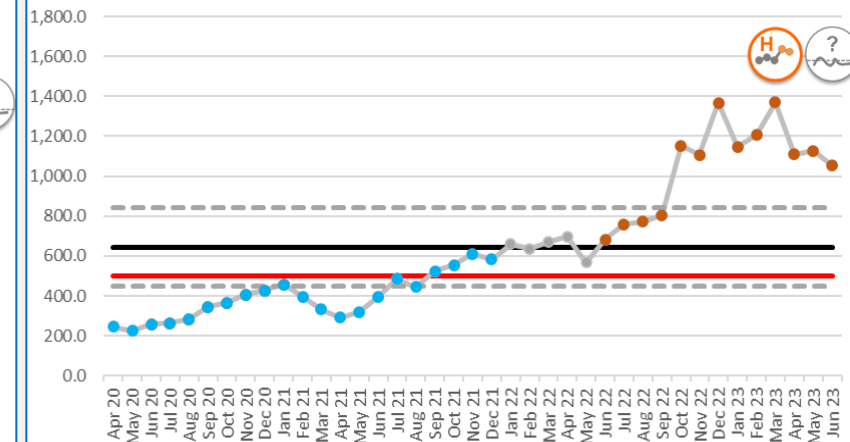
SaTH - % Patients seen within 15 minutes for initial assessment



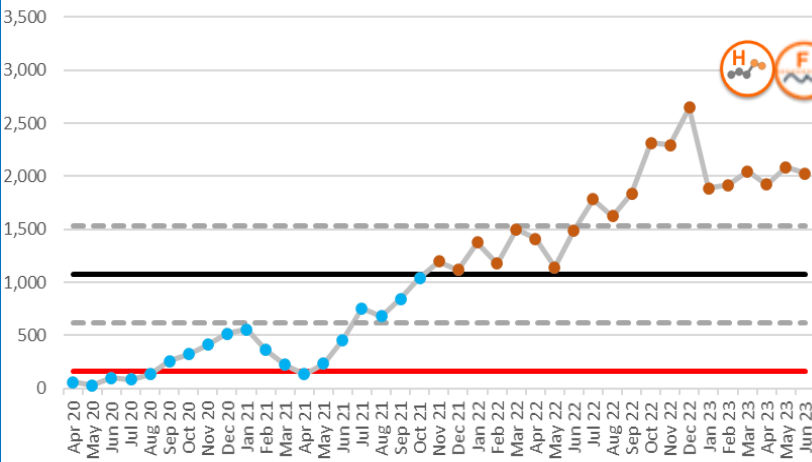
SaTH - Mean Time in ED Non Admitted (mins)



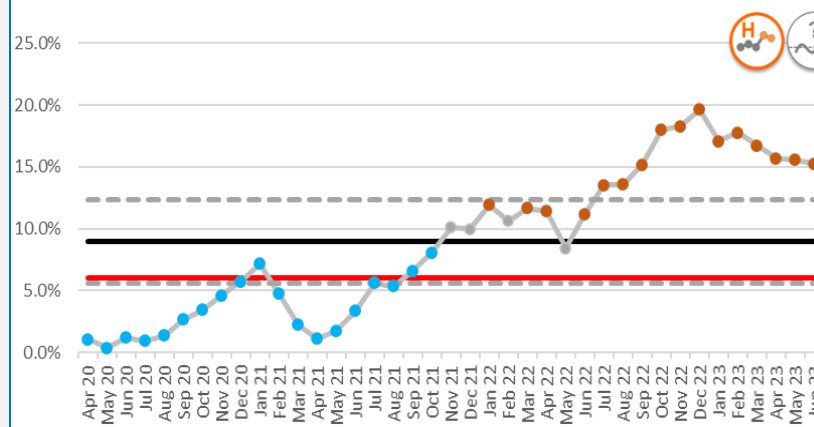
SaTH - Mean Time in ED admitted (mins)



SaTH - No. Of Patients who spend more than 12 Hours in ED

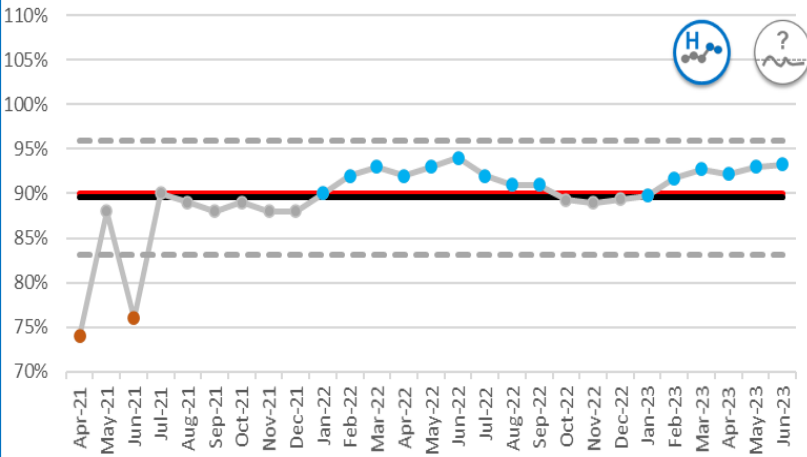


SaTH - 12 Hours in ED Performance %

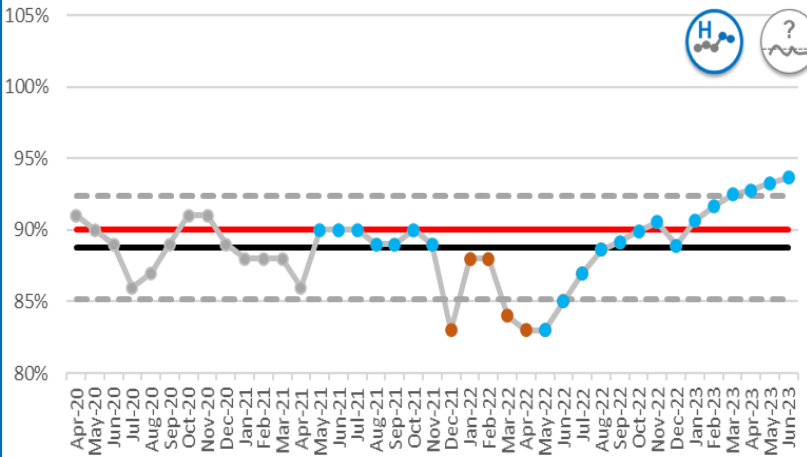


Appendices 3. – supporting detail on well led

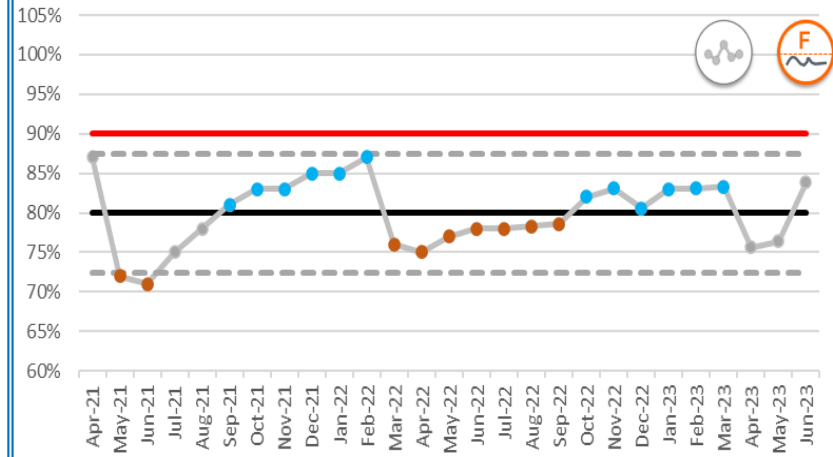
Appraisal – medical staff



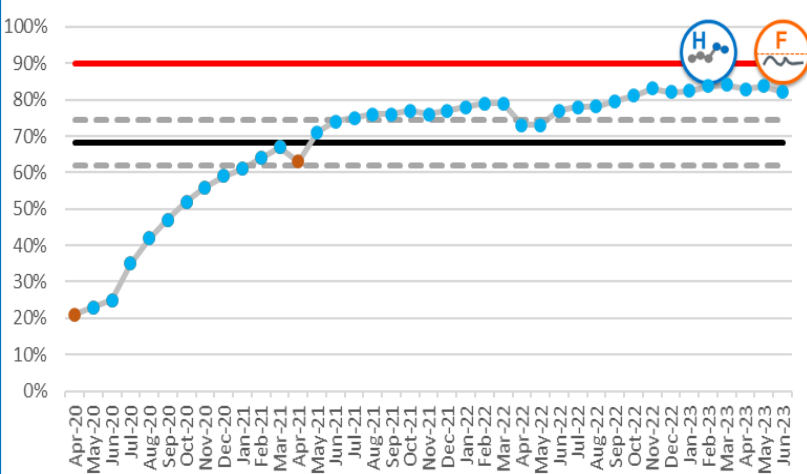
Safeguarding Children Level 2



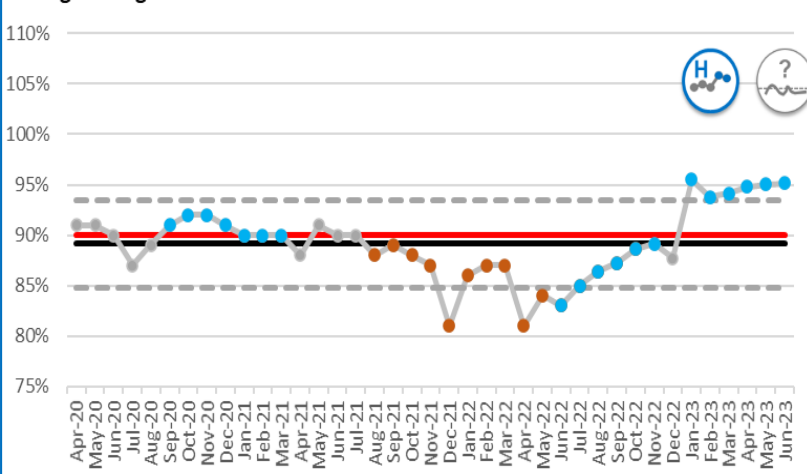
Safeguarding Children Level 3



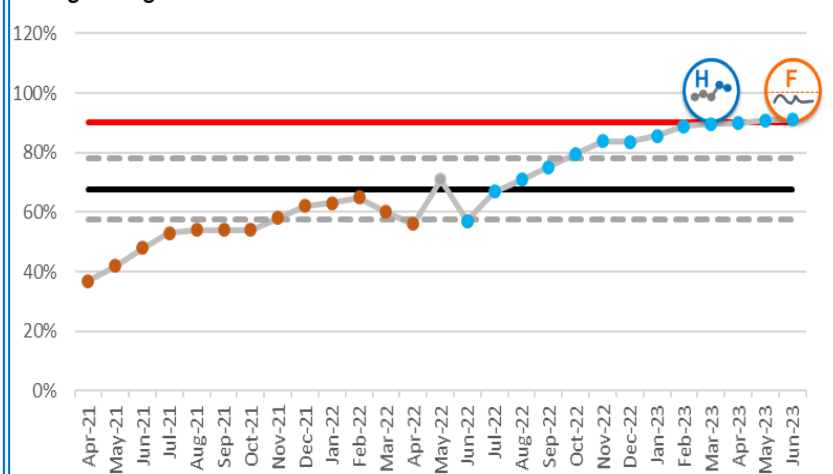
MCA – DOLS and MHA



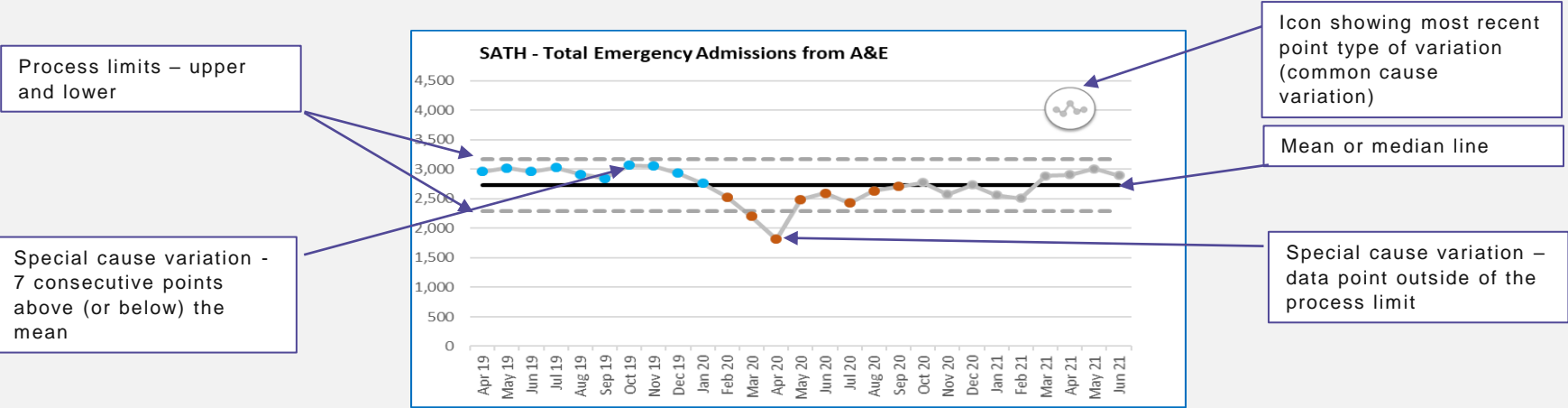
Safeguarding Adults Level 2



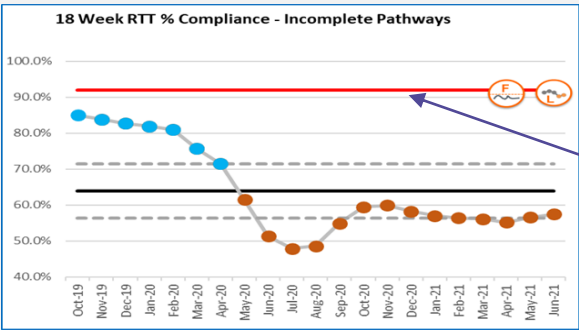
Safeguarding Adults Level 3



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.

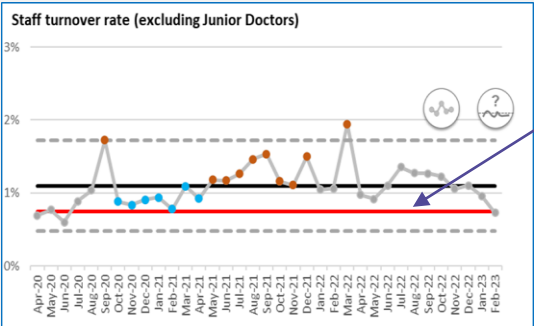


Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.



Target line –outside the process limits.

In this case, process is performing worse than the target and target will only be achieved when special cause is present, or process is re-designed



Target line – between the process limits and so will be hit and miss whether or not the target will be achieved

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
BTPP	Best Practise Timed Pathway
CAMHS	Child and Adolescence Mental Health Service
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
C.Diff	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

Term	Definition
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DoN	Director of Nursing
DSU	Day Surgery Unit
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
FIT	Faecal Immunochemical Testing
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

Appendix 6. Abbreviations used in this report

Term	Definition
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
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

Term	Definition
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
OPOG	Organisational performance operational group
OSCE	Objective Structural Clinical Examination
PAU	Paediatric Assessment Unit
QWW	Quality Ward Walk
PDC	Public Dividend Capital
PID	Project Initiation Document
PIFU	Patient Initiated follow up
PSIRF	Patient Safety Incident Response Framework
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

Appendix 6. Abbreviations used in this report

Term	Definition
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
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
Q1	Quarter 1
Q2	Quarter 2
QOC	Quality Operations Committee
QSAC	Quality and Safety Assurance Committee
R	Routine

Term	Definition
WAS	Welsh Ambulance Service
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent