Board of Directors' Meeting: 8 February 2024

Agenda item		014/24		
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, 2024.01.16 Quality & Safety Assurance Committee, 2024.01.31 Finance Performance Assurance Committee, 2024.01.30 Senior Leadership Committee – Operational, 2024.01.25		
Executive summary:		The report provides an update on progress against the Trust's Operating Plan and associated objectives and enablers. 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. The report provides an overview of the performance indicators to the end of November/December 2023, summarises planned recovery actions, correlated impact and timescales for improvement.		
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 8th February 2024

Presenting Month 9 Performance data

Partnering Ambitious Caring Trusted

Our Vision: To provide excellent care for the communities we serve

Contents

The Shrewsbury and Telford Hospital NHS Trust

Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

There was a marginal improvement in the performance against the 4-hour UEC standard in December 2023 – 60.2% versus 59.8% in November 2023, however, the monthly number of 12-hour trolley breaches increased in December (1068 v 862). Following targeted improvement work, the percentage of patients seen within 15 minutes for initial assessment increased from 37.2% to 50.8%.

At month nine the Trust has recorded a deficit of £88.0m against planned deficit of £42.6m; an adverse overall variance to plan of £45.4m. £10.3m of efficiency savings have been delivered year to date against a plan of £12.6m 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 £16.5m. 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.

In relation to the elective recovery programme the Trust continues to be monitored at Tier 3. There were 0 patients waiting over 104 weeks at the end of December 2023 and one patient waiting over 78 weeks (ENT patient requiring mutual aid). Plans developed to improve on the forecast position of 2213 patients waiting over 65 weeks at the end of March 2024. Regular 78 and 65 week meetings remain in place and waiting list validation being undertaken to validate waiting lists down to 12 weeks.

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). Whilst the backlog at the end of December 2023 increased to 332, the Trust remains on track to deliver stretch target of 182 by the end of March 2024. The validated FDS position for November 2023 was 75.1% against the national target of 75%; current unvalidated position for December 2023 stands at 74.6%

Performance against the diagnostic standard deteriorated in December 2023 to 71.4% compared to 73.4% in November 2023, however, this remains an improving picture to performance seen in Q1 and Q2 of 2023/24. The volume of 6-week breaches also reduced by 280 this month.

Operational Plan 2023/24 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Objective	Month 9 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. Work is ongoing to develop new project plans for these areas. Progress status of the Equality, Diversity and Inclusion project has moved from Amber to Green, as the final project milestone regarding support to ensure fair representation on recruitment panels was approved as evidenced and assured. A further twelve projects are RAG rated Green – On Track for overall progress and the remaining nine projects are all RAG rated Amber – At Risk.	A	QSAC
2: Restore and sustain elective orthopaedics and other services	Elective orthopaedics transferred to PRH W5 in December to allow the opening of the Rehabilitation and Recovery Unit. DSU is fully escalated to support UEC pressures. The Elective Hub was due to open in January 2024 but due to outstanding estates issues, the unit will become operational for patients in June 2024. Mitigations to deliver planned activity are being progressed, including support for inpatient activity from RJAH.	R	FPAC
3: Achieve 28-day faster cancer diagnosis standard for patients	Our validated position for November was 75.1% against the target of 75%. December's unvalidated position is 74.8% with 88.6% data completeness.	G	FPAC
4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	Two metrics have improved sustainably through November and December: 1) Time to Initial assessment; since November 2023 the performance is consistently above the regional average. All Trust performance for the last 6 weeks is 51.6% and SaTH 59.2%. 2) Discharges before 5pm - PRH performance has been consistently above the mean since October 2023. The Home for Christmas MaDE supported the highest discharge week for the past 18 months – this meant that there was capacity going into the holiday period. There is continued focus on discharge activity.	R	FPAC
5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	The current deficit to plan is £45.4m. 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 has submitted a revised forecast deficit to NHSE at month 9 in line with the forecast protocol.	R	FPAC

Operational Plan 2023/24 Enablers

The Shrewsbury and Telford Hospital NHS Trust

Enablers	Month 9 Status Summary	Current Status	Committee
1: Value difference and live the People Promise in our teams	Continued success of recruitment and retention in year. The Trust's overall vacancy rate has reduced to 2.1% and we continue to have a stronger leavers rate compared with our peers for medical and nursing workforce. Equal focus is on our fiscal plans, labour productivity initiatives include continued investment in training staff to make the highest impact, the opening of our SERII education building to offer improved facilities to support learning and development. 4 workforce policies have been updated; embargoed NHS Staff Survey results have been received and shared internally for divisional engagement. Global events and economic pressures remains challenging for staff going into 2024/25. Our Flu campaign continues, 34.7% of frontline staff vaccinated vs an average 29.9% across our peer Trusts (175 Trusts). Equality Diversity and Inclusion, Equality Delivery System 2022 and People Strategy focus groups took place in December and continue into Jan-March 2024.	A	People Committee
2: Progress our Hospitals Transformation Programme Plans to improve care for all	The Outline Business Case (OBC) has now been formally approved by the Department of Health and Social Care, NHS England and HM Treasury. Ongoing engagement continues with stakeholders and system partners as we move to the last stage of the business case requirements. Full Business Case (FBC) has been drafted and we are collaboratively working with system colleagues and NHSE as we work through the governance processes aligned to the NHSE National review. We have also started the preparatory work for the Gateway 3 review in March 2024.	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 ED system deployments remain on schedule for deployment in April 2024. The 'Vitals' (electronic observation and decision support system) upgrade completed in November 2023. The third round of user acceptance testing is underway and training continues for Careflow PAS and ED (on target to meet 90% by go-live date). 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	Interviews are due to take place at the end of January for the replacement Data Protection Officer / Head of IG, which will free up capacity for the SIRO.	A	Information Governance Committee

Operational Plan 2023/24 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Trust Objective	Delivery Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Performance	Assurance
Objective 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	317	380					
	Ensure all waiting lists are subject to 12 week validations	Plan							90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		Actual					81.8%	87.8%	96.5%	85.0%	80.9%					
	Achieve 5% Patient Intiated 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%	3.30%	3.50%	3.70%	4.60%					
	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%	17.2%	17.8%	17.0%	16.7%					
	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%	75.0%	77.0%					
Objective 3: Achieve the 28 day faster cancer diagnosis standard for patients	Cancer 28 day faster diagnosis	Plan	57.7%	63.2%	67.5%	67.3%	68.5%	70.0%	69.6%	70.6%	72.5%	72.2%	73.7%	75.0%		
		Actual	59.4%	60.9%	63.0%	66.5%	68.2%	72.3%	74.1%	75.1%						
	Patients who have breached the diagnostic standard	Plan	3447	3378	3197	3185	3104	2884	2652	2591	2503	2428	2457	2592		
		Actual	4820	4625	4115	3815	3321	3344	2894	3204	2924					
	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%	73.7%	71.4%					

Operational Plan 2023/24 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Trust Objective	Delivery Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Performance	Assurance
Objective 4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	Percentage of admissions discharged before midday	Plan	20%	22%	24%	26%	28%	30%	33%	33%	33%	33%	33%	33%		
		Actual	19.7%	19.1%	19.0%	20.0%	19.2%	20.4%	18.5%	20.3%	18.7%					
	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%	27.3%	25.0%					
	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	36	29					
	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	5.2	5.1					
	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	4.5	3.8					
	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	198	178					
	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	118	99					
Objective 5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	Trust vacancy rates	Plan	TBC													
		Actual	5.5%	5.1%	4.5%	5.2%	4.7%	2.7%	2.5%	2.1%	1.8%					
	Agency expenditure	Plan	3937	2886	3126	2422	2356	2287	2214	2120	1721	1632	1632	1575		
		Actual	4118	4277	3646	3750	3856	3490	3786	3638	3230					
	In month efficiency delivery	Plan	193	1443	1318	2258	2272	2448	2728	2887	3494	3631	3681	9099		
		Actual	805	693	1110	1121	1086	1027	1138	1904	1317					
	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

The Shrewsbury and Telford Hospital NHS Trust

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:

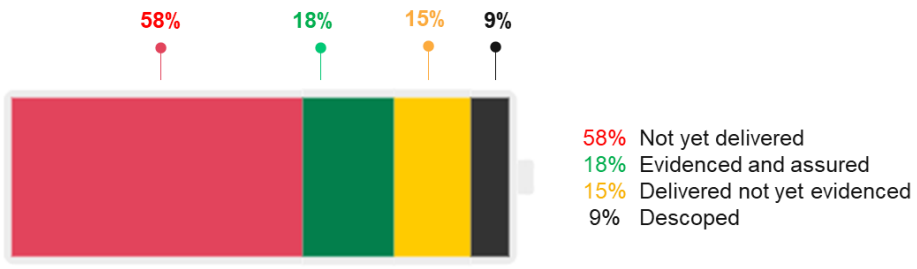
Emergency Care Transformation – Improvement to initial assessment was sustained with an average compliance of 58.5% across both hospital sites against the 15 minute standard, compared to a regional average of 51.7% as per the National A&E Dashboard.

Quality Governance – The Patient Safety Incident Response Framework (PSIRF) was successfully launched and well received.

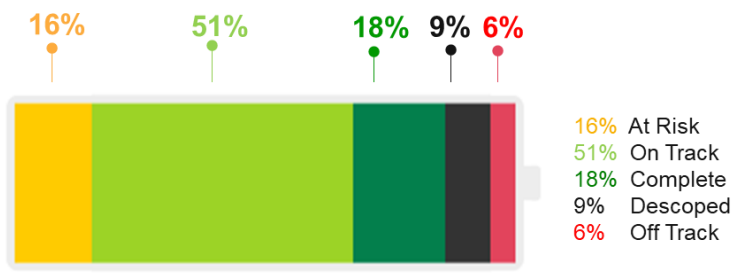
Learning from Deaths - All milestones now successfully delivered and continues to exceed the national target of 15% of deaths receiving a Structured Judgement Review (SJR). A significant improvement in the number of the SJRs completed within the 8 week period following the death has also been achieved.

Medical Staffing - New rotas for Medicine and ENT went live on the 6th December 2023, providing both additional cover at night on the Medicine rota to improve patient flow and greater teaching opportunities for Junior Doctors within ENT.

Overall Delivery Status



Overall Progress Status



Quality Patient Safety, Clinical Effectiveness and Patient Experience

Executive Leads :

Director of Nursing
Hayley Flavell

Medical Director
John Jones

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard 23/24	Current Month Trajectory (RAG)	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	101	98	89	93	94	92	105	103	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	207	227	252	190	207	192	215	212	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	210	223	224	177	195	177	226	219	-	-	-	-	-	
	SJRs Completed by Month				-	-	2	12	20	13	33	36	46	61	45	40	42	
	HOHA - MRSA	R	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	
	COHA - MRSA	R			0	0	0	0	0	0	0	0	0	0	1	0	0	
	HOHA - MSSA		-	-	3	0	1	4	2	1	4	1	3	2	2	1	3	
	HOHA - C.Difficile	R	32	3	4	1	3	12	3	4	7	2	3	6	6	6	8	
	COHA - C.Difficile	R			1	0	1	1	1	3	3	3	0	3	2	4	1	
	HOHA - E-coli	R	90	7	4	5	4	5	5	4	4	3	4	4	3	5	4	
	COHA - E-coli	R			12	6	5	5	8	5	7	5	6	5	9	14	9	
	HOHA - Klebsiella	R	22	2	1	2	3	4	0	1	0	0	1	1	2	1	2	
	COHA - Klebsiella	R			2	2	0	1	3	1	0	3	2	3	1	2	0	
	HOHA - Pseudomonas Aeruginosa	R	18	1	0	0	1	0	0	1	3	2	1	0	1	0	1	
	COHA - Pseudomonas Aeruginosa	R			0	0	0	0	0	0	0	1	0	1	2	1	1	
	Pressure Ulcers - Category 2 and above		-	15	14	9	32	26	16	23	38	20	17	28	28	22	28	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.56	0.36	1.22	1.13	0.61	0.99	1.50	0.80	0.75	1.13	1.15	0.90	1.07	
	VTE Risk Assessment completion		95%	95%	91.7%	88.9%	91.3%	90.5%	90.3%	89.7%	92.3%	91.4%	90.7%	91.1%	90.8%	92.1%	-	
	Falls - per 1000 Bed Days		6.6	4.5	4.09	4.93	3.92	4.48	4.05	4.55	3.38	3.82	3.74	4.17	3.52	4.14	3.58	
	Falls - total		-	105	102	122	103	103	107	106	85	96	85	103	86	101	94	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.16	0.04	0.08	0.04	0.08	0.21	0.08	0.08	0.22	0.12	0.12	0.20	0.15	
	Falls - Resulting in Harm Moderate or Severe		0	0	4	1	2	1	2	5	2	2	5	3	3	5	4	
	Never Events		0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	7	7	9	11	11	10	5	11	12	8	6	9	11	
	Serious Incidents - Closed in Month		-	-	5	8	10	1	12	11	4	8	11	9	8	11	4	
	Serious Incidents - Total Open at Month End		-	-	44	43	46	50	48	52	45	40	39	36	40	40	44	
	Mixed Sex Accommodation - breaches		0	0	86	95	90	56	76	72	95	102	125	103	72	81	74	
	One to One Care in Labour		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity		85%	85%	79%	70%	86%	83%	82%	81%	86%	84%	82%	75%	84%	73%	54%	
	Smoking Rate at Delivery		6%	6%	11.2%	10.8%	10.9%	13.1%	8.8%	12.3%	11.5%	7.4%	10.0%	12.1%	7.7%	8.9%	8.9%	
Quality Caring & Experience	Complaints		-	-	82	42	73	45	75	67	76	88	93	68	66	79	83	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	59%	49%	50%	47%	47%	46%	54%	57%	58%	57%	46%	58%	49%	
	PALS - Count of concerns		-	-	301	210	279	240	330	262	264	312	275	315	260	302	301	
	Compliments		-	-	75	54	84	54	108	59	125	104	74	89	86	93	85	
	Friends and Family Test -SaTH		95%	95%	97%	98%	97%	97%	98%	99%	97%	99%	97%	98%	98%	91%	94%	
	Friends and Family Test - Inpatient		95%	95%	98%	99%	98%	98%	98%	99%	98%	99%	98%	99%	99%	98%	99%	
	Friends and Family Test - A&E		85%	85%	42%	43%	43%	55%	73%	78%	53%	92%	63%	56%	38%	66%	62%	
	Friends and Family Test - Maternity		95%	95%	100%	98%	100%	100%	99%	100%	95%	100%	96%	98%	100%	100%	92%	
	Friends and Family Test - Outpatients		95%	95%	98%	99%	98%	98%	98%	98%	98%	99%	98%	99%	98%	99%	99%	
	Friends and Family Test - SaTH Response rate %		-	-	8%	6%	7%	6%	8%	6%	8%	6%	10%	8%	8%	8%	11%	
	Friends and Family Test - Inpatient Response rate %		-	-	20%	18%	19%	14%	20%	17%	22%	15%	25%	20%	20%	14%	22%	
	Friends and Family Test - A&E Response rate %		-	-	0.5%	0.2%	0.3%	0.4%	0.3%	0.1%	0.6%	0.1%	0.7%	0.2%	0.2%	4.5%	4.0%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	8%	7%	5%	6%	7%	1%	8%	0.3%	6.0%	1.2%	6.5%	7.1%	3.3%	

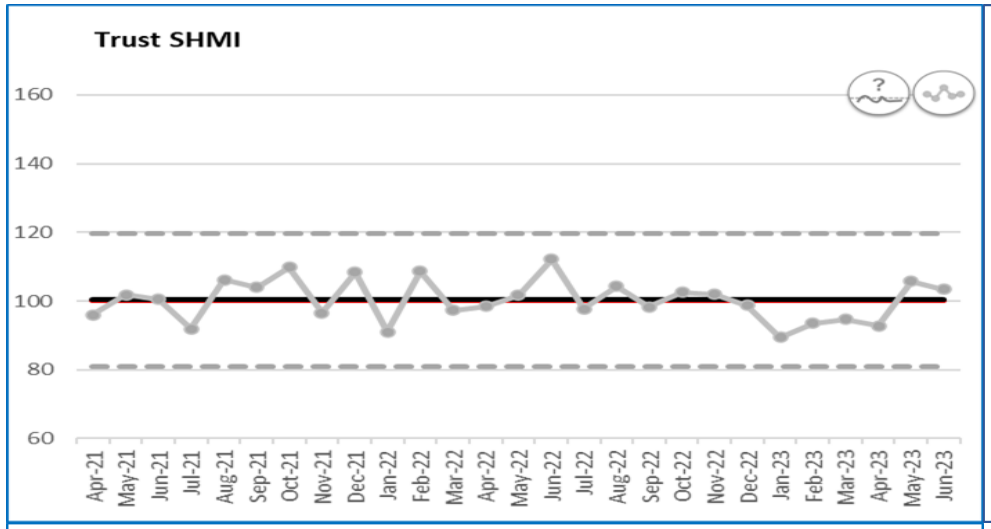
Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

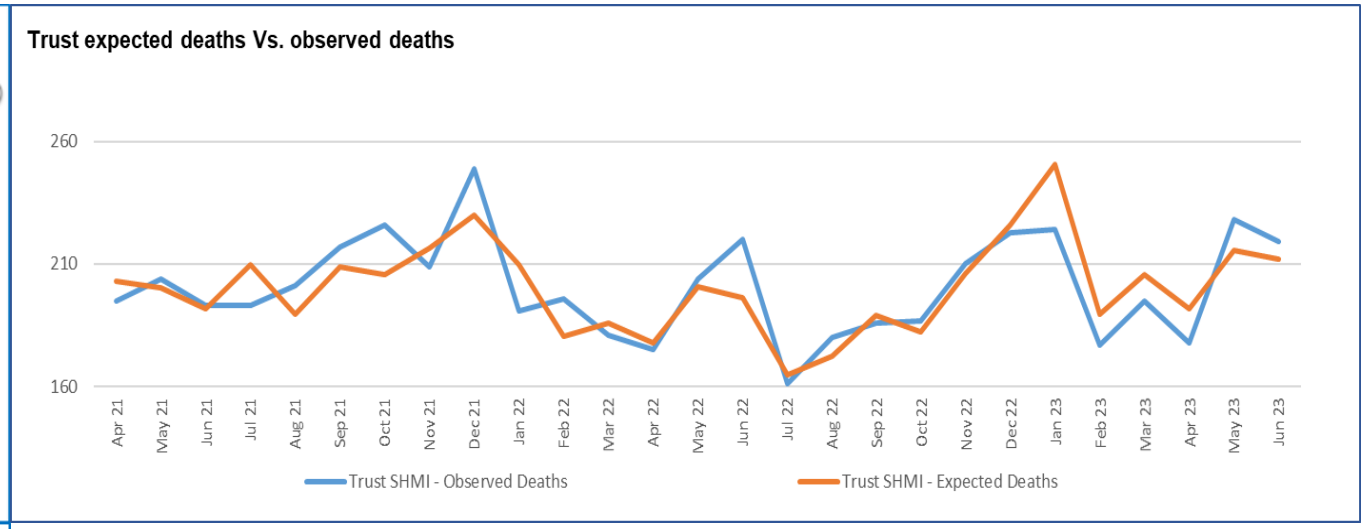
The Shrewsbury and Telford Hospital NHS Trust

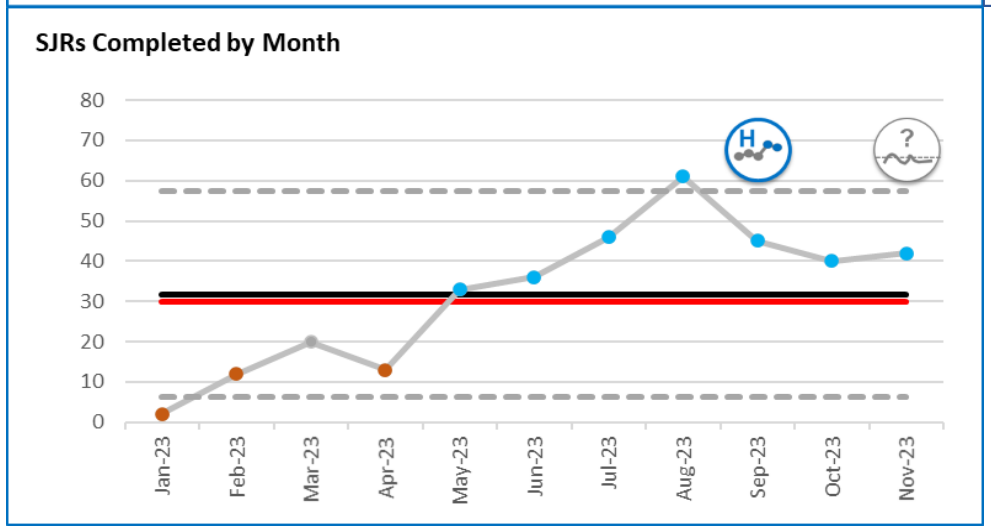
- VTE performance continues to fall below the National target, with performance currently at 92.1% against the 95% standard. This is as a result on the reliance of electronic assessment and paper prescriptions. In addition, prolonged stays within our emergency department is also likely to be a contributing factor.
- A robust review of MRSA bacteraemia attribution in November was undertaken and non-concordance was found to be an overriding factor. Both MRSA cases seen in month have been reviewed with no direct themes however, device care and screening of wounds on admission were flagged as areas to focus on.
- C.Difficile remains a challenge and steps such as enhanced cleaning in ED is taking place to mitigate risk of over crowding.
- Falls continues to be an improving picture in terms the of numbers. We continue to successfully implement and embed the falls improvement plan and 4 falls with harm took place in November, which is a reduction on the previous month.
- A decline in delivery suite acuity was seen in November due to high unavailability. Triangulation is in place regarding red flags and acuity and there is no associated negative impact on patients. Gaps are actively been managed via the escalation policy. Despite this decline, supernumerary coordinator and 121 care in labour continue to be achieving 100%.

Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust







Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The Trust's SHMI to June 2023 was 98 (RSH 95; PRH 102) and our observed vs 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 take place to focus on learning in a timely manner, including analysis of concerns raised by the bereaved. There are current challenges in resources for Learning from Deaths because of sickness and leave in the team and as a result of this, the December target for SJRs will be a challenge.

Recovery actions:
A detailed analysis of 25 acute cerebrovascular deaths at RSH has been presented, where it was determined that all deaths were 'expected' and transfers to the Stroke Unit at PRH would not have altered the outcome. One death is undergoing investigation through the patient safety incident process.

An assurance review into the high death rate in the Emergency Departments in October - December 2022 has also been presented. The review did not identify any overall failures or omissions in care which would have altered the outcomes.

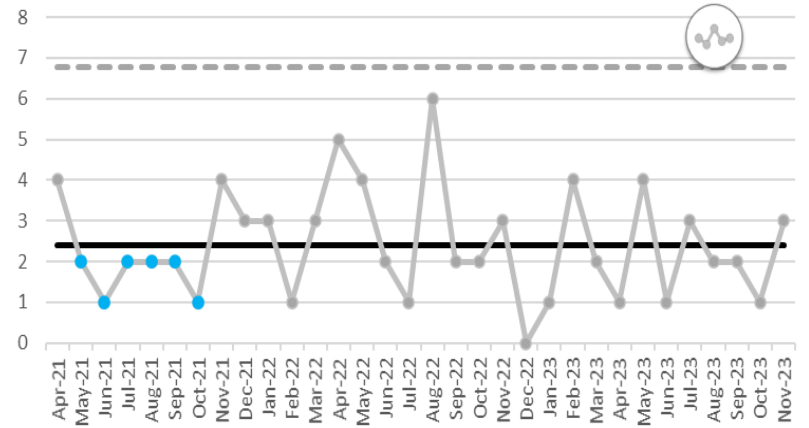
Anticipated impact and timescales for improvement:
The Learning from Deaths Dashboard shows the monthly SJR report with themes and trends and provides details of the outcome of reviews where the bereaved have raised concerns.

Recovery dependencies:	Complete recruitment to the Learning from deaths team and relocate to new office space.

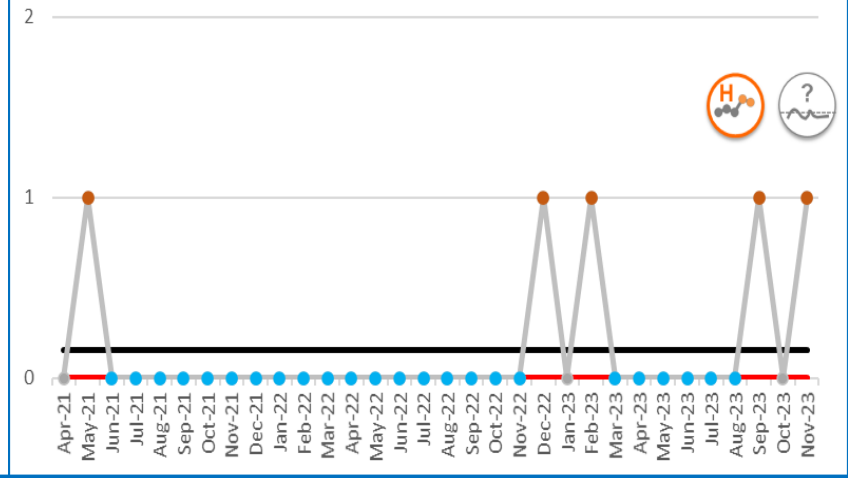
Infection Prevention and Control

The Shrewsbury and Telford Hospital NHS Trust

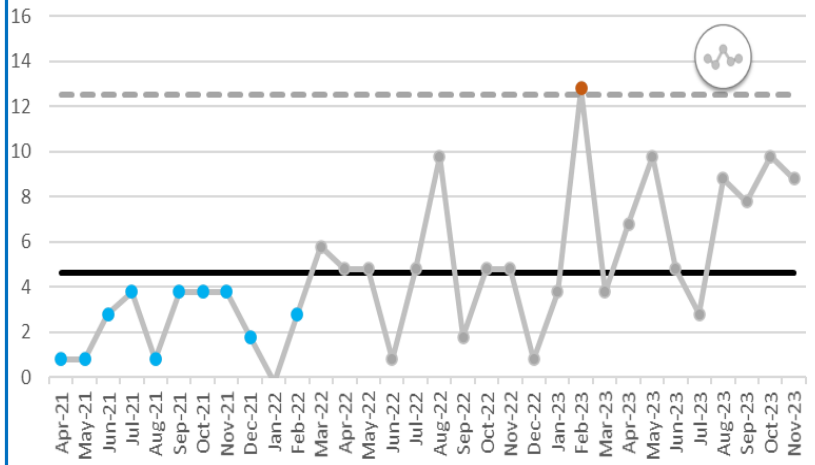
HOHA - MSSA



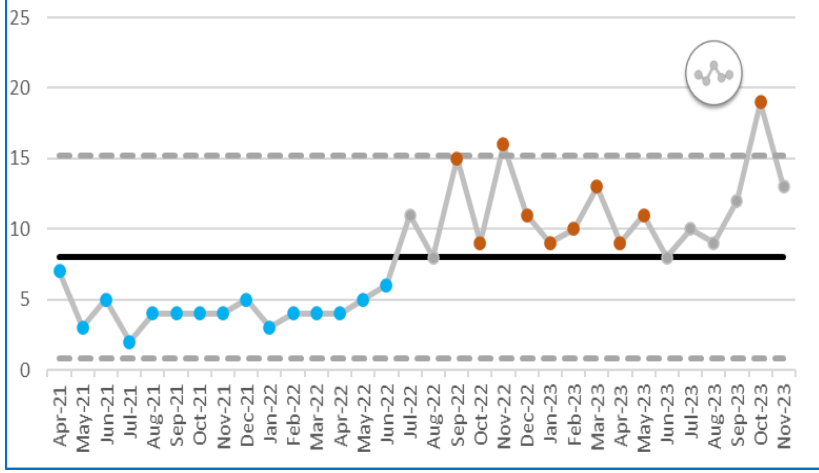
HOHA & COHA- MRSA



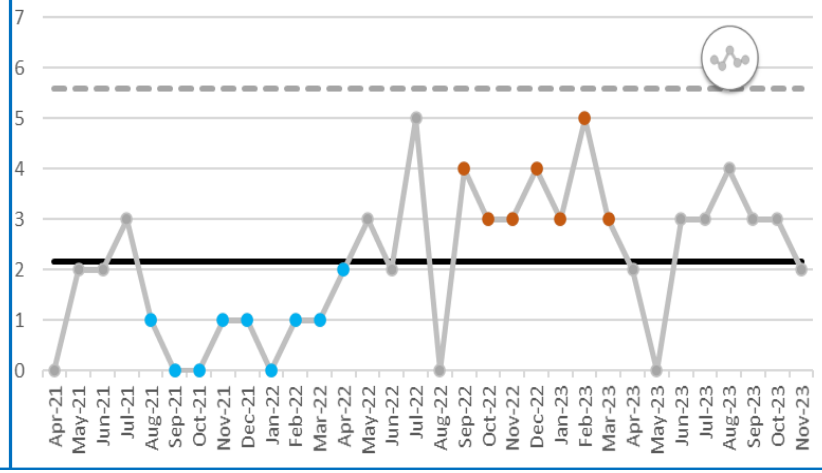
HOHA & COHA - C.Difficile



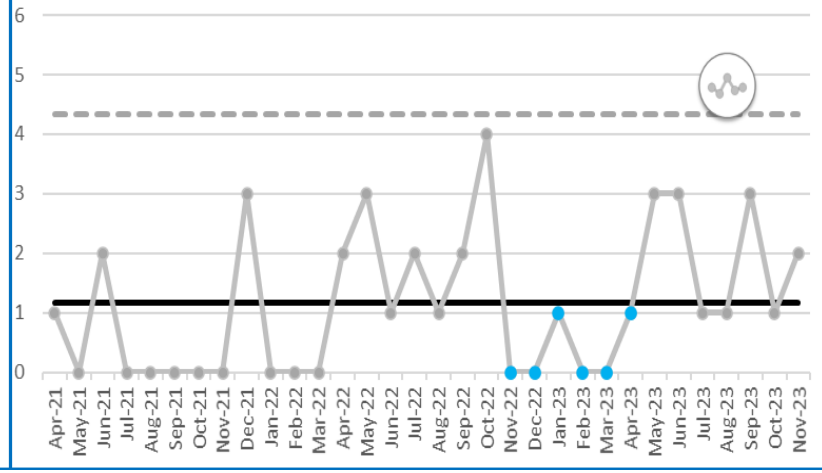
HOHA & COHA- E-coli



HOHA & COHA - Klebsiella



HOHA & COHA -Pseudomonas aeruginosa



Partnering
Ambitious
Caring
Trusted

Our Vision: To provide excellent care for the communities we serve

Infection Prevention and Control

The Shrewsbury and Telford Hospital NHS Trust

Summary: In November 2023 there were the following bacteraemia:
• 3 MSSA (1 HOHA, 2 COHA'S)
• 1 MRSA (HOHA)
• 9 C.Diff (8 HOHA's, 1 COHA)
• 13 E-coli (4 HOHA's, 9 COHA's)
• 2 Klebsiella (HOHA)
• 2 Pseudomonas (1 HOHA, 1 COHA)

Recovery actions:

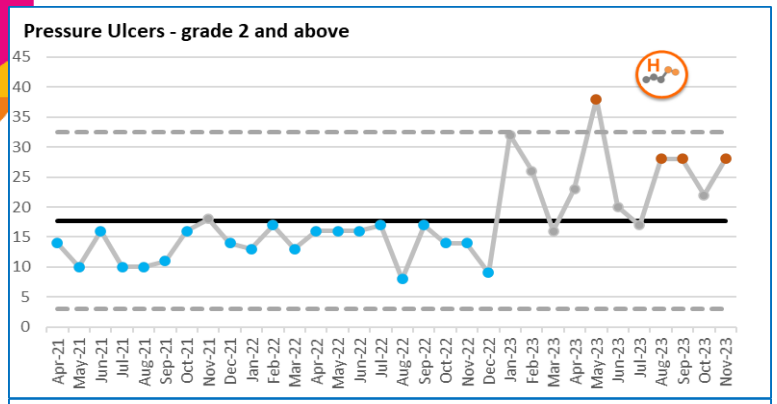
- The IPC team continues to deliver ward-based training sessions related to C.diff issues across both sites.
- Due to very low statutory training compliance, the IPC online training is again available on LMS. Staff members have the option of completing training through a lecture or online.
- C.Diff numbers continue to increase within the Trust, with 8 cases attributed to the Trust in November. The IPC team continues to raise awareness regarding the management of patients with diarrhoea and have requested business intelligence to look at how many C.Diff cases have come through ED.
- Following a letter received from NHSE, the COVID risk assessment has been reviewed and mask wearing will be maintained in:
  ED (all areas), SDEC, AMA, AMU, Ward 22 SS, SAU, CAU, GATU, Ward 24, Ward 17 respiratory, Ward 23 oncology/haematology, chemo day centre, Lingen Davies, haematology clinics and paediatric oncology/haematology. In addition, any areas with a COVID-19/Flu/RSV outbreak.

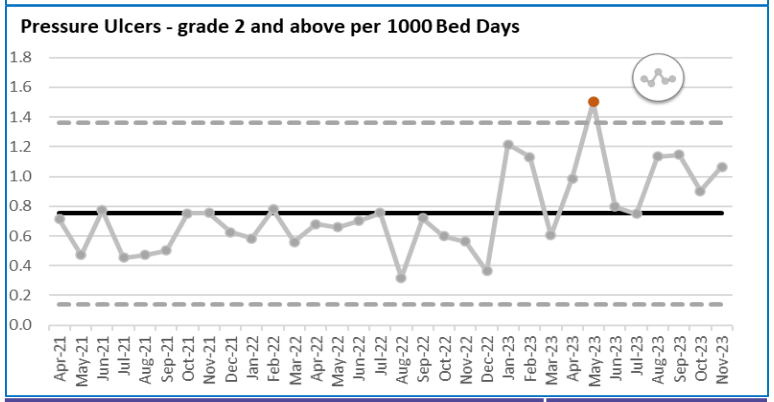
Anticipated impact and timescales for improvement:
To be agreed and approved via the Director of Infection Prevention and Control at the IPC Assurance Committee.

Recovery dependencies:	ICB IPC improvement work in anti-microbials.

Patient harm – Pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	13
Surgery, Anaesthetics and Cancer	14
Women's & Children's	1

Summary:
The number of hospital acquired pressure ulcers reported are slightly higher than last month and remain higher throughout 2023/24 than in quarters 1-3 of 2022/23. 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, accuracy of risk assessments and associated actions and the quality of completed documentation.

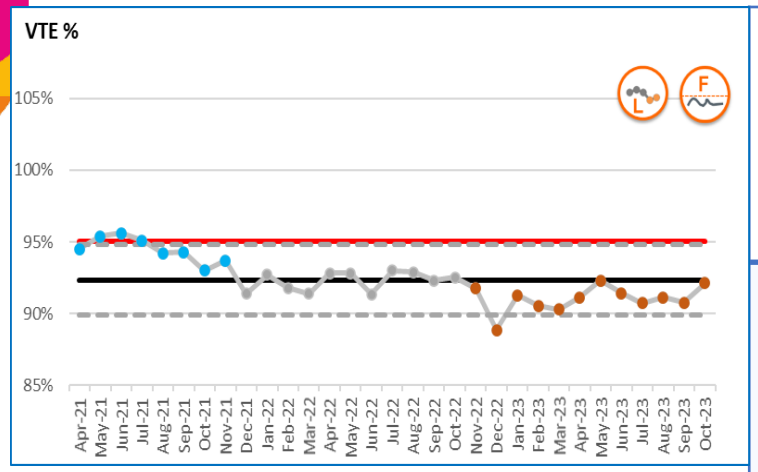
Recovery actions:
Move to PSIRF review processes are in progress. Aim to focus on common themes and associated action plans to be implemented to ensure improvements. Ownership at ward and Divisional level with Tissue Viability oversight. Review of Tissue Viability processes in line with the National Wound Care Strategy Programme to ensure recommended practice is in place. Plans to implement PURPOSE T risk assessment tool in 2024. Ongoing face to face education, training and support in areas of high incidence. Education and training across all wards in pressure ulcer prevention as part of National Stop the Pressure Week and plans to provide further education to ward managers in January via NMF. Continue with accredited training of the Tissue viability link nurses.

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

Recovery dependencies:
Availability of Bank Nurse support to implement PURPOSE T. Administration support to TVN team in formatting and formulating PSIRF frameworks and action plans. Ownership of action plans for pressure ulcer prevention at ward level.

Patient Harm - VTE

The Shrewsbury and Telford Hospital NHS Trust



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

Recovery actions:
Communication went out to all doctors and nurses during October to ensure that VTE assessments are being completed. This has demonstrated a slight improvement in the daily snapshots, and October's compliance for the month being at 92.1%. Improvement work is being discussed with the potential of the modern ward round checklists including VTE assessments.

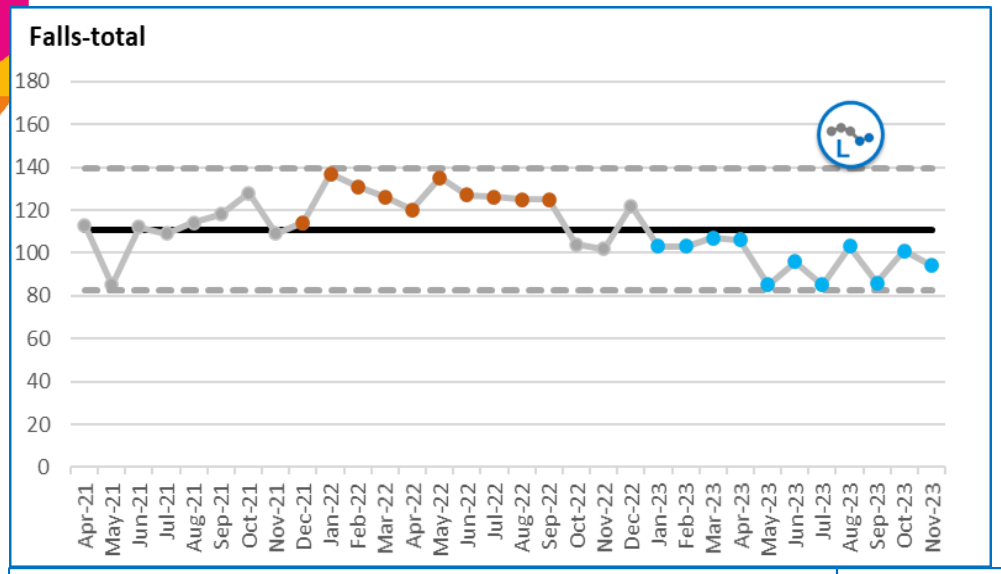
Communication continues with the divisional medical directors, clinical directors, consultants, matrons and ward managers to identify any outstanding VTE assessments and to ensure completion in a timely manner. Monitoring will continue with notifications sent to consultants.

Anticipated impact and timescales for improvement:
Monitoring of compliance following recent communication in October has shown an initial improvement on the daily snapshot data.

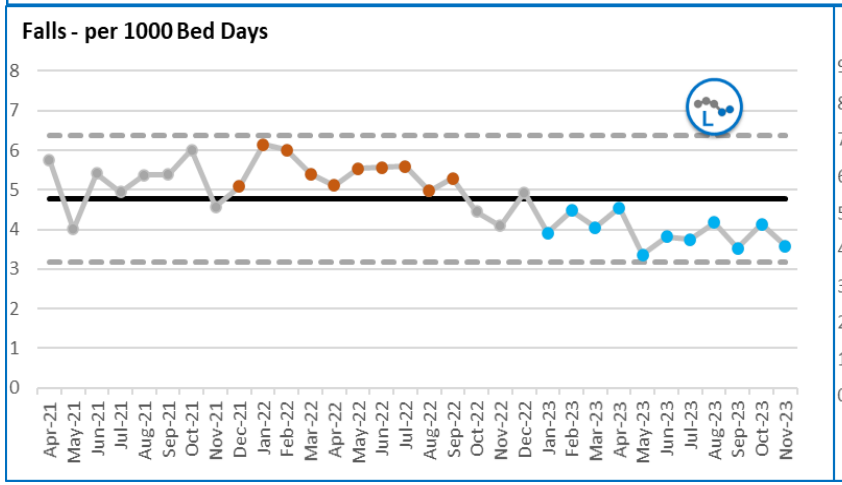
Recovery dependencies:

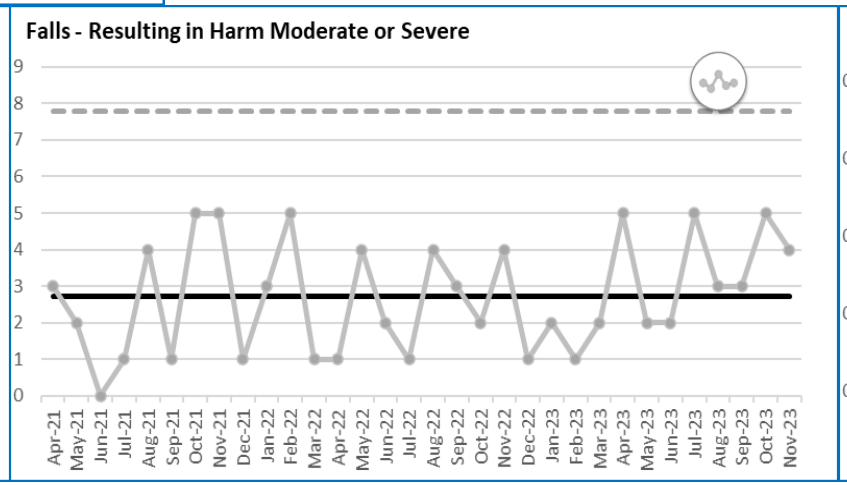
Patient harm - Falls

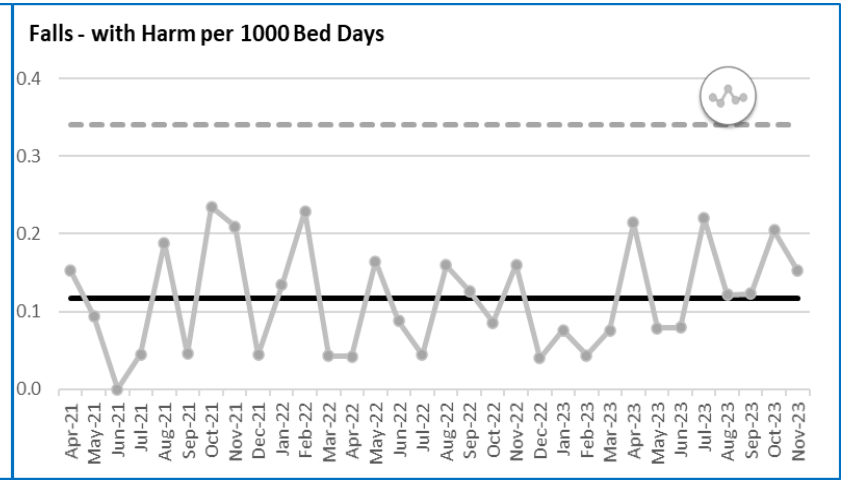
The Shrewsbury and Telford Hospital NHS Trust



Falls – Total per Division	Number Reported
Medicine and Emergency Care	70
Surgery, Anaesthetics and Cancer	21
Women's & Children's	2
Clinical Support Services	1







Patient harm - Falls

The Shrewsbury and Telford Hospital NHS Trust

Summary:
There was a decrease in November 2023 with 94 falls reported in total. This remains marginally lower than the same month last year where we reported 102 falls, and 109 falls in November 2021/22. Overall, the number of falls per month and falls per 1,000 bed days has reduced in Q1 and Q2 of 2023/24 compared to Q4 and Q3 of 2022/23. A review of falls has shown inconsistent practice in relation to pre-falls recording of lying and standing blood pressure and actions required in relation to postural drop in blood pressure and issues with patients wearing appropriate footwear at the time of the fall.

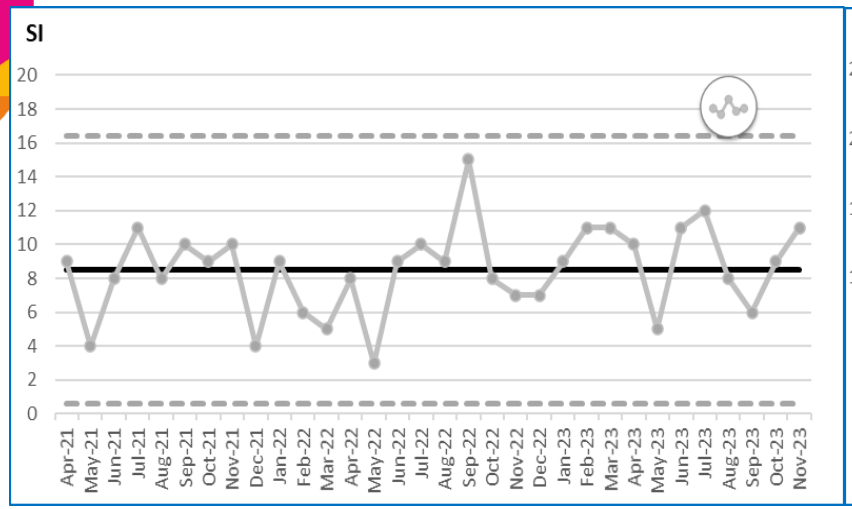
There continues to be falls with harm with 4 falls being seen in November 2023 that resulted in moderate harm or above.

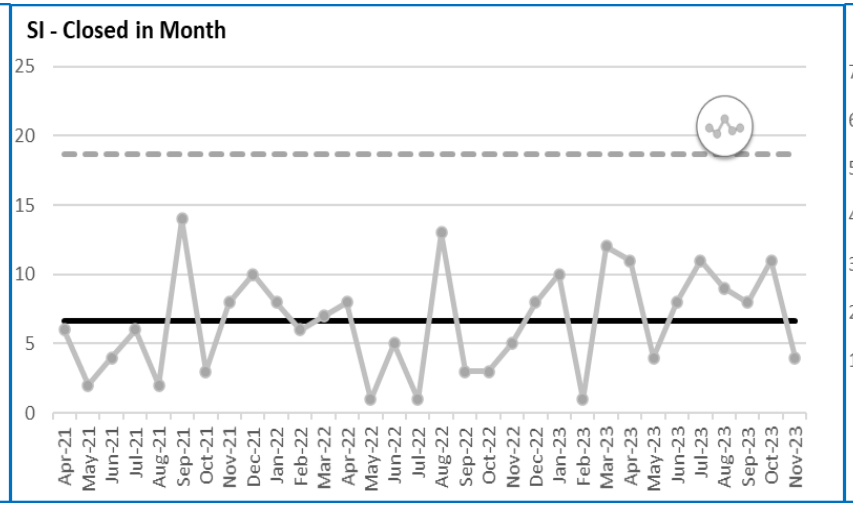
Recovery actions:	**Anticipated impact and timescales for improvement:**
Overarching Trust action plan is in place. Improvement workstreams have been established including fall tabards and sensor mats. Ongoing education and support from the Quality Team to wards in relation to lying and standing blood pressure. Education in relation to ensuring patient has appropriate footwear or hospital slipper socks in-situ prior to mobilising. Continue to support staff with education around deconditioning and monthly quality team recon games work continued with a Halloween themed activity and mocktails. Weekly meeting to review falls will be reviewed to align with the new PSIRF framework, focusing on improvements.	Continue with full implementation and embedding of the fall's improvement plan. Weekly meeting format review by 01.12.23 for PSIRF roll out.

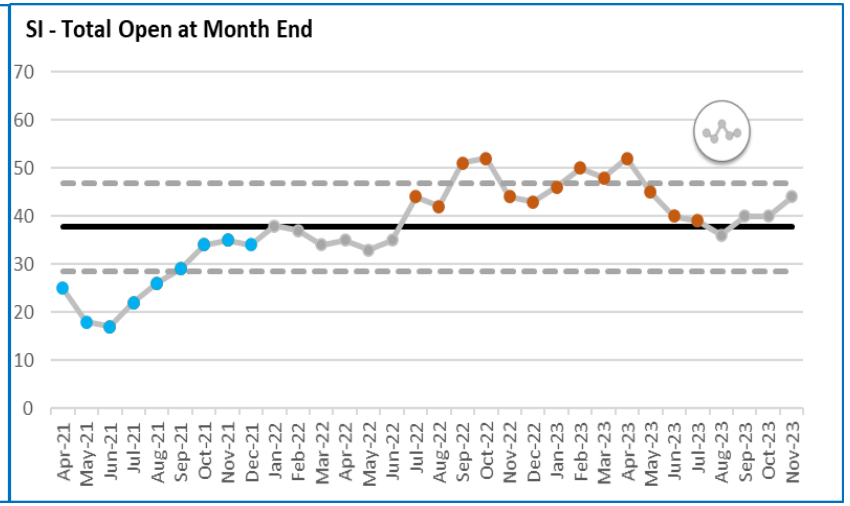
Recovery dependencies:	

Patient harm – Serious incidents

The Shrewsbury and Telford Hospital NHS Trust







Serious incidents - by division	Number reported
Medicine and Emergency care	6
Surgery, Anaesthetics and Cancer	2
Women's & Children's	1

Serious Incident by Theme	Number Reported
Category 3 - Pressure Ulcers	1
Delay in treatment	1
Fall # NOF	2
Delay in CPR	1
Failure to monitor	1
Delay in diagnosis	1
Fall – C spine injury	1
Hospital acquired infection	1
Total	9

Patient harm – Serious incidents

The Shrewsbury and Telford Hospital NHS Trust

Summary:
There have been 11 Serious Incidents reported for November 2023. Except for a spike in reporting above the upper control limit in September 2022, SPC 1 demonstrates common cause variation. SPC2 shows the number of SIs closed each month by the ICB following submission of our reports to them. A total 4 SIs were closed in November 2023. SPC 3 demonstrates a slow but sustained decrease in the total number of open SIs the Trust is holding, these comprise of both SI's being investigated and those submitted to the ICB pending closure/additional assurance.

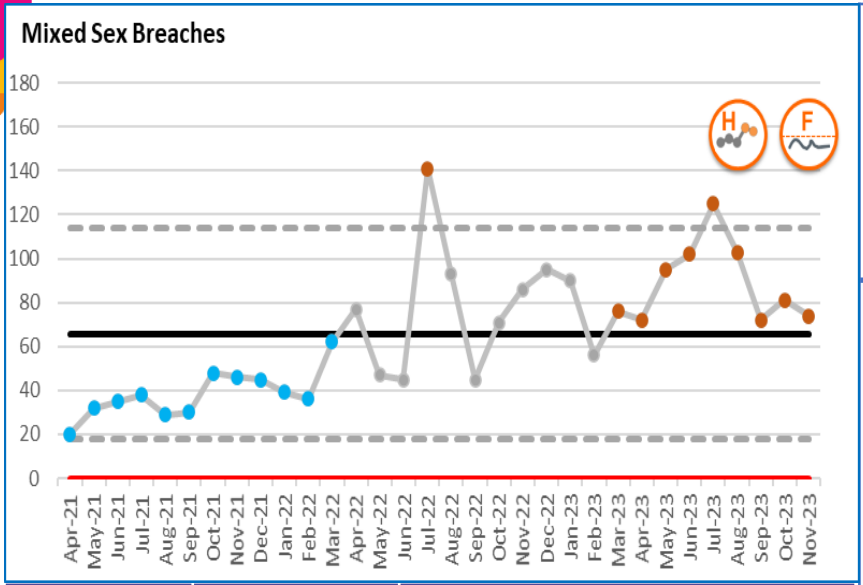
Recovery actions:
Where possible, SI investigations are completed within a 60-day good practice guide. While this is not always possible, support is provided where necessary to ensure progression is made. The Trust will continue to work with patients, their families and the ICB when the 60-day guide 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.
In PSIRF, when PSII's are declared then timescales for completion will be negotiated with the families and agreed internally.

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

Mixed sex breaches exception report

The Shrewsbury and Telford Hospital NHS Trust



Location	Number of breaches	Additional Information
AMU (PRH)	21 breaches	Over 3 occasions in AMA
ITU / HDU (PRH)	17 primary breaches	9 medical, 7 surgical, 1 W&C
ITU / HDU (RSH)	36 primary breaches	9 medical, 27 surgical

Summary:
There continues to be a large number of mixed sex breaches. A reduction in breaches in Acute Medical Assessment (AMA) at PRH has been seen as this area can only be used with Executive approval. There remains challenges in relation to the step down of patients from HDU/ITU who are stable and can be cared for in a ward environment. This is linked to the continued bed pressures across the Trust.

Recovery actions:

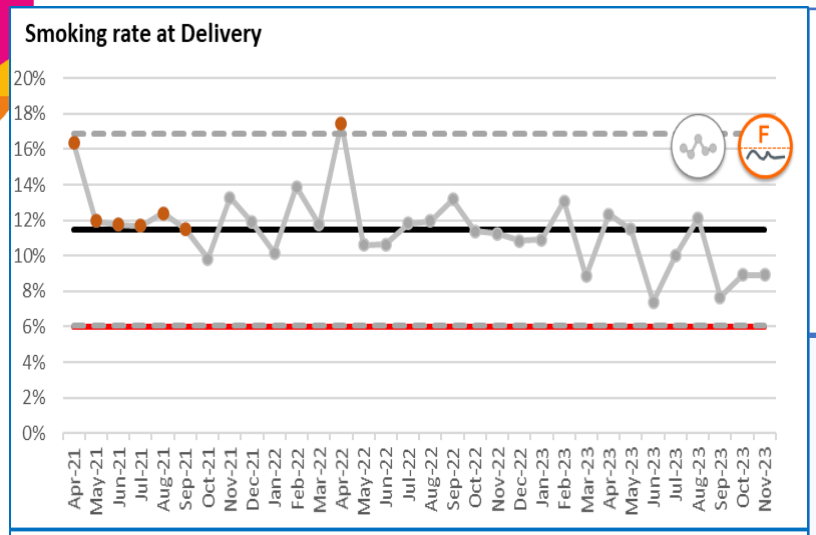
- The Divisional and Operational teams continue with the improvement work in relation to patient flow, discharges before midday and reduction in patients with no criteria to reside
- Executive approval for any use of AMA to always be sought and be granted before using AMA to bed patients overnight and that this should only be in extreme cases
- System wide improvements required with greater use of virtual ward, OPAT, alternative pathways of care and admission avoidance
- ShropComm opening of sub-acute wards in January

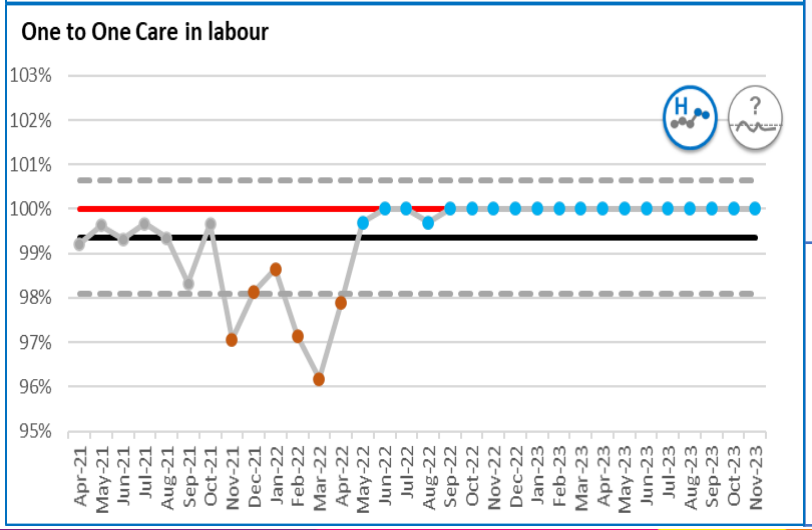
Anticipated impact and timescales for improvement:
Ongoing
Beds available earlier in day. Less patients attending ED with conditions which could be treated on alternative pathways. Reduction in no criteria to reside patients in hospital.

Recovery dependencies:
Patient flow improvement work.
Alternative Community Pathways of Care

Maternity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
SATOD is stable at 8.9% this month. This is a slight increase from the September data and consistent with October data (8.9%) but below the average SATOD rate for SATH of 11-12%. The National average is now 8.8%. Government target remains at 6% until further Tobacco Control plans are published. Average SATOD this financial year stands at 9.9%, the lowest in SaTH maternity history.

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.

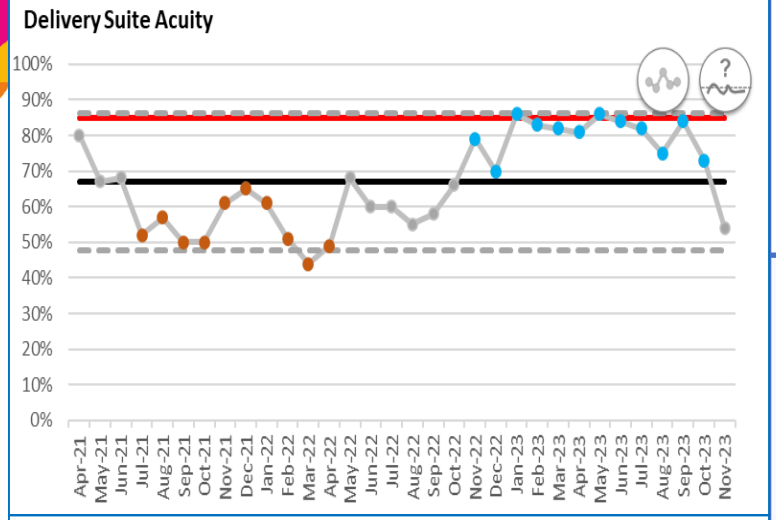
Recovery actions:
Continued below average SATOD for SaTH seen again this month, with an aim to continue to decrease SATOD rates in the County.

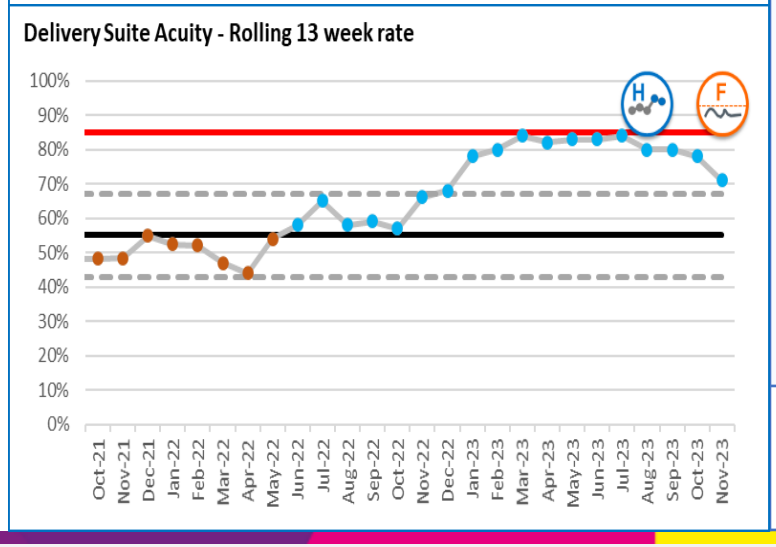
Anticipated impact and timescales for improvement:
Continue to work towards target of 6% and continue to target areas of deprivation. Continue to provide smoking cessation support for pregnant women and refer family members to local smoking cessation services.
Due to publication of Saving Babies Lives 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.

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. All of these are 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.

Maternity – Delivery suite acuity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Delivery suite acuity shows a decline this month (54%), following a dip in performance in the previous month. November highlights a high level of missed acuity entries (14.3%) and new coordinators requiring training on the acuity platform. We triangulated DATIX, red flags and acuity data and there were no associated negative impacts on patient safety. The service continues to actively manage attrition rates to ensure minimal gaps in service. The service is currently running in high unavailability due to staff sickness.

Recovery actions:
We continue to work through a comprehensive workforce plan which focuses on retention of current staff and proactive recruitment in conjunction with active management of attrition rates.
Proactive management of staffing deficits are embedded via weekly staffing meetings and the escalation policy, ensuring staff compliance with 1:1 care in labour and the coordinator maintains supernumerary status as per CNST.
Acuity tool consistently being completed – reassurance of data quality for all entries.
100% 1:1 care in labour consistently being achieved.
Second cohort of international midwives have arrived this month (10 international midwives in total). A recent successful recruitment campaign will address the high unavailability with successful recruitment of 4 Band 6 midwives.

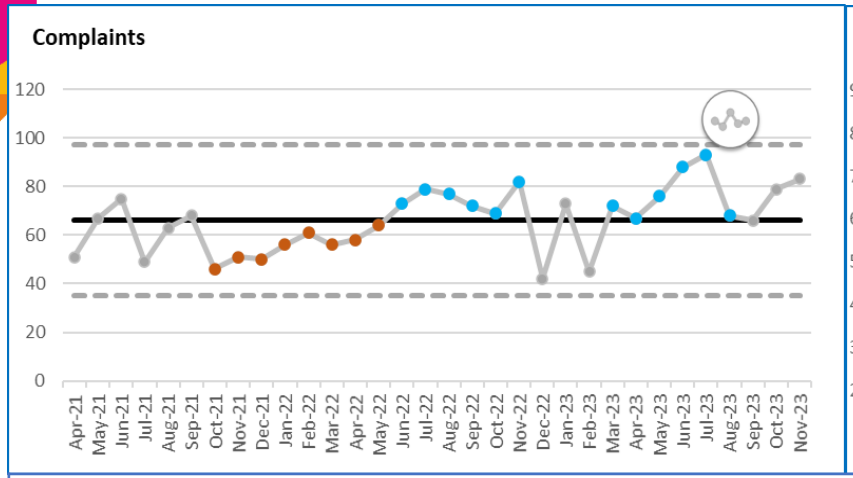
Anticipated impact and timescales for improvement:
Continue to work towards 85% target for green acuity using proactive management of the clinical midwifery workforce.

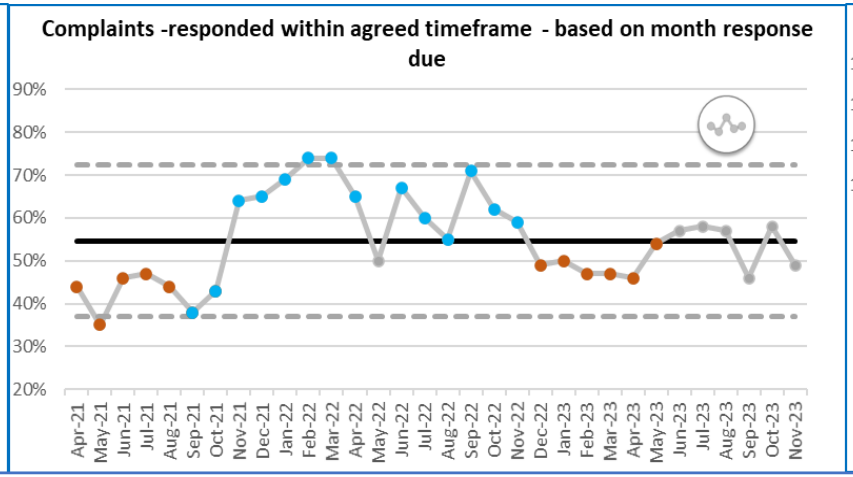
High levels of unavailability are anticipated throughout January, this has been mitigated by increasing clinical work for specialist midwives and senior leadership teams.

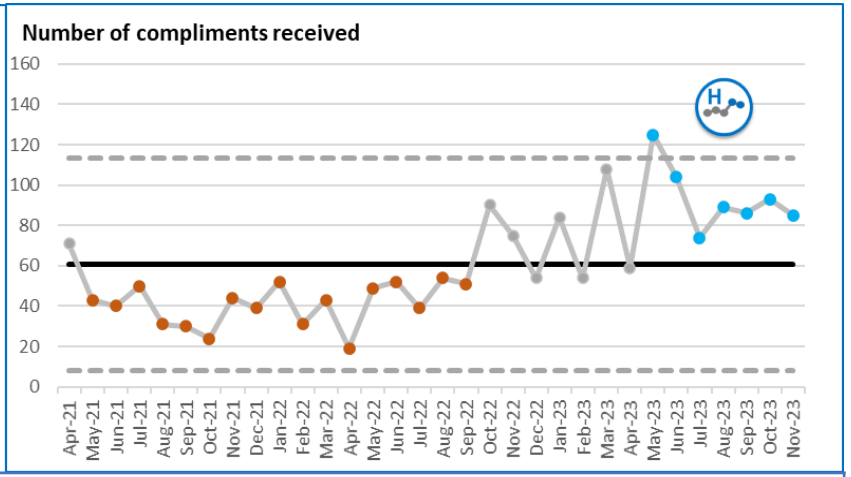
Recovery dependencies:
This autumn will see a significant increase in the number of midwives due to take maternity leave and sickness which is likely to impact negatively, bringing extreme levels of unavailability to the service.

Complaints

The Shrewsbury and Telford Hospital NHS Trust







Summary:
Numbers of new complaints remain within expected levels although are increasing. Response rates remain below the Trust target; this is mainly due to clinical pressures on staff, which is causing delays in the process. In November 2023, 84% of complaints were acknowledged within one working day and 100% were acknowledged within two working days and 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. Expansion of PALS Team is planned, with interviews in January, to support early resolution of issues.

Anticipated impact and timescales for improvement:
Improvement in timeliness of responses. Reduction in number of complaints.

Recovery dependencies:	Recruitment to agreed funded places for PALS to increase access and timeliness of service and reduce time for Divisional teams to respond to complaints.

Responsiveness

Executive Lead:

Acting Chief Operating Officer

Sara Biffen

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	74.3%	45.0%	55.3%	53.4%	54.2%	54.6%	55.5%	53.8%	51.9%	51.7%	50.9%	51.7%	50.2%	51.5%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	53.1%	64.0%	62.2%	63.3%	63.1%	64.9%	64.0%	62.1%	61.5%	61.0%	61.4%	59.8%	60.2%	
	ED - 12 Hour Trolley Breaches	R	0	0	962	629	651	817	524	529	525	479	803	1026	1088	862	1068	
	Ambulance Handover < 15 mins (%)	R	-	-	6.4%	16.3%	11.6%	8.9%	17.1%	14.4%	19.3%	12.2%	11.7%	10.8%	12.2%	Not Available	Not Available	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	21.7%	39.4%	29.6%	26.9%	39.9%	37.4%	36.5%	28.7%	31.0%	29.9%	26.0%	Not Available	Not Available	
	Ambulance Handover > 30 - 60 mins (%)	R	0%		25.9%	24.4%	27.9%	26.1%	25.2%	27.5%	23.5%	24.7%	26.2%	28.0%	25.5%	Not Available	Not Available	
	Ambulance Handover > 60 mins (%)	R	0%		45.9%	19.9%	31.0%	38.1%	17.8%	20.7%	20.7%	34.4%	31.1%	31.3%	36.4%	Not Available	Not Available	
	ED activity (total excluding planned returns)		-	11303	13481	11037	10776	12239	12243	13375	13265	13273	12752	12858	13062	12319	12828	
	ED activity (type 1 excluding planned returns)		-	9359	10763	9097	8762	10086	9902	11023	10875	10833	10478	10668	10779	10101	10232	
	Total Emergency Admissions from A&E		-	-	2837	2679	2424	2599	2588	2634	2700	2715	2667	2660	2778	2718	2952	
	% Patients seen within 15 minutes for initial assessment		-		16.9%	31.2%	25.9%	26.1%	34.1%	34.2%	32.1%	32.4%	30.7%	28.9%	30.5%	37.2%	50.8%	
	Average time to initial assessment (mins)		15 Mins	15	67	34	39	43	33	33	36	36	37	40	39	33	22	
	Average time to initial assessment (mins) Adults		15 Mins	15	69	39	45	51	38	37	41	41	42	45	42	35	21	
	Average time to initial assessment (mins) Children		15 Mins	15	63	21	25	24	21	24	26	22	20	28	32	27	24	
	Mean Time in ED Non Admitted (mins)		-	215	365	302	327	315	309	325	300	309	324	343	337	387	385	
	Mean Time in ED admitted (mins)		-	500	1362	1025	1196	1292	1036	1100	1033	1202	1177	1243	1232	1253	1154	
	No. Of Patients who spend more than 12 Hours in ED		-	165	2645	1886	1915	2044	1905	2070	1984	2309	2344	2329	2489	2545	2366	
	12 Hours in ED Performance %		-	6%	19.6%	17.1%	17.8%	16.7%	15.6%	15.5%	15.0%	17.4%	18.4%	18.1%	19.1%	20.7%	18.4%	
	Bed Occupancy Rate G&A (SitReps)		92%	-	91.7%	93.2%	91.4%	90.8%	89.9%	91.4%	90.1%	89.9%	89.8%	90.8%	94.0%	95.4%	95.0%	
	Diagnostic Activity Total			-	17586	20905	20254	22366	19341	21966	21450	22314	22064	20188	21686	22753	20435	
	Diagnostic 6 Week Wait Performance %		95%	-	55.3%	55.7%	63.6%	63.9%	63.9%	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%	73.7%	71.4%	
	Diagnostic 6+ Week Breaches		0	-	6614	6445	5097	4968	4820	4625	4115	3815	3321	3344	2894	3204	2924	
	Total Non Elective Activity		-	-	5022	5167	4776	5163	4844	5123	5114	5099	5150	5066	5398	5378	5466	
	Total elective IPDC activity		-	-	5279	5791	5557	6223	5432	5855	6153	5984	6136	5833	6294	6364	5092	
	Total outpatient attendances		-	-	41392	50868	48210	53474	44164	51227	51151	49181	47305	47231	50310	49938	39711	
	DNA rate - all ages				5.5%	5.1%	4.7%	5.0%	5.0%	5.0%	4.9%	4.8%	4.7%	4.8%	5.4%	5.1%	5.4%	
	DNA rate - paeds				10.9%	8.6%	9.0%	8.5%	9.5%	8.0%	8.9%	9.2%	9.9%	8.9%	9.8%	9.0%	9.4%	
	Number of episodes moved or discharged to PIFU			1841	1338	1219	1287	1614	1452	1966	1559	1473	1693	1561	1768	1908	1831	
	RTT Incomplete 18 Week Performance		92%	-	50.4%	50.9%	52.1%	53.3%	54.1%	54.6%	54.9%	54.6%	55.8%	55.9%	56.6%	55.2%	52.3%	
	RTT Waiting list - Total size	R	-	-	43173	41227	40232	40069	40228	39841	39360	38819	39117	38859	39659	38795	38703	
	RTT Waiting list - English only			37158	38859	37075	36090	35841	36043	35614	35176	34754	34977	34751	35459	34565	34433	
	RTT 52+ Week Breaches (All)	R	0		4018	3553	3172	2965	2852	2920	2605	2454	2297	2164	2206	2090	2185	
	RTT 52+ Week Breaches - English only			1722	3587	3169	2842	2652	2592	2635	2335	2183	2035	1925	1966	1841	1927	
	RTT 65+ Week Breaches (All)				1757	1552	1246	785	726	796	729	489	359	305	398	373	435	
	RTT 65+ Week Breaches - English only			176	1560	1372	1109	705	652	733	654	419	302	260	348	317	380	
	RTT 78+ Week Breaches (All)	R	0	0	549	465	291	57	57	82	11	11	11	8	10	10	14	
	RTT 78+ Week Breaches - English only			0	481	401	252	43	50	72	3	1	1	2	1	3	7	
	RTT 104+ Week Breaches (All)	R	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	
	RTT 104+ Week Breaches - English only			0	1	0	1	0	0	0	0	0	0	0	0	0	0	
	Cancer 62 Day Standard	R	85%	-	48.5%	39.1%	38.2%	48.1%	39.7%	45.8%	38.7%	48.5%	51.4%	49.0%	56.0%	46.4%	-	
	Cancer 31 Day First Treatment		96%	-	82.3%	78.0%	84.9%	83.3%	83.2%	81.6%	89.6%	91.3%	85.6%	86.6%	85.7%	91.2%	-	
	Cancer 28 Day Faster Diagnosis - Urgent Suspected Cancer	R	75%	70.62%	56.8%	59.7%	64.6%	58.1%	59.4%	60.9%	63.0%	66.5%	68.2%	72.3%	74.1%	75.1%	-	

Operational Summary

The Shrewsbury and Telford Hospital NHS Trust

Significant challenges in UEC pathways have continued in December although a successful multi-Agency discharge event supported the organisation to go into the holiday period with some capacity, which meant there was less of a significant capacity shortfall between Christmas and New Year. Initial assessment times for adults and children have continued to improve following a successful test of change week in November. An SDEC test of change week commenced at the end of November with promising results for increased opportunities to pull patients from ED. A further test of change is planned to be replicated at PRH in January. Significant planning was undertaken to support the Sub-Acute wards to open in January on both sites and teams worked hard to plan to mitigate the impact of the Junior Doctor Industrial action at the end of December and beginning of January.

RTT elective recovery continues to be monitored at Tier 3 level. Our elective recovery is underpinned by additional capacity from insourcing, mutual aid and waiting list initiatives which support our challenged specialties. There were no 104w breaches in December and 1 x 78w breach due to no mutual aid being available for a patient requiring a specialised H&N procedure. Improvements continued in the reduction of 65-week waits, but the national re-prioritisation of UEC and cancer mean that it is unlikely that we will achieve 0 waits. PRH DSU is fully escalated in support of UEC. Unfortunately, the planned opening of the Elective hub has been further delayed until early June following a thorough external review of the programme of works.

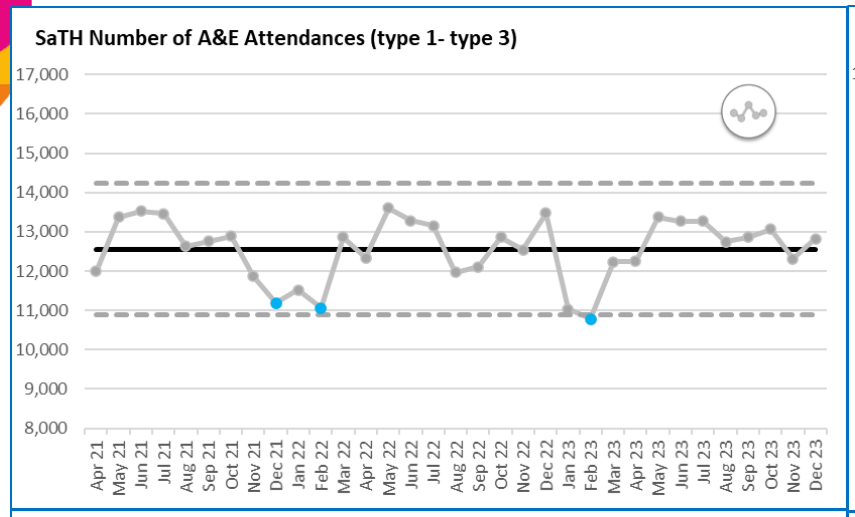
Cancer recovery continues to be monitored at Tier 1 level. Our 62+ day backlog at the end of December was 343 against the recovery trajectory of 293, a dip expected following the holiday period and industrial action. Our unvalidated FDS position for December is 74.8% with 88.6% data completeness. Our focus is to achieve our target of 214 for the 62-day backlog position and stretch target of 182 by 31/3/24. Deep dives in Breast, Colorectal and H&N were presented to NHSE.

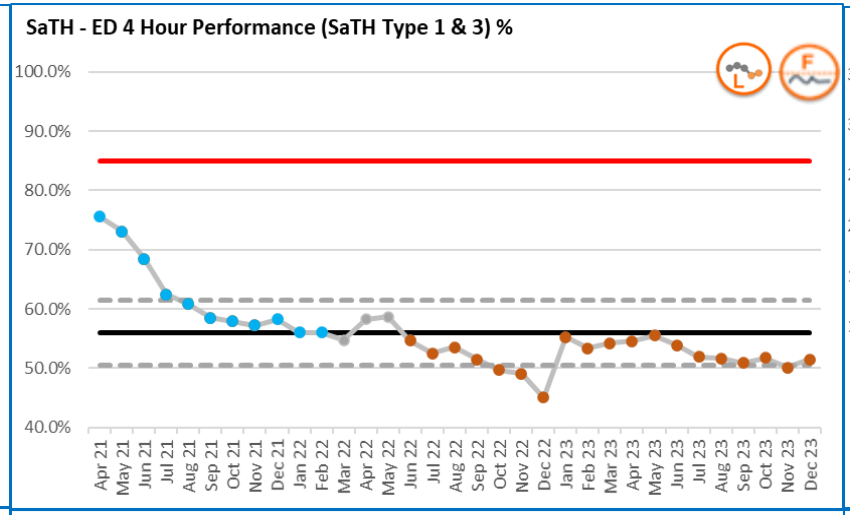
Key Actions for January

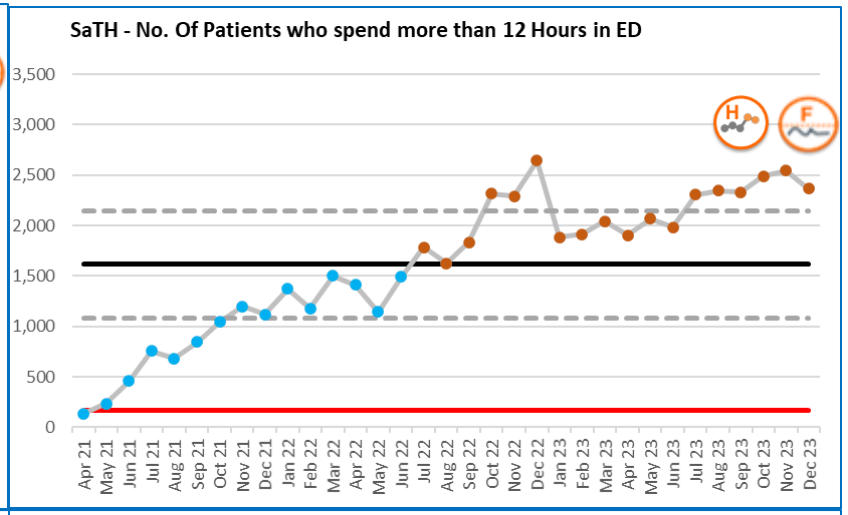
- Continued focus on the Initial assessment processes to continue the improvement trajectory that has been seen in recent months
- Sub-acute wards to open in January on both sites
- Choice policy to be developed with support from the patient experience team
- GIRFT visit to be undertaken 18th January for UEC
- Recovery of 62d+ cancer trajectory
- Deep dives in Lung and Skin tumour sites
- Progression of Endoscopy sustainable business case through STW governance process
- Calculation of revised RTT 65ww trajectory.

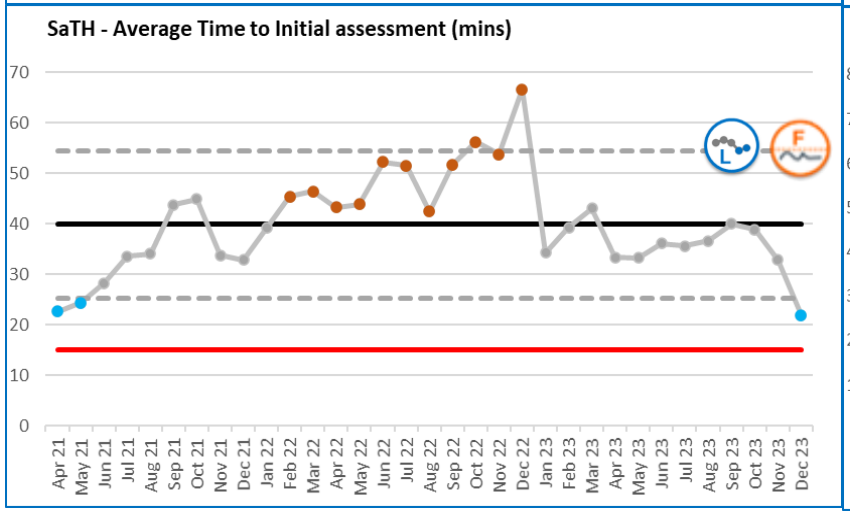
Operational – Emergency Care

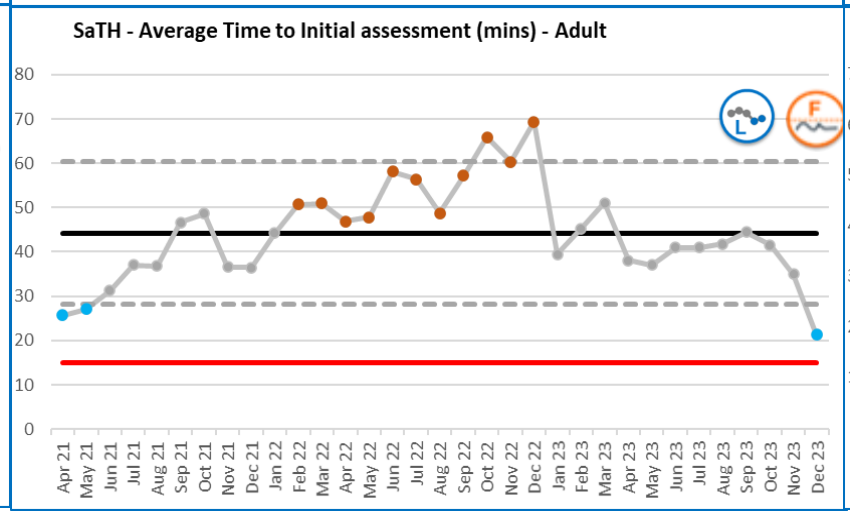
The Shrewsbury and Telford Hospital NHS Trust

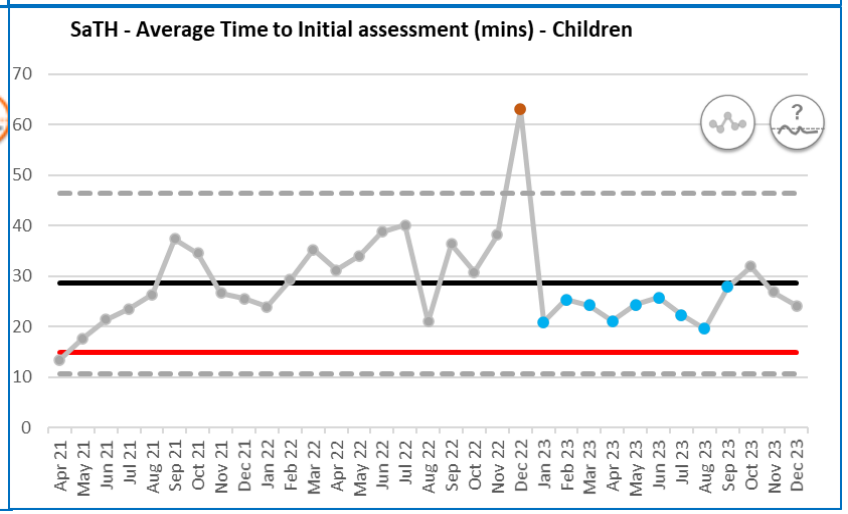












Operational – Emergency Care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- Month 9 has seen an increase in attendances on the previous month
- New Initial Assessment processes and revised workforce model launched across both sites from November 2023 resulting in an immediate improvement. Since November SaTH have been consistently performing above the regional average for time to initial assessment.
- There were 2,368 12-hour breaches in month, which is a reduction of 177 compared with the previous month
- SaTH 4-hour type 1 & 3 performance (excluding MIU) was 51.4% against a trajectory of 51%
- System wide 4-hour performance type 1 & 3 performance (including MIU) was 59.6% against a trajectory of 61%
- 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
- Home For Christmas MaDE event supported increased number of discharges prior to Christmas and enabled the organisation to go into the holiday period with some capacity
- Estimated annual number of admitted patients whose 30-day mortality is associated with an A&E stay of longer than 8 hours (July data): 142.9 RSH; 134.8 PRH; English mean 120

Recovery actions:

- Frailty short stay wards commenced 6th November resulting in a reduction in length of stay. Working group exploring opportunities to further develop and enhance this model.
- SDEC PRH test of change week. Original commencement date postponed due to delays in signing off KPMG contract at national level. If this is not resolved by the end of January, the test of change week will be progressed utilising internal resources.
- Continuation of Organisational Flow Improvement Programme – launch of hospital full policy following QOCC approval, development of revised choice policy, continued focus on ward processes following point prevalence study, development of weekly deep Check Chase Challenge for every ward
- Cross divisional weekly ED performance meeting led by acting COO continues to explore options to de-escalate ED
- Commencement of GIM hot clinics
- Opening of the Sub-acute wards on each site by SCHT in January 2024.

Anticipated impact and timescales for improvement:

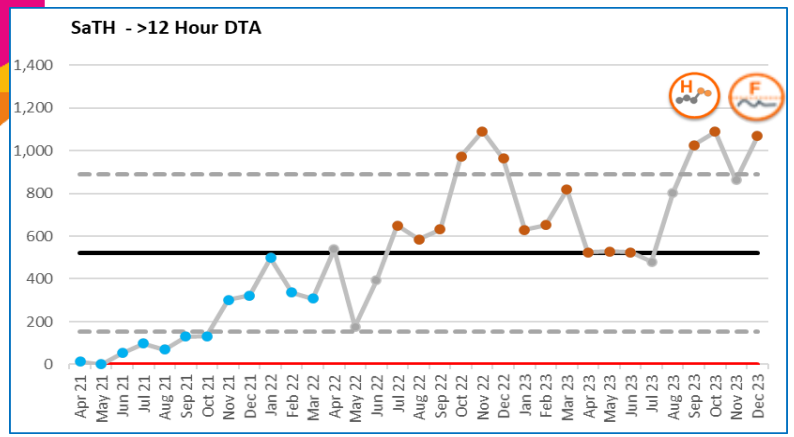
Progress reported monthly through UEC Flow improvement group to FPAC and system UEC meeting.

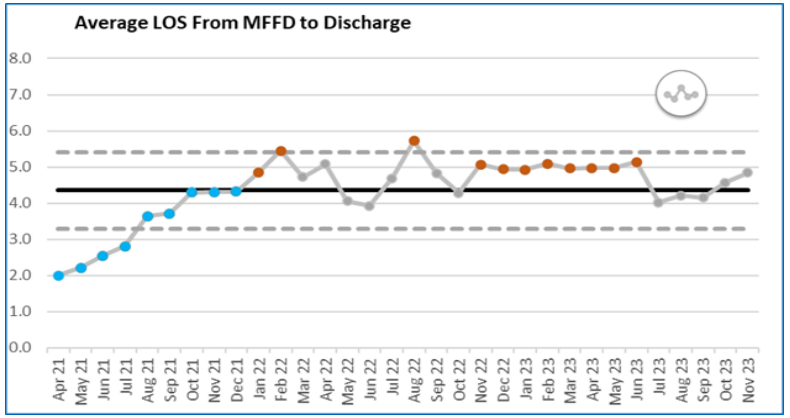
Progress reported monthly through ECTAC and weekly cross Divisional metrics meeting.

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

Operational – Patient Flow

The Shrewsbury and Telford Hospital NHS Trust





Summary:

A reduction in 12-hour DTA's in November is possibly linked to the slightly reduced demand through ED.
There has been a reduction in long stay patients with an average of over 177 patients over 14 days and 97 patients over 21 days throughout December.
Total length of stay for patients that stay over 1 day in hospital reduced to 7.7 days with patients on PW0 staying on average 5.1 days and patients on a complex pathways (1-3) staying 14.5 days
The number of patients without Criteria to Reside remained high at an average of 163 patients
Hospital Full policy approved at QOC and implemented.
Sub- Acute wards opened on both sites in first week of January 2024.

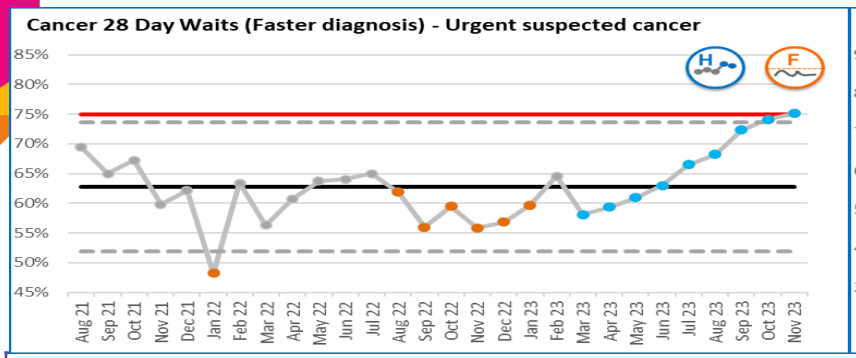
Recovery actions:	**Anticipated impact and timescales for improvement:**
Point prevalence study across medical wards – results reviewed and action plan being developed	31 January 2024
Choice policy has been reviewed and is now being updated with system partners	31 January 2024
OPAT service commenced early December 2023 – reviewing impact	January 2024
Continued focus on the IDT and therapy processes to reduce the length of time between NCTR and discharge	March 2024

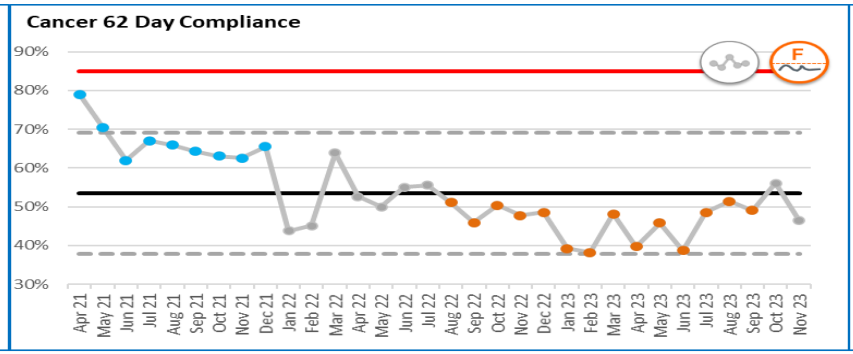
Recovery dependencies:	PW1,2, and 3 capacity to support complex discharge pathways.
	Medical decision makers to support discharge decisions available on all wards throughout the day.

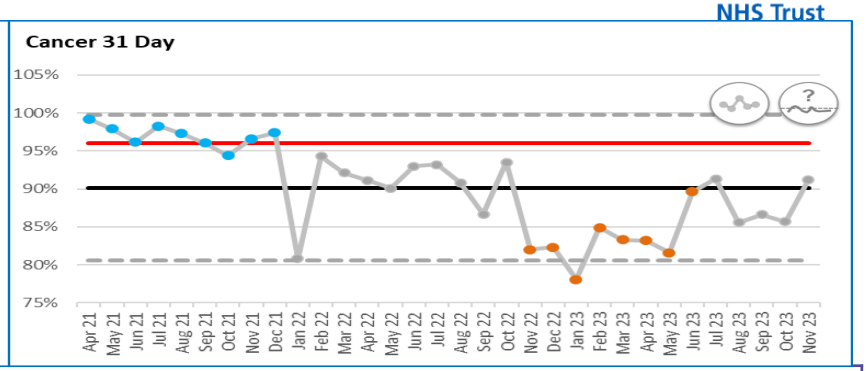
PACT Partnering Ambitious Caring Trusted

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







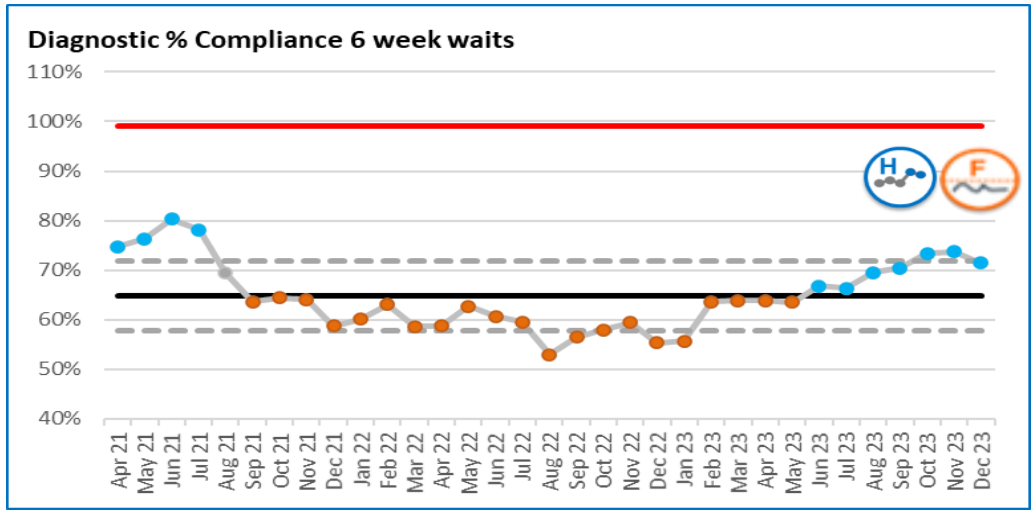
Summary: Our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on the Faster Diagnosis Standard (FDS). The 62+ day backlog at the end of December was 343 against the revised recovery trajectory of 29329. The validated FDS position for November 2023 was 75.1% against the Operational Plan target of 72.7% and the national target of 75%. The current unvalidated FDS position for December is 74.8% with 88.6% data completeness.

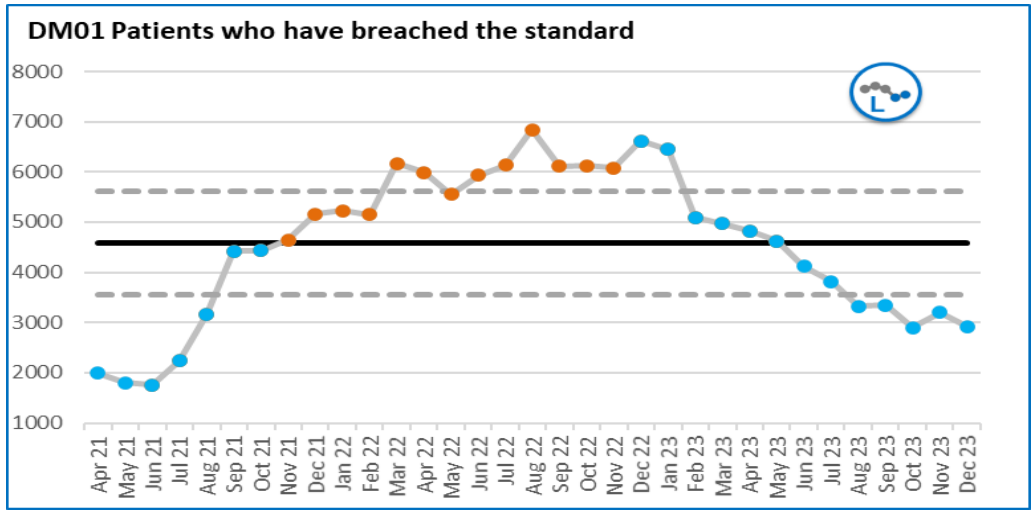
Recovery actions:

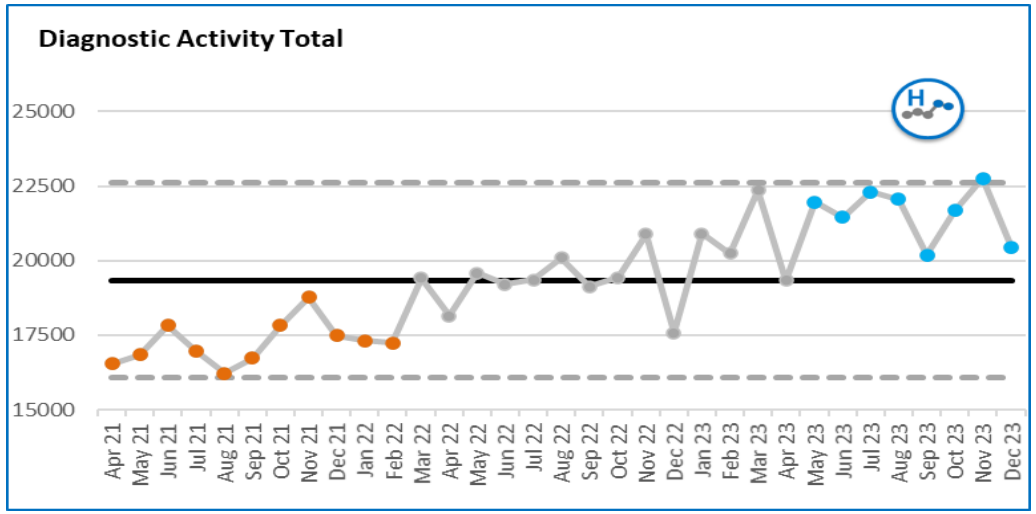
We remain in NHSE Tier 1 management with weekly meetings in place. Each of the challenged tumour pathways (urology, colorectal and gynaecology) have identified actions for improvement. Deep dives into pathways have taken place in breast, gynae, urology, colorectal and head & neck to identify further 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 November, 80.6% of urgent suspected colorectal cancer referrals were received with a FIT result included. 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, particularly in 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 times to commence chemotherapy have improved to 2-3 weeks. The most affected oncology sites are urology (31 week wait) and colorectal (12 week wait). Discussions are underway with Clatterbridge to provide mutual aid to these oncology services initially for colorectal. Approval to proceed is progressing through the Trust's governance processes. Clatterbridge has indicated they may be able to support with urology from March 24 onwards. An interested GPwSI has come forward to support with the non-site-specific pathway. Meetings are in progress, aiming to commence in Q4 2023 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 having commenced in October. A deep dive is planned to take place in lung & skin in early 2024.

Operational - Diagnostic

The Shrewsbury and Telford Hospital NHS Trust







Operational – Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Radiology reporting delays remain of concern in some areas (mpMRI) but are overall continuing to improve. MRI reporting turnaround times are; USC 3-5 weeks, urgent 6-7 weeks, and routine tests at 9-10 weeks. CT reporting times are; USC 3-5 weeks, urgent 4-7 weeks and routine at 9-10 weeks. NOUS reporting times are; USC 2-3 weeks, urgent 3-4 weeks and routine at 9 weeks. Long standing vacancies and long-term sickness in cross-sectional modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.

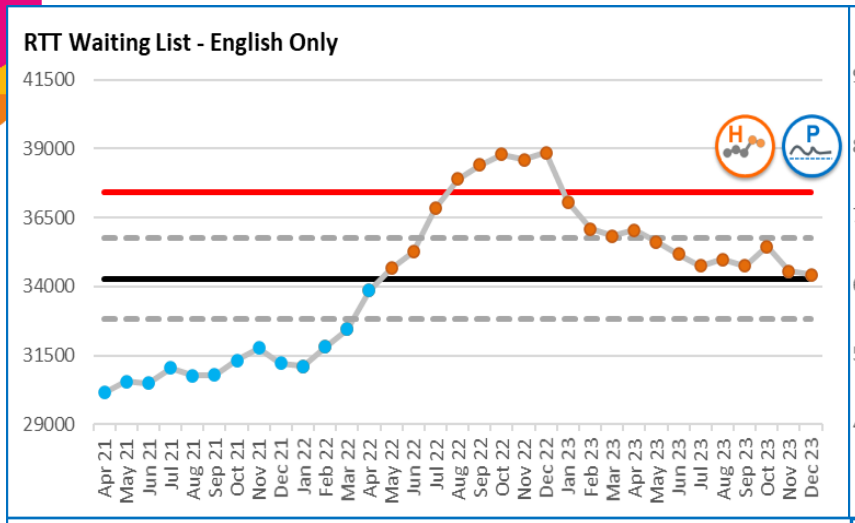
- Recruitment is ongoing and we are utilising agency staff where possible and insourcing to support NOUS.
- Focus is on induction of the 10 new international recruits who joined the department at the end of 2023.
- Clinical prioritisation of radiology referrals is in place and reporting for the most urgent patients is being targeted alongside elective recovery of long 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 within endoscopy remains a concern and additional non-recurring monies from WMCA is in place to bridge the gap until the sustainable endoscopy workforce business case has been approved by STW triple lock and can be actioned.

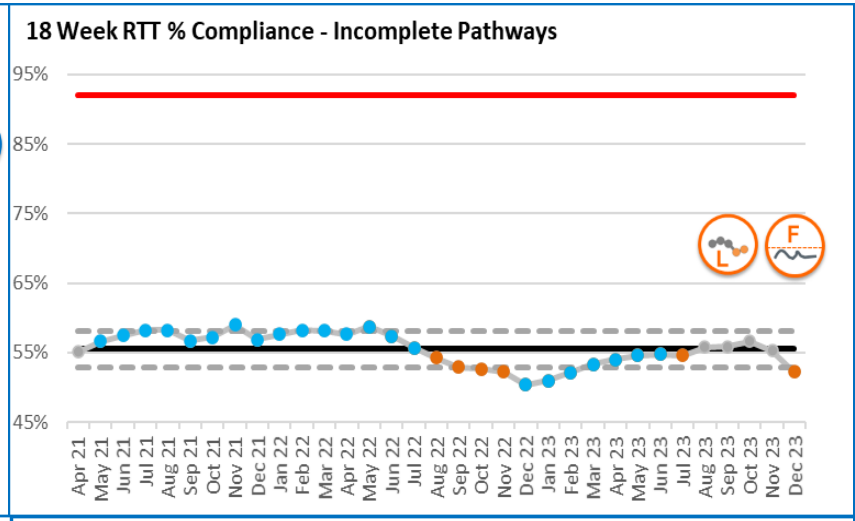
Recovery actions:
Additional outsourced reporting continues to provide an additional 100 CT and 100 MRI reports per week. Enhanced payments and WLIs are encouraging additional in-house clinical and reporting sessions across all modalities to address backlogs. Funding has also been provided to focus on FDS for prostates and head and neck. IS CT scanner has left site and x1 part time MRI scanner remains with the opening of CDC services. CT and US insourcing continues to provide additional capacity to maintain improved 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 86% at the end of December. NOUS performance being 78%, CT scanning performance at 96% and MRI at 93%. 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.

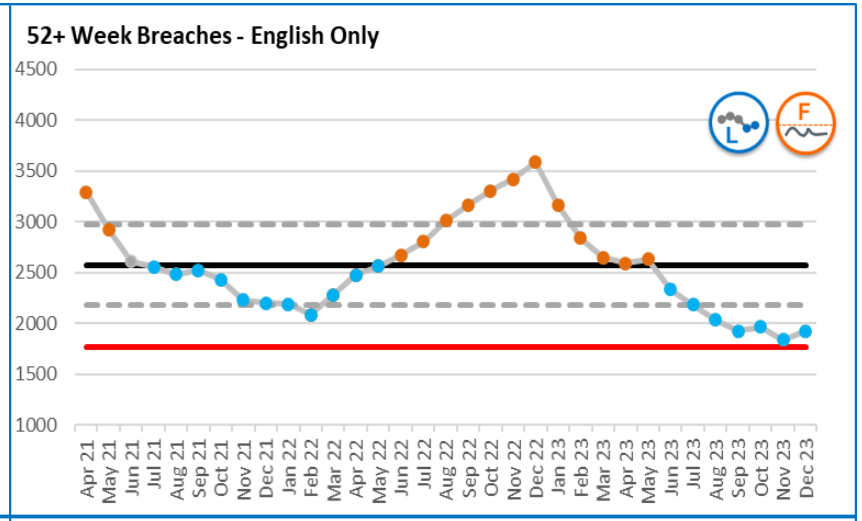
Anticipated impact and timescales for improvement:
With effect from July, there has been additional insourcing for MRI support. Additional insourcing from '18 Weeks' to support endoscopy DM 01 levels at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers and 2x band 6 radiographers is in post and have undergone a full induction. Rotation through the CDC commenced from the 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 undergoing recruitment of a further 2 radiologists. Use of agency and bank staff to cover workforce gaps and insourcing for US.

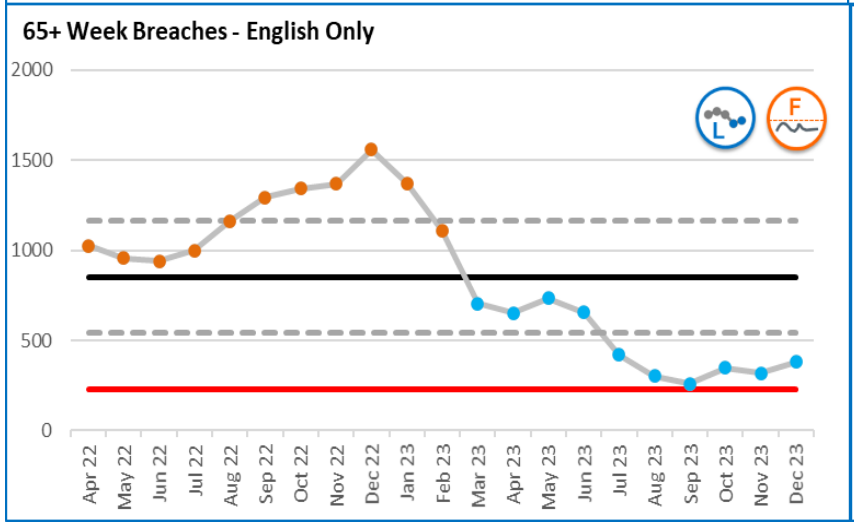
Operational – Referral to treatment (RTT)

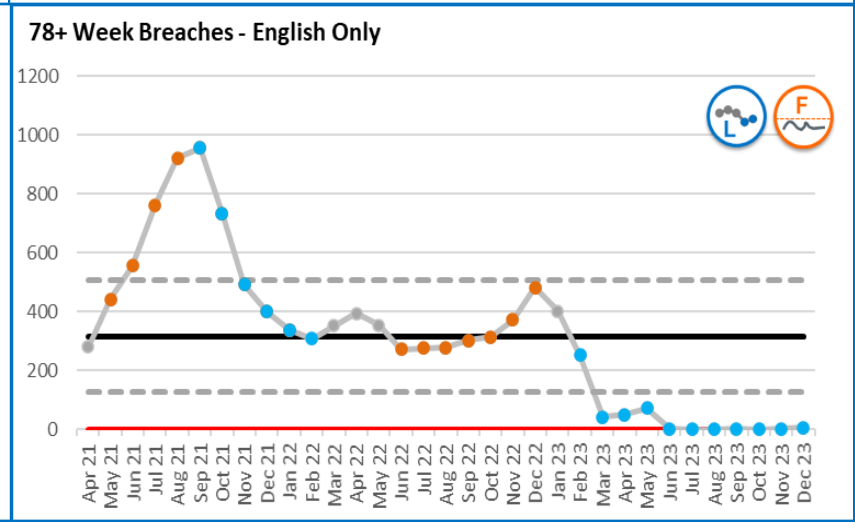
The Shrewsbury and Telford Hospital NHS Trust

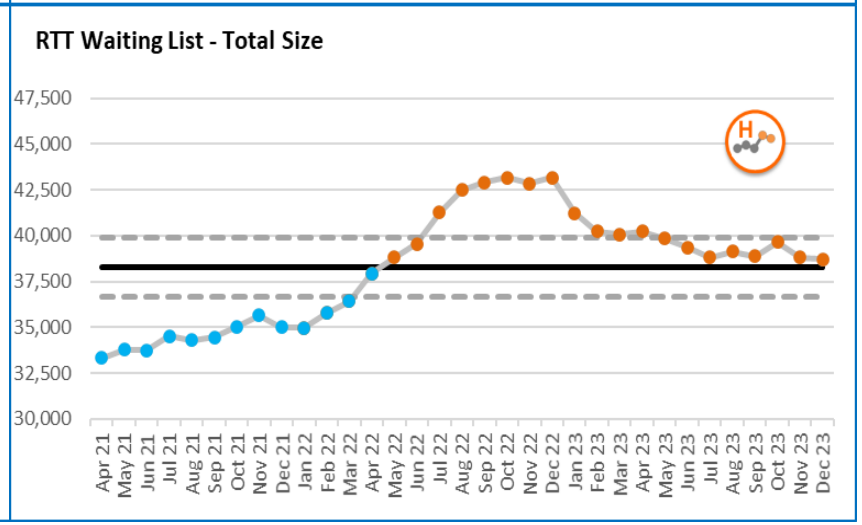












Operational – Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust

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 and the lack of additional Elective Recovery Fund (ERF) funding. DSU PRH is fully escalated with medical outliers, but we are currently using W5 as our day ward area which is ring fenced and will support theatre utilisation and reduce cancellations on the day due to lack of beds. The Trust is also being supported by RJAH with inpatients as part of the winter plan. 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 due to lack of theatre staffing and no ERF funding to support.

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. Theatre recruitment remains challenging and is ongoing with further recruitment events being planned for the new year. There is a high level of 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. SaTH have been supported by NHSE Theatre Productivity lead to introduce new List Allocation, Scheduling and Look Back Meetings in December 2023. We continue to use insourcing at weekends to support 78 weeks. The introduction of PIDMAS for all patients waiting over 44 weeks resulted in 84 patients expressing that they 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 Transformation meeting and the STW Outpatient Transformation Group. We continue to work with NHSE weekly to explore mutual aid options for the challenged specialties.

Anticipated impact and timescales for improvement:
The national requirement is to have zero 78w waiters treated by 29/02/24. We are on track to deliver this.

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

The Trust continues to report to NHSE as part of a weekly call on Electives. We have moved from Tier 1 to Tier 3 monitoring for electives, but 78 weeks remains a challenge.

Recovery dependencies:	Mutual aid for avoid risk of 78w+ breaches in specialist H&N procedures; 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.

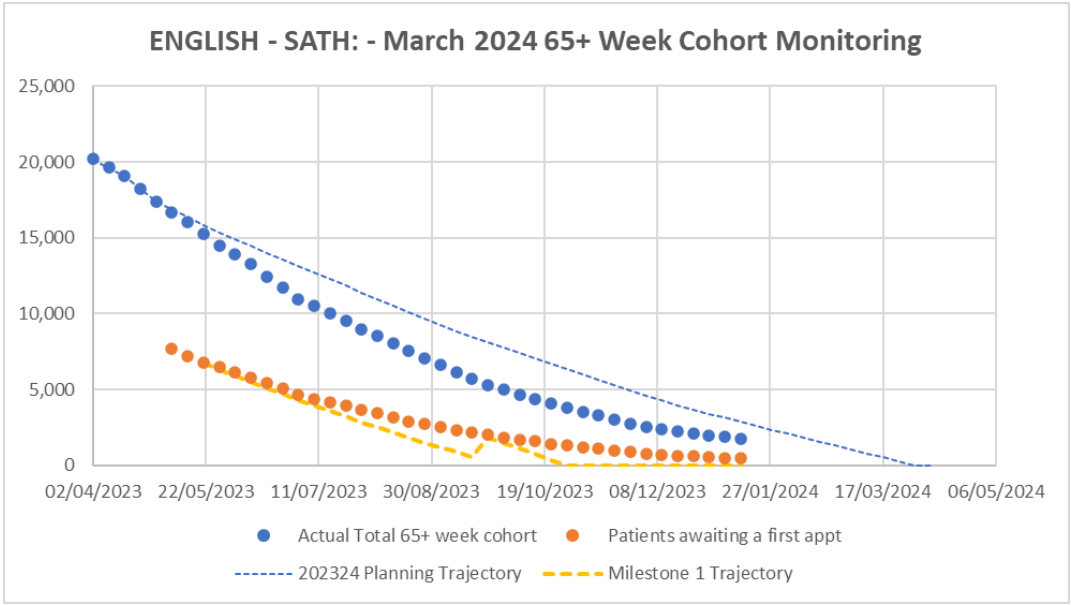
Operational – 65 plus Weeks Trajectory

The Shrewsbury and Telford Hospital NHS Trust

This chart shows delivery against the improvement trajectory for patients booked to enable the Trust to deliver the target of zero patients waiting over 65 weeks by 31st March 2024. Teams had formulated a recovery plans for 65 weeks, but we were not successful in obtaining any additional funding and 65 weeks still remain a concern. A revised 65-week trajectory has been produced as we will not achieve the national target of zero 65-week waiters as of 31/3/24. Work continues to track the below at specialty level to identify areas where additional support is needed

TOTAL COHORT (All Stages)	26/11/2023	03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024
NHSE Planning: - TASK50828 - 2023/24 Trajectory	4,961	4,613	4,265	3,917	3,655	3,394	3,133	2,872
ACTUAL TOTAL - 65+ Week Cohort	2,751	2,543	2,376	2,230	2,111	1,990	1,861	1,729
% Actual Movement	-9.0%	-7.6%	-6.6%	-6.1%	-5.3%	-5.7%	-6.5%	-7.1%

65+ Week Cohort - Split by Stage	26/11/2023	03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024
Milestone 1 *(awaiting 1st appt)*	868	777	700	625	585	549	501	458
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	671	620	564	542	491	439	391	359
Milestone 3 *(awaiting admission)*	1,212	1,146	1,112	1,063	1,035	1,002	969	912
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	868	777	700	625	585	549	501	458
Patients undated	438	407	382	360	340	297	189	147
Patients dated	430	370	318	265	245	252	312	311
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23								
Oct-23								
Nov-23	66							
Dec-23	257	234	163	88	15	0		
Jan-24	81	106	130	151	194	208	189	144
Feb-24	12	19	19	17	26	34	111	133
Mar-24	6	6	6	7	7	8	11	33
>1st April 2024	8	5	0	2	3	2	1	1



Partnering Ambitious Caring Trusted

Our Vision: To provide excellent care for the communities we serve

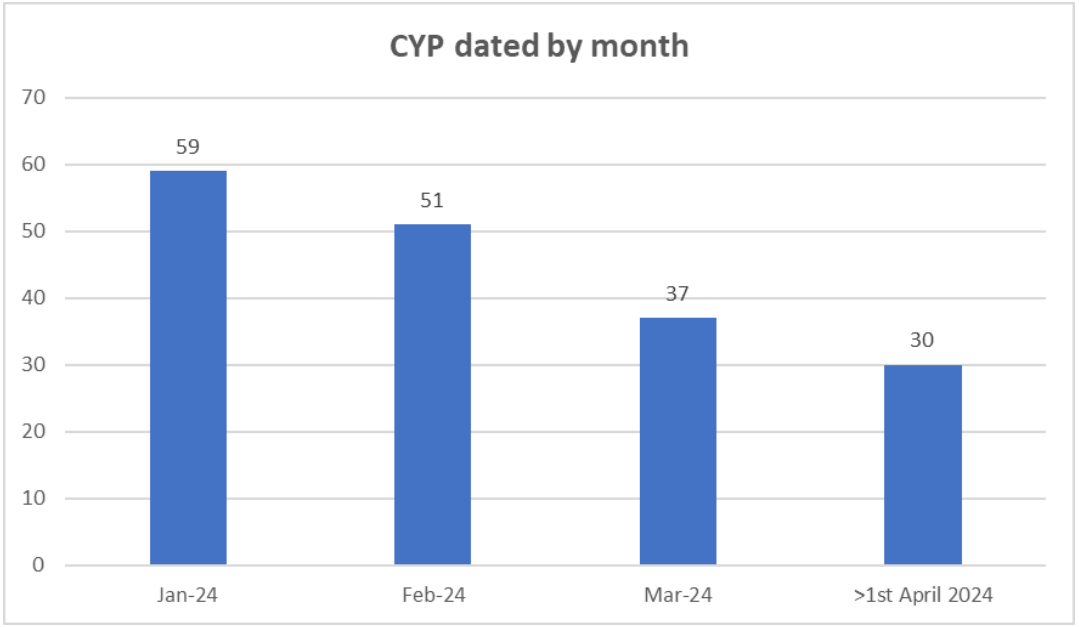
Operational – 52 plus Weeks for CYP cohort

The Shrewsbury and Telford Hospital NHS Trust

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 is also being tracked at a specialty level.

TOTAL COHORT (All Stages)	26/11/2023	03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024
ACTUAL TOTAL - 52+ Week CYP Cohort	971	897	841	797	757	722	695	657
% Actual Movement	-6.4%	-7.6%	-6.2%	-5.2%	-5.0%	-4.6%	-3.7%	-5.5%

52+ Week CYP Cohort - Split by Stage	26/11/2023	03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024
Milestone 1 *(awaiting 1st appt)*	576	535	483	454	419	405	379	358
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	162	135	137	129	128	114	119	108
Milestone 3 *(awaiting admission)*	233	227	221	214	210	203	197	191
Milestone 1 Trajectory *(awaiting 1st appt)*								
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	576	535	483	454	419	405	379	358
Patients undated	256	243	246	234	229	208	195	181
Patients dated	320	292	237	220	190	197	184	177
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23								
Oct-23								
Nov-23	30							
Dec-23	143	139	84	47	3	0		
Jan-24	53	59	66	87	96	100	81	59
Feb-24	30	32	31	29	35	41	45	51
Mar-24	35	34	31	31	30	30	33	37
>1st April 2024	29	28	25	26	26	26	25	30



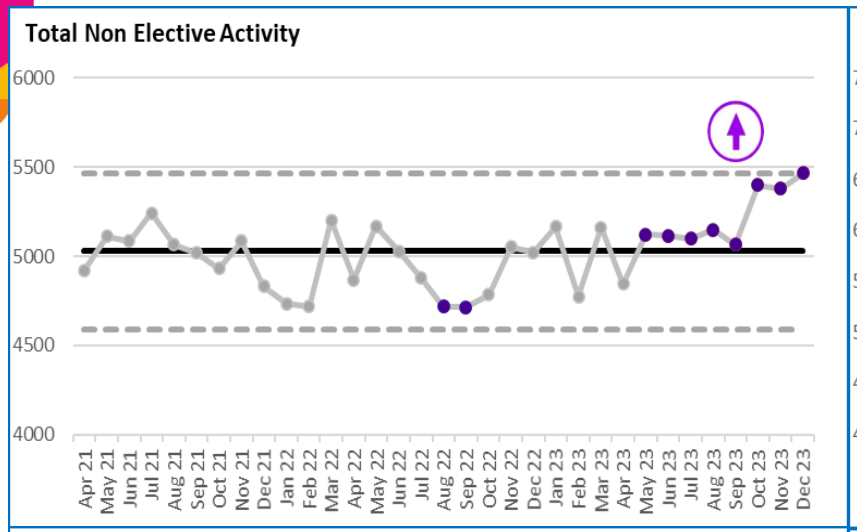
Activity vs Operational Planning

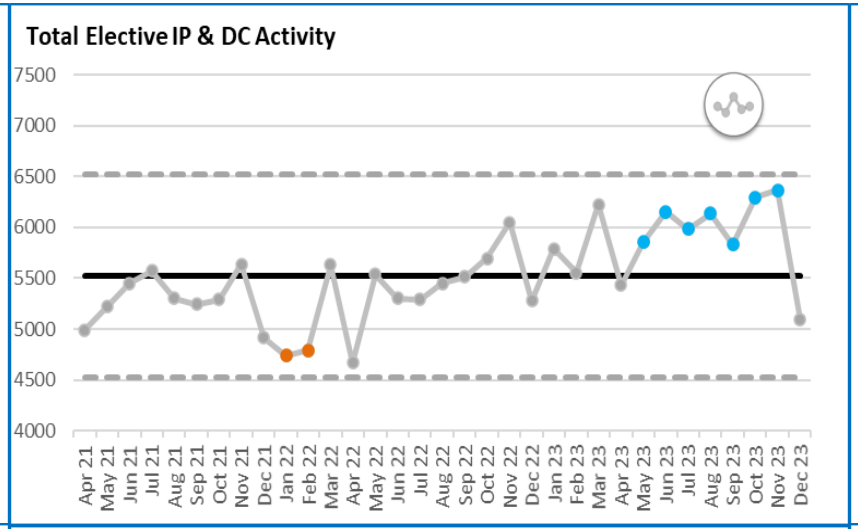
The Shrewsbury and Telford Hospital NHS Trust

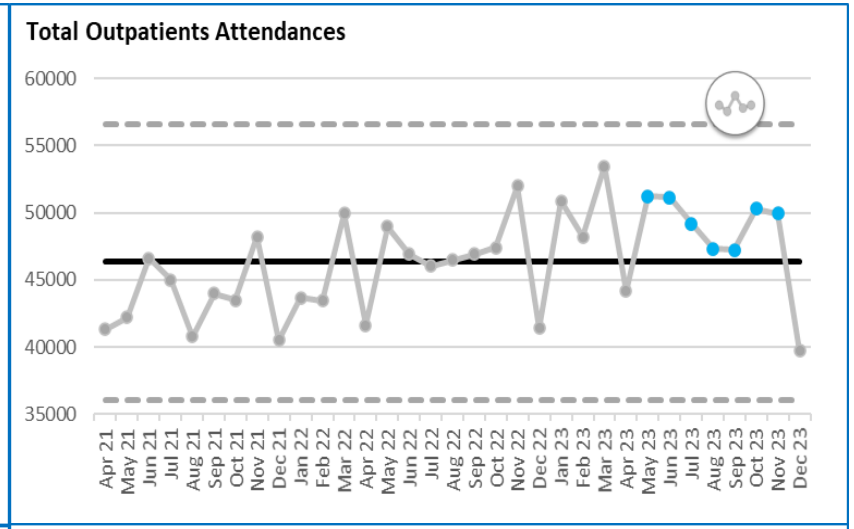
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
OP 1st attendances	19/20 actual	11,351	12,494	11,557	13,204	11,192	11,869	13,109	11,963	10,485	12,467	11,814	9,775	107,224
	23/24 plan	14,696	14,710	14,899	13,951	12,608	13,608	13,859	13,740	11,937	13,405	13,047	12,861	124,008
	23/24 actual	12,152	13,878	13,723	13,684	13,504	13,331	13,954	14,222	10,902				119,350
	Variance to plan	82.7%	94.3%	92.1%	98.1%	107.1%	98.0%	100.7%	103.5%	91.3%				96.2%
	Variance to 19/20	107.1%	111.1%	118.7%	103.6%	120.7%	112.3%	106.4%	118.9%	104.0%				111.3%
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	188,043
	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	185,345
	23/24 actual	18,666	22,000	22,587	21,809	21,523	22,386	23,713	23,958	19,238				195,880
	Variance to plan	92.4%	106.3%	107.2%	103.6%	107.5%	109.3%	110.7%	110.1%	103.2%				105.7%
	Variance to 19/20	91.3%	106.3%	113.1%	97.3%	109.3%	107.4%	103.4%	108.5%	101.3%				104.2%
Elective admissions	19/20 actual	362	430	473	516	447	421	470	461	401	320	408	307	3,981
	23/24 plan	246	246	296	347	317	329	357	416	341	303	324	403	2,893
	23/24 actual	268	343	371	324	321	367	339	397	326				3,056
	Variance to plan	109.2%	139.6%	125.5%	93.5%	101.3%	111.7%	94.9%	95.5%	95.5%				105.6%
	Variance to 19/20	74.0%	79.8%	78.4%	62.8%	71.8%	87.2%	72.1%	86.1%	81.3%				76.8%
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	50,476
	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	51,666
	23/24 actual	5,164	5,512	5,782	5,660	5,815	5,466	5,955	5,966	4,766				50,086
	Variance to plan	94.8%	100.5%	98.6%	94.6%	103.2%	94.9%	99.3%	96.5%	89.8%				96.9%
	Variance to 19/20	94.0%	92.3%	105.6%	95.8%	107.3%	100.9%	100.8%	106.0%	90.8%				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	15,659
	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	14,197
	23/24 actual	1,451	1,651	1,613	1,552	1,605	1,636	1,787	1,759	1,830				14,884
	Variance to plan	96.5%	104.0%	104.6%	98.4%	105.9%	106.0%	109.9%	105.3%	112.2%				104.8%
	Variance to 19/20	91.3%	95.9%	92.9%	82.9%	100.1%	94.8%	96.5%	91.7%	111.4%				95.1%
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	30,139
	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	29,389
	23/24 actual	3,065	3,173	3,191	3,205	3,216	3,087	3,265	3,235	3,289				28,726
	Variance to plan	95.6%	95.2%	100.0%	95.6%	99.1%	96.1%	98.4%	98.1%	101.9%				97.7%
	Variance to 19/20	91.6%	91.0%	99.3%	96.6%	97.8%	95.4%	93.5%	96.8%	96.4%				95.3%

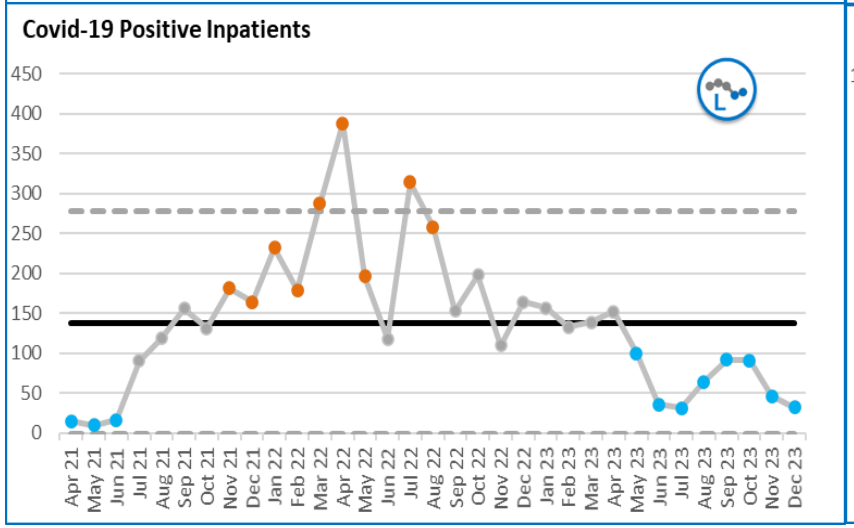
Operational - Activity

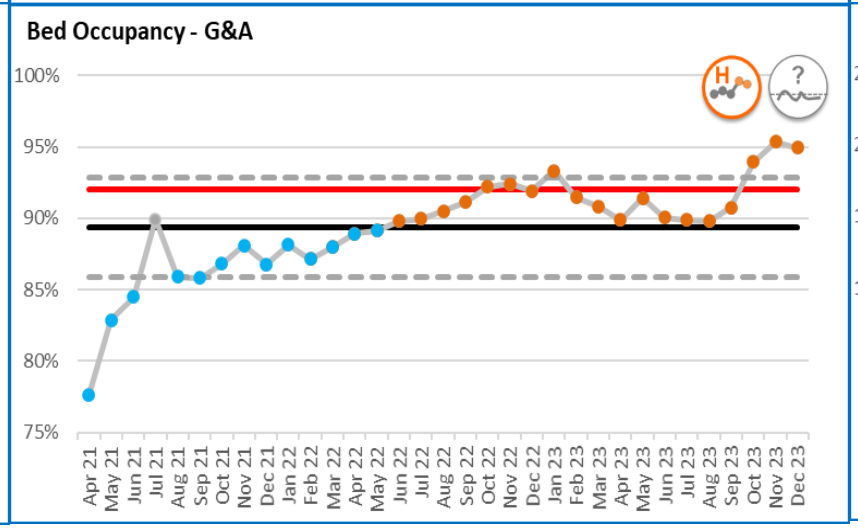
The Shrewsbury and Telford Hospital NHS Trust

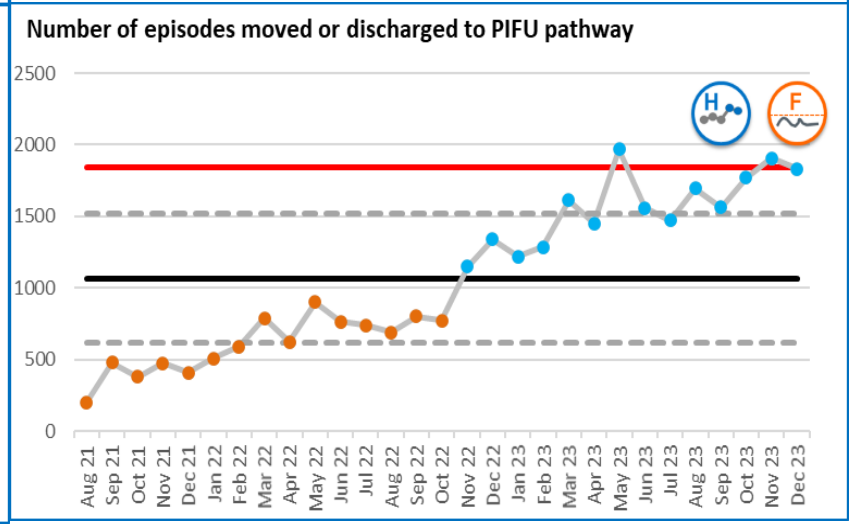












Well Led

Executive Lead:

Director of People and Organisational Development

Rhia Boyode

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Well Led	WTE employed		-	7216	6326	6390	6468	6524	6545	6576	6576	6665	6744	6890	6990	7044	7089	
	Temporary/agency staffing		-	-	920	1029	1031	1114	1057	1113	1113	1054	1106	1046	1033	1027	952	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.1%	1.0%	0.8%	1.1%	0.98%	0.77%	0.83%	0.93%	0.94%	1.32%	0.85%	0.51%	1.05%	
	Vacancies - month end		10%	<10%	10.1%	9.3%	7.8%	7.3%	6.5%	6.5%	5.1%	5.2%	4.7%	2.7%	2.5%	2.1%	1.8%	
	Sickness Absence rate		4%	4%	7.1%	5.8%	5.6%	5.8%	5.1%	4.7%	4.7%	5.3%	5.1%	5.5%	5.5%	5.1%	5.5%	
	Trust - Appraisal compliance		90%	90%	80.89%	81.04%	81.26%	82.82%	83.20%	83.10%	83.1%	83.6%	83.6%	82.2%	82.0%	81.2%	80.0%	
	Trust Appraisal – medical staff		90%	90%	91.6%	91.3%	91.7%	92.8%	92.2%	93.0%	93.3%	93.8%	94.2%	93.1%	92.3%	92.8%	92.6%	
	Trust Statutory and mandatory training compliance		90%	90%	88.1%	90.2%	91.1%	91.5%	91.5%	92.1%	92.1%	92.2%	92.2%	92.0%	91.1%	91.7%	92.2%	
	Trust MCA – DOLS and MHA		90%	90%	82.0%	82.5%	83.8%	84.0%	83.0%	83.7%	83.68%	80.36%	79.83%	79.47%	79.41%	78.09%	78.02%	
	Safeguarding Children - Level 2		90%	90%	88.9%	90.6%	91.7%	92.5%	92.8%	93.3%	93.4%	94.9%	94.6%	94.9%	95.5%	95.4%	95.7%	
	Safeguarding Adult - Level 2		90%	90%	87.7%	95.5%	93.8%	94.1%	94.8%	95.1%	95.1%	91.1%	95.0%	95.1%	95.3%	95.4%	95.7%	
	Safeguarding Children - Level 3		90%	90%	80.6%	83.0%	83.1%	83.3%	75.6%	76.4%	76.3%	93.7%	87.6%	87.9%	87.7%	88.1%	90.3%	
	Safeguarding Adult - Level 3		90%	90%	83.5%	85.6%	88.8%	89.6%	89.9%	90.9%	90.9%	86.2%	92.4%	90.5%	91.3%	91.1%	90.3%	
	Monthly agency expenditure (£'000)		-	1,721	4,632	4,677	3,802	5,387	4,118	4,277	3,646	3,750	3,856	3,490	3,612	3,638	3,230	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Vacancies - Vacancies have continued to reduce this month to 1.8% with an increase in substantive workforce of 46 WTE. Agency use continues to reduce with a 45 WTE reduction from last month's position alongside a reduction in bank usage of 29 WTE from November.

Turnover - Turnover remains at 11.5% (rolling 12-month position). Our in month turnover rate of 1.05% equates to 70 WTE leavers in December 2023 however the November and December average number of leavers at 51 WTE remains below the 12-month average.

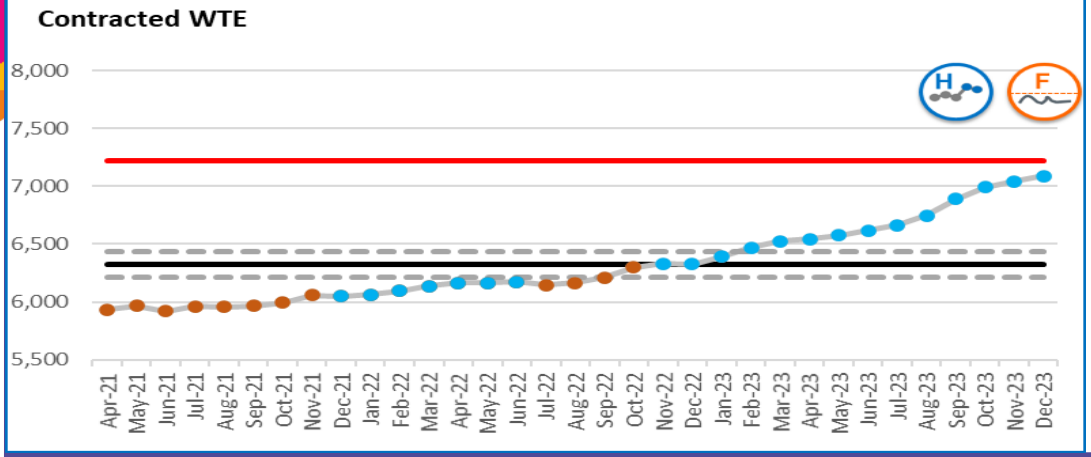
Wellbeing of our staff – Our overall sickness rate has increased to 5.52%, which equates to 390 WTE remaining above target by 1.5% (108 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 25% of calendar days lost in December equating to 94 WTE. The top 3 sickness reasons account for 48% of all sickness. Flu, cough and cold make up 12% of absence. 47% of colleagues have been vaccinated against Flu, with 54% of Medical colleagues and 43% of Nursing colleagues now vaccinated.

Agency and temporary staffing - There has been a continued decrease in overall agency usage of 45 WTE. To support our medical agency reduction, we have reduced agency doctors from 91 WTE in April to 67 WTE currently. We continue to work towards our trajectory to reduce agency dependency by 22 WTE. We have been working with Agile, our medical temporary staff provider, to replace high-cost agency with bank and lower-cost agency and set up 3-time weekly panels to review and reach decisions on medical agency requests. We are now tracking the 10 high-cost agency staff each month with actions to address and reduce where possible. All agency doctors are reviewed fortnightly with the clinical and operational leads for specialties with Medical People Services and recruitment and all non-consultant rotas reviewed and implemented by end of March 2024.

The Trust is now benefiting from 241 WTE international nurses arriving in year plus local UK recruitment of 54 WTE with in-year savings forecast c£1.9m. We have nearly eliminated all off-framework agency with less than 1 WTE reported in the first week of January. 14 nursing agency suppliers have reduced rates to date and moved to lower tiers. HCA agency is no longer used across base wards from 1st December, with the exception of use for escalation and enhanced care supervisors. All HCA, ECS and Nursing agency reviewed, discussed and decision taken through twice-daily panel.

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,089 in December 2023 which is an increase of 46 WTE in month.

Agency use continues to reduce with a reduction of 99 WTE since August. There has been a reduction over the last month of 45 WTE attributable to internationally educated nurses completing their training and support programmes. It is anticipated that this reduction will continue over the coming months.

Recovery actions:

- Recruiting from international markets has proved successful in recent years and helped strengthen our vacancy position, however we know the limitations in terms of sustainability. Our focus will be on developing our own pipelines of talent and working as a system with local partners to address our long-term workforce needs.
- We will review and seek to strengthen our governance arrangements, improving procurement arrangements when using agency and maximising our supply of both substantive and bank workforce.
- Key areas to support retention and enhancing the working environment includes a focus on reshaping our culture, investing in our people through development programmes and ensuring our people are looked after and cared for through well managed health and wellbeing practices.
- Continue to invest in digital workforce systems to aid decision making and resource management. This includes how we roster our workforce to provide the best coverage of skills improving patient care through electronic rostering, job planning and workforce data.
- Managing attendance and supporting wellbeing to help keep people well and at work is a key element of our strategy to maximise the availability of our workforce.

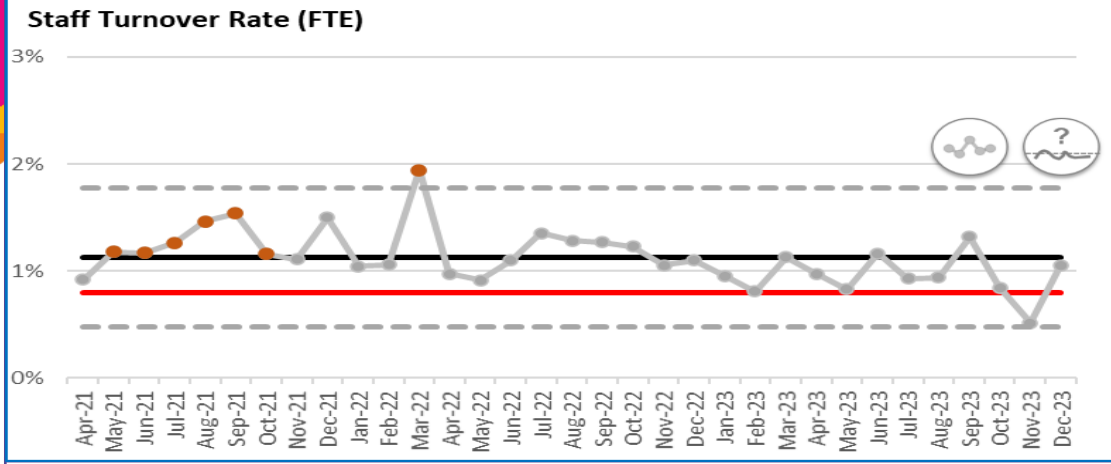
Anticipated impact and timescales for improvement:

Key 2024/25 People Plan priorities.

Recovery dependencies:	Capacity, availability of resource and appetite to support recovery actions within SaTH and across the System.

Workforce – Staff Turnover Rate

The Shrewsbury and Telford Hospital NHS Trust



Summary:
The rolling 12-month turnover rate for December remained consistent with the previous month at 11.5% which equates to 723 WTE leavers. An in month turnover rate of 1.05% equates to 70 WTE leavers in December following particularly low number of leavers in November. The November and December average number of leavers is 51 WTE which is below the 12-month average of 60 WTE.
Staff groups where turnover is above 11.5% include Add Prof Scientific and Technic, Additional Clinical Services, Estates and Ancillary and Allied Health Professionals.
We continue to see low numbers of those reporting 'unknown' as a reason for leaving at 2% (2) in December. We have noted an increase in relocation as a reason for absence which needs further exploration.

Recovery actions:
To further explore expansion of apprenticeships as a key part of our People Plans and workforce plans. We will utilise Apprenticeship week on the 5-11 February 2024 to further promote and are planning a System Reform conversation to further explore opportunities.

To understand our data particularly with respects to reasons for leaving and to understand why people leave within 12 months (HCA) and further improvements we can make to our recruitment and on-boarding processes. In addition to further understand nurse leavers in the 3-5 year category and our system opportunities to retain across our System and support career progression.

To review and interrogate our Staff Survey results to inform divisional and Trust wide actions to improve working life at SaTH.

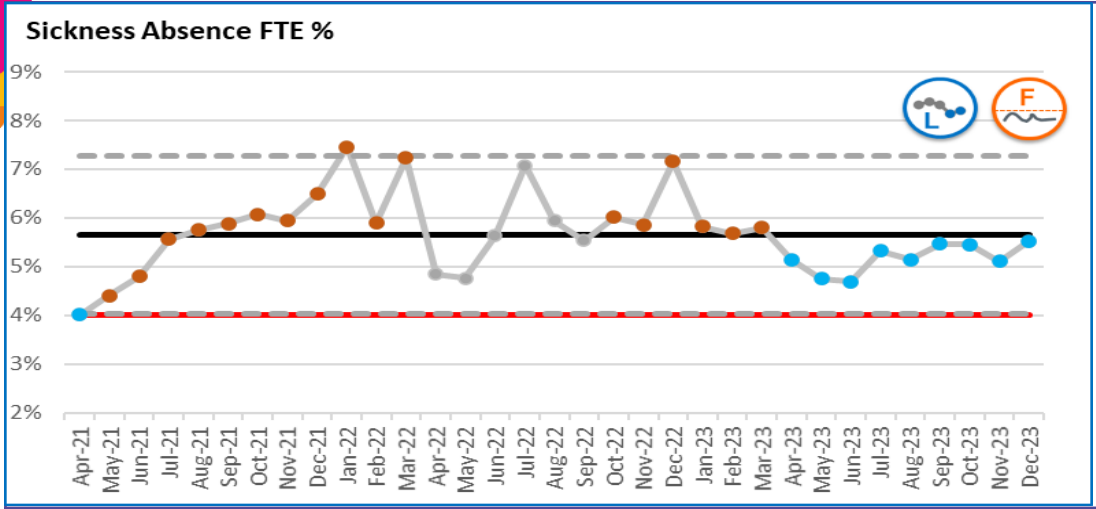
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

Recovery dependencies:	Engagement across the Trust with the staff survey results and system approach to working.

Workforce – Sickness Absence

The Shrewsbury and Telford Hospital NHS Trust



December sickness rate increased to 5.52% (390 WTE), remaining above target by 1.5% (108 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 25% of calendar days lost in December equating to 94 WTE. 12% of sickness was attributed to Cold, Cough, Flu with other known causes at 11%. The average number of days absent per sickness episode in December was 7 days.

Recovery actions:
We are undertaking a review of sickness episodes recorded as 'other' to help gain greater intelligence around sickness reasons and support appropriate interventions.

Identifying funding to support resources so we can offer Health Checks for colleagues in line with Health Inequalities priorities to further aid keeping colleagues well and in work.

To review feedback from our staff psychology service and ensure our leadership programmes reflect the concerns we are hearing. Key action to increase attendance from across our Band 6 and 7 roles.

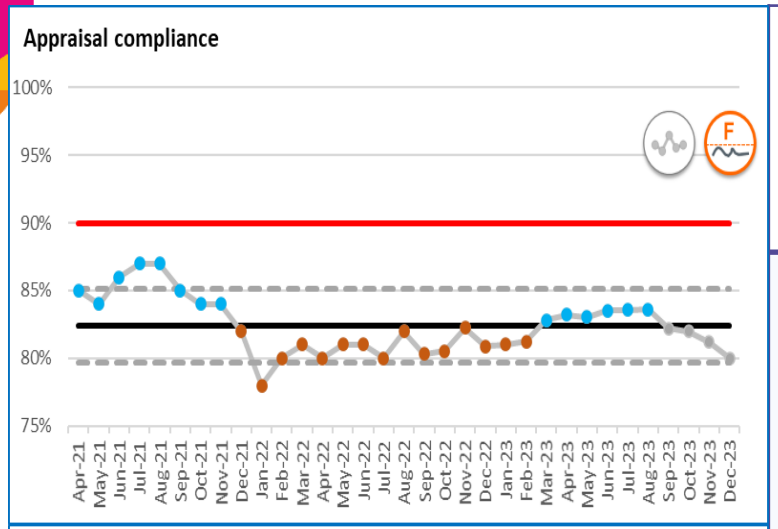
Anticipated impact and timescales for improvement:
Review to be completed during Q4.

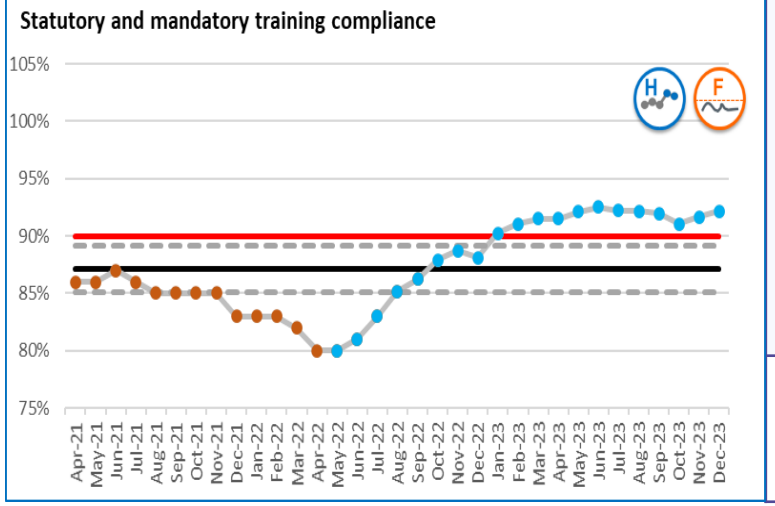
Priority for our 2024/25 delivery plans.

Recovery dependencies:	Release of the key staffing groups band 6 & 7 to attend leadership and management development.

Workforce – Appraisal & Training

The Shrewsbury and Telford Hospital NHS Trust





Summary:
The statutory training compliance rate has increased to 92.18% in December 2023, this remains above the target of 90%. Our appraisal rates have dropped by 0.49% to 80.01%.

Recovery actions:

Our Education team are undertaking a similar approach to improve appraisals by targeting areas with lower compliance. This to date has not had the desired impact and we plan to review in Q4 to understand any barriers to appraisals to improve intentional actions.

Trust MCA DOLS and MCA training compliance rates are a concern. We are urgently reviewing the content of these programmes. In addition, identifies ED as a hot spot area and providing bespoke support to improve compliance.

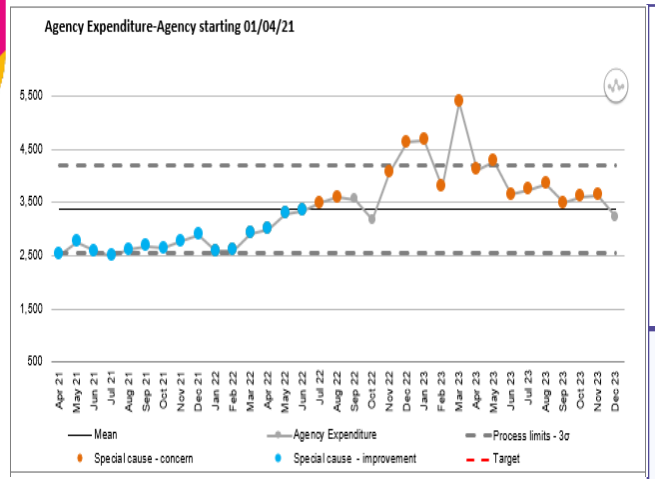
Anticipated impact and timescales for improvement:
We need to ensure appraisal rates improve positively over the remainder of the year. This review is scheduled in Q4.

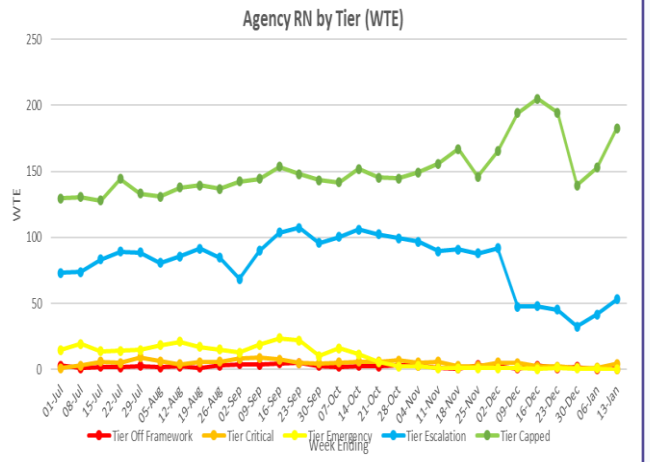
Improvement anticipated during Q4.

Recovery dependencies:	Supporting colleagues to undertake training and undertaking appraisals.

Agency Expenditure – Monthly

The Shrewsbury and Telford Hospital NHS Trust





Summary:
The Trust is now benefiting from 241 WTE international nurses arriving in year plus local UK recruitment of 54 WTE with in year savings forecast c£1.9m. We have nearly eliminated off-framework agency with less than 1 WTE reported in the first week of January. 14 nursing agency suppliers have reduced rates to date and moved to lower tiers. To support our medical agency reduction, we have reduced agency doctors from 91 WTE in April to 67 WTE. We continue to work towards our trajectory to reduce agency dependency by 22 WTE. International recruitment of nurses will reduce capped usage through Q4, except in theatres where this will reduce in 2024/25. Supporting escalation areas account for 60% of total Band 5 agency shifts in December.

Recovery actions:
All increases in WTE budget subject to either approval through budget setting round or triple lock approvals – increases in substantive WTE budget all funded or run rate reducing temporary medical staffing – three times a week approval panels jointly chaired by COO and MD/ DMD
Temporary nursing staffing (qualified and unqualified) – twice daily approval panels chaired by Deputy DoN/ DoN.
Ward staffing during the day capped at 85% of roster unless substantively covered.
Only budgeted substantive posts are considered for recruitment.
All substantive recruitment approval through vacancy control panels at divisional level (now with executive attendance).
All posts within recruitment stages subject to Trust-wide review completed with on-going 'pausing' of posts.
No non-frontline agency employed in the Trust (excluding capital projects) – with the exception of 2 WTE on maternity transformation plan (Ockenden)
Review clinical time for clinically qualified non-frontline staff
Strengthened review of WLI, clinical and non-clinical overtime requests
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

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

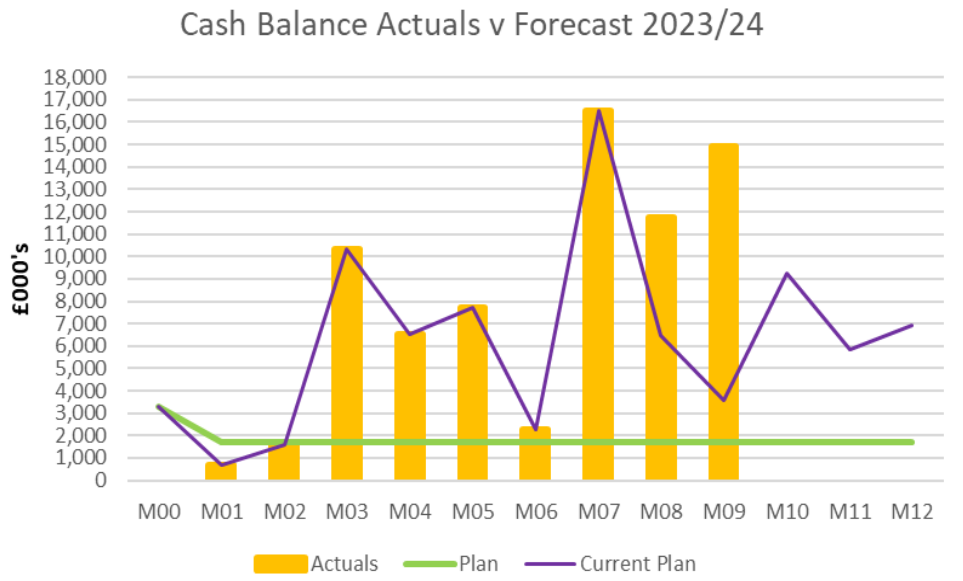
Domain	Description	Regulatory	National Standard	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Finance	Cash -end of month cash balance £'000's		-	11,757	13,103	18,930	3,279	712	1,582	10,319	6,517	7,709	2,271	16,537	11,748	14,939	
	Efficiency - £000's - in-month delivery		-	381	783	1168	1363	805	693	1110	1121	1086	1027	1138	2010	1317	
	Year to date surplus/(deficit) £'000		-	(33,610)	(38,560)	(43,105)	(47,206)	(8,538)	(16,909)	(26,359)	(36,151)	(46,086)	(57,447)	(68,661)	(80,155)	(87,977)	
	Year to date capital expenditure £'000			5,380	7,852	11,156	19,798	140	323	917	1,062	1,637	2,497	3,205	4,478	4,951	

Finance Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

- 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 December (month nine), the Trust has recorded a deficit of £88.0m against a draft planned deficit of £42.6m, an adverse variance to plan of £45.4m
- The year-to-date deficit to plan of £45.4m 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 £13.0m is deemed to be within SaTH's direct control and £32.4m outside. This is broken down further as follows:
    - Within SaTH's direct control
        - Additional junior doctors to ensure contract compliance and premium costs - £4.1m
        - Staffing costs above planned levels driven by continued use of agency nursing - £3.2m
        - Nursing unavailability above plan - £3.0m
        - Slippage against in year CIP target - £2.3m
        - Slippage on 2022/23 workforce BTI - £1.8m
        - Enhanced bank rates and bank incentive scheme - £1.7m
        - ERF income adjustment - £1.3m
    - Outside of SaTH's direct control
        - Escalation costs above plan - £11.1m
        - Activity costs above operational plan including drugs and devices - £10.8m
        - Costs of covering industrial action - £2.3m
        - Additional enhanced care provision, linked to high number of NCTR patients - £1.9m
        - Pay award impact for both medical and agenda for change staff - £1.7m
- £10.3m of efficiency savings have been delivered year to date against a plan of £12.6m 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 £16.5m forecast to delivery
- For 2023/4 the Trust's system allocation capital programme has been set at £18.4m. Expenditure at month nine was £4.9m – an underspend of £6.9m against plan
- The Trust held a cash balance at the end of December 2023 of £14.9m

Cash



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. Following application for support in Quarter 4, the Trust has received confirmation of support of £14.3m in January 2024.

The cash balance brought forward in 2023/24 was £3.3m with a cash balance of £14.9m held at end of December 2023 (ledger balance of £14.6m due to reconciling items).

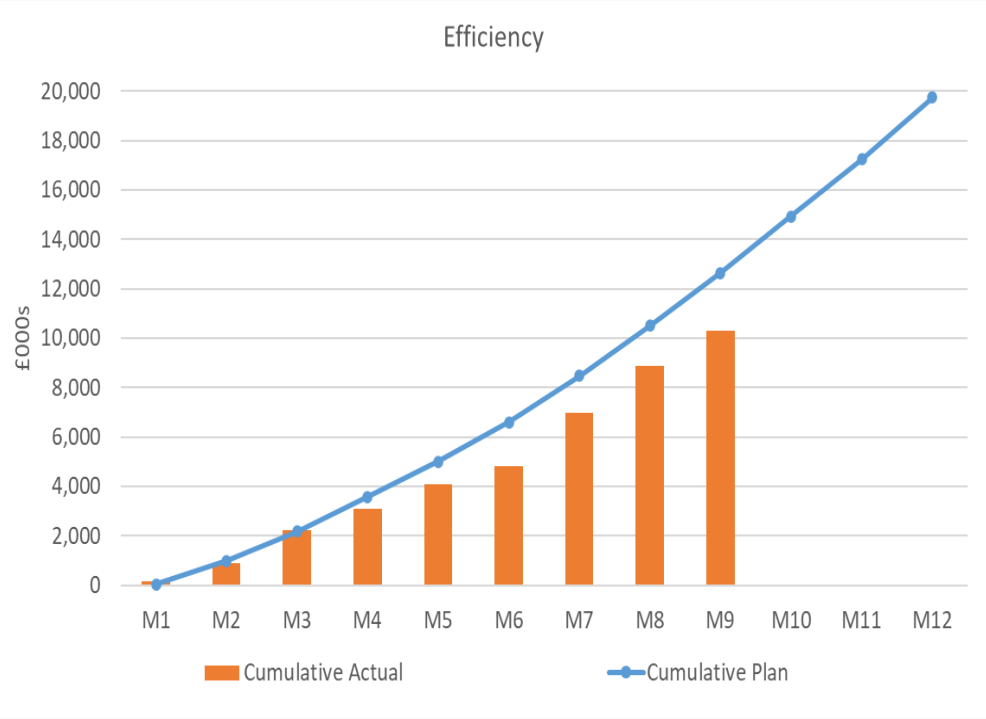
The graph illustrates actuals against original plan and reforecast post-M08 (November 23) and shows that the cash position at end of December was higher than plan, this is a timing variance only.

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:	**Anticipated impact and timescales for improvement:**
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.	The cash position is linked to the financial position of the Trust. Given the current deficit, ongoing revenue support is required.

Recovery dependencies:	Supporting colleagues to undertake training and undertaking appraisals.

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).

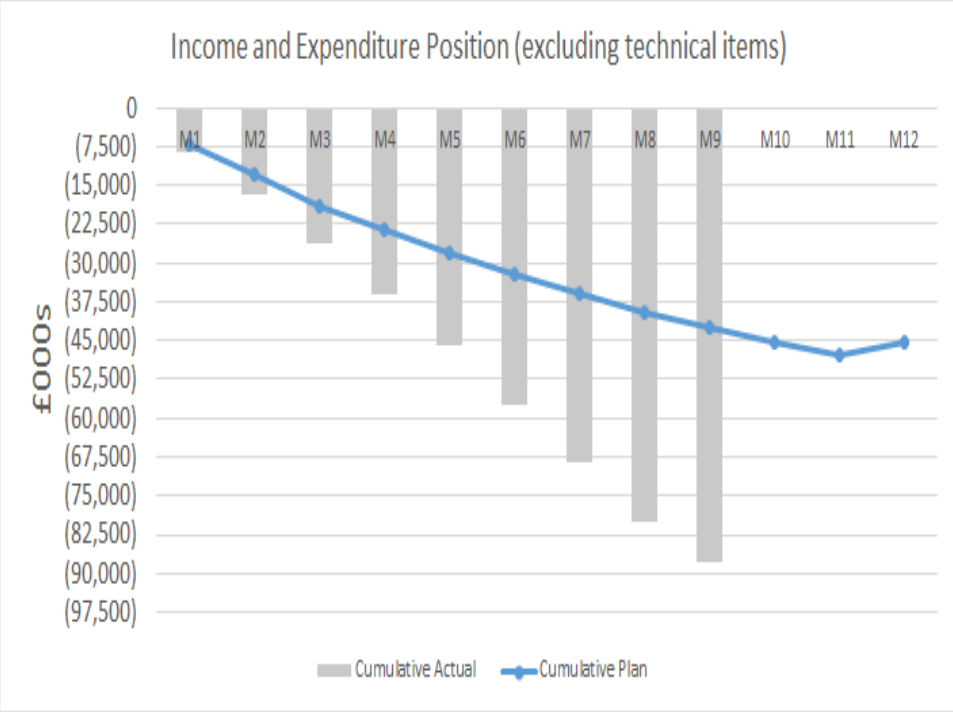
£10.3m of efficiency savings has been delivered year to date against a plan of £12.6m with year-to-date slippage predominantly being against the workforce BTI and direct engagement schemes. It should be noted that the plan for delivery increases significantly over future months in order to meet the full year forecast of £16.5m against a target of £19.7m.

Recovery actions:	**Anticipated impact and timescales for improvement:**
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	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

The Shrewsbury and Telford Hospital NHS Trust



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 nine of £88.0m which is £45.4m adverse to the plan.

The year-to-date deficit to plan of £45.4m is linked split between items within (£13.0m) and out of SaTH's direct control (£32.4m). The key pressures year-to-date are escalation costs (£11.1m), increased activity related costs (£10.8m), nurse staffing and unavailability (£6.2m), junior doctor rota compliance costs (£4.1m) and industrial action cover costs (£2.3m).

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.

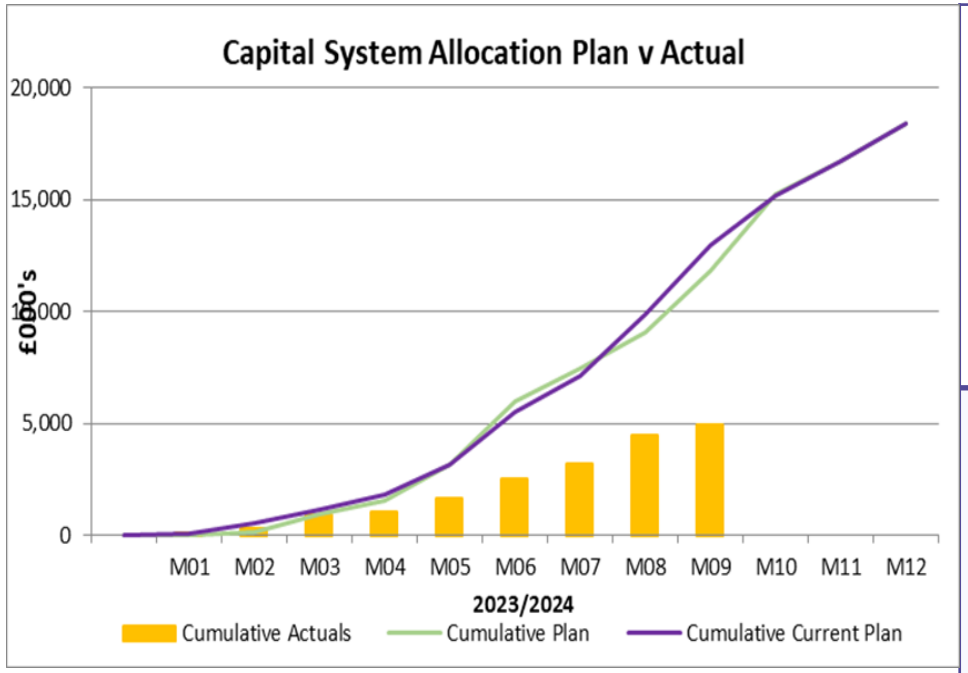
Anticipated impact and timescales for improvement:
Actions being undertaken will have a continued improvement on the financial position and are monitored on a weekly basis.

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

The Shrewsbury and Telford Hospital NHS Trust



Summary:
For 2023/24 the Trust has set a capital programme funded from system allocation of £18.4m.

Within the submitted plan it was projected that expenditure of £11.8m would have been incurred at the end of December (month 9).

The actual expenditure as at month nine was £4.9m, an underspend of £6.9m.

A detailed capital programme was discussed and agreed at May Capital Planning Group meeting.

Capital Planning Group (CPG) advocated delivery of the capital programme throughout the four quarters of the year. However, the actual delivery of the programme has been delayed.

CPG will continue to monitor the expenditure against plan on a monthly basis. Discussions are on-going with regard to managing the capital programme over financial years to ensure the Trust meets its Capital Resource Limit in 2023/24.

Anticipated impact and timescales for improvement:
Increase in capital expenditure expected latter half of financial year, particularly quarter four.

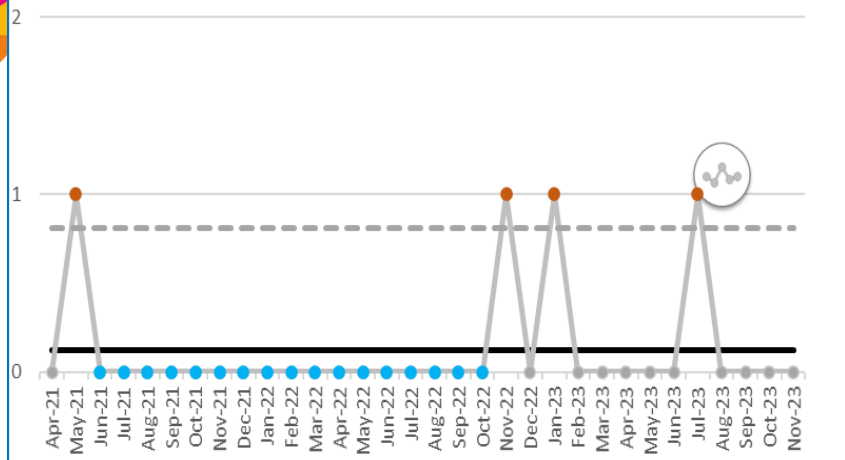
Recovery dependencies:	Management of the capital programme over 2023/24 and 2024/25 financial years.

Appendices

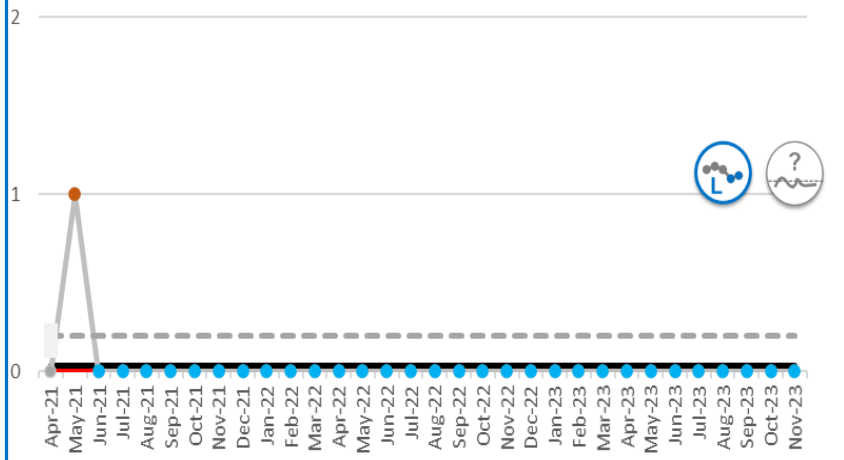
Appendices – supporting detail on Quality and Effectiveness

The Shrewsbury and Telford Hospital NHS Trust

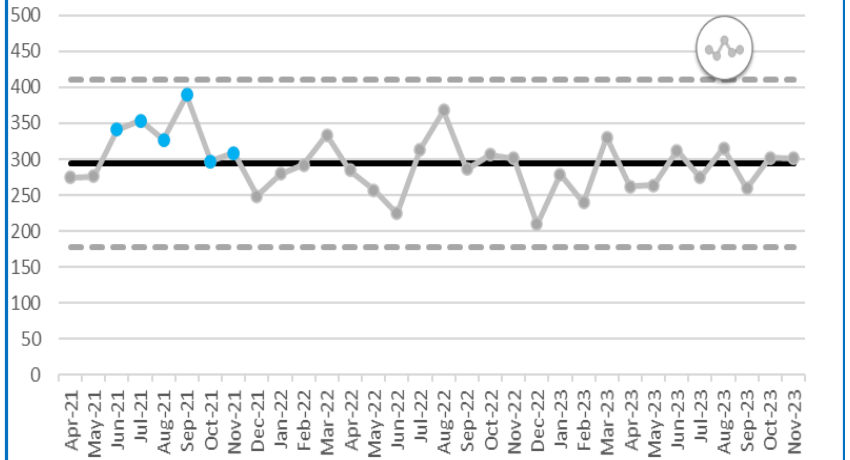
Never Events



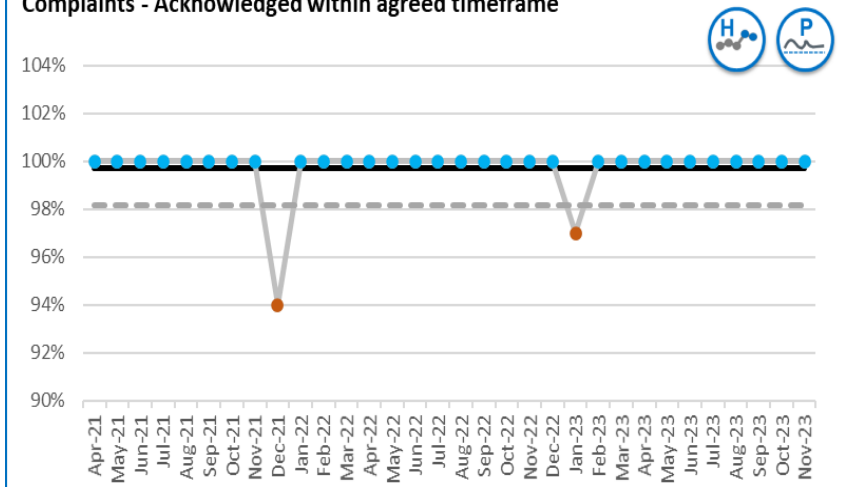
Coroner Regulation 28s



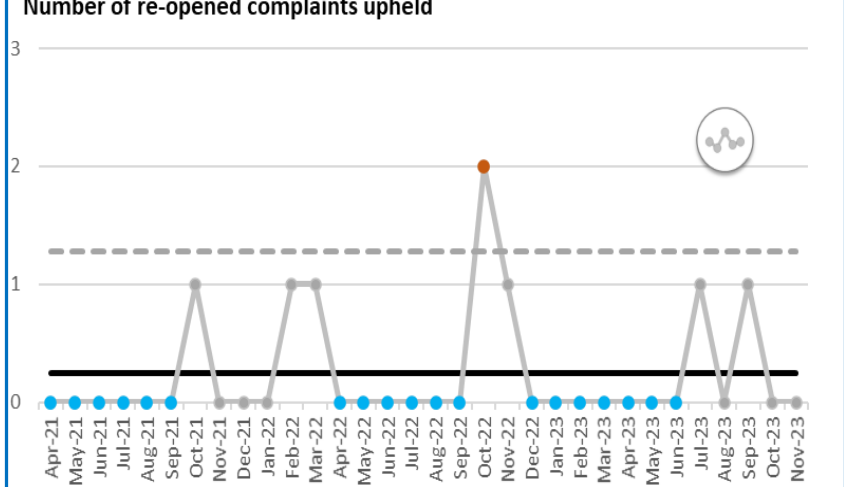
PALS contacts



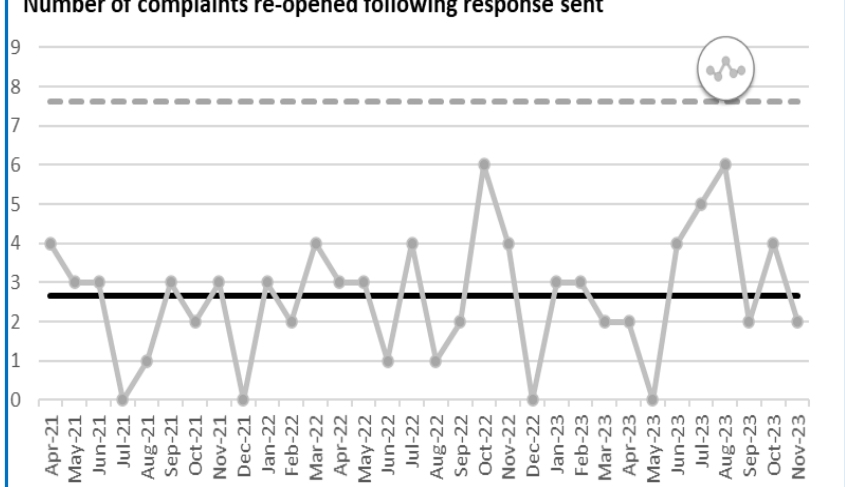
Complaints - Acknowledged within agreed timeframe



Number of re-opened complaints upheld

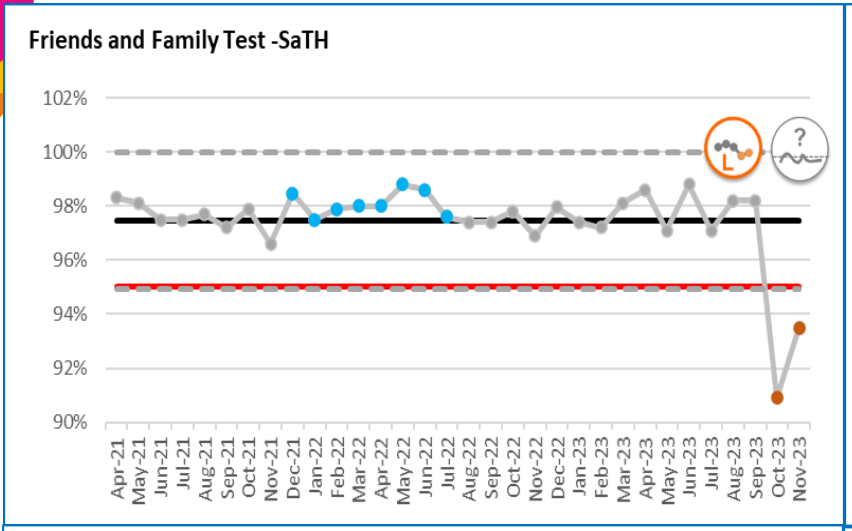


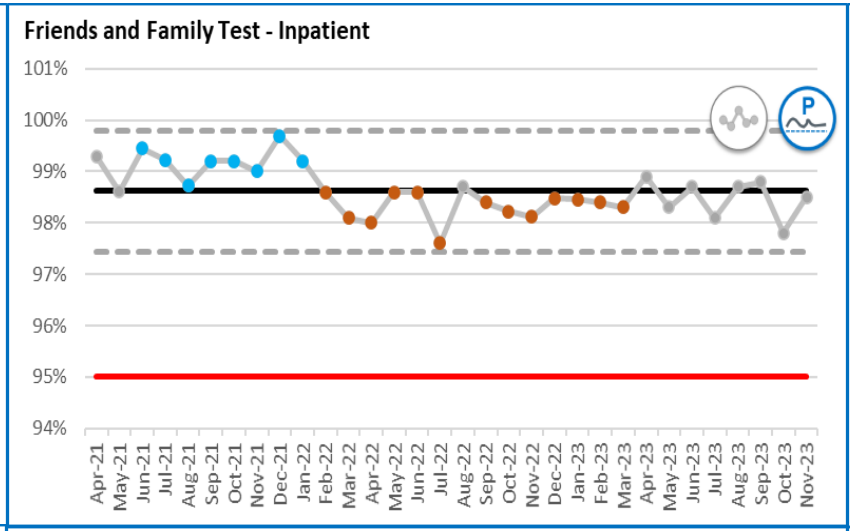
Number of complaints re-opened following response sent

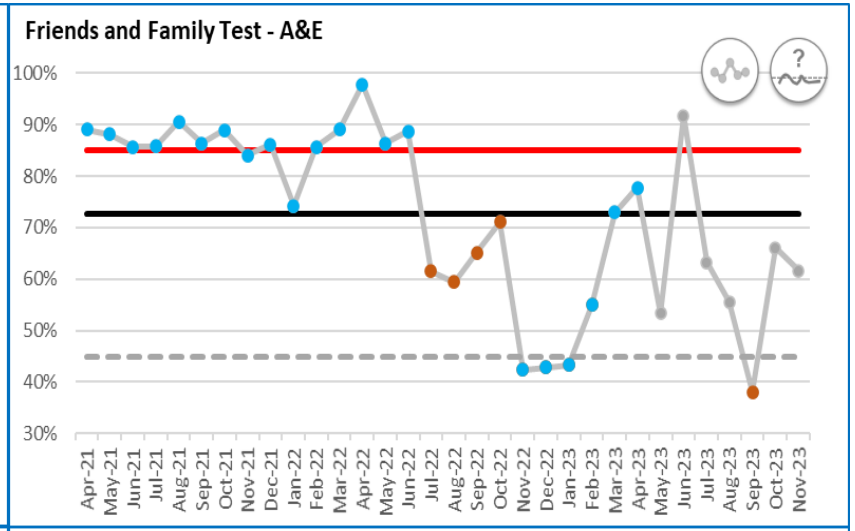


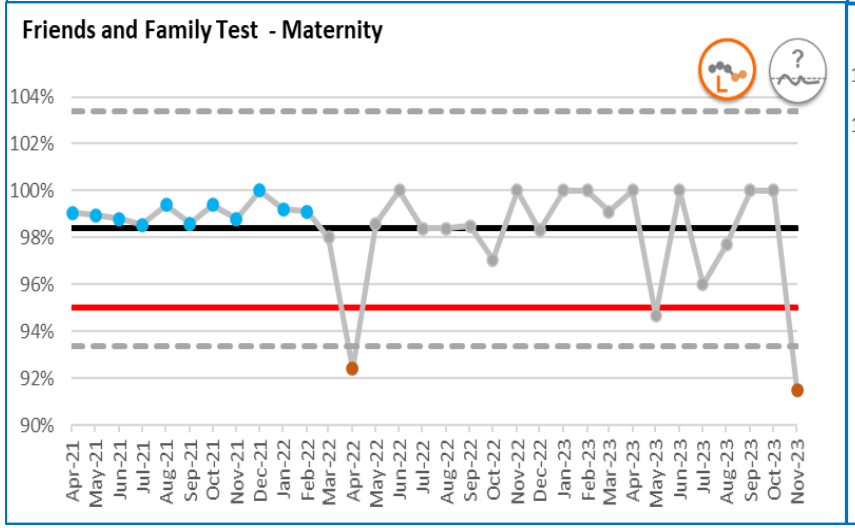
Appendices – supporting detail on Quality and Effectiveness

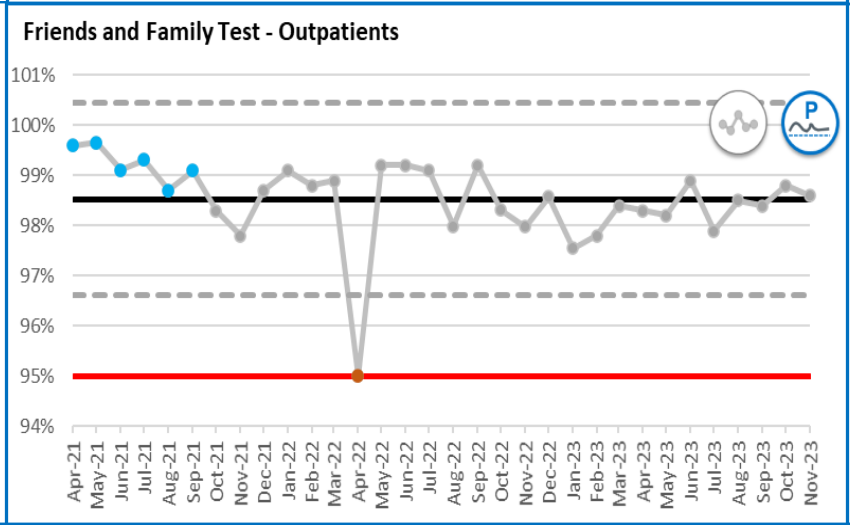
The Shrewsbury and Telford Hospital NHS Trust

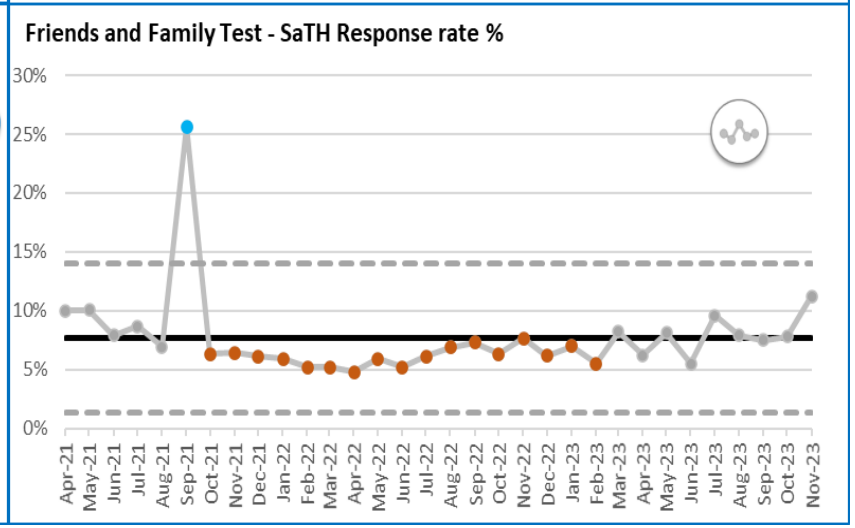












Partnering Ambitious Caring Trusted

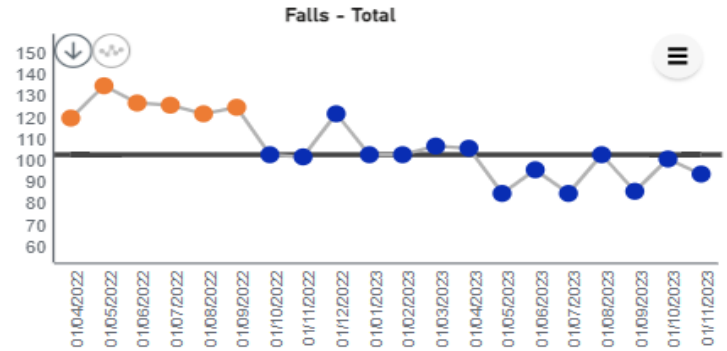
Our Vision: To provide excellent care for the communities we serve

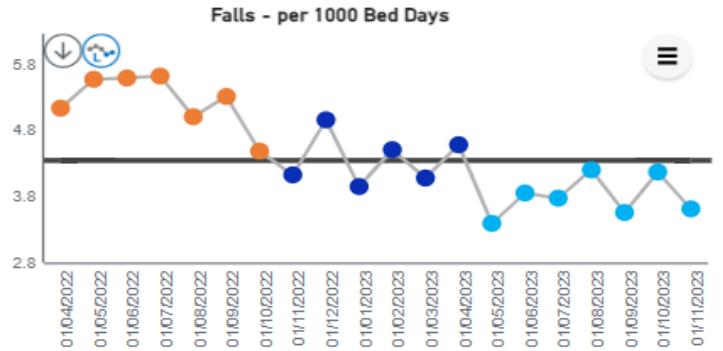
Appendices supporting Quality Strategy

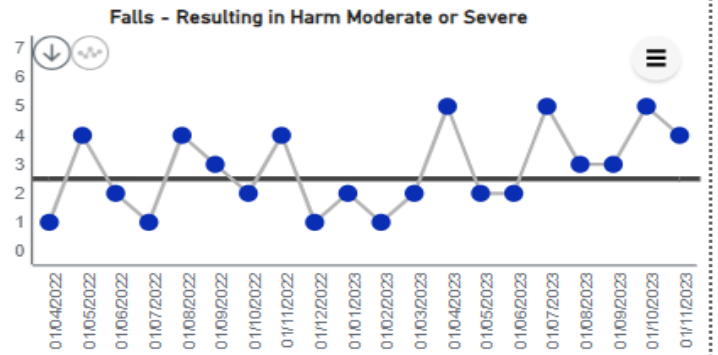
Quality - Safe - Falls

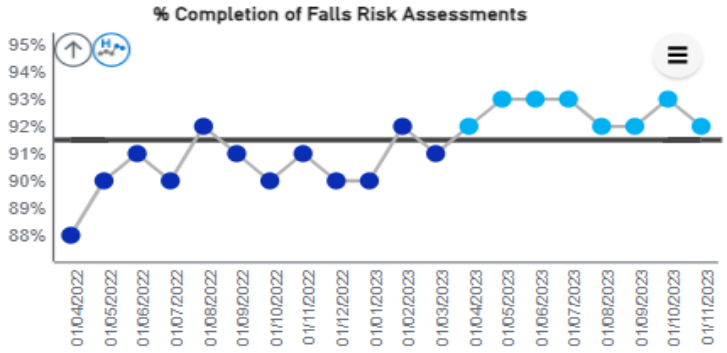
Deteriorating Patient

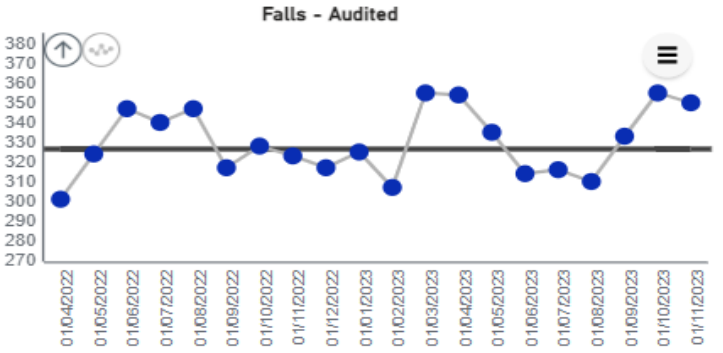
	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Falls - Total	126	122	125	103	102	122	103	103	107	106	85	96	85	103	86	101	94
Falls - per 1000 Bed Days	5.59	4.98	5.28	4.45	4.09	4.93	3.92	4.48	4.05	4.55	3.36	3.82	3.74	4.17	3.52	4.14	3.58
Falls - Resulting in Harm Moderate or Severe	1	4	3	2	4	1	2	1	2	5	2	2	5	3	3	5	4
% Completion of Falls Risk Assessments	90.0	92.0	91.0	90.0	91.0	90.0	90.0	92.0	91.0	92.0	93.0	93.0	93.0	92.0	92.0	93.0	92.0
Falls Audited	340	347	317	328	323	317	325	307	355	354	335	314	316	310	333	355	350
Falls Prevention Training Compliance % - 2 Yearly	78.64	82.82	81.73	76.59	58.51	54.31	68.99	30.42	51.00	64.09	71.94	76.72	78.08	81.08	83.36	84.98	86.86

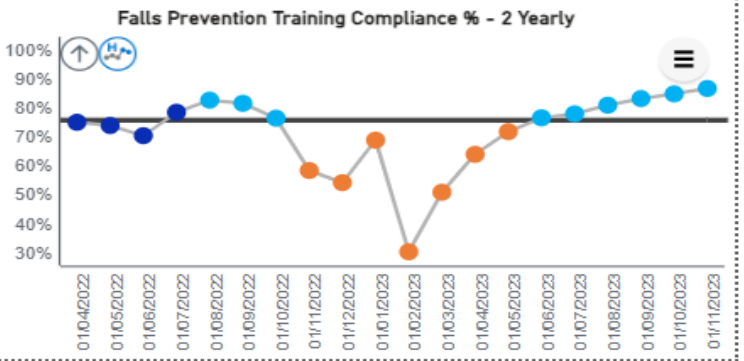










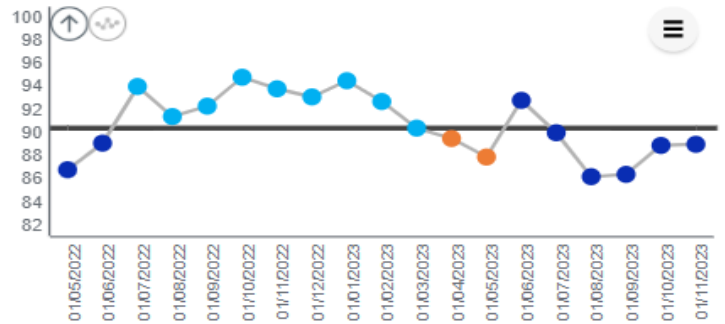


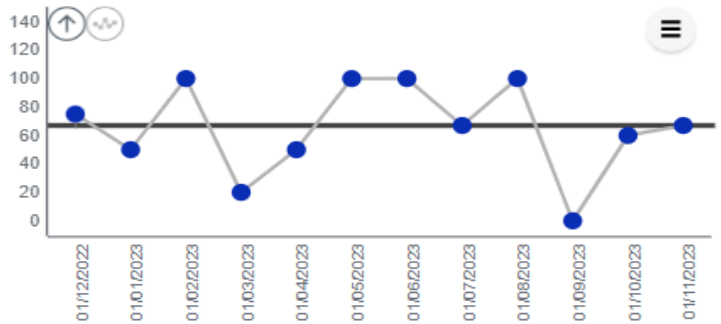
Quality - Safe - Deteriorating Patient

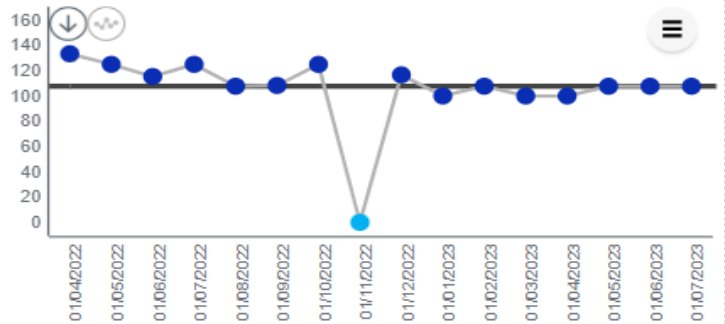
The Shrewsbury and Telford Hospital NHS Trust
Partnering · Ambitious Caring · Trusted

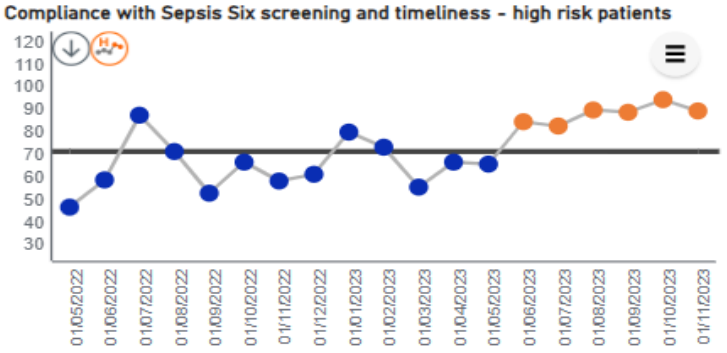
Falls

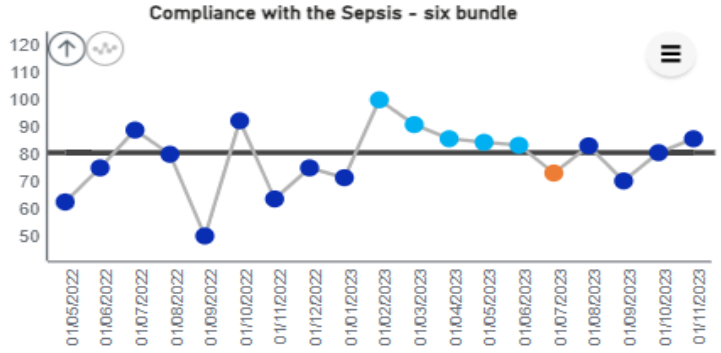
	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
News	94.0	91.4	92.3	94.8	93.8	93.1	94.5	92.7	90.4	89.5	87.9	92.8	90.0	86.2	86.4	88.9	89.0
Pews Action taken						75.0	50.0	100.0	20.0	50.0	100.0	100.0	67.0	100.0	0.0	60.0	67.0
% Compliance with Sepsis Six screening and timeliness - high risk patients	87.50	71.40	52.90	66.70	58.30	61.30	80.00	73.30	55.60	66.70	65.80	84.60	82.70	89.80	88.80	94.40	89.40
% Compliance with the Sepsis Six bundle	88.90	80.00	50.00	92.30	63.60	75.00	71.40	100.00	90.90	85.70	84.40	83.30	73.10	83.10	70.20	80.60	85.70
SHMI - Septicaemia (except in labour), Shock	116.70	112.40	111.60	111.80	0.00	114.20	109.60	106.10	85.30	91.50	90.90	81.00	80.00				
SHMI - Acute and unspecified renal failure	125.00	107.70	108.30	125.00	0.00	116.70	100.00	107.70	100.00	100.00	107.70	107.70	107.70				

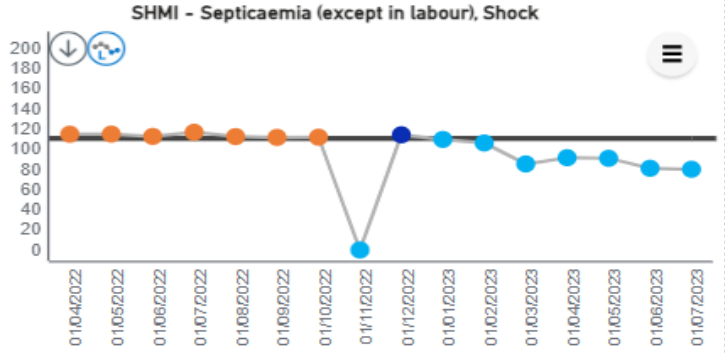












Partnering Ambitious Caring Trusted

Our Vision: To provide excellent care for the communities we serve

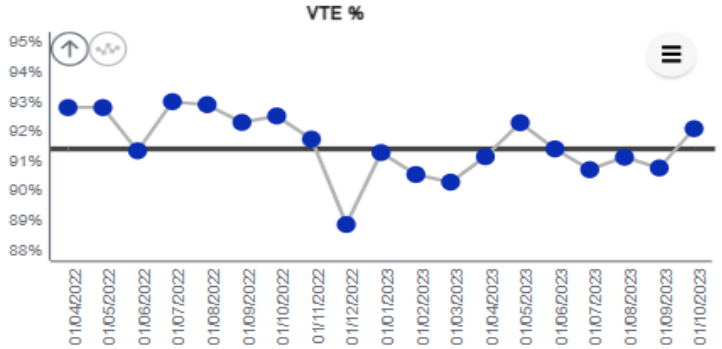
Quality - Effective - Best Clinical Outcomes

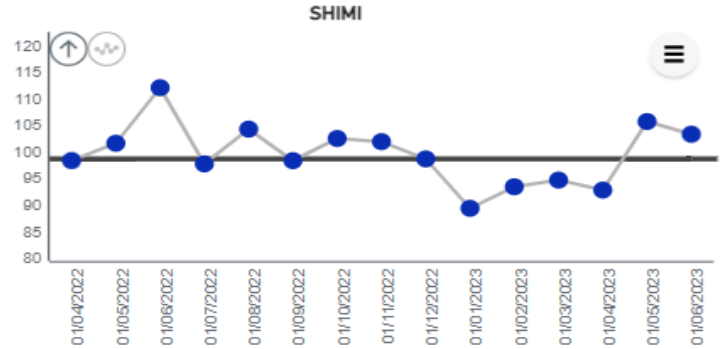
Partnering · Ambitious Caring · Trusted

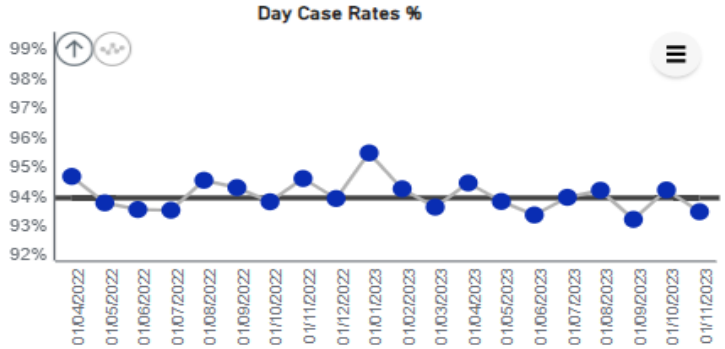
The Shrewsbury and Telford Hospital NHS Trust

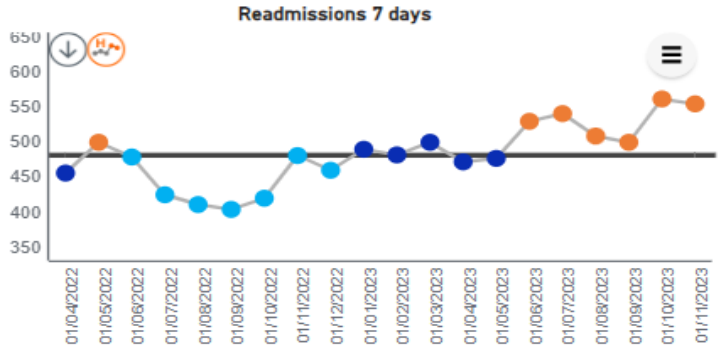
Right Care, Right Place, Right Time

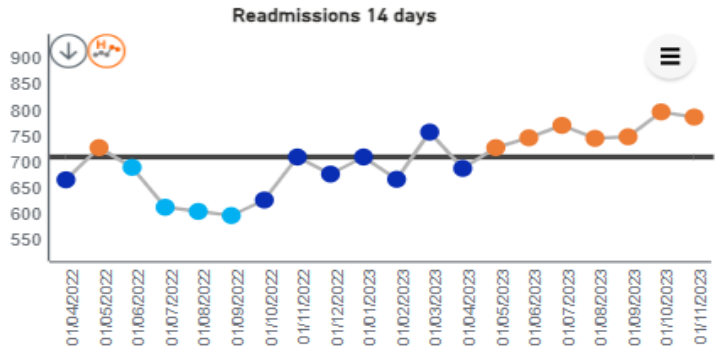
	Apr-2022	May-2022	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
VTE %	92.80	92.80	91.34	93.00	92.90	92.30	92.52	91.73	88.86	91.28	90.54	90.29	91.14	92.29	91.41	90.71	91.13	90.77	92.09	
SHMI	98.39	101.66	112.13	97.77	104.32	98.38	102.55	101.96	98.71	89.40	93.46	94.72	92.84	105.75	103.36					
Day Case Rates %	94.68	93.78	93.56	93.53	94.55	94.30	93.82	94.61	93.93	95.48	94.26	93.64	94.46	93.83	93.37	93.97	94.21	93.22	94.22	93.48
Readmissions 7 days	456	500	479	425	411	404	420	481	460	490	482	500	472	477	530	541	509	500	562	555
Readmissions 14 days	667	729	691	614	606	598	628	711	678	711	668	759	689	729	748	772	747	750	798	788
Readmissions 28 days	916	1018	942	840	866	849	888	975	936	975	938	1033	987	1026	1002	1040	1030	1020	1124	1081

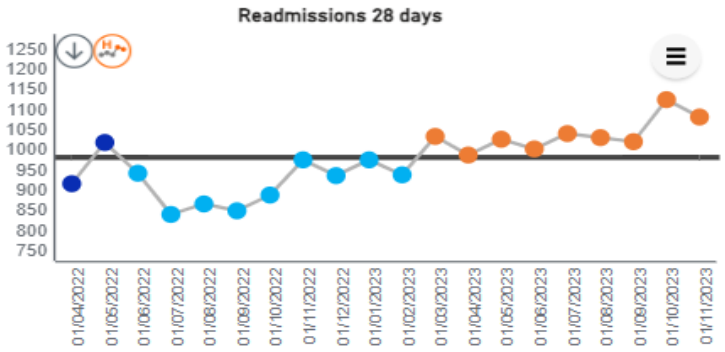












Quality - Effective - Right Care, Right Place, Right Time

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NHS The Shrewsbury and Telford Hospital NHS Trust

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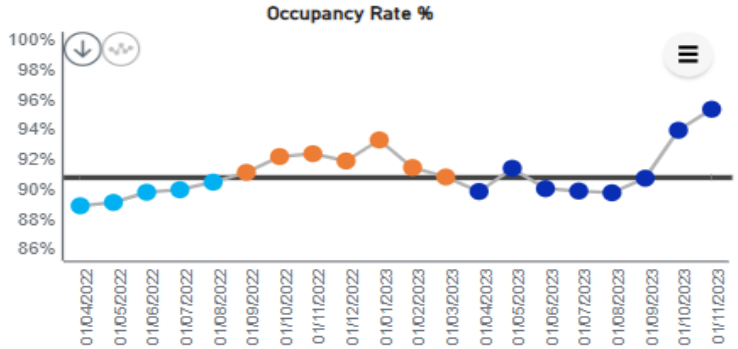
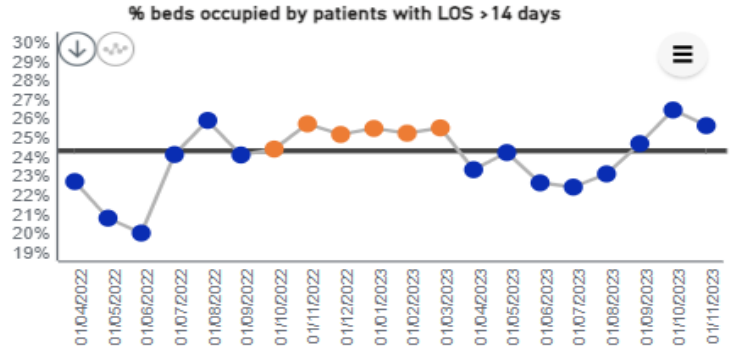
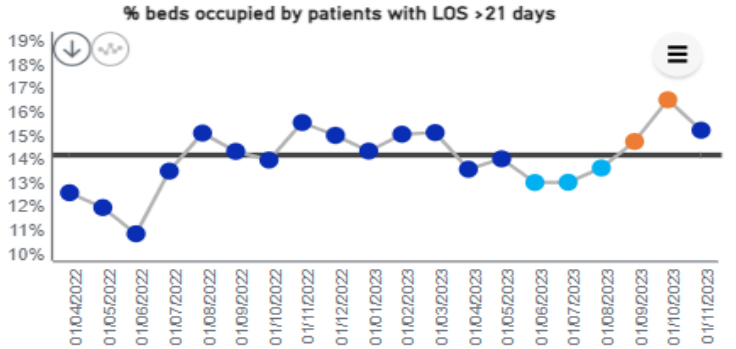
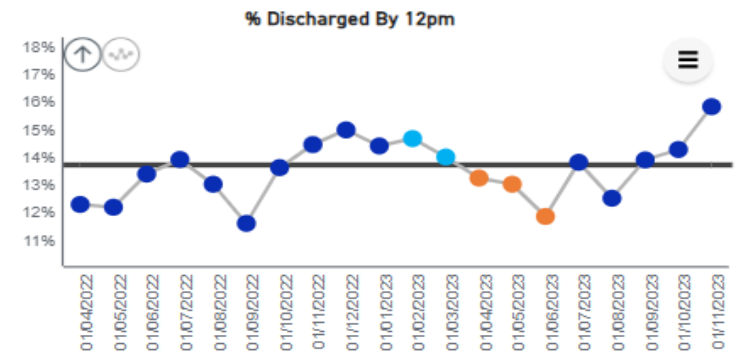
Best Clinical Outcomes

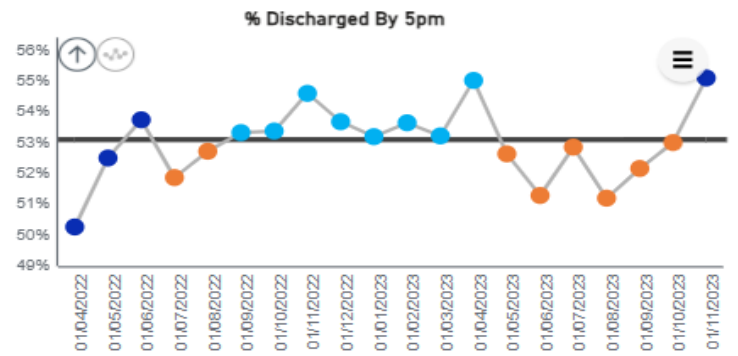
	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Occupancy Rate %	89.98	90.49	91.14	92.20	92.39	91.91	93.31	91.47	90.84	89.87	91.42	90.05	89.90	89.78	90.75	93.96	95.37
% beds occupied by patients with LOS >14 days	24.15	25.93	24.12	24.43	25.75	25.20	25.51	25.26	25.54	23.35	24.25	22.66	22.44	23.13	24.72	26.48	25.66
% beds occupied by patients with LOS >21 days	13.51	15.12	14.35	13.98	15.57	15.03	14.36	15.07	15.14	13.59	14.03	13.03	13.04	13.65	14.77	16.53	15.24
Medically Fit For Discharge	135	149	125	136	151	159	151	153	144	144	136	137	114	117	131	143	140
% Discharged By 12pm	13.93	13.03	11.61	13.64	14.47	15.00	14.42	14.69	14.02	13.26	13.03	11.86	13.83	12.52	13.91	14.29	15.85
% Discharged By 5pm	51.85	52.70	53.31	53.36	54.58	53.66	53.18	53.63	53.20	55.00	52.62	51.27	52.84	51.18	52.15	52.99	55.08

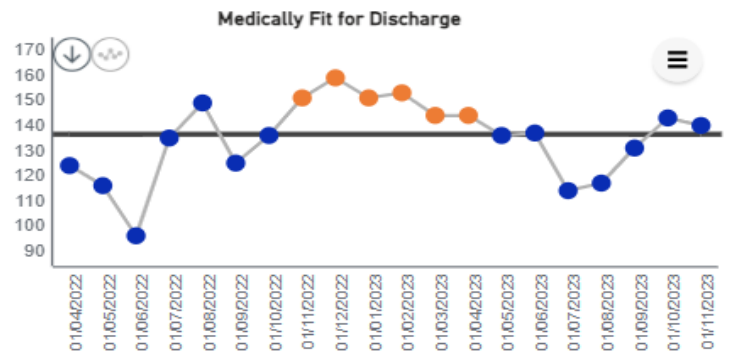










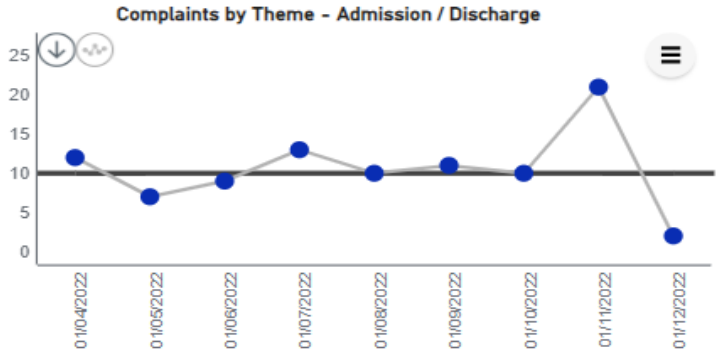


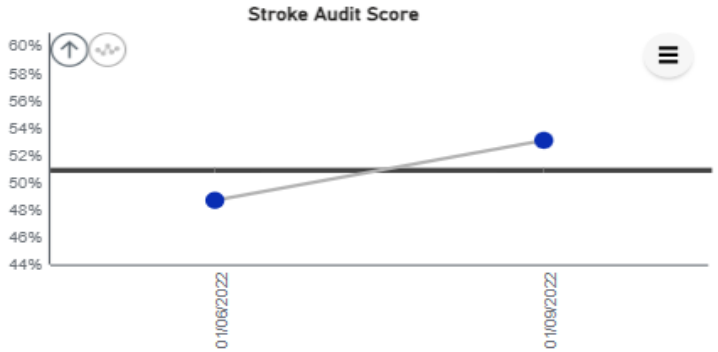
Quality - Effective - Right Care, Right Place, Right Time

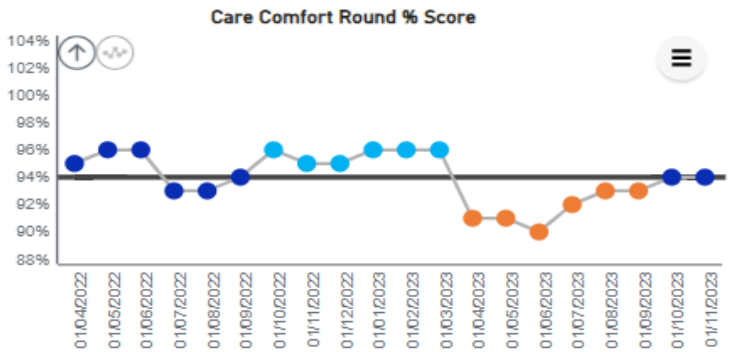
Page 1

Best Clinical Outcomes

	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Care Comfort Round % Score	93.0	93.0	94.0	96.0	95.0	95.0	96.0	96.0	96.0	91.0	91.0	90.0	92.0	93.0	93.0	94.0	94.0
Stroke Audit Score			53.1														
Complaints by Theme - Admission / Discharge	13	10	11	10	21	2											







Quality - Patient Experience - Learning from Experience

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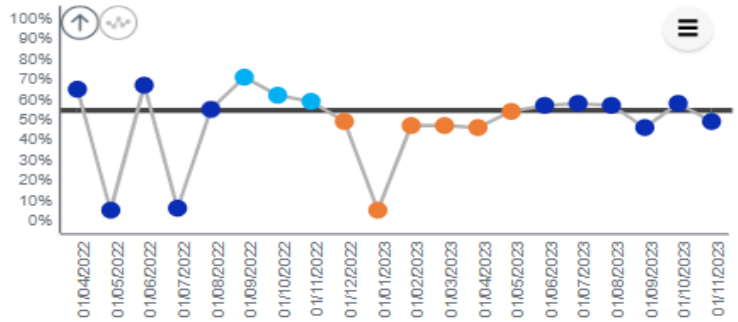
The Shrewsbury and Telford Hospital NHS Trust

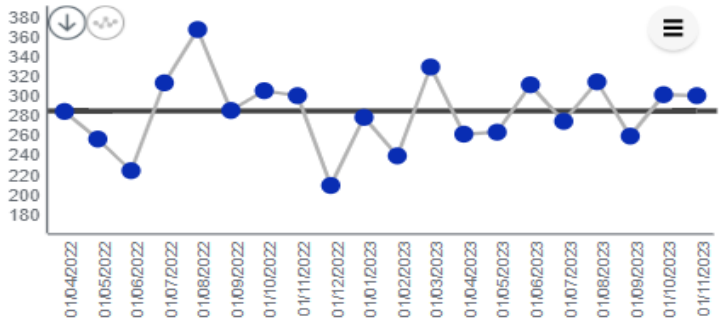
Vulnerable Patients | **End of Life Care**

	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Complaints - % Acknowledged within agreed timeframe	6	55	71	62	59	49	5	47	47	46	54	57	58	57	46	58	49
PALS contacts	314	368	286	306	301	210	279	240	330	262	264	312	275	315	260	302	301
Complaints by Theme - Staff	41	50	45	44	79	32											
Complaints upheld	0	0	0	2	1	0											
Compliments Received	39	54	51	90	75	54	84	54	108	59	125	104	74	89	86	93	85
Friends and Family Test % recommenders	97.6	97.4	97.4	97.8	96.9	98.0	97.4	97.2	98.1	98.6	97.1	98.8	97.1	98.2	98.2	90.9	93.5

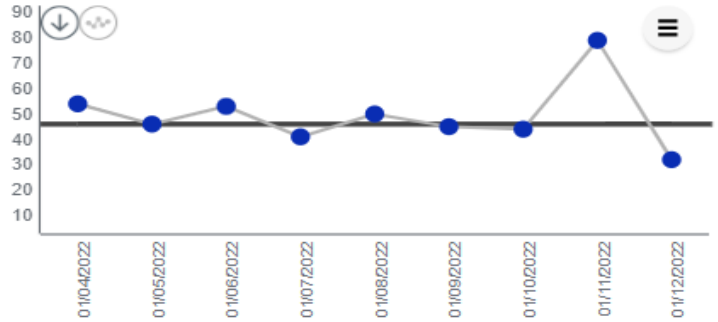
Complaints - % Acknowledged with agreed timeframe



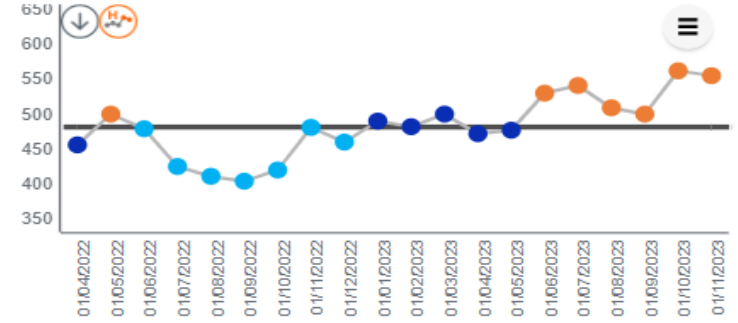
PALS contacts



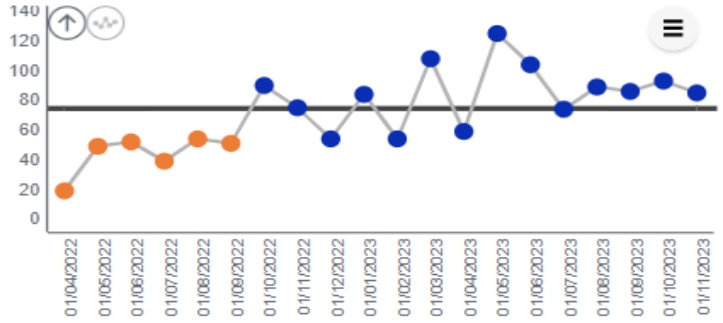
Complaints by Theme - Staff



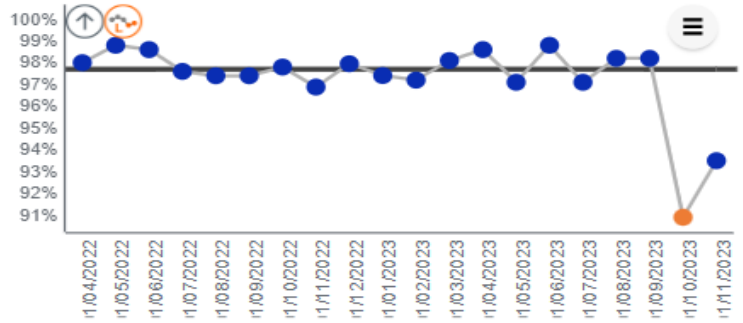
Complaints upheld



Compliments Received



Freinds & Family Test % recommenders



Quality - Patient Experience - Vulnerable Patients

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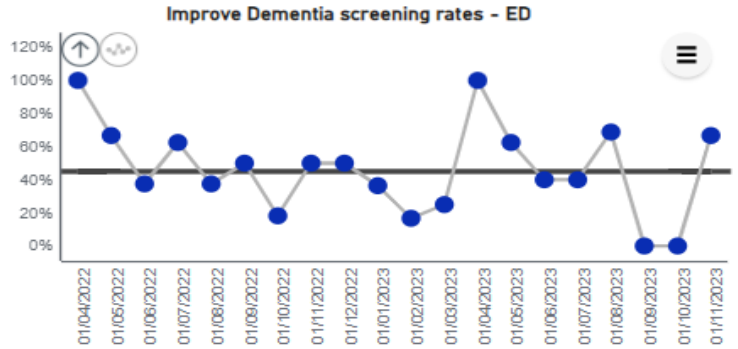
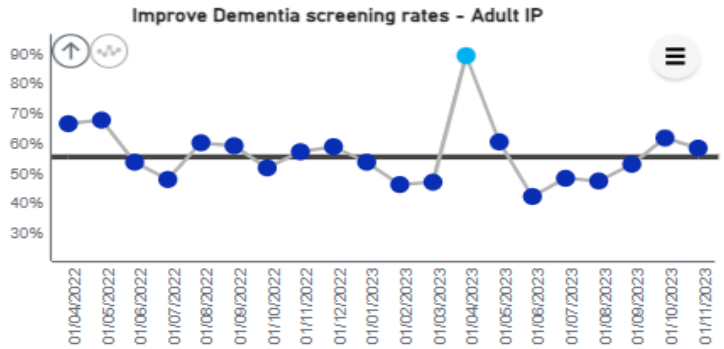
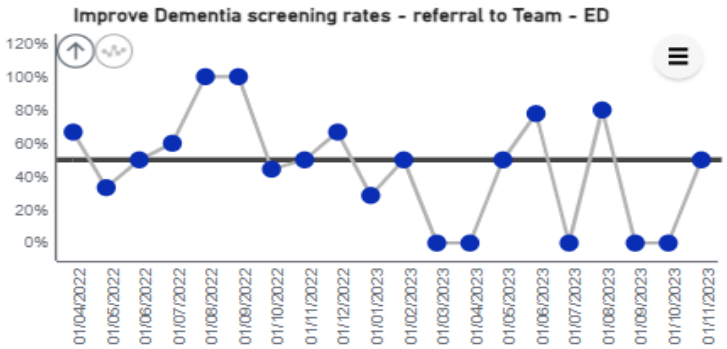
The Shrewsbury and Telford Hospital NHS Trust

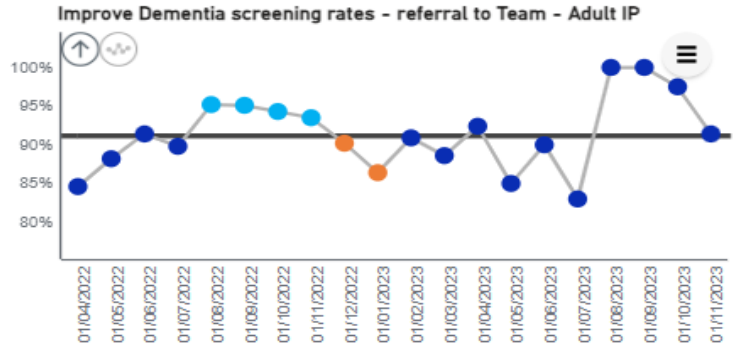
Learning from Experience | **End of Life Care**

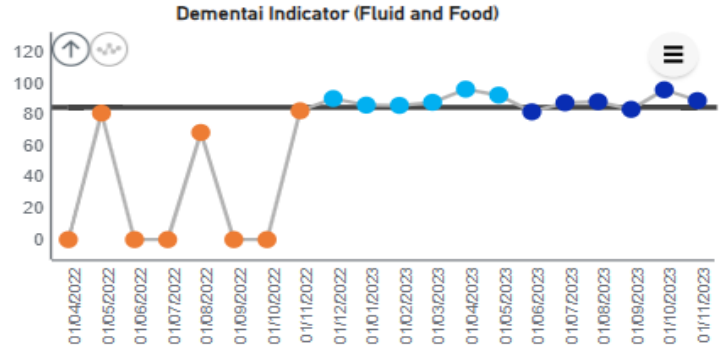
	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Improve Dementia screening rates - Patient had an AMT - ED	37.5	50.0	18.2	50.0	50.0	36.4	16.7	25.0	100.0	62.5	40.0	40.0	68.8	0.0	0.0	66.7
Improve Dementia screening rates - Patient had an AMT - Adult IP	60.3	59.3	51.9	57.3	59.0	53.8	46.3	47.1	89.5	60.6	42.3	48.4	47.5	53.1	61.9	58.5
Improve Dementia screening rates - referral made to Team? ED	100.0	100.0	44.4	50.0	66.7	28.6	50.0	0.0	0.0	50.0	77.8	0.0	80.0	0.0	0.0	50.0
Improve Dementia screening rates - referral made to Team? Adult IP	95.2	95.1	94.3	93.5	90.2	86.4	90.9	88.6	92.4	85.0	90.0	83.0	100.0	100.0	97.5	91.4
Dementia Indicator (Fluid and Food)	68.5	0.0	0.0	82.4	90.2	86.0	85.8	87.8	96.2	92.4	81.7	87.5	88.2	83.3	95.8	88.9
Complaints by Theme - Dementia Care	1	0	0	0	0											

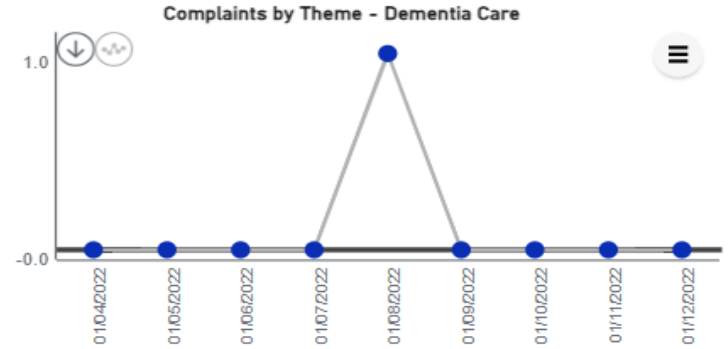












Quality - Patient Experience - End of Life Care

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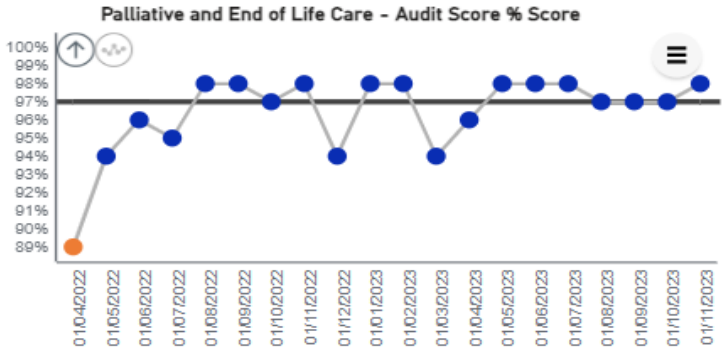
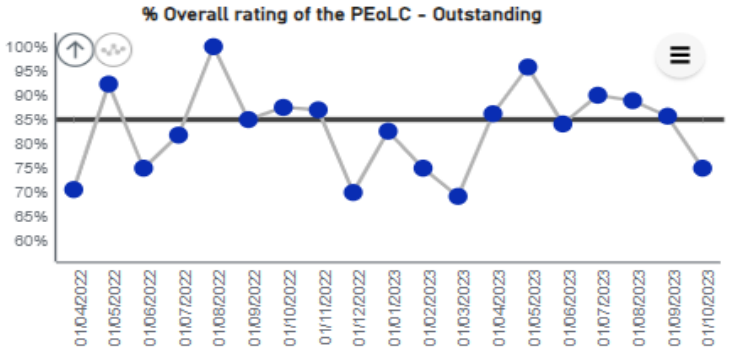
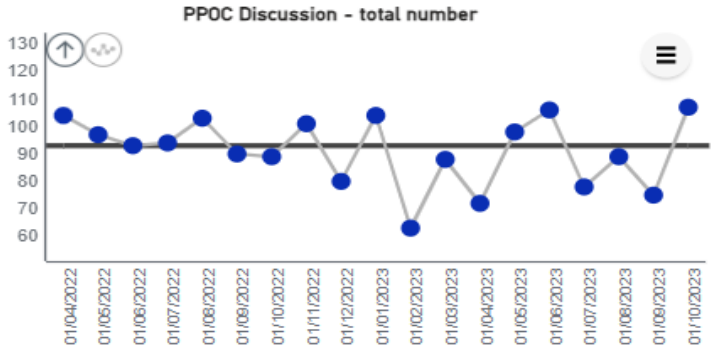
The Shrewsbury and Telford Hospital NHS Trust

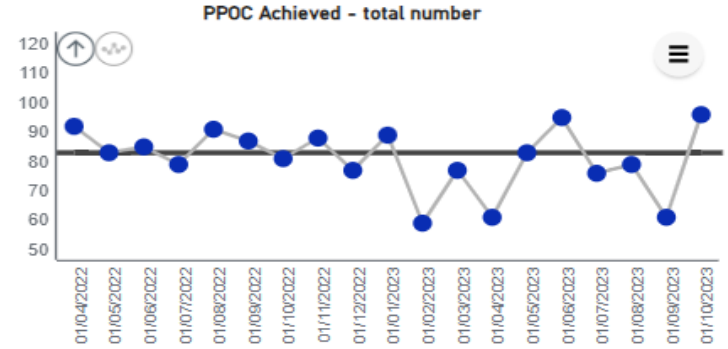
Page 2 | Learning from Experience | Vulnerable Patients

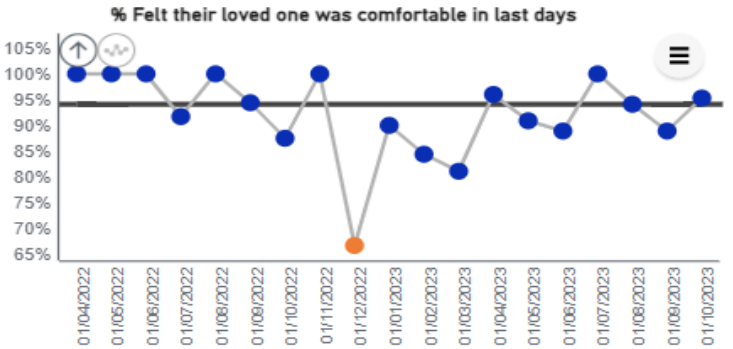
	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Palliative and End of Life Care - Audit Score % Score	95	98	98	97	98	94	98	98	94	96	98	98	98	97	97	97	98
% Overall rating of the PEoLC - Outstanding	81.8	100.0	85.0	87.5	87.0	70.0	82.6	75.0	69.2	86.2	95.8	84.1	90.0	88.9	85.7	75.0	
PPOC Discussion - total number	94	103	90	89	101	80	104	63	88	72	98	106	78	89	75	107	
PPOC Achieved - total number	79	91	87	81	88	77	89	59	77	61	83	95	76	79	61	96	
% Felt their loved one was comfortable in last days	91.7	100.0	94.4	87.5	100.0	66.7	90.0	84.4	81.1	96.0	90.9	88.9	100.0	94.1	88.9	95.3	
Palliative/End of Life Care - Nursing QA Audit	305	301	278	292	283	278	284	274	304	314	314	295	296	294	312	320	310

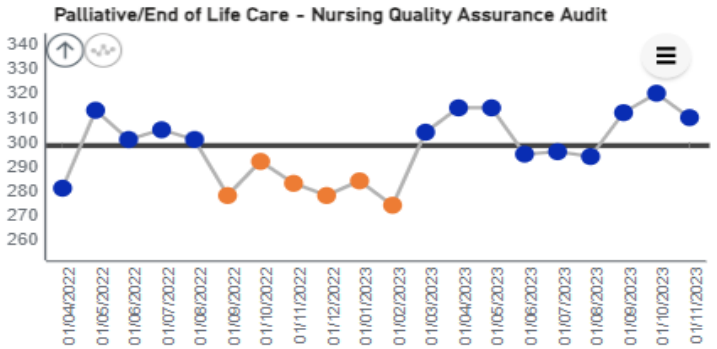










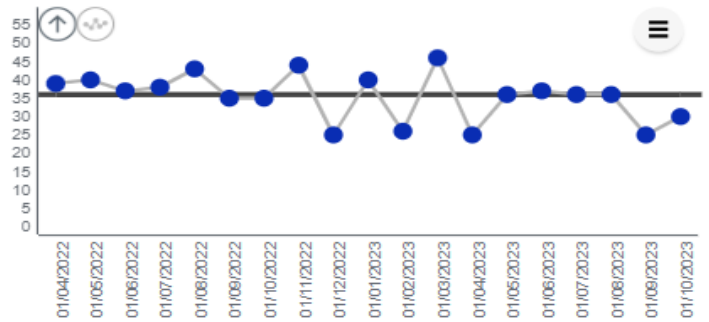


Quality - Patient Experience - End of Life Care

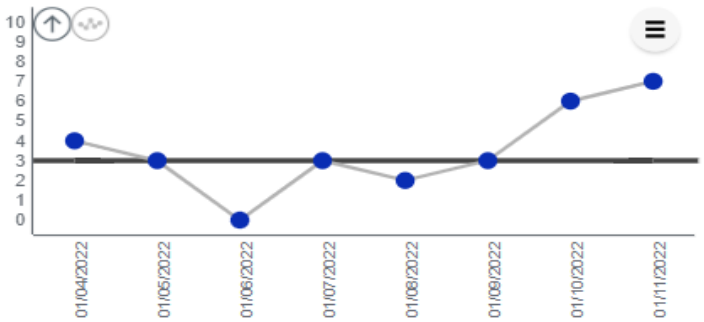
Page 1 | Learning from Experience | Vulnerable Patients

	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023
Bereavement feedback data - Total Number of responses	38	43	35	35	44	25	40	26	46	25	36	37	36	36	25	30	
Complaints by Theme - End of life care	3	2	3	6	7												
End of Life Care Training	76.43	78.09	80.27	82.84	84.83	81.63	86.86	86.74	87.86	88.30	89.81	90.69	89.76	90.25	89.81	89.15	90.29

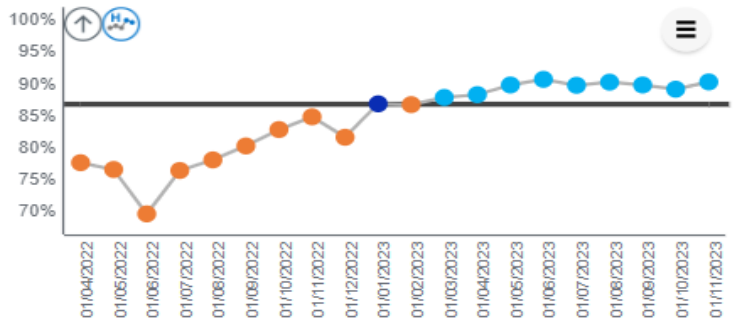
Bereavement feedback data Total Number of responses



Complaints by Theme - End of life care



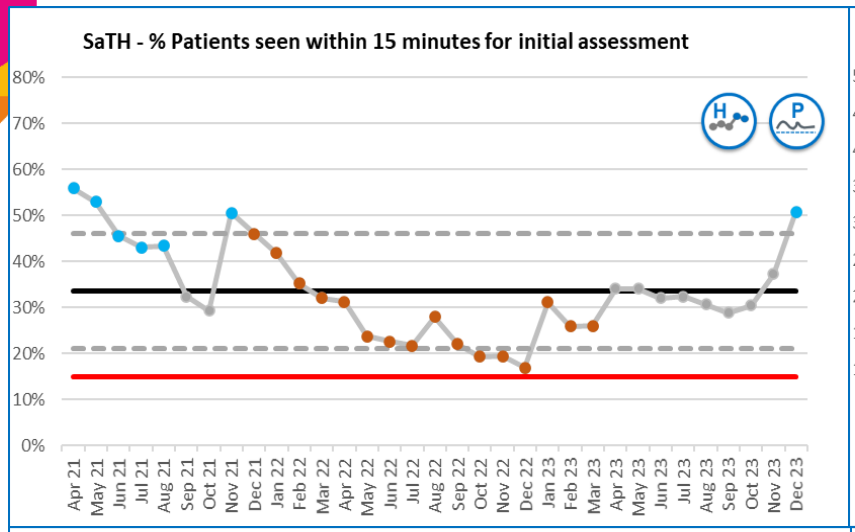
End of Life Care Training

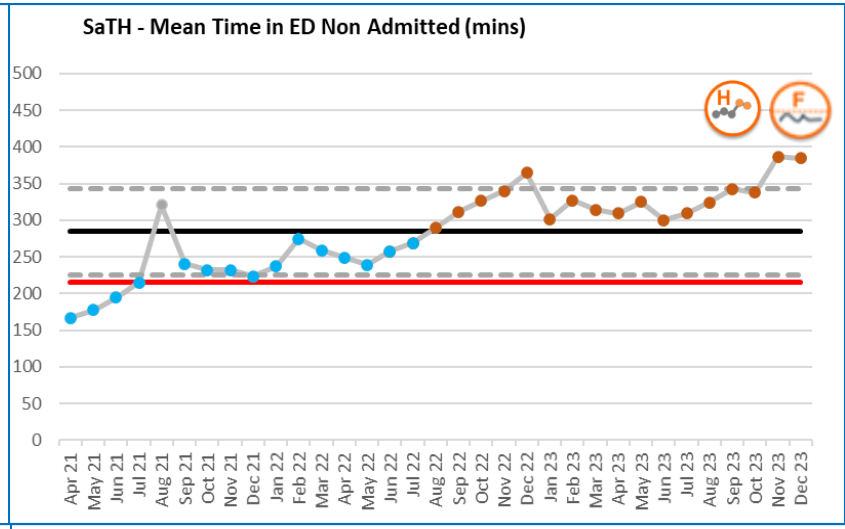


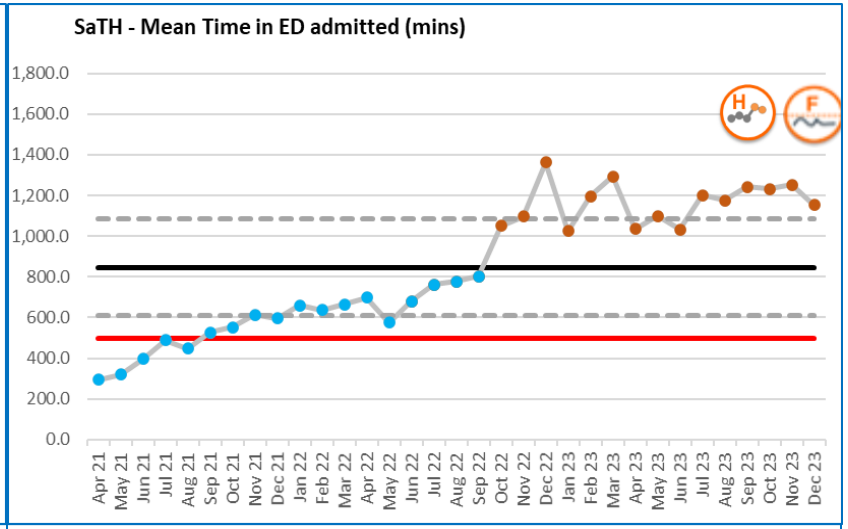
Appendices

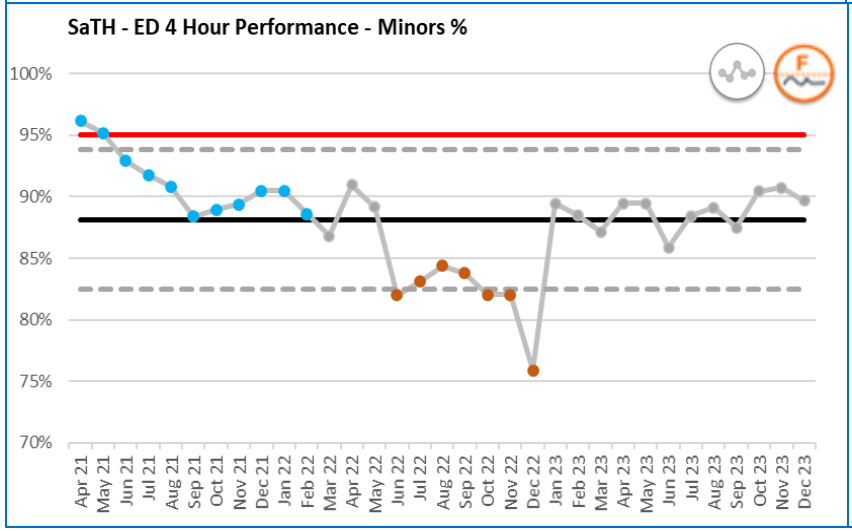
Appendices 2. – supporting detail on Responsiveness

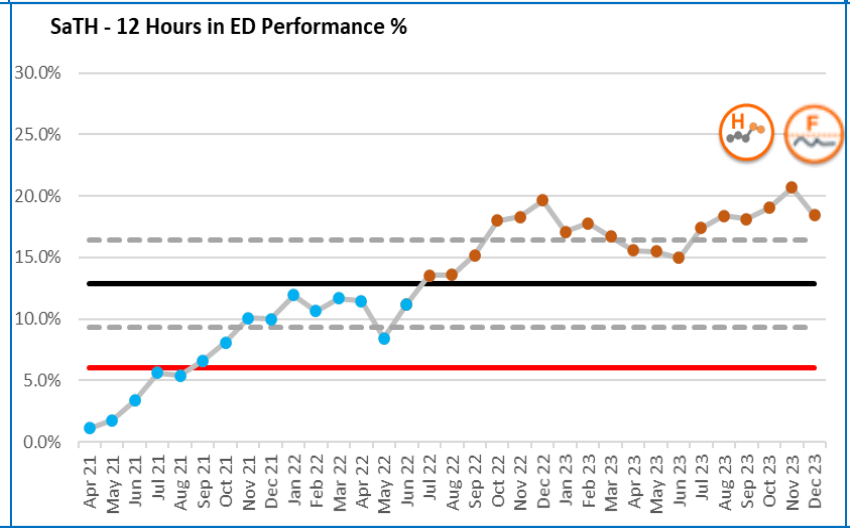
The Shrewsbury and Telford Hospital NHS Trust

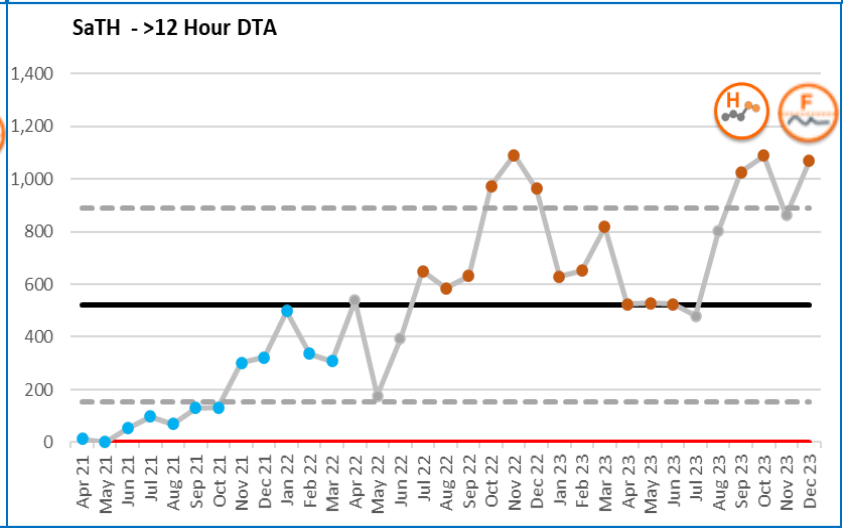






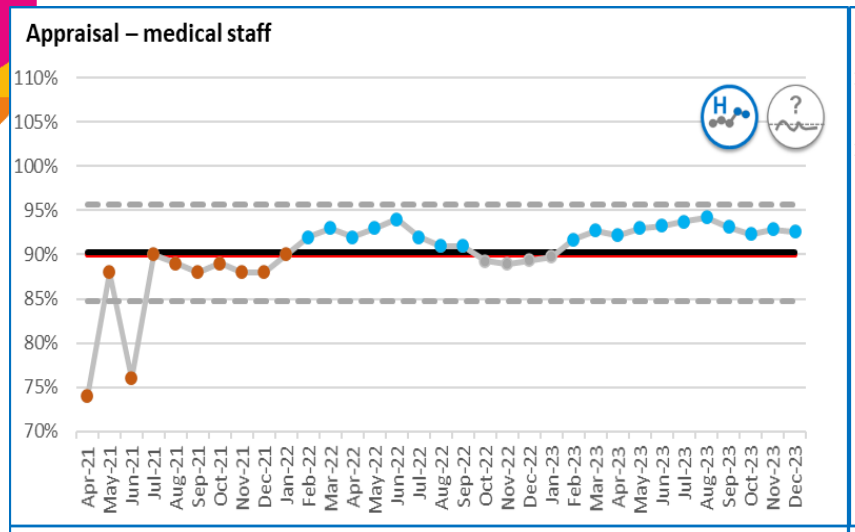


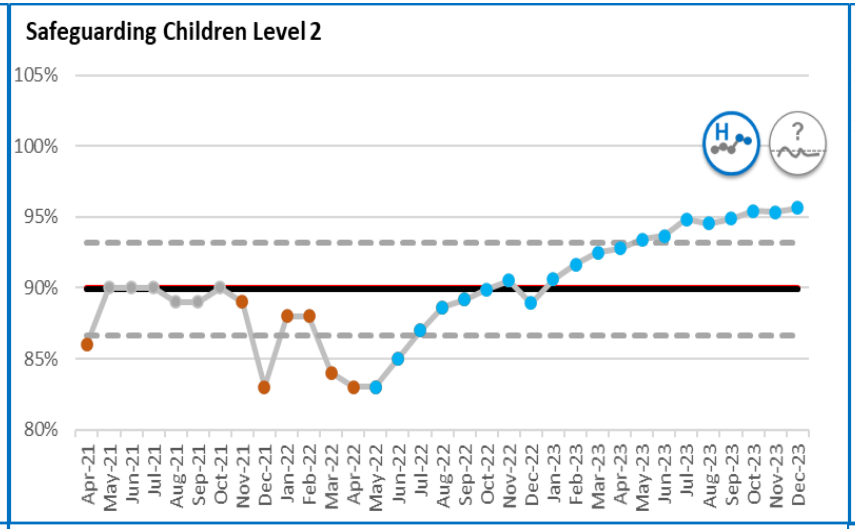


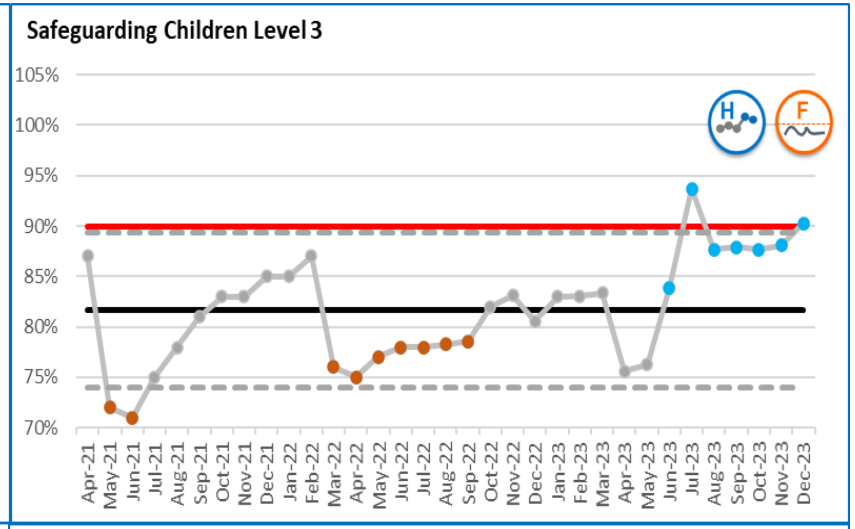


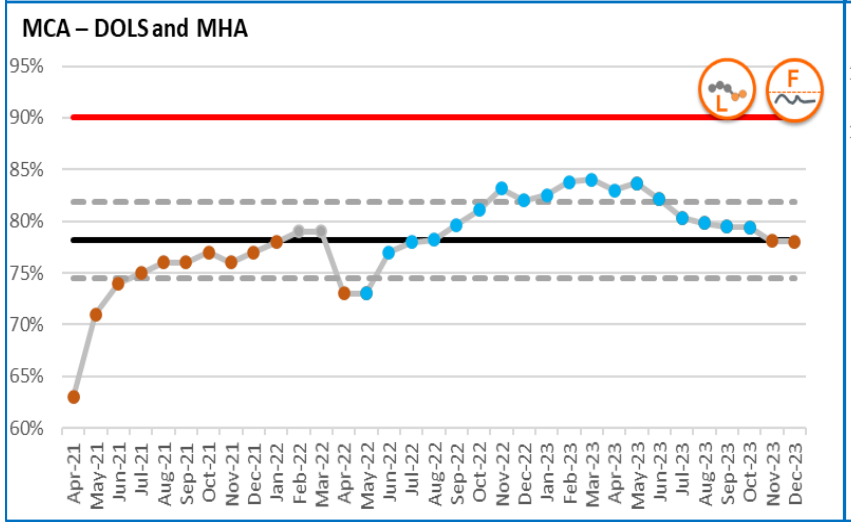
Appendices 3. – supporting detail on Well Led

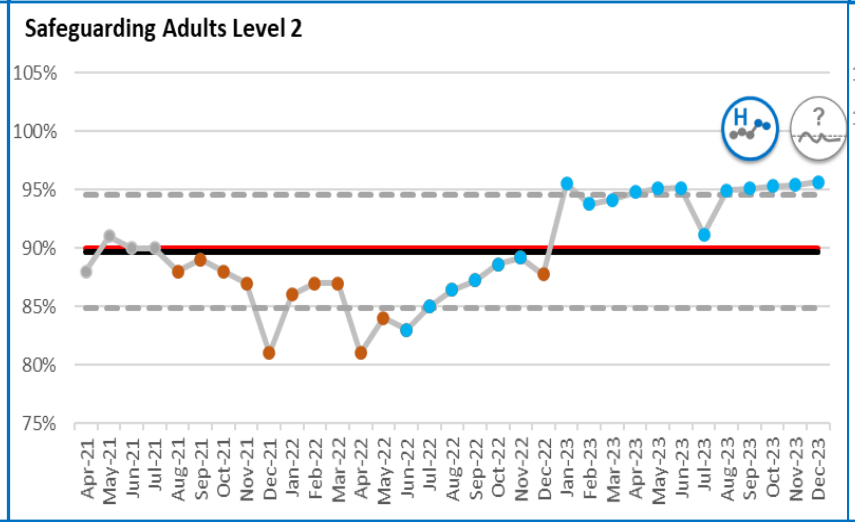
The Shrewsbury and Telford Hospital NHS Trust

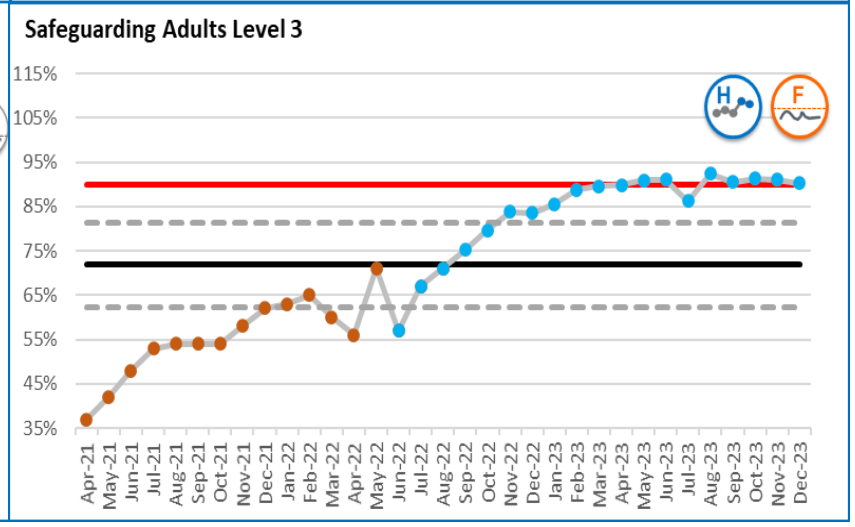












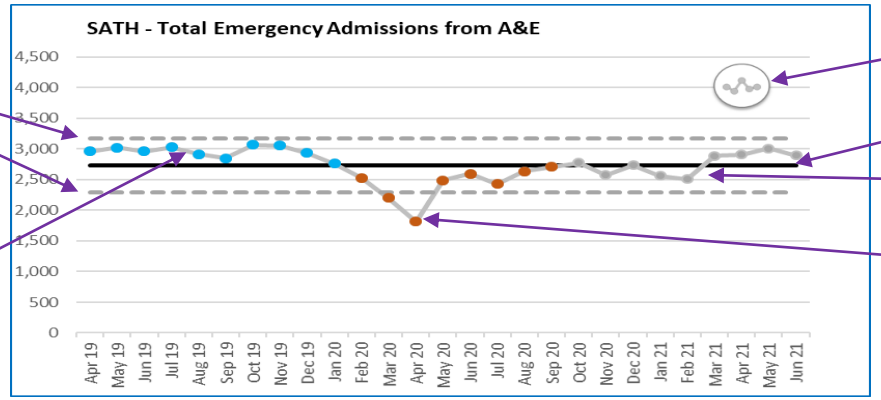
Appendix 4. Understanding Statistical control process charts in this report

The Shrewsbury and Telford Hospital NHS Trust

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

Process limits – upper and lower

Special cause variation - 7 consecutive points above (or below) the mean



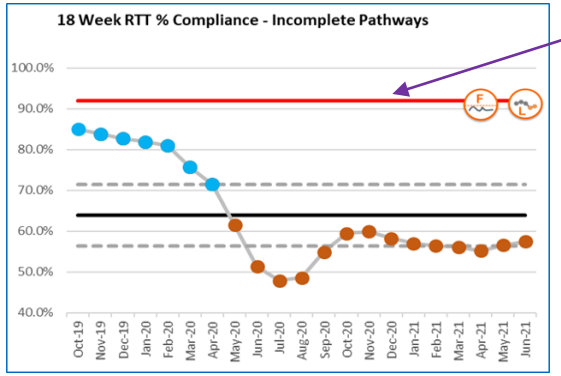
Icon showing most recent point type of variation

Mean or median line

Common cause variation

Special cause variation – data point outside of the process limit

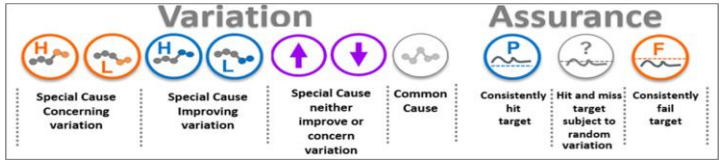
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

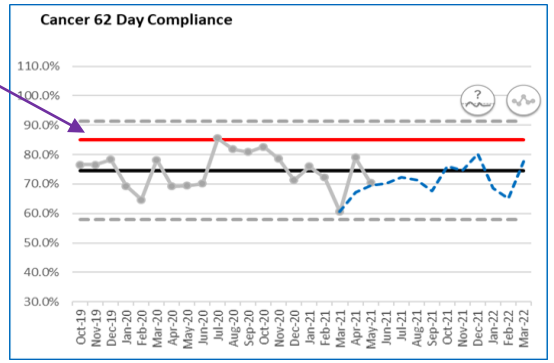


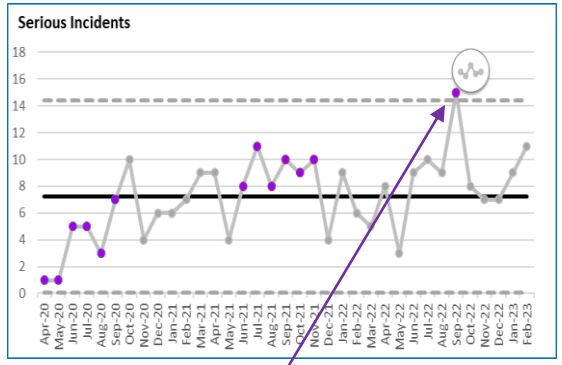
Target line – outside the process limits.

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

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







Icon– Special cause concern

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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