

# Board of Directors' Meeting: 12th October 2023

Agenda item		122/23		
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, 2023.09.19 Finance Performance Assurance Committee, 2023.09.26 Quality & Safety Assurance Committee, 2023.09.27 Senior Leadership Committee – Operational, 2023.09.28		
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 July/August 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 note and 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 – 12th October 2023  
(presenting Month 5 Performance data)



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# Executive Summary

There was a marginal deterioration in the performance against the 4-hour UEC standard in August 2023 – 51.6% versus 51.9% in July 2023 and there was a considerable increase in the monthly number of 12-hour trolley breaches (803 v 479). However, there was a slight reduction in ambulance handovers over 60 minutes from 34.4% in July 2023 to 31.1% in August 2023. A number of targeted actions are planned for September and October 2023 to maximise the use of UTC and SDEC as well as alternative pathways to ED.

At month five the Trust has recorded a deficit of £46.1m against planned deficit of £27.9m; an adverse overall variance to plan of £18.2m. £4.1m of efficiency savings have been delivered year to date against a plan of £5.0m with year-to-date slippage predominantly against the workforce BTI scheme. It has to be noted that the efficiency targets increase significantly from Quarter 2 onwards in order to meet the full year target of £19.7m. 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 despite significant UEC pressures. In recognition of the sustained progress in this area, NHSE have stepped the Trust down to weekly Tier 3 meetings as of 18<sup>th</sup> of September 2023. 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 August 2023 was 330 and we have an improvement trajectory to reduce this to 212 by the end of March 2024. The unvalidated FDS position for July 2023 is 66.5% against the trajectory of 67.3%. 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. Some of the Endoscopy capacity constraints were mitigated with additional insourcing in July, however, there continues to be an impact on delivery of optimum pathways.

Performance against the diagnostic standard improved in August 2023 to 69.5% compared to 66.3% in July 2023 and the volume of 6-week breaches reduced by 494. The plans for the Community Diagnostic Centre remain on track for contractor's handover in mid-September 2023 and subsequent opening to patients in the beginning of 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.

# Operational Plan 2023/24 Objectives

Objective	Month 5 Status Summary	Current Progress Status	Committee
1: Deliver phase 3 of our Getting to Good Programme to continuously improve care for our patients and community standards	Critical Care improvement project has been successful delivered and formally closed. Key at risk projects are Theatre Productivity, Outpatient Transformation and Medical Staffing. G2G programme is now adopting the Trust RAG rating and assurance approach. This is used in Maternity, ED and Paediatric Transformation programmes. 21 milestones have been “delivered” between March and August 2023 based on previous reporting methodology. Work continues at pace to gather the evidence to move these milestones from Red to Amber, under the new methodology.	A	QSAC
2: Restore and sustain elective orthopaedics and other services	PRH W36 and DSU 15 trollies provide elective Orthopaedic capacity. Elective hub was due to open in November, however, due to a number of estates issues it has been delayed and will open in January 2024.	A	FPAC
3: Achieve the 28-day faster cancer diagnosis standard for patients	We continue to make steady progress against our plan, and our current unvalidated position is 67.6% against a trajectory of 68.5% with 91.5% data completeness. Further interventions have been introduced to support achievement of M6 milestone (70%).	R	FPAC
4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	All projects are underway however not achieving the impact against plan that is required. System Visit undertaken in August and September from NHSE/DHSC along with peer review and winter assurance visit by NHSE. Programme was reviewed in September and identified specific projects to be accelerated including Criteria to Admit, SDEC, Pinning out, Board Rounds, Criteria Led Discharge and Virtual wards.	A	FPAC
5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	The current deficit to plan is £18.2m. Significant risk remains around activity, escalation and efficiency schemes. Recruiting substantively and reducing reliance on high cost agency remain priority. Financial controls have been put in place and are under continuous review.	R	FPAC

# Operational Plan 2023/24 Enablers

Enablers	Month 5 Status Summary	Current Progress Status	Committee
1: Value difference and live the People Promise in our teams	A Diversity & Inclusion policy is being developed to improve both patient and staff experience. Following the publication of NHS equality, diversity and inclusion (EDI) improvement plan work is progressing to take forward the six 'High Impact Actions'. We are focussing on 9 People Promises with emphasis on well being and staff experience. There has been significant progress in relation to recruitment both locally and internationally.	A	People Committee
2: Progress our Hospitals Transformation Programme Plans to improve care for all	The Outline Business Case (OBC) is progressing through the approval process and. Alongside internal review there is regular engagement with system partners.	A	HTP Programme Board
3: Implement phase one of our Electronic Patient Record (EPR) programme – includes replacing the Patient Administration System	The EPR implementation to replace our current out dated PAS system was due to go live in October 2023. Due to a number of system related issues compounded by ongoing operational pressures this has been delayed. Following a multifaceted operational appraisal by the senior leadership team a revised go live date has been set for April 2024.	R	FPAC
4: Estates	Efficiency is driven by improved performance, collaboration and smarter working. Capital projects are under pressure due to market conditions and legacy issues around buildings and infrastructure. Financial prudence is in place and strong financial discipline exists within all areas of estates activity.	A	FPAC
5: Information Governance	There has been an increase in the number of IG audits undertaken across the Trust to support staff and improve compliance with best practice.	A	Information Governance Committee

# Getting to Good Programme

## Summary:

Getting to Good is the Trust's improvement programme which aims to help us achieve our overarching vision to provide excellent care. It will ensure that the changes and improvements being made fully address root causes, are sustainable and lay the foundations for future success.

The programme delivered 246 milestones in the previous two operational years against a target of 279. G2G is now adopting the revised RAG rating and assurance processes in line with Maternity and Emergency Care Transformation.

Of the current 71 outstanding milestones in the programme, 70 not yet delivered under the revised methodology. For assurance it should be noted that 21 milestones have been "delivered" between March and August 2023 based on the previous methodology.

## Key Deliverables in the reporting period:

Phase 1 of the Quality dashboard is now providing performance reporting for all metrics which are currently available within the Trust.

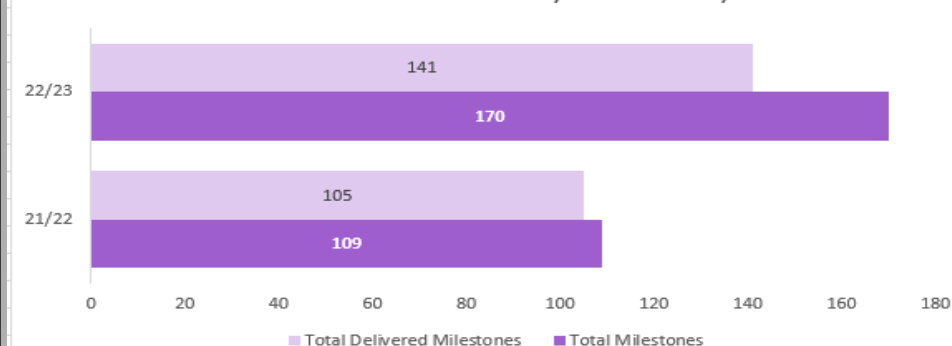
Continued preparations for an anticipated CQC inspection this year. Focus groups held as part of mock inspections have given the opportunity to reflect on improvements made since the last inspection.

A maintained improvement in the number of simple discharges a day and a maintained reduction of complex No Criteria to Reside patients.

Continued reduction in HCA vacancies. During August 2023, a total of 18.43 WTE HCAs joined the Trust, with a further 58.27 WTE going through recruitment checks. This recruitment will have a positive impact on quality and continuity of patient care as well as a reduction in agency usage.

Ongoing recruitment for radiologists, radiographers, and sonographers. Offers have been made to 10 additional overseas Radiographers, with the first of these joining the Trust in September 2023. This recruitment will have a positive impact on our elective recovery.

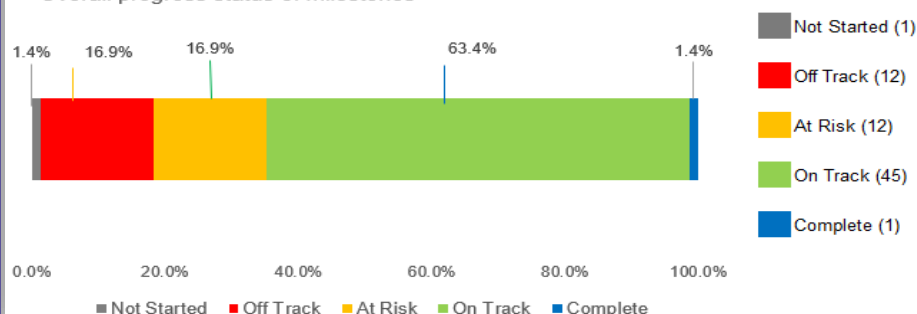
Milestones Delivered 2021/22 and 2022/23



Overall delivery status of milestones



Overall progress status of milestones



# Operational Plan 2023/24 Objectives

Trust Objective	Delivery Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Performance	Assurance
Objective 2: Restore and sustain elective orthopaedics and other services	Achieve zero 65 week waits by the end of March 2024	Plan	709	611	598	511	438	358	289	228	176	123	84	0		
		Actual	652	733	654	419	302									
	Ensure all waiting lists are subject to 12 week validations	Plan	TBC													
		Actual					61.9%									
	Achieve 5% Patient Initiated Follow Ups	Plan	3.8%	3.9%	4.1%	4.3%	4.4%	4.4%	4.5%	4.5%	4.7%	5.1%	5.1%	5.1%		
		Actual	3.30%	3.80%	3.00%	3.10%	3.70%									
	Achieve 25% virtual outpatient appointments	Plan	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%		
		Actual	16.5%	15.8%	16.2%	16.2%	17.9%									
	Achieve 85% theatre capacity	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
		Actual	65.0%	70.0%	67.0%	65.0%	65.0%									
Objective 3: Achieve the 28 day faster cancer diagnosis standard for patients	Cancer 28 day faster diagnosis	Plan	67.6%	67.2%	68.9%	68.5%	69.1%	70.0%	70.2%	70.8%	72.5%	73.4%	74.9%	75.1%		
		Actual	59.4%	60.9%	63.0%	66.5%										
	Patients who have breached the diagnostic standard for patients	Plan	TBC													
		Actual	4820	4625	4115	3815	3321									
	Diagnostic compliance of 6 week waits	Plan	66.5%	62.3%	56.5%	56.7%	53.4%	57.1%	57.6%	56.0%	49.6%	56.5%	57.2%	55.2%		
		Actual	63.9%	63.6%	66.8%	66.3%	69.5%									



# Operational Plan 2023/24 Objectives



The Shrewsbury and  
Telford Hospital  
NHS Trust

Trust Objective	Delivery Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Performance	Assurance
Objective 4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	Percentage of admissions discharged before midday	Plan	20%	22%	24%	26%	28%	30%	33%	33%	33%	33%	33%	33%		
		Actual	19.7%	19.1%	19.0%	20.0%	19.2%									
	Percentage of discharges through the discharge lounge	Plan	25%	25%	25%	25%	25%	25%	28%	28%	28%	28%	28%	28%		
		Actual	22.3%	24.8%	26.1%	24.9%	24.6%									
	Virtual ward utilisation (step down)	Plan	31	31	31	61	61	77	115	115	163	163	163	163		
		Actual	15	12	18	25	17									
	Reduce simple length of stay	Plan	4.9	4.7	4.7	4.6	4.8	4.8	5	4.9	4.8	4.3	4.5	4.7		
		Actual	5	5.4	4.8	4.7	5.33									
	Time from NCTR to discharge	Plan	5	4.6	4.5	4.2	4.4	4.3	4.7	4.1	3.9	3.9	4	3.8		
		Actual	4.8	4.7	5	3.8	4.0									
	Patients in hospital 14+ days	Plan	227	218	199	180	155	147	146	142	150	135	126	133		
		Actual	171	186	173	170	176									
	Patients in hospital 21+ days	Plan	131	126	115	104	90	85	84	82	86	78	73	77		
		Actual	103	108	99	99	104									
Objective 5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	Trust vacancy rates	Plan	TBC													
		Actual	6.5%	6.5%	5.1%	5.2%	4.7%									
	Agency expenditure	Plan	3937	2886	3126	2422	2356	2287	2214	2120	1721	1632	1632	1575		
		Actual	4118	4277	3646	3750	3856									
	In month efficiency delivery	Plan	193	1443	1318	2258	2272	2448	2728	2887	3494	3631	3681	9099		
		Actual	183	699	1335	897	988									
	Utilisation of escalation beds	Plan	44	44	44	41	41	41	41	0	0	0	0	0		
		Actual	80	80	80	72	72									

# Quality Patient Safety and Clinical Effectiveness

## Executive Leads:

Director of Nursing  
Hayley Flavell

Medical Director  
John Jones



# Patient Safety, Clinical Effectiveness, Patient Experience

## Executive Summary

- SHMI mortality data remains below 100.
- There has been one never event in July 2023, relating to a dermatology procedure (removal of the wrong lesion). In response to this, the following actions have been implemented:
  - Safety pause has been implemented for minor ops.
  - LocSipps document has been updated to reflect extra paper checks (consent form and clinic letter).
  - The nurses who prep the list are checking that the clinic letter is typed for minor ops. They will contact the secretaries to chase if the letter isn't typed so it is available for the procedure.
  - Clinicians are to mark their dictation urgent if booking in for the following week for surgery.
  - All lesions identified (for either removal, treatment, or monitoring) are to be marked in photography at booking even if obvious to the clinician (it may not be obvious to the surgical team or may have even fallen off prior to surgery).
- The drug chart VTE intervention has had no impact and so it has been decided that this not being pursued as an intervention. Discussions regarding next steps are underway, and a pilot is being proposed to include VTE assessment on the ward check list.
- There has been a significant reduction in falls from Q1 last year 382 (22/23) to 287 (23/24) and falls per 1,000 bed days has reduced from 5.06 (22/23) to 3.94 (23/24).
- The number of hospital acquired pressure ulcers has reduced in July 2023 however it remains higher in Q1 (23/24) than in Q4 of (22/23). No direct connection has been found to delays in ambulance offload and prolonged stay in ED however, more work is being done to review this.
- PSIRF is to launch 30<sup>th</sup> November 2023.

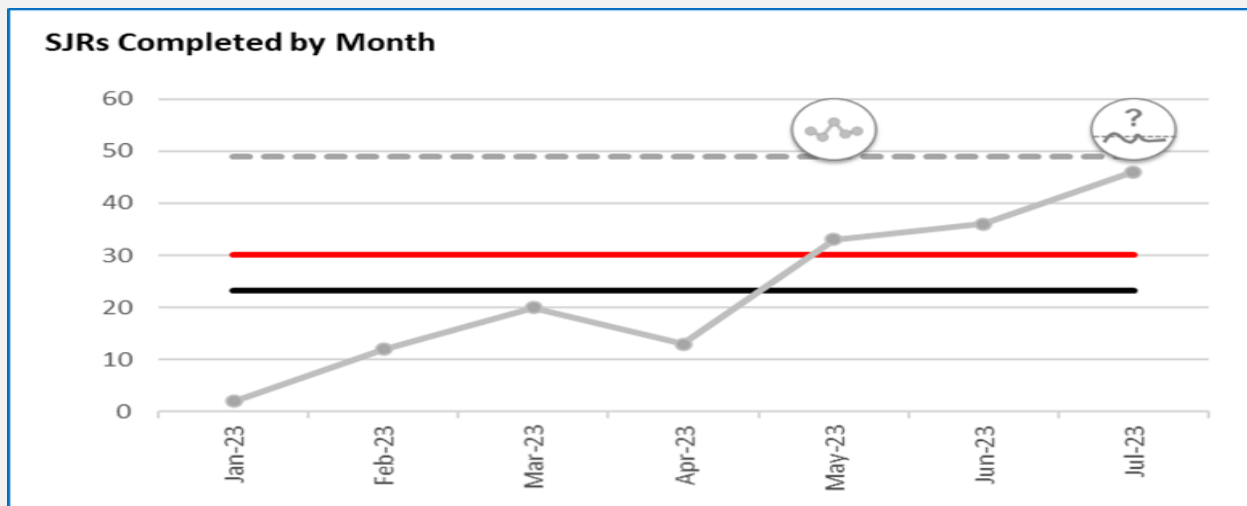
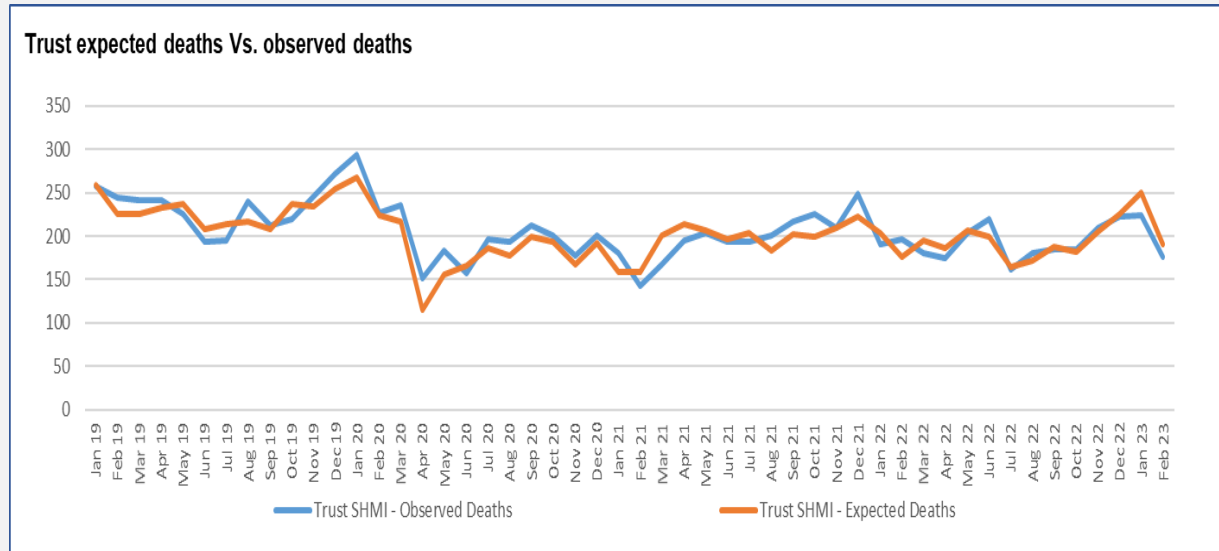
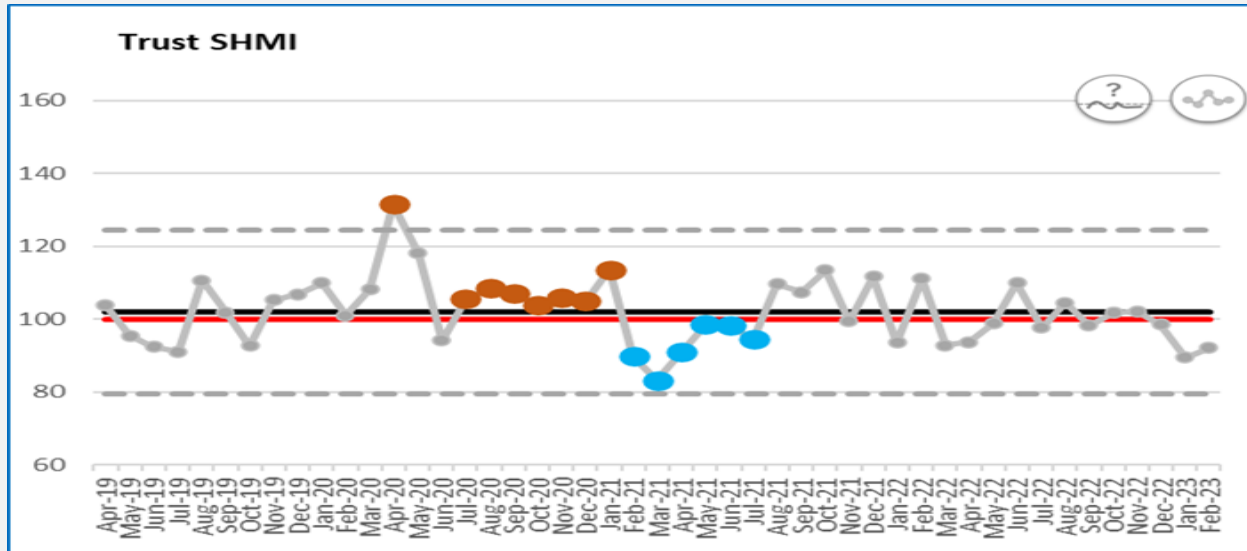
# The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report



The Shrewsbury and  
Telford Hospital  
NHS Trust

Domain	Description	Regulatory	National Standard 23/24	Current Month Trajectory (RAG)	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	98	105	98	102	102	99	89	92	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	165	172	188	182	205	225	250	191	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	161	180	185	185	210	222	224	176	-	-	-	-	-	
	SJRs Completed by Month				-	-	-	-	-	-	2	12	20	13	33	36	46	
	HOHA - MRSA	R	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	
	COHA - MRSA	R	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	HOHA - MSSA		-	-	1	6	2	2	3	0	1	4	2	1	4	1	3	
	HOHA - C.Difficile	R			4	7	2	3	4	1	3	12	3	4	7	2	3	
	COHA - C.Difficile	R	32	3	1	3	0	2	1	0	1	1	1	3	3	3	0	
	HOHA - E-coli	R			4	1	2	4	4	5	4	5	5	4	4	3	4	
	COHA - E-coli	R	90	7	7	7	13	5	12	6	5	5	8	5	7	5	6	
	HOHA - Klebsiella	R			1	0	2	2	1	2	3	4	0	1	0	0	1	
	COHA - Klebsiella	R			4	0	2	1	2	2	0	1	3	1	0	3	2	
	HOHA - Pseudomonas Aeruginosa	R			1	0	1	0	0	0	1	0	0	1	3	2	1	
	COHA - Pseudomonas Aeruginosa	R	18	1	1	1	1	4	0	0	0	0	0	0	0	1	0	
	Pressure Ulcers - Category 2 and above		-	15	17	8	17	14	14	9	32	26	16	23	38	20	17	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.75	0.32	0.72	0.60	0.56	0.36	1.22	1.13	0.61	0.99	1.50	0.79	0.68	
	VTE Risk Assessment completion		95%	95%	93.0%	92.9%	92.3%	92.5%	91.7%	88.9%	91.3%	90.5%	90.3%	89.7%	92.3%	91.4%	-	
	Falls - per 1000 Bed Days		6.6	4.5	5.59	4.98	5.28	4.45	4.09	4.93	3.92	4.48	4.05	4.55	3.38	3.81	3.38	
	Falls - total		-	105	126	125	125	104	102	122	103	103	107	106	85	96	85	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.04	0.16	0.13	0.09	0.16	0.04	0.08	0.04	0.08	0.21	0.08	0.08	0.20	
	Falls - Resulting in Harm Moderate or Severe		0	0	1	4	3	2	4	1	2	1	2	5	2	2	5	
	Never Events		0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	10	9	15	8	7	7	9	11	11	10	5	11	12	
	Serious Incidents - Closed in Month		-	-	1	13	3	3	5	8	10	1	12	11	4	8	11	
	Serious Incidents - Total Open at Month End		-	-	44	42	51	52	44	43	46	50	48	52	45	40	39	
	Mixed Sex Accommodation - breaches		0	0	141	93	45	71	86	95	90	56	76	72	95	102	125	
	One to One Care in Labour		100%	100%	100.0%	100%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity		85%	85%	60%	55%	58%	66%	79%	70%	86%	83%	82%	81%	86%	84%	82%	
	Smoking Rate at Delivery		5%	5%	11.8%	11.9%	13.2%	11.4%	11.2%	10.8%	10.9%	13.1%	8.8%	12.3%	11.5%	7.4%	9.9%	
Quality Caring & Experience	Complaints		-	-	79	77	72	69	82	42	73	45	75	67	76	88	93	
	Complaints - responded within agreed timeframe - based on month response due		85%	85%	60%	55%	71%	62%	59%	49%	50%	47%	47%	46%	54%	57%	58%	
	PALS - Count of concerns		-	-	314	368	286	306	301	210	279	240	330	262	264	312	275	
	Compliments		-	-	39	54	51	90	75	54	84	54	108	59	125	104	74	
	Friends and Family Test -SaTH		95%	95%	98%	97%	97%	98%	97%	98%	97%	97%	98%	99%	97%	99%	97%	
	Friends and Family Test - Inpatient		95%	95%	98%	99%	98%	98%	98%	99%	98%	98%	98%	99%	98%	99%	98%	
	Friends and Family Test - A&E		85%	85%	61.5%	59.4%	65.1%	71.1%	42.4%	42.9%	43.3%	55.0%	73.0%	77.8%	53.3%	91.7%	63.3%	
	Friends and Family Test - Maternity		95%	95%	98%	98%	99%	97%	100%	98%	100%	100%	99%	100%	95%	100%	96%	
	Friends and Family Test - Outpatients		95%	95%	99%	98%	99%	98%	98%	99%	98%	98%	98%	98%	98%	99%	98%	
	Friends and Family Test - SaTH Response rate %		-	-	6%	7%	7%	6%	8%	6%	7%	6%	8%	6%	8%	6%	10%	
	Friends and Family Test - Inpatient Response rate %		-	-	17%	18%	19%	17%	20%	18%	19%	14%	20%	17%	22%	15%	25%	
	Friends and Family Test - A&E Response rate %		-	-	0.3%	0.5%	0.9%	0.3%	0.5%	0.2%	0.3%	0.4%	0.3%	0.1%	0.6%	0.1%	0.7%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	7%	6%	5%	6%	8%	7%	5%	6%	7%	1%	8%	0.3%	6.0%	

# Mortality outcome data



# Mortality outcome data

## Summary:

The latest available data for the Trust's SHMI position is February 2023. This showed our performance as 92.15, which is within the expected range. Observed deaths (176) are slightly lower than expected deaths (191) indicating less deaths than would be expected by the SHMI model. Structured Judgement Review (SJR) monthly completion improved significantly over Q1 and has continued to improve for July as seen on the chart.

## Recovery actions:

Continue to monitor mortality indices (SHMI & RAMI), and SHMI details by primary diagnosis conditions which indicate the highest number of excess deaths per quarterly report. These are detailed in the Learning from Deaths reports.

## Anticipated impact and timescales for improvement:

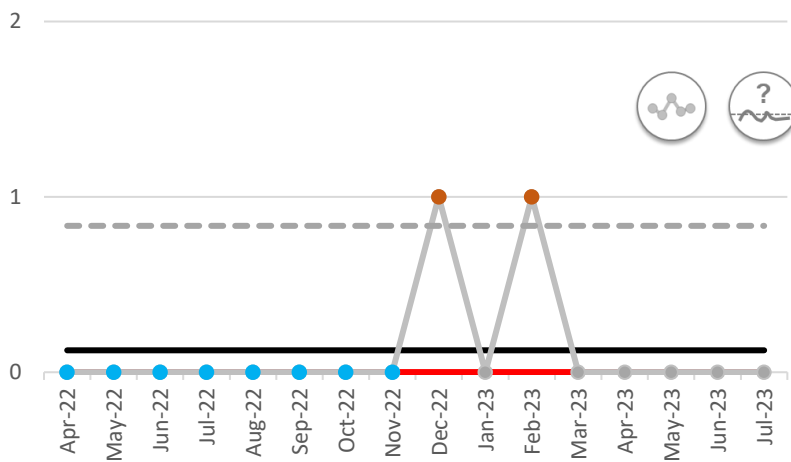
This monitoring is an ongoing process. With respect to the SJR completion rates, we anticipate that sustainability will be achieved as a result of recent recruitment of SJR reviewers, in conjunction with a fully resourced Corporate Learning from Deaths team.

## Recovery dependencies:

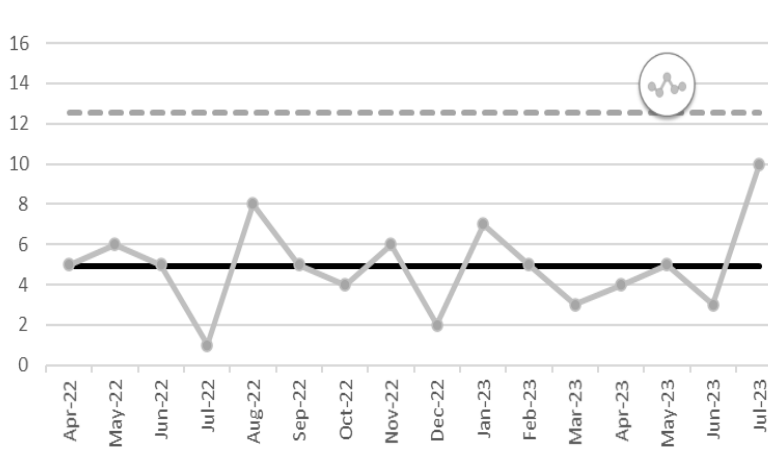
Complete recruitment to the Learning from deaths team.

# Infection Prevention and Control

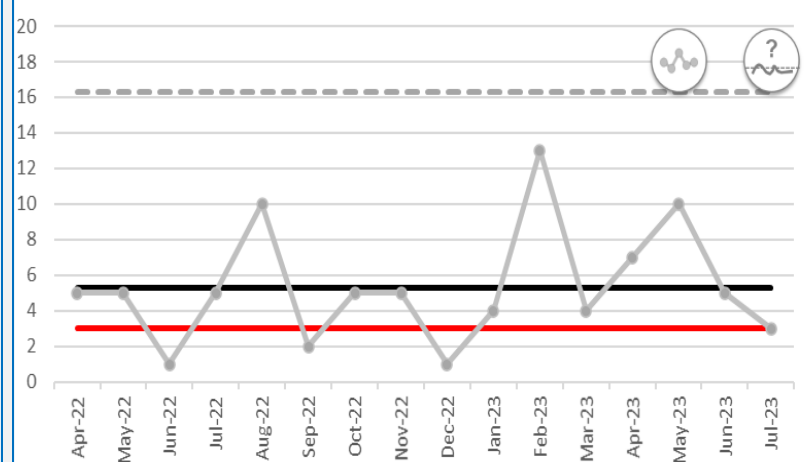
HOHA & COHA - MRSA



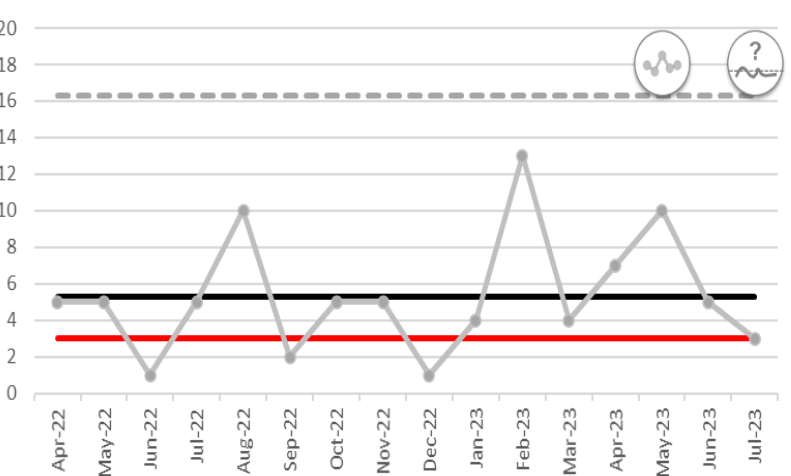
HOHA - MSSA



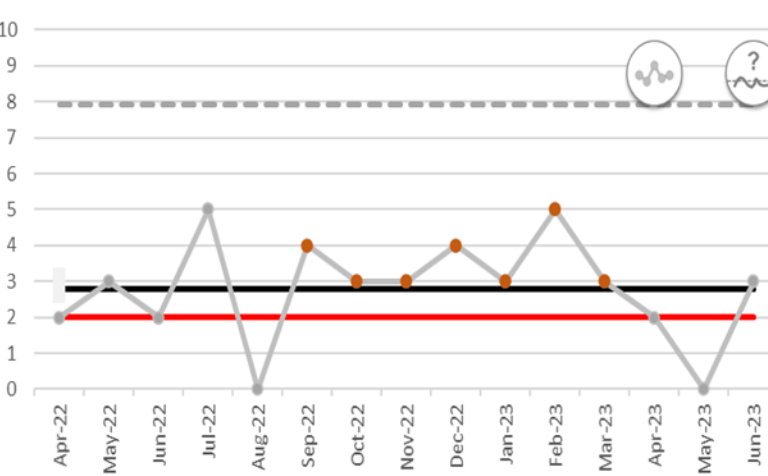
HOHA & COHA - C.Difficile



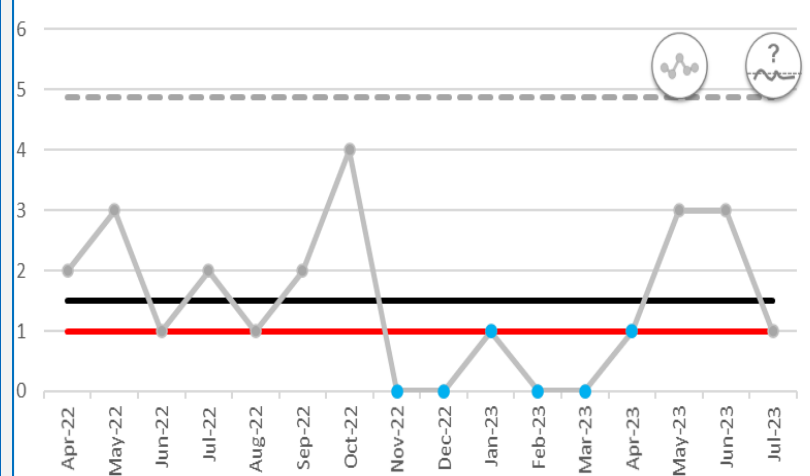
HOHA & COHA - C.Difficile



HOHA & COHA - Klebsiella



HOHA & COHA -Pseudomonas aeruginosa



# Infection Prevention and Control

## Summary:

In July 2023 there were the following bacteraemia:

- 10 MSSA
- 3 C.Diff
- 10 E.Coli
- 3 Klebsiella
- 1 Pseudomonas
- There have been no MRSA bacteraemia since February 2023

The Trust continues to report HCAI cases above the nationally set trajectory including Klebsiella, Pseudomonas, E.coli and C.Diff in the month of July 2023. The Trust is at risk of breaches these targets for 2023/23.

## Recovery actions:

There is a C.Diff action plan which is being implemented across the Trust. Following discussions with Microbiologists, Microbiologists will lead Anti-microbial ward rounds to review and address the prescribing and use of anti-microbials across the Trust and strengthen anti-microbial stewardship. Strengthen clinical representation at the Trust Anti-microbial group. ICB IPC Group (SATH a core member of this group) to address and review anti-microbial stewardship and use of Proton Pump Inhibitors (use is risk factor in C.Diff). Quality work continues to ensure IPC Policies are adhered to in all clinical areas and compliance is reported through IPC Operational Group, which includes compliance with VIPS, Catheter insertion and care plan documentation. Focused Quality ward walks to support staff with embedding learning from incidents are undertaken by the IPC team, senior divisional nursing reps and Quality Matrons.

## Anticipated impact and timescales for improvement:

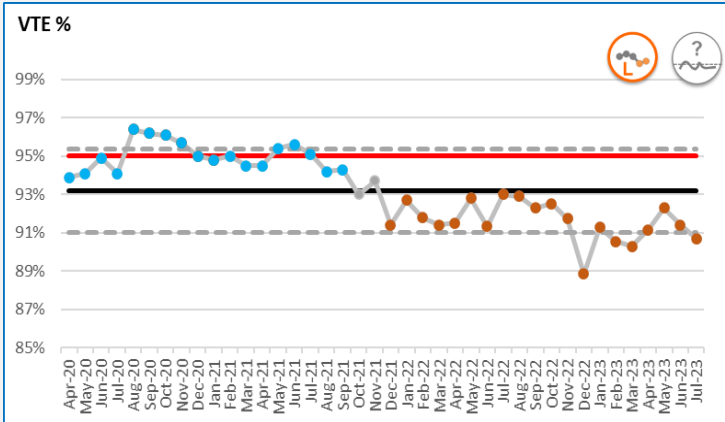
To be agreed and approved via Director of Infection Prevention and Control at the IPC Assurance Committee.

## Recovery dependencies:

ICB IPC improvement work in anti-microbials



# Patient harm - VTE



## Summary:

VTE assessment continues to fall below the national target line and is outside of the 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.

## Recovery actions:

A pilot started the week commencing 5 June 2023 in AMU on both sites to use prompts on the patient's prescription charts to trigger the completion of VTE assessments. This pilot completed at the end of June 2023 and findings from this pilot will be presented to Quality Operational Committee in August 2023.

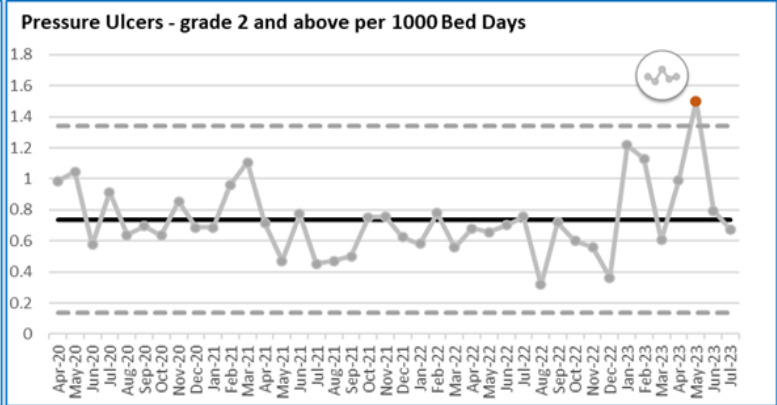
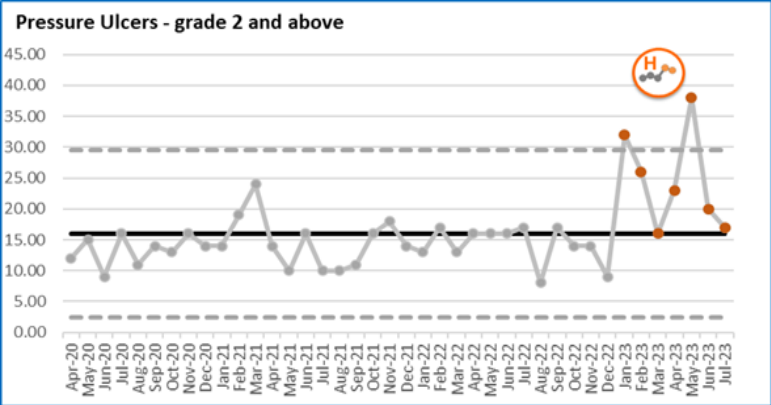
Communication continues with the divisional medical directors, clinical directors, consultants, matrons and ward managers to identify any outstanding VTE assessments and to ensure completion in a timely manner. Monitoring will continue with notifications sent to consultants.

## Anticipated impact and timescales for improvement:

To be discussed at QoC with the findings of the pilot.

## Recovery dependencies:

# Patient harm - Pressure ulcers



Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	11
Surgery, Anaesthetics and Cancer	6

**Summary:**  
The number of hospital acquired pressure ulcers reduced in July 2023, but remains higher throughout Q1 of 2023/24 than in Q4 of 2022/23 when the Trust also saw a significant increase in cases. A deep dive into the pressure ulcer investigations for all Category 2 or above pressure ulcers has identified issues in relation to the consistency in frequency of patient re-positioning, timely ordering of pressure relieving mattresses and in the supply of specialist mattresses.

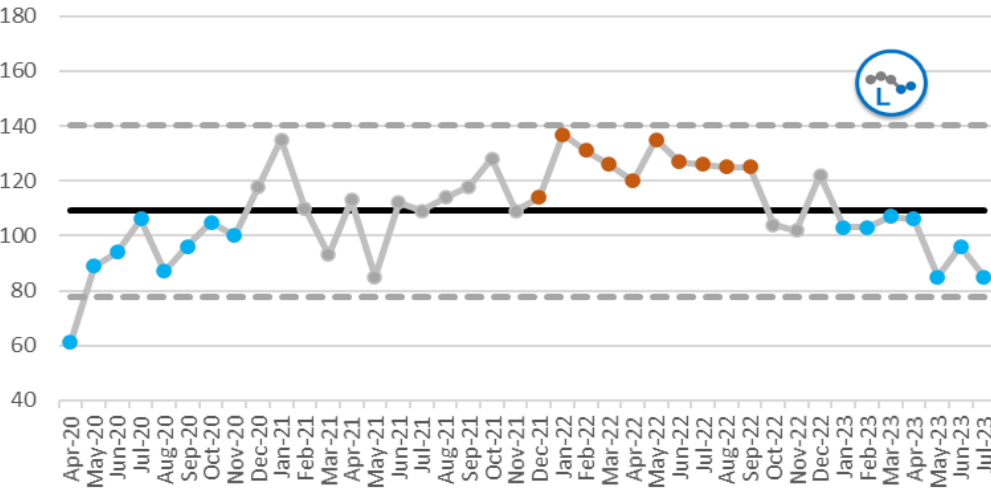
**Recovery actions:**  
A pressure ulcer action plan is in place following thematic reviews of pressure ulcer Serious Incidents. Actions are to be implemented across wards and clinical areas to ensure improvements. Review of tissue viability documentation in line with National Wound Care Strategy Programme which recommended the PURPOSE T risk assessment tool for pressure ulcer risk assessment. Tissue viability team plan to implement this tool in year. Ongoing face to face education, training and support in relation to frequency of re-positioning based on individual patient risk assessments. Training and reinforcing correct process for ordering pressure relieving equipment including mattresses. Continue with the rollout of the Link Nurse TVLC course.

**Anticipated impact and timescales for improvement:**  
Reduction in consistent themes in relation to pressure ulcers.

**Recovery dependencies:**

# Patient harm - Falls

Falls-total



Falls – Total per Division

Medicine and Emergency Care

62

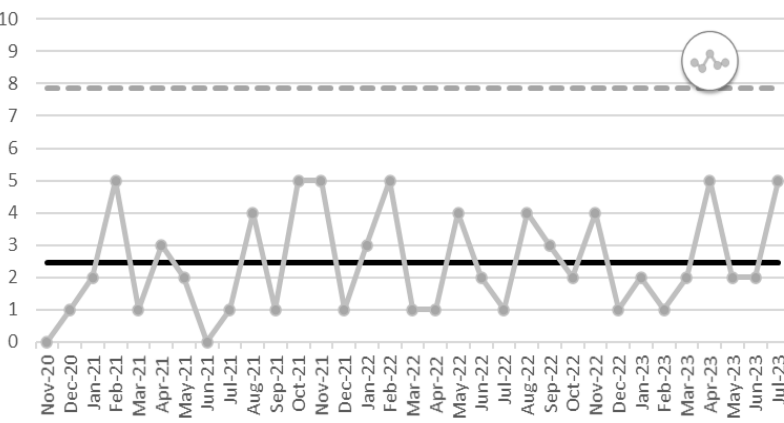
Surgery, Anaesthetics and Cancer

22

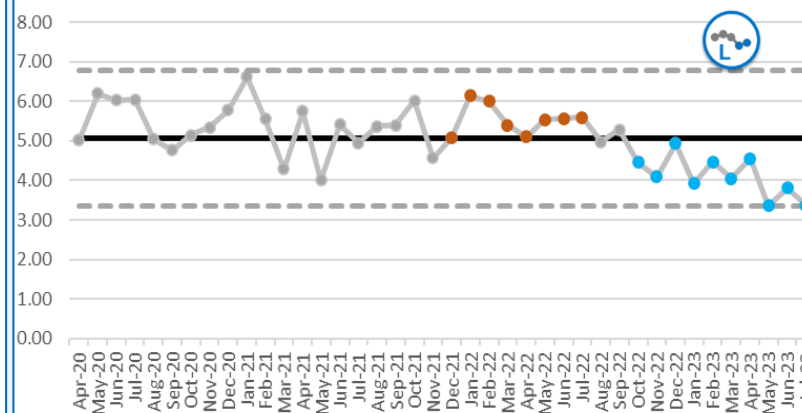
Women's & Children's

1

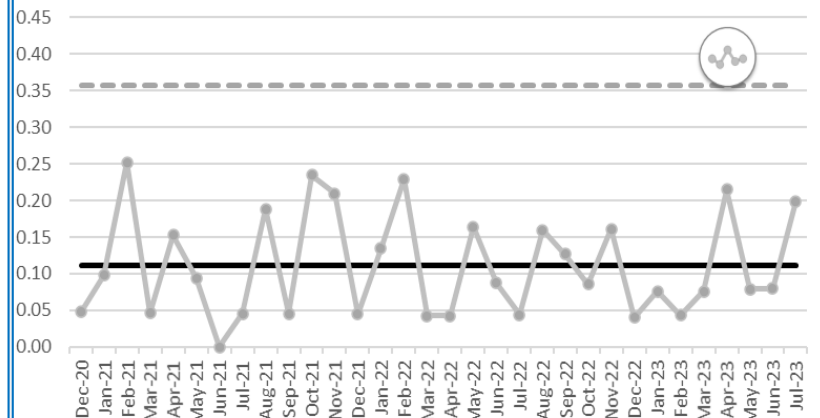
Falls - Resulting in Harm Moderate or Severe



Falls - per 1000 Bed Days



Falls - with Harm per 1000 Bed Days



# Patient harm - Falls

## Summary:

There was a slight decrease in falls in July 2023 with 85 reported. Overall, the number of falls per month and falls per 1,000 bed days has reduced in Q1 of 2023/24 compared to Q4 and Q3 of 2022/23. A review of falls has shown inconsistent practice in relation to pre-falls recording of lying and standing blood pressure and actions required in relation to postural drop in blood pressure and issues with patients wearing appropriate footwear at the time of the fall. There continues to be falls with harm with 5 falls being seen in July that resulted in significant harm.

## Recovery actions:

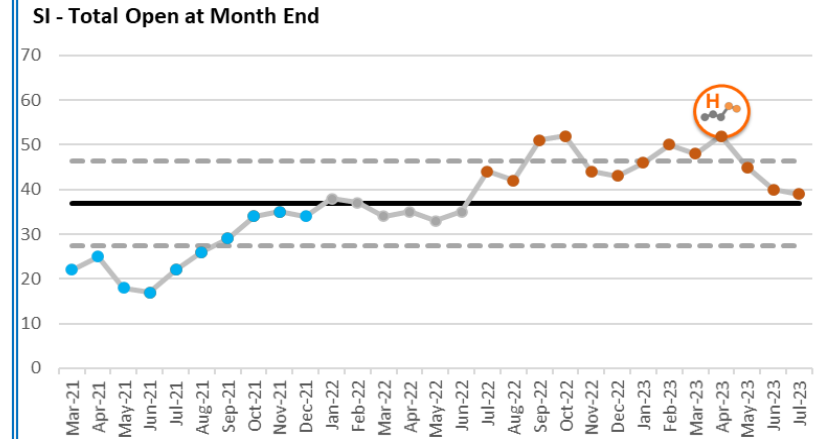
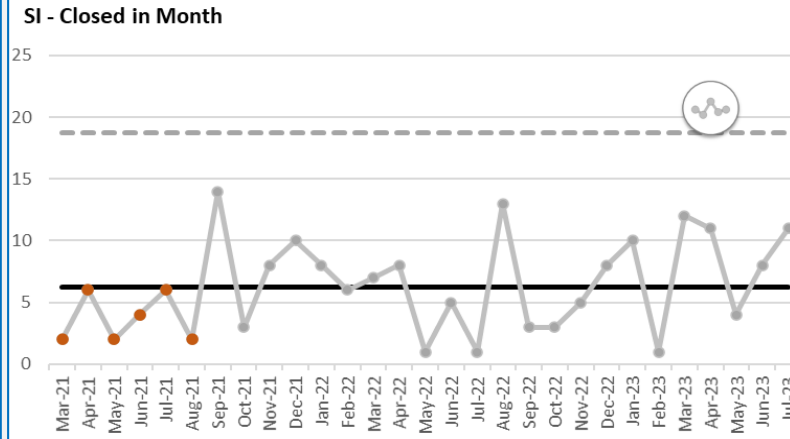
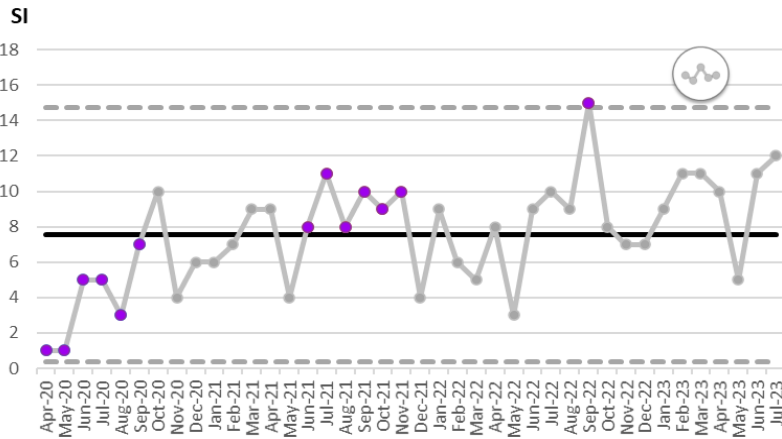
Overarching Trust action plan is in place. Improvement workstreams have been established including fall tabards and sensor tabards. Ongoing education and support from Quality Team to wards in relation to lying and standing blood pressure recording. Education in relation to ensuring patient has appropriate footwear or hospital slipper socks in-situ prior to mobilising. Continue to support staff and recognition of improvements achieved as shown from audit data. Celebration of achievements, ward accreditation medals initiative taking place from Quarter 3 onwards. Quality team is planning a Falls week – 18<sup>th</sup> September 2023 to promote falls improvement initiatives and to launch the trial of the *Yellow Zimmer Frame*.

## Anticipated impact and timescales for improvement:

Continue with full implementation and embedding of the falls improvement plan.

## Recovery dependencies:

# Patient harm - Serious incidents



Serious incidents - by division	Number reported
Medicine and Emergency care	7
Surgery, Anaesthetics and Cancer	2
Women's & Children's	2
Clinical Support Services	1

Serious Incident by Theme	Number Reported
Never Event – Wrong site of Surgery	1
Fall with fractured NOF	2
Pressure Ulcer – Category 3	1
Failure to transport patient	1
Medication error	1
Fall with fractured right hip	1
Delay in diagnosis and treatment	1
Fall with fractured pubic rami	1
Environmental incident	1
Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)	1
Return to Theatre	1
Total	12

# Patient harm - Serious incidents

## Summary:

There have been 12 Serious Incidents reported for July 2023. Except for a spike in reporting above the upper control limit in September 2022, SPC1 demonstrates common cause variation.

SPC2 shows the number of Serious Incidents closed each month by the ICB following submission of our reports. A total of 11 SIs were closed in July 2023.

SPC 3 demonstrates a slow but sustained decrease in the total number of open Serious Incidents the Trust is holding, these comprise of both SI's being investigated and those submitted to the ICB pending closure/additional assurance.

## Recovery actions:

Where possible, SI investigations are completed within a 60-day good practice guide. While this is not always possible, support is provided where necessary to ensure progression is made. The Trust will continue to work with patients, their families and the ICS when the 60-day guide is deemed unachievable.

## Anticipated impact and timescales for improvement:

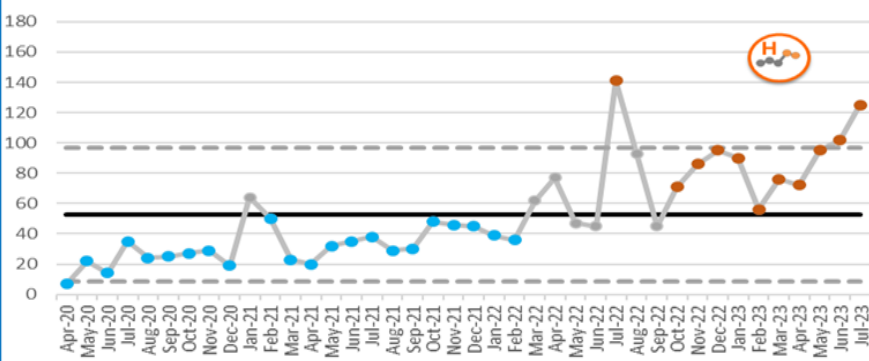
The greatest impact on timescales will be following the introduction of PSRIF. This transition from our current process will affect figures until PSRIF is fully implemented.

## Recovery dependencies:

Availability of investigating officers being released to support investigations. Peak holiday times have consistently had an impact on the timely completion of investigations and where possible, this will be supported and mitigated.

# Mixed sex breaches exception report

Mixed Sex Breaches



Location	Number of breaches	Additional Information
AMU (PRH)	93 breaches	31 Occasions in AMA
ITU / HDU (PRH)	13 primary breaches	6 medical, 7 surgical
ITU / HDU (RSH)	19 primary breaches	8 medical, 11 surgical

## Summary:

There continues to be a large number of mixed sex breaches in the Acute Medical Assessment Area due to this area being utilised as additional capacity for beds overnight. Although the same sex patients are bedded in the area overnight, this results in mixed sex breaches when day case activity recommences in the morning. There are also significant breaches in ITU at RSH due to bed capacity issues continuing to hinder the discharge of patients who need to step down from the ITU to ward based care.

## Recovery actions:

Continue with the improvement work in relation to patient flow, discharges before midday and reduction in patients with no criteria to reside to enable timely access to beds across the Trust. This includes patients requiring stepdown from ITU. Executive approval to be granted before using AMA to bed patients overnight.

## Anticipated impact and timescales for improvement:

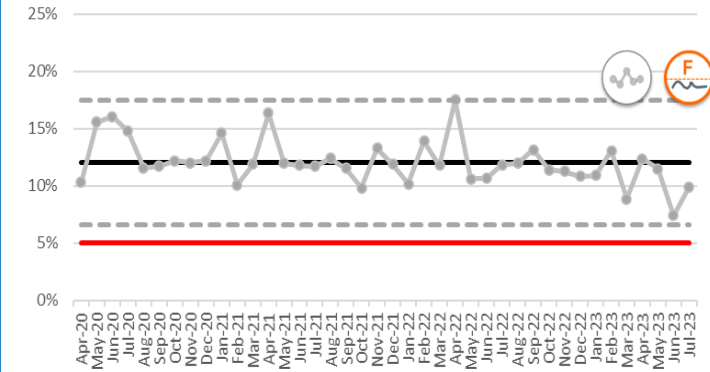
In line with improvements in bed capacity

## Recovery dependencies:

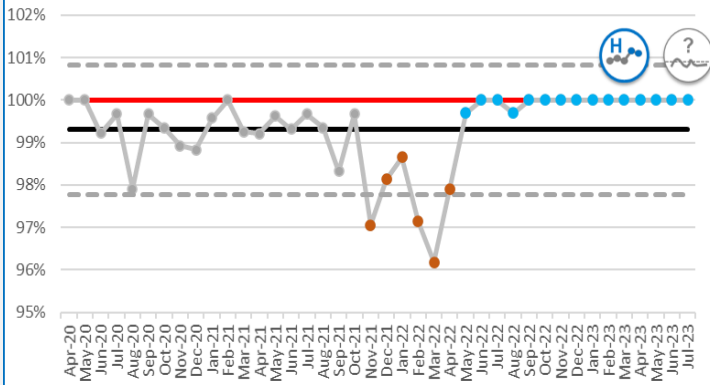
Patient flow improvement work.

# Maternity

Smoking rate at Delivery



One to One Care in labour



## Summary:

SATOD has reduced to 9.9% this month following positive performance seen last month. However, this position remains below the average for SATH of 11-12%. The National average is currently 8.8%, with the Government target being 5% for all ICB's by 2025. Quarter 1 overall shows an average rate of 10.4% SATOD.

100% 1:1 care in labour is being achieved consistently in line with improved staffing levels, a comprehensive escalation policy and a 24/7 manager of the day service.

## Recovery actions:

No recovery actions required this month due to vastly reduced rate.

## Anticipated impact and timescales for improvement:

Continue to work towards target of 5% and continue to target areas of deprivation and provide intense smoking cessation support. Advise all staff to discuss smoking cessation at every appointment and re-refer women to our services if previously disengaged and wishing for further support at any time during pregnancy.

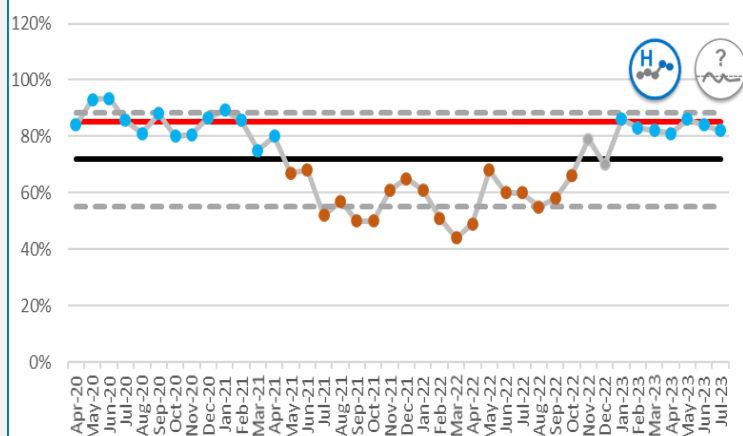
## Recovery dependencies:

Local demographic has a large impact on SATOD rates despite intervention and support from the Healthy Pregnancy Support team as we have higher than average deprivation, unemployment and complex social needs, which is linked to higher rates of tobacco dependence. 11 out of 106 Trusts (10%) are reaching the current Government target. Evident that this is a challenging target to reach for many Trusts and Maternity services.

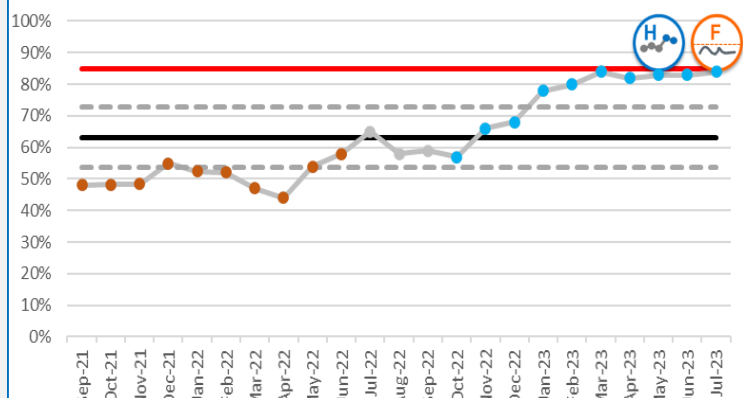


# Maternity

Delivery Suite Acuity



Delivery Suite Acuity - Rolling 13 week rate



## Summary:

Delivery suite acuity continues to show an improved picture which is in line with improvements in staffing. While there are no clinical midwifery vacancies currently, there remains high levels of unavailability due to long term sickness and maternity leave.

**Positive acuity position is 82% in July.**

**Delivery suite co-ordinator maintained supernumerary status on all occasions in month.**

## Recovery actions:

We continue to work through a comprehensive workforce plan which focuses on retention of current staff and proactive recruitment in conjunction with active management of attrition rates.

Proactive management of staffing deficits are 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 – reassurance of data quality for all entries.

100% 1:1 care in labour being achieved.

First cohort of international midwives have arrived this month.

## Anticipated impact and timescales for improvement:

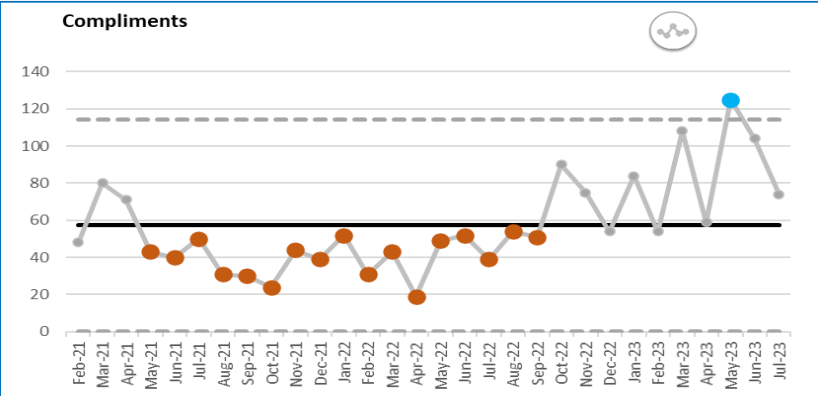
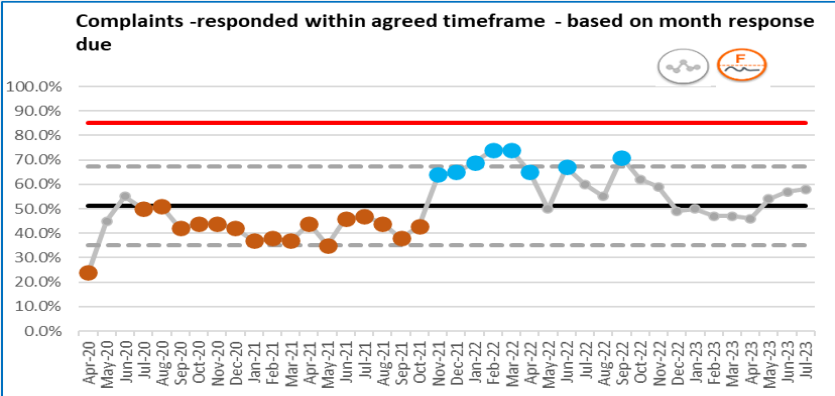
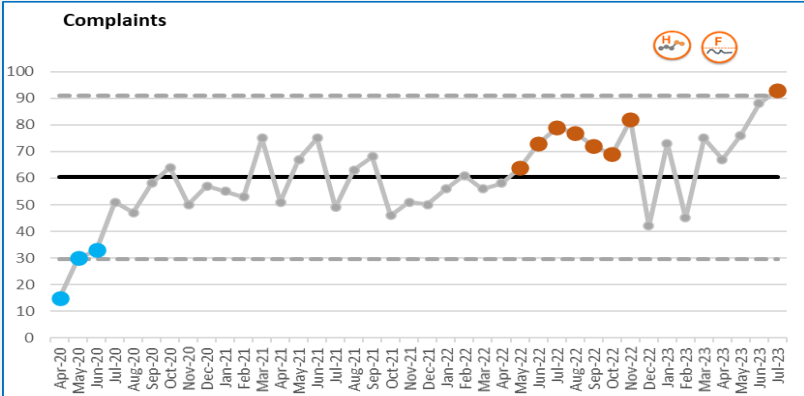
Continue to work towards 85% target for green acuity using proactive management of the clinical midwifery workforce.

May need to consider extreme actions as autumn approaches as high levels of unavailability are anticipated.

## Recovery dependencies:

This autumn will see a significant increase in the number of midwives due to take maternity leave which is likely to impact negatively, bringing extreme levels of unavailability to the service.

# Complaints



**Summary:**  
There was a significant increase in complaints in July 2023, which is due to a significant increase in complaints relating to the Women & Children's Division, particularly in Paediatrics and Gynaecology. There is no clear reason for this, and it should be noted that numbers have not remained high in August 2023. Response rates are stable and further work is needed to meet the Trust target of 85%.

<b>Recovery actions:</b> Weekly focussed meetings continue with the divisions and a session to review processes and identify where further improvements can be made is planned for September 2023.	<b>Anticipated impact and timescales for improvement:</b>
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<b>Recovery dependencies:</b>	
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# 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	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	71.5%	53.5%	51.5%	49.7%	49.1%	45.0%	55.3%	53.4%	54.2%	54.6%	55.3%	53.7%	51.9%	51.6%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	62.7%	60.2%	58.4%	57.8%	53.1%	64.0%	62.2%	63.3%	63.1%	64.8%	64.0%	62.1%	61.5%	
	ED - 12 Hour Trolley Breaches	R	0	0	585	632	972	1090	962	629	651	817	524	529	525	479	803	
	Ambulance Handover < 15 mins (%)	R	-	-	9.4%	8.3%	6.9%	7.5%	6.4%	16.3%	11.6%	8.9%	17.1%	14.4%	19.3%	12.2%	11.7%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	26.3%	23.9%	20.1%	27.9%	21.7%	39.4%	29.6%	26.9%	39.9%	37.4%	36.5%	28.7%	31.0%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%	-	26.2%	28.5%	25.0%	29.9%	25.9%	24.4%	27.9%	26.1%	25.2%	27.5%	20.7%	34.4%	31.1%	
	Ambulance Handover > 60 mins (%)	R	0%	-	38.0%	39.7%	48.1%	34.8%	46.3%	20.6%	31.0%	39.8%	18.2%	21.1%	20.7%	34.4%	31.1%	
	ED activity (total excluding planned returns)		-	12740	11972	12104	12868	12538	13481	11037	10776	12239	12243	13375	13265	13273	12752	
	ED activity (type 1 excluding planned returns)		-	10587	9947	10114	10639	10374	10763	9097	8762	10086	9902	11023	10875	10833	10478	
	Total Emergency Admissions from A&E		-	-	2780	2850	2837	2762	2837	2679	2424	2599	2587	2634	2700	2715	2667	
	% Patients seen within 15 minutes for initial assessment		-	-	29.4%	23.5%	20.2%	20.4%	18.1%	32.7%	27.2%	27.5%	35.7%	35.9%	33.4%	33.9%	32.1%	
	Average time to initial assessment (mins)		15 Mins	15	35	41	43	40	49	28	31	35	28	28	31	36	37	
	Average time to initial assessment (mins) Adults		15 Mins	15	38	44	48	43	49	31	34	39	30	30	33	41	41	
	Average time to initial assessment (mins) Children		15 Mins	15	19	32	27	31	49	18	22	21	19	30	24	22	19	
	Mean Time in ED Non Admitted (mins)		-	215	288	306	365	381	439	338	387	312	308	325	297	317	372	
	Mean Time in ED admitted (mins)		-	500	773	804	1152	1106	1366	1147	1205	1300	1049	1101	1028	1207	1198	
	No. Of Patients who spend more than 12 Hours in ED		-	165	1625	1836	2317	2295	2648	1888	1918	2048	1920	2086	2025	2310	2355	
	12 Hours in ED Performance %		-	6%	13.6%	15.2%	18.0%	18.3%	19.6%	17.1%	17.8%	16.7%	15.7%	15.6%	15.3%	17.4%	18.5%	
	Bed Occupancy Rate		92%	-	90.5%	91.1%	92.2%	92.4%	91.9%	93.3%	91.5%	90.8%	89.9%	91.1%	90.1%	89.8%	89.8%	
	Diagnostic Activity Total		-	-	20098	19124	19426	20897	17586	20905	20254	22366	19341	21966	21450	22314	22064	
	Diagnostic 6 Week Wait Performance %		95%	-	53.0%	56.5%	58.0%	59.4%	55.3%	55.7%	63.6%	63.9%	63.9%	63.6%	66.8%	66.3%	69.5%	
	Diagnostic 6+ Week Breaches		0	-	6846	6113	6119	6081	6614	6445	5097	4968	4820	4625	4115	3815	3321	
	Total Non Elective Activity		-	-	4717	4714	4786	5051	5022	5167	4776	5163	4844	5123	5114	5106	5150	
	Total elective IPDC activity		-	-	5448	5511	5695	6049	5279	5791	5557	6223	5432	5855	6153	5963	6091	
	Total outpatient attendances		-	-	46451	46924	47407	51990	41392	50868	48210	52598	44164	51227	51151	51151	47437	
	RTT Incomplete 18 Week Performance		92%	-	54.3%	52.9%	52.7%	52.2%	50.4%	50.9%	52.1%	53.3%	54.1%	54.6%	54.9%	54.6%	55.8%	
	RTT Waiting list - Total size	R	-	-	42487	42915	43179	42853	43173	41227	40232	40069	40228	39841	39360	38819	39117	
	RTT Waiting list - English only		-	37436	37901	38406	38783	38591	38859	37075	36090	35841	36043	35614	35176	34754	34977	
	RTT 52+ Week Breaches (All)	R	0	-	3423	3618	3763	3845	4018	3553	3172	2965	2852	2920	2605	2454	2297	
	RTT 52+ Week Breaches - English only		-	2168	3015	3170	3304	3421	3587	3169	2842	2652	2592	2635	2335	2183	2035	
	RTT 65+ Week Breaches (All)		-	-	1331	1476	1529	1549	1757	1552	1246	785	726	796	729	489	359	
	RTT 65+ Week Breaches - English only		-	438	1163	1295	1343	1369	1560	1372	1109	705	652	733	654	419	302	
	RTT 78+ Week Breaches (All)	R	0	0	324	344	351	415	549	465	291	57	57	82	11	11	11	
	RTT 78+ Week Breaches - English only		-	0	277	301	313	372	481	401	252	43	50	72	3	1	1	
	RTT 104+ Week Breaches (All)	R	0	0	15	9	3	0	1	1	0	1	0	0	1	0	0	
	RTT 104+ Week Breaches - English only		-	0	13	6	1	0	1	1	0	1	0	0	0	0	0	
	Cancer 2 Week Wait	R	93%	-	76.1%	67.5%	70.8%	73.5%	67.4%	79.0%	86.7%	70.8%	63.1%	65.0%	56.8%	71.9%	-	
	Cancer 62 Day Standard	R	85%	-	51.1%	45.9%	50.4%	47.7%	48.5%	39.1%	38.2%	48.1%	39.7%	45.8%	38.7%	48.5%	-	
	Cancer 31 Day First Treatment		96%	-	90.8%	86.7%	93.5%	82.0%	82.3%	78.0%	84.9%	83.3%	83.2%	81.6%	89.6%	91.3%	-	
	Cancer 28 Day Faster Diagnosis - Urgent Suspected Cancer	R	75%	67.31%	61.9%	56.0%	59.5%	55.8%	56.8%	59.7%	64.6%	58.1%	59.4%	60.9%	63.0%	66.5%	-	

# Operational summary

Significant challenges in UEC pathways continues through July and August. Despite slightly lower ED attendances we have seen an increase in direct medical referrals being seen in the acute medical floor (these would previously have been seen in ED). Initial assessment times have improved in both July and August and there continues to be an improvement programme focussing on this. Ambulance handovers over 60 minutes and overall, ED performance have both deteriorated despite the length of stay for both simple and complex discharge pathways improving. **Key actions for September and October 2023:**

- Improve utilisation of SDEC on both sites with support from KPMG
- Criteria to Admit audit undertaken and actions to be implemented
- Alternative pathways to ED (including frailty and urgent outpatient clinics)
- Maximise use of UTC with support from Malling Health
- Review of acute floor processes with clinical support from NHSE

Elective recovery continued to improve this month and we will be stepped down from Tier 1 to Tier 3 monitoring. We remain in Tier 1 monitoring for cancer recovery. Our elective recovery is underpinned by additional capacity from insourcing, mutual aid and waiting list initiatives which support our challenged specialties. Specialties have delivered their plan for zero 104w and 78w waiters due to capacity. PRH DSU (15 trollies) are being utilised for elective procedures and the Elective hub is on track for opening to patients in early January. Plans to ensure zero 65-week waiters by March 2024 are on track at present but dependent on continuing funding for additional capacity.

In cancer, our backlog deteriorated from 330 at the end of August to 364 on 17/9/23 due to peak annual leave and sickness. Our focus is therefore to recover our accelerated improvement trajectory and improve our performance in the 62 day and Faster Diagnosis standards (FDS). We continue to focus on our most challenged specialties of urology, colorectal and gynaecology. Our unvalidated FDS position for August has improved to 67.6%, though remains below our trajectory of 68.5% for the month. We are unlikely to meet the September FDS milestone (70%) and our revised forecast is 68.5%. FDS in Gynae remains significantly improved following planned interventions and has increased from 15.7% in June to 35.5% in August's unvalidated data.

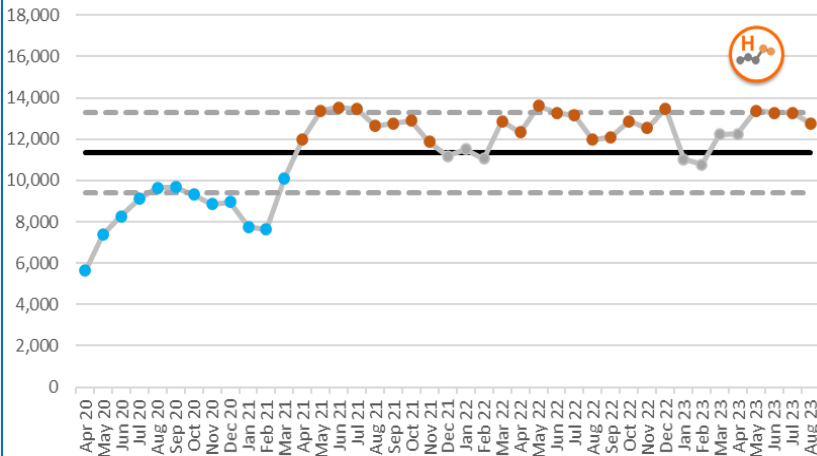
## **Key actions for September 2023:**

- Deep dive in colorectal tumour site to improve FDS and 62-day performance
- Action plan to be presented at tier 1 meeting at end of September.

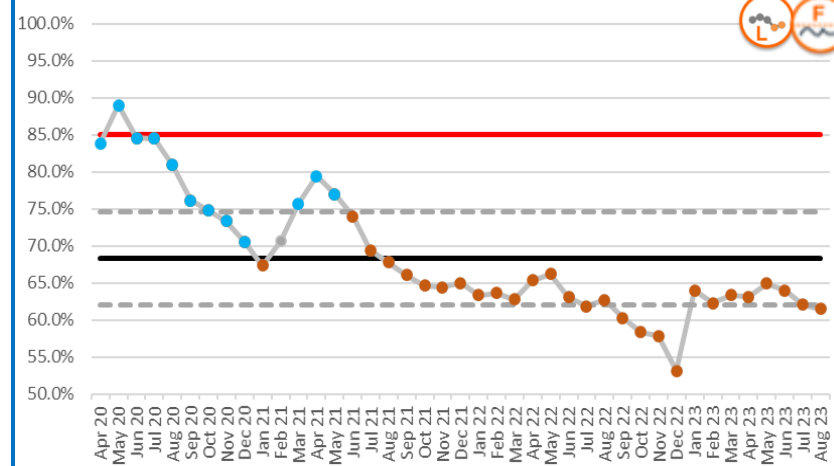
The contractor's handover of the STW CDC took place on 15th September and the first services on the ground floor are expected to open to patients on 2nd October. The standalone MRI unit at the site will become operational in November 2023. Cardio-respiratory testing and tele-dermatology services are expected to open in January 2024.

# Operational - Emergency care

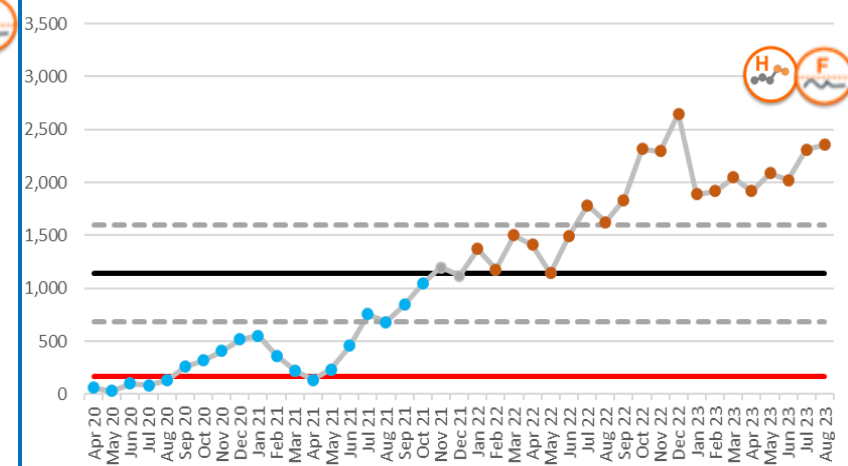
SaTH Number of A&E Attendances (type 1- type 3)



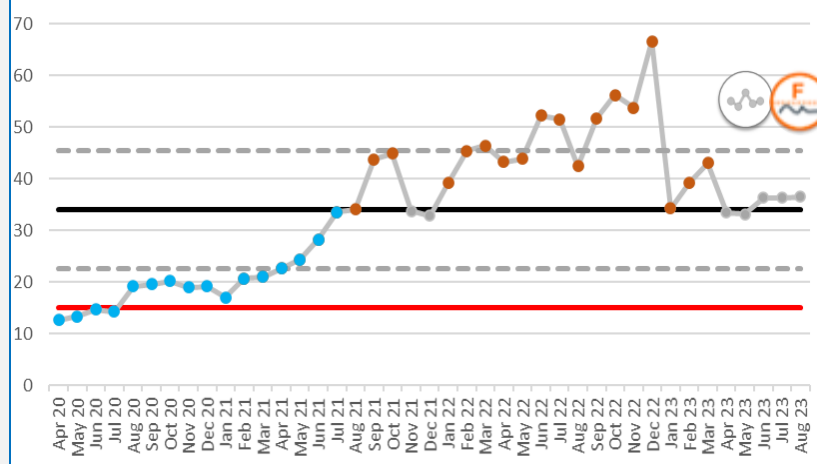
SaTH - ED 4 Hour Performance (All Types inc MIU) %



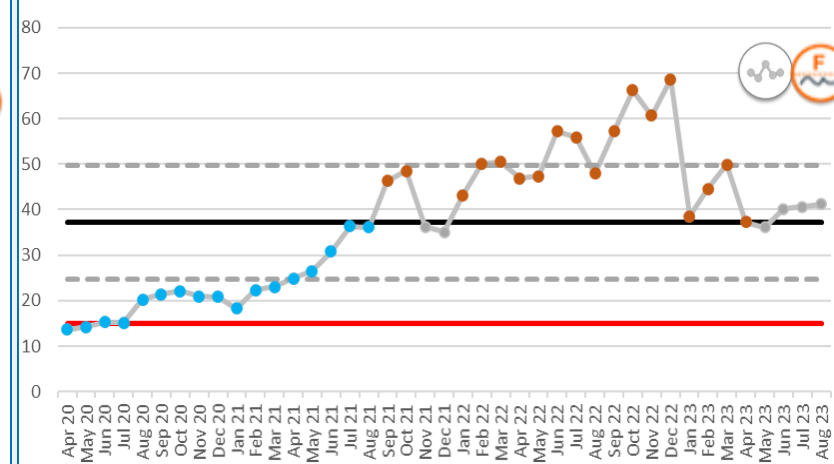
SaTH - No. Of Patients who spend more than 12 Hours in ED



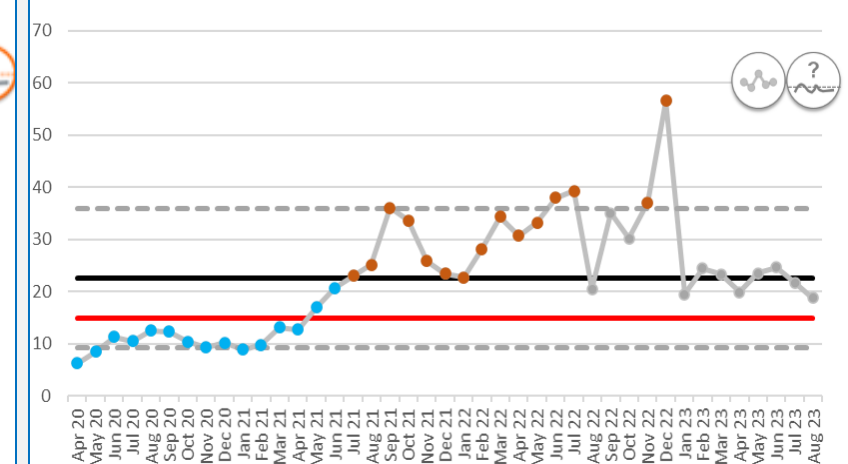
SaTH - Average Time to Initial assessment (mins)



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



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





# Operational - Emergency care

## Summary:

- ED occupancy frequently reported at over 250%. Sustained pressure on both ED departments evident by month-on-month growth in 12 hour waits to be admitted.
- Delays to hospital inpatient admission for patients in excess of 5 hours from time of arrival at the ED are associated with an increase in all-cause 30-day mortality. For every 82 admitted patients whose time to inpatient bed transfer is delayed beyond 6 to 8 hours from time of arrival at the ED, there is one extra death.
- Estimated annual number of admitted patients whose 30-day mortality is associated with an A&E stay of longer than 8 hours (July data): 147.3 RSH; 134.2 PRH; English mean 132.
- Demand had been increasing up until month 8 with the significant increase coming from walk in patients. Month 5 however has seen a reduction of 521 attendances on the previous month.
- Ambulance attendances have been decreasing with the conversion rate low compared with the national picture.
- Sustained improvement in time to Initial Assessment for both adults and paediatrics.
- Oncology assessment unit repurposed due to clinical need to support with demand in chemotherapy.
- Actions required to decompress ED to deliver improvements in 4-hour and initial assessment performance.
- DTAs discharged from ED are counted in the 4-hour non-admitted performance. The high level of DTAs discharged from ED after 24 hours (as unable to access ward bed due to capacity) is negatively impacting this performance metric.

## Recovery actions:

- Continuation of Organisational Flow Improvement Programme with focus on expanding use of virtual ward into T&O and surgery.
- Re-prioritisation of ECTAC actions supported by backfill to release additional capacity within core group of SaTH leaders. Prioritised areas of focus: Pinning out; initial assessment; left before seen, SDEC pathways; Acute Floor review; criteria to admit; 4-hour performance; alternative pathways to ED (frailty assessment units & GIM hot clinics); UTC.
- Cross divisional workshop led by acting COO to explore options to de-escalate ED, including opportunities to reinstate oncology and trauma assessment areas, hot clinics and alternative pathways to ED. Follow up meeting planned in the next 2-3 weeks.

## Anticipated impact and timescales for improvement:

End September 2023.

Revised trajectories in development and will be completed by end September 2023.

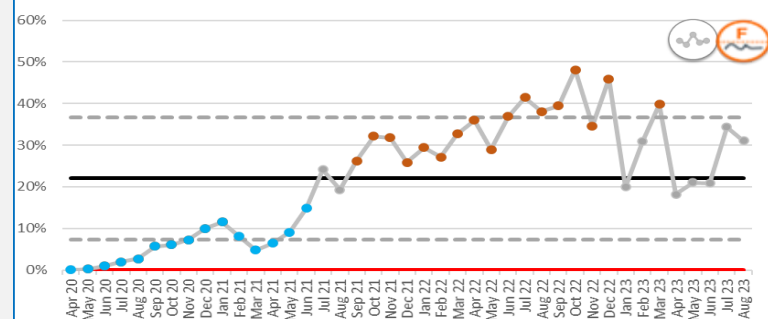
Update October 2023.

## Recovery dependencies:

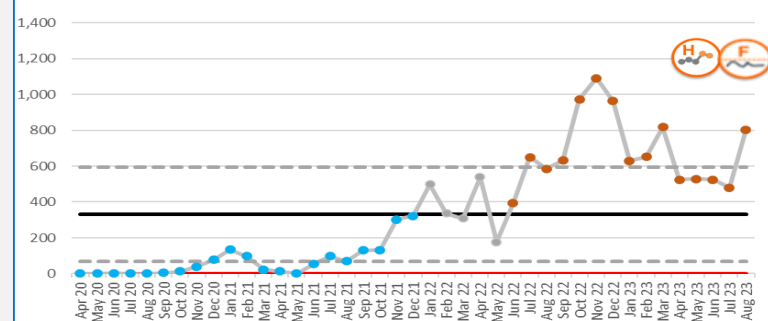
Recovery of NCTR reduction to achieve trajectory.  
Weekend discharge levels

# Operational – Patient flow

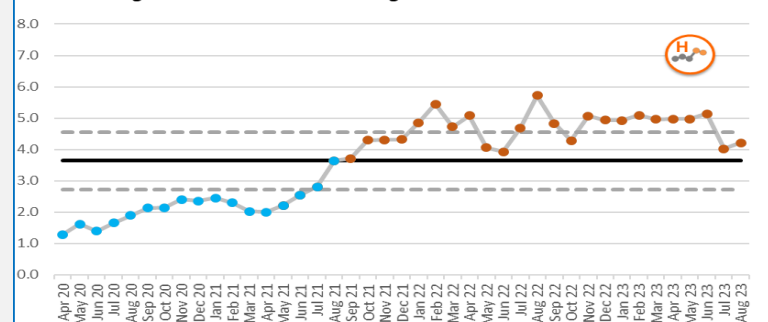
SaTH Ambulance handover > 60 minutes (%)



SaTH - >12 Hour DTA



Average LOS From MFFD to Discharge



## Summary:

Reduction in ambulance handover delays in month, however, there has been an increase in patients remaining in the department for more than 12 hours.

Average LOS from NCTR to Discharge increased slightly in August compared to July but is lower than June.

The flow through hospital has been impacted through August and is likely to be caused by increased annual leave throughout the month from across all disciplines.

## Recovery actions:

The roles and responsibilities for the flow coordinator/discharge team has been reviewed and clarified. Escalation approach has been strengthened for the flow coordinator team.

Early morning discharge huddle has been introduced with flow coordinators, clinical coordinator, IDT and discharge lounge team.

Therapists are rolling out the ward-based approach to commence therapeutic assessment and interventions prior to patients being deemed

No Criteria to Reside. Focus on Home First approach with joint assessments between IDT and LA teams.

Criteria to Admit initial audit to be completed by mid-September and actions identified by end September 2023.

## Anticipated impact and timescales for improvement:

September 2023

September 2023

Complete roll out by end October 2023

End October 2023

End September 2023

## Recovery dependencies:

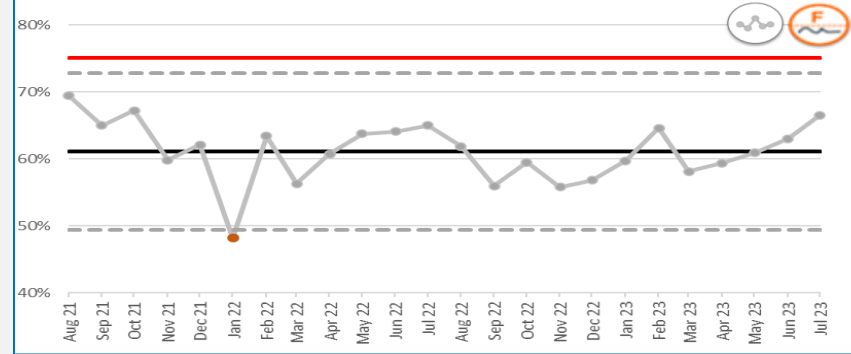
PW1,2, and 3 capacity to support complex discharge pathways

Medical decision makers to support discharge decisions available on all wards throughout the day

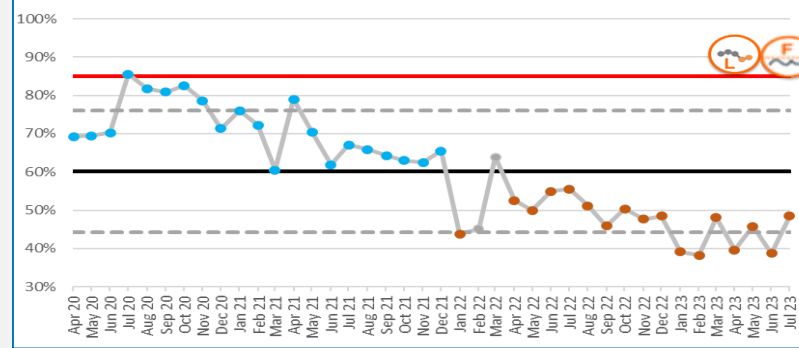


# Operational - Cancer performance

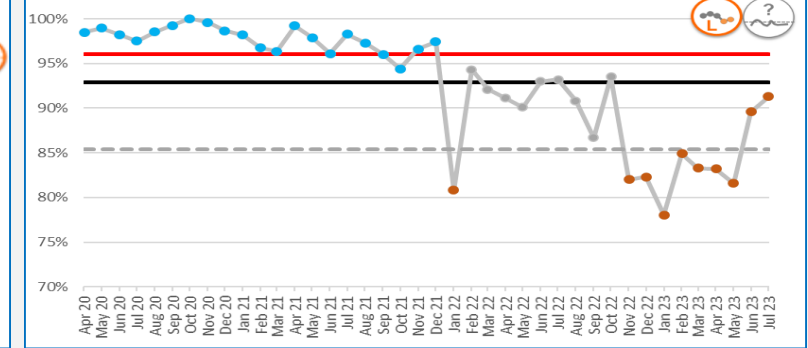
Cancer 28 Day Waits (Faster diagnosis) - Urgent suspected cancer



Cancer 62 Day Compliance



Cancer 31 Day



**Summary:** Our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on Faster Diagnosis Standards (FDS). Although improving, diagnostic capacity (particularly endoscopy) does not meet demand. The 62+ day backlog as at the end of August 2023 was 330 against the recovery trajectory of 424, this is a reduction of 98 patients better than trajectory. The validated FDS position for July 2023 is currently at 66.5% against the trajectory of 67.3%. The unvalidated FDS position for August 2023 is currently at 67.6% against the trajectory of 68.5% (91.5% data completeness).

## Recovery actions:

Each of the challenged tumour pathways (urology, colorectal and gynaecology) have identified actions in place. We continue to support STW in the implementation of 80% compliance with Faecal Immunochemical Testing (FIT) in Primary Care. The Cancer Team contact each GP surgery, highlight the missing FIT result, and remind them of the correct process. At the end of August 79.3% of Urgent Suspected Cancer Colorectal referrals were received with a FIT result which is a 12.1% increase from the monthly starting point. 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. There are workforce constraints within Haematology, Dermatology, Oncology & Urology and we have been unable to recruit locums to support to a full complement. Delays within Oncology & Radiotherapy for OPA +/- treatment due to limited workforce availability and booking out times to commence chemotherapy. An interested GPwSI has come forward to support with the NSS pathway. Meetings are in progress, aiming to commence from late Autumn 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 have improved with additional insourcing in July but are impacting on delivering optimal pathways.

# Operational - Cancer performance

## Anticipated impact and timescales for improvement:

NHSE support has commenced with redesigning the prostate pathway according to Best Practice Timed Pathway (BPTP). A GIRFT visit took place in May and the recommendations are being worked through. Two project managers are in post to support the delivery of the BPTP in urology, colorectal, breast & UGI. A deep dive pathway event took place on 24th August in gynaecology and the findings presented to NHSE. An improvement action plan is in place. A further deep dive is planned for colorectal to take place on 15th September. In addition, a deep dive will be arranged for urology. These will follow the same format as the successful gynae deep dive. Weekly Tier 1 performance monitoring with NHSE remains in place. Guidance on changes to Cancer Waiting Times standards have been released and will be implemented from 1st October 2023. The 10 separate performance standards will be consolidated to 3:

- 28 Day Faster Diagnosis Standard
- one headline 62-day referral to treatment standard
- one headline 31-day decision to treat to treatment standard

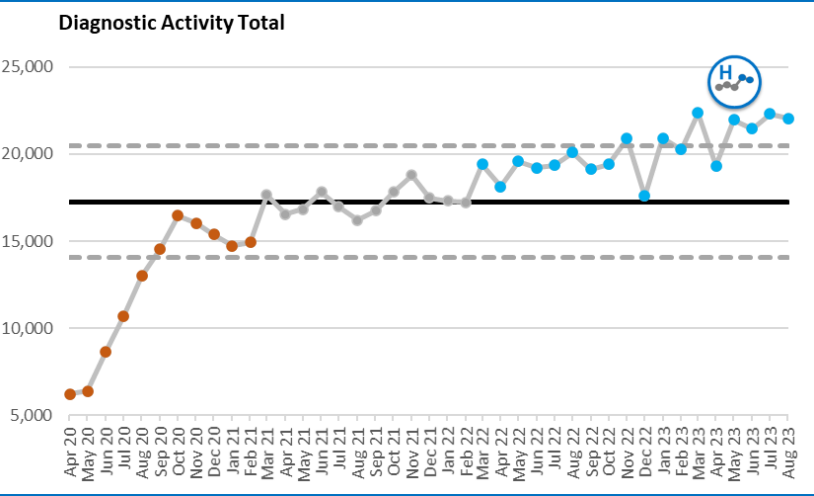
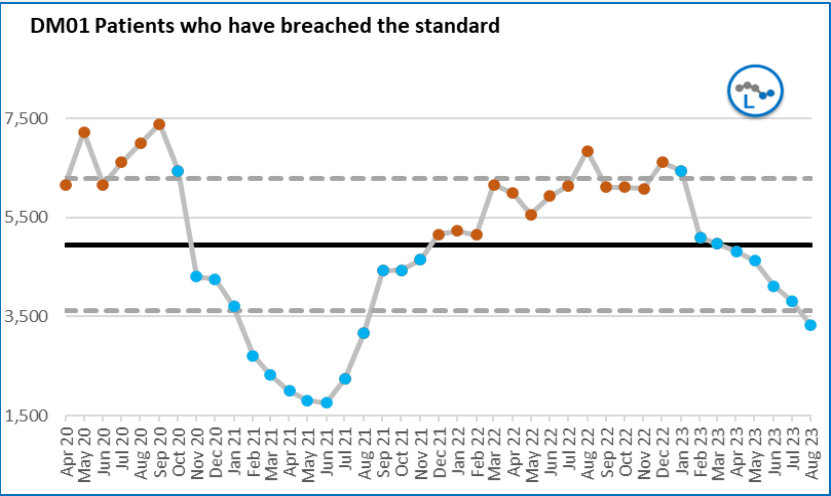
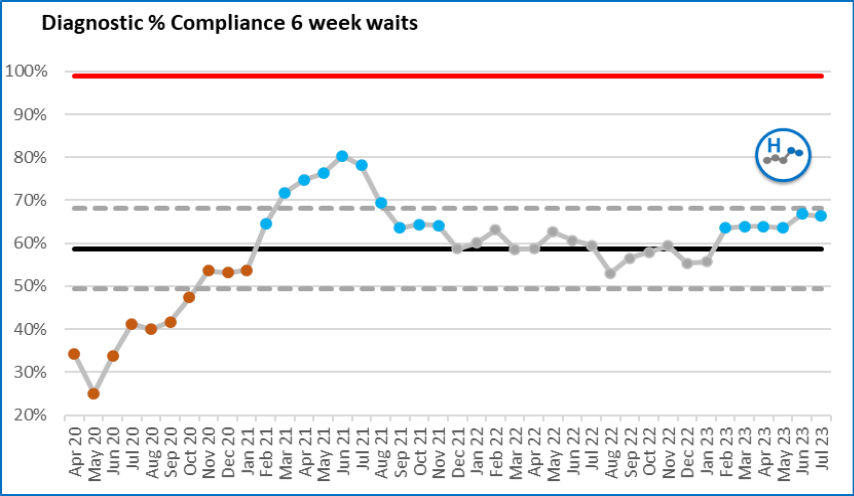
The 2-Week Wait standard, which requires all cancer referrals to be 'seen' within two weeks, will be replaced by the Faster Diagnosis Standard (with an initial performance target of 75%). The three 62-day targets which applied to GP referral, screening and consultant upgrade will be combined into a single standard (retaining the headline 85% performance target). The four 31-day targets which applied to first treatment and each of three possible subsequent treatments will be combined into a single standard (retaining the headline 96% performance target).

Tele-dermatology pilot 1 has now ceased and pilot 2 commenced in July, based on a secondary care service delivery model. A Task and Finish group is in place and is being supported by NHSE. This will run for 3 months and then both pilot outcomes and data will be reviewed. A questionnaire has gone out to all GP practices to scope their interest in joining the pilot and to determine if there is any space within practices to deliver more localised Tele-dermatology clinics.

Recovery dependencies:

Continued funding for additional capacity across a range of tumour sites; adoption of new ways of working /BPTP; Impact of industrial action

# Operational - Diagnostic waiting times



# Operational - Diagnostic waiting times

## Summary:

Radiology reporting delays remain a cause of concern but are continuing to improve. MRI reporting turnaround times are; 2WW 2-3 weeks, urgent 4-6 weeks, and routine tests at 6-9 weeks. CT reporting times are; 2WW 2-3 weeks, urgent 3-4 weeks and routine at 5-7 weeks.

Long standing vacancies and long-term sickness in cross sectional modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.

- Recruitment is ongoing and we are utilising agency staff where possible.
- Focus is on further overseas recruitment, and 10 new recruits are joining the department between September to November.
- Clinical prioritisation of radiology referrals is in place and reporting for the most urgent patients is being targeted alongside elective recovery of 78+ week waits.
- Staff are deployed to prioritise acute and cancer pathways and the longest waiting patients, with a resultant impact on new routine capacity.
- Capacity issues with endoscopy remain a concern and additional non-recurring monies from WMCA and full sustainable endoscopy workforce business case is progressing through the Trust governance process.

## Recovery actions:

Additional outsourced reporting continues to provide an additional 100 CT and 100 MRI reports per week. 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.

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 75% at the end of August. NOUS performance is now at 64%. Non-urgent CT scanning performance is now at 99%, and MRI at 94%. Process for avoiding RTT breaches is in place, with daily calls attended by radiology and the operational teams. Daily calls are also operational between Radiology and the Gynae booking team to ensure all capacity is utilised for PMB USS. Significant capacity challenges in endoscopy - business case being developed for a sustainable solution.

## Anticipated impact and timescales for improvement:

An additional mobile CT scanner has been effective from 1st May 2023 mobile scanners now also include reporting capacity.

With effect from July, there has been additional insourcing for MRI support.

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 having now joined us.

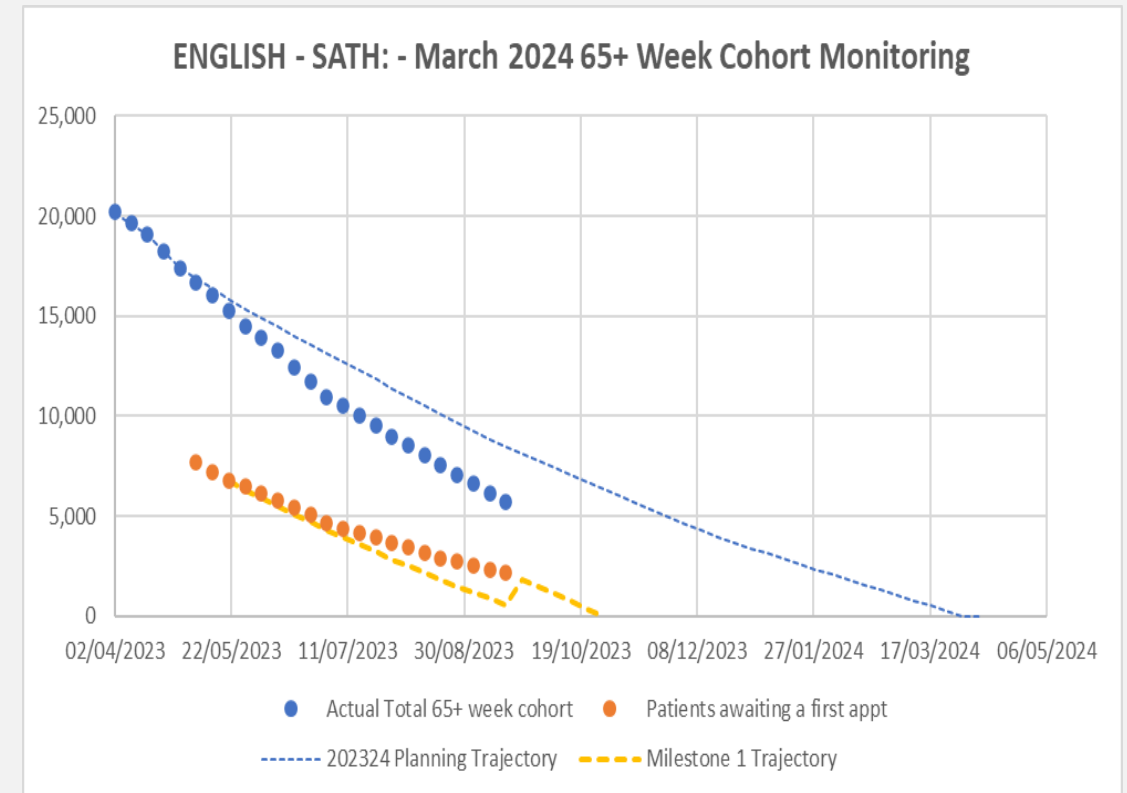
2x additional Radiologists are starting in October and November, with specialist interests in Paediatrics and Nuclear Medicine. We are also out to advert for an additional 3 substantive Radiologists.

Use of agency and bank staff to cover workforce gaps and insourcing for US.

# Operational – 65 plus Weeks Trajectory

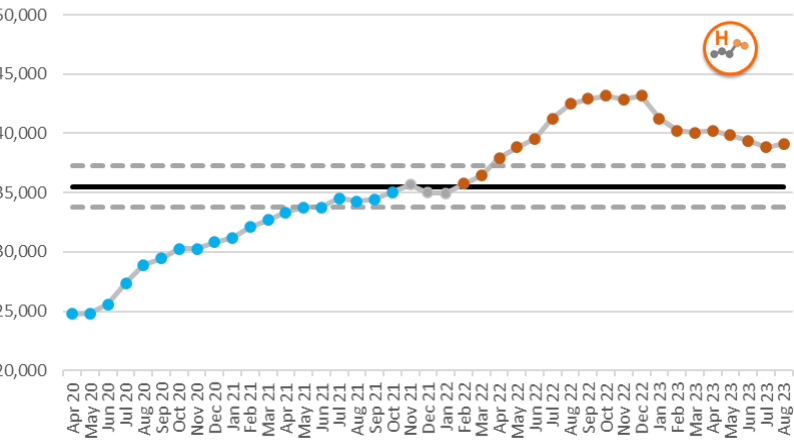
This chart shows delivery against the improvement trajectory for patients booked before 31<sup>st</sup> October 2023 to enable the Trust to deliver the target of zero patients waiting over 65 weeks by March 31st, 2024. This information is tracked on a weekly basis and although performance is currently positive in terms of the overall 65-week cohort reducing, the number of patients awaiting a first outpatient appointment by 31st October 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)	06/08/2023	13/08/2023	20/08/2023	27/08/2023	03/09/2023	10/09/2023	17/09/2023
NHSE Planning: - TASK50828 - 2023/24 Trajectory	10,966	10,531	10,096	9,661	9,226	8,791	8,442
ACTUAL TOTAL - 65+ Week Cohort	8,534	8,033	7,531	7,072	6,622	6,114	5,707
% Actual Movement	-4.6%	-5.9%	-6.2%	-6.1%	-6.4%	-7.7%	-6.7%
	Of which; Patients awaiting a first appointment breakdown						
65+ Week Cohort - Split by Stage	06/08/2023	13/08/2023	20/08/2023	27/08/2023	03/09/2023	10/09/2023	17/09/2023
Milestone 1 (awaiting 1st appt)	3,415	3,167	2,881	2,730	2,537	2,340	2,191
Milestone 2/Other (follow-up/diagnostic stages/validation)	2,314	2,159	2,056	1,857	1,704	1,532	1,394
Milestone 3 (awaiting admission)	2,805	2,707	2,594	2,485	2,381	2,242	2,122
Milestone 1 Trajectory (awaiting 1st appt)	2,497	2,159	1,822	1,485	1,181	877	574
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	3,415	3,167	2,881	2,730	2,537	2,340	2,191
Patients undated	725	648	548	541	485	460	452
Patients dated	2,690	2,519	2,333	2,189	2,052	1,880	1,739
Patients dated by month:							
Apr-23							
May-23							
Jun-23							
Jul-23							
Aug-23		559	477	220	64		
Sep-23		463	543	651	673	453	306
Oct-23		280	256	282	298	335	367
Nov-23		202	196	196	211	207	229
Dec-23		946	878	825	789	733	688
Jan-24		114	55	54	51	50	52
Feb-24		36	24	23	24	24	23
Mar-24		34	32	31	30	29	28
>1st April 2024		56	58	51	48	42	44

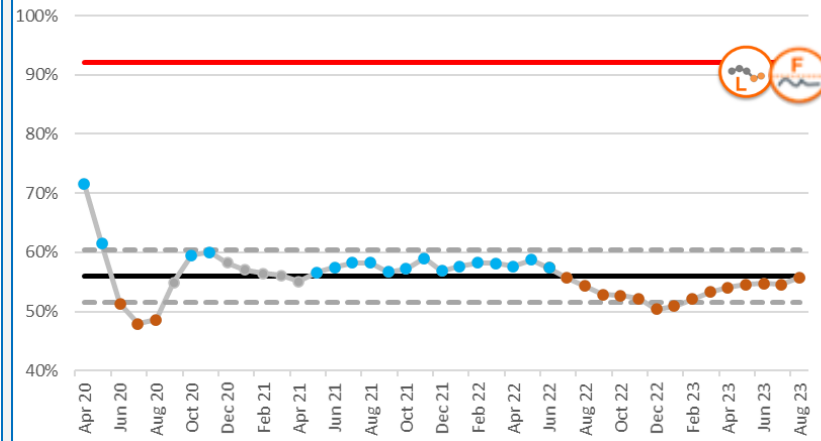


# Operational - Referral to treatment (RTT)

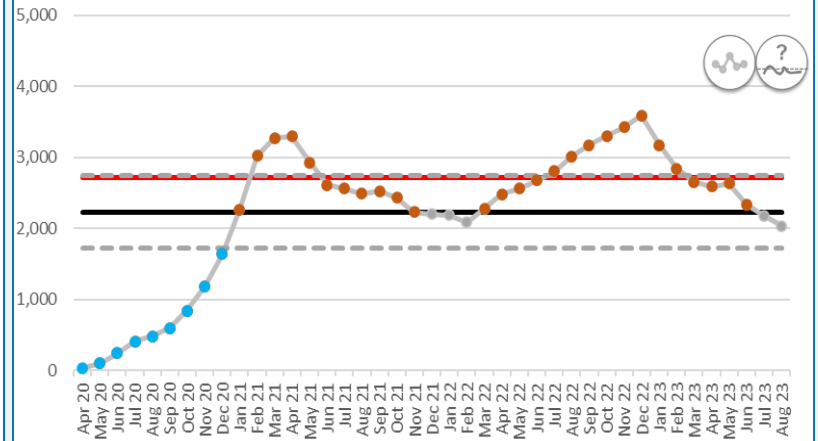
RTT Waiting List - Total Size



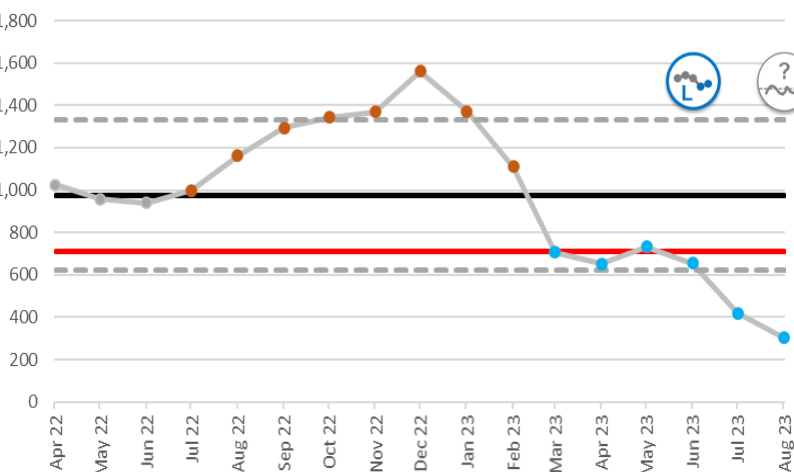
18 Week RTT % Compliance - Incomplete Pathways



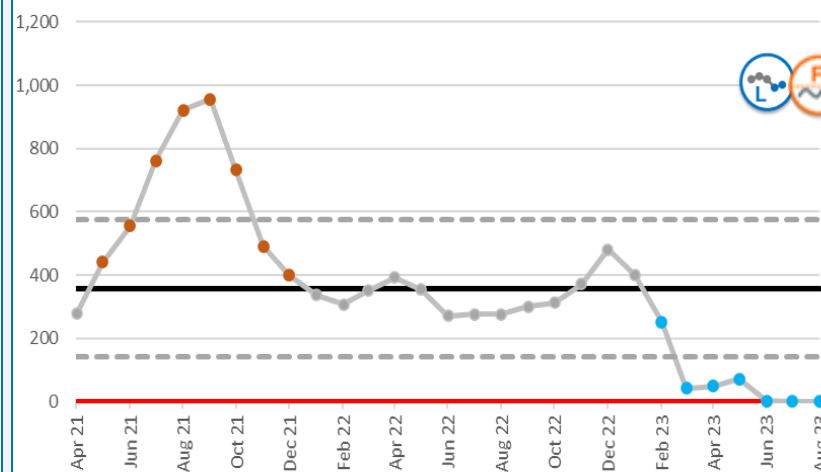
52+ Week Breaches - English Only



65+ Week Breaches - English Only



78+ Week Breaches - English Only





# Operational - Referral to treatment (RTT)

## Summary:

The total waiting list size remains high and larger than planned for overall Trust activity. However, there has been steady improvement since October 2022 and the waiting list is lower than planned for this period. 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. An increase in cancer referrals has been seen and these are prioritised over routine activity. Limited theatre capacity results in the inability to open additional lists and there is limited elective bed base and DSU capacity at PRH. We have opened a number of additional lists in theatre 7 utilising the '18-week' insourcing company to support elective and cancer activity .

**Recovery actions:** 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 with options being explored in recruitment of overseas nursing. We have a recruitment trajectory in place, with 21 new starters at PRH but only one has theatre experience. We are establishing a theatre academy at RSH to support training. We have significant sickness in the team and a number of staff have commenced maternity leave at PRH. Clinical priority of the longest waiting patients continues, and lists are allocated in line with clinical need. A clinical lead has been identified to support with optimising theatre utilisation with 85% target and will focus on the Vanguard theatre and other specialties. There is continued use of insourcing on weekdays and weekends. We have actively explored options for mutual aid in the challenged specialties of gynaecology, cardiology, orthopaedics, respiratory, colorectal & ENT, via the DMAS (digital mutual aid system). This has achieved limited success but there are ongoing conversations with several providers. Weekly OP Transformation meetings are in place with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. 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. We are also scoping other options to further support elective activity at PRH.

## Anticipated impact and timescales for improvement:

A specialty level performance meeting is in place for escalation and assurance on Mondays, Wednesday and Friday.

At the last Tier 1 call on 14th Sept, NHSE reported SaTH to be the best performing Trust in the region in terms of reduction of 78 week waits for the month of August 23.

SaTH has been stepped down to weekly Tier 3 meetings from 18/9 to monitor and challenge the longest waiting patients at 104, 78 & 65 weeks.

Options for additional insourcing are also being explored to support achievement of the zero 65 weeks target by March 2024 but this will require additional ERF funding.

## Recovery dependencies:

UEC pressures; reduction of patients with no criteria to reside to further reduce medical escalation; funding for additional capacity remaining available for insourcing, WLI; Impact of industrial action.

# Operational – 52+ weeks for CYP cohort

In addition to tracking overall patient cohorts, we also continue to track our children and young people cohort who, if not seen, will be waiting 52 weeks or more by 31<sup>st</sup> 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. We are exploring options for support with paediatrics with RJAH.

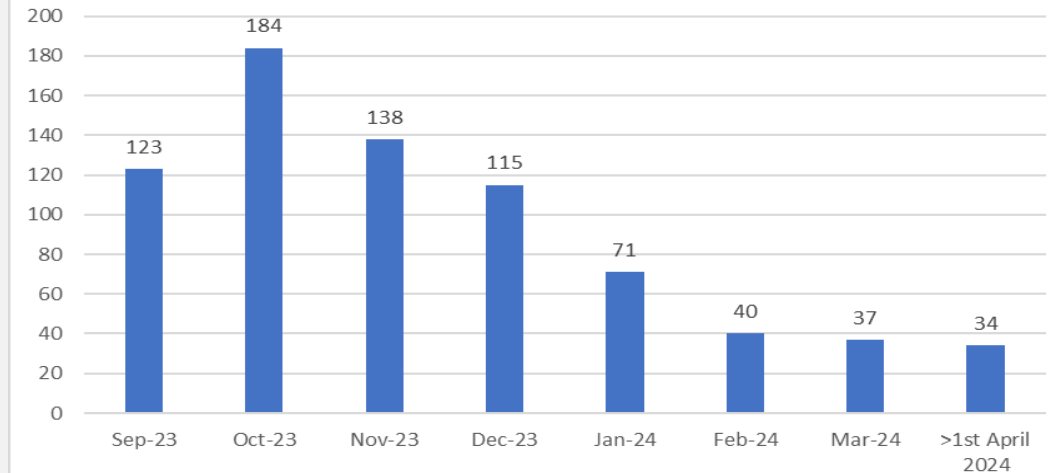
**52+ Weeks cohort actuals (all stages) for CYP patients**

TOTAL COHORT (All Stages)	06/08/2023	13/08/2023	20/08/2023	27/08/2023	03/09/2023	10/09/2023	17/09/2023
ACTUAL TOTAL - 52+ Week CYP Cohort	2,222	2,123	1,995	1,906	1,870	1,792	1,691
% Actual Movement	-2.5%	-4.5%	-6.0%	-4.5%	-1.9%	-4.2%	-5.6%

**Of which; Patients awaiting a first appointment breakdown**

52+ Week CYP Cohort - Split by Stage	06/08/2023	13/08/2023	20/08/2023	27/08/2023	03/09/2023	10/09/2023	17/09/2023
Milestone 1 (awaiting 1st appt)	1,539	1,475	1,365	1,328	1,267	1,229	1,162
Milestone 2/Other (follow-up/diagnostic stages/validation)	313	282	278	232	263	240	220
Milestone 3 (awaiting admission)	370	366	352	346	340	323	309
<b>Milestone 1 Trajectory (awaiting 1st appt)</b>							
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	1,539	1,475	1,365	1,328	1,267	1,229	1,162
Patients undated	524	537	467	457	457	439	420
Patients dated	1,015	938	898	871	810	790	742
<b>Patients dated by month:</b>							
Apr-23							
May-23							
Jun-23							
Jul-23							
Aug-23	210	149	63	25			
Sep-23	216	226	244	248	229	168	123
Oct-23	133	130	160	163	161	168	184
Nov-23	150	140	144	147	140	153	138
Dec-23	104	99	99	102	99	113	115
Jan-24	72	69	70	71	66	71	71
Feb-24	51	48	45	45	44	41	40
Mar-24	39	40	39	38	38	39	37
>1st April 2024	40	37	34	32	33	37	34

**CYP dated by month**



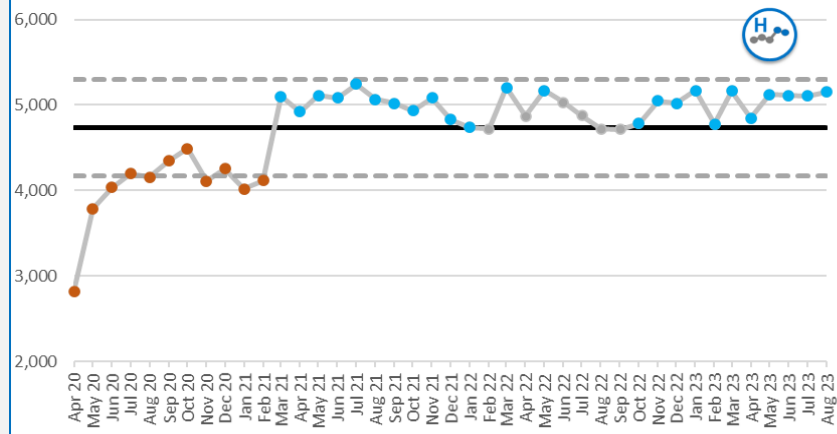


# Activity vs operational planning

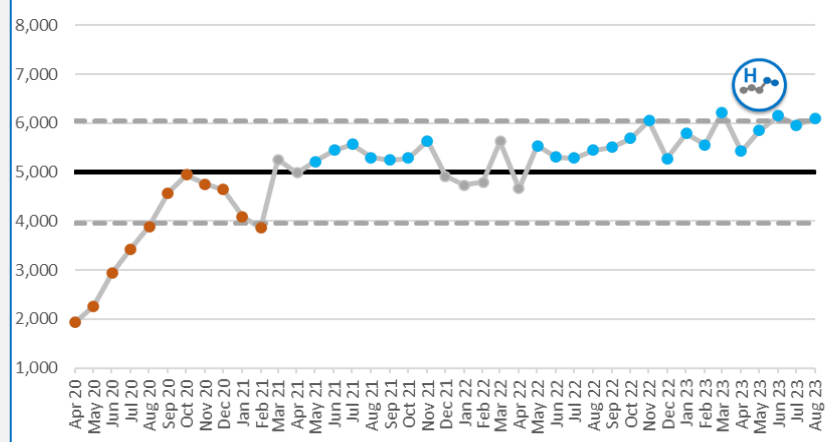
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
OP 1st attendances	19/20 actual	11,351	12,494	11,557	13,204	11,192	11,869	13,109	11,963	10,485	12,467	11,814	9,775	59,798
	23/24 plan	14,696	14,710	14,899	13,951	12,608	13,608	13,859	13,740	11,937	13,405	13,047	12,861	70,863
	23/24 actual	12,152	13,878	13,723	13,805	13,394								66,952
	Variance to plan	82.7%	94.3%	92.1%	99.0%	106.2%								94.5%
OP FU attendances	19/20 actual	20,440	20,687	19,968	22,403	19,694	20,846	22,935	22,073	18,997	23,138	20,001	18,935	103,192
	23/24 plan	20,201	20,693	21,069	21,055	20,020	20,487	21,413	21,760	18,646	21,281	19,764	20,011	103,039
	23/24 actual	18,666	22,000	22,587	21,460	21,084								105,797
	Variance to plan	92.4%	106.3%	107.2%	101.9%	105.3%								102.7%
Elective admissions	19/20 actual	362	430	473	516	447	421	470	461	401	320	408	307	2,228
	23/24 plan	246	246	296	347	317	329	357	416	341	303	324	403	1,450
	23/24 actual	268	343	371	323	320								1,625
	Variance to plan	109.2%	139.6%	125.5%	93.2%	101.0%								112.0%
Day case admissions	19/20 actual	5,495	5,974	5,475	5,911	5,419	5,419	5,906	5,628	5,249	5,972	5,492	4,457	28,274
	23/24 plan	5,449	5,487	5,866	5,984	5,635	5,759	5,998	6,179	5,309	5,530	5,514	6,275	28,421
	23/24 actual	5,164	5,512	5,782	5,640	5,771								27,869
	Variance to plan	94.8%	100.5%	98.6%	94.3%	102.4%								98.1%
Non-elective admissions Zero day LOS	19/20 actual	1,589	1,721	1,737	1,873	1,603	1,725	1,851	1,918	1,642	1,575	1,355	1,131	8,523
	23/24 plan	1,503	1,588	1,542	1,577	1,516	1,544	1,626	1,670	1,631	1,527	1,456	1,487	7,726
	23/24 actual	1,451	1,651	1,613	1,559	1,604								7,878
	Variance to plan	96.5%	104.0%	104.6%	98.9%	105.8%								102.0%
Non-elective admissions 1+ day LOS	19/20 actual	3,346	3,486	3,215	3,318	3,289	3,236	3,493	3,343	3,413	3,407	3,029	2,852	16,654
	23/24 plan	3,207	3,334	3,192	3,352	3,246	3,212	3,319	3,298	3,229	3,247	3,028	3,121	16,331
	23/24 actual	3,065	3,173	3,191	3,205	3,215								15,849
	Variance to plan	95.6%	95.2%	100.0%	95.6%	99.1%								97.0%

# Operational – Activity

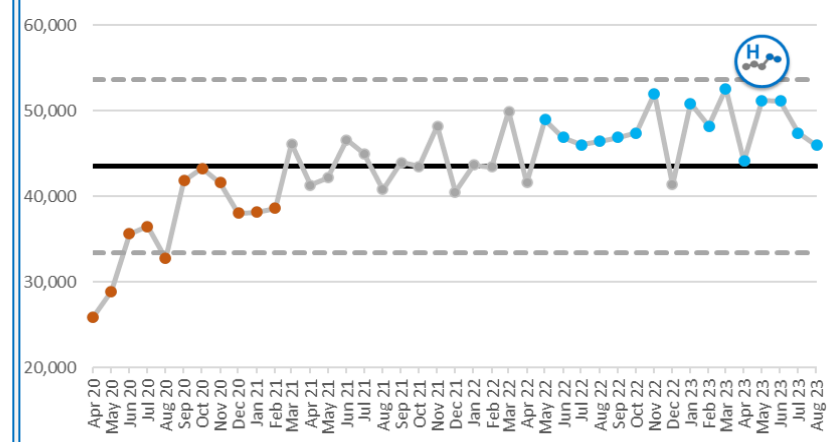
Total Non Elective Activity



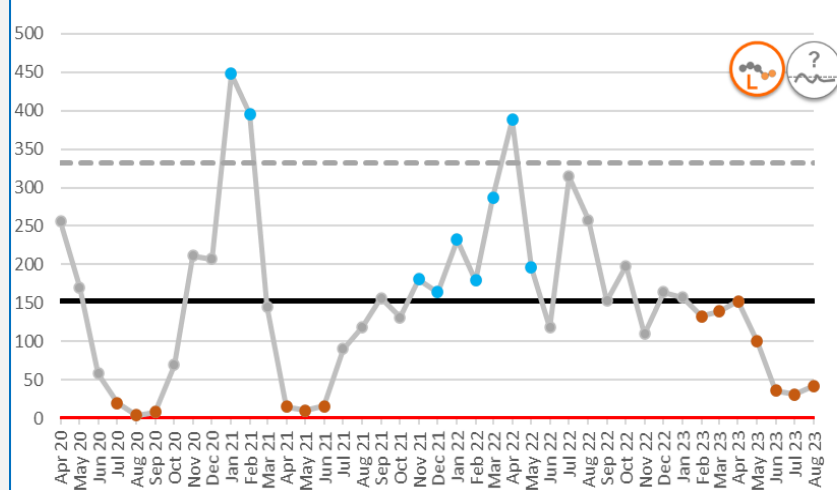
Total Elective IP & DC Activity



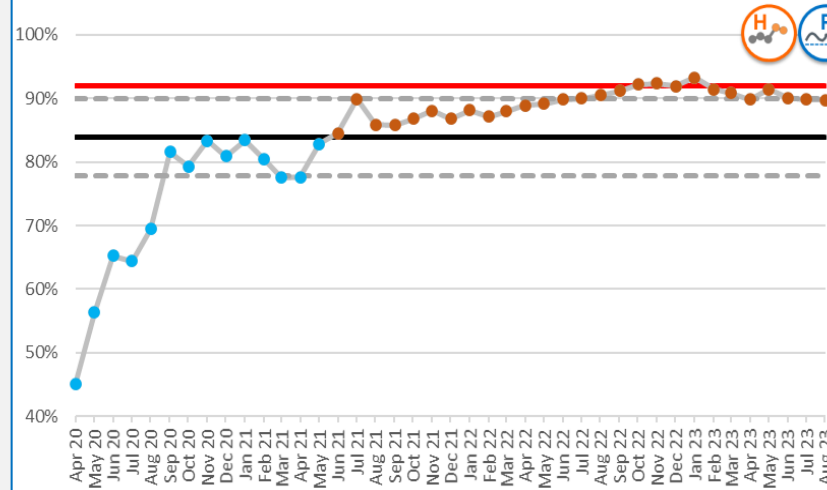
Total Outpatients Attendances



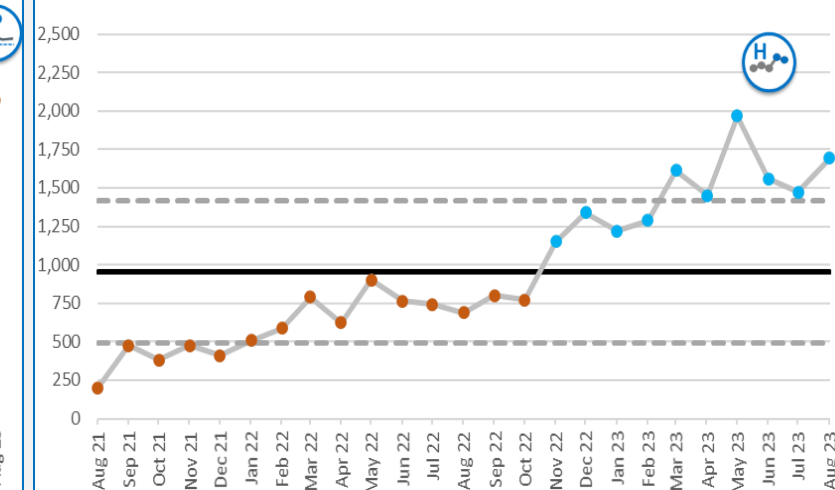
Covid-19 Positive Inpatients



Bed Occupancy - G&A



Number of episodes moved or discharged to PIFU pathway



# 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)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
WTE employed		-	7079	6163	6210	6296	6329	6326	6390	6468	6524	6545	6576	6576	6665	6744	
Temporary/agency staffing		-	-	911	857	881	954	920	1029	1031	1114	1057	1113	1113	1054	1106	
Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.3%	1.3%	1.2%	1.1%	1.1%	1.0%	0.8%	1.1%	0.98%	0.77%	0.82%	0.86%	0.84%	
Vacancies - month end		10%	<10%	9.2%	8.2%	10.4%	10.0%	10.1%	9.3%	7.8%	7.3%	6.5%	6.5%	5.1%	5.2%	4.7%	
Sickness Absence rate		4%	4%	5.9%	5.5%	6.0%	5.8%	7.1%	5.8%	5.6%	5.8%	5.1%	4.7%	4.7%	5.4%	5.1%	
Trust - Appraisal compliance		90%	90%	82.00%	80.30%	80.52%	82.23%	80.89%	81.04%	81.26%	82.82%	83.20%	83.10%	83.1%	83.6%	83.6%	
Trust Appraisal – medical staff		90%	90%	91.0%	91.0%	91.1%	91.4%	91.6%	91.3%	91.7%	92.8%	92.2%	93.0%	93.3%	93.8%	94.2%	
Trust Statutory and mandatory training compliance		90%	90%	85.2%	86.3%	87.9%	88.7%	88.1%	90.2%	91.1%	91.5%	91.5%	92.1%	95.1%	92.2%	92.2%	
Trust MCA – DOLS and MHA		90%	90%	78.2%	79.7%	81.1%	83.1%	82.0%	82.5%	83.8%	84.0%	83.0%	83.7%	83.68%	80.36%	79.83%	
Safeguarding Children - Level 2		90%	90%	88.6%	89.2%	89.9%	90.5%	88.9%	90.6%	91.7%	92.5%	92.8%	93.3%	93.4%	94.9%	94.6%	
Safeguarding Adult - Level 2		90%	90%	86.4%	87.3%	88.6%	89.2%	87.7%	95.5%	93.8%	94.1%	94.8%	95.1%	95.1%	91.1%	95.0%	
Safeguarding Children - Level 3		90%	90%	78.3%	78.6%	82.0%	83.1%	80.6%	83.0%	83.1%	83.3%	75.6%	76.4%	76.3%	93.7%	87.6%	
Safeguarding Adult - Level 3		90%	90%	71.0%	75.3%	79.6%	83.8%	83.5%	85.6%	88.8%	89.6%	89.9%	90.9%	90.9%	86.2%	92.4%	
Monthly agency expenditure (£'000)		-	4,677	3,604	3,553	3,177	4,064	4,632	4,677	3,802	5,387	4,118	4,277	3,646	3,750	3,856	

# Workforce Executive Summary

**Vacancies** - Vacancies have reduced this month to 335 Whole Time Equivalent (WTE). We are actively recruiting both domestic and international nurses to fill our nursing gap. As at the end of August 2023, 97 international nurses have joined as part of this programme, with the remainder to be in post by the end of the year. Our vacancy position is improving particularly as we move to the second half of the year as we see the benefit of large volume international recruitment reducing our gaps. All inpatient nursing vacancies will be filled across Medicine and Surgery. During August 2023, a total of 18.43 WTE HCAs joined the Trust. A further 30.51 WTE are due to commence employment during September and October 2023 which will reduce vacancies for our general HCA workforce. The Divisions with the highest vacancies are Medicine and Emergency Care (8.8%) and Surgery, Anaesthetics and Cancer (8.9%).

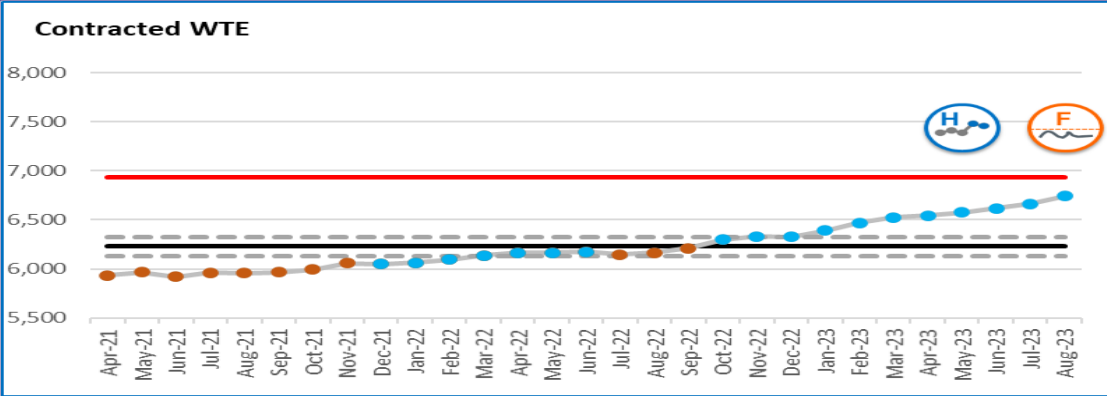
**Turnover** - Turnover has decreased by 2.6% from 12 months ago to 12.2% for the last 12 months. Our in month turnover rate of 0.84% equates to 53 WTE leavers in August 2023. We continue to focus on raising the profile of flexible working and health and wellbeing as part of our culture and leadership priorities. The STW People Board during September were briefed on the progress of the development of our ICS People programme as part of our Train, Retain, Reform and Transform agenda.

**Wellbeing of our staff** – Our overall sickness rate has reduced by 0.19% this month to 5.13% with mental health absence continuing to be the highest reason for absence. The staff group of estates and ancillary are seeing the highest sickness rate of 9%. We continue to focus on our approach to inclusion for everyone and during September the ICS held an ED&I celebration day where colleagues were able to listen to speakers such as Michelle Cox who won a landmark case against NHSE&I for racial discrimination. Key priorities currently include visibility & reporting of staff survey actions undertaken in the last year in our hotspot areas. Working with Staff side to agree our joint priorities.

**Agency and temporary staffing** - After a continuous period of agency reduction in the previous three months, August has seen a 2.5% increase in agency usage. This has been driven by additional demand from high activity and needing to staff areas of escalation, an increase in enhanced one to one care, workforce unavailability and a need to address the impact of industrial action. Focus this month has been on our medical workforce, the reduction of agency is reliant on how effectively we rota our workforce and our ability to reduce our vacancies. The medical vacancy position at 11.6% is above the national average of 5.8% which we are aiming to reduce over the next 12 months.



# Workforce – Contracted WTE



**Summary:**  
Contracted figure of 6744 in August 2023 which is an increase of 79 WTE in month, however this is below our trajectory. 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 581 WTE, despite a turnover rate of 12.2%. Temporary staffing demand has increased in the last month, and it is anticipated to further increase during the winter period due to higher operational activity and higher seasonal ill health issues. Temporary staffing increased significantly to support the increase in demand in areas of escalation. The workforce efficiency programme is delivering key actions to help reduce agency in 2023/24.

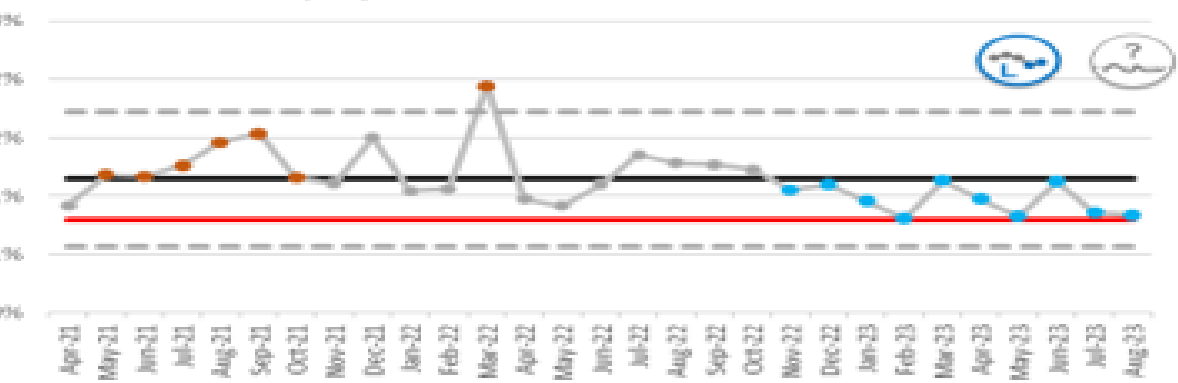
**Recovery actions:**  
Elective Hub; there has been recent success in recruiting to Theatres which will enable the increase in elective activity through the Hub. The People and OD Business Partner is actively involved in the strategic recruitment and planning to the posts and ongoing management of change discussions under the Elective Hub. There are gaps across Paediatrics and Neonatal nursing workforce which is currently being filled by agency and in some cases, off framework agency. These are the only areas in the Trust now using off framework agency (highest cost) as all other areas have now been removed. This month the Clinical Support Services team have secured external funding to support international recruitment for a Community Diagnostic Centre, which will expand the number of Diagnostic Radiographers. Partnering with the Gateway EU Programme with doctors direct, NHS Professionals, which offers doctors who have graduated from a European university to gain experience as a junior doctor in the NHS. Between May 2023 we successfully appointed 22 Gateway doctors at FY1 level and 1 Gateway doctor at FY2 level.

**Anticipated impact and timescales for improvement:**  
The Trust is on target to deliver the business case of recruiting 205 internationally educated nurses by January 2024. As at the end of August 2023, 97 international nurses had joined as part of this programme with the remainder to be in post by the end of the year. All inpatient nursing vacancies will be filled across Medicine and Surgery. Continuing to see a reduction in Healthcare Assistant (HCA) vacancies. During August 2023, a total of 18.43 Whole Time Equivalent (WTE) HCAs joined the Trust. A further 30.51 WTE are due to commence employment during September and October 2023 which will reduce vacancies for our general HCA workforce. It is recognised that over the next 15 years, more specialty and specialist (SAS) doctors and doctors in training are choosing alternative career paths rather than core and specialty training routes. The Trust has been approached by NHS Employers as a national Case Study for Specialist careers as the second largest employer in England of the grade.

<b>Recovery dependencies:</b>	Medical People Services continue to work with specialties in exploring alternative career opportunities, such as <b>career grades (Specialist)</b> to fill senior vacancies. Realisation of retention strategies to ensure turnover position remains on track.
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# Workforce – Staff Turnover Rate

Staff Turnover Rate (FTE)



**Summary:**  
August saw a turnover rate of 12.2% for the last 12 months, equating to 746 WTE leavers. An in month turnover rate of 0.84% equates to 53 WTE leavers in August 2023. Although we are seeing an improving position on turnover following elevated rates over 2021 and 2022, we are not yet achieving a pre-covid turnover rate which continues to impact our ability to increase our workforce to our planned establishment levels.

**Recovery actions:**

We continue to deliver the leadership development framework including SaTH 1-4 and STEP management skills programme. Celebrated and re-ignited the Trust Values in June 2023 as part of Values Week and delivered a Leadership Conference in July 2023, attended by 130 colleagues. The 2<sup>nd</sup> cohort of ‘Galvanise’ leadership programme for colleagues from ethnic backgrounds starts on 27<sup>th</sup> September and runs for 7 months. This is supported by internal and external mentors as well as ILM qualified coaches. Intake this year for this programme has doubled alongside our senior mentors. We continue to provide a varied range of development opportunities to support and develop our people, contributing to National Staff Survey indicators around engagement; motivation and advocacy; patient and family satisfaction levels. We are supporting ED to develop and deliver improvement plans to improve culture and staff experience and in turn our patient experience. Wider UEC improvements and system working will also support us. In addition, we have dedicated staff psychology support who have started to deliver a Hot Debrief training package. Whilst our key workforce metrics sickness and retention are travelling in the right direction our underlying culture and how it feels to work at SaTH remains a priority.

**Anticipated impact and timescales for improvement:**

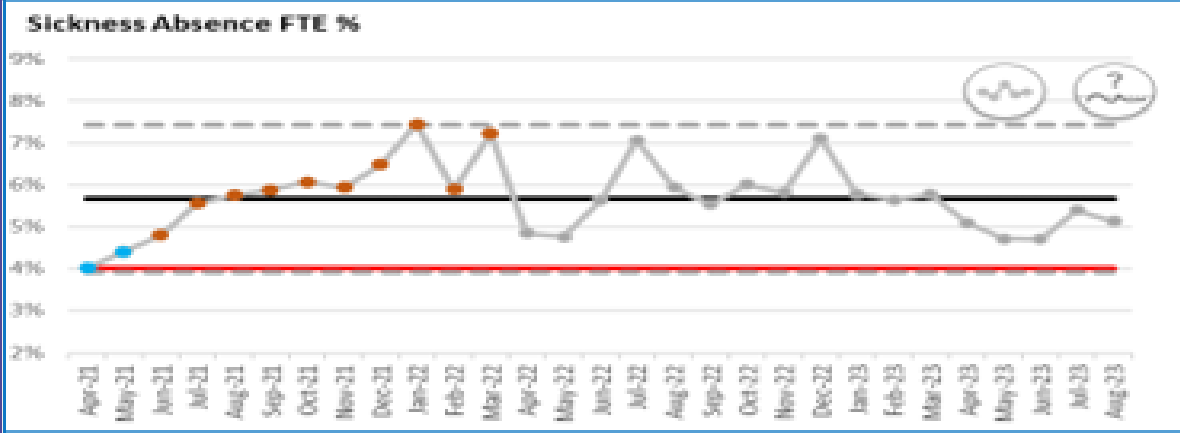
While we are pleased to see improvements to our Retention metric, we recognise there is still more to do, and experiences vary across the Trust. AHP turnover continues to be high at 16.21% with relocation cited as the top reason for leaving, followed by work life balance. A deep dive into AHP leavers has identified 44% of leavers are within 2 years of their service with SaTH. The second top reason for leaving being retirement. The rolling turnover did reduce to 15.6% in April 2023 from a 19% peak in February 2023. Further analysis has been requested to understand what is driving the relocation to consider next steps and interventions.

**Recovery dependencies:**

Discrimination and harassment behaviours continues to be an area of concern across the Trust. We have numerous programmes in place to support our staff and we must continually review the effectiveness and impact of these programmes.



# Workforce - Sickness Absence



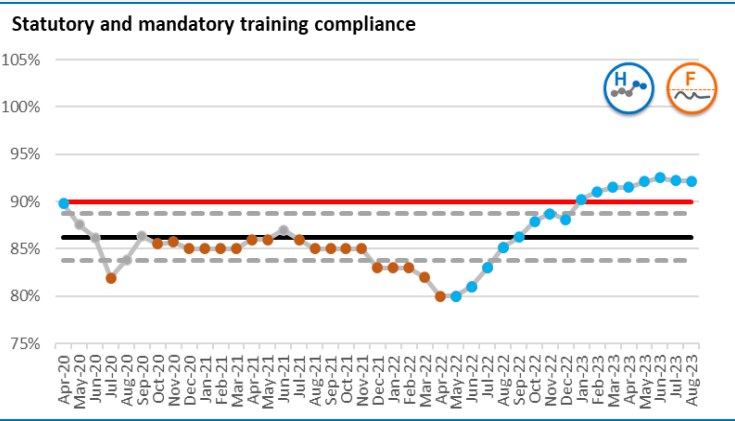
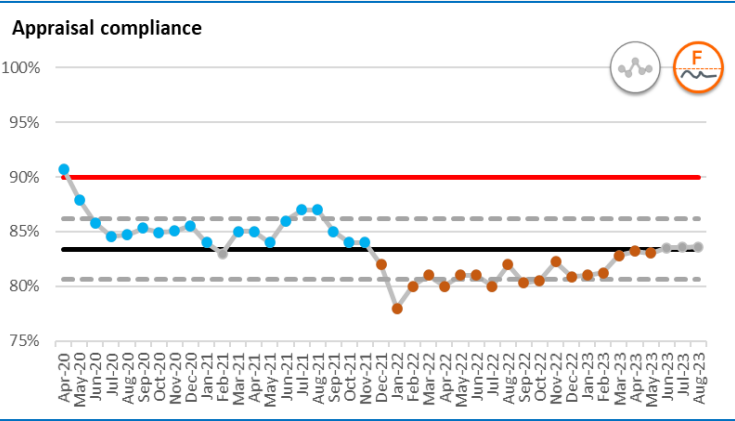
**Summary:**  
August saw our sickness rate decrease to 5.1% (equating to 348 WTE) however remains above target by 1.11% (75 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in August equating to 89 WTE. The Staff Psychology service is providing interventions to support staff experiencing distress. Flu and Covid campaigns have commenced.

**Recovery actions:**  
Our Flu and Covid campaigns (delivered by Shropcom) have commenced to protect our staff and patients. Our plans involve the launch of our new health and wellbeing branding, hardship plans, regular wellbeing walks, development of our wellbeing offer and promotion of the offer via meetings, workshops, inductions, management skills training such as STEP. Health and wellbeing conversations are a part of our STEP programme, committed to ensuring that wellbeing is a priority in future development as we currently assess and explore how we introduce the Health & Wellbeing NHS Leaders Programme. Health & Wellbeing is also an integral part of our talent conversation. Over a third of the workforce is over 50. Newly included in the HWB offer is dedicated resources for example Menopause, Health Checks and Mental health. The ICB is also leading on a business case to improve access to menopause clinics for staff. Our Staff Psychology service continues to support staff; the service is confidential and offers staff flexibility and choice between telephone/online/face to face appointments. During July and August, 49 one to one sessions were provided, 11 team interventions and 31 consultations.

**Anticipated impact and timescales for improvement:**  
Our Staff Psychology service continues to provide timely, evidence-based interventions to staff who are experiencing distress that is linked to their work. The staff psychology team have developed a Hot Debrief training package that has been piloted with Emergency Department colleagues. The feedback has been positive, and the plan is to start offering this in other areas. Our People Advisory Team have reviewed our OH processes and seen significant improvements in the level of DNAs to appointments. We will continue to support managers to proactively manage absence cases and support staff to attend appointments.

**Recovery dependencies:** Themes escalated by our Staff Psychology services highlight that a degree of mental health absence is driven by bullying and harassment concerns, lack of reasonable adjustments and policies not being properly followed.

# Workforce - Appraisal & Training



**Summary:**

The statutory training compliance rate has remained at 92% in August 2023, above target of 90%. Our appraisal rates have remained at 83%. The workforce development fund (WDF) is funding provided by NHSE (formally Health Education England (HEE)) to help NHS Providers develop their staff. Last year SaTH received £73k. Following changes at HEE, the way funding is allocated has changed in 23/24, where funding is now allocated at an Integrated Care System (ICS) level, rather than directly to acute providers. The ICS are unable to allocate any of this money to SaTH and we are now reviewing the implications for non-registered staff (circa 4000 people at SaTH).

**Recovery actions:**

Using the LMS, the Talent Portal and our on-line learning design software to provide more flexible access and approaches to the way we deliver education and development. The education support unit will be running career clinics to share different pathways for staff groups. Moving and Handling Induction training is now fully booked until the end of March 2024. There is ongoing work between moving and handling and the education business support unit to proactively reduce the numbers awaiting training.

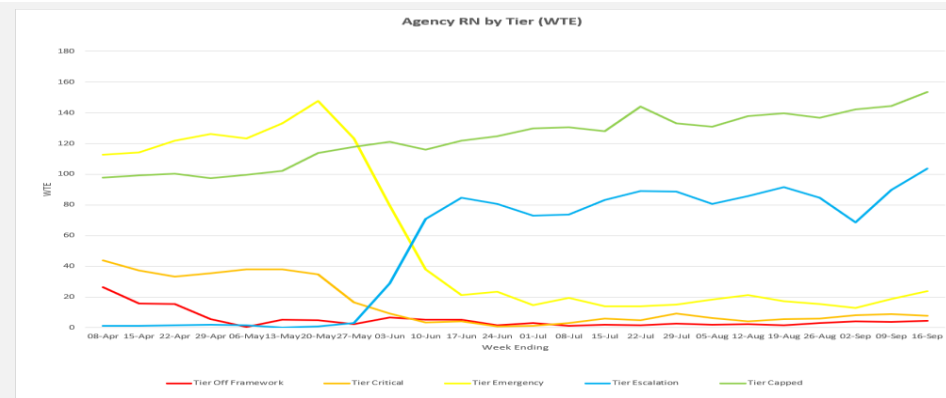
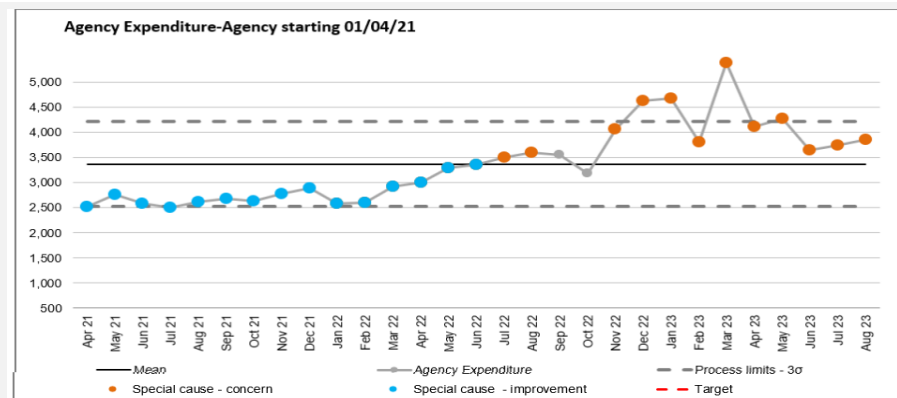
**Anticipated impact and timescales for improvement:**

The trust appraisal rates have plateaued in recent months. We are looking to reach 85% by December. Our aim for training is to maintain above target.

**Recovery dependencies:**

Workforce unavailability – staff sickness

# Agency Expenditure – monthly expenditure



## Summary:

Agency usage has increased by 2.3% this month. This is due 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. Successfully reduced off framework / high-cost agency from Trust and replaced with lower tier capped rate agency.

## Recovery actions:

- Established international nurse recruitment programme. 73 international nurses currently on-site working toward OSCE exams with 138 planned candidates through January 2024.
- Daily medical and nursing agency approval panels.
- Review of all junior doctor rotas and removal of agency where possible.
- Reduce off framework through increased lower-tier agency/bank usage and twice-daily reviews of off framework agency requests.
- Bank incentive scheme implemented.
- Direct engagement for non-nursing and non-medical staff went live last month.
- Four-weekly cycle with divisions in place to focus on agency, recruitment, roster KPI's and education / training.
- All nurses automatically auto-enrolled on Trust Bank

## Anticipated impact and timescales for improvement:

Forecast recurrent agency reduction of £5.6m (£1.9m with non-recurrent investment in 2023 - 24).

## Recovery dependencies:

Escalation plan delivery and workforce unavailability going into winter

# 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)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
Finance	Cash -end of month cash balance £'000's		-		22,404	13,284	11,337	9,772	11,757	13,103	18,930	3,279	712	1,582	10,319	6,517	7,709	
	Efficiency - £000's - in-month delivery		-		700	820	686	552	381	783	1168	1363	183	699	1335	897	988	
	Year to date surplus/(deficit) £'000		-		(15,968)	(18,572)	(23,174)	(29,123)	(33,610)	(38,560)	(43,105)	(47,206)	(8,538)	(16,909)	(26,359)	(36,151)	(46,086)	
	Year to date capital expenditure £'000				1,610	2,540	3,417	5,062	5,380	7,852	11,156	19,798	140	323	917	1,062	1,637	

# Finance Executive Summary

- The Trust submitted a plan for a deficit of £45.5m for 2023/24 on the 4<sup>th</sup> May 2023. The Board has received notification from NHSE that this plan has been accepted subject to the implementation of additional controls. These controls have been reviewed against what is already in place and where necessary additional actions are being implemented.
- At the end of August (month five), the Trust has recorded a deficit of £46.1m against a draft planned deficit of £27.9m, an adverse variance to plan of £18.2m.
- The year-to-date deficit to plan of £18.2m is linked to the above deliverables and can be split between items within and out of our direct control. Of the year-to-date deficit £7.9m is deemed to be within SaTH's direct control and £10.3m outside. This is broken down further as follows:
  - Within SaTH's direct control
    - Additional junior doctors to ensure contract compliance and premium costs - £1.8m
    - Staffing costs above planned levels driven by continued use of agency nursing - £1.7m
    - Nursing unavailability above plan - £1.5m
    - Enhanced bank rates and bank incentive scheme - £1.0m
    - Slippage on 2022/23 workforce BTI - £1.0m
    - Slippage against in year CIP target - £0.9m
  - Outside of SaTH's direct control
    - Escalation costs above plan - £4.0m
    - Activity costs above operational plan - £3.1m
    - Costs of covering industrial action - £1.4m
    - Additional enhanced care provision, linked to high number of NCTR patients - £1.2m
    - Pay award impact - £0.6m
- £4.1m of efficiency savings has been delivered year to date against a plan of £5.0m with year-to-date slippage predominantly against the workforce BTI scheme. 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.
- For 2023/4 the Trust's system allocation capital programme has been set at £18.4m. Expenditure at month five was £1.6m – an underspend of £1.5m against plan.
- The Trust held a cash balance at the end of August 2023 of £7.7m.

Cash Balance Actuals v Forecast 2023/24



## Summary:

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 throughout 2023/24. This is subject to approval through the provider revenue support process. The request for Q3 has been submitted during September.

The cash balance brought forward in 2023/24 was £3.3m with a cash balance of £7.7m held at the end of August 2023 (ledger balance of £7.6m due to reconciling items).

The graph illustrates actuals against original plan and reforecast post-M04 (July 23) and shows that the cash position at the end of August was higher than plan. This is a timing issue only, due to receipt of income earlier than planned and expenditure relating to capital projects not yet being incurred.

## Recovery actions:

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.

## Anticipated impact and timescales for improvement:

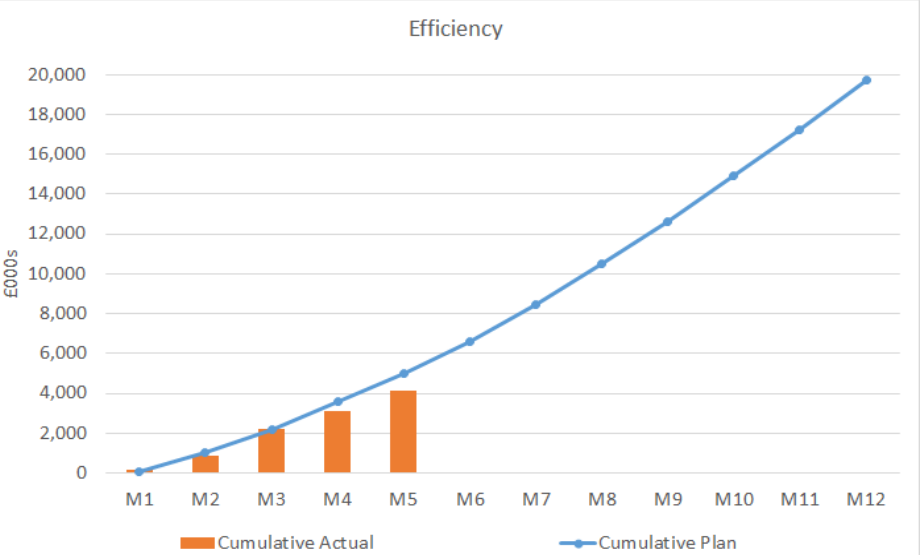
The cash position is linked to the financial position of the Trust. Given the current deficit ongoing revenue support is required.

## Recovery dependencies:

Improvement in the Trust financial position and delivery of cash releasing efficiencies.



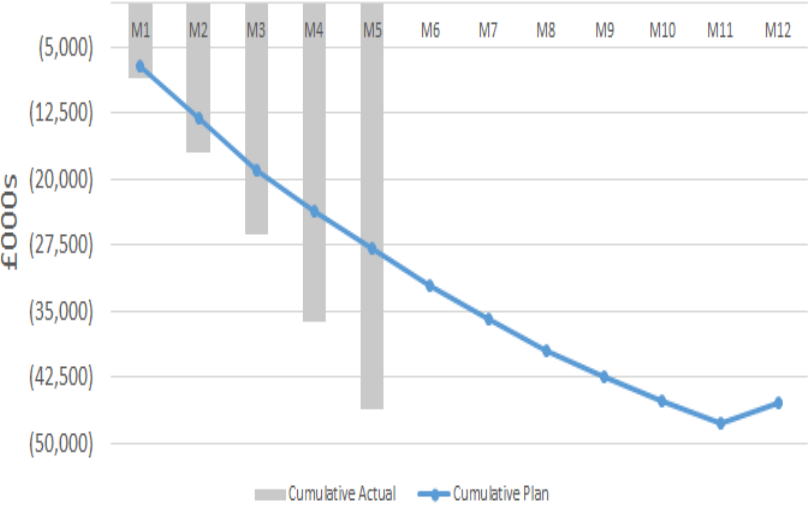
# Efficiency



<p><b>Summary:</b></p> <p>The Trust has an efficiency target for 2023/24 of £19.7m. This is comprised of; 2.2% business as usual efficiency (£12.0m), workforce big ticket item (£3.0m), bridging efficiency in corporate areas (£2.1m), non-recurrent (£1.1m), and a vacancy factor (£1.6m).</p> <p>In addition, there are schemes to deliver a reduction in cost of escalation capacity (£10.5m), and a share of the system stretch target that is sitting in the SaTH plan (£5.3m).</p> <p>£4.1m of efficiency savings has been delivered year to date against a plan of £5.0m with year-to-date slippage being against the workforce BTI scheme. 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.</p>	
<p><b>Recovery actions:</b></p> <p>CIP schemes and delivery to be monitored through the weekly executive meeting.</p> <p>Escalation efficiency to be driven through a combination of system wide and internal interventions with KPIs linked to escalation monitored on a weekly basis.</p> <p>Further system action required in relation to the unidentified stretch of £3.5m</p>	<p><b>Anticipated impact and timescales for improvement:</b></p> <p>Increased delivery expected over the coming months, linked to increased substantive recruitment and international recruited staff no longer being supernumerary.</p>
<p><b>Recovery dependencies:</b></p>	<p>Reduction in escalation capacity is linked to further improvements in efficiency delivery.</p>

# Income and expenditure

Income and Expenditure Position (excluding technical items)



**Summary:**

The Trust has submitted a revised financial plan for a deficit of £45.5m for 2023/24.

The Trust recorded a year-to-date deficit at month five of £46.1m which is £18.2m adverse to the plan.

The year-to-date deficit to plan of £18.2m is linked split between items within (£7.9m) and out of SaTH’s direct control (£10.3m). The key pressures year-to-date are escalation costs (£4.0m), nurse staffing and unavailability (£3.2m), increased activity related costs (£3.1m), junior doctor rota compliance costs (£1.8m) and industrial action cover costs (£1.4m).

**Recovery actions:**

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 encourage the uptake of bank shifts and reduce the reliance on agency.  
On-going international recruitment will continue to reduce vacancies and the need for high-cost agency nurses.

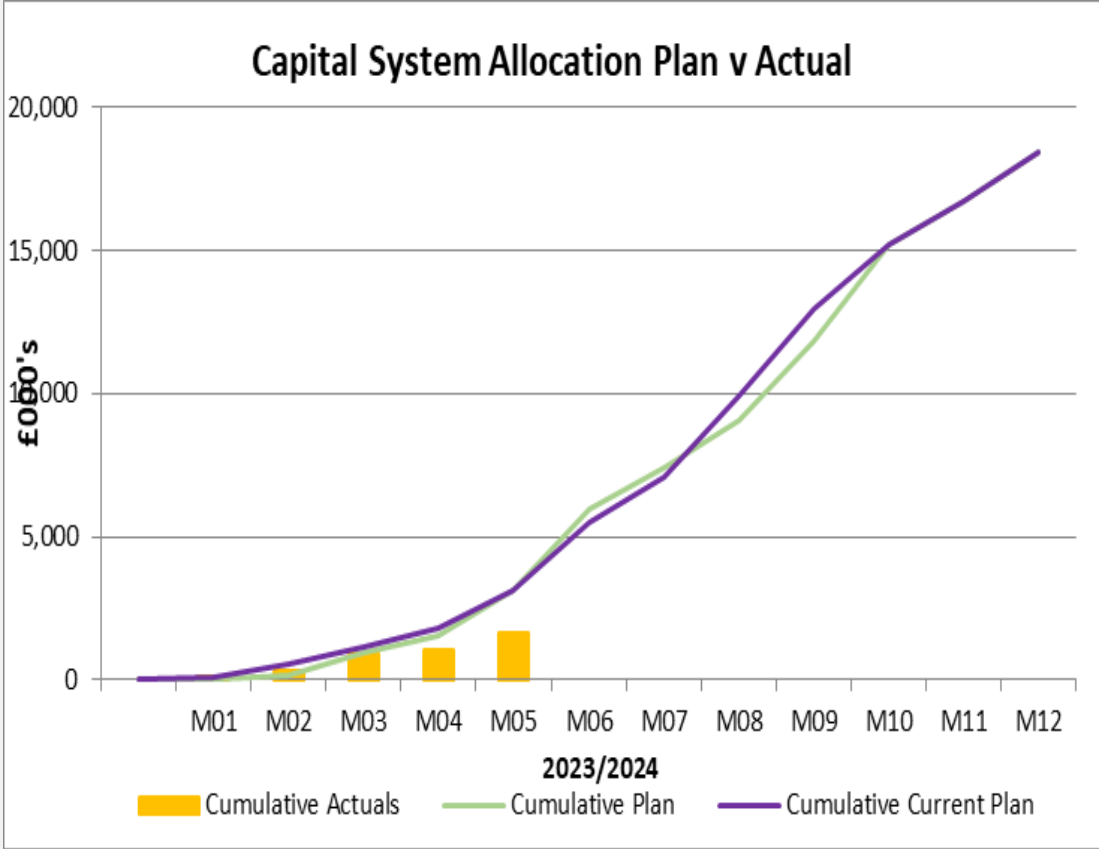
**Anticipated impact and timescales for improvement:**

Actions being undertaken will have a continued improvement on the financial position and are monitored on a weekly basis.  
  
Monthly forecast produced at a detailed level with agreed interventions at divisional level.

**Recovery dependencies:**

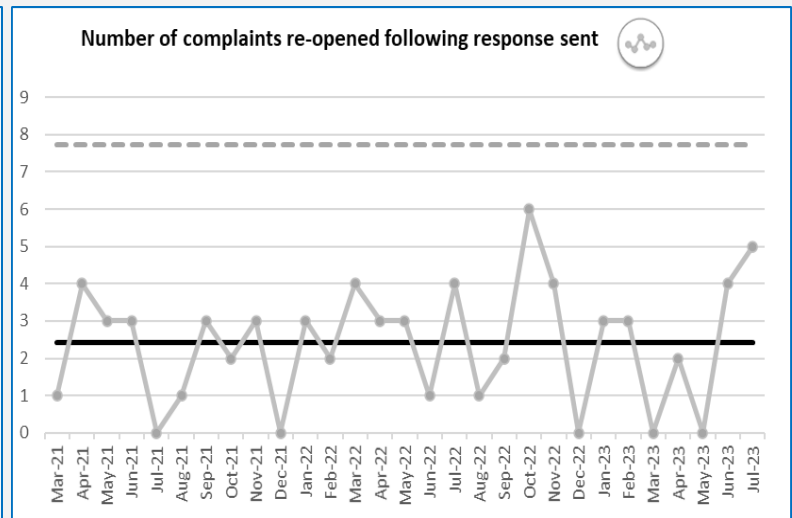
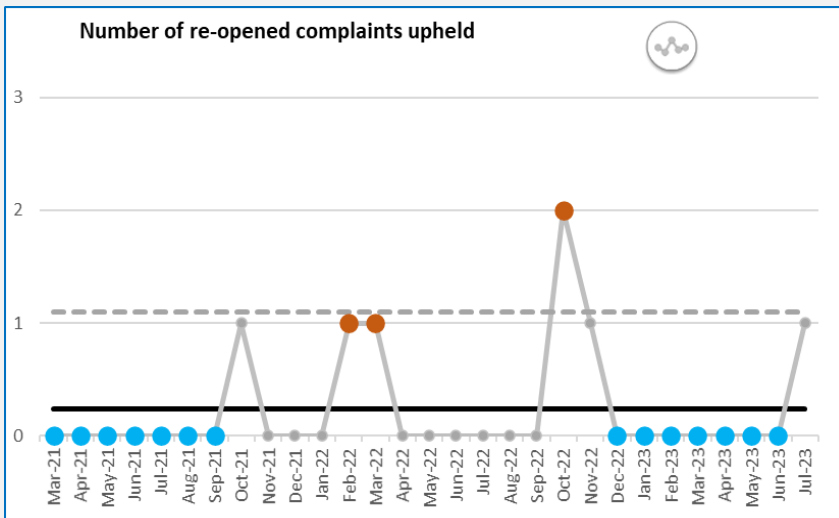
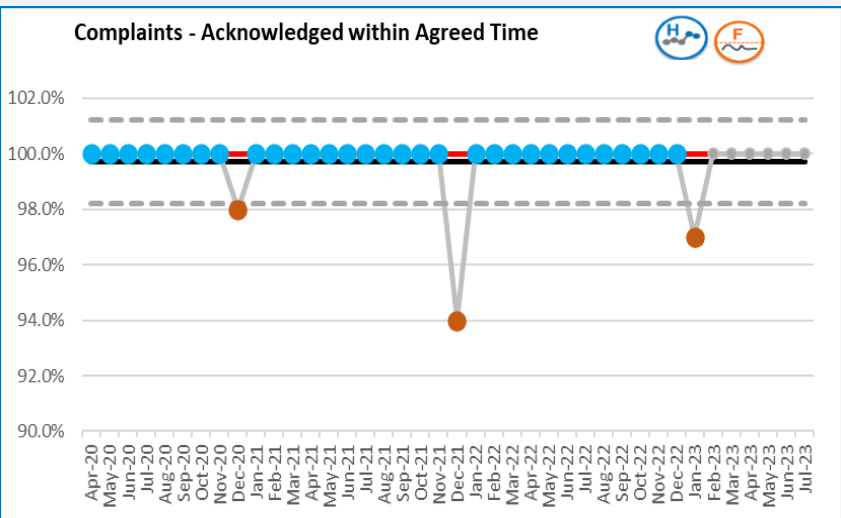
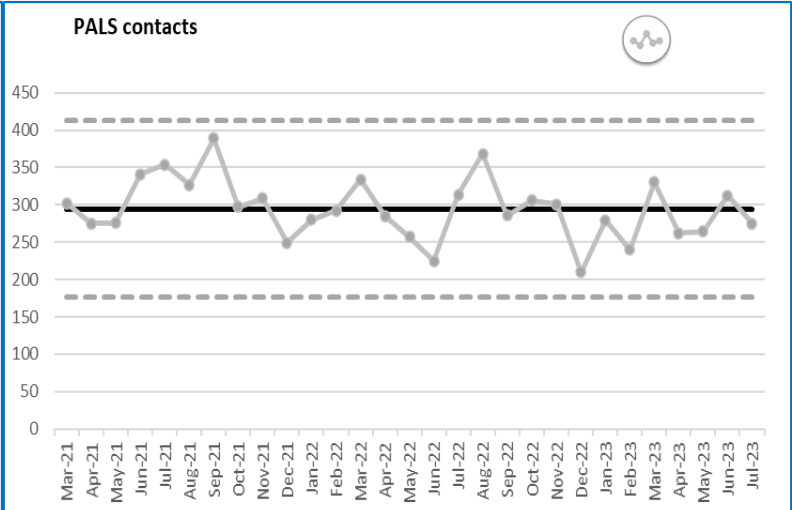
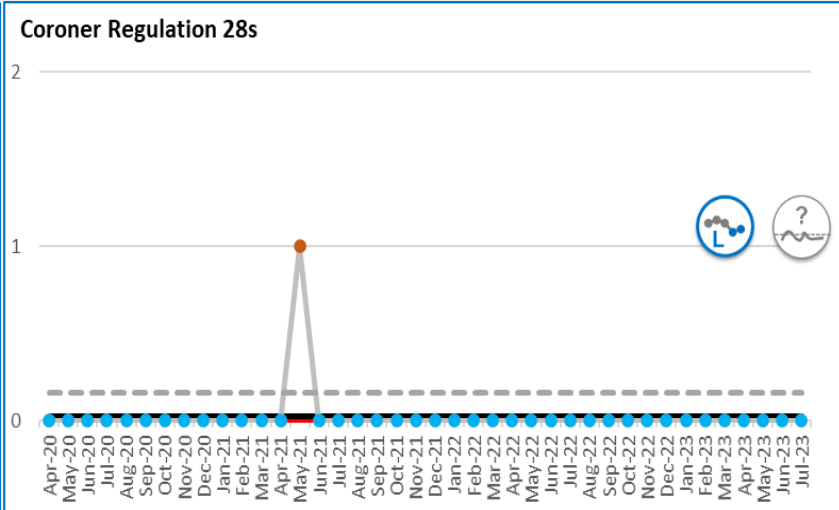
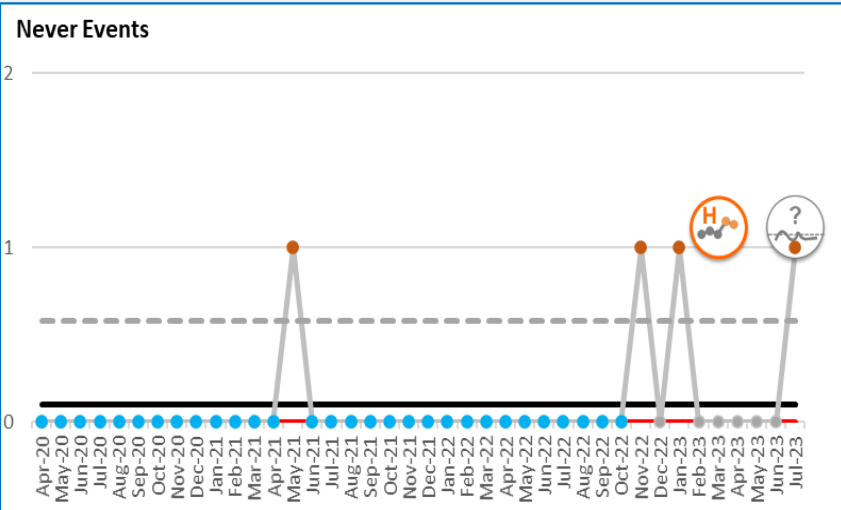
Risk remains in relation to the use of escalation capacity and high number of patients with no criteria to reside.

# Capital – System Allocation



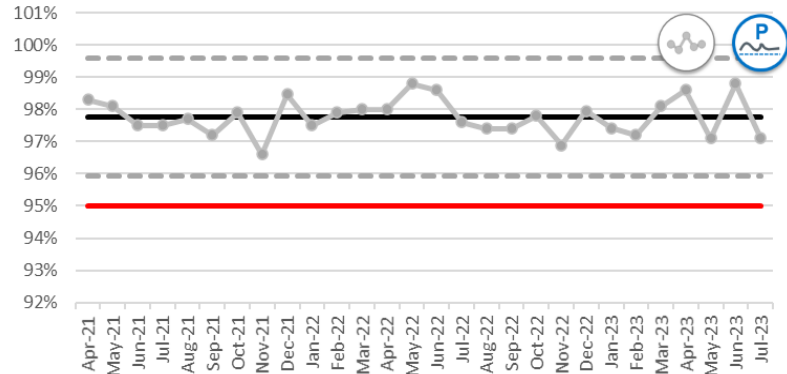
<p><b>Summary:</b> For 2023/24 the Trust has set a capital programme funded from system allocation of £18.4m.</p> <p>Within the submitted plan it was projected that expenditure of £3.1m would have been incurred at the end of August (month 5).</p> <p>The actual expenditure as at month five was £1.6m, and underspend of £1.5m.</p>	
<p><b>Recovery actions:</b> A detailed capital programme was discussed and agreed at May Capital Planning Group meeting.</p> <p>Capital Planning Group (CPG) is committed to delivering the capital programme throughout the four quarters of the year.</p> <p>CPG will continue to monitor the expenditure against plan monthly.</p>	<p><b>Anticipated impact and timescales for improvement:</b></p> <p>Increase in capital expenditure expected over September and October.</p>
<p><b>Recovery dependencies:</b></p>	

# Appendices

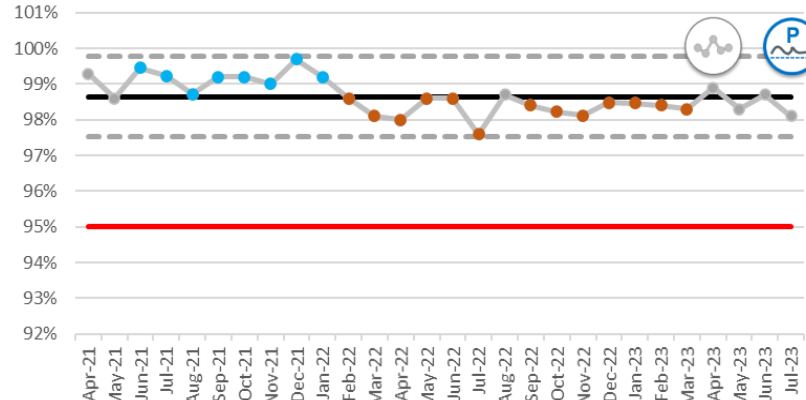


# Appendix 1. supporting detail on Patient Safety, Clinical Effectiveness, Patient Experience

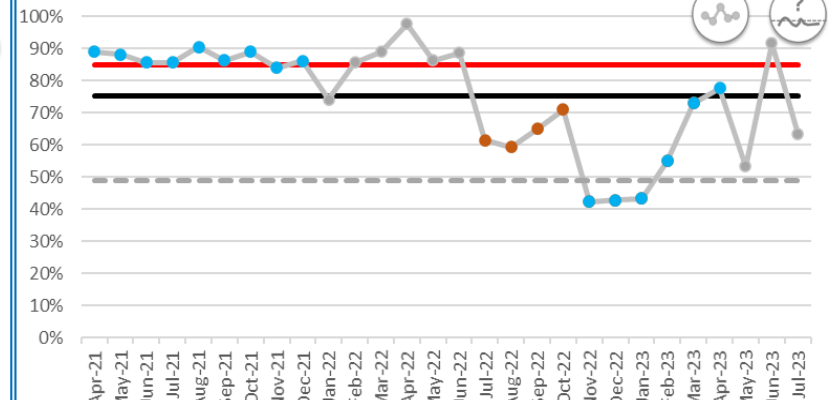
Friends and Family Test - SaTH



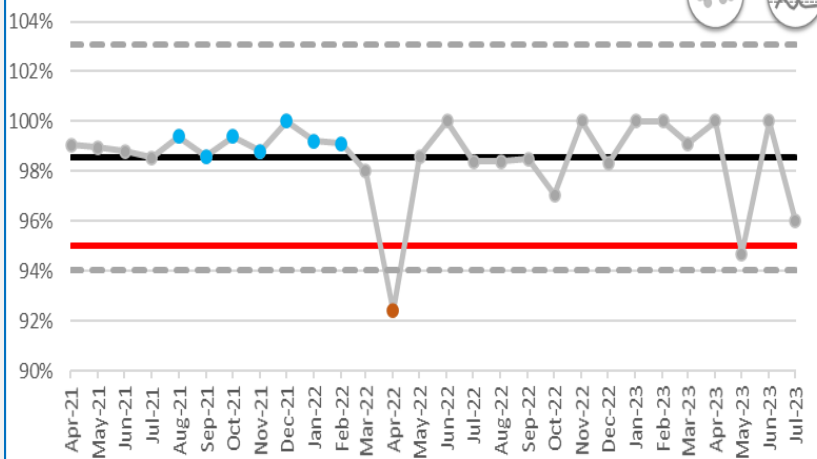
Friends and Family Test - Inpatient



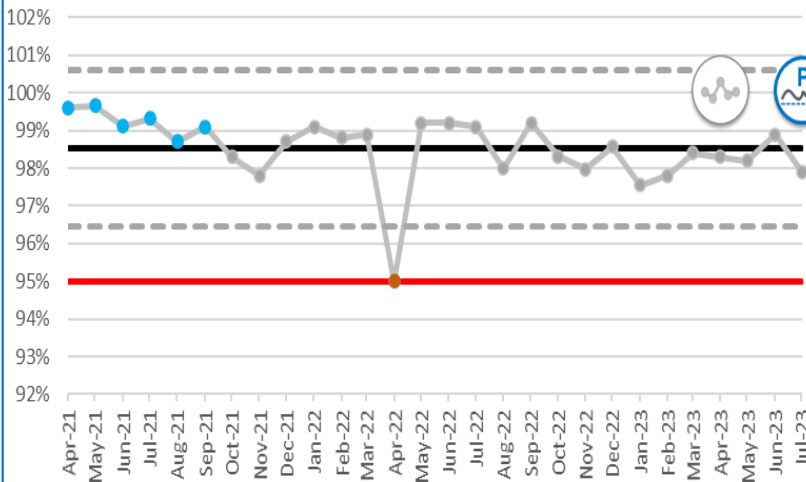
Friends and Family Test - A&E



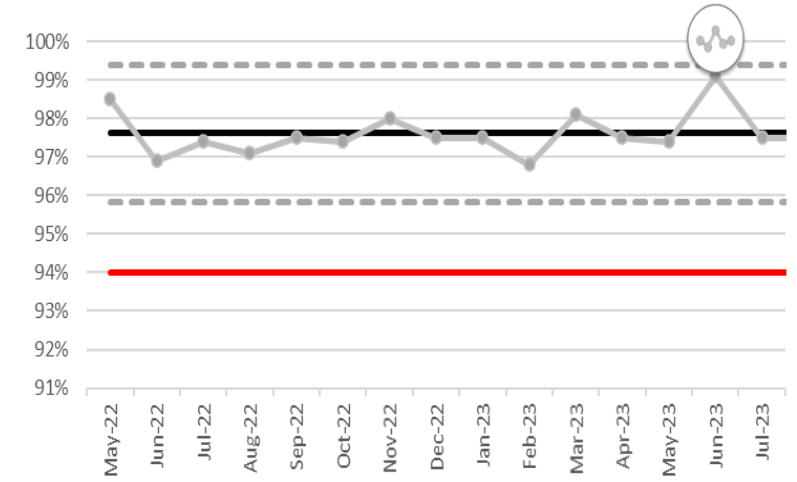
Friends and Family Test - Maternity



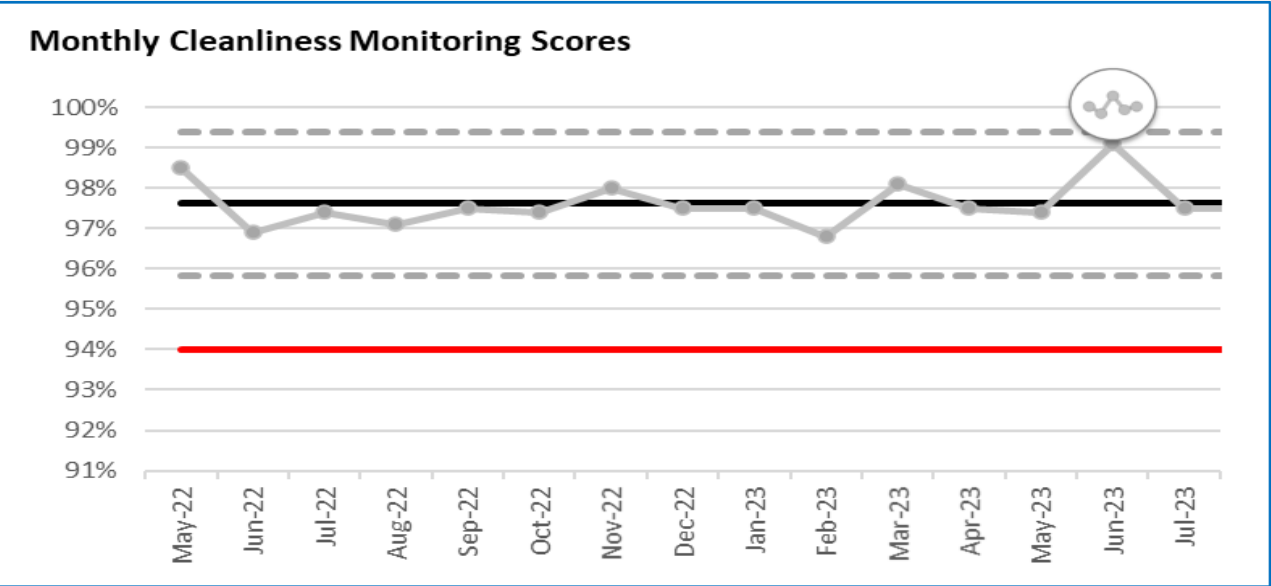
Friends and Family Test - Outpatients



Monthly Cleanliness Monitoring Scores



# Appendix 1. – Indicators performing in accordance with expected standards



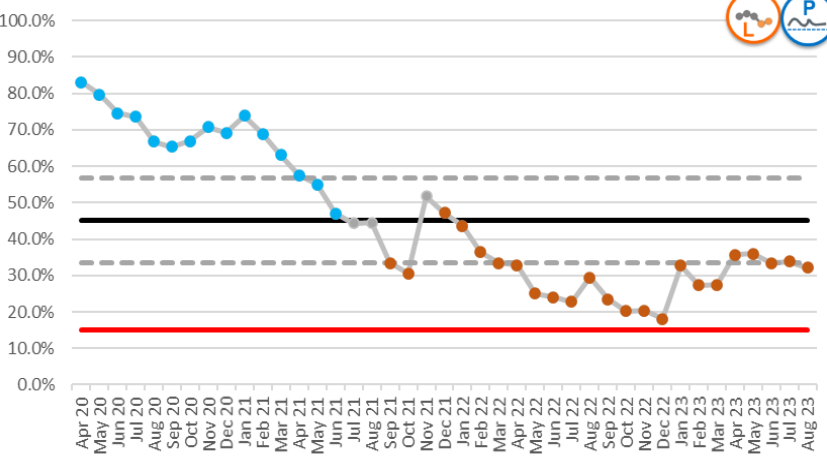
**Summary:**  
No issues with the performance this month. Cleanliness Services achieved 97.48% in July. The Inpatient Catering Services audit achieved 100%

**Recovery actions:**  
To continue to use agency and contract staff to cover as many gaps as possible.

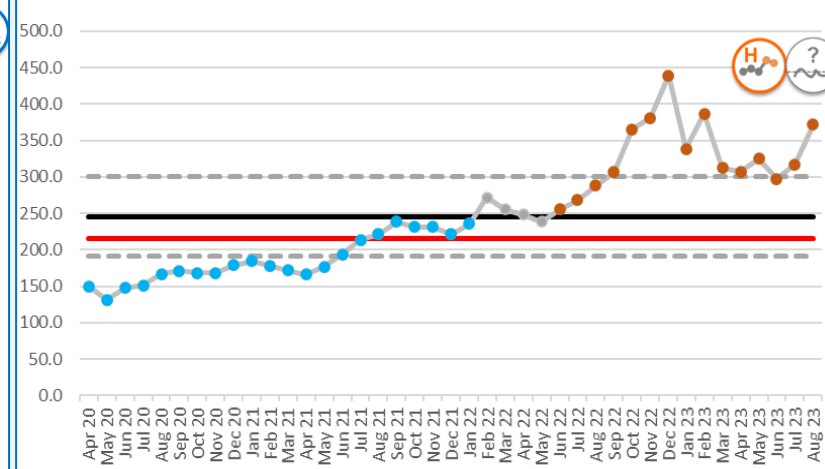


# Appendices 2. – supporting detail on responsiveness

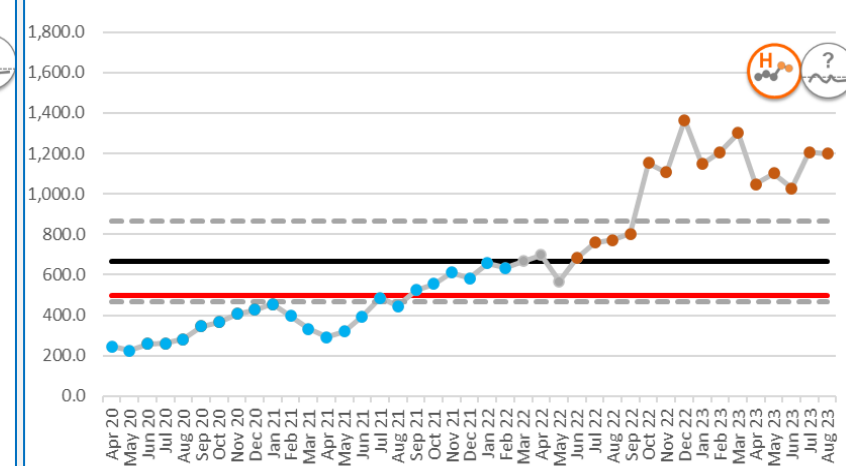
SaTH - % Patients seen within 15 minutes for initial assessment



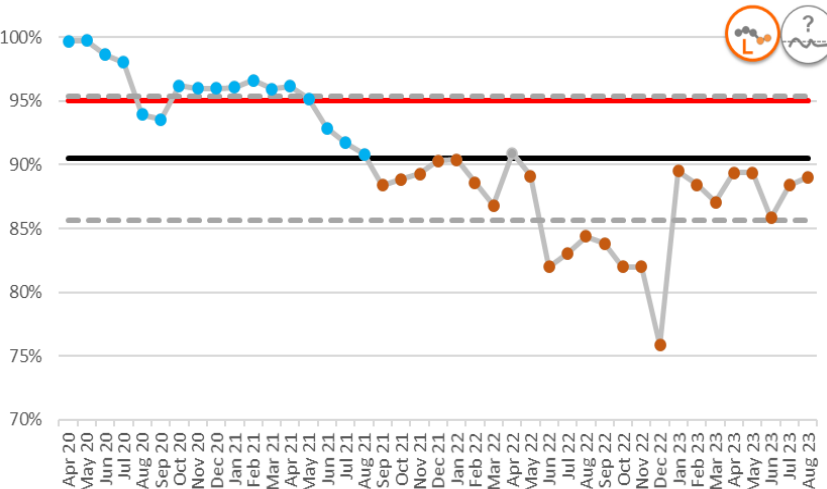
SaTH - Mean Time in ED Non Admitted (mins)



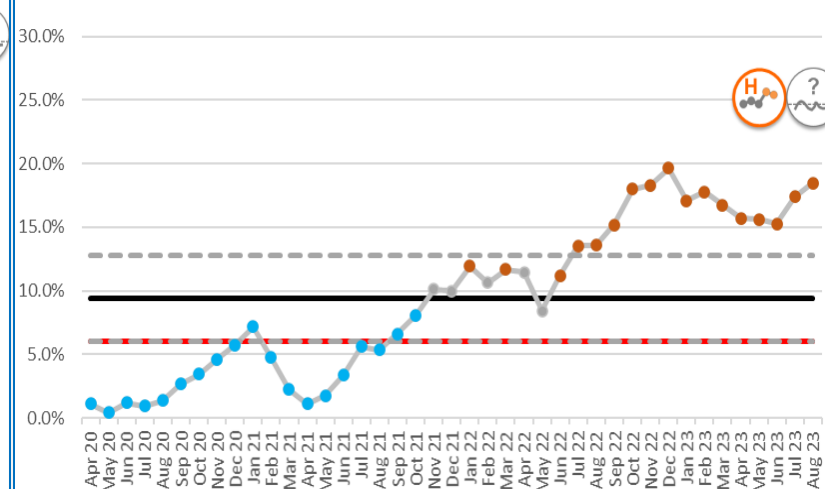
SaTH - Mean Time in ED admitted (mins)



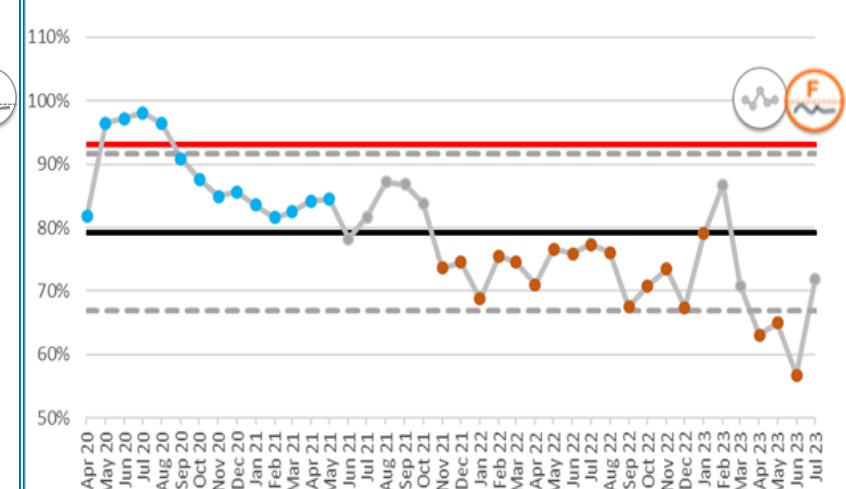
SaTH - ED 4 Hour Performance - Minors %



SaTH - 12 Hours in ED Performance %

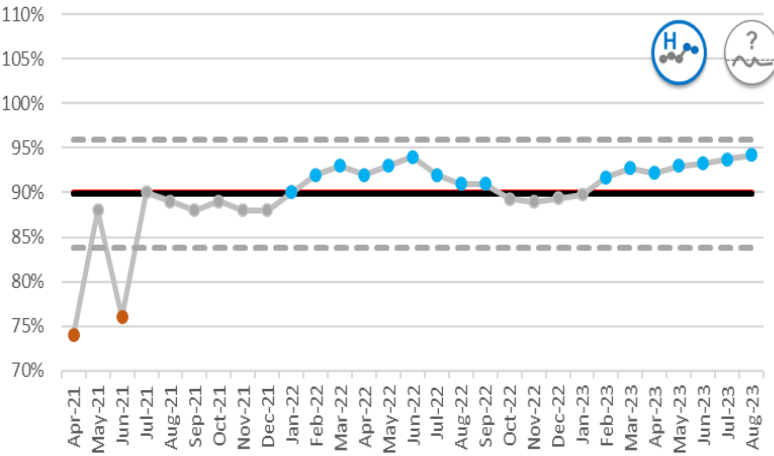


Cancer 2 Week Wait

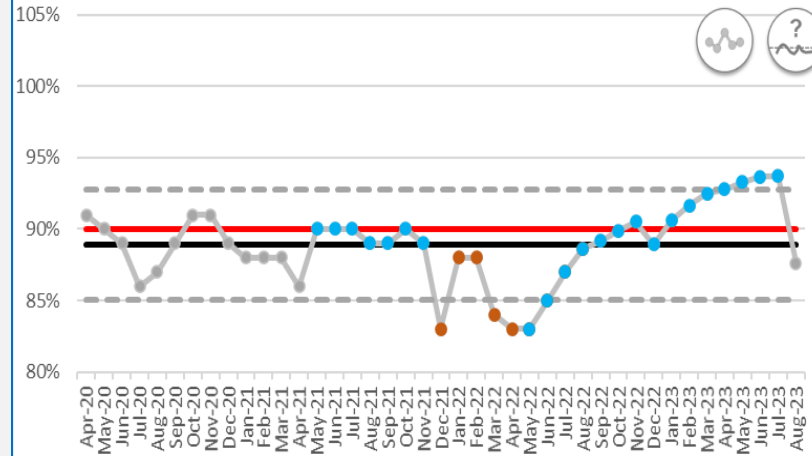


# Appendices 3. – supporting detail on well led

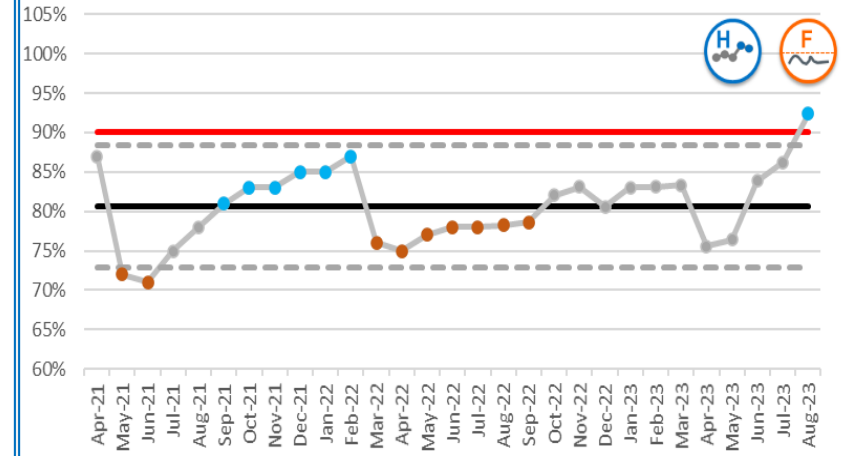
Appraisal – medical staff



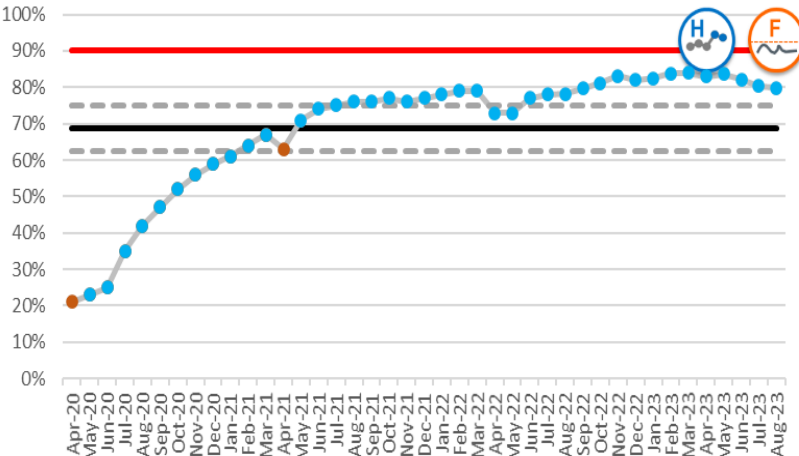
Safeguarding Children Level 2



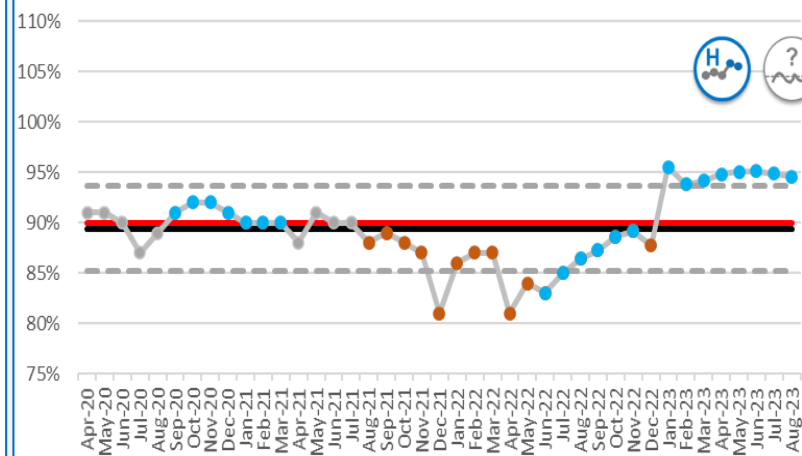
Safeguarding Children Level 3



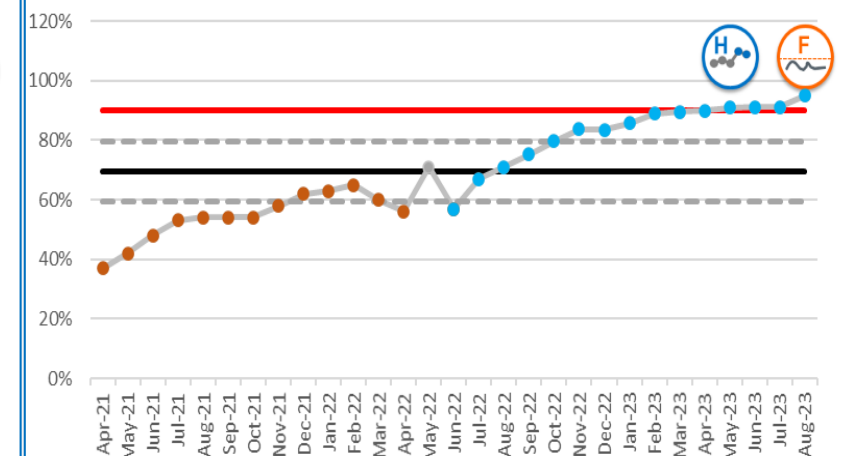
MCA – DOLS and MHA



Safeguarding Adults Level 2

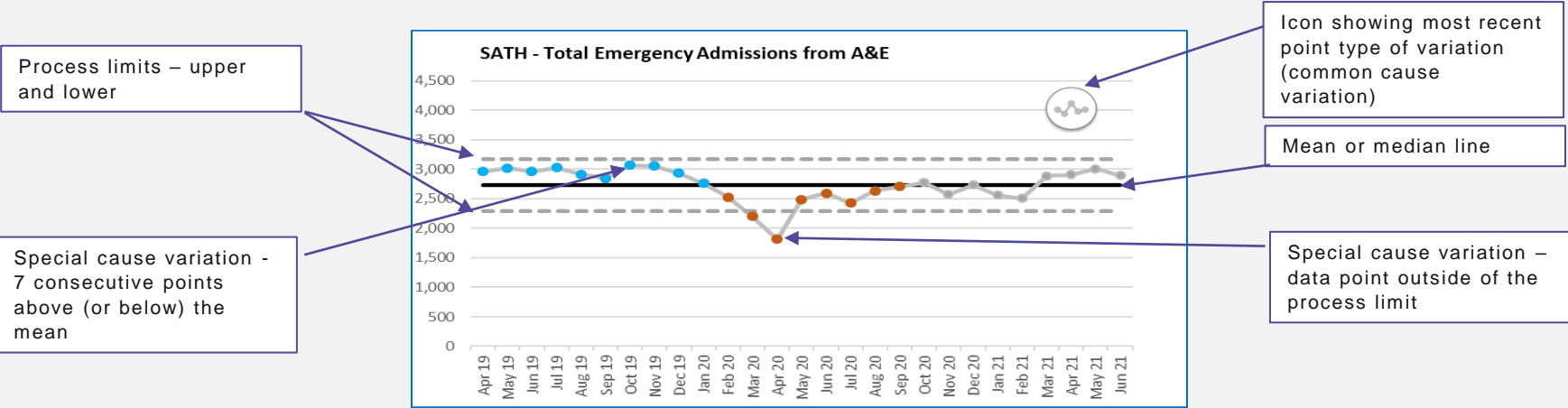


Safeguarding Adults Level 3

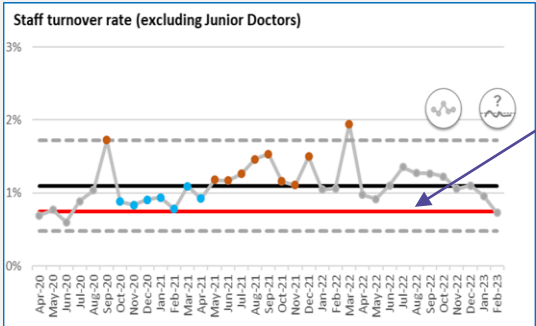
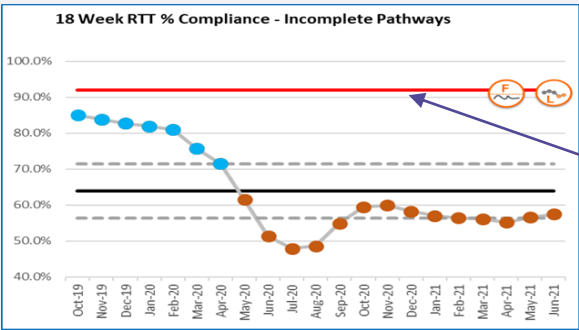


# Appendix 5. Understanding Statistical control process charts in this report

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



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



## Appendix 6. Abbreviations used in this report

Term	Definition
<b>2WW</b>	Two Week Waits
<b>A&amp;E</b>	Accident and Emergency
<b>A&amp;G</b>	Advice and Guidance
<b>AGP</b>	Aerosol-Generating Procedure
<b>AMA</b>	Acute Medical Assessment
<b>ANTT</b>	Antiseptic Non-Touch Training
<b>BAF</b>	Board Assurance Framework
<b>BP</b>	Blood pressure
<b>BTPP</b>	Best Practise Timed Pathway
<b>CAMHS</b>	Child and Adolescence Mental Health Service
<b>CCG</b>	Clinical Commissioning Groups
<b>CCU</b>	Coronary Care Unit
<b>C.Diff</b>	Clostridium Difficile
<b>CDC</b>	Community Diagnostic Centre
<b>CHKS</b>	Healthcare intelligence and quality improvement service
<b>CNST</b>	Clinical Negligence Scheme for Trusts
<b>COO</b>	Chief Operating Officer
<b>CQC</b>	Care Quality Commission
<b>CRL</b>	Capital Resource Limit
<b>CRR</b>	Corporate Risk Register
<b>C-sections</b>	Caesarean Section
<b>CSS</b>	Clinical Support Services
<b>CT</b>	Computerised Tomography
<b>CYPU</b>	Children and Young Person Unit
<b>DIPC</b>	Director of Infection Prevention and Control

Term	Definition
<b>DMO1</b>	Diagnostics Waiting Times and Activity
<b>DOLS</b>	Deprivation Of Liberty Safeguards
<b>DoN</b>	Director of Nursing
<b>DSU</b>	Day Surgery Unit
<b>DTA</b>	Decision to Admit
<b>E. Coli</b>	Escherichia Coli
<b>Ed</b>	Education
<b>ED</b>	Emergency Department
<b>EQIA</b>	Equality Impact Assessments
<b>EPS</b>	Enhanced Patient Supervision
<b>ERF</b>	Elective Recovery Fund
<b>Exec</b>	Executive
<b>F&amp;P</b>	Finance and Performance
<b>FIT</b>	Faecal Immunochemical Testing
<b>FNA</b>	Fine Needle Aspirate
<b>FTE</b>	Full Time Equivalent
<b>FYE</b>	Full Year Effect
<b>G2G</b>	Getting to Good
<b>GI</b>	Gastro-intestinal
<b>GP</b>	General Practitioner
<b>H1</b>	April 2022-September 2022 inclusive
<b>H2</b>	October 2022-March 2023 inclusive
<b>HCAI</b>	Health Care Associated Infections
<b>HCSW</b>	Health Care Support Worker
<b>HDU</b>	High Dependency Unit

## Appendix 6. Abbreviations used in this report

Term	Definition
<b>HMT</b>	Her Majesty's Treasury
<b>HoNs</b>	Head of Nursing
<b>HSMR</b>	Hospital Standardised Mortality Rate
<b>HTP</b>	Hospital Transformation Programme
<b>ICB</b>	Integrated Care Board
<b>ICS</b>	Integrated Care System
<b>IPC</b>	Infection Prevention Control
<b>IPCOG</b>	Infection Prevention Control Operational Group
<b>IPAC</b>	Infection Prevention Control Assurance Committee
<b>IPDC</b>	Inpatients and day cases
<b>IPR</b>	Integrated Performance Review
<b>ITU</b>	Intensive Therapy Unit
<b>ITU/HDU</b>	Intensive Therapy Unit / High Dependency Unit
<b>KPI</b>	Key Performance Indicator
<b>LFT</b>	Lateral Flow Test
<b>LMNS</b>	Local Maternity Network
<b>MADT</b>	Making A Difference Together
<b>MCA</b>	Mental Capacity Act
<b>MD</b>	Medical Director
<b>MEC</b>	Medicine and Emergency Care
<b>MEC</b>	Managed Equipment Service
<b>MHA</b>	Mental Health Act
<b>MRI</b>	Magnetic Resonance Imaging
<b>MRSA</b>	Methicillin- Sensitive Staphylococcus Aureus

Term	Definition
<b>MSK</b>	Musculo-Skeletal
<b>MSSA</b>	Methicillin- Sensitive Staphylococcus Aureus
<b>MTAC</b>	Medical Technologies Advisory Committee
<b>MVP</b>	Maternity Voices Partnership
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NCTR</b>	No Criteria to Reside
<b>NEL</b>	Non-Elective
<b>NHSE</b>	NHS England and NHS Improvement
<b>NICE</b>	National Institute for Clinical Excellence
<b>NIQAM</b>	Nurse Investigation Quality Assurance Meeting
<b>OPD</b>	Outpatient Department
<b>OPOG</b>	Organisational performance operational group
<b>OSCE</b>	Objective Structural Clinical Examination
<b>PAU</b>	Paediatric Assessment Unit
<b>QWW</b>	Quality Ward Walk
<b>PDC</b>	Public Dividend Capital
<b>PID</b>	Project Initiation Document
<b>PIFU</b>	Patient Initiated follow up
<b>PSIRF</b>	Patient Safety Incident Response Framework
<b>PMB</b>	Post-Menopausal Bleeding
<b>PMO</b>	Programme Management Office
<b>POD</b>	Point of Delivery
<b>PPE</b>	Personal Protective Equipment
<b>PRH</b>	Princess Royal Hospital
<b>PTL</b>	Patient Targeted List
<b>PU</b>	Pressure Ulcer
<b>RALIG</b>	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