

Board of Directors' Meeting: 8 February 2024

Agenda item		016/24			
Report Title		Trust Strategy Update Report			
Executive Lead		Nigel Lee, Director of Strategy & Partnerships			
Report Author		Carla Bickley, Associate Directory of Strategy & Partnerships			
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:	
Safe	√	Our patients and community	√	All BAF Risks	
Effective	√	Our people	√		
Caring	√	Our service delivery	√	Trust Risk Register id:	
Responsive	√	Our governance	√		
Well Led	√	Our partners	√		
Consultation Communication					
Executive summary:		The purpose of this paper is to provide the Board of Directors with an update on progress linked to our six strategic themes and key success measures included in the Trust Strategy.			
Recommendations for the Board:		The Board of Directors is asked to NOTE the report and the ongoing actions			
Appendices:		Appendix 1: Initial Dashboard Critical Success Factors Trust Strategy			

1.0 Trust Strategy

In December 2022 the Trust launched its revised strategy. The 2022-27 Trust Strategy sets out our ambition over the next 5 years, detailing the ways in which we will improve the delivery and quality of care, support and develop our workforce, address key challenges, and further develop a culture of improvement across the organisation. Crucially, it also describes the values and behaviours to which we are committed. During the last 12 months significant work has been undertaken to ensure continued alignment internally, with the wider integrated care board strategic direction and the strategies of our partners.

The purpose of this paper is to outline the progress to date and ongoing actions. The Trust Strategy key success measures are detailed below:



SaTH Strategy 2022-27 and Key success measures

Make SaTH a great place to work	Improve the quality of care that we provide	Deliver a better patient journey & experience	Ensure seamless patient pathways	Make our organisation more sustainable	Enhance wider health & wellbeing of communities
<i>We want to make the Trust a great place to work and encourage people to spend their career here or within the Shropshire NHS.</i>	<i>We aim to provide high quality, safe care for our patients in an environment that we are proud to work in.</i>	<i>We will deliver right care at the right time in the right place with the right professional.</i>	<i>We will ensure our patients receive joined up care that prevents gaps and delays when moving to other services or with other providers and avoids duplication.</i>	<i>We will ensure we use all our resources optimally for meeting the needs of our population.</i>	<i>We will with our partners build a healthier community improving quality of life & creating a sustainable economy to work and live in</i>
<ul style="list-style-type: none"> Improve Staff Survey feedback year on year Increase number of people from diverse backgrounds Reduce staff turnover & leavers year on year Reduce staff vacancy rates year on year More staff enrolled in research, leadership & other development 	<ul style="list-style-type: none"> Improve CQC ratings to a minimum of Good. Reduce number of harm incidents to be within national upper quartile. Improve patient feedback and experience to be within national upper quartile. 	<ul style="list-style-type: none"> Reduce time & numbers on elective IP waiting list in line with National Elective Targets. Reduce time & numbers of delayed transfer of care year on year. Implement new Urgent Emergency Care measures once established. 	<ul style="list-style-type: none"> Evidence of better co-ordination across pathways & shared decision-making. Increase virtual consultation to achieve national 25% target. Choice of face to face appointments and virtual consultations Maximise direct-to-test. More use of remote monitoring. 	<ul style="list-style-type: none"> We will stop the underlying deficit from increasing. We will improve our financial health against our defined measures. We will maintain a strong financial base once we have achieved a sustainable position. 	<ul style="list-style-type: none"> Reduce variation in life expectancy within areas of deprivation for both male and female. Reduce prevalence rates in line with CORE20PLUS5. Achieve Zero carbon emissions target. Reduce waste and hazardous substance usage. Create habitats & environments for wider community & wildlife. Reduce inter-site vehicle movements. Increase local supplier contracts.
People Strategy	Quality & Improvement Strategy Research & Innovation Strategy	Performance Transformation Digital Strategy Communication and Engagement Strategy	Clinical Strategy	Medium Term Finance Plan	Estates Strategy Joint Forward Plan

Extensive work has been undertaken over the last 12 months in relation to embedding and aligning our Trust Strategy, enabling strategies and programmes of work from both an internal and external perspective. Some areas to note include:

Make SaTH a great place to work

The Board receives regular reports and planned updates in relation to workforce. In addition to reporting the following highlights ongoing work that support the above strategic theme:

The staff survey results are currently being reviewed and will be reported in due course along with the equality and diversity annual report.

The Business Intelligence Unit has commenced the development of a dashboard for the critical success factors an initial draft can be found in **Appendix 1**. At present it details sickness rates, vacancy rates, staff turnover rates, appraisal rates and mandatory training however further work is planned to align reporting with a revised performance framework including the tracking of SaTH strategic objectives and enablers from April 2024.

The People Strategy is currently being updated and reviewed to ensure alignment, focussing on People, Improvement and Culture.

The Equality and Diversity Strategy is currently being developed focussing on Wellbeing, Inclusion and Health Inequalities for both staff and patients.

NHS IMPACT (Improving Patient Care Together) programme of work is due to commence internally which aims to create a single shared NHS improvement approach creating the right conditions for continuous improvement and high performance, systems and organisations to deliver better care for patients and give better outcomes for communities.

Improve the quality of care that we provide

The Trust is awaiting the CQC report following our recent inspection however extensive work has been undertaken in relation to improving our quality performance metrics and the “getting to good” programme of work for which the Board receives regular planned updates.

The Business Intelligence Unit has commenced the development of a dashboard for the critical success factors which can be found in **Appendix 1**. At present it details serious incidents, mortality rates, patient satisfaction, complaints, compliments, VTE, C-diff, MRSA, falls, medication incidents and pressure ulcers. Further work is planned to align reporting with a revised performance framework including the tracking of SaTH strategic objectives and enablers from April 2024.

The GIRFT programme of work has been relaunched and embedded and we continue with the implementation of NICE Guidelines where appropriate.

Network and provider collaborations continue to progress with further work planned to strengthen and maximise opportunities.

The Quality Strategy is currently being reviewed.

The Research and Innovation Strategy has been revised and approved.

The Palliative, End of Life Strategy has been revised and approved.

Deliver a better patient journey and experience / Ensure seamless patient pathways

The Board receives regular reports and planned updates in relation to performance and the “getting to good” programme of work. In addition to reporting the following highlights ongoing work that support the above strategic theme:

The Business Intelligence Unit has commenced the development of a dashboard for the critical success factors which can be found in **Appendix 1**. At present it details A&E performance, referral to treat, diagnostic wait, cancer wait, surgery on day of admission, theatre productivity, discharges, occupancy, length of stay, readmission rates, follow up, DNA rates and virtual appointments. Further work is planned to align reporting with a revised performance framework including the tracking of SaTH strategic objectives and enablers from April 2024.

As part of the getting to good programme of work there are numerous transformation programmes of work that contribute to supporting this strategic theme such as UEC, Planned Care, Theatres, Outpatients, HTP, LCTP for which the board receives regular updates. In addition, we continue to work collaboratively with our ICB and partners to improve our patient's experience.

Work continues with the implementation of EPR as part of our Digital Strategy.

The Communication and Engagement Strategy is currently being reviewed.

The Clinical Strategy has been approved and implemented.

Make our organisation more sustainable

The board receives regular reports and planned updates in relation to finance and additional enabling actions/plans.

The Business Intelligence Unit to review key metrics for inclusion in dashboard.
A Performance Management Framework is currently being developed to drive standardisation, consistency and alignment of reporting at all levels with a planned implementation date of April 2024.

A Data Strategy is currently being developed.

The operational planning process has been revised to align with our strategic themes and we continue to utilise guidance and benchmarks such as NICE, GIRFT and Model Hospital. Internal and systemwide sustainable transformational programmes of work continue to progress.

Awareness and embedding of our strategy continues to progress within the organisation.

Enhance wider health and wellbeing of communities

Our primary focus over the past 12 months has been strengthening our collaborative working relationships with our partners and supporting the development and implementation of our Integrated Care System Five Year Joint Forward Plan.
Some examples include:

Representation at all ICS Boards and sub-boards where appropriate. Examples specifically related to strategy include Health and Wellbeing Boards, Public Health Management, Prevention and Health Inequalities, Shropshire Integrated Place Partnership Board, Telford and Wrekin Integrated Partnership Board, Strategy Board.

Supporting the ICS Strategy development in areas such as Digital, Workforce, Children and Young People Strategy, Alcohol Strategy, Palliative End of Life Strategy, Suicide Prevention Strategy and Healthy Weight Strategy.

Work continues to progress in relation to the ICB governance framework including place based commissioning and provider collaboratives.

We continue to support Place Based Delivery and neighbourhood working initiatives.

Work continues to take place to strengthen and develop our current working relationship with Shropshire Community Healthcare NHS Trust, Local Authorities, MPUFT, RJAH and voluntary organisations in a number of areas.

The SaTH and UHNM collaborative working continues with Urology with exploration of further opportunities planned.

The N8 Pathology Network continues to progress.

Development, awareness and embedding of the Prevention and Health Inequalities agenda. Planned work includes the development of governance framework and reporting aligned to the ICS Prevention and Health Inequalities board. Actions include:

- KLOE1 Restore NHS Services Inclusively

The Trust is collaboratively working systemwide to deliver continued UEC, elective recovery and outpatient transformation. In parallel two key areas of development are planned;

Development of reporting and governance ensuring waiting lists and DNA are captured by ethnicity and indication of multiple deprivation, at present prioritisation is based on clinical need and length of wait not from a health inequalities perspective.

Implementation of EPR ensuring datasets form part of the patient administration system and to continue to work in partnership to develop data sources, methods, approaches, analysis and evaluation. Utilisation of the systemwide health inequalities dashboard to inform future programmes of work.

- KLOE2 Mitigate Against Digital Exclusion

Delivery of the OPD programme of work e.g. capturing data in accordance with legal requirements and broken down by protected characteristics and health inclusion groups and offering face to face, telephone and video appointments.

- KLOE3 Ensure Datasets are Complete and Timely

Continue collection, analysis and reporting on key metrics.

Ensure that tracking of key metrics related to data collection on ethnicity recording is reported via internal PRM documentation.

Ensure tracking of key health inequality metrics are reported as standing agenda item within the data quality workgroup.

Links to implementation of EPR and systemwide health inequalities dashboard.

- KLOE4 Accelerate Preventative Programmes

Demonstrate progress in achieving the CORE20PLUS5 population in the following 5 domains. The highlighted areas pertain to SaTHs involvement.

Adults

- CVD – Hypertension case finding and optimal management including lipid management
- Chronic Respiratory Disease – COPD group established to increase COVID, Flu and Pneumonia vaccinations
- Cancer – Early cancer diagnosis – 75% cases diagnosed at stage 1 by 2028

- Severe Mental Health – Working group and systemwide community mental health programme in place. This predominantly relates to physical health checks in the community
- Maternity – Working group established focussing on care for women from black, Asian and minority ethnic communities and from the most deprived groups

Additionally, we are supporting

- Tobacco Dependency - smoking cessation rates,
- Obesity/Weight Management – Healthy weight strategy,
- Alcohol Dependency – alcohol care teams
- Learning Disabilities – staff awareness training
- People living in rural areas – explore opportunities to reach and provide services in rural areas

Children

- Asthma – reduce over reliance on medication and decrease number of attacks
 - Diabetes – increase access monitors and pumps in most deprived areas from ethnic minority backgrounds and increase number of children type 2 diabetes annual health checks
 - Epilepsy – Increase access to epilepsy specialist nurses and ensure access in the first year of care for children with learning disability or autism
 - Oral Health – Address backlog of tooth extractions in hospital for under 10s
 - Mental Health – Improve access for 0 -17 year olds for certain ethnic groups, age, gender and deprivation
- KLOE5 Leadership and Accountability
Executive lead identified who attends the ICS Health Inequalities Board, Public Health Management, Place Partnerships and Health and Wellbeing Boards to ensure alignment. We are currently reviewing our governance processes to strengthen reporting via divisional structures and PRMs alongside inclusion in transformational programmes of work.

As a Trust we recognise the importance of the prevention and health inequalities agenda, whilst the above articulates specific work being undertaken, we are committed to providing equitable access to services for all. We continue to improve our internal processes and work collaboratively with our partners to achieve the aspirations set out in the five year joint forward plan and the systems programmes of work.

Ongoing review and implementation of transformation agendas internally such as the Hospital Transformation Programme, Urgent and Emergency Care, Planned Care, Theatres Productivity, Outpatients, Maternity, End of Life Care and externally in collaboration with partners across the system in programmes such as the Local Care Transformation Programme, Local Authority programmes of work to improve out of hospital care and supporting the existing workstreams aligned to the ICS Clinical Strategy namely, UEC, Cancer, Cardiac, Diabetes, Musculoskeletal (MSK), Mental Health, Maternity and Neonatal with future plans to include areas such as Respiratory, Urology and Gynaecology.

The Business Intelligence Unit to review key metrics for inclusion in dashboard particularly in relation to health inequalities.

Opportunities to be explored in relation to Primary Care, Pharmacy, Medicines Management.

Estates Strategy to be reviewed with an update on zero carbon emissions, waste, transport, car parking etc and links to the Hospital Transformation Programme.

Review procurement opportunities both internally and jointly across ICS.

Review of Anchor Organisations Toolkit and opportunities.

Review and implementation of governance process in relation to strategy approval, review and achievement of key milestones.

For further information please see our strategy page on our website which will be updated as appropriate.

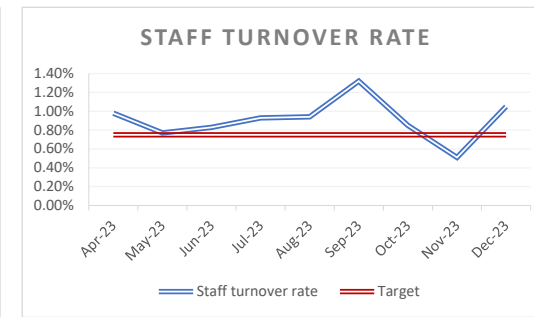
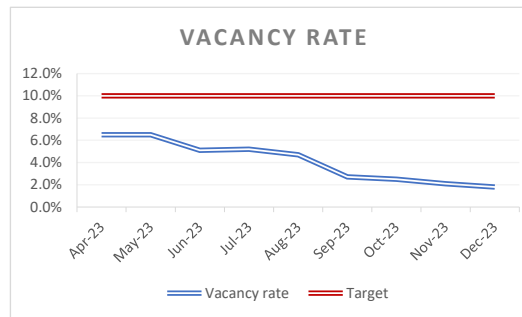
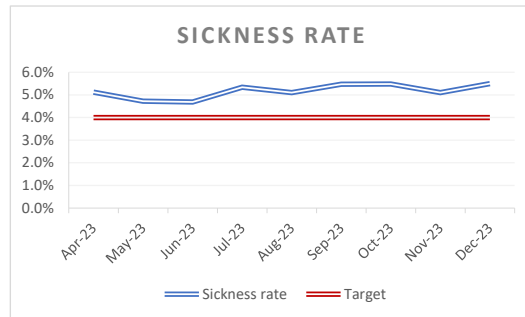
2.0 Recommendations

That the Board notes the report update and ongoing actions

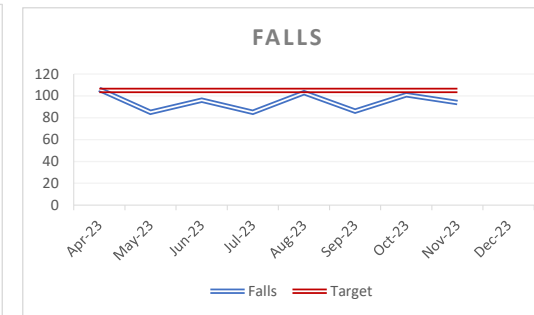
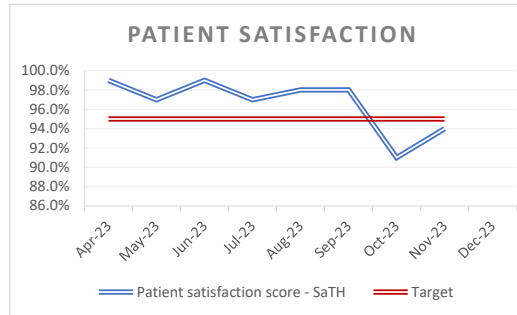
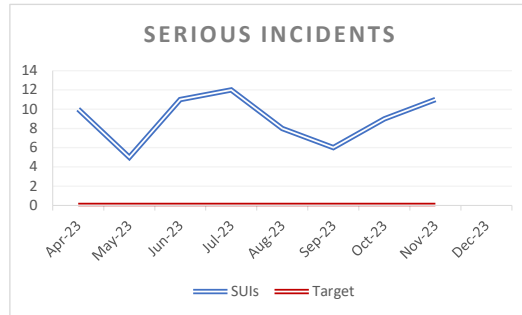
APPENDIX 1

SaTH Critical success factors 2023/24

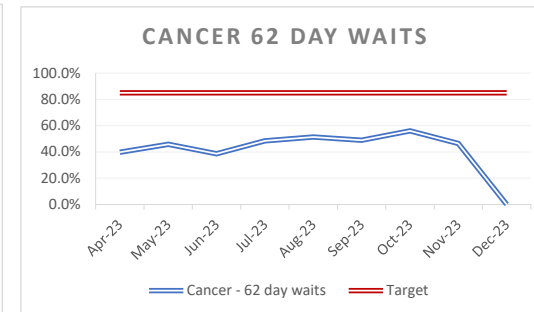
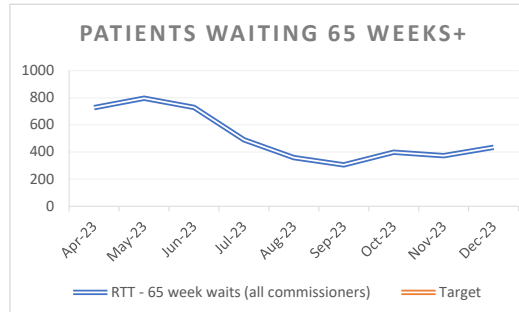
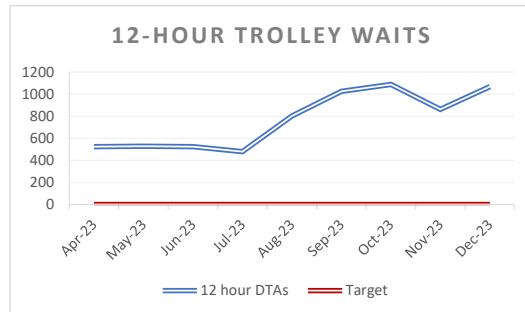
Make SaTH a great place to work



	22/23 outturn (Mar-23 position)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Workforce budget WTE		6,929	6,930	6,934	7,032	7,079	7,082	7,169	7,169		
Vacancy rate	6.80%	5.5%	5.1%	4.5%	5.2%	4.7%	2.7%	2.5%	1.7%		
Sickness rate	5.80%	5.1%	4.7%	4.7%	5.3%	5.2%	5.5%	5.5%	5.2%		
Staff turnover rate		1.0%	0.8%	1.2%	0.9%	0.9%	1.3%	0.8%	0.5%		
Appraisal rate	82.80%	83.2%	83.1%	83.5%	83.6%	83.6%	82.2%	82.0%	81.2%	80.0%	
Mandatory training compliance	91.50%	91.5%	92.1%	92.5%	92.2%	92.2%	92.0%	91.1%	91.7%	92.2%	

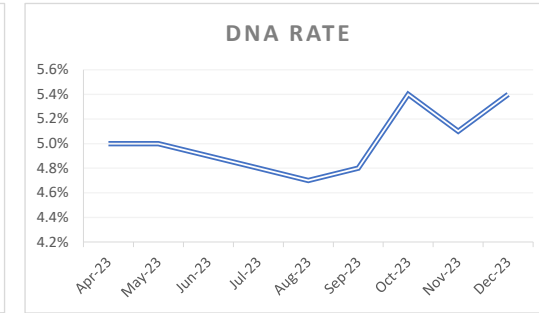
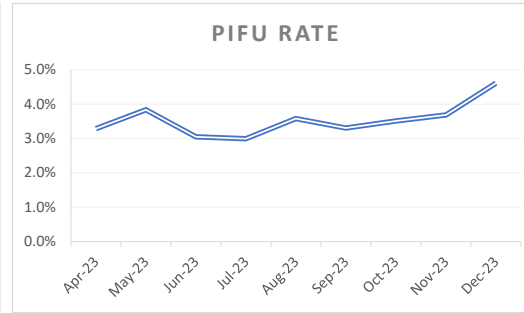
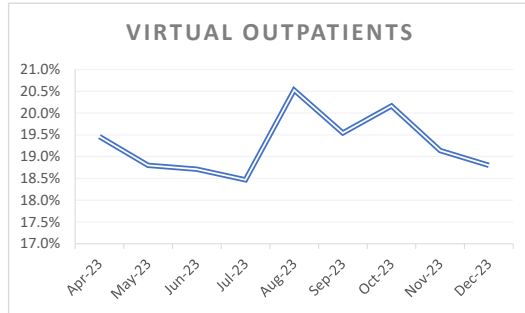


	22/23 outturn (Mar-23 position)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
SUIs	11	10	5	11	12	8	6	9	11		
Mortality rate (HMSR)	94.3	92.03	105.1	103.36	-	-	-	-	-		
Patient satisfaction score - IP		98.9%	98.3%	98.7%	98.1%	98.7%	98.8%	97.8%	98.5%		
Patient satisfaction score - OP		98.3%	98.2%	98.9%	97.9%	98.5%	98.4%	98.8%	98.6%		
Patient satisfaction score - A&E		77.8%	53.3%	91.7%	63.3%	55.6%	38.1%	66.1%	61.6%		
Patient satisfaction score - Maternity		100.0%	94.7%	100.0%	96.0%	97.7%	100.0%	100.0%	91.5%		
Complaints	75	67	76	88	93	68	66	79	83		
Compliments	108	59	125	104	74	89	86	93	85		
VTE	90.30%	91.1%	92.3%	91.4%	90.7%	91.1%	91%	92.1%			
C-diff (HOHA/COHA)	4	7	10	5	3	9	8	10	9		
MRSA (HOHA/COHA)	2	0	0	0	0	0	1	0	1		
Falls	107	106	85	96	85	103	86	101	94		
Medication incidents		141	137	164	150	143	158	159	155		
Pressure ulcers	16	23	38	20	17	28	28	22	28		



	22/23 outturn (Mar-23 position)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
A&E 4-hour performance	54.20%	54.6%	55.5%	53.8%	51.9%	51.7%	50.9%	51.7%	50.2%	51.5%	
Ambulance handover delays	1109	558	639	628	1052	978	949	1119	1272	980	
12 hour DTAs	817	524	529	525	479	803	1026	1088	862	1068	
RTT - 104 week waits (all commissioners)	0	0	0	1	0	0	0	0	0	1	
RTT - 78 week waits (all commissioners)	57	57	82	11	11	11	8	10	10	14	
RTT - 65 week waits (all commissioners)	785	726	796	729	489	359	305	398	373	435	
Diagnostic waiting times - 6 weeks	63.90%	63.9%	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%	73.4%	75.0%	
Cancer - 2 week waits	70.80%	63.1%	65.0%	56.8%	71.9%	81.9%	85.8%	no longer reported			
Cancer - 62 day waits	48.10%	39.7%	45.8%	38.7%	48.5%	51.4%	49.0%	56.0%	46.4%	-	
Cancer - 104 day waits		124	108	99	98	96	101	102	99	94	
Surgery on date of admission		TBC									
Theatre productivity		71%	74%	72%	70%	72%	73%	71%	75%	77%	
Weekend discharges											
Ward discharges before 11am	17%	16%	13%	14%	9%	11%	16%	15%	16%		
NCTR		4.8	4.7	5.0	3.8	4.0	4.0	4.4	4.5	3.8	
Occupancy rate		89.9%	91.4%	90.1%	89.9%	89.8%	90.8%	94.0%	95.4%	95.0%	
Average LOS - EL	3.2	2.75	2.33	2.83	2.8	2.51	2.44	2.53	2.48	2.73	
Average LOS - NEL	4.6	4.4	4.5	4.5	4	4.4	4.3	4.2	4.4	4.2	
28 day readmission rate	8.77%	9.34%	9.06%	8.65%	9.08%	8.85%	9.06%	9.33%	9.32%	5.91%	

Ensure seamless patient pathways



	22/23 outturn (Mar-23 position)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
1st:FU rate	1.7	1.7	1.7	1.7	1.7	1.7	1.8	1.8	1.8	1.9	
Virtual outpatients	19.70%	19.5%	18.8%	18.7%	18.5%	20.5%	19.5%	20.2%	19.1%	18.8%	
PIFU rate		3.3%	3.8%	3.0%	3.0%	3.6%	3.3%	3.5%	3.7%	4.6%	
DNA rate	5.00%	5.0%	5.0%	4.9%	4.8%	4.7%	4.8%	5.4%	5.1%	5.4%	