

Board of Directors' Meeting: 14 December 2023

Agenda item		154/23		
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, 2023.11.14 Quality & Safety Assurance Committee, 2023.11.20 Finance Performance Assurance Committee, 2023.11.28 Senior Leadership Committee – Operational, 2023.11.30		
Executive summary:		<p>The report provides an update on progress against theTrust’s Operating Plan and associated objectives and enablers.</p> <p>The Board’s attention is drawn to the sections of Quality, Patient Safety and Clinical Effectiveness, Responsiveness, and Well Led which incorporates both Workforce and Finance.</p> <p>The report provides an overview of the performance indicators to the end of September/October 2023, summarises planned recovery actions, correlated impact, and timescales for improvement.</p>		
Recommendations for the Board:		The Board is asked to note the contents of the report for assurance.		
Appendices:		Appendix 1: Integrated Performance Report		

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

Board of Directors' Meeting – 14th December 2023
(presenting Month 7 Performance data)



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Executive Summary

There was a marginal improvement in the performance against the 4-hour UEC standard in October 2023 – 51.6% versus 50.8% in September 2023, however, the monthly number of 12-hour trolley breaches increased slightly (1088 v 1026). There was also an increase in ambulance handovers over 60 minutes from 34.3% in September 2023 to 36.4% in October 2023. In October additional SDEC spaces have been opened on both sites and frailty model has commenced on both sites; further opportunities are being reviewed for alternative pathways to ED.

At month seven the Trust has recorded a deficit of £68.7m against planned deficit of £35.9m; an adverse overall variance to plan of £32.8m. £5.6m of efficiency savings have been delivered year to date against a plan of £8.5m with year-to-date slippage predominantly against the workforce BTI and direct engagement schemes. It has to be noted that the plan for delivery of efficiency savings increases significantly over future months in order to meet the full year target of £19.7m with current forecast of delivery equating to £17.1m. The Trust continues to work through identified mitigations including accelerating recruitment processes, improving budget management and rostering processes, vacancy control and sustained reduction of the escalation capacity.

The elective recovery programme remains on track and the Trust is now monitored at Tier 3. Plans to ensure zero 65-week waits by March 2024 are on track, however, considering the recent letter setting out the national priorities for the remainder of the year in UEC and cancer, there is now a significant risk to SaTH achieving its elective ambitions.

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 October 2023 was 368 against an improvement trajectory of 379 and the unvalidated FDS position for September 2023 is 72.3% against the milestone target of 70%. The focus remains on the most challenged specialties of urology, colorectal and gynaecology and on reduction of the 62+ day backlog to 214 by the end of March 2024.

Performance against the diagnostic standard improved further in October 2023 to 73.4% compared to 70.4% in September 2023 and the volume of 6-week breaches reduced by 450. The Community Diagnostic Centre opened to first patients at the beginning of October as planned. 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 7 Status Summary	Current Status	Committee
1: Deliver phase 3 of our Getting to Good Programme to continuously improve care for our patients and community standards	Progress status for Theatre Productivity; Outpatient Transformation and Medical Staffing projects all remain off track and RAG rated Red in the period. Progress status of the expansion of the Medical Examiners' Office project has moved from Green to Amber due to delivery date changing to February 2024., The progress status of the Culture and Behaviours project has also moved from Green to Amber ,as the delivery of the Civility and Respect training programme to 50% of all staff is now forecast to be delivered by March 2024. A further ten projects are RAG rated Amber – At Risk for overall progress and the remaining ten projects are all on track and RAG rated Green.	A	QSAC
2: Restore and sustain elective orthopaedics and other services	PRH W36 and DSU 15 trollies provide elective Orthopaedic capacity in line with phase 1 plan of the Elective hub. Phase 2 was due to open in January 2024 but due to a number of estates issues, the unit will become operational in March 2024. Mitigations to deliver planned activity are being progressed.	R	FPAC
3: Achieve 28-day faster cancer diagnosis standard for patients	Our validated position was 72.3% against the M6 milestone of 70%. The current unvalidated FDS position for October is 74% against a target of 69.9% (96.8% data completeness).	A	FPAC
4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	There was an increase in Type 1 attendances and an increased length of stay for both simple (PW0) and complex (PW1-3) patients in October. More patients were stepped down to the Virtual ward in October however patients over 14 and 21 day LOS both increased in month. A point prevalence study is being planned for w/c 30th November to support understanding of which key improvement areas will impact the reduction of LOS and facilitate discharges earlier in the day	R	FPAC
5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	The current deficit to plan is £38.2m. 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. The Trust is working with system partners to agree a year end forecast, with a submission to NHSE due on 22 nd November.	R	FPAC

Operational Plan 2023/24 Enablers

Enablers	Month 7 Status Summary	Current Status	Committee
1: Value difference and live the People Promise in our teams	Significant success of recruiting in year, ahead of operational plan but still within budget. The Trust's overall vacancy rate has reduced to 2.5%. Equal focus remains on retention. 7 workforce policies have been updated, numerous engagement events were held to support NHS Staff Survey as well as People Pulse focused on People Promise – we each have a voice that counts. NHS Impact self-assessment was undertaken and G2G plans are being reviewed aligned to NHS Impact. Recognition week to place in November and we continue to deliver our leadership programmes including our 2023 Galvanise programme to support BAME colleagues.	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. Ongoing engagement continues with stakeholders and system partners.	A	HTP Programme Board
3: Implement phase one of our Electronic Patient Record (EPR) programme – includes replacing the Patient Administration System	The Careflow Electronic Patient Record (EPR) Patient Admin System and Emergency Department system deployments remain on schedule for deployment in April 2024, with a revised upgrade date for 'Vitals' (electronic observation and decision support system) which has been brought forward to end of November 2023. The second round of user acceptance testing has now been completed and training continues for Careflow PAS and ED. Workshops and planning has commenced to review the next phases of the EPR programme and further prioritisation and sequencing of the Digital Roadmap.	R	FPAC
4: Estates	A number of critical estates programmes are underway to improve facilities for patients and staff. Estates teams are working with colleagues to progress these schemes, address key challenges and mitigate risks	A	FPAC
5: Information Governance	Recruitment of a band 3 post to support the IG team is in progress. Support to undertake Trust-wide TNA (to comply with the action plan) in place, with work underway.	A	Information Governance Committee

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	260	348							
	Ensure all waiting lists are subject to 12 week validations	Plan							90.0%							
		Actual					81.8%	87.8%	96.50%							
	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%	3.00%	3.60%	3.40%	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%	15.8%	18.0%	16.6%	17.4%							
	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	71.0%	74.0%	72.0%	70.0%	72.0%	73.0%	71.0%							
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%	68.2%	72.3%								
	Patients who have breached the diagnostic standard	Plan	TBC													
		Actual	4820	4625	4115	3815	3321	3344	2894							
	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	71.0%	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%							

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 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%	20.4%	18.5%							
	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%	24.7%	23.1%							
	Virtual ward utilisation (step down)	Plan	31	31	31	61	61	77	115	115	163	163	163	163		
		Actual	15	12	18	25	17	28	39							
	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	5.3	5.1	5.3							
	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	4	4.4							
	Patients in hospital 14+ days	Plan	227	218	199	180	155	147	146	142	150	135	126	133		
		Actual	171	186	173	170	176	190	204							
	Patients in hospital 21+ days	Plan	131	126	115	104	90	85	84	82	86	78	73	77		
		Actual	103	108	99	99	104	114	128							
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%	2.7%	2.5%							
	Agency expenditure	Plan	3937	2886	3126	2422	2356	2287	2214	2120	1721	1632	1632	1575		
		Actual	4118	4277	3646	3750	3856	3490	3786							
	In month efficiency delivery	Plan	193	1443	1318	2258	2272	2448	2728	2887	3494	3631	3681	9099		
		Actual	183	699	1335	897	988	699	846							
	Utilisation of escalation beds	Plan	44	44	44	41	41	41	41	0	0	0	0	0		
		Actual	80	80	80	72	72	72	72							

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.

G2G has now fully adopted the revised RAG rating and assurance processes in line with Maternity and Emergency Care Transformation.

The Operational Delivery Group (ODG) continues to meet weekly. An ODG assurance meeting has been established which takes place every 4 weeks, where milestones are submitted for approval to turn Amber - "delivered not yet evidenced" or Green - "evidenced and assured". Any milestone not meeting its delivery date is subject to exception reporting.

The overall delivery and progress status of the remaining milestones within the G2G programme can be found below.

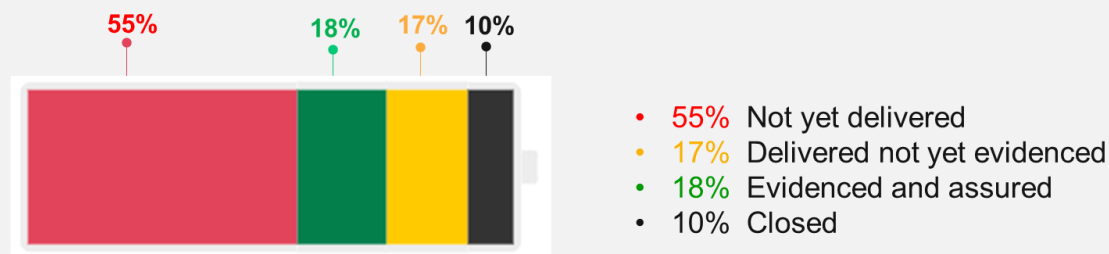
Programme Highlights in the reporting period:

Quality and Regulatory Compliance – The CQC inspection took place over two days during October 2023, including Medicine, Urgent and Emergency Care, Maternity, Children and Young People and Palliative and End of Life Care (PEoLC) core services. Initial feedback at the time of the inspection acknowledged the many improvements that's had taken place since the previous inspection.

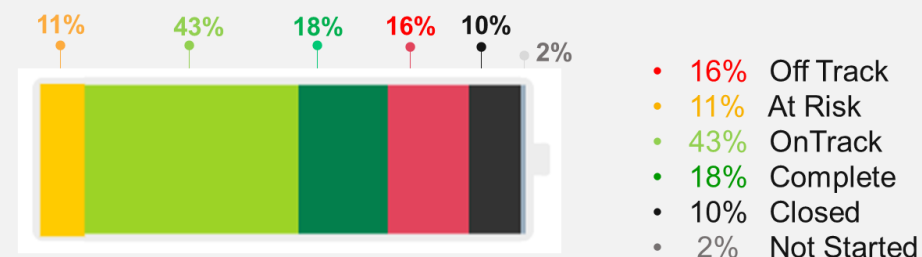
Emergency Care Transformation - Improvewell team visited both Emergency Departments to promote engagement with the platform. As a result, almost 60 new members signed up and approximately 20 new ideas for improvement to the department and patient care were submitted for consideration.

Diagnostic recovery - Phase 1 of the Community Diagnostic Centre opened to patients in October 2023, with patient services including x-ray, CT, non-obstetric ultrasound, phlebotomy and point of care testing. Phase 2 is scheduled to open by December 2023 and will introduce an MRI service, with Phase 3 scheduled to open in January 2023 which will introduce cardio-respiratory testing and dermoscopy.

Overall Delivery Status



Overall Progress Status



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

Structured judgment reviews have decreased this month due to a temporary reduction in capacity within the teams, however, we remain above the agreed 15% target, which is the local target agreed by NHSE for the Trust.

The MRSA case is subject to a Serious Incident investigation, where initial learning has taken place across the organisation, main learning relates to wound swabs and theatre practice, both which have been addressed. The full learning will be shared via appropriate governance routes in due course and action tracked via IPCOG and divisional governance routes.

C.Difficile remains above target the action plan is robust, multi-disciplinary and we are working with the system IPC teams, particularly in relation to prescribing practices. A planned peer review visit will take place in December by our ICB colleagues.

The focus in falls continues, with sustainability in outcomes, we are seeing less falls, however, we are still seeing serious incidents because of fall.

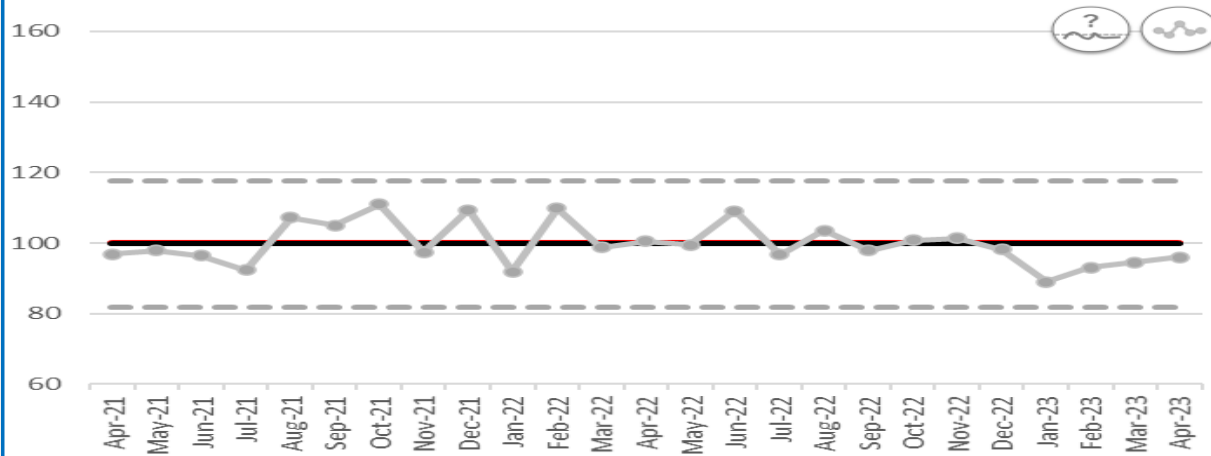
The increased incidence of pressure ulcers continues, no trends have been identified. Focus has centred on education and training in relation to equipment, early identification and intervention, timely supply of equipment, awareness via “Stop the Pressure” week, roll out of purpose T risk assessment tool. In addition, bespoke work is taking place in clinical areas to meet the needs of the patient demographics.

Maternity indicators continue to be on an improving picture.

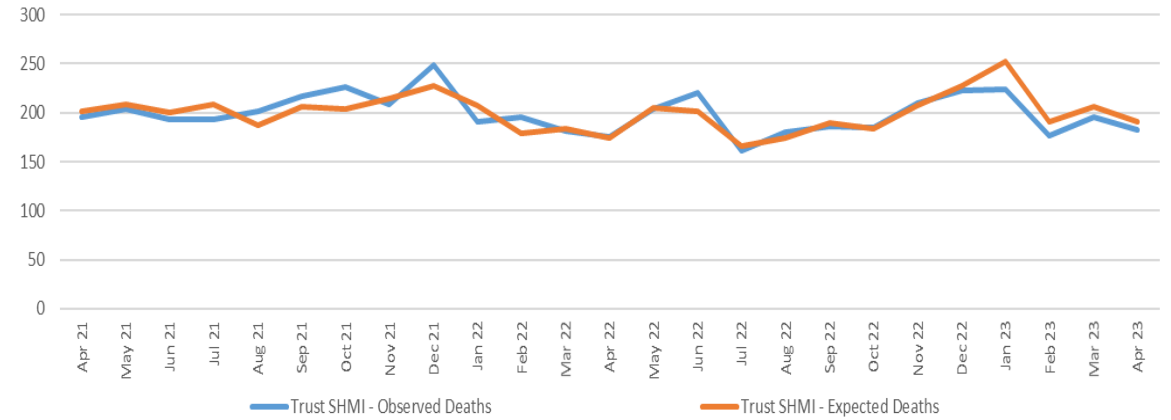
December 1st sees the introduction of PSIRF, the approach for TV, IPC and falls have been agreed, along with our PSIFR priorities.

Mortality outcome data

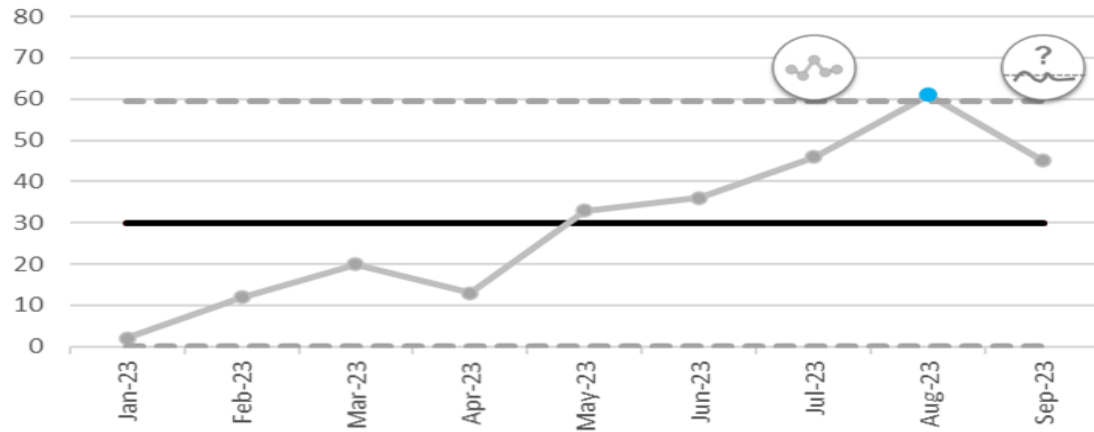
Trust SHMI



Trust expected deaths Vs. observed deaths



SJR's Completed by Month



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)	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	98	102	101	98	89	93	94	92	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	190	183	207	227	252	190	207	192	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	186	187	210	223	224	177	195	177	-	-	-	-	-	
	SJR's Completed by Month				-	-	-	-	2	12	20	13	33	36	46	61	45	
	HOHA - MRSA	R	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	
	COHA - MRSA	R			0	0	0	0	0	0	0	0	0	0	0	0	1	
	HOHA - MSSA		-	-	2	2	3	0	1	4	2	1	4	1	3	2	2	
	HOHA - C.Difficile	R	32	3	2	3	4	1	3	12	3	4	7	2	3	6	6	
	COHA - C.Difficile	R			0	2	1	0	1	1	1	3	3	3	0	3	2	
	HOHA - E-coli	R	90	7	2	4	4	5	4	5	5	4	4	3	4	4	3	
	COHA - E-coli	R			13	5	12	6	5	5	8	5	7	5	6	5	9	
	HOHA - Klebsiella	R	22	2	2	2	1	2	3	4	0	1	0	0	1	1	2	
	COHA - Klebsiella	R			2	1	2	2	0	1	3	1	0	3	2	3	1	
	HOHA - Pseudomonas Aeruginosa	R	18	1	1	0	0	0	1	0	0	1	3	2	1	0	1	
	COHA - Pseudomonas Aeruginosa	R			2	4	0	0	0	0	0	0	0	1	0	1	2	
	Pressure Ulcers - Category 2 and above		-	15	17	14	14	9	32	26	16	23	38	20	17	28	28	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.72	0.60	0.56	0.36	1.22	1.13	0.61	0.99	1.50	0.79	0.69	1.14	1.14	
	VTE Risk Assessment completion		95%	95%	92.3%	92.5%	91.7%	88.9%	91.3%	90.5%	90.3%	89.7%	92.3%	92.6%	91.3%	91.1%	-	
	Falls - per 1000 Bed Days		6.6	4.5	5.28	4.45	4.09	4.93	3.92	4.48	4.05	4.55	3.38	3.82	3.74	4.17	3.48	
	Falls - total		-	105	125	104	102	122	103	103	107	106	85	96	85	103	86	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.13	0.09	0.16	0.04	0.08	0.04	0.08	0.21	0.08	0.08	0.22	0.12	0.12	
	Falls - Resulting in Harm Moderate or Severe		0	0	3	2	4	1	2	1	2	5	2	2	5	3	3	
	Never Events		0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	15	8	7	7	9	11	11	10	5	11	12	8	6	
	Serious Incidents - Closed in Month		-	-	3	3	5	8	10	1	12	11	4	8	11	9	8	
	Serious Incidents - Total Open at Month End		-	-	51	52	44	43	46	50	48	52	45	40	39	36	40	
	Mixed Sex Accommodation - breaches		0	0	45	71	86	95	90	56	76	72	95	102	125	103	72	
	One to One Care in Labour		100%	100%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity		85%	85%	58%	66%	79%	70%	86%	83%	82%	81%	86%	84%	82%	75%	84%	
	Smoking Rate at Delivery		6%	6%	13.2%	11.4%	11.2%	10.8%	10.9%	13.1%	8.8%	12.3%	11.5%	7.4%	10.0%	12.1%	7.7%	
Quality Caring & Experience	Complaints		-	-	72	69	82	42	73	45	75	67	76	88	93	68	66	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	71%	62%	59%	49%	50%	47%	47%	46%	54%	57%	58%	57%	46%	
	PALS - Count of concerns		-	-	286	306	301	210	279	240	330	262	264	312	275	315	260	
	Compliments		-	-	51	90	75	54	84	54	108	59	125	104	74	89	86	
	Friends and Family Test -SaTH		95%	95%	97%	98%	97%	98%	97%	97%	98%	99%	97%	99%	97%	98%	98%	
	Friends and Family Test - Inpatient		95%	95%	98%	98%	98%	99%	98%	98%	98%	99%	98%	99%	98%	99%	99%	
	Friends and Family Test - A&E		85%	85%	65.1%	71.1%	42.4%	42.9%	43.3%	55.0%	73.0%	77.8%	53.3%	91.7%	63.3%	55.6%	38.1%	
	Friends and Family Test - Maternity		95%	95%	99%	97%	100%	98%	100%	100%	99%	100%	95%	100%	96%	98%	100%	
	Friends and Family Test - Outpatients		95%	95%	99%	98%	98%	99%	98%	98%	98%	98%	98%	99%	98%	99%	98%	
	Friends and Family Test - SaTH Response rate %		-	-	7%	6%	8%	6%	7%	6%	8%	6%	8%	6%	10%	8%	8%	
	Friends and Family Test - Inpatient Response rate %		-	-	19%	17%	20%	18%	19%	14%	20%	17%	22%	15%	25%	20%	20%	
	Friends and Family Test - A&E Response rate %		-	-	0.9%	0.3%	0.5%	0.2%	0.3%	0.4%	0.3%	0.1%	0.6%	0.1%	0.7%	0.2%	0.2%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	5%	6%	8%	7%	5%	6%	7%	1%	8%	0.3%	6.0%	1.2%	6.5%	

Mortality outcome data

Summary:

The Trust's SHMI to June 2023 was 98 (RSH 95; PRH 102). Observed versus expected deaths are closely aligned. Structured Judgement Reviews (SJR+) continue to exceed 15% of total deaths and are being completed within the recommended 8-week timeframe. This is enabling monthly analysis to focus on learning in a timely manner, including analysis of concerns raised by the bereaved.

Recovery actions:

The latest analysis from NHS Digital shows for the year July 22 to June 23, deaths with primary admission conditions of UTI, anaemia and leukaemia are all now within the expected range, whereas previously these conditions have been outliers. Work is ongoing to provide a detailed analysis of acute cerebrovascular deaths at RSH. A comprehensive report into the high death rate in the Emergency Departments in October - December 2022 is also being prepared.

Anticipated impact and timescales for improvement:

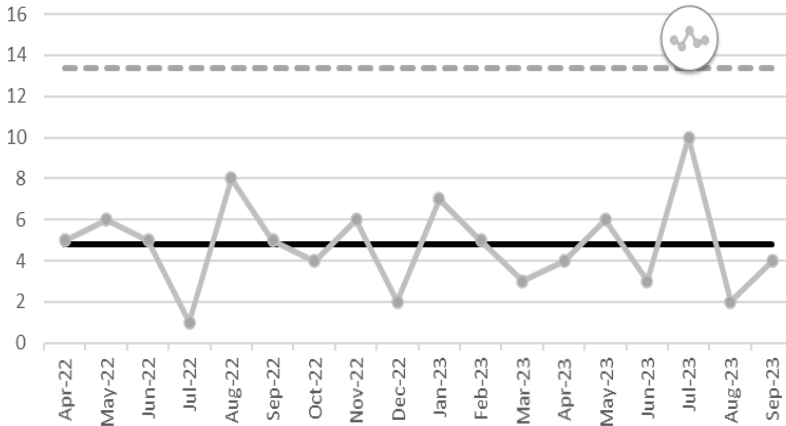
This monitoring is an ongoing process. The Learning from Deaths Dashboard now shows the monthly SJR report with themes and trends.

Recovery dependencies:

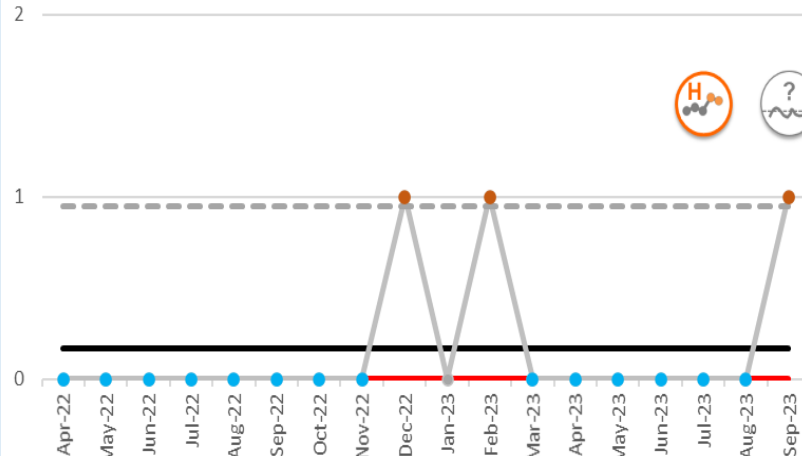
Complete recruitment to the Learning from deaths team and allocation of office space.

Infection Prevention and Control

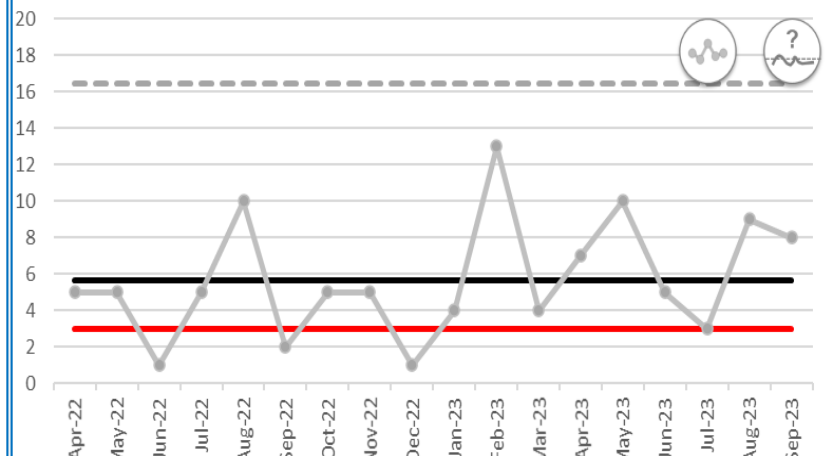
HOHA - MSSA



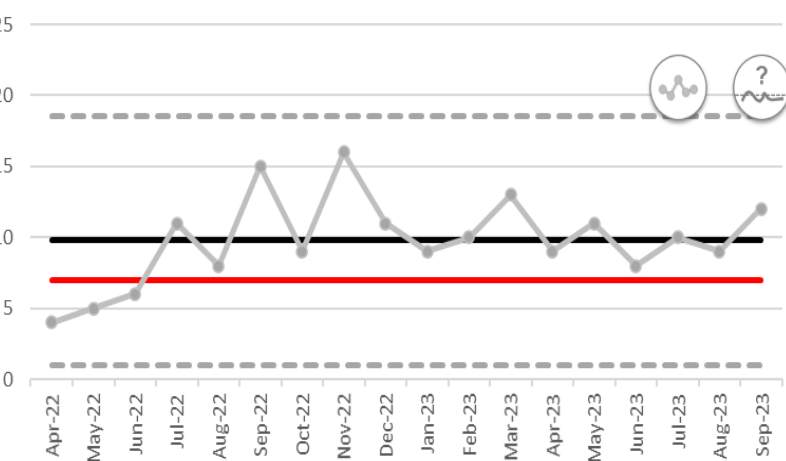
HOHA & COHA - MRSA



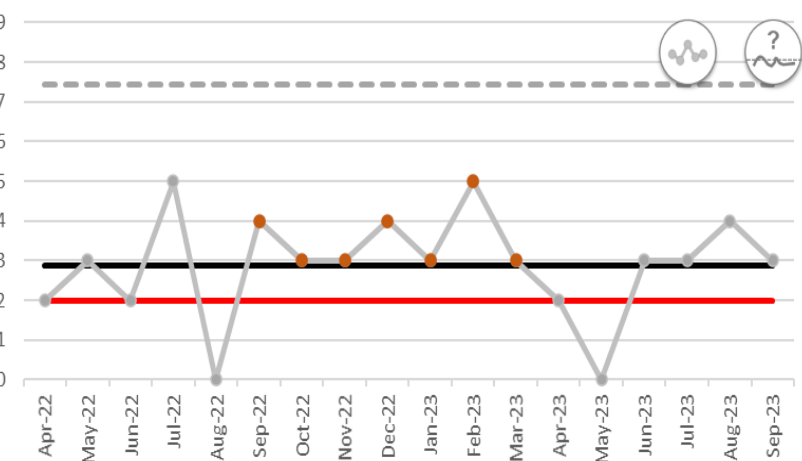
HOHA & COHA - C.Difficile



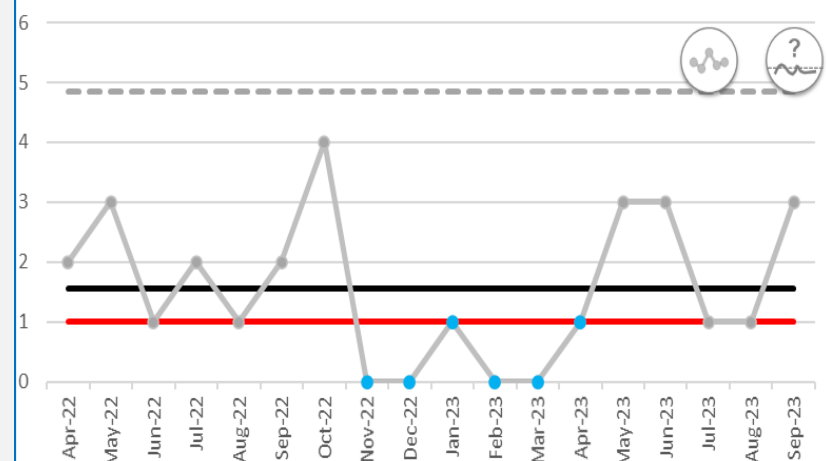
HOHA & COHA - E.coli



HOHA & COHA - Klebsiella



HOHA & COHA -Pseudomonas aeruginosa



Infection Prevention and Control

Summary:

In September 2023 there were the following bacteraemia:

- 4 MSSA
- 1 MRSA case reported since February 2023
- 8 C.Difficile
- 12 E.Coli
- 3 Klebsiella
- 3 Pseudomonas

Recovery actions:

There is a C.Difficile action plan across the Trust and a review of the C.Difficile action plan will take place in Q4. Microbiologists to 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 is in place (SATH a core member of this group) to address and review anti-microbial stewardship and the use of proton pump inhibitors (use is risk factor in C.Difficile). Quality work continues to ensure IPC policies are adhered to in all clinical areas with compliance reported through IPC operational group. This includes compliance with VIPS, catheter insertion and care plan documentation. Focused quality ward walks to support staff with embedding learning from incidents undertaken by IPC team, senior divisional nursing reps and quality matrons.

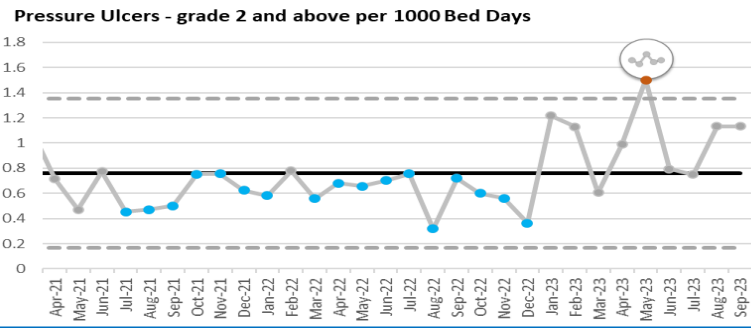
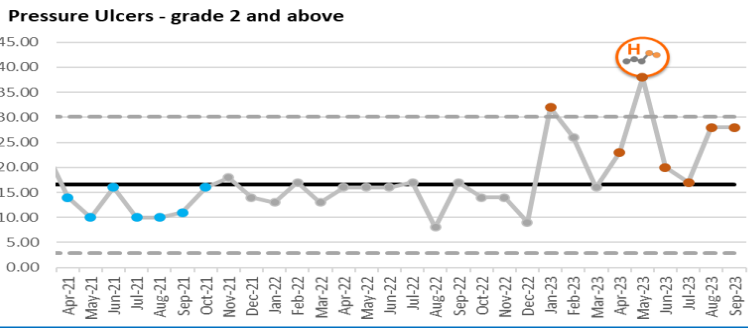
Anticipated impact and timescales for improvement:

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- Pressure ulcers



Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	18
Surgery, Anaesthetics and Cancer	10

Summary:
The number of hospital acquired pressure ulcers reported remains the same in September 2023 as the previous month and remains at similar levels to those seen in Q4 of 2022/23 when the Trust 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.

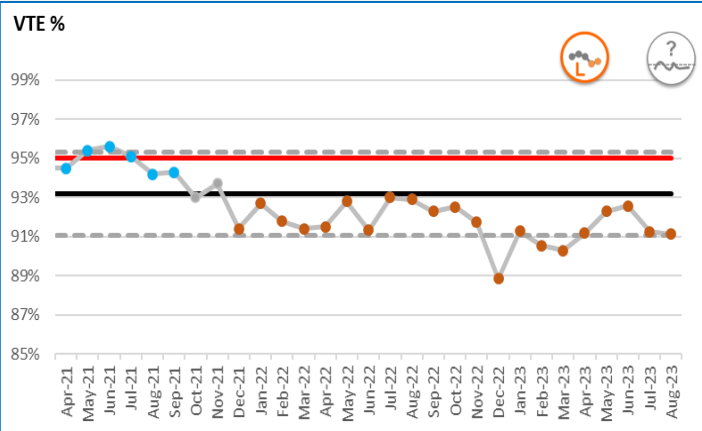
Recovery actions:
A pressure ulcer action plan is in place following thematic reviews of pressure ulcer serious incidents. Actions to be implemented across wards and clinical areas to ensure improvements. Review of tissue viability documentation in line with the National Wound Care Strategy Programme recommend the PURPOSE T risk assessment tool for pressure ulcer risk assessment and the 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 is taking place, along with training and reinforcing correct processes 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:

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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 and prolonged time of patients in ED is likely to be contributing factor as VTE alerts are not as visible.

Recovery actions:

The Pilot to add a prompt to the drug chart on the AMUs on both sites was completed in June which demonstrated no improvement in the VTE compliance. These results were reported to QOC in August. Further communication has gone out to all doctors and nurses during October to ensure that VTE assessments are being completed and exploration of other interventions is ongoing.

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.

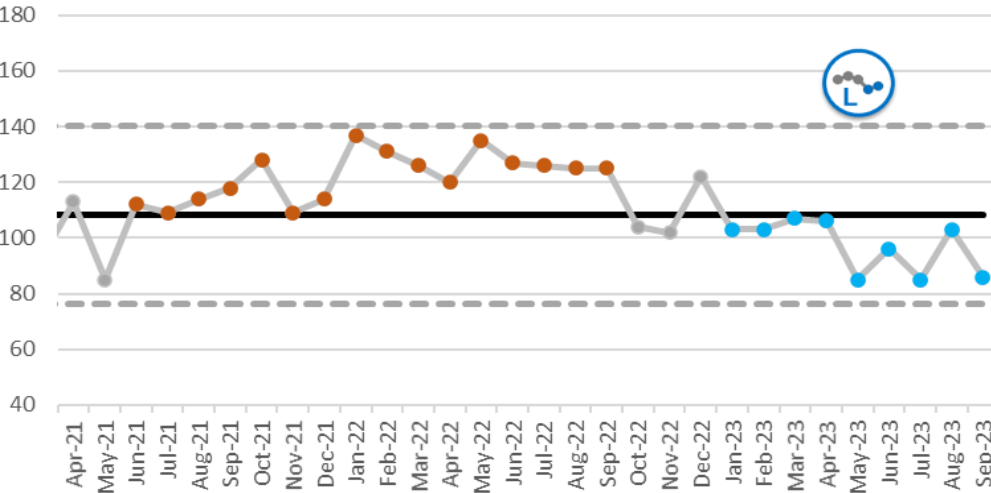
Anticipated impact and timescales for improvement:

Monitoring of compliance following recent communication in October has shown an initial improvement on the daily snapshot data.

Recovery dependencies:

Patient harm- Falls

Falls-total



Falls – Total per Division

Number Reported

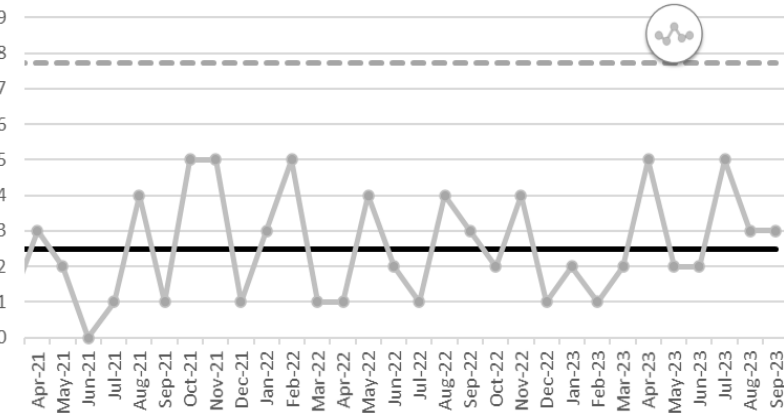
Medicine and Emergency Care

59

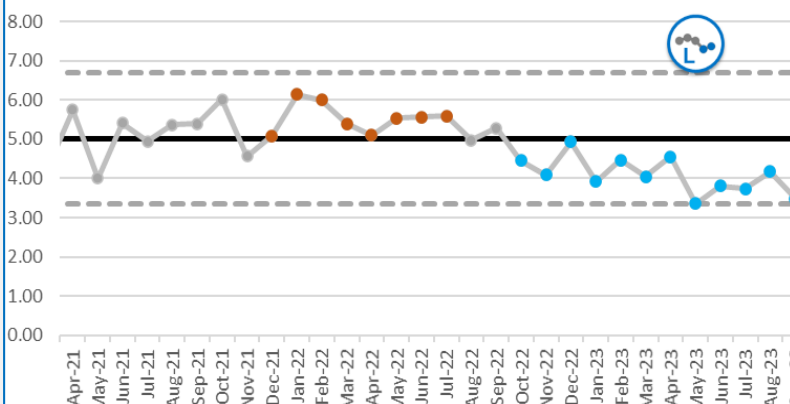
Surgery, Anaesthetics and Cancer

27

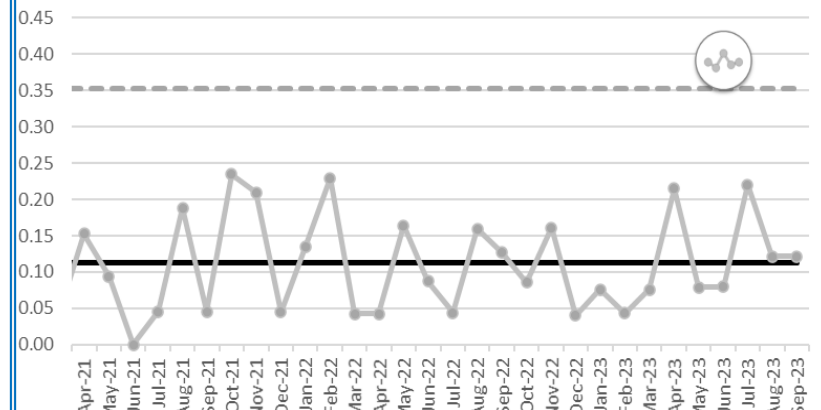
Falls - Resulting in Harm Moderate or Severe



Falls - per 1000 Bed Days



Falls - with Harm per 1000 Bed Days



Patient harm - Falls

Summary:

There was a decrease in September 2023 with 86 falls reported in total. This remains lower than the same month last year where we reported 125 falls. Overall, the number of falls per month and falls per 1,000 bed days has reduced this year to date when 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 readings and actions are 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 3 falls being seen in September that resulted in moderate harm or above.

Recovery actions:

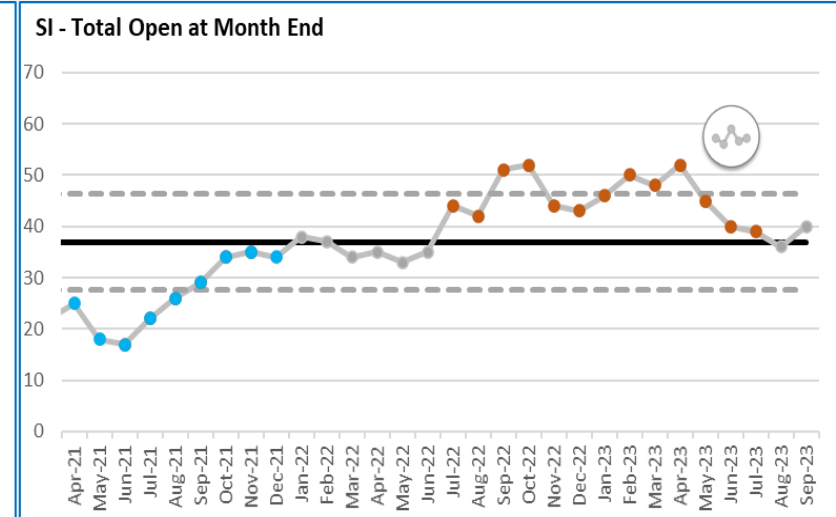
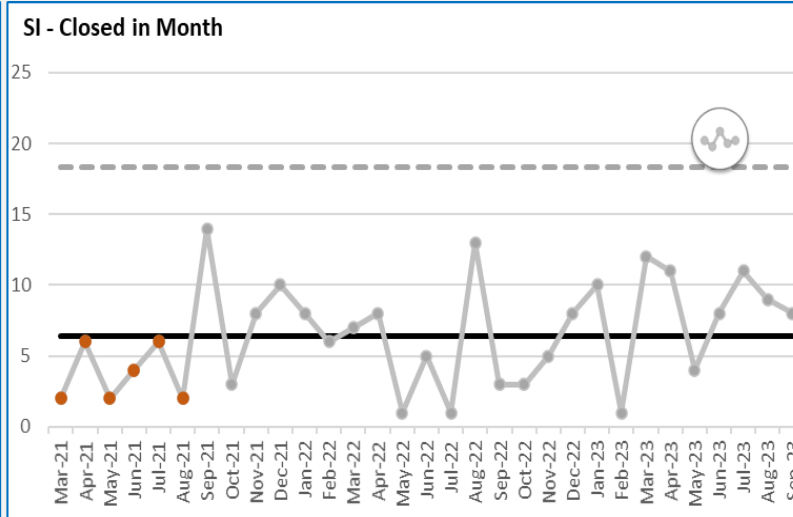
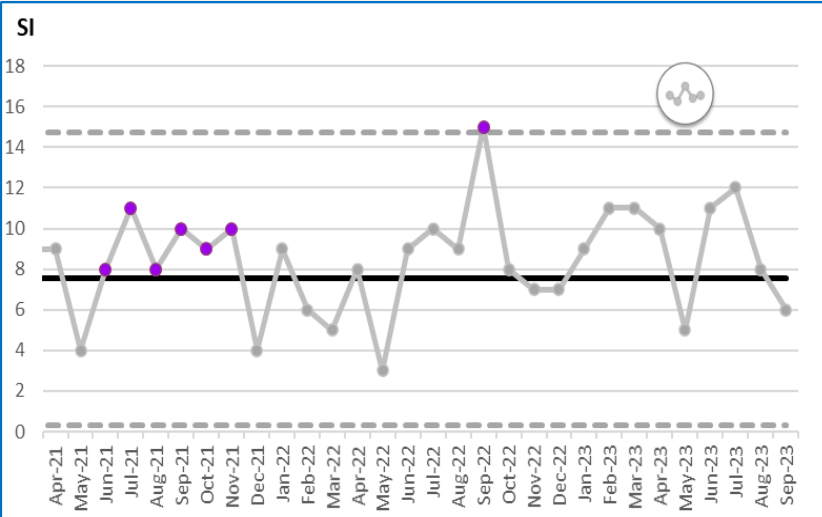
Overarching Trust action plan is in place. Improvement workstreams have been established including fall tabards and sensor tabards. Ongoing education and support from quality team to wards in relation to lying and standing blood pressure. Education in relation to ensuring patient has appropriate footwear 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 and a ward accreditation medal initiative from quarter 3 onwards. Falls week took place on the 18th September 2023 to promote falls improvement initiatives and 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	2
Surgery, Anaesthetics and Cancer	2
Women's & Children's	2

Serious Incident by Theme	Number Reported
Category 3 - Pressure Ulcers	3
Delay in treatment	1
Maternity/Obstetric affecting baby	1
Delay in cancer diagnosis	1
Total	6

Patient harm - Serious incidents

Summary:

There have been 6 Serious Incidents reported for September 2023. Except for a spike in reporting above the upper control limit in September 2022, SPC 1 demonstrates common cause variation. SPC 2 shows the number of SIs closed each month by the ICB following submission of our reports to them and a total of 8 SIs were closed in September 2023. SPC 3 demonstrates a slow but sustained decrease in the total number of open SIs the Trust is holding, these comprise 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.

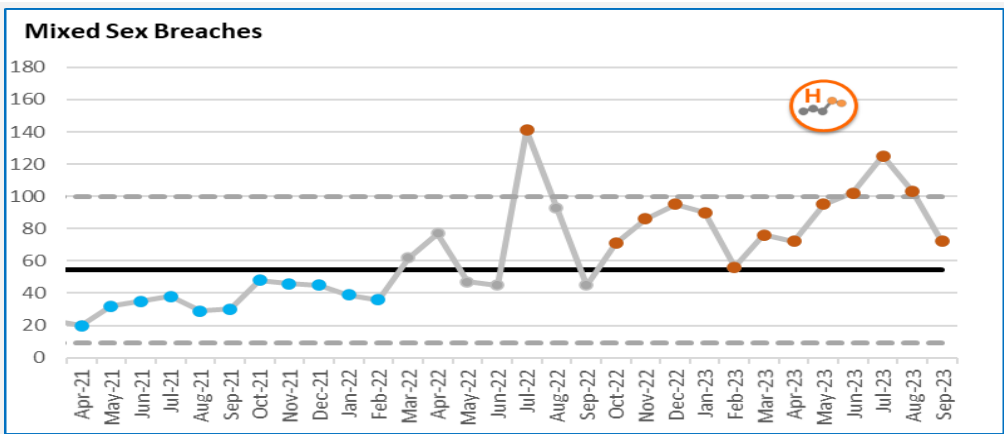
Anticipated impact and timescales for improvement:

The greatest impact on timescales will be following the introduction of PSRIF, as we transition the current normal reporting will change and will affect our figures.

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



Location	Number of breaches	Additional Information
AMU (PRH)	32 breaches	Over 11 occasions in AMA
ITU / HDU (PRH)	17 primary breaches	11 medical, 2 gynae, 4 head and neck
ITU / HDU (RSH)	23 primary breaches	3 medical, 18 surgical, 1 orthopaedic, 1 urology

Summary:

There continues to be a large number of mixed sex breaches in the Acute Medical Assessment Area but these numbers have reduced as we are trying to make sure we limit using this area for additional capacity overnight and that executive approval for this to be used is always sought and granted. When this space is used 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. Breaches in ITU continue due to the inability to step down patients from ITU/HDU in a timely way due to unavailability of ward beds.

Recovery actions:

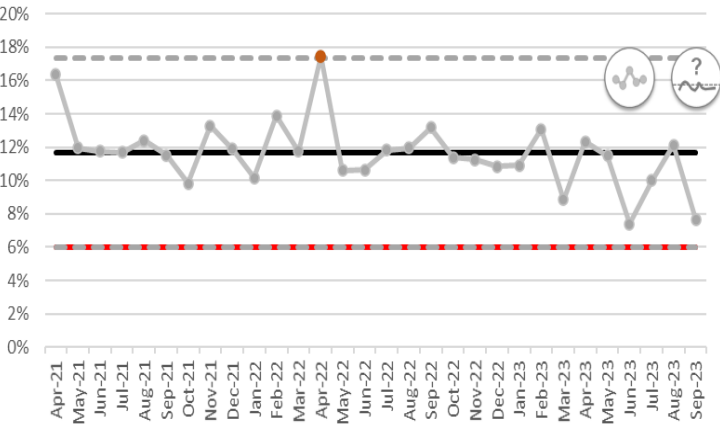
Continue with the improvement work in relation to patient floor, discharges before midday and reduction in patients with no criteria to reside to enable timely access to beds across the Trust including for patients requiring stepdown from ITU
Executive approval to be granted before using AMA to bed patients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

Anticipated impact and timescales for improvement:

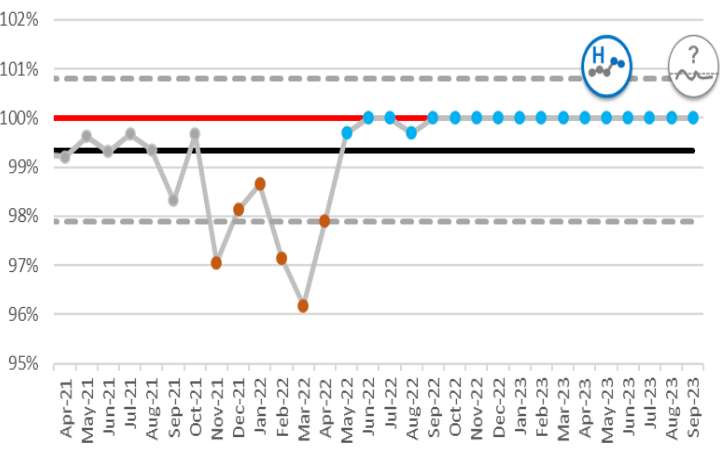
Recovery dependencies:

Patient flow improvement work.

Smoking rate at Delivery



One to One Care in labour



Summary:

SATOD has decreased to 7.7% this month, which is positive when compared to the average SATOD rate for SATH this financial year of 10.6% and is also lower than the National average of 8.8%. The Government target remains at 6% until further tobacco control plans are published.

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:

Continue to work towards the target of 6% and continue to target areas of deprivation. Provide smoking cessation support for pregnant women and refer family members to local smoking cessation services. Due to publication of Saving Babies Lives version 3, all staff to discuss smoking cessation at every appointment and update smoking status. CO monitoring to be completed at every antenatal appointment and re-referral to in house support service at any time during pregnancy.

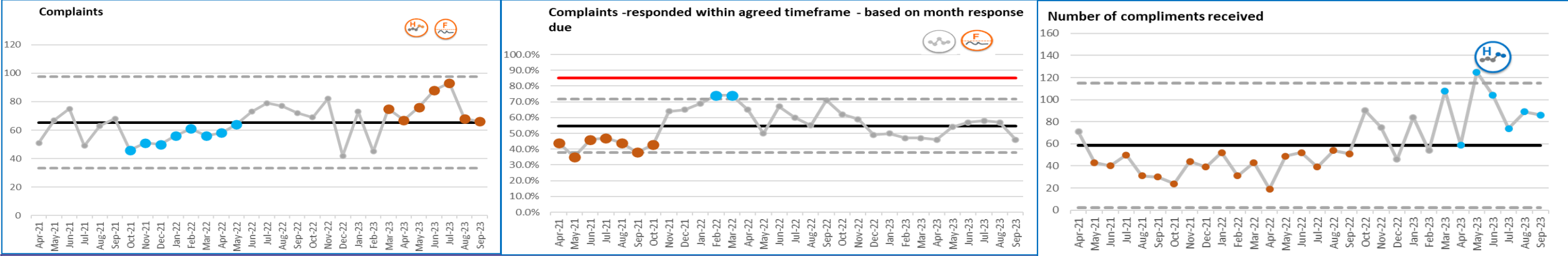
Anticipated impact and timescales for improvement:

Monthly figures are dynamic and fluctuate. HPSS will continue to promote the need for referral to support services.

Recovery dependencies:

Local demographic has a large impact on SATOD rates despite intervention and support from the Healthy Pregnancy Support Service (HPSS). The local demographic has 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 currently reaching the Government target. It is evident that this is a challenging target to reach for many Trusts and Maternity services.

Complaints



Summary:

Numbers of new complaints remain within expected levels. Response rates have dropped, which reflects the high levels of demand impacting on the time of clinical staff to respond to complaints. In September 2023, 73% of complaints were acknowledged within one working day and 97% were acknowledged within two working days, with 100% acknowledged within the national timescale of three working days.

Recovery actions:

Work is ongoing to implement new processes agreed with the divisions as part of focussed work on improving complaints response rates.

Anticipated impact and timescales for improvement:

Recovery dependencies:

Responsiveness

Executive Lead:

**Acting Chief Operating Officer
Sara Biffen**

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

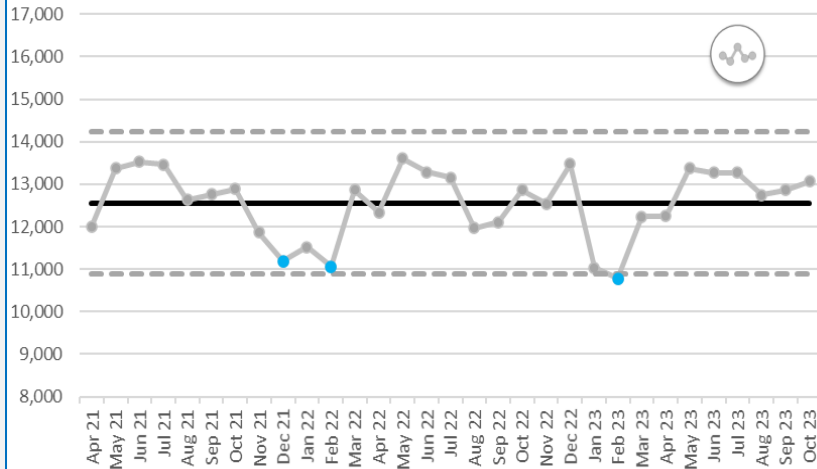


The Shrewsbury and
Telford Hospital
NHS Trust

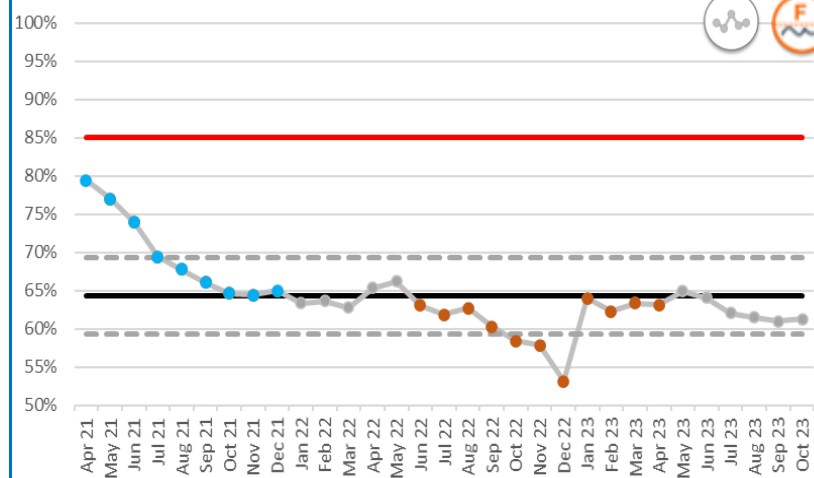
Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	72.2%	49.7%	49.1%	45.0%	55.3%	53.4%	54.2%	54.6%	55.5%	53.8%	51.9%	51.6%	50.8%	51.6%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	58.4%	57.8%	53.1%	64.0%	62.2%	63.3%	63.1%	64.9%	64.0%	62.1%	61.5%	61.0%	61.3%	
	ED - 12 Hour Trolley Breaches	R	0	0	972	1090	962	629	651	817	524	529	525	479	803	1026	1088	
	Ambulance Handover < 15 mins (%)	R	-	-	6.9%	7.5%	6.4%	16.3%	11.6%	8.9%	17.1%	14.4%	19.3%	12.2%	11.7%	10.8%	12.2%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	20.1%	27.9%	21.7%	39.4%	29.6%	26.9%	39.9%	37.4%	36.5%	28.7%	31.0%	29.9%	26.0%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%	-	25.0%	29.9%	25.9%	24.4%	27.9%	26.1%	25.2%	27.5%	23.5%	24.7%	26.2%	28.0%	25.5%	
	Ambulance Handover > 60 mins (%)	R	0%	-	48.1%	34.6%	45.9%	19.9%	31.0%	38.1%	17.8%	20.7%	20.7%	34.4%	31.1%	31.3%	36.4%	
	ED activity (total excluding planned returns)		-	12968	12868	12538	13481	11037	10776	12239	12243	13375	13265	13273	12752	12858	13064	
	ED activity (type 1 excluding planned returns)		-	10791	10638	10375	10763	9097	8762	10086	9902	11023	10875	10833	10478	10668	10781	
	Total Emergency Admissions from A&E		-	-	2837	2762	2837	2679	2424	2599	2588	2634	2700	2715	2667	2660	2778	
	% Patients seen within 15 minutes for initial assessment		-	-	19.4%	19.5%	16.9%	31.2%	25.9%	26.1%	34.1%	34.2%	32.1%	32.4%	30.7%	28.9%	30.5%	
	Average time to initial assessment (mins)		15 Mins	15	56	54	67	34	39	43	34	33	36	36	37	40	39	
	Average time to initial assessment (mins) Adults		15 Mins	15	66	60	69	39	45	51	38	37	41	41	42	45	42	
	Average time to initial assessment (mins) Children		15 Mins	15	31	38	63	21	25	24	21	24	26	22	20	28	32	
	Mean Time in ED Non Admitted (mins)		-	215	327	340	365	302	327	315	309	325	300	322	380	387	397	
	Mean Time in ED admitted (mins)		-	500	1051	1097	1362	1025	1196	1292	1036	1100	1033	1202	1204	1269	1260	
	No. Of Patients who spend more than 12 Hours in ED		-	165	2314	2293	2645	1886	1915	2044	1905	2070	1984	2310	2348	2333	2506	
	12 Hours in ED Performance %		-	6%	18.0%	18.3%	19.6%	17.1%	17.8%	16.7%	15.6%	15.5%	15.0%	17.4%	18.4%	18.1%	19.2%	
	Bed Occupancy Rate G&A (SitReps)		92%	-	91.9%	92.3%	91.7%	93.2%	91.4%	90.8%	89.9%	91.4%	90.1%	89.9%	89.8%	90.6%	94.9%	
	Diagnostic Activity Total		-	-	19426	20897	17586	20905	20254	22366	19341	21966	21450	22314	22064	20188	21686	
	Diagnostic 6 Week Wait Performance %		95%	-	58.0%	59.4%	55.3%	55.7%	63.6%	63.9%	63.9%	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%	
	Diagnostic 6+ Week Breaches		0	-	6119	6081	6614	6445	5097	4968	4820	4625	4115	3815	3321	3344	2894	
	Total Non Elective Activity		-	-	4786	5051	5022	5167	4776	5163	4844	5123	5114	5099	5150	5072	5394	
	Total elective IPDC activity		-	-	5695	6049	5279	5791	5557	6223	5432	5855	6153	5984	6136	5822	6238	
	Total outpatient attendances		-	-	47407	51990	41392	50868	48210	53474	44164	51227	51151	49181	47305	46425	48320	
	RTT Incomplete 18 Week Performance		92%	-	52.7%	52.2%	50.4%	50.9%	52.1%	53.3%	54.1%	54.6%	54.9%	54.6%	55.8%	55.9%	56.6%	
	RTT Waiting list - Total size	R	-	-	43179	42853	43173	41227	40232	40069	40228	39841	39360	38819	39117	38859	39659	
	RTT Waiting list - English only		-	37606	38783	38591	38859	37075	36090	35841	36043	35614	35176	34754	34977	34751	35459	
	RTT 52+ Week Breaches (All)	R	0	-	3763	3845	4018	3553	3172	2965	2852	2920	2605	2454	2297	2164	2206	
	RTT 52+ Week Breaches - English only		-	1876	3304	3421	3587	3169	2842	2652	2592	2635	2335	2183	2035	1925	1966	
	RTT 65+ Week Breaches (All)		-	-	1529	1549	1757	1552	1246	785	726	796	729	489	359	305	398	
	RTT 65+ Week Breaches - English only		-	289	1343	1369	1560	1372	1109	705	652	733	654	419	302	260	348	
	RTT 78+ Week Breaches (All)	R	0	0	351	415	549	465	291	57	57	82	11	11	11	8	10	
	RTT 78+ Week Breaches - English only		-	0	313	372	481	401	252	43	50	72	3	1	1	2	1	
	RTT 104+ Week Breaches (All)	R	0	0	0	1	1	0	1	0	0	0	1	0	0	0	0	
	RTT 104+ Week Breaches - English only		-	0	0	1	1	0	1	0	0	0	0	0	0	0	0	
	Cancer 2 Week Wait	R	93%	-	70.8%	73.5%	67.4%	79.0%	86.7%	70.8%	63.1%	65.0%	56.8%	71.9%	81.9%	85.8%	-	
	Cancer 62 Day Standard	R	85%	-	50.4%	47.7%	48.5%	39.1%	38.2%	48.1%	39.7%	45.8%	38.7%	48.5%	51.4%	49.0%	-	
	Cancer 31 Day First Treatment		96%	-	93.5%	82.0%	82.3%	78.0%	84.9%	83.3%	83.2%	81.6%	89.6%	91.3%	85.6%	86.6%	-	
	Cancer 28 Day Faster Diagnosis - Urgent Suspected Cancer	R	75%	69.98%	59.5%	55.8%	56.8%	59.7%	64.6%	58.1%	59.4%	60.9%	63.0%	66.5%	68.2%	72.3%	-	

Operational - Emergency care

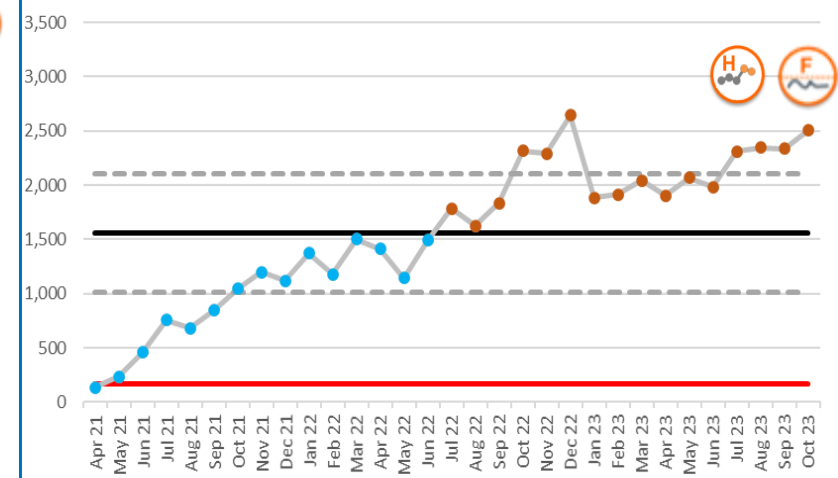
SaTH Number of A&E Attendances (type 1- type 3)



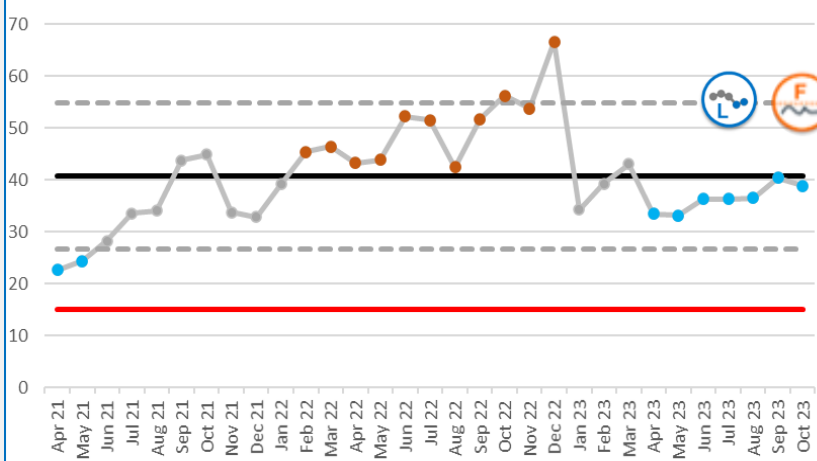
SaTH - ED 4 Hour Performance (All Types inc MIU) %



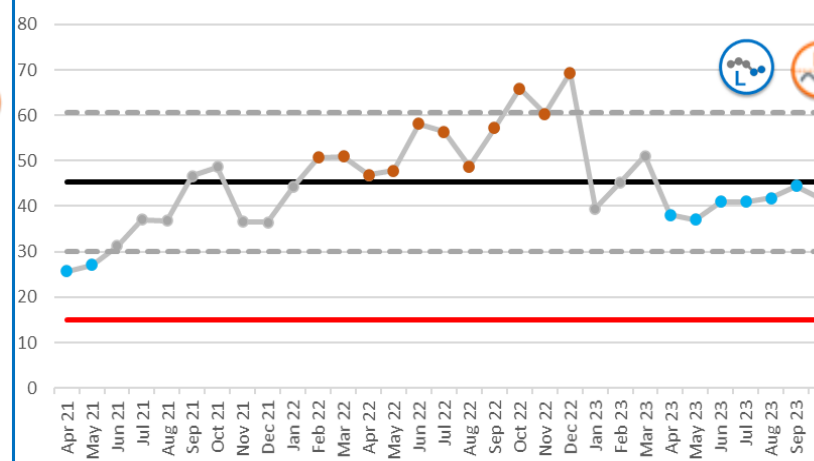
SaTH - No. Of Patients who spend more than 12 Hours in ED



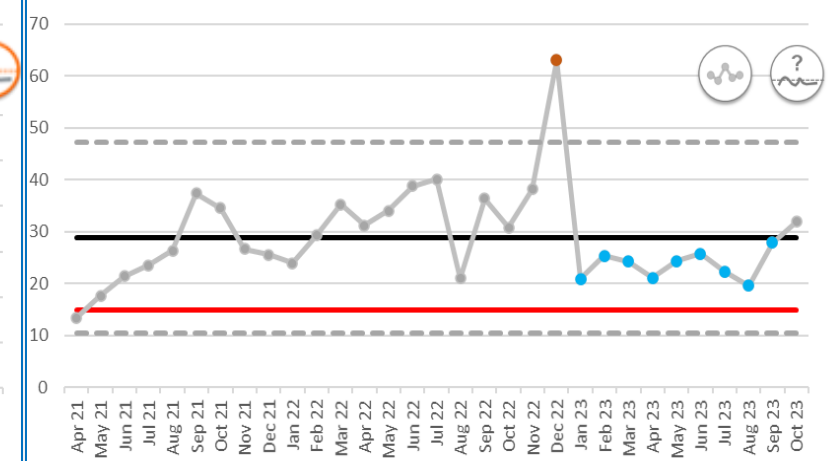
SaTH - Average Time to Initial assessment (mins)



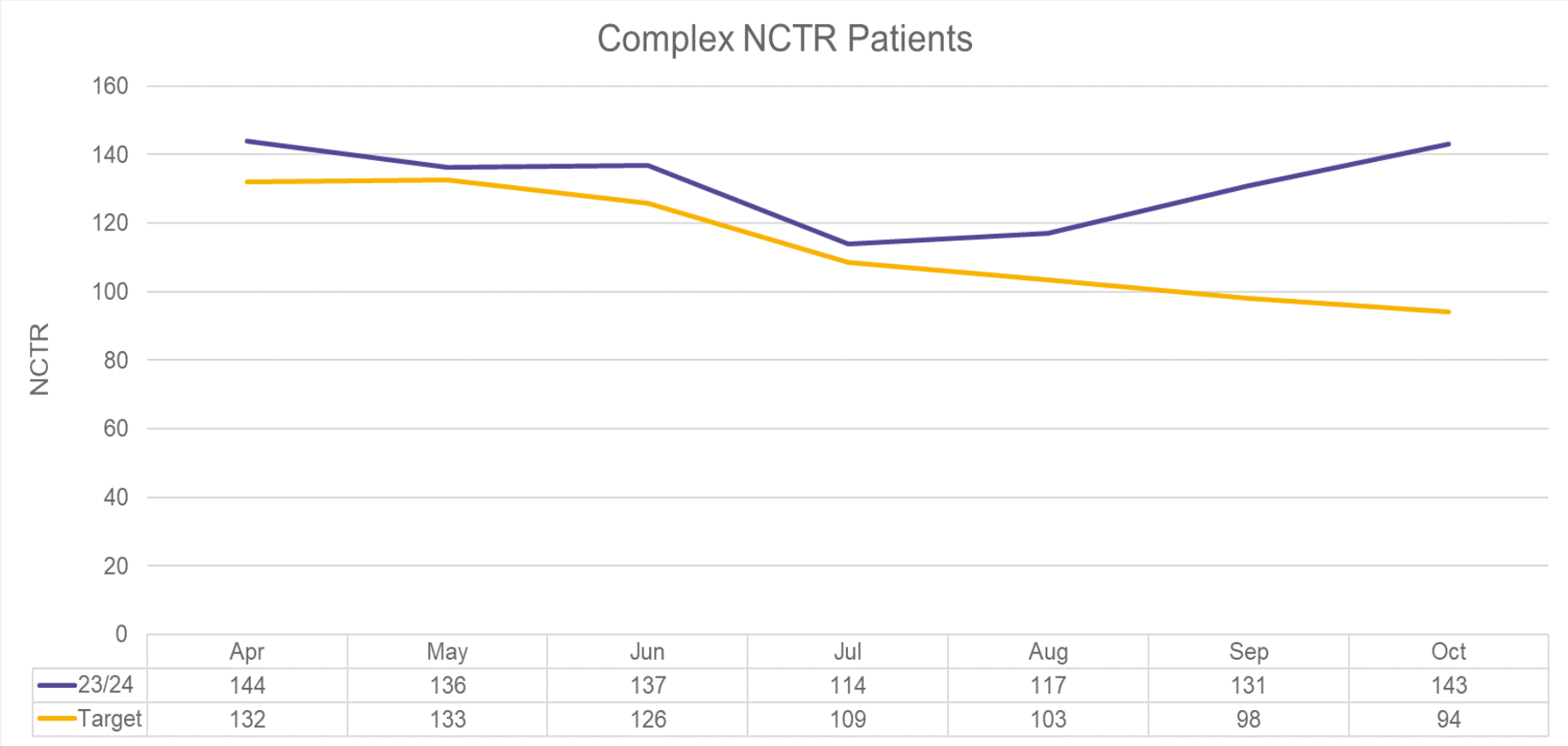
SaTH - Average Time to Initial assessment (mins) - Adult



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



Operational - Emergency care



Operational summary

Significant challenges in UEC pathways have continued in October. 12-hour DTAs have increased in month, which is indicative of our flow challenges with MFFD increasing to 143 against a target of 94. Initial assessment times for adults have improved in October with RSH reported above the national mean in the last SEDIT report. PRH continues to be below the national mean and additional improvement focus is being prioritised for PRH. Paediatric time to initial assessment has worsened in month 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.

Actions completed in October:

- Opening of additional SDEC spaces on both sites – additional 16 patients per day
- Frailty model commenced on both sites
- Commencement of ED cross divisional performance meeting to review opportunities for alternative pathways to ED

RTT elective recovery continued to improve this month and we are now monitored at Tier 3. Our elective recovery is underpinned by additional capacity from insourcing, mutual aid and waiting list initiatives which support our challenged specialties. There were zero 104w and 78w waiters this month. Plans to ensure zero 65-week waits by March 2024 are on track but the recent letter setting out the national priorities for the remainder of the year in UEC and cancer mean that it is unlikely SaTH will achieve its elective ambitions. PRH DSU (15 trollies) continue to be utilised for elective procedures and we are achieving our activity commitment. Unfortunately, the planned opening of the Elective hub will be delayed from January to March 2024 due to legacy infrastructure challenges.

In cancer, we remain ahead of our planned improvement trajectory and remain in Tier 1 monitoring. Our 62+ day backlog at the end of October was 368 against the recovery trajectory of 379, a reduction of 11 patients better than trajectory. Our validated FDS position for September 2023 was 72.3% against the milestone target of 70%. The current unvalidated FDS position for October is 74% against a target of 69.9% (96.8% data completeness). Our focus is to achieve our target of 214 62-day backlog position by 31/3/24. We continue to focus on our most challenged specialties of urology, colorectal and gynaecology. Deep dives in all three tumour sites were presented to NHSE in October.

Key actions for November 2023:

- Works commence on ward 5 to enable opening of ShropCom sub acute ward
- SDEC – perfect week PDSA cycle
- Deep dive in head & neck and breast to improve FDS and 62-day performance
- Action plans to be presented at Tier 1 meetings

Operational - Emergency care

Summary:

- Month 7 has seen a further increase in month of 206 attendances on the previous month
- Type 1 attendances have increased in month by 3.15% PRH - 1.80% (Sept SAPIT data)
- Walk in attendances have increased in month by a staggering 10.57% at PRH and 4.79% at RSH (Sept SAPIT data)
- 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
- Further increase in month of MFFD to 143 against a target of 94
- Delays to hospital inpatient admissions 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): 144.3 RSH; 136.4 PRH; English mean 130.3
- Ambulance attendances have again decreased on the previous month
- Initial assessment times for adults have improved in October with RSH reported above the national mean in the last SEDIT report. PRH continues to be below the national mean. Paediatric time to initial assessment has worsened in month

Recovery actions:

- Frailty short stay wards commenced 6th November
- Opening of additional SDEC spaces on both sites – additional 16 patients per day
- Continuation of Organisational Flow Improvement Programme - point prevalence audit
- SDEC 8-week rapid improvement programme has commenced to increase utilisation. Test of change week planned for 27th November at RSH
- Cross divisional weekly ED performance meeting 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

Anticipated impact and timescales for improvement:

Progress reported monthly through UEC Flow improvement group to FPAC.

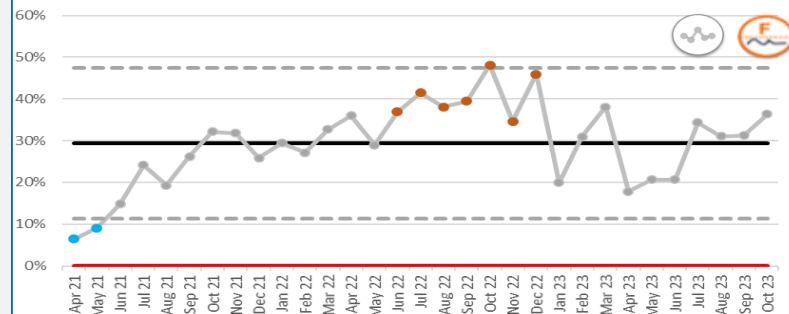
Progress reported monthly through ECTAC.

Recovery dependencies:

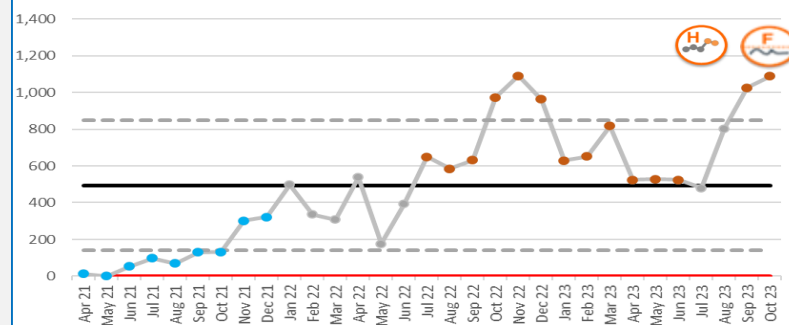
Recovery of NCTR reduction to achieve trajectory.
Weekend discharge levels.

Operational – Patient flow

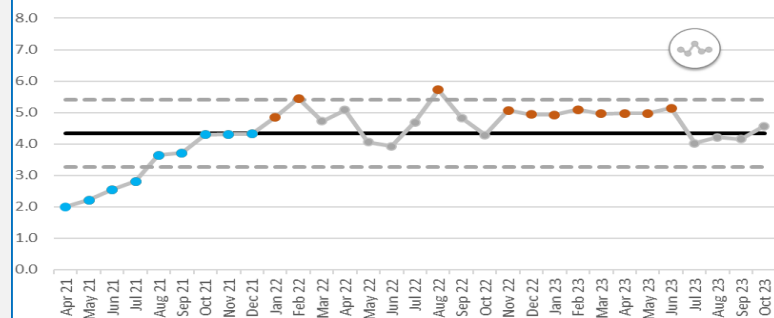
SaTH Ambulance handover > 60 minutes (%)



SaTH - >12 Hour DTA



Average LOS From MFFD to Discharge



Summary:

Marginal increase in ambulance handover delays in month driven by flow challenges as seen in the significant increase in patients remaining in the department for more than 12 hours. LOS has increased through October – impacted by Industrial action and capacity during half term holidays. There has also been an increase in long stay patients with an average of over 200 patients over 14 days and over 120 patients over 21 days.

Recovery actions:

Therapists have completed the roll out of 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.

Point prevalence study across medical wards to be undertaken in November which will help to identify any further improvement activities.

Choice policy, discharge policy all being reviewed through November.

Hospital Full Policy reviewed and for approval at QOC on 21/11/2023.

Anticipated impact and timescales for improvement:

30 November 2023

30 November 2023

21/11/2023

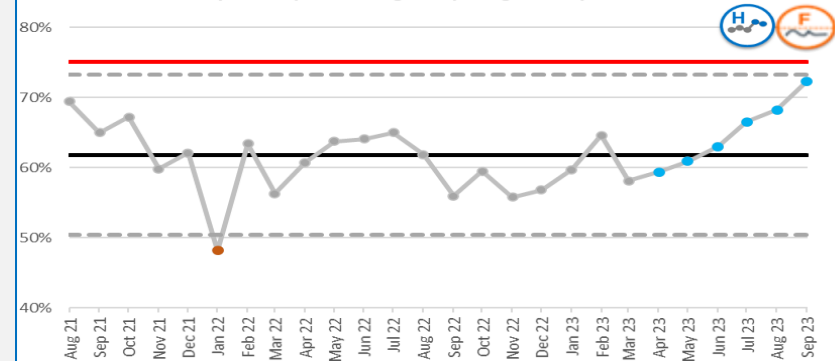
Recovery dependencies:

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

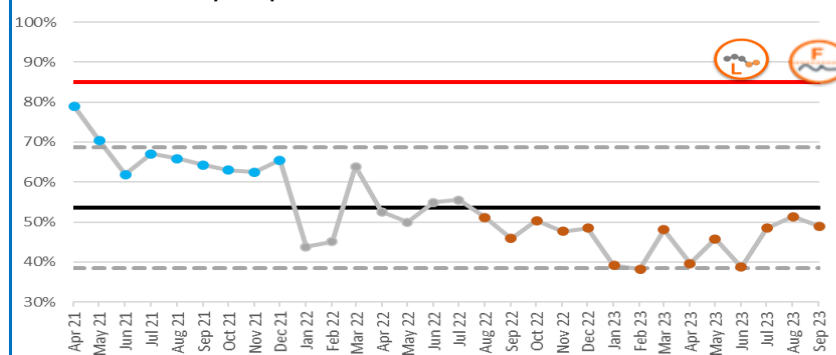
Medical decision makers to support discharge decisions available on all wards throughout the day.

Operational - Cancer performance

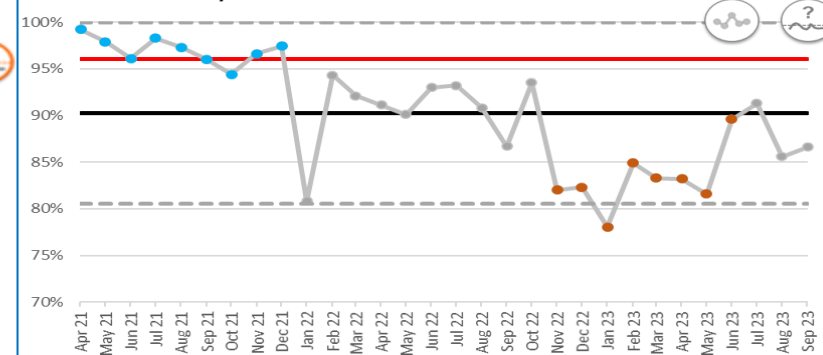
Cancer 28 Day Waits (Faster diagnosis) - Urgent suspected cancer



Cancer 62 Day Compliance



Cancer 31 Day

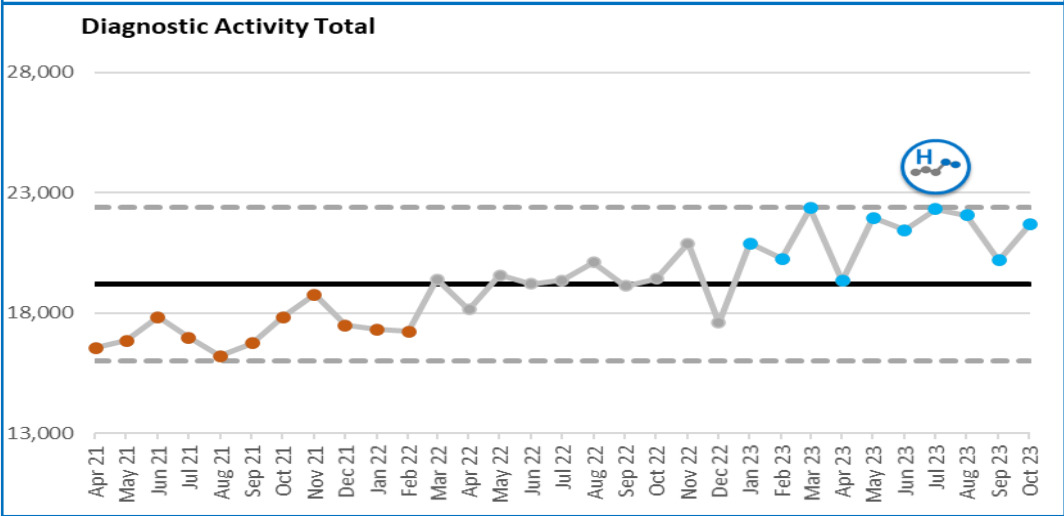
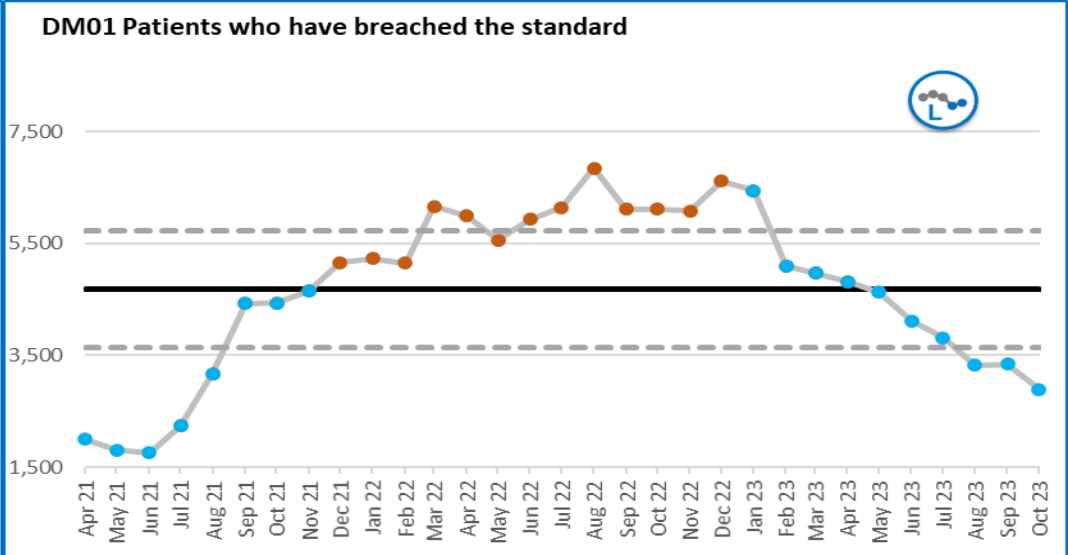
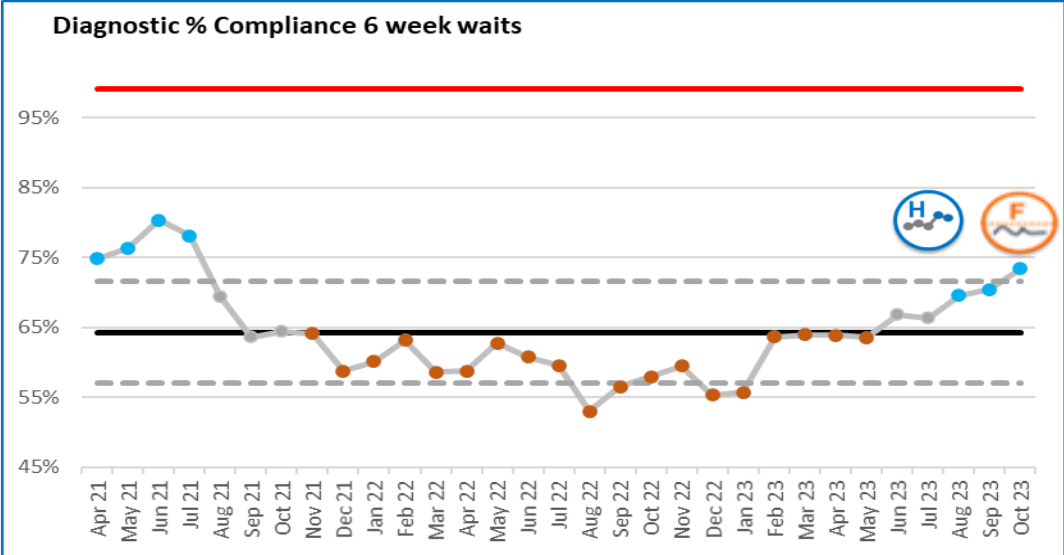


Summary: Our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on the Faster Diagnosis Standard (FDS). The 62+ day backlog as at the end of October was 368 against the recovery trajectory of 379. This is a reduction of 11 patients below trajectory. The validated FDS position for September 2023 was 72.3% against the milestone target of 70%. The current unvalidated FDS position for October is 74% against a target of 69.9% (96.8% data completeness).

Recovery actions:

We remain in NHSE Tier 1 management with weekly meetings in place. Each of the challenged tumour pathways (urology, colorectal and gynaecology) have identified actions for improvement and deep dives into pathways have taken place in gynae, urology, colorectal and head & neck to identify further areas for improvement. We continue to support STW in the implementation of 80% compliance with Faecal Immunochemical Testing (FIT) in Primary Care. At the end of September 77.5% of urgent suspected colorectal cancer referrals were received with a FIT result included. This is a reduction from 79.3% at the end of August. 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. Urgent suspected cancer referral demand continues to grow and outstrips capacity in several sites. This is particularly an issue for skin, breast, head and neck, colorectal and urology. There are workforce constraints within haematology, oncology, dermatology, head & neck and urology and we have been unable to recruit locums to support to a full complement. Delays within oncology and radiotherapy for OPA +/- treatment due to limited workforce availability are increasing however booking out times to commence chemotherapy have reduced to 2-3 weeks. An interested GPwSI has come forward to support with the non-site-specific pathway. Meetings are in progress, aiming to commence from 1st January 2024 once the pathways have been defined and GP education completed. Demand for Local Anaesthetic Trans-perineal Prostate biopsies (LATP) remains high and is being supported by 40 additional procedures being insourced per month funded by the West Midlands Cancer Alliance. Turnaround times for mpMRI reporting to support this pathway remains a challenge due to high demand and specialist skills required. Endoscopy capacity constraints have improved with further additional insourcing commenced in October.

Operational - Diagnostic waiting times



Operational - Diagnostic waiting times

Summary:

Radiology reporting delays remain of concern in some areas (mpMRI) but are overall continuing to improve. MRI reporting turnaround times are; 2WW 3-5 weeks, urgent 6-7 weeks, and routine tests at 9-10 weeks. CT reporting times are; 2WW 3-5 weeks, urgent 4-7 weeks and routine at 8-9 weeks. Turnaround times increased in August /September due to the impact of long-term sickness and annual leave, however this is now improving. 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 having joined the department and are undergoing training
- 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 is in place. The sustainable endoscopy workforce business case has been approved by SaTH and will progress through the STW triple lock process

Recovery actions:

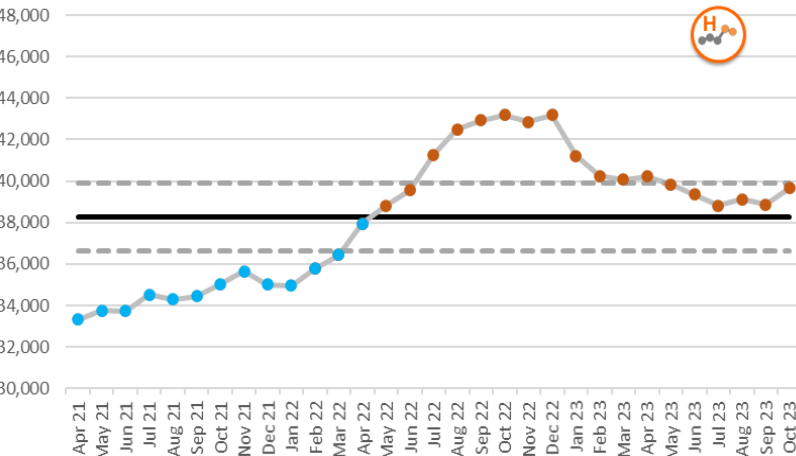
Additional outsourced reporting continues to provide an additional 100 CT and 100 MRI reports per week. Enhanced payments and WLIs are encouraging additional in-house clinical and reporting sessions across all modalities to address backlogs. Funding has also been provided to focus on FDS for prostates and head and neck. 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 80.3% at the end of October. NOUS performance is now at 70%. Non-urgent CT scanning performance is now at 99%, and MRI at 96%. 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 remain in endoscopy and approval of the business case is required to provide a sustainable solution.

Anticipated impact and timescales for improvement:

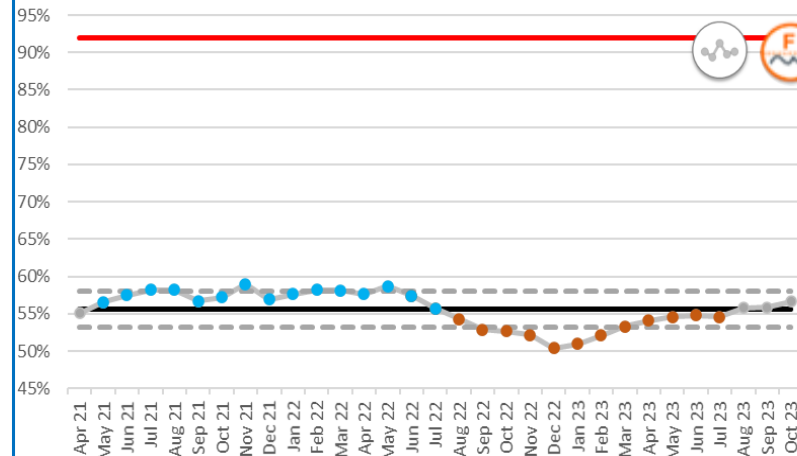
With effect from July, there has been additional insourcing for MRI support. Additional insourcing from '18 Weeks' to support endoscopy DM 01 levels at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers and 2x band 6 radiographers are in post and have undergone a full induction. Rotation through the CDC commenced from beginning of October. 10 additional overseas radiographers, have also now joined and are undergoing training. 2x additional radiologists have now started, 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 - Referral to treatment (RTT)

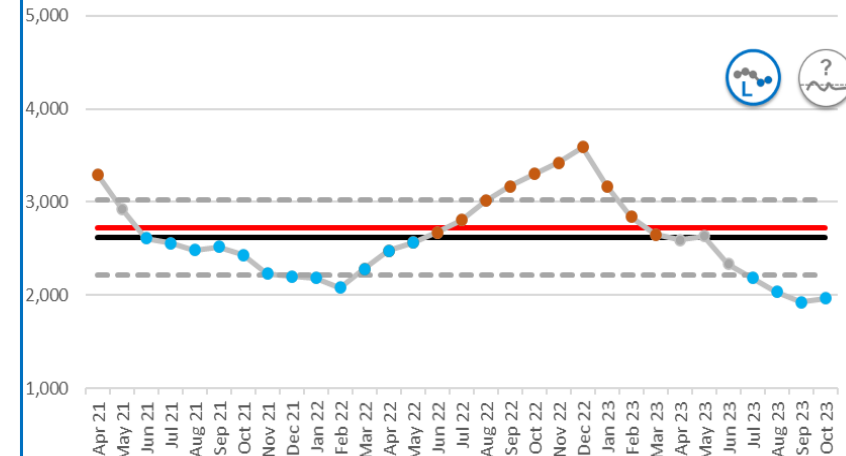
RTT Waiting List - Total Size



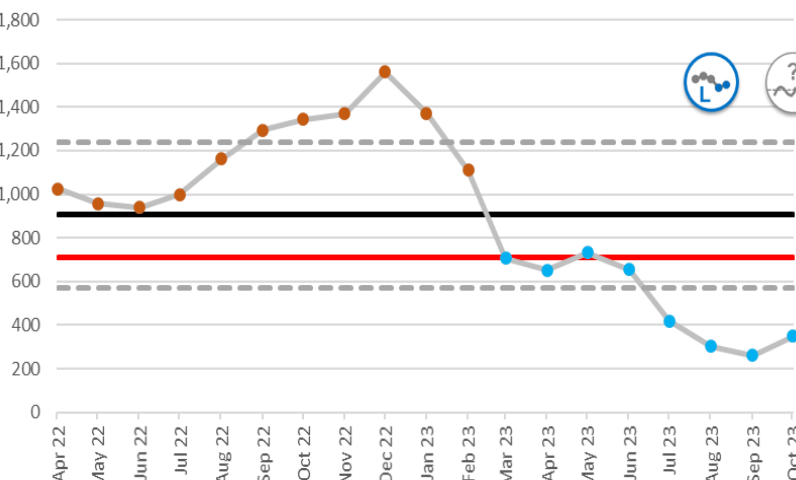
18 Week RTT % Compliance - Incomplete Pathways



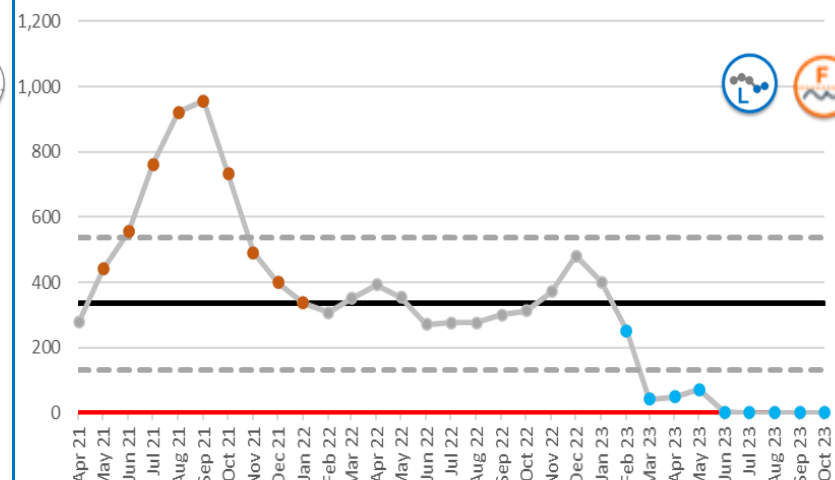
52+ Week Breaches - English Only



65+ Week Breaches - English Only



78+ Week Breaches - English Only



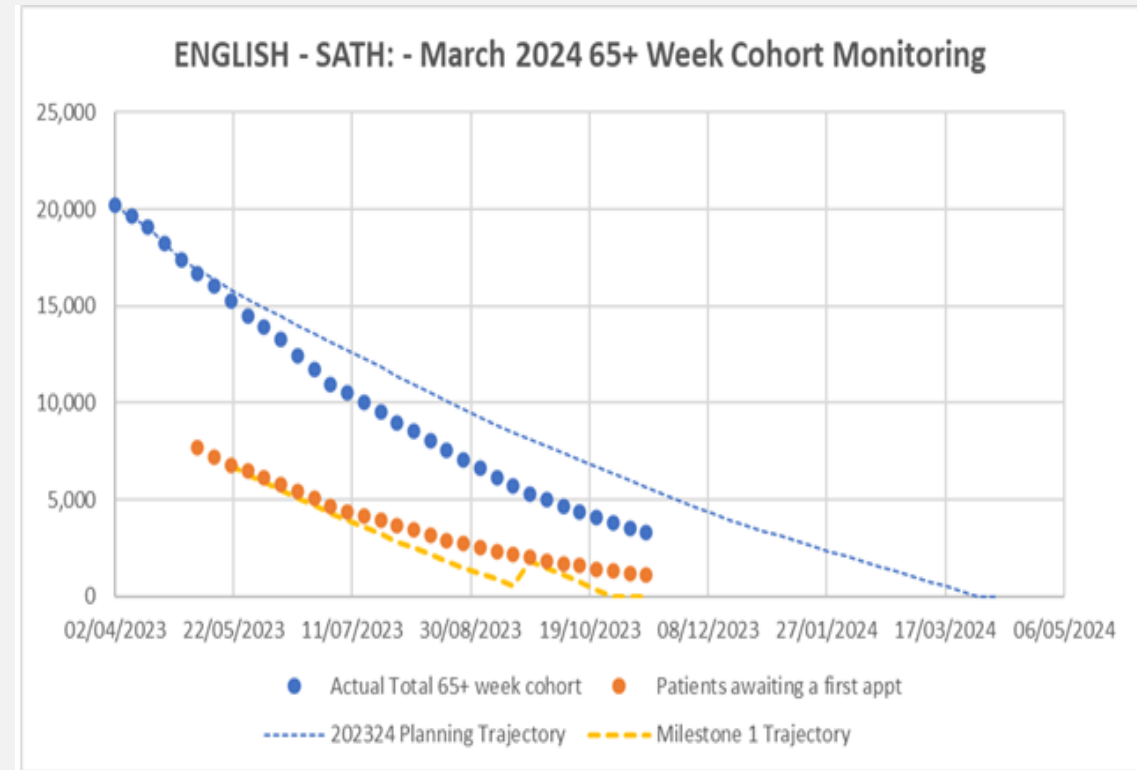
Operational - Referral to treatment (RTT)

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 which will help with future succession planning. We had another recruitment day this month for PRH but only one staff member recruited has theatre experience, so we are relying on insourcing '18 weeks' theatre teams and agency to maintain levels of activity, but we are unable to open all our operating sessions across the two sites. We have 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 continue to explore options for mutual aid in the challenged specialties of gynaecology, cardiology, orthopaedics, respiratory, colorectal and ENT, via the DMAS (Digital Mutual Aid System). We have commenced PIDMAS with letters being sent to all patients waiting over 44 weeks; to date, 4 patients have expressed their wish to receive treatment at another provider. Weekly outpatient transformation meetings are in place with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. All specialties have provided revised PIFU/virtual plans which have been presented at the outpatient's transformation meeting and the STW outpatient 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: The national requirement is to have zero 65w waiters treated by 31/03/24. The letter setting out the national priorities for the remainder of the year in UEC and cancer mean that it is unlikely SaTH will achieve this. A specialty level performance meeting is in place for escalation and assurance on Mondays, Wednesday and Friday. The Trust continues to report to NHSE as part of a weekly call on Electives, but we have moved from Tier 1 to Tier 3 monitoring. We remain in Tier 1 monitoring for cancer performance.
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 – 65 plus Weeks Trajectory

This chart shows delivery against the improvement trajectory for patients booked in 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 is higher than plan. Teams have formulated a recovery plans subject to additional funding. Work continues to track the below at specialty level to identify areas where additional support is needed.

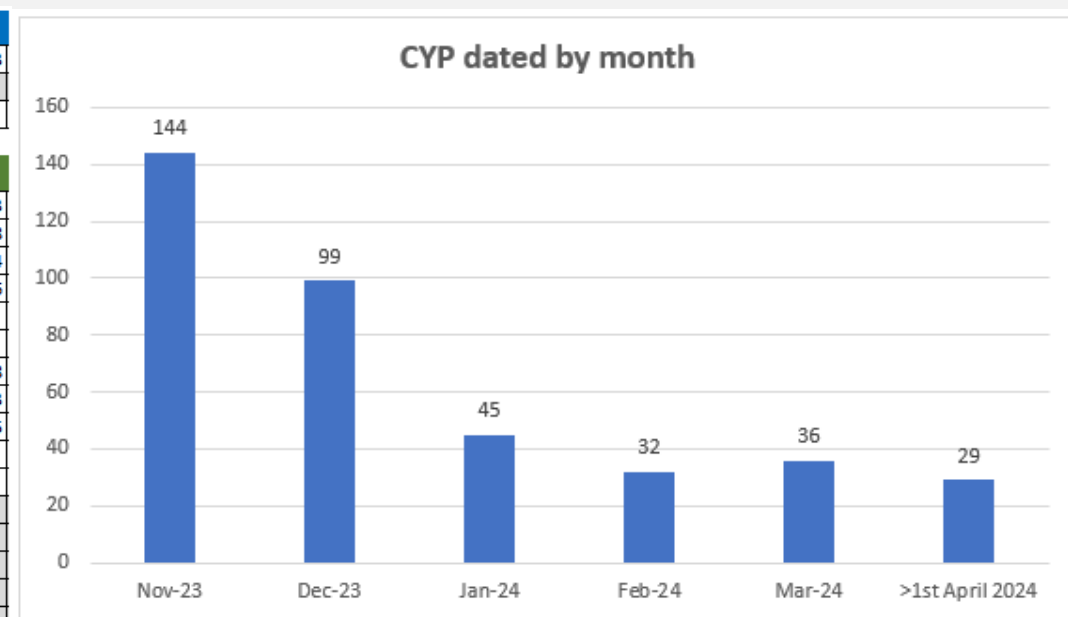
65+ Weeks cohort actuals (all stages)								
TOTAL COHORT (All Stages)	24/09/2023	01/10/2023	08/10/2023	15/10/2023	22/10/2023	29/10/2023	05/11/2023	12/11/2023
NHSE Planning: - TASK50828 - 2023/24 Trajectory	8,094	7,746	7,398	7,050	6,702	6,354	6,005	5,657
ACTUAL TOTAL - 65+ Week Cohort	5,321	4,987	4,686	4,368	4,059	3,805	3,533	3,288
% Actual Movement	-6.8%	-6.3%	-6.0%	-6.8%	-7.1%	-6.3%	-7.1%	-6.9%
Of which; Patients awaiting a first appointment breakdown								
65+ Week Cohort - Split by Stage	24/09/2023	01/10/2023	08/10/2023	15/10/2023	22/10/2023	29/10/2023	05/11/2023	12/11/2023
Milestone 1 (awaiting 1st appt)	2,006	1,827	1,711	1,579	1,430	1,297	1,204	1,086
Milestone 2/Other (follow-up/diagnostic stages/validation)	1,288	1,236	1,135	1,056	988	942	847	799
Milestone 3 (awaiting admission)	2,027	1,924	1,840	1,733	1,641	1,566	1,482	1,403
Milestone 1 Trajectory (awaiting 1st appt)	1,826	1,461	1,096	730	365	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	2,006	1,827	1,711	1,579	1,430	1,297	1,204	1,086
Patients undated	483	446	546	535	514	509	569	481
Patients dated	1,523	1,381	1,165	1,044	916	788	635	605
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23	123							
Oct-23	481	527	422	274	154	25		
Nov-23	200	225	249	306	346	442	390	294
Dec-23	609	516	384	356	330	243	187	215
Jan-24	45	50	45	46	48	43	33	72
Feb-24	9	9	11	11	9	10	9	8
Mar-24	15	15	15	16	13	11	6	5
>1st April 2024	41	39	39	34	16	14	10	11



Operational – 52 plus 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 31st March 2024. Ensuring we can provide targeted support in booking these patients earlier in the year will prevent unavoidable delays and ensure parity with adult recovery. Performance against the booking of these patients is monitored on a weekly basis and will also be tracked at a specialty level.

52+ Weeks cohort actuals (all stages) for CYP patients								
TOTAL COHORT (All Stages)	24/09/2023	01/10/2023	08/10/2023	15/10/2023	22/10/2023	29/10/2023	05/11/2023	12/11/2023
ACTUAL TOTAL - 52+ Week CYP Cohort	1,607	1,544	1,464	1,386	1,299	1,227	1,152	1,098
% Actual Movement	-5.0%	-3.9%	-5.2%	-5.3%	-6.3%	-5.5%	-6.1%	-4.7%
Of which; Patients awaiting a first appointment breakdown								
52+ Week CYP Cohort - Split by Stage	24/09/2023	01/10/2023	08/10/2023	15/10/2023	22/10/2023	29/10/2023	05/11/2023	12/11/2023
Milestone 1 (awaiting 1st appt)	1,074	1,020	955	892	836	775	734	678
Milestone 2/Other (follow-up/diagnostic stages/validation)	229	235	233	227	213	202	164	174
Milestone 3 (awaiting admission)	304	289	276	267	250	250	254	246
Milestone 1 Trajectory (awaiting 1st appt)								
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	1,074	1,020	955	892	836	775	734	678
Patients undated	421	397	397	395	385	349	293	293
Patients dated	653	623	558	497	451	426	441	385
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23	36							
Oct-23	231	250	191	130	74	6		
Nov-23	116	111	118	124	142	195	197	144
Dec-23	105	96	89	81	74	72	101	99
Jan-24	64	62	57	58	59	54	47	45
Feb-24	32	32	34	34	34	31	29	32
Mar-24	36	39	37	37	37	38	37	36
>1st April 2024	33	33	32	33	31	30	30	29

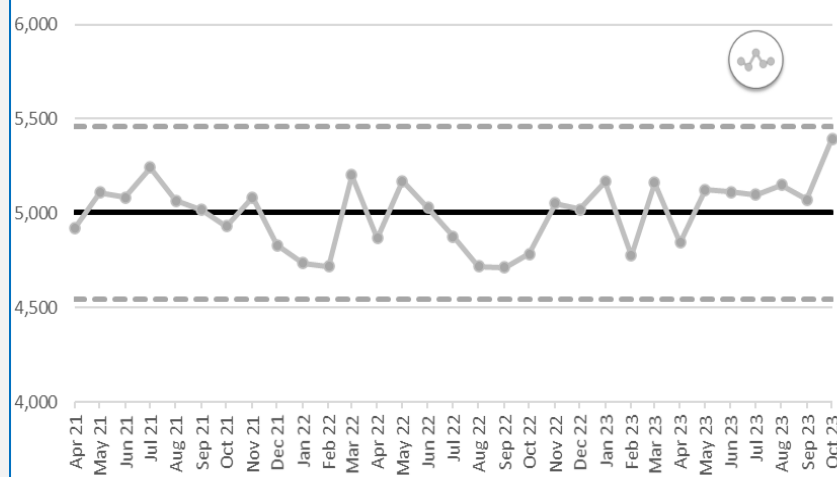


Activity vs operational planning

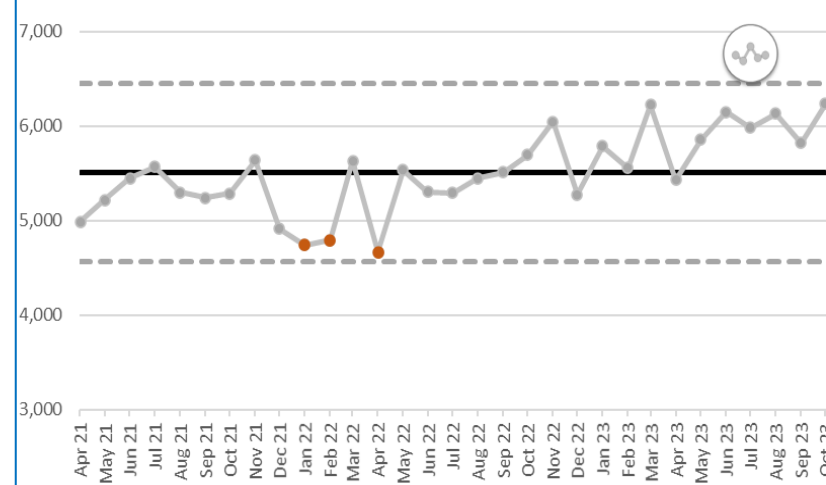
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
OP 1st attendances	19/20 actual	11,351	12,494	11,557	13,204	11,192	11,869	13,109	11,963	10,485	12,467	11,814	9,775	84,776
	23/24 plan	14,696	14,710	14,899	13,951	12,608	13,608	13,859	13,740	11,937	13,405	13,047	12,861	98,330
	23/24 actual	12,152	13,878	13,723	13,684	13,504	13,189	13,881						94,011
	Variance to plan	82.7%	94.3%	92.1%	98.1%	107.1%	96.9%	100.2%						95.6%
	Variance to 19/20	107.1%	111.1%	118.7%	103.6%	120.7%	111.1%	105.9%						110.9%
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	146,973
	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	144,939
	23/24 actual	18,666	22,000	22,587	21,809	21,523	21,904	22,791						151,280
	Variance to plan	92.4%	106.3%	107.2%	103.6%	107.5%	106.9%	106.4%						104.4%
	Variance to 19/20	91.3%	106.3%	113.1%	97.3%	109.3%	105.1%	99.4%						102.9%
Elective admissions	19/20 actual	362	430	473	516	447	421	470	461	401	320	408	307	3,119
	23/24 plan	246	246	296	347	317	329	357	416	341	303	324	403	2,136
	23/24 actual	268	343	371	324	321	363	331						2,321
	Variance to plan	109.2%	139.6%	125.5%	93.5%	101.3%	110.5%	92.7%						108.6%
	Variance to 19/20	74.0%	79.8%	78.4%	62.8%	71.8%	86.2%	70.4%						74.4%
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	39,599
	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	40,178
	23/24 actual	5,164	5,512	5,782	5,660	5,815	5,459	5,907						39,299
	Variance to plan	94.8%	100.5%	98.6%	94.6%	103.2%	94.8%	98.5%						97.8%
	Variance to 19/20	94.0%	92.3%	105.6%	95.8%	107.3%	100.7%	100.0%						99.2%
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	12,099
	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	10,896
	23/24 actual	1,451	1,651	1,613	1,552	1,605	1,641	1,786						11,299
	Variance to plan	96.5%	104.0%	104.6%	98.4%	105.9%	106.3%	109.8%						103.7%
	Variance to 19/20	91.3%	95.9%	92.9%	82.9%	100.1%	95.1%	96.5%						93.4%
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	23,383
	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	22,862
	23/24 actual	3,065	3,173	3,191	3,205	3,216	3,088	3,264						22,202
	Variance to plan	95.6%	95.2%	100.0%	95.6%	99.1%	96.1%	98.4%						97.1%
	Variance to 19/20	91.6%	91.0%	99.3%	96.6%	97.8%	95.4%	93.4%						94.9%

Operational – Activity

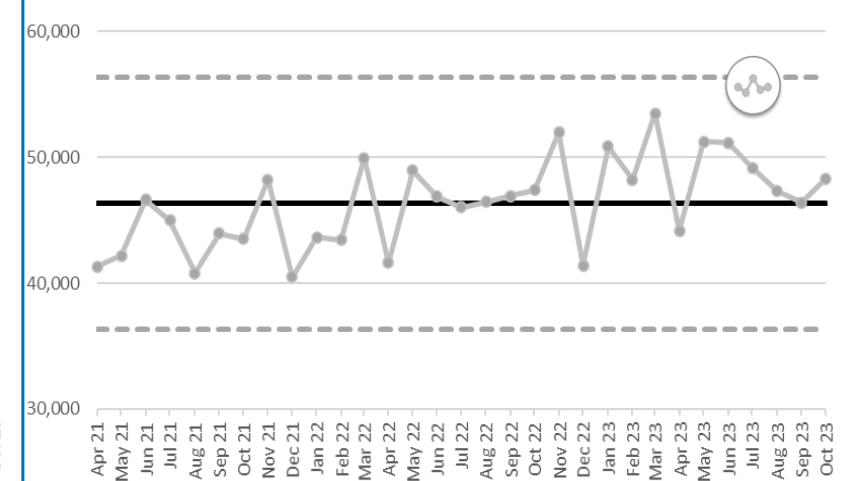
Total Non Elective Activity



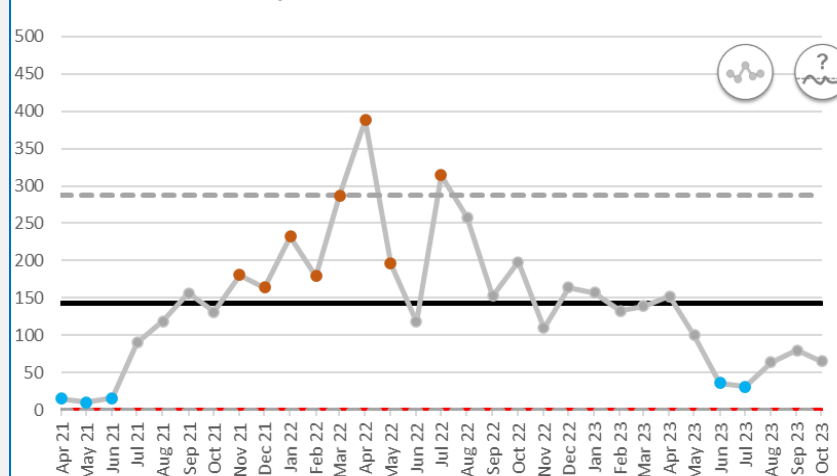
Total Elective IP & DC Activity



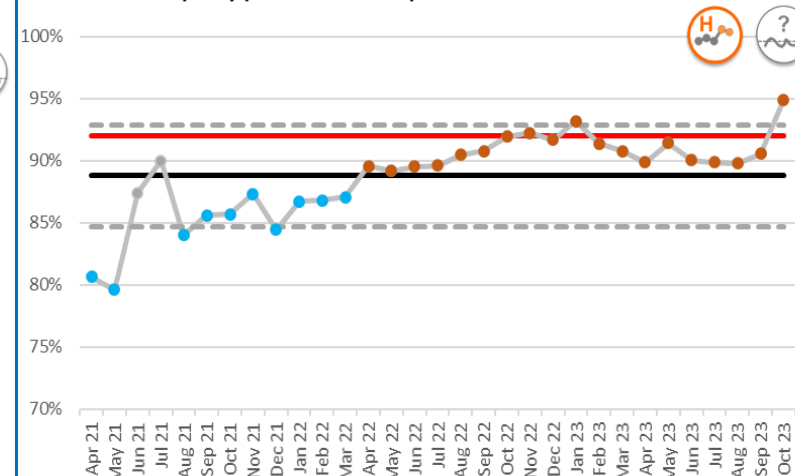
Total Outpatients Attendances



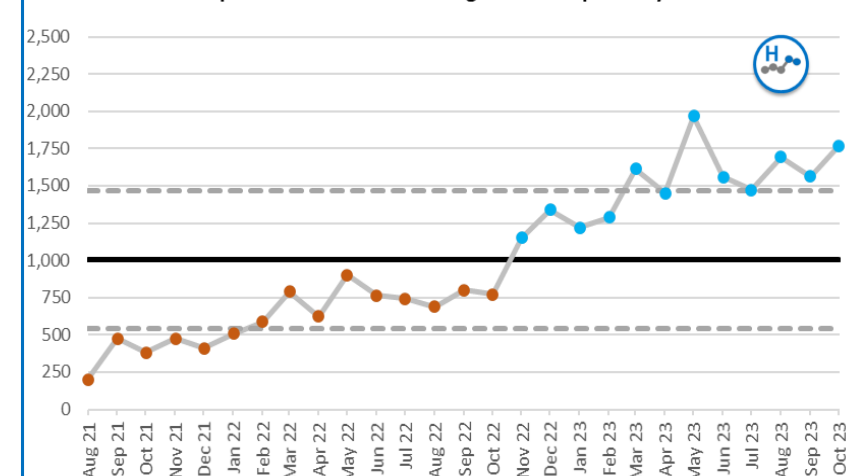
Covid-19 Positive Inpatients



Bed Occupancy (General & Acute)



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

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Well Led	WTE employed		-	7082	6296	6329	6326	6390	6468	6524	6545	6576	6576	6665	6744	6890	6990	
	Temporary/agency staffing		-	-	881	954	920	1029	1031	1114	1057	1113	1113	1054	1106	1046	1033	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.2%	1.1%	1.1%	1.0%	0.8%	1.1%	0.98%	0.77%	0.83%	0.93%	0.94%	1.32%	0.83%	
	Vacancies - month end		10%	<10%	10.4%	10.0%	10.1%	9.3%	7.8%	7.3%	6.5%	6.5%	5.1%	5.2%	4.7%	2.7%	2.5%	
	Sickness Absence rate		4%	4%	6.0%	5.8%	7.1%	5.8%	5.6%	5.8%	5.1%	4.7%	4.7%	5.3%	5.2%	5.5%	5.5%	
	Trust - Appraisal compliance		90%	90%	80.52%	82.23%	80.89%	81.04%	81.26%	82.82%	83.20%	83.10%	83.1%	83.6%	83.6%	82.2%	82.0%	
	Trust Appraisal – medical staff		90%	90%	91.1%	91.4%	91.6%	91.3%	91.7%	92.8%	92.2%	93.0%	93.3%	93.8%	94.2%	93.1%	92.3%	
	Trust Statutory and mandatory training compliance		90%	90%	87.9%	88.7%	88.1%	90.2%	91.1%	91.5%	91.5%	92.1%	95.1%	92.2%	92.2%	92.0%	91.1%	
	Trust MCA – DOLS and MHA		90%	90%	81.1%	83.1%	82.0%	82.5%	83.8%	84.0%	83.0%	83.7%	83.68%	80.36%	79.83%	79.47%	79.41%	
	Safeguarding Children - Level 2		90%	90%	89.9%	90.5%	88.9%	90.6%	91.7%	92.5%	92.8%	93.3%	93.4%	94.9%	94.6%	94.9%	95.5%	
	Safeguarding Adult - Level 2		90%	90%	88.6%	89.2%	87.7%	95.5%	93.8%	94.1%	94.8%	95.1%	95.1%	91.1%	95.0%	95.1%	95.3%	
	Safeguarding Children - Level 3		90%	90%	82.0%	83.1%	80.6%	83.0%	83.1%	83.3%	75.6%	76.4%	76.3%	93.7%	87.6%	87.9%	87.7%	
	Safeguarding Adult - Level 3		90%	90%	79.6%	83.8%	83.5%	85.6%	88.8%	89.6%	89.9%	90.9%	90.9%	86.2%	92.4%	90.5%	91.3%	
	Monthly agency expenditure (£'000)		-	4,677	3,177	4,064	4,632	4,677	3,802	5,387	4,118	4,277	3,646	3,750	3,856	3,490	3,786	

Workforce Executive Summary

Vacancies - Vacancies have continued to reduce this month to 2.5%. This is a significant reduction from October 22 where the figure was over 10%. Internationally educated nurses are moving through their initial training and adding to the substantive registered nurse numbers each month and we still have 21 to arrive during November and a final cohort in January. We have seen increases in new clinical roles such as trainee ACPs with 4 commencing over the last month and we have 61 trainee Nursing Associates that once qualified will support our nursing workforce. Our substantive workforce growth is reducing vacancies and we have increased by 100 substantive roles in the last month. To support with efficiency and productivity, we will be reviewing our remaining vacancies to assess the need to recruit based on risk and likelihood of being able to reduce agency following successful recruitment.

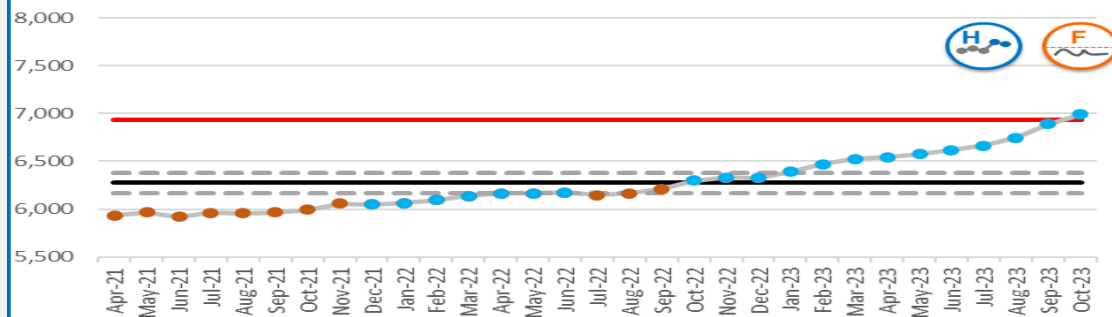
Turnover - Turnover has decreased again looking at the rolling 12-month figure to 12.1%. Our in month turnover rate of 0.83% equates to 55 WTE leavers in October 2023. Reducing turnover is critical to ensure we continue to retain key roles as part of our 23/24 operational plan. All staff groups have grown in line with the Operational plan however there is a need to fill further Consultant vacancies to help reduce the reliance on agency.

Wellbeing of our staff – Our overall sickness rate has remained at 5.5%, which equates to 398 WTE remaining above target by 1.6% (112 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 24% of calendar days lost in October equating to 91 WTE. The top 3 sickness reasons account for 48% of all sickness. To support with mental health, our winter hardship offer has been launched and development of our anti-racist approach is key to addressing racism and behaviour which impacts on wellbeing and patient care.

Agency and temporary staffing - There has been a continued decrease in overall agency usage of 19 WTE. The agency position is a challenged position and not in line with plan. There are 208 WTE roles that are required to support levels of escalation which is contributing to the agency position along with a high number of temporary roles required to support workforce absence above planned levels (7% above plan). There are also several roles which we have recruited to that require a period of support whilst new recruits develop and progress to a point that agency can be released. This includes new internationally educated nurses (currently 105 pre-registered nurses) and Trainee Nursing Associates (61 in training). There is a trajectory in place, and we expect the agency usage to reduce in the coming months once these trainees complete training and support periods.

Workforce – Contracted WTE

Contracted WTE



Summary:

Contracted figure of 6,990 in October 2023 which is an increase of 100 WTE in month. International recruits arriving supports our increased WTE position. Overall substantive WTE numbers have increased over the last 12 months by 693 WTE, despite a turnover rate of 12.1%. Temporary staffing usage has decreased in the last month, following completion of internationally educated nurses training and support programme and we expect agency to reduce further.

Recovery actions:

- International nurse recruitment programme delivered 205 nurses in post this year. 44 nurses to arrive in last two cohorts which is expected to reduce nursing vacancies to minimal levels. This will reduce demand for nursing agency resulting in SaTH being able to move agency nurses down through our tiers on our framework reducing hourly rates
- Partner 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, working in clinical roles, equivalent to FY1 or FY2. Reducing demand for doctors
- Implementation of the Structured English Language Reference (SELR) assessment process to support international medical recruitment supporting hard to fill roles
- Execute recruitment plans to the ~100 long term agency doctors identified in the workforce efficiency programme
- Advance permanent and international recruitment via approved suppliers
- Remove HCA agency for all non 1:1 care ward-based areas by end of October through successful permanent recruitment programme

Anticipated impact and timescales for improvement:

On track to deliver against operational plan overall numbers and will reduce vacancies to above planned levels by the end of the year based on current trajectory.

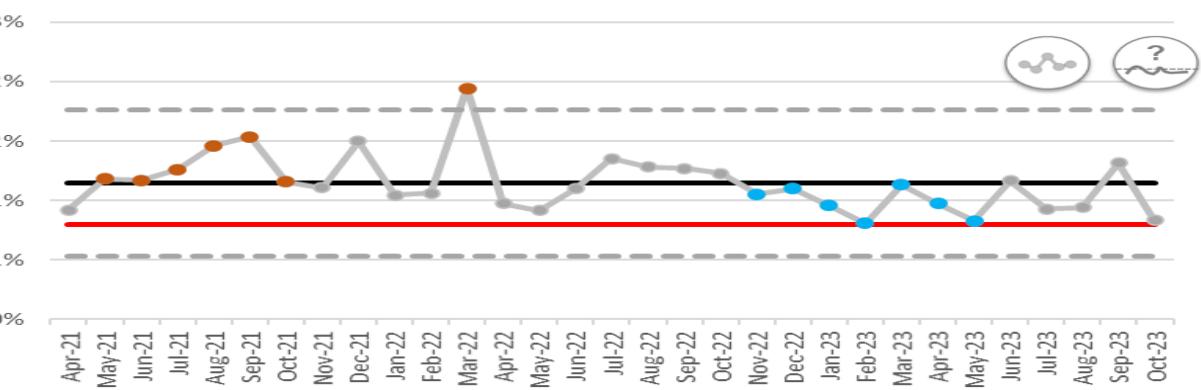
Focus on key challenged staff groups such as Consultant workforce and theatres to improve permanent recruitment in these areas.

Recovery dependencies:

Medical people services continue to work with specialties in exploring alternative career opportunities, such as *career grades (Specialist)* to fill senior vacancies. Realisation of retention strategies to ensure turnover position remains on track.

Workforce – Staff Turnover Rate

Staff Turnover Rate (FTE)



Summary:
October saw a turnover rate of 12.1% for the last 12 months, equating to 748 WTE leavers. An in month turnover rate of 0.83% equates to 55 WTE leavers in October 2023. This is an improving position in month. Retaining our workforce is equally as critical as recruiting to our vacancies. We recognise we will only achieve this by better supporting people through their careers, boosting the flexibilities we can offer and improving the culture and leadership. Work life balance remains one of the top reasons for colleagues leaving SaTH with 152 colleagues leaving for this reason over the last 12 months.

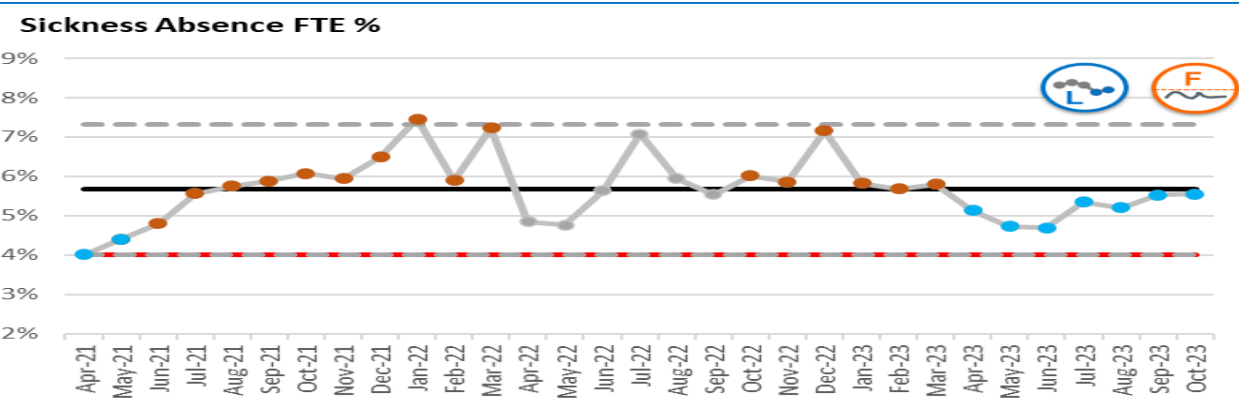
Recovery actions:
The NHS Staff Survey closed on 24th November 2023, we have actively worked across the Trust to promote the survey and encourage colleagues to share their thoughts on our progress. The results will be shared with our teams in Q4 with further engagement and development of improvement plans at local levels throughout Q4 and Q1. The NHS line manager expectation framework has been published, we are working through this to undertake a gap analysis in respect of People & OD support to align and feed into our People Priorities for 2024 and beyond to ensure our managers are competent and well supported to create great environments for our colleagues. The Trust is committed to creating a culture that puts continuous improvement at the forefront of our transformation journey. We have developed a suite of programmes to build improvement capability and capacity across the Trust. To date we have supported 426 colleagues to complete our fundamentals programme and 64 colleagues to complete the practitioner programme. With the launch of NHS Impact which will be tracked via our Getting to Good programme we will work to further build and develop capacity across the Trust.

Anticipated impact and timescales for improvement:
Improvements to support staff engagement and experience should be continuous and on-going throughout the year. However, we expect divisional plans to be ready by April 2024. We will monitor progress via our People pulse results throughout the year ahead.

A refreshed recruitment and retention strategy has been drafted and expected to be completed by end of December 2023, which will focus on hard to fill roles to close the vacancy gap over the next 12 months.

Recovery dependencies: Release of colleagues to attend training, to own staff retention at local levels and prioritise key activities to support, develop and nurture colleagues. Risk: Leadership burnout.

Workforce - Sickness Absence



Summary:
October saw our sickness rate remain at a consistent level to last month at 5.5% (equating to 398 WTE) remaining above target by 1.6% (112 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 24% of calendar days lost in October equating to 91 WTE. Other known causes forms 12.7% of sickness equating to 50 WTE. An increase of 4.6% of sickness attributed to cold, cough, flu forms 11.4% of sickness equating to 49 WTE. The top 3 sickness reasons account for 48% of all sickness.

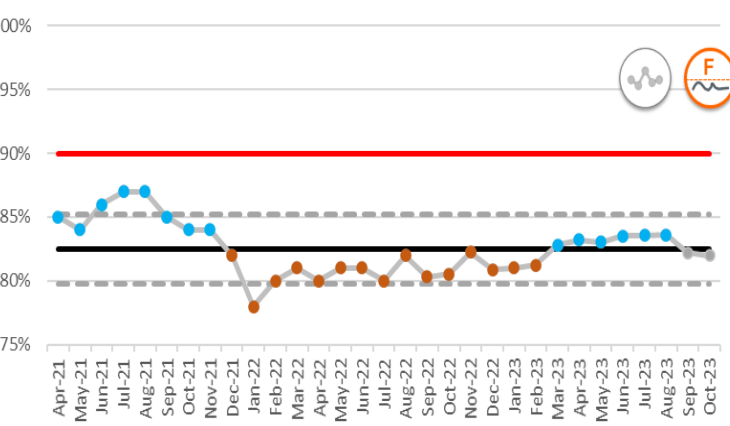
Recovery actions:
Our winter hardship offer has now been launched and we will monitor the impact and feedback of our offer. Following the MADT engagement conversation we have updated colleagues in respect of our intention to reintroduce car parking fees from February 2024. Our engagement will continue, and improvement works are required to be undertaken by our estates and facilities colleagues. Our WRES report has further highlighted bullying and harassment experiences of minority ethnic colleagues are high at SaTH and we are an outlier when compared to regional and national comparators. We know this also impact on Health and Wellbeing and attendance at work. We have a range of actions as part of our inclusion action plan and this is a priority for us to further develop our zero-tolerance anti racist approach, to ensure issues are being addressed and in a timely manner to support colleagues. We also recognise the need to develop a cultural awareness programme to address unconscious bias. People Advisory Team are working closely with managers to undertake peer review of absence cases, return to work audits, review of redeployment register and process, improvements to absence training. We continue to work with Optima to improve our immunisation compliance, this includes reviewing our IG to support colleagues and patients.

Anticipated impact and timescales for improvement:
Well-being Inclusion and Health Inequalities strategy to be updated and launched by March 2024. We have an update report going to People and OD Assurance Committee in December 2023, we will report our EDI annual report in Q4 and progress against actions to board during 2024.

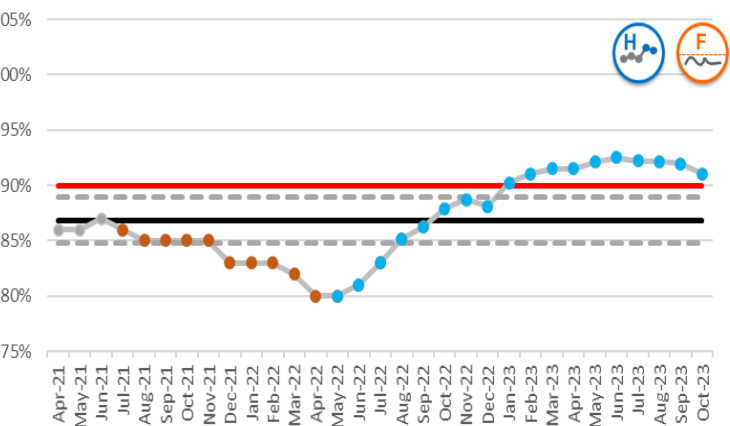
Recovery dependencies:	Estate improvements for car parking. Ownership at all levels where colleagues feel equipped to address people issues and especially concerns relating to racism, behaviours and values.
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Workforce - Appraisal & Training

Appraisal compliance



Statutory and mandatory training compliance



Summary:
The statutory training compliance rate has dipped to 91% in October 2023, this remains above the target of 90%. Our appraisal rates have remained at 82%.

Recovery actions:
21 delegates have commenced First line manager leadership programme, 13 delegates have commenced STEP, 23 delegates have commenced team leader and supervisor development, 25 have commenced middle manager programme and 8 our senior leadership programme. We need to promote our programmes as part of Talent conversations process to ensure awareness of what development is available.
We have commissioned a review of mandatory and statutory training to ensure we are meeting all our requirements and ensure role specific and general training is up to date. This may also support our availability challenge and supporting colleagues to access learning.

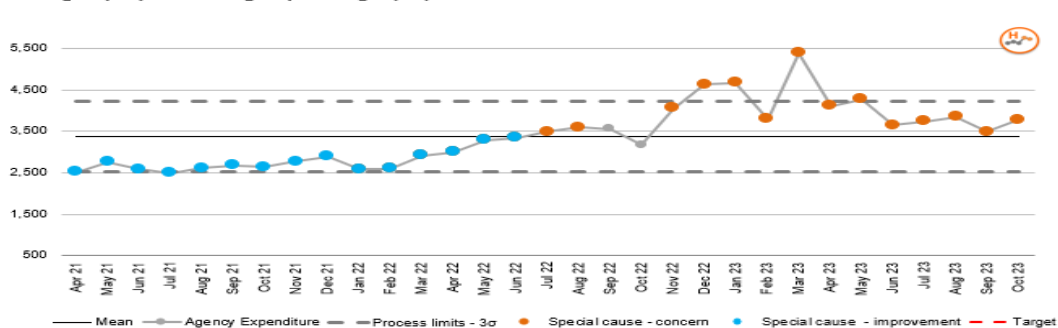
Anticipated impact and timescales for improvement:
The Trust appraisal rates have plateaued in recent months. We are looking to reach 85% by December which may be a real stretch given we have not seen improvement during October. Our aim for training is to maintain above target.

Further guidance for training available as part of Talent processes by Q4.

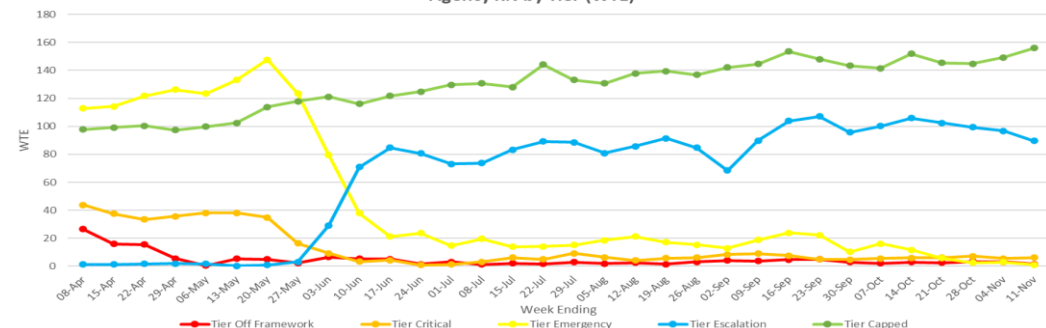
Recovery dependencies:
Workforce unavailability – staff sickness

Agency Expenditure – monthly expenditure

Agency Expenditure – Agency starting 01/04/21



Agency RN by Tier (WTE)



Summary:

Trust teams have made significant progress to reduce higher-tier agency to capped rates since April 2023. Next stage is to fully eliminate all non-capped agency and minimise capped usage as Band 5 recruitment rates improve. Off-framework only now in W&C. Current plan to eliminate in January, subject to final review in November. International recruitment has support reductions in nursing agency which has reduced each week over the last month. Theatres staffing is challenged and demand and capacity models within Theatres show we cannot reduce agency prior to April 2024, without reducing theatre capacity. Recruitment to substantive ECS remains a key challenge however growth in bank shifts has supported a reduction in agency usage. The Trust had a heavy reliance on agency to support this role, however through on-going recruitment campaigns since April 2023 bank and substantive staffing has increased from 29.9 WTE to 45.5 WTE at end of October. Agency ECS has reduced from 45.0 WTE to 19.0 WTE over the same period.

Recovery actions:

A further 2 cohorts of internationally recruited nurses to arrive before 31 January to reduce vacancy position further. 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:

Continued to reduction of agency nursing expected to end of year.

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

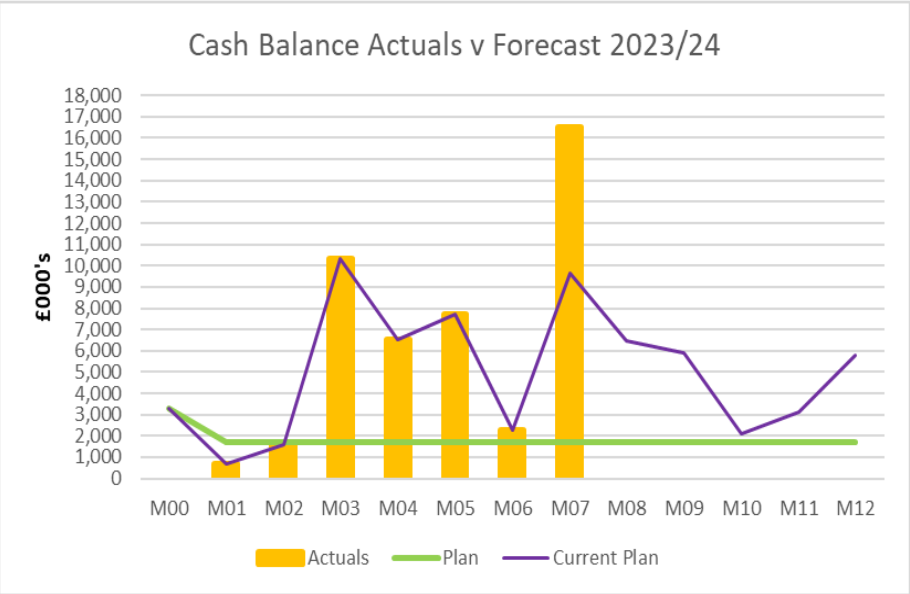


The Shrewsbury and
Telford Hospital
NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Finance	Cash -end of month cash balance £'000's		-	13,103	11,337	9,772	11,757	13,103	18,930	3,279	712	1,582	10,319	6,517	7,709	2,271	16,537	
	Efficiency - £000's - in-month delivery		-	783	686	552	381	783	1168	1363	183	699	1335	897	988	699	846	
	Year to date surplus/(deficit) £'000		-	(38,560)	(23,174)	(29,123)	(33,610)	(38,560)	(43,105)	(47,206)	(8,538)	(16,909)	(26,359)	(36,151)	(46,086)	(57,447)	(68,661)	
	Year to date capital expenditure £'000			7,852	3,417	5,062	5,380	7,852	11,156	19,798	140	323	917	1,062	1,637	2,497	3,205	

Finance Executive Summary

- The Trust submitted a plan for a deficit of £45.5m for 2023/24 on the 4th May 2023. The Board has received notification from NHSE that this plan has been accepted subject to the implementation of additional controls. These controls have been reviewed against what is already in place and where necessary additional actions are being implemented.
- At the end of October (month seven), the Trust has recorded a deficit of £68.7m against a draft planned deficit of £35.9m, an adverse variance to plan of £32.8m.
- The year-to-date deficit to plan of £32.8m to the core deliverables from the operational plan and is split between items within and items out of SaTH's direct control. Of the year-to-date deficit £11.7m is deemed to be within SaTH's direct control and £21.1m outside. This is broken down further as follows:
 - Within SaTH's direct control
 - Additional junior doctors to ensure contract compliance and premium costs - £2.5m
 - Staffing costs above planned levels driven by continued use of agency nursing - £2.4m
 - Nursing unavailability above plan - £2.2m
 - Slippage against in year CIP target - £2.9m
 - Enhanced bank rates and bank incentive scheme - £1.4m
 - Slippage on 2022/23 workforce BTI - £1.4m
 - ERF income adjustment - £1.6m
 - Outside of SaTH's direct control
 - Escalation costs above plan - £7.2m
 - Activity costs above operational plan including drugs and devices - £8.7m
 - Costs of covering industrial action - £2.2m
 - Additional enhanced care provision, linked to high number of NCTR patients - £1.6m
 - Pay award impact for both medical and agenda for change staff - £1.3m
- £5.6m of efficiency savings have been delivered year to date against a plan of £8.5m with year-to-date slippage predominantly against the workforce BTI and direct engagement schemes. 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 with £17.1m forecast to delivery.
- For 2023/4 the Trust's system allocation capital programme has been set at £18.4m. Expenditure at month seven was £3.2m – an underspend of £4.2m against plan.
- The Trust held a cash balance at the end of October 2023 of £16.5m.



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 partially supported, with an in-quarter request for £12.4m in December, confirmation of approval of this is still awaited from NHSE.

The cash balance brought forward in 2023/24 was £3.3m with a cash balance of £16.5m held at end of October 2023 (ledger balance of £16.3m due to reconciling items).

The graph illustrates actuals against original plan and reforecast post-M06 (September 23) and shows that the cash position at end of October was higher than plan, this is a timing variance only.

It should be noted that in line with the process to access provider revenue support, revenue and capital cash are now identified separately, leading to more variability in the level of cash held.

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.

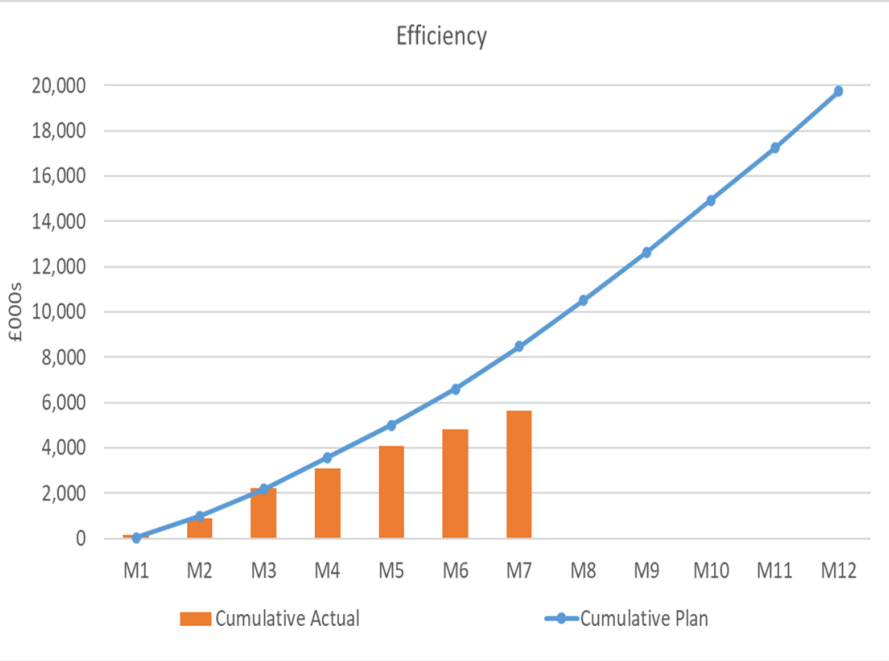
Anticipated impact and timescales for improvement:

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



Summary:

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).

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).

£5.6m of efficiency savings has been delivered year to date against a plan of £8.5m with year-to-date slippage predominantly being against the workforce BTI and direct engagement schemes. 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.

Recovery actions:

CIP schemes and delivery to be monitored through the weekly executive meeting.

Escalation efficiency to be driven through a combination of system wide and internal interventions with KPIs linked to escalation monitored on a weekly basis.

Further system action required in relation to the unidentified stretch of £3.5m

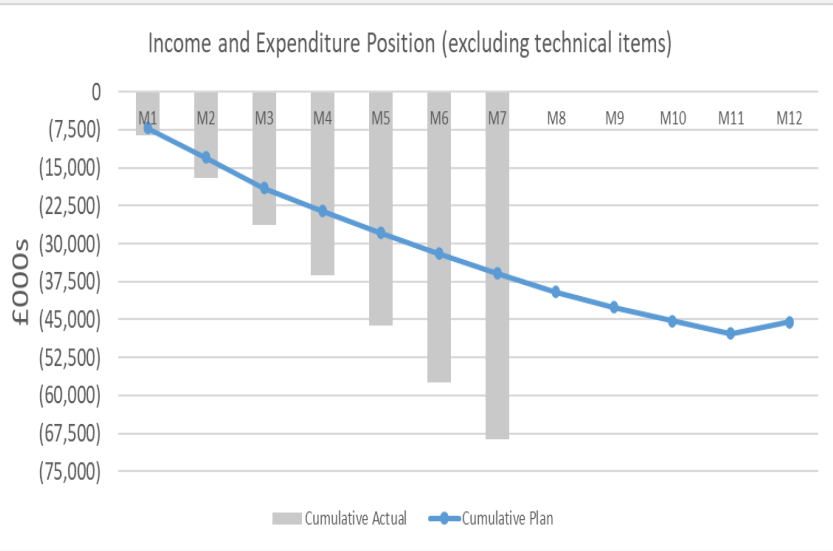
Anticipated impact and timescales for improvement:

Increased delivery expected over the coming months, linked to increased substantive recruitment and international recruited staff no longer being supernumerary.

Recovery dependencies:

Reduction in escalation capacity is linked to further improvements in efficiency delivery.

Income and expenditure



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 six of £68.7m which is £32.8m adverse to the plan.

The year-to-date deficit to plan of £32.8m is linked split between items within (£11.7m) and out of SaTH’s direct control (£21.1m). The key pressures year-to-date are escalation costs (£7.2m), increased activity related costs (£8.7m), nurse staffing and unavailability (£4.6m), junior doctor rota compliance costs (£2.5m) and industrial action cover costs (£2.2m).

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:

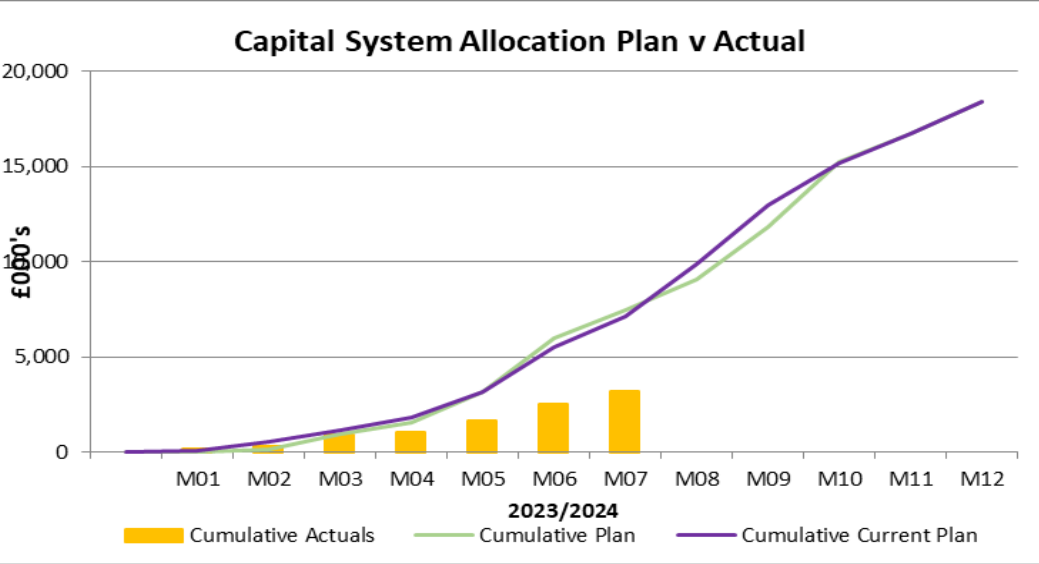
Actions being undertaken will have a continued improvement on the financial position and are monitored on a weekly basis.

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.

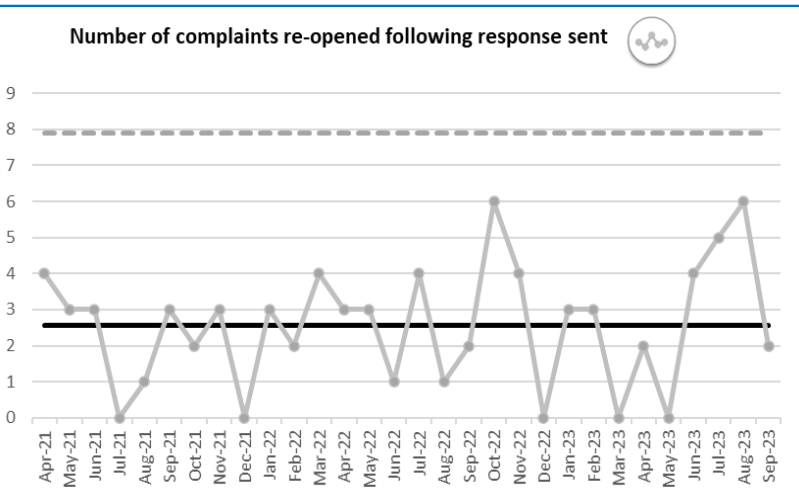
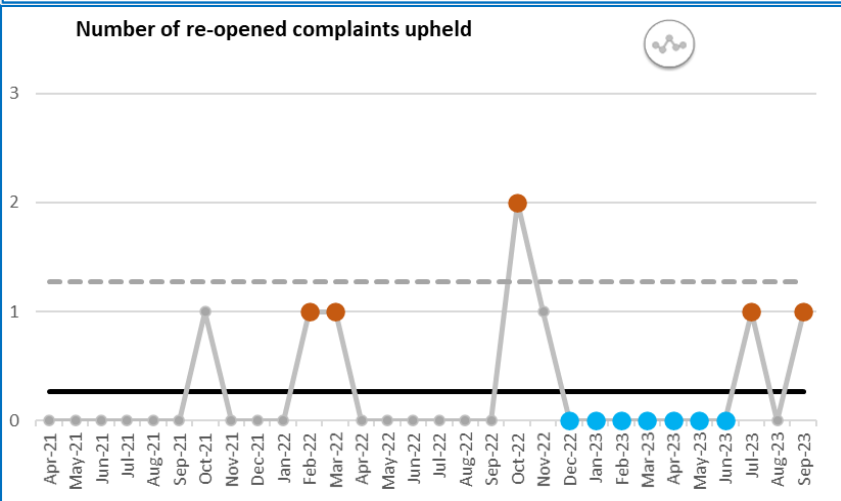
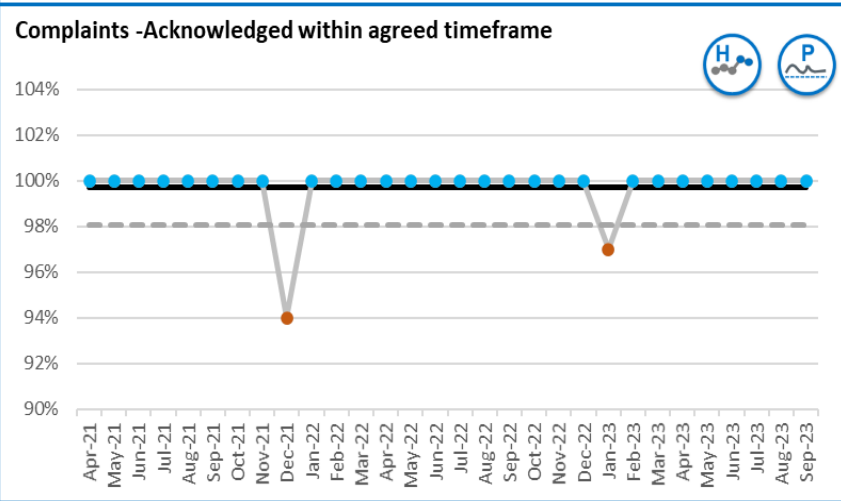
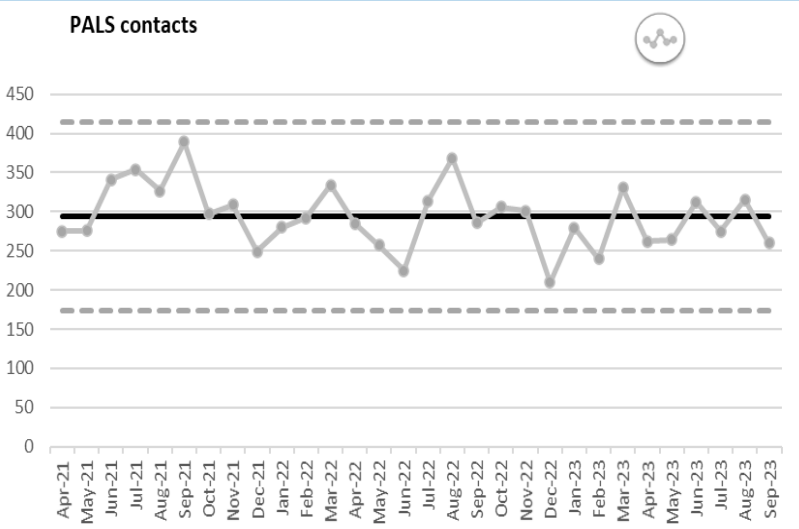
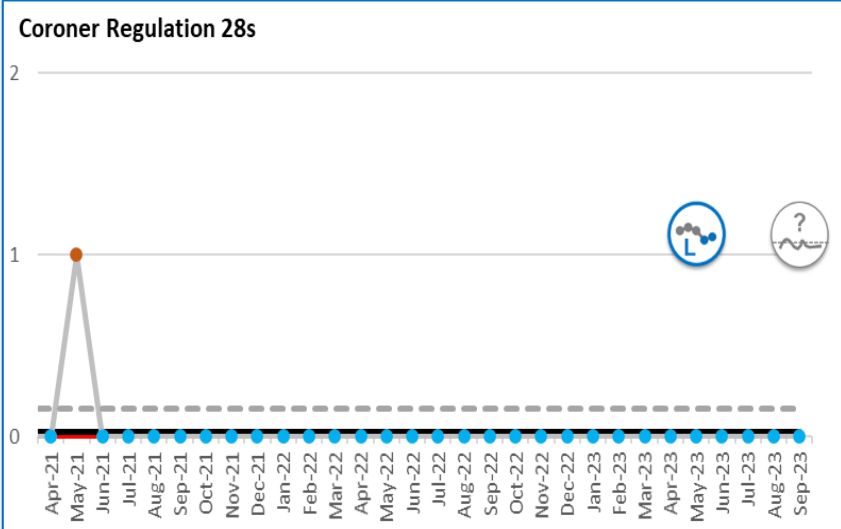
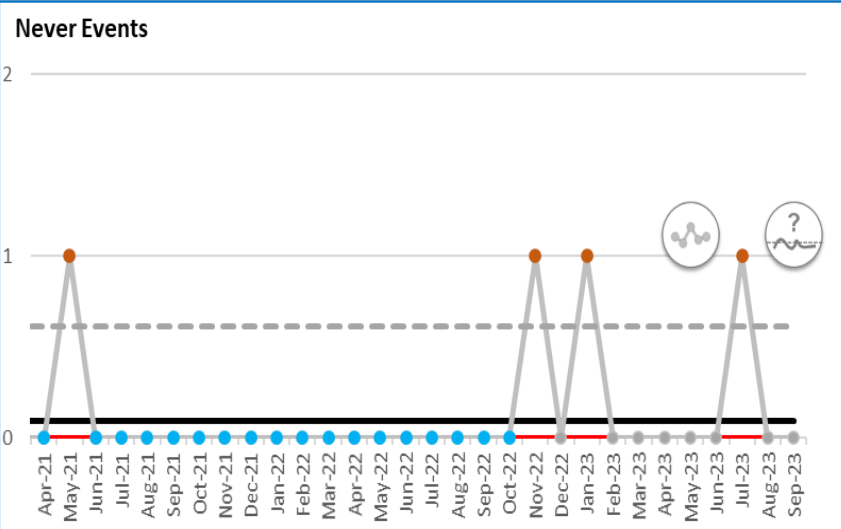
Capital – System Allocation

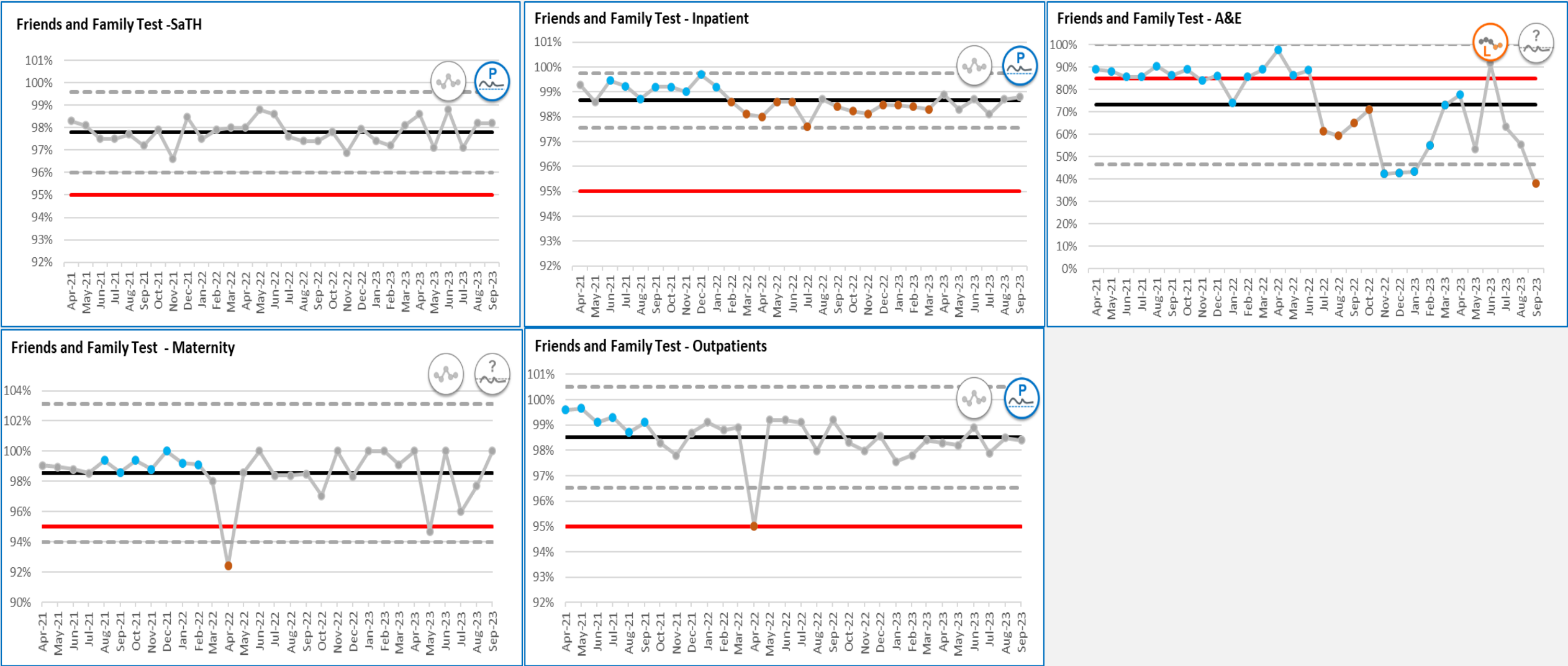


<p>Summary:</p> <p>For 2023/24 the Trust has set a capital programme funded from system allocation of £18.4m.</p> <p>Within the submitted plan it was projected that expenditure of £7.4.m would have been incurred at the end of October (month 7).</p> <p>The actual expenditure as at month seven was £3.2m, and underspend of £4.2m.</p>	
<p>Recovery actions:</p> <p>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 on a monthly basis.</p>	<p>Anticipated impact and timescales for improvement:</p> <p>Increase in capital expenditure expected latter half of financial year.</p>
<p>Recovery dependencies:</p>	

Appendices

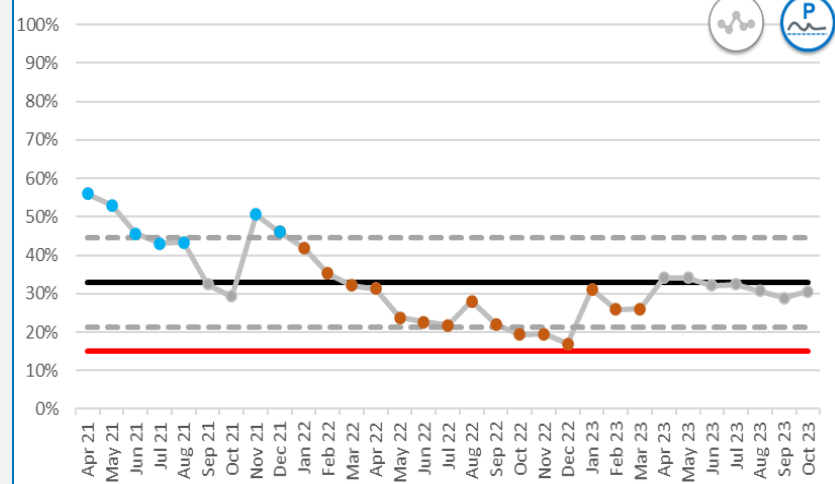
Appendix 1. supporting detail on Patient Safety, Clinical Effectiveness, Patient Experience



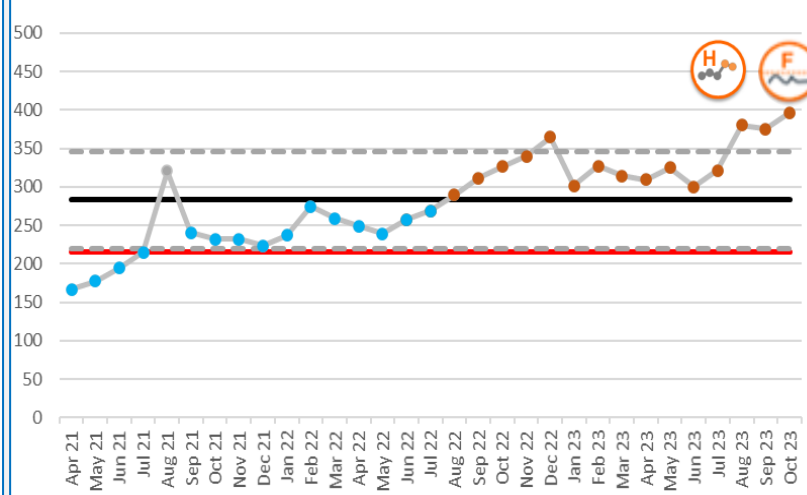


Appendices 2. – supporting detail on responsiveness

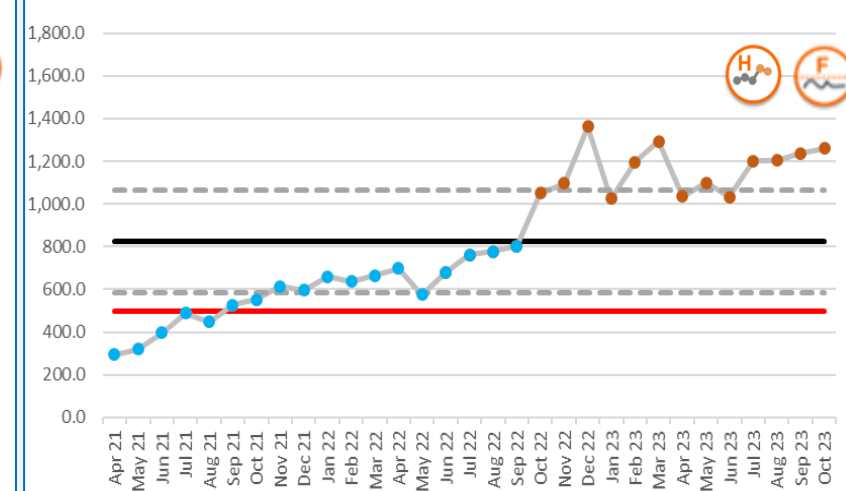
SaTH - % Patients seen within 15 minutes for initial assessment



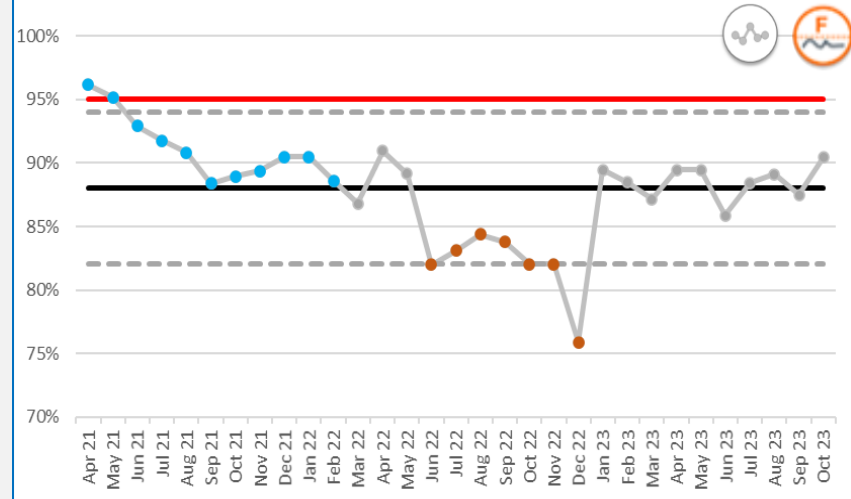
SaTH - Mean Time in ED Non Admitted (mins)



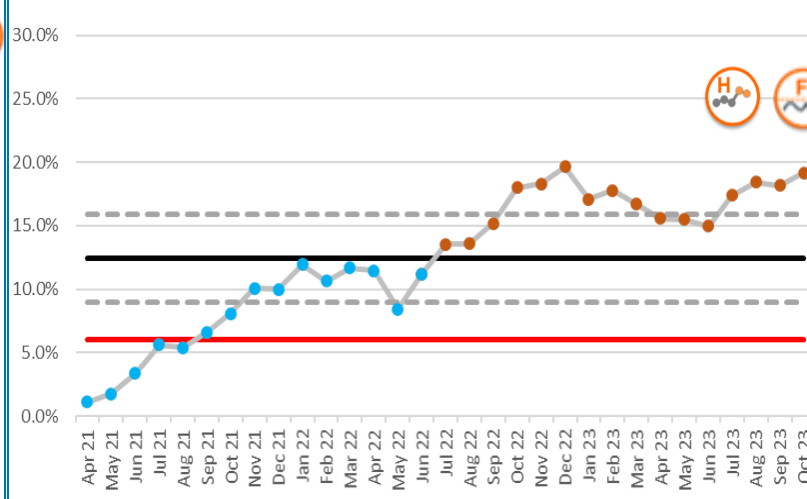
SaTH - Mean Time in ED admitted (mins)



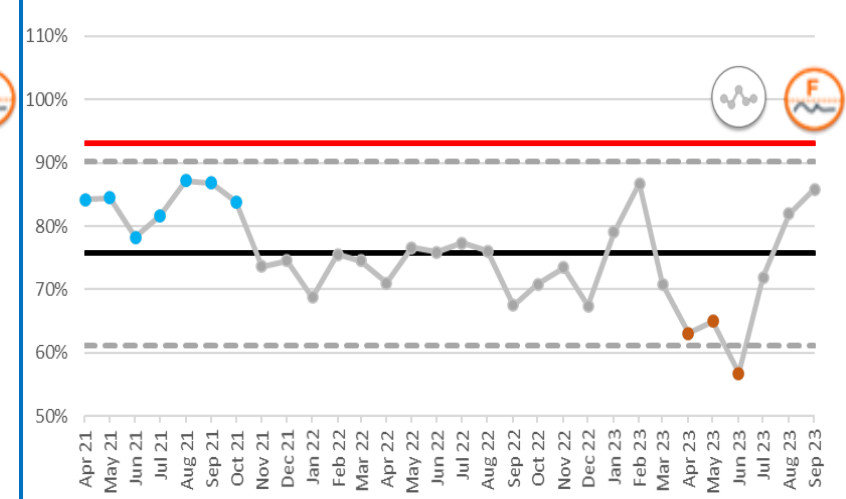
SaTH - ED 4 Hour Performance - Minors %



SaTH - 12 Hours in ED Performance %

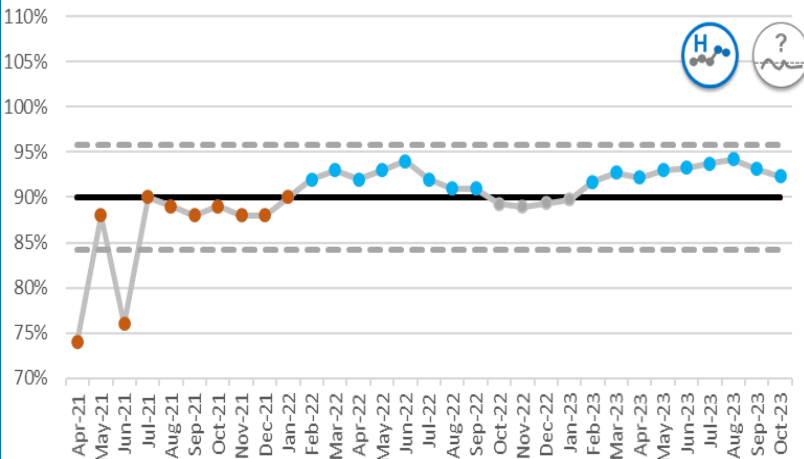


Cancer 2 Week Wait

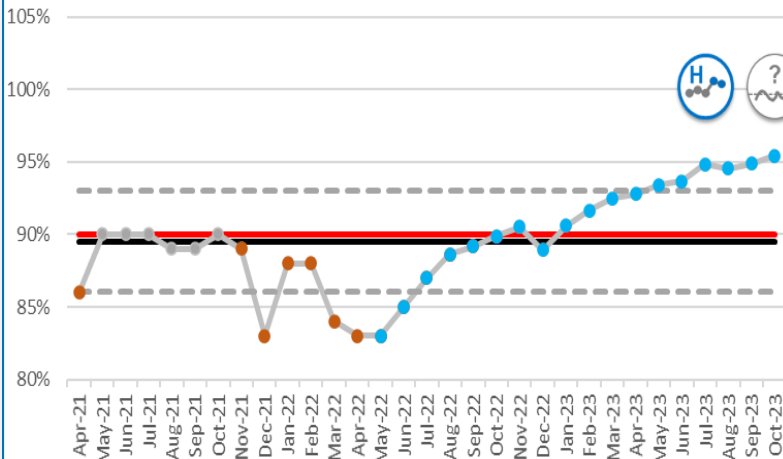


Appendices 3. – supporting detail on Well led

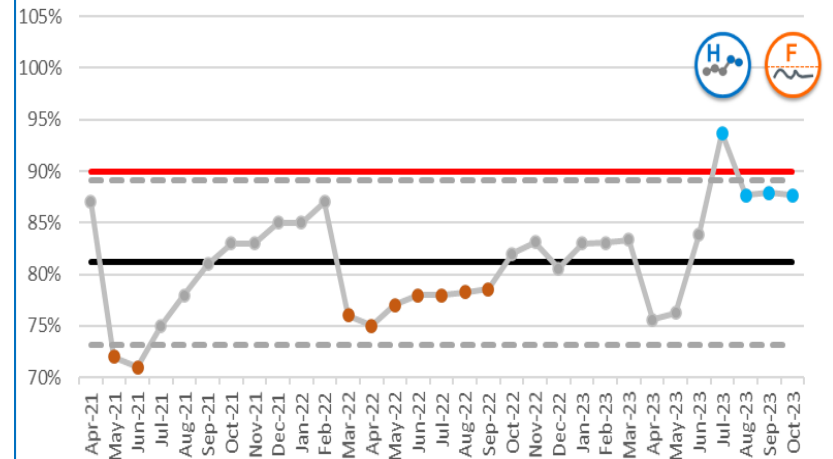
Appraisal – medical staff



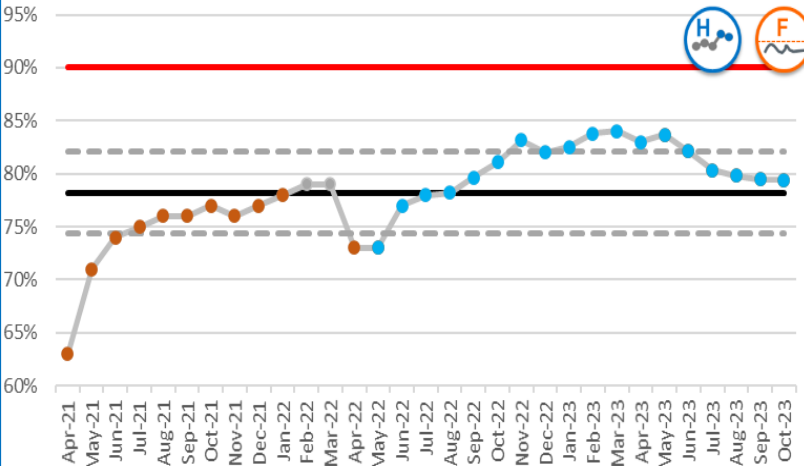
Safeguarding Children Level 2



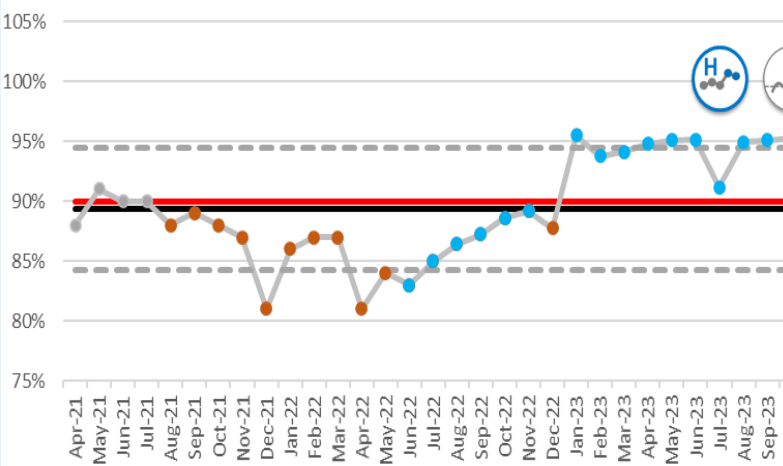
Safeguarding Children Level 3



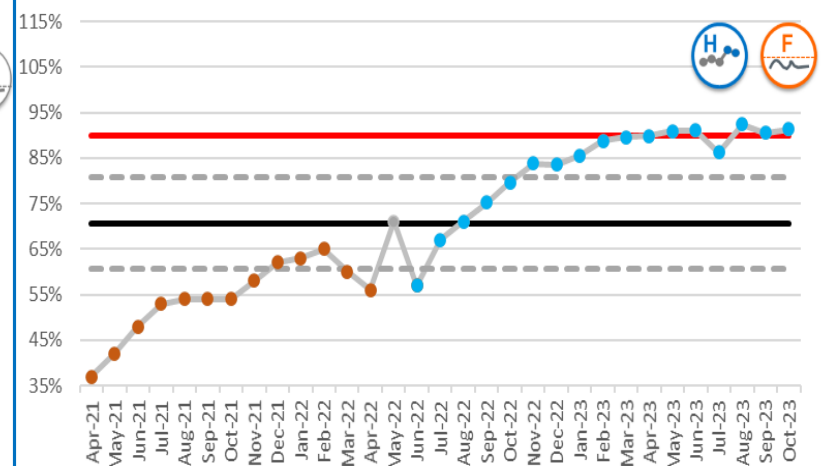
MCA – DOLS and MHA



Safeguarding Adults Level 2

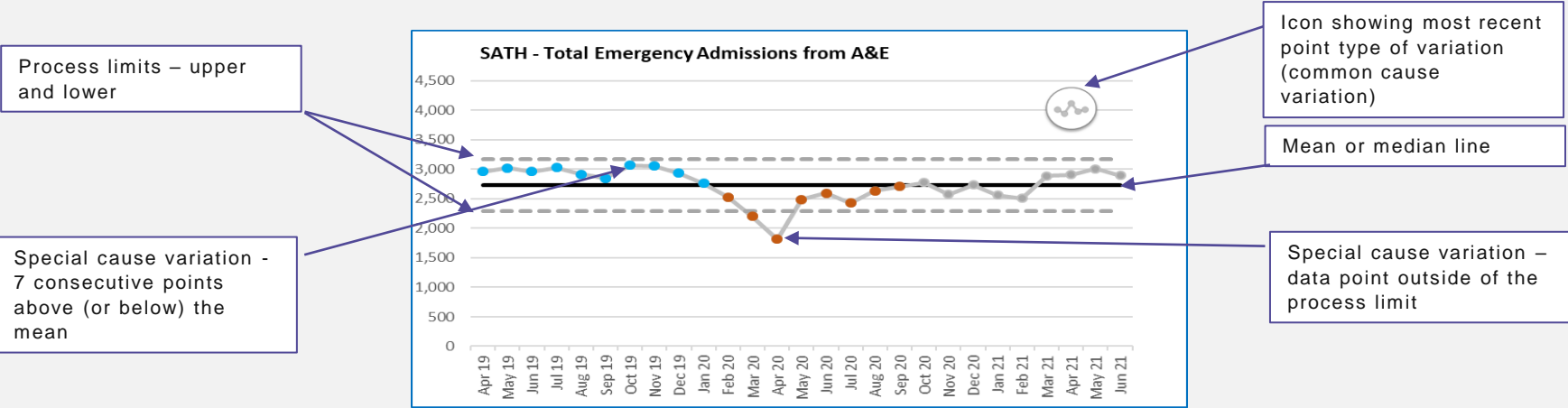


Safeguarding Adults Level 3

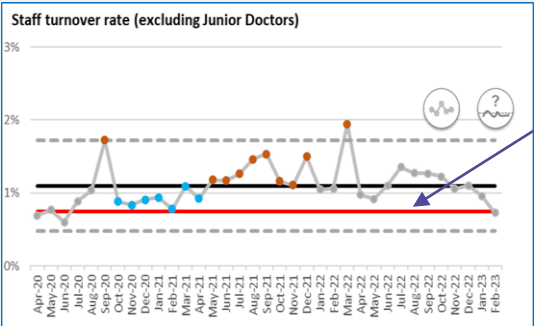
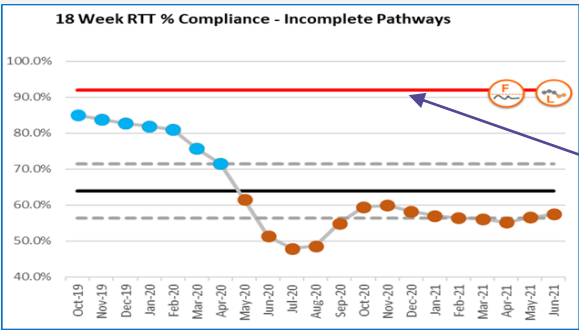


Appendix 4. Understanding Statistical control process charts in this report

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 5. Abbreviations used in this report

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

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

Appendix 5. Abbreviations used in this report

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

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

Appendix 5. 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
SADIT	Summary Acute Provide Indicator Table
SATOD	Smoking at Time of Delivery
SEDIT	Summary Emergency Department Indicator Table
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