Board of Directors' Meeting: 14 March 2024

Agenda item		042/24		
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, 2024.02.20 Quality & Safety Assurance Committee, 2024.02.28 Finance & Performance Assurance Committee, 2024.02.27 Senior Leadership Committee – Operational, 2024.02.29		
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 December 2023/January 2024, summarising 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 14th March 2024

Presenting Month 10 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 deterioration in the performance against the 4-hour UEC standard in January 2024 – 59.5% versus 60.0% in December 2023, however, the monthly number of 12-hour trolley breaches decreased in January (957 v 1068). Following targeted improvement work in December 2023, the percentage of patients seen within 15 minutes for initial assessment increased was maintained at 50.9% in January 2024.

At month ten the Trust has recorded a deficit of £91.7m against planned deficit of £45.3m; an adverse overall variance to plan of £46.4m. £12.2m of efficiency savings have been delivered year to date against a plan of £14.9m with year-to-date slippage predominantly against the workforce BTI and direct engagement schemes It has to be noted that the plan for delivery of efficiency savings increases significantly over future months in order to meet the full year target of £19.7m with current forecast of delivery equating to £17.1m. The Trust continues to work through identified mitigations including accelerating recruitment processes, improving budget management and rostering processes, vacancy control and sustained reduction of the escalation capacity.

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 January 2024 and two patients waiting over 78 weeks (1 x ENT patient requiring mutual aid and 1xHaematology with a treatment date in March). The latest forecast position for waiting over 65 weeks at the end of March 2024 is 819. PRH DSU is fully escalated to support UEC and therefore Ward 5 is being used for day case activity; RJAH is supporting elective activity as part of the winter plan

Cancer recovery continues to be monitored at Tier 1 level. 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 January 2024 decreased to 301 (v 332 as at the end of December 2023), it was above the planned recovery trajectory of 232 due to the combined impact of holiday period and industrial action. The validated FDS position for December 2023 was 74.4% and the current unvalidated position for January 2024 stands at 71.3%.

Performance against the diagnostic standard improved in January 2024 to 74.0% compared to 71.4% in December 2023 and the volume of 6-week breaches continues to reduce month on month (2537 v 2924).

Operational Plan 2023/24 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Objective	Month 10 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 Recruitment and Retention project has moved from **Amber** to **Red**, due to the delay in reducing HCA vacancies to 20 WTE. The Delivery of the Quality Strategy project has moved from **Amber** to **Green**, following the launch of the Quality Dashboard. A further ten projects are RAG rated **Green** – On Track for overall progress and the remaining nine projects are all RAG rated **Amber** – At Risk. The Training and Education project has moved from **Green** to **Blue** – Completed.	A	QSAC
2: Restore and sustain elective orthopaedics and other services	The opening of the Elective Hub has been delayed until June 2024. Elective day case activity is being supported by W5 beds and in-patient elective orthopaedics is being supported via mutual aid by RJAH as part of the winter plan. DSU at PRH is fully escalated to support UEC pressures.	A	FPAC
3: Achieve 28-day faster cancer diagnosis standard for patients	Our validated position for December was 74.4% against the target of 73.2%. January's unvalidated position is 71.3% with 86.9% data completeness.	G	FPAC
4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	January has seen consistent high demand through our UEC pathways and portals: 1) Time to Initial assessment – the team have maintained improvement in the number and % of patients seen within 15 minutes. Performance for January is at 50.9%, with an average time to initial assessment for adults at 21.6 minutes. 2) Average days between a patient on discharge pathway 1-2 being declared fit to leave hospital and discharge for patients has reduced in December and January from an average of 4.5 days to 3.5 days.	R	FPAC
5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	The current deficit to plan is £46.4m. 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 10 Status Summary	Current Status	Committee
1: Value difference and live the People Promise in our teams	Recruitment into substantive vacancies has slowed as greater scrutiny is now in place on reviewing our vacancies. However, our vacancy position is at the lowest levels seen in many years now at 2.1% following successful recruitment efforts this year. Our overall turnover position remains below target which is encouraging, there are however some staff groups are requiring additional support to help improve retention including Theatres, Pharmacy, and Healthcare Support Workers. Mandatory training has been above target since January 2023 and the Education Team continue to use Pareto Analysis to identify areas to improve compliance levels. STEP management skills programme new cohort started in January 2024 along with re-launch of The Foundations of Supervision and Team Leadership (FOSATL) Programme. Over 1,300 staff have accessed and used resources on our Talent Platform, including career planning tools, self-assessments and online learning modules.	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. We are currently developing our Full Business Case (FBC) for Regional and National approval.	A	HTP Programme Board
3: Implement phase one of our Electronic Patient Record (EPR) programme - includes replacing the Patient Administration System	Careflow Electronic Patient Record (EPR) Patient Admin System and ED system deployments remain on schedule for deployment in April 2024. The third round of User Acceptance testing is now complete, with over 90% of processes now successfully tested. Divisional Operational Readiness Group meetings are now focusing on go-live readiness, Change Agent support and cutover planning. Communications and Engagement continues to emphasise the importance of all users completing their training as soon as possible.	R	FPAC
4: Estates	A number of critical estates programmes are underway to improve facilities for patients and staff. Estates teams are working with SaTH and system colleagues to progress these schemes, address key challenges and mitigate risks.	A	FPAC
5: Information Governance	A new appointment has been made to the position of Data Protection Officer and IG Manager – the DPO being a legally required appointment, with the Director of Governance having covered this position for the last 12 months. A significant project is currently underway with regard to renewed storage, and/or disposal of older records, in accordance with national retention requirements.	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	427				
	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%	91.8%				
	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%	4.40%	3.60%				
	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%	17.4%	17.2%	18.6%				
	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%	76.0%				
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	59.0%	61.0%	63.3%	66.8%	68.1%	71.8%	74.1%	75.1%	74.4%					
	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	2539				
	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%	74.0%				

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%	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%	25.8%				
	Virtual ward utilisation (step down)	Plan	31	31	31	61	61	77	77	69	75	81	87	100		
		Actual	15	12	18	25	17	28	39	36	29	31				
	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	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	3.4				
	Patients in hospital 14+ days	Plan	227	218	199	180	155	147	146	142	150	135	126	133		
		Actual	171	186	173	170	176	190	204	198	178	187				
	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	108				
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%	2.1%				
	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	2985				
	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	1938				
	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

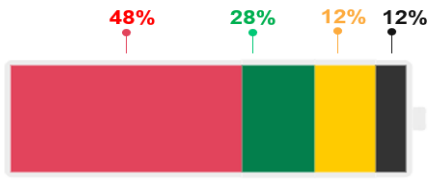
Summary:
Getting to Good is the Trust's improvement programme which aims to help us achieve our overarching vision to provide excellent care. It will ensure that the changes and improvements being made fully address root causes, are sustainable and lay the foundations for future success.

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.

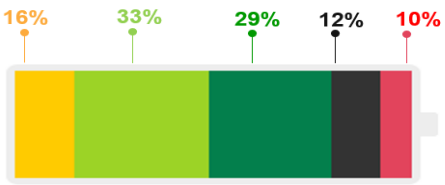
The overall delivery and progress status of the remaining milestones within the G2G programme can be found below.

Overall Delivery Status



- 47.8% Not yet delivered
- 12.0% Delivered not yet evidenced
- 28.3% Evidenced and assured
- 12.0% Descoped

Overall Progress Status



- 9.8% Off Track
- 16.3% At Risk
- 32.6% On Track
- 29.3% Complete
- 12.0% Descoped

Programme Highlights in the reporting period:

Diagnostic Recovery
The MRI scanning service followed in Phase 2 of the CDC with the first patient scanned on 5th January 2025.

Levelling up Clinical Standards
The Audit questions measuring the clinical standards for Frailty and Acute Medicine have been agreed and the audits are now available in the Gather system, with a named clinician to carry out the audit for each specialty.

Performance and BI
The Quality dashboard has now been successfully delivered, using PowerBI and is live for users across the Trust.

Flow Improvement
The Choice Policy has now been finalised and will be shared with system partners in February 2024 with an anticipated launch in Spring 2024. The policy supports patient choice in respect to discharge planning.

Leadership Development Framework
The SaTH talent platform has now been accessed by over 1,900 colleagues who have completed several activities, saving the Trust in the region of £500,000 in comparison to providing this support face to face.

Training and Education
This project has been completed and was agreed to be closed at the ODG Assurance meeting in January 2024, following SRO and Executive lead approval.

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)	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
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	99	90	94	96	94	106	104	99	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	224	249	188	204	190	214	211	203	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	223	224	177	195	178	228	219	201	-	-	-	-	-	
	SJRs Completed by Month				-	2	12	18	12	33	35	51	59	45	40	42	33	
	HOHA - MRSA	R	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	
	COHA - MRSA	R			0	0	0	0	0	0	0	0	0	1	0	0	0	
	HOHA - MSSA		-	-	0	1	4	2	1	4	1	3	2	2	1	3	0	
	HOHA - C.Difficile	R	32	3	1	3	12	3	4	7	2	3	6	6	6	8	9	
	COHA - C.Difficile	R			0	1	1	1	3	3	3	0	3	2	4	1	5	
	HOHA - E-coli	R	90	7	5	4	5	5	4	4	3	4	4	3	5	4	6	
	COHA - E-coli	R			6	5	5	8	5	7	5	6	5	9	14	9	8	
	HOHA - Klebsiella	R	22	2	2	3	4	0	1	0	0	1	1	2	1	2	3	
	COHA - Klebsiella	R			2	0	1	3	1	0	3	2	3	1	2	0	2	
	HOHA - Pseudomonas Aeruginosa	R	18	1	0	1	0	0	1	3	2	1	0	1	0	1	1	
	COHA - Pseudomonas Aeruginosa	R			0	0	0	0	0	0	1	0	1	2	1	1	1	
	Pressure Ulcers - Category 2 and above		-	15	9	32	26	16	23	38	20	17	28	28	22	28	22	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.36	1.22	1.13	0.61	0.99	1.50	0.80	0.75	1.13	1.15	0.90	1.07	0.89	
	VTE Risk Assessment completion		95%	95%	88.9%	91.3%	90.5%	90.3%	89.7%	92.3%	91.4%	90.7%	91.1%	90.8%	92.1%	92.1%		
	Falls - per 1000 Bed Days		6.6	4.5	4.93	3.92	4.48	4.05	4.55	3.38	3.82	3.74	4.17	3.52	4.14	3.58	4.63	
	Falls - total		-	105	122	103	103	107	106	85	96	85	103	86	101	94	114	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.04	0.08	0.04	0.08	0.21	0.08	0.08	0.22	0.12	0.12	0.20	0.15	0.24	
	Falls - Resulting in Harm Moderate or Severe		0	0	1	2	1	2	5	2	2	5	3	3	5	4	6	
	Never Events		0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Mixed Sex Accommodation - breaches		0	0	95	90	56	76	72	95	102	125	103	72	81	74	71	
	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%	70%	86%	83%	82%	81%	86%	84%	82%	75%	84%	73%	54%	68%	
	Smoking Rate at Delivery		6%	6%	10.8%	10.9%	13.1%	8.8%	12.3%	11.5%	7.4%	10.0%	12.1%	7.7%	8.9%	8.9%	6.3%	
Quality Caring & Experience	Complaints		-	-	42	73	45	75	67	76	88	93	68	66	79	83	53	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	49%	50%	47%	47%	46%	54%	57%	58%	57%	46%	58%	49%	46%	
	PALS - Count of concerns		-	-	210	279	240	330	262	264	312	275	315	260	302	301	274	
	Compliments		-	-	54	84	54	108	59	125	104	74	89	86	93	85	109	
	Friends and Family Test -SaTH		95%	95%	98%	97%	97%	98%	99%	97%	99%	97%	98%	98%	91%	94%	93%	
	Friends and Family Test - Inpatient		95%	95%	99%	98%	98%	98%	99%	98%	99%	98%	99%	99%	98%	99%	99%	
	Friends and Family Test - A&E		85%	85%	43%	43%	55%	73%	78%	53%	92%	63%	56%	38%	66%	62%	63%	
	Friends and Family Test - Maternity		95%	95%	98%	100%	100%	99%	100%	95%	100%	96%	98%	100%	100%	92%	96%	
	Friends and Family Test - Outpatients		95%	95%	99%	98%	98%	98%	98%	98%	99%	98%	99%	98%	99%	99%	99%	
	Friends and Family Test - SaTH Response rate %		-	-	6%	7%	6%	8%	6%	8%	6%	10%	8%	8%	8%	11%	7%	
	Friends and Family Test - Inpatient Response rate %		-	-	18%	19%	14%	20%	17%	22%	15%	25%	20%	20%	14%	22%	15%	
	Friends and Family Test - A&E Response rate %		-	-	0.2%	0.3%	0.4%	0.3%	0.1%	0.6%	0.1%	0.7%	0.2%	0.2%	4.5%	4.0%	3.0%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	7%	5%	6%	7%	1%	8%	0.3%	6.0%	1.2%	6.5%	7.1%	3.3%	1.9%	

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

As a result of the current complaint response timeframes not meeting the Trust standard, a new process was agreed and implemented in early 2024. This process focusses on streamlining the investigations and improving the overall pathway for dealing with complaints. Additional Pals colleagues will also be in place from February 2024 to support improvement in this area.

HCAI - C.difficle remains a challenge and a focus group has been established to track actions from the action plan led by the lead Infection Prevention nurse and microbiologist. Enhanced cleaning is taking place within the ED, which is supporting the increased overcrowding we are experiencing. An ICB assurance visit was undertaken with positive feedback received.

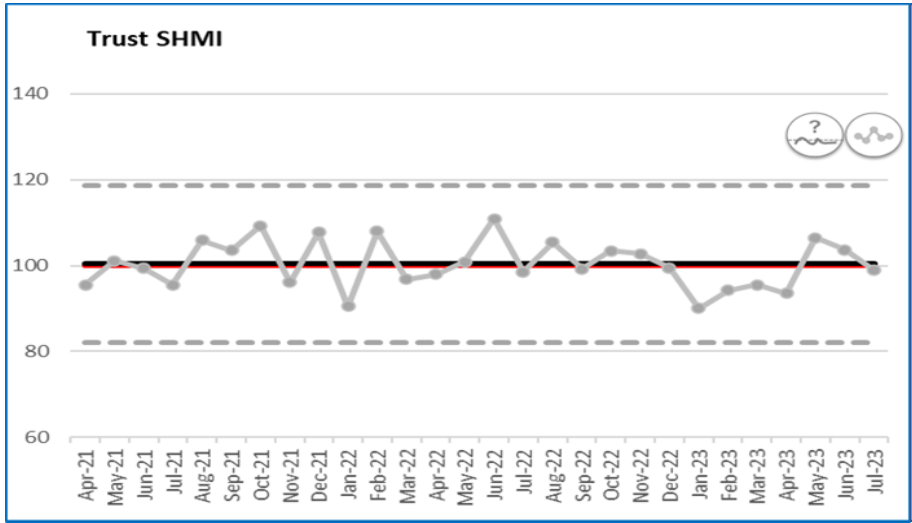
We have seen an increase MRSA bactermia in month, making it 4 cases this year to date. The investigation into these cases has identified some future work required regarding device management.

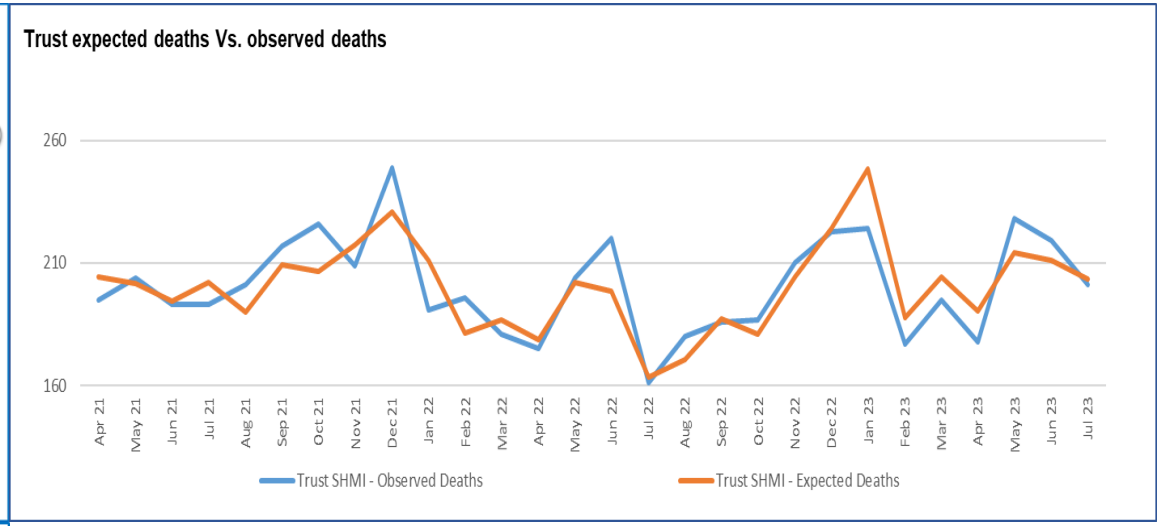
Smoking at time of delivery continues to improve at 6%.

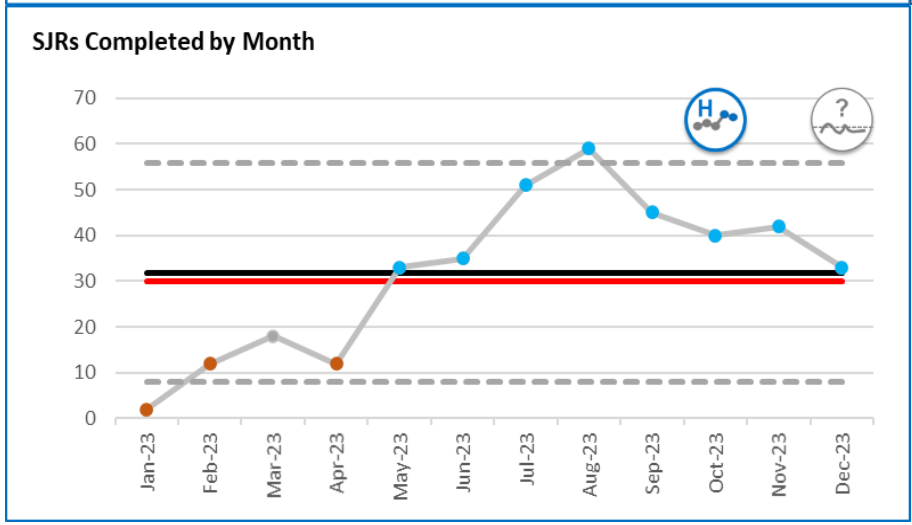
Delivery suite acuity has improved in month however, this remains below the 85% threshold. The escalation plan to address this is operational. 9/10 international midwives have successfully completed their Objective Structured Clinical Examination (OSCE) and undertaking their preceptorship programme.

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 July 2023 was 98.9. Observed v expected deaths are closely aligned. The year-to-date Structured Judgement Review completion rate, within the 8-week timeframe, is 19% of deaths. Monthly analysis via the Learning from Deaths dashboard provides learning in a timely manner. However, only 52% of the required SJR Datix submissions have been made during quarter 3; this risks the failure to identify potential safety incidents. The top problems in care identified through Q3 SJRs are problems in the treatment plan, problems in communication and a miscellaneous group: documentation, ED capacity issues and death verification.

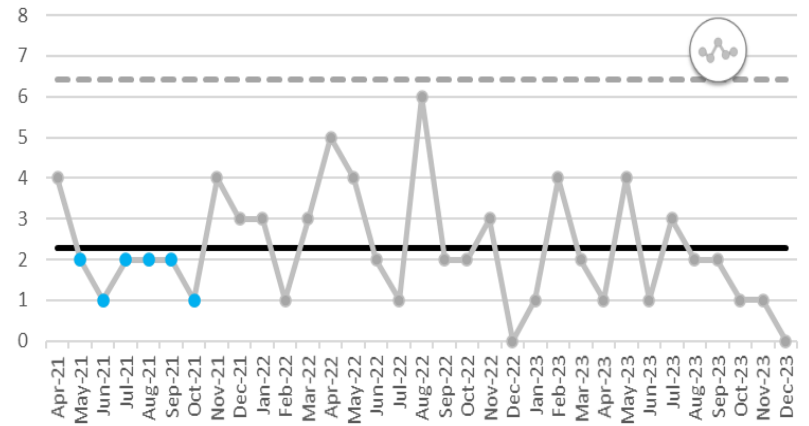
Recovery actions:	**Anticipated impact and timescales for improvement:**
Work is in progress with SJR reviewers and Divisional Quality Governance Teams to address the issue of SJR Datix submissions. Weekly monitoring of this process is being established via the Learning from Deaths team.	At the monthly Learning from Deaths meetings, the LfD Dashboard shows the monthly SJR report with themes and trends and provides details of the outcome of reviews where the bereaved have raised concerns. With respect to individual conditions identified through the quarterly mortality metrics reports, septicaemia deaths are being closely monitored.

Recovery dependencies:	Complete recruitment to the Learning from deaths team as the current band 6 post has not been filled.

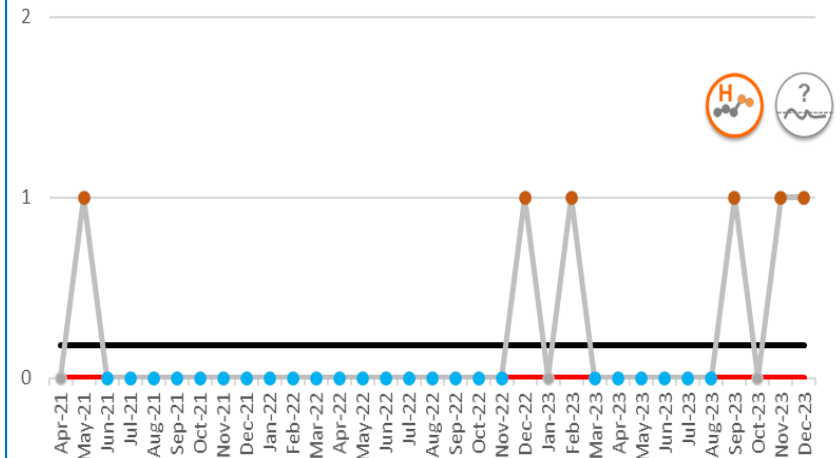
Infection Prevention and Control

The Shrewsbury and Telford Hospital NHS Trust

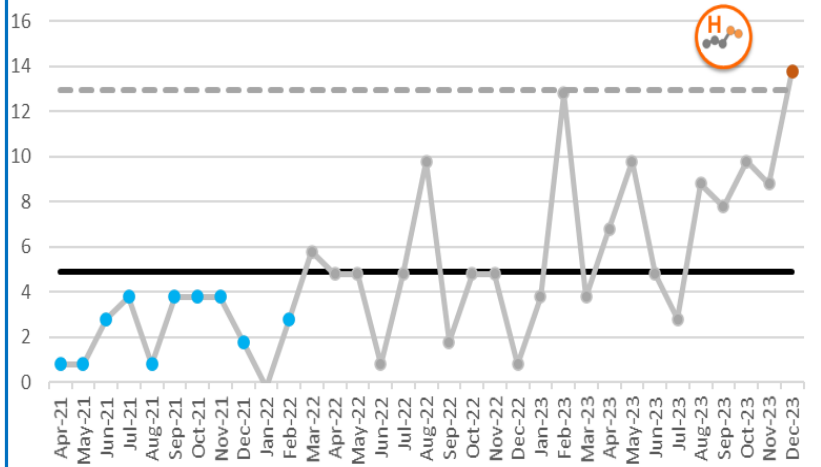
HOHA - MSSA



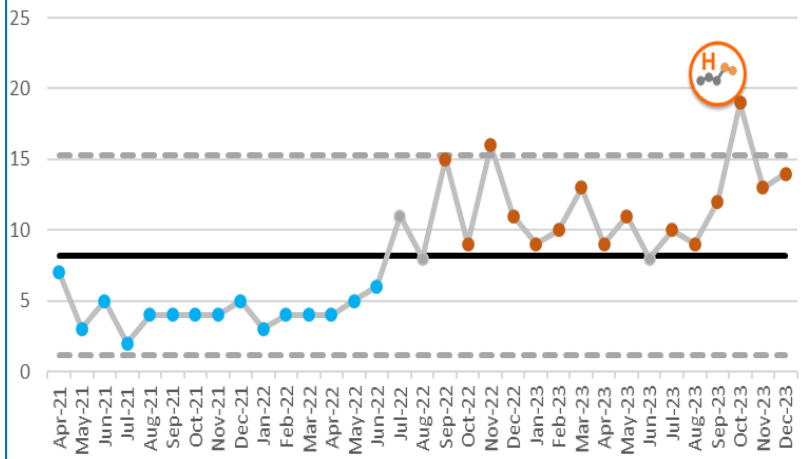
HOHA & COHA- MRSA



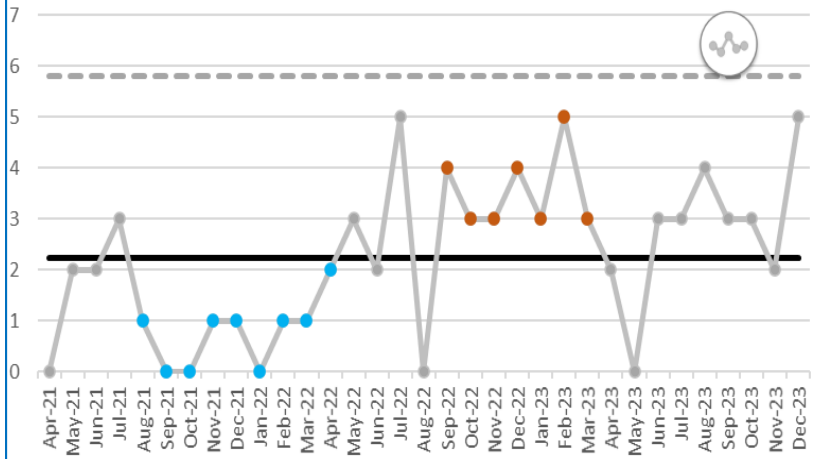
HOHA & COHA - C.Difficile



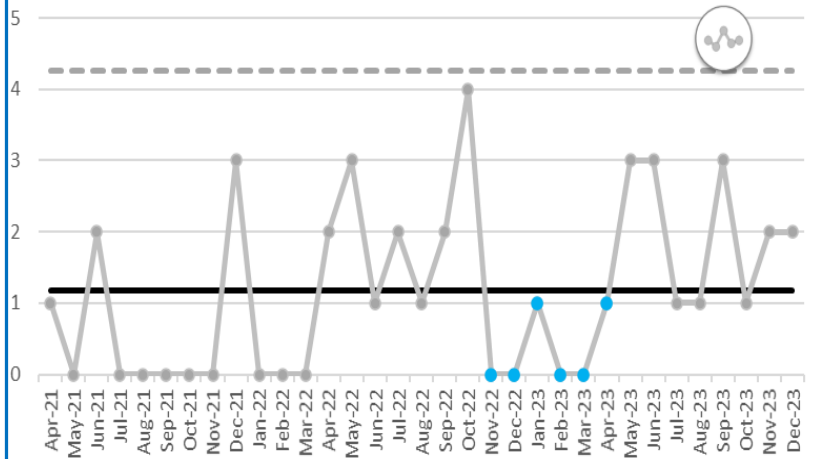
HOHA & COHA- E-coli



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 December 2023 there were the following bacteraemia:

- 3 MSSA (1 HOHA, 2 COHA)
- 1 MRSA (HOHA)
- 14 C.Diff (9 HOHA, 5 COHA)
- 14 E-coli (6 HOHA, 8 COHA)
- 5 Klebsiella (3 HOHA, 2 COHA)
- 2 Pseudomonas (1 HOHA, 1 COHA)

Recovery actions:

- C.Diff numbers continue to increase within the Trust, with 14 cases attributed to the Trust in December . The IPC team continues to raise awareness regarding the management of patients with diarrhoea and have requested further detail from Business Intelligence to look at how many C.Diff cases have come through ED.
- Specific C.Diff working group will be formed to get the IPC action plan operationalised.
- A review of all the MRSA bacteraemia cases has been undertaken

  4 cases attributed to SaTH (1 contaminant)
  - 1 Cardiology
  - 1 Medicine
  - 1 Surgery
  - 1 Stroke ward (Contaminant)

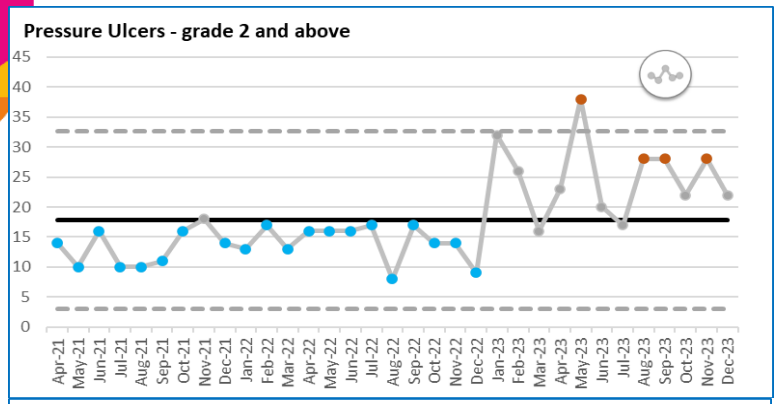
No case is thought to have been acquired within the acute Trust. Two cases were considered to be infections that pre-existed admission and acquisition was likely to be community. A further one case was considered to be collection (skin) contaminant, possibly due to faulty technique. The remaining case is yet to be formally assessed for causality.

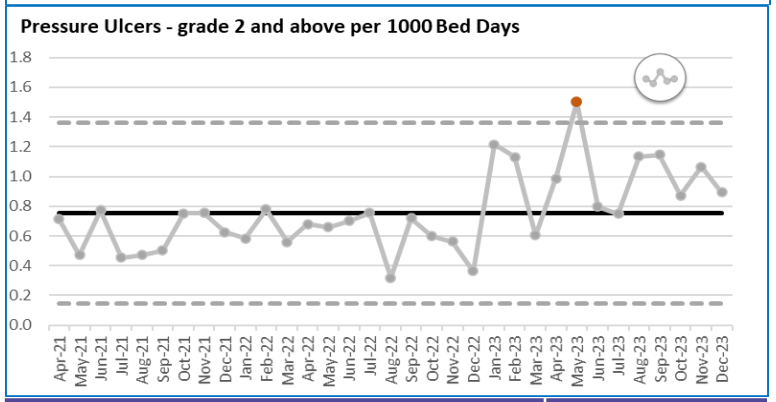
Anticipated impact and timescales for improvement:
To be agreed and approved via Director of Infection Prevention and Control at the IPC Assurance Committee.

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

Patient harm – Pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	15
Surgery, Anaesthetics and Cancer	8
Women's & Children's	0

Summary:
The number of hospital acquired pressure ulcers reported remains consistent and remains higher throughout 2023/24 than in Q1, Q2 and Q3 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.

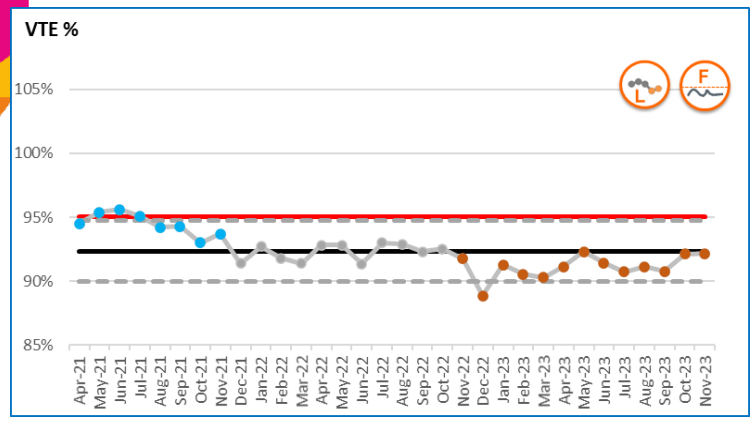
Recovery actions:
Move to PSIRF review processes is in progress. Aim to focus on common themes and associated action plans to be implemented to ensure improvements. Ownership at ward and Divisional level with Tissue Viability oversight. Review of Tissue Viability processes in line with National Wound Care Strategy Programme to ensure recommended practice is in place. Implementation of the PURPOSE T risk assessment tool in progress. Ongoing face to face education, training and support in areas of high incidence. Education and training 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 in discussion with the potential of the modern ward round checklists including VTE assessments.

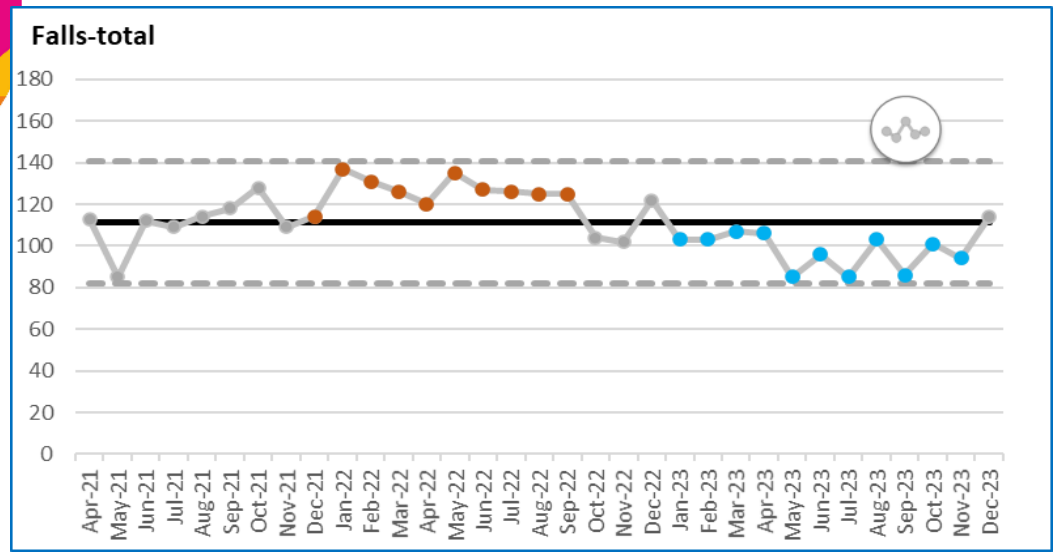
Communication continues with the divisional medical directors, clinical directors, consultants, matrons and ward managers to identify any outstanding VTE assessments and to ensure completion in a timely manner. Monitoring will continue with notifications sent to consultants.

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

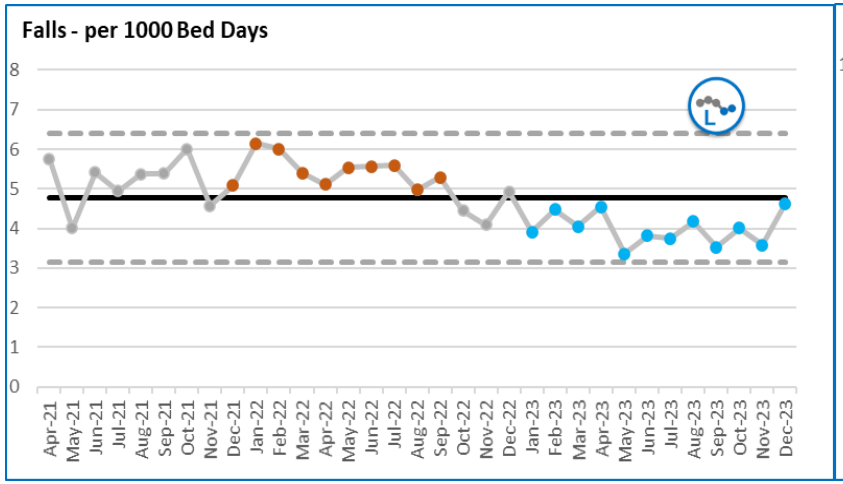
Recovery dependencies:

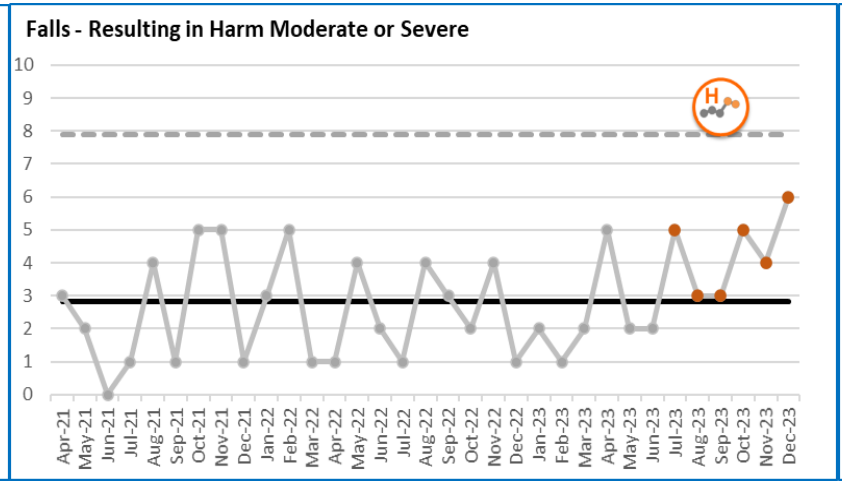
Patient harm - Falls

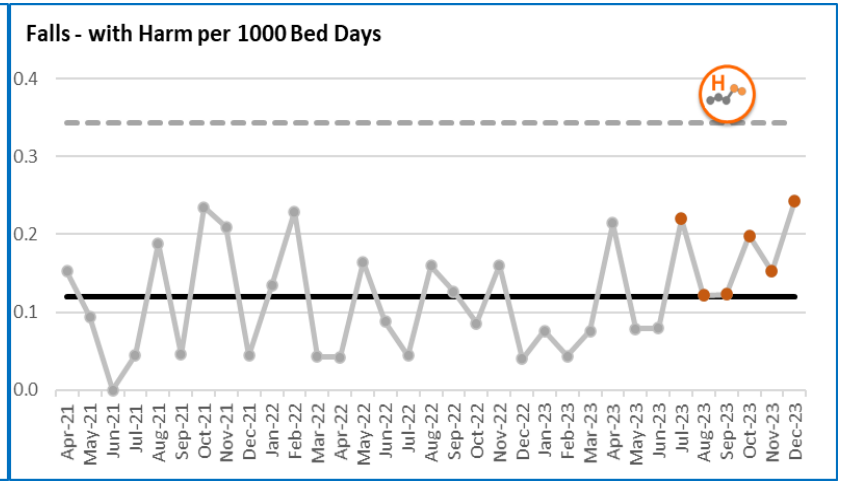
The Shrewsbury and Telford Hospital NHS Trust



Falls – Total per Division	Number Reported
Medicine and Emergency Care	81
Surgery, Anaesthetics and Cancer	32
Women's & Children's	1
Clinical Support Services	0







Patient harm - Falls

The Shrewsbury and Telford Hospital NHS Trust

Summary:
There was an increase in December 2023 with 115 falls reported in total. This remains marginally lower than the same month last year where we reported 122 falls. Overall, the number of falls per month and falls per 1,000 bed days has reduced in Q1, Q2 and Q3 of 2023/24 compared to Q1, Q2 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.

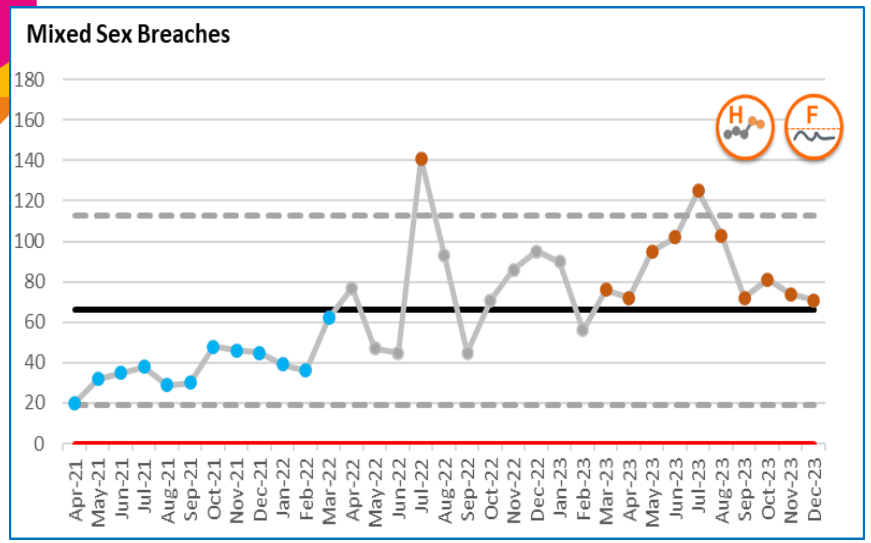
There continues to be falls with harm with 6 falls being seen in December 2023 that resulted in moderate harm or above.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Overarching Trust action plan is in place that has been revised to align with PSIRF priorities and now presented as a project plan. Ongoing education and support from the Quality Team to wards in relation to lying and standing blood pressure monitoring. 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 December carols where the children's nursery onsite joined us. Weekly meeting to review falls has been reviewed to align with the new PSIRF framework, focusing on improvements.	Continue with full implementation and embedding of the falls project plan.

Recovery dependencies:	

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)	16 primary breaches	8 medical, 4 head & neck, 3 surgical, 1 RJAH
ITU / HDU (RSH)	34 primary breaches	12 medical, 22 surgical

Summary:
There continues to be a large number of mixed sex breaches. Reduction in breaches in Acute Medical Assessment (AMA) at PRH has been seen as this area can only be used in extremis 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:

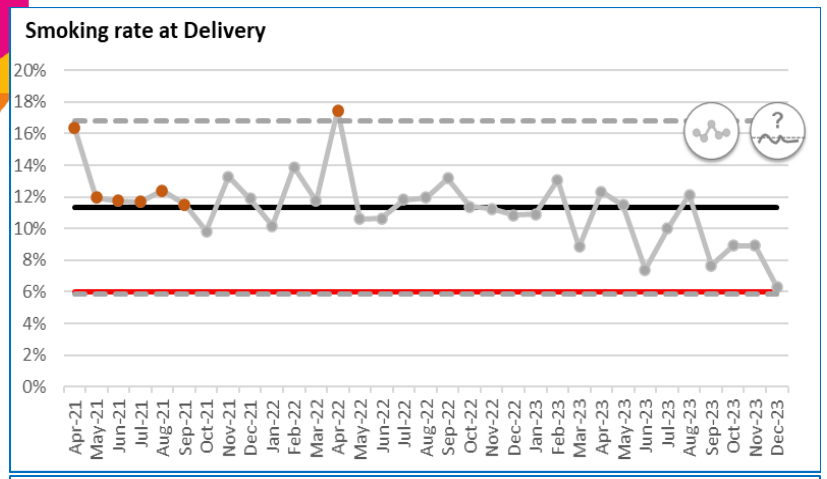
- The Divisional and Operational teams continue with the improvement work in relation to patient floor, discharges before midday and reduction in patients with no criteria to reside
- Executive approval to always be sought and be granted before using AMA to bed patients overnight and that this should only be in extremis
- System wide improvements required with greater use of virtual ward, OPAT, alternative pathways of care and admission avoidance
- ShropComm opening of sub-acute wards on 2nd January which will enable patients to be moved to an appropriate care setting for ongoing rehab prior to discharge
- Improvements in earlier discharges and use of discharge lounge

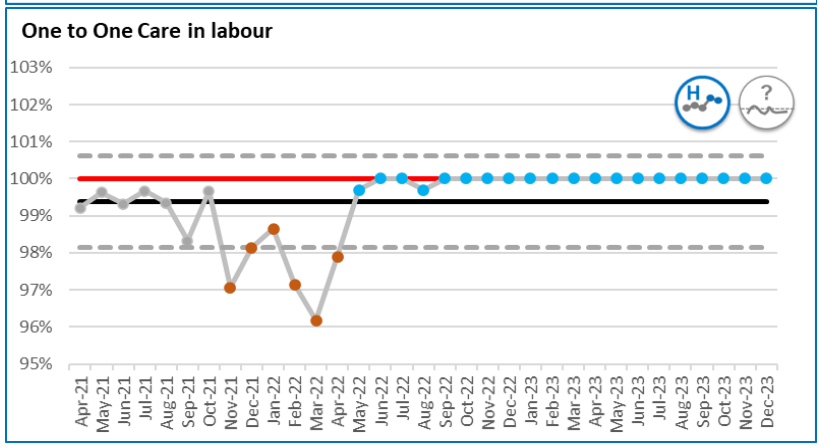
Anticipated impact and timescales for improvement:
Ongoing
Beds available earlier in day. Less patients attending ED with conditions which could be treated on alternative pathways. Reduction in no criteria to reside patients in hospital.

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

Maternity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
SATOD has shown a marked decrease again in December. SaTH had a SATOD rate of 11.8% in 2022/23, whereas Q1-Q3 2023-24 has shown an average rate of 9.5% SATOD. Although the Government target remains at 6% until a further Tobacco Control plan is published, the National average currently stands at 8.8%.

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.

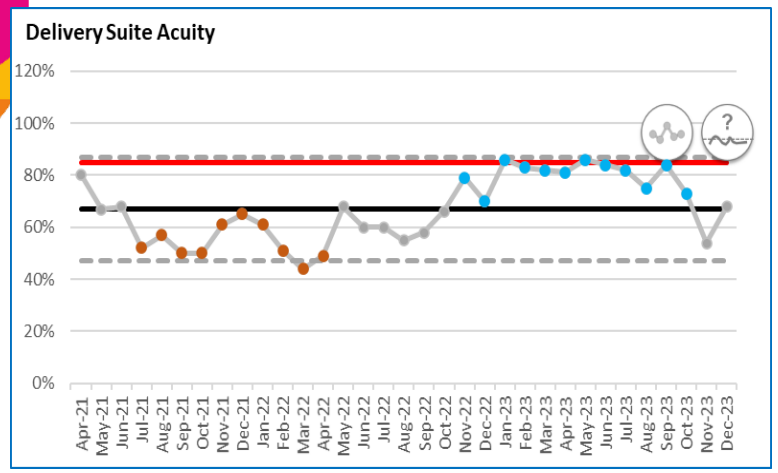
Recovery actions:
Continued below average SATOD for SaTH seen again this month and we continue to decrease SATOD rates in the County.

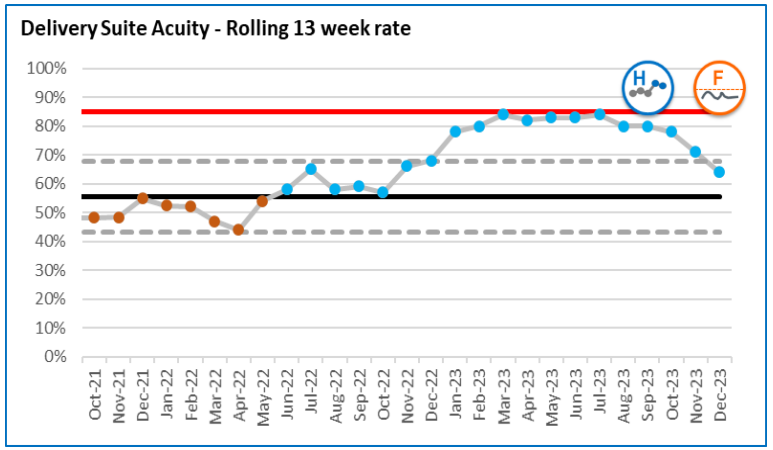
Anticipated impact and timescales for improvement:
Continue to work towards target of 6% and continue to target areas of deprivation and provide smoking cessation support for pregnant women and refer family members to local smoking cessation services.
Due to publication of Saving Babies Lives version 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, which is linked to higher rates of tobacco dependence. 11 out of 106 Trusts (10%) are currently reaching the Government target. It is evident that this is a challenging target to reach for many Trusts and Maternity services.

Maternity – Delivery suite acuity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Delivery suite acuity shows an increase this month following a drop the previous month to 54%. Training has been ongoing to ensure all entries are made onto the BR+ acuity tool. The service continues to have high rates of staff unavailability due to long term sickness and maternity leave, and additional short-term sickness due to seasonal bugs for both staff and their dependants.
The service continues to actively manage attrition rates to ensure minimal gaps in service, however the recently introduced vacancy panels have hindered recruitment which is highlighted as a risk to the service.

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 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.
9 out of 10 international midwives have now received their PIN having successfully passed their OSCEs and are currently working towards completion of their preceptorship.

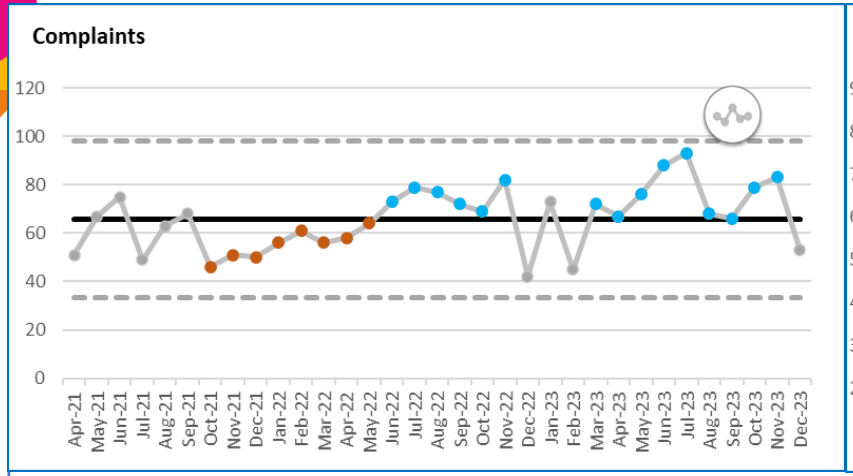
Anticipated impact and timescales for improvement:
Continue to work towards 85% target for green acuity using proactive management of the clinical midwifery workforce.

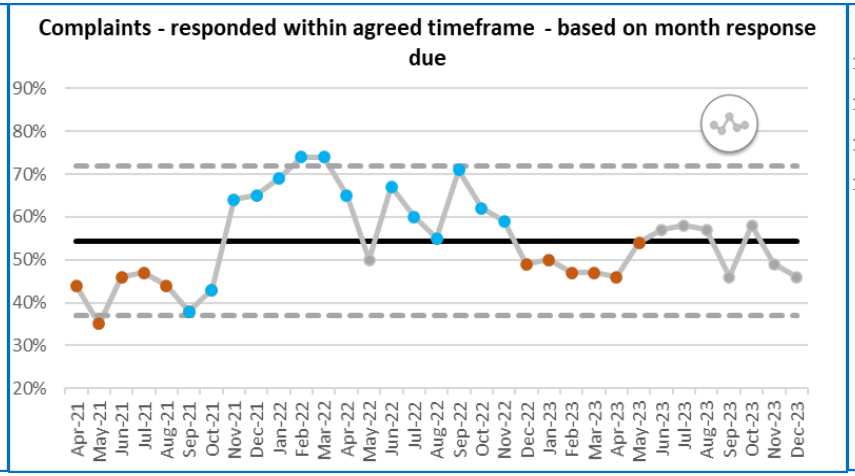
High levels of unavailability continue to be anticipated throughout Q4 which is mitigated by increasing clinical work for specialist midwives and senior leadership teams.

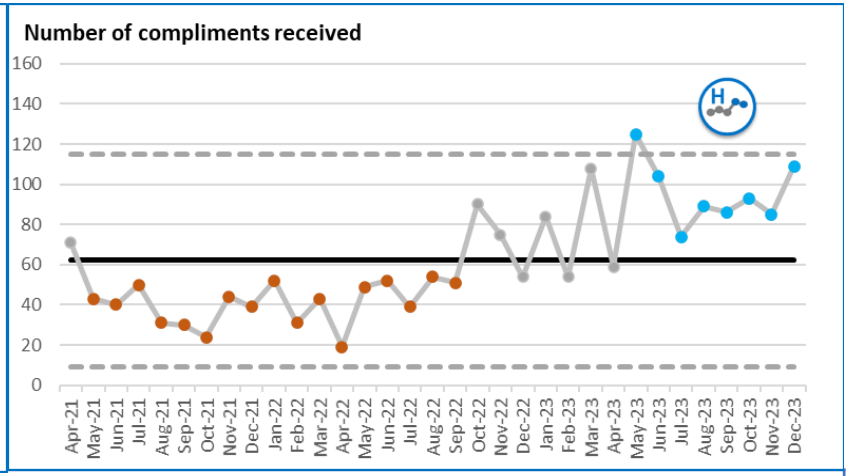
Recovery dependencies:	This autumn will see a significant increase in the number of midwives due to take maternity leave and sickness which is likely to impact negatively, bringing extreme levels of unavailability to the service.

Complaints and Compliments

The Shrewsbury and Telford Hospital NHS Trust







Summary:
Numbers of new complaints remain within expected levels. Response rates remain below the Trust target; this is mainly due to clinical pressures on staff, which is causing delays in the process. In December 2023, 81% of complaints were acknowledged within one working day and 98% were acknowledged within two working days, with 100% acknowledged within the national timescale of three working days.

Recovery actions:	**Anticipated impact and timescales for improvement:**
New processes agreed with the Divisions are expected to start in early 2024, to assist with streamlining investigations and improving responses rates. New PALS Officers are due to start in February and March to assist with more early resolution of concerns	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. Process to be implemented in divisions to reduce time for Divisional teams to respond to complaints.

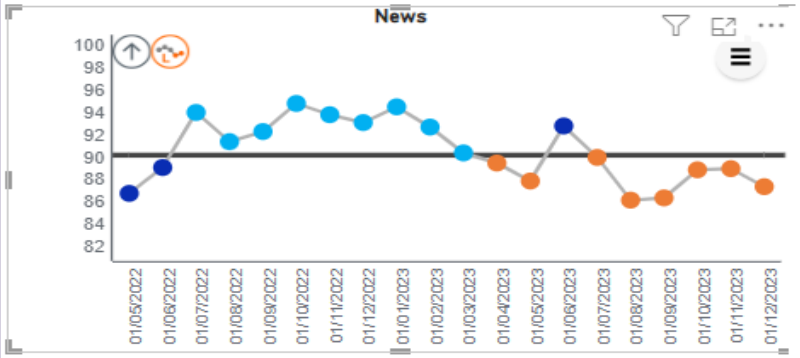
Quality - Safe - Deteriorating Patient

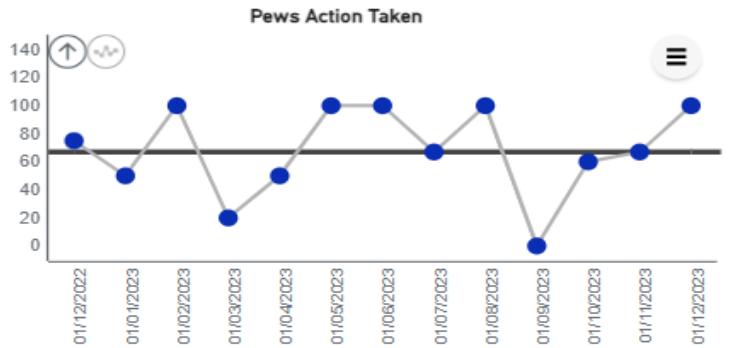
Partnering · Ambitious Caring · Trusted

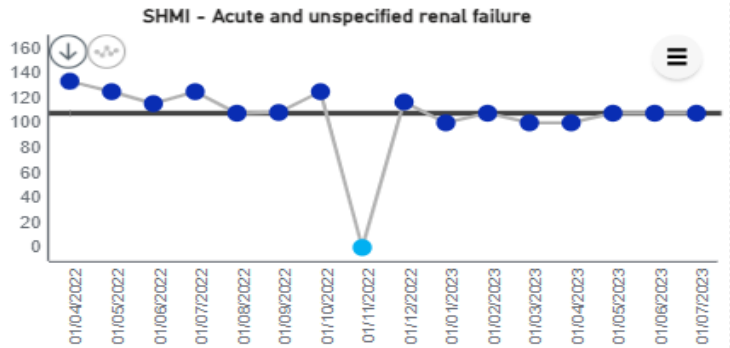
The Shrewsbury and Telford Hospital NHS Trust

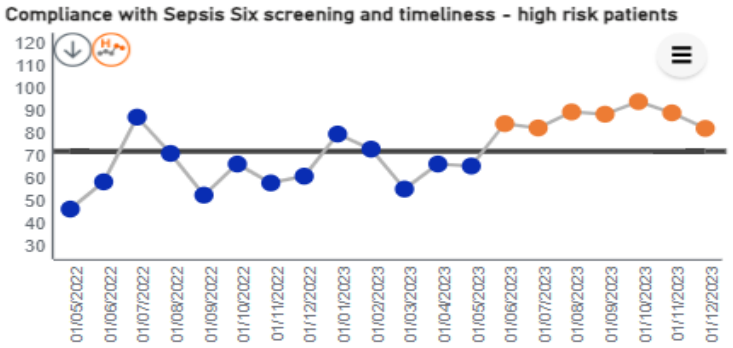
Falls

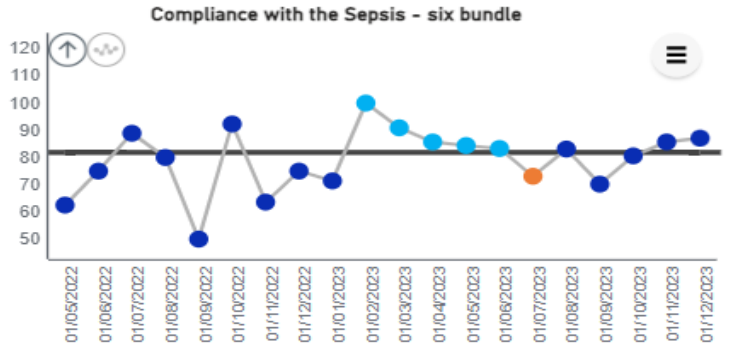
	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023
News	91.4	92.3	94.8	93.8	93.1	94.5	92.7	90.4	89.5	87.9	92.8	90.0	86.2	86.4	88.9	89.0	87.4
Pews Action taken					75.0	50.0	100.0	20.0	50.0	100.0	100.0	67.0	100.0	0.0	60.0	67.0	100.0
% Compliance with Sepsis Six screening and timeliness - high risk patients	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	82.50
% Compliance with the Sepsis Six bundle	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	87.10
SHMI - Septicaemia (except in labour), Shock	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	107.70	108.30	125.00	0.00	116.70	100.00	107.70	100.00	100.00	107.70	107.70	107.70					

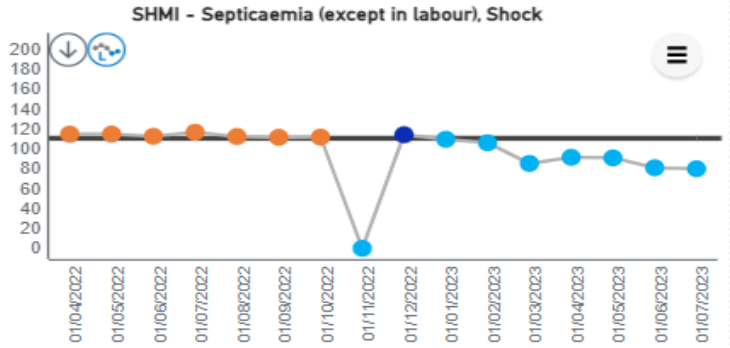












Deteriorating Patients

The Shrewsbury and Telford Hospital NHS Trust

Summary:

NEWS and compliance with sepsis six screening decreased slightly compared to the previous month. During December, the Trust was under extreme pressure with an increase in patient numbers.
Compliance with the sepsis six bundle continues to be at a consistent level at 82.5%
PEWS recognition and escalation has continued to improve since September, achieving 100% for December 2023.

Recovery actions:

Sepsis module upgrade on vitals launched in November 2023.
Ongoing sepsis vitals eLearning on LMS and face to face training are in place to improve consistency and compliance.
To create escalation response forms for trial within the trust. The goal is to refine individual escalation plans, ensuring patients are appropriately escalated. To streamline the escalation process, redistributing resources promptly for a timelier response.
In the paediatric department, convene weekly to assess audit data, identify notable practices, and develop improvement plans.
Options appraisal being written for continuation of Fluid Nurse Practitioner role to support deteriorating patient work.
Planned away morning 27th February 2024 to review portfolio of the Deteriorating patient Nurse Practitioners.

Anticipated impact and timescales for improvement:

We persist in implementing the measures outlined in the deteriorating patient action plan.

Recovery dependencies:	Support and engagement throughout the trust with decisions made by Deteriorating Patient Group (DPG). Divisional representation at DPG. Continuation of the role of Fluid Practitioner Nurse post May 2024.

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	Jan-24	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	75.0%	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%	50.43%	
	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%	60.0%	59.5%	
	ED - 12 Hour Trolley Breaches	R	0	0	962	629	651	817	524	529	525	479	803	1026	1088	862	1068	957	
	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%	10.9%	14.2%	14.2%	
	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%	22.4%	30.0%	25.1%	
	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%	20.5%	23.1%	20.5%	
	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%	46.2%	32.7%	40.2%	
	ED activity (total excluding planned returns)		-	11627	13481	11037	10776	12239	12243	13375	13265	13273	12752	12858	13062	12318	12827	12659	
	ED activity (type 1 excluding planned returns)		-	9610	10763	9097	8762	10086	9902	11023	10875	10833	10478	10668	10779	10101	10231	10128	
	Total Emergency Admissions from A&E		-	-	2837	2679	2424	2599	2588	2634	2700	2715	2667	2660	2778	2718	2951	2760	
	% 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%	50.9%	
	Average time to initial assessment (mins)		15 Mins	15	67	34	39	43	33	33	36	36	37	40	39	33	22	23	
	Average time to initial assessment (mins) Adults		15 Mins	15	69	39	45	51	38	37	41	41	42	45	42	35	21	22	
	Average time to initial assessment (mins) Children		15 Mins	15	63	21	25	24	21	24	26	22	20	28	32	27	24	27	
	Mean Time in ED Non Admitted (mins)		-	215	365	302	327	315	309	325	300	309	324	343	337	368	418	470	
	Mean Time in ED admitted (mins)		-	500	1362	1025	1196	1292	1036	1100	1033	1202	1177	1243	1232	1252	1154	1347	
	No. Of Patients who spend more than 12 Hours in ED		-	165	2645	1886	1915	2044	1905	2070	1984	2309	2344	2329	2489	2538	2364	2603	
	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%	20.6%	18.4%	20.6%	
	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%	96.3%	
	Diagnostic Activity Total			-	17586	20905	20254	22366	19341	21966	21450	22314	22064	20188	21686	22753	20435	22704	
	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%	74.0%	
	Diagnostic 6+ Week Breaches		0	-	6614	6445	5097	4968	4820	4625	4115	3815	3321	3344	2894	3204	2924	2537	
	Total Non Elective Activity		-	-	5022	5167	4776	5163	4844	5123	5114	5099	5150	5066	5398	5375	5464	5681	
	Total elective IPDC activity		-	-	5279	5791	5557	6223	5432	5855	6153	5984	6136	5833	6294	6416	5202	6071	
	Total outpatient attendances		-	-	41392	50868	48210	53474	44164	51227	51151	49181	47305	47231	50310	51741	41248	50347	
	DNA rate - all ages				6.3%	5.9%	5.5%	5.9%	5.8%	5.8%	5.6%	5.4%	5.4%	5.4%	6.1%	5.5%	5.8%	5.4%	
	DNA rate - paeds				11.2%	9.1%	9.4%	8.6%	9.9%	8.5%	9.4%	9.7%	10.3%	9.4%	10.2%	8.9%	10.0%	8.6%	
	Number of episodes moved or discharged to PIFU			2221	1338	1219	1287	1614	1452	1966	1559	1473	1693	1561	1768	1908	1831	1800	
	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%	50.7%	
	RTT Waiting list - Total size	R	-	-	43173	41227	40232	40069	40228	39841	39360	38819	39117	38859	39659	38793	38697	38828	
	RTT Waiting list - English only			37184	38859	37075	36090	35841	36043	35614	35176	34754	34977	34751	35459	34563	34427	34548	
	RTT 52+ Week Breaches (All)	R	0		4018	3553	3172	2965	2852	2920	2605	2454	2297	2164	2206	2088	2179	2387	
	RTT 52+ Week Breaches - English only			1532	3587	3169	2842	2652	2592	2635	2335	2183	2035	1925	1966	1839	1921	2133	
	RTT 65+ Week Breaches (All)				1757	1552	1246	785	726	796	729	489	359	305	398	371	429	478	
	RTT 65+ Week Breaches - English only			123	1560	1372	1109	705	652	733	654	419	302	260	348	315	374	427	
	RTT 78+ Week Breaches (All)	R	0	0	549	465	291	57	57	82	11	11	11	8	10	8	8	9	
	RTT 78+ Week Breaches - English only			0	481	401	252	43	50	72	3	1	1	2	1	1	1	2	
	RTT 104+ Week Breaches (All)	R	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	
	RTT 104+ Week Breaches - English only			0	1	0	1	0	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%	52.1%	-	
	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%	90.7%	-	
	Cancer 28 Day Faster Diagnosis - Urgent Suspected Cancer	R	75%	72.52%	56.8%	59.7%	64.6%	58.1%	59.4%	60.9%	63.3%	66.8%	68.1%	71.8%	74.1%	75.1%	74.4%	-	

Operational Summary

The Shrewsbury and Telford Hospital NHS Trust

Significant challenges in UEC pathways have continued in January, although less severe than last January. We hosted a visit from the GIRFT team in January and have received the report which has identified some areas of focus for SaTH and for our system partners. We have also been informed that we are now in Tier 1 for UEC and are meeting NHSE colleagues to determine the schedule of monitoring meetings.

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 for PRH is planned for February following the successful test of change week at RSH in November. Significant planning was undertaken to support the Sub-Acute wards to open in January on both sites.

RTT elective recovery continues to be monitored at Tier 3 level. Our elective recovery is underpinned by additional capacity from waiting list initiatives, mutual aid and more limited insourcing which supports our challenged specialties. There were no 104w breaches in January and 2 x 78w breaches – one due to no mutual aid being available for a patient requiring a specialised H&N procedure and one in Haematology (booked for 11th of March). 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. Calculation of the revised 65w trajectory indicates an end of year position of 819 patients remaining. PRH DSU is fully escalated in support of UEC, but we are using W5 to support day case activity; RJAH is supporting elective activity as part of the winter plan. The planned opening of the Elective hub has been delayed until early June following a thorough external review of the programme of works.

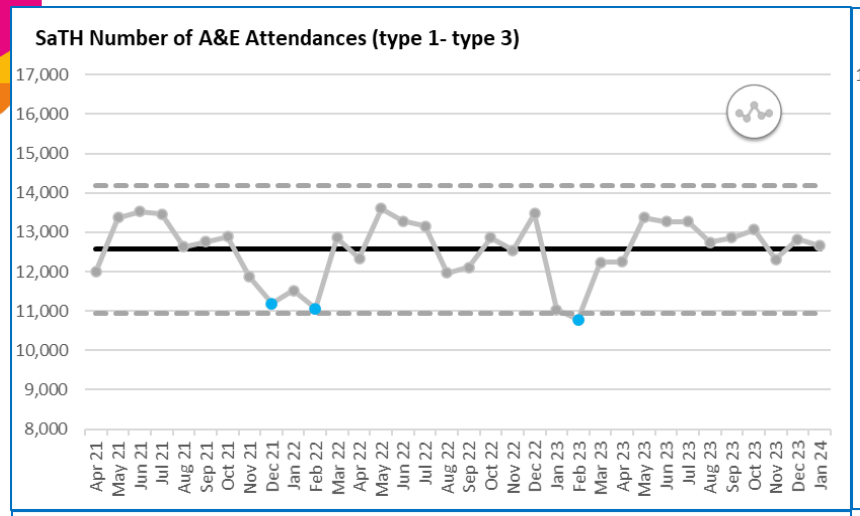
Cancer recovery continues to be monitored at Tier 1 level. Our 62+ day backlog at the end of January was 301 against the planned 232 as we focus on recovery from the combined impact of industrial action and holiday period. Our validated FDS position for December exceeded the plan (73.2%), achieving 74.4%. Our unvalidated January position is 71.3% with 86.9% data completeness. Our focus is to achieve our end of year backlog target of 212 (stretch target of 182) by 31/3/24.

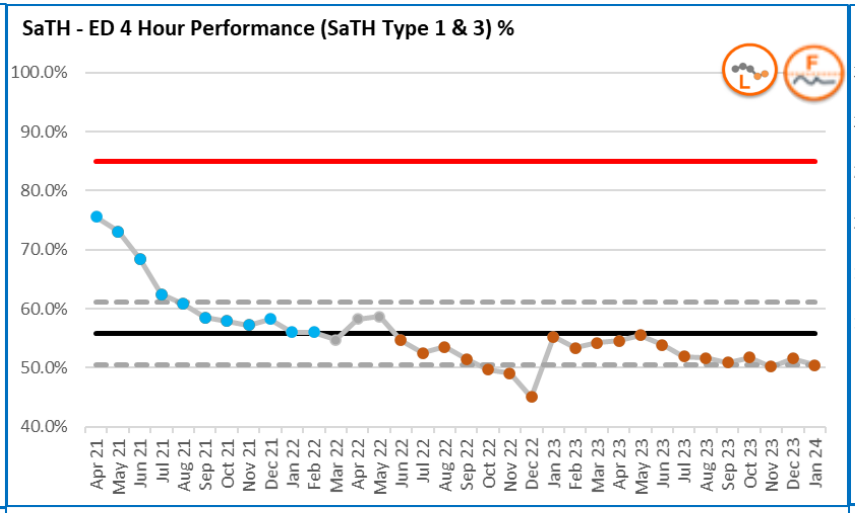
Key Actions for February

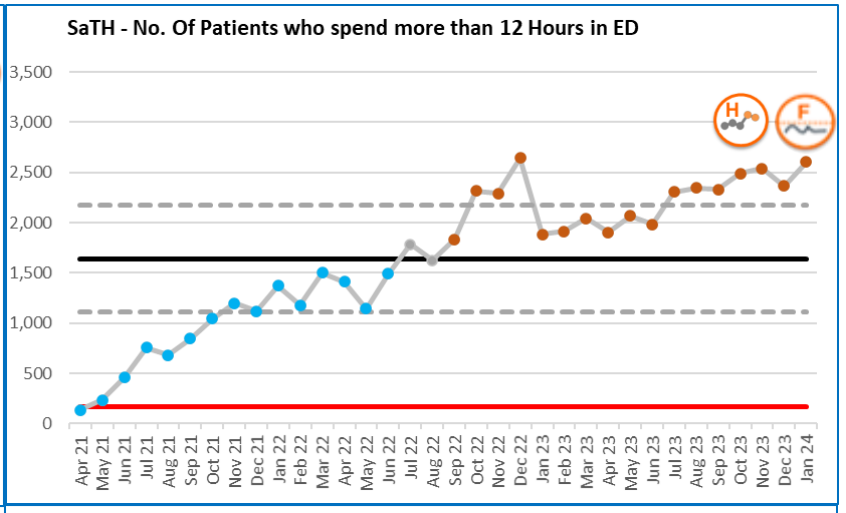
- Work with NHSE colleagues to determine schedule of Tier 1 support and monitoring arrangements
- Continued focus on the Initial assessment processes to continue the improvement trajectory that has been seen in recent months
- Review of pathways for the sub-acute ward to support effective utilisation and right patient in right place
- Choice policy to be shared across system partners for implementation planned for March 2024
- GIRFT action plan to be finalised following the visit by the GIRFT team in January
- Focus on recovery of the 62d+ cancer trajectory introducing the 'golden patient' initiative for the longest waiting patients in urology and colorectal pathways.
- Recruitment of ANP to support the NSS pathway
- Progression of Endoscopy sustainable business case through STW governance process (scheduled for the STW Commissioning Group in February)

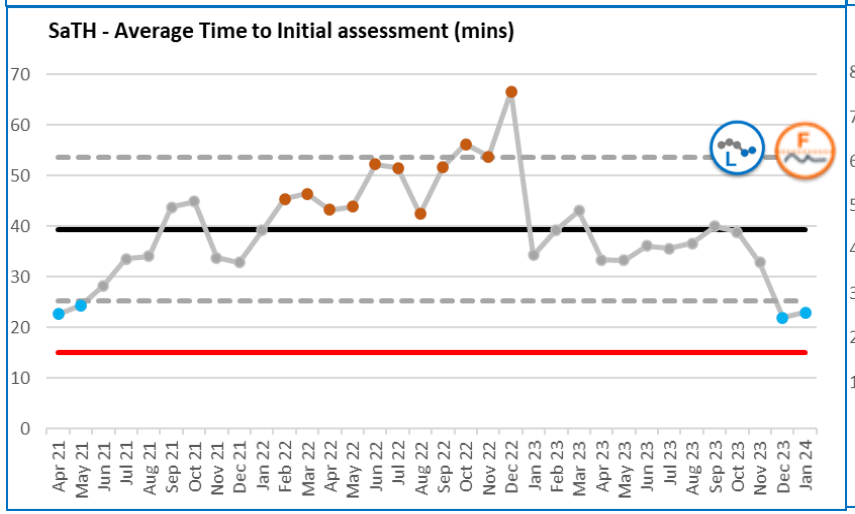
Operational – Emergency Care

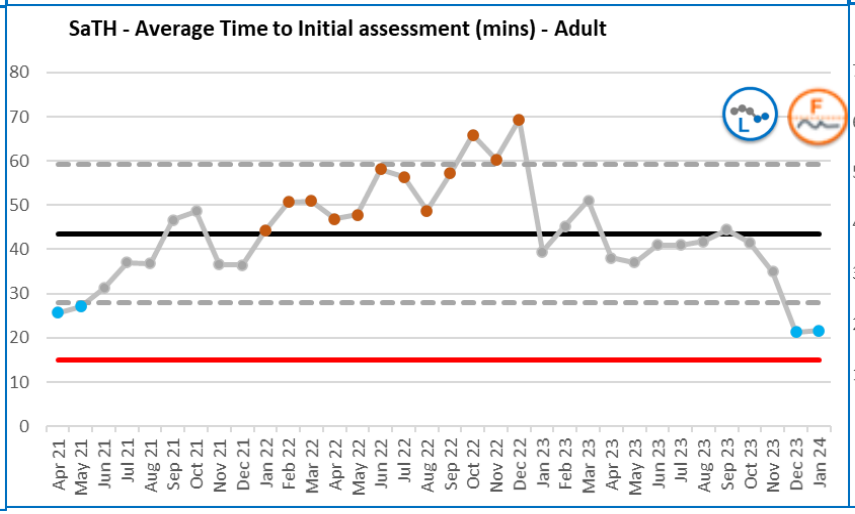
The Shrewsbury and Telford Hospital NHS Trust

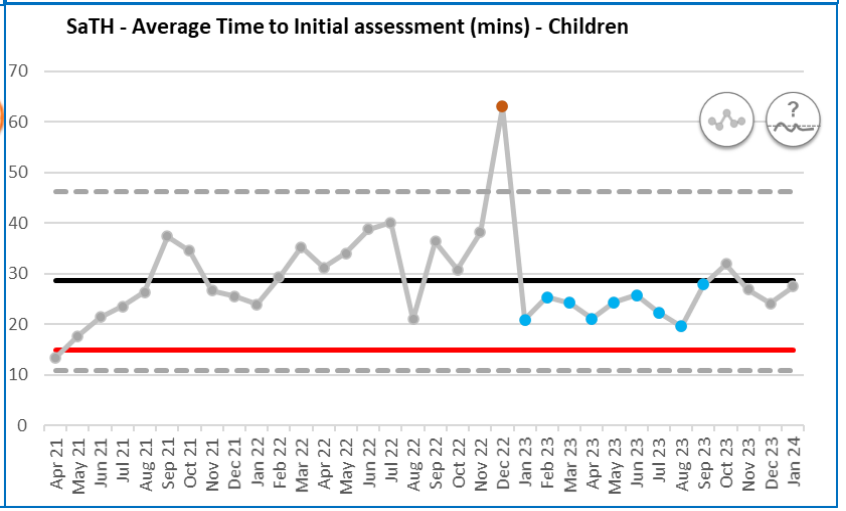












Operational – Emergency Care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- Month 10 has seen a slight reduction in attendances on the previous month
- Improvements in time to Initial Assessment have sustained in January
- There were 2,603 12-hour breaches in month, which is an increase of 235 compared with the previous month
- SaTH 4-hour type 1 & 3 performance (excluding MIU) showed a 1% decrease, 50.4% against a trajectory of 56%
- System wide 4-hour performance type 1 & 3 performance (including MIU) was 59.5% against a trajectory of 66%
- ED occupancy frequently reported at over 350%. Sustained pressure on both ED departments evident by month-on-month growth in 12 hour waits to be admitted
- Estimated annual number of admitted patients whose 30-day mortality is associated with an A&E stay of longer than 8 hours (July data): 141.6 RSH; 134.3 PRH; English mean 120
- GIRFT UEC review report received, recommendations incorporated in Emergency Care Transformation Programme and Medicine Transformation Programme

Recovery actions:

- Medicine Transformation Programme commenced focusing on frailty and flow as key UEC improvement workstreams
- GIRFT recommendations incorporated in Emergency Care Transformation Programme and Medicine Transformation Programme
- External expert support until end of March from exiting Lincoln Hospital COO
- Frailty co-located on ward 28 to drive efficiencies
- SDEC PRH test of change week commenced 19/02/24
- Review of hospital full policy
- Continuation of cross divisional weekly SaTH performance meeting with extended invite to system partners
- Commencement of GIM hot clinics

Anticipated impact and timescales for improvement:

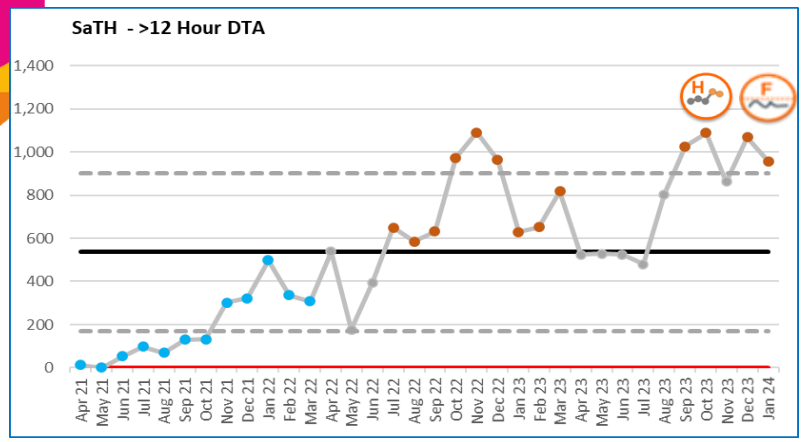
Progress reported monthly through UEC Flow improvement group to FPAC and system UEC meeting.

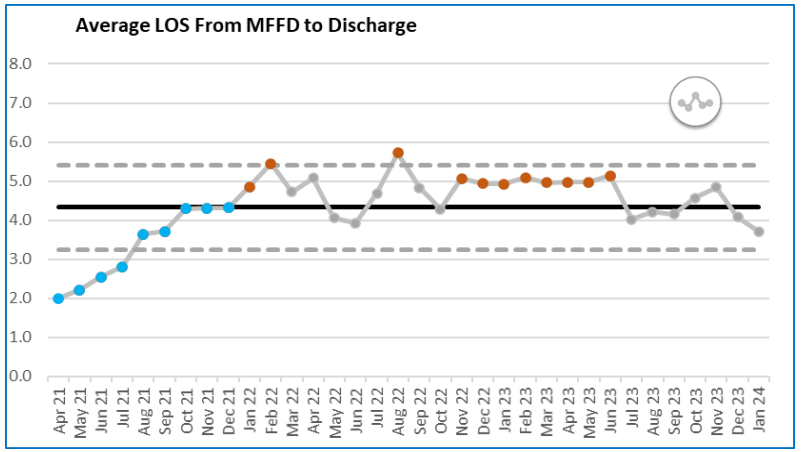
Progress reported monthly through ECTAC/MEDTAC and weekly cross Divisional metrics meeting.

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 the average LOS from NCTR to Discharge has been seen in December and January – with the average now being 3.5 days compared with 5 days the same time last year.

There was also a reduction in the number of NCTR patients in January 2024 (150 on average compared with 182 in January 2023)

The number of patients waiting in ED for over 12 hours continues to be extremely high. This is due to our continued significant bed gap.

Total length of stay for patients that stay over 1 day in hospital remained at 7.7 days with patients on PW0 staying on average 5.0 days and patients on a complex pathways (1-3) staying 15.1 days

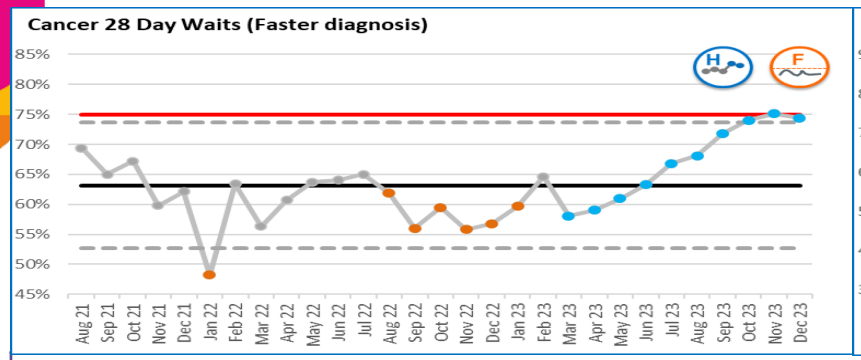
Sub- Acute wards opened on both sites in first week of January 2024 and additional beds on the RSH site will be opened end of February

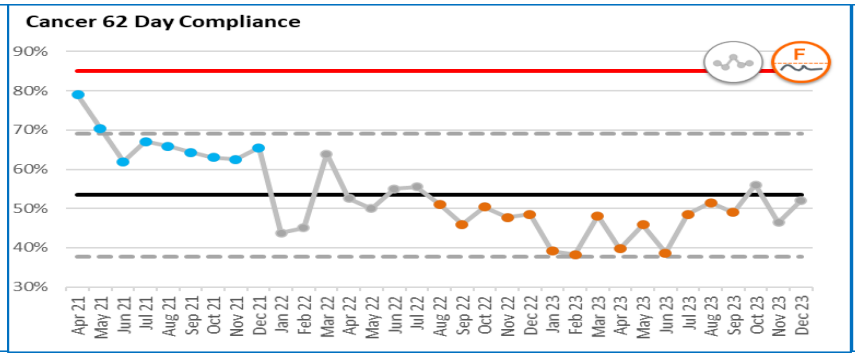
Recovery actions:	**Anticipated impact and timescales for improvement:**
Flow workstream commenced within Medicine Transformation Programme. Test of change week planned for March	31 March 2024
Choice policy has been reviewed and is now being updated with system partners - to be implemented in March 2024	31 March 2024
Continued focus on the IDT and therapy processes to reduce the length of time between NCTR and discharge	March 2024
Test of change on ward 26 being planned to support reconditioning and reduce the number of people that remain in bed during their stay	March 2024

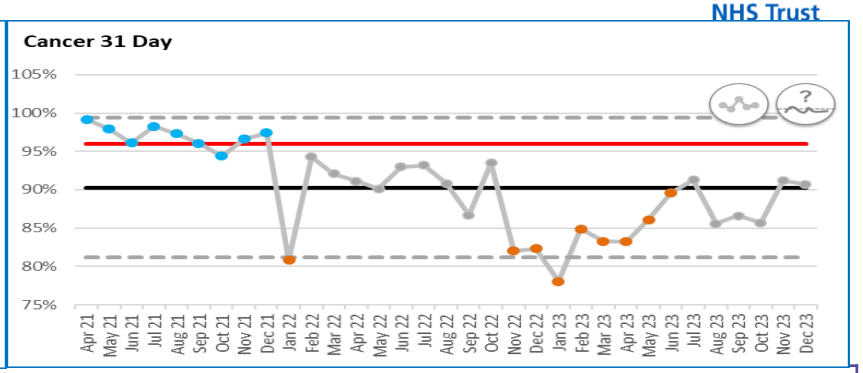
Recovery dependencies:	PW1, 2 and 3 capacity to support complex discharge pathways. Medical decision makers to support discharge decisions available on all wards throughout the day.

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







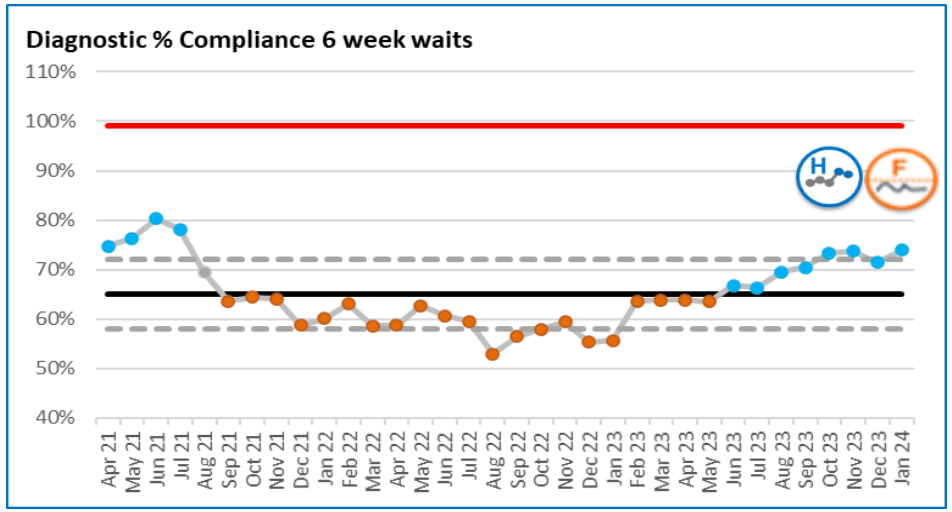
Summary: Our focus remains on reducing the backlog of patients waiting over 62 days for treatment and on the Faster Diagnosis Standard (FDS). The 62+ day backlog at the end of January was 301 against the revised recovery trajectory of 232. The validated FDS position for December 2023 was 74.4% against the Operational Plan target of 73.2% and the national target of 75%. The current unvalidated FDS position for January is 71.3% with 86.9% data completeness.

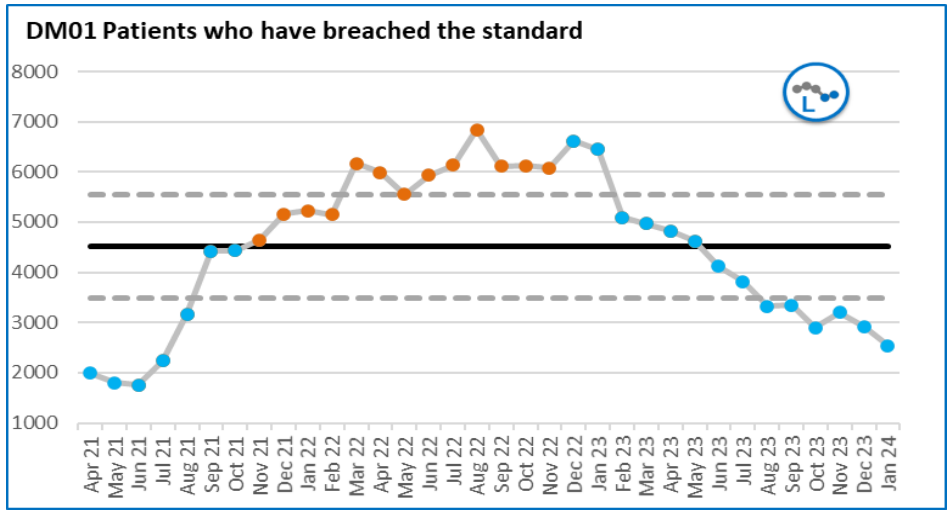
Recovery actions:

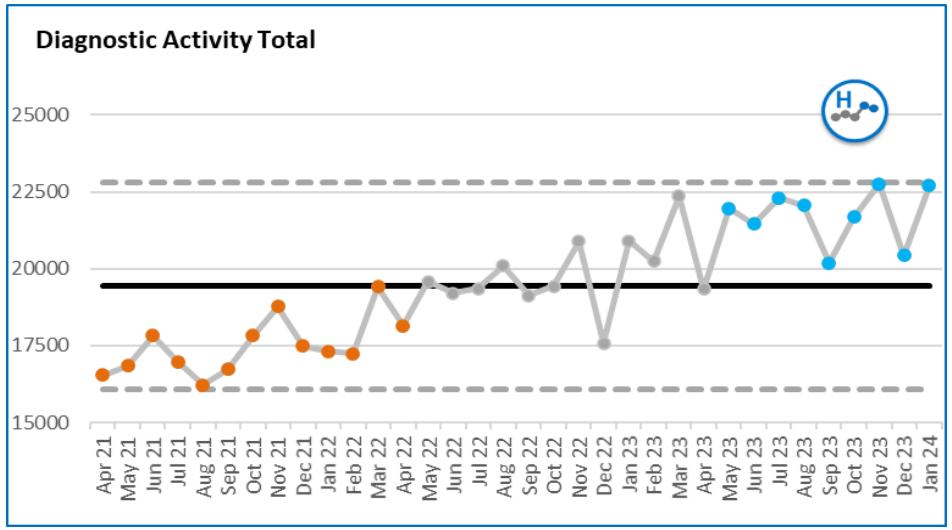
We remain in NHSE Tier 1 management with weekly meetings in place. Each of the challenged tumour pathways (urology, colorectal and gynaecology) have identified actions for improvement. Deep dives into pathways have taken place in breast, gynae, urology, colorectal and head & neck to identify further areas for improvement. We continue to support STW in the implementation of 80% compliance with Faecal Immunochemical Testing (FIT) in Primary Care and have achieved over 90% compliance for cancer referrals 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 outstrip 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. There are some long delays within oncology and radiotherapy for OPA +/- treatment due to limited workforce particularly colorectal and urology. Chemotherapy wait times 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 confirmed they can commence in February, and 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 from Q1. Pathways have now been defined and GP education proceeding. Supporting Advanced Practitioner recruitment is taking place in February. 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 WMCA . A deep dive is planned to take place in lung & skin in March.

Operational – Diagnostic waiting times

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 due to high demand and specialist skills needed (mpMRI). MRI reporting turnaround times are; USC 3-5 weeks, urgent 6-7 weeks, and routine tests at 8-9 weeks. CT reporting times are; USC 3-5 weeks, urgent 5-7 weeks and routine at 9-10 weeks. NOUS reporting times are; USC 2-3 weeks, urgent 3-4 weeks and routine at 6 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 continues to be on the 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
- Insufficient capacity 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 additional capacity. 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. 1 part time MRI scanner remains in place to support 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 93% at the end of January. NOUS performance being 91%, CT scanning performance at 99% 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. Approval of the endoscopy business case is required to provide a sustainable solution.

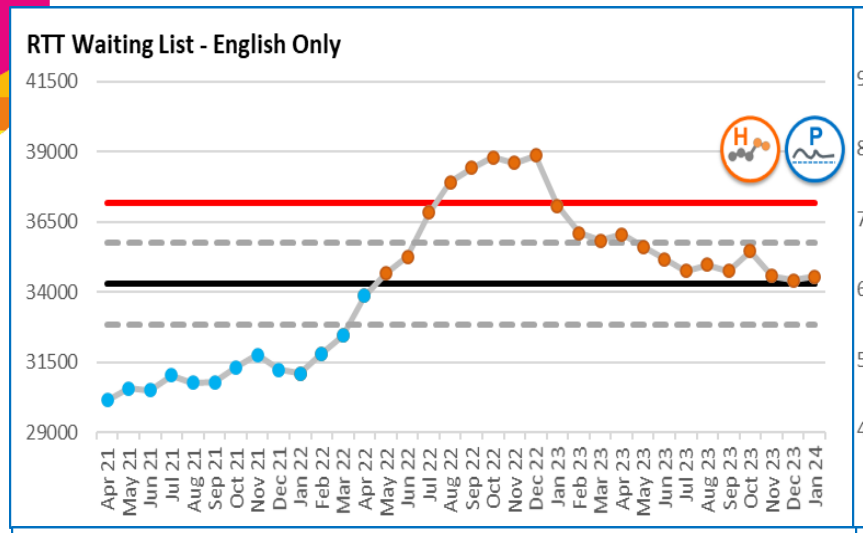
Anticipated impact and timescales for improvement:
Additional insourcing for MRI has been in place since July. Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers are in post and undergoing a full induction.

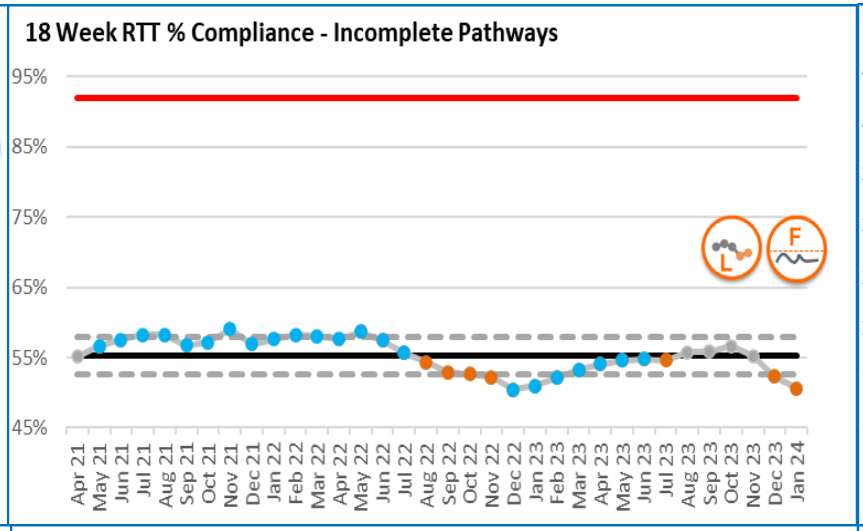
Rotation through the CDC commenced from the beginning of October.

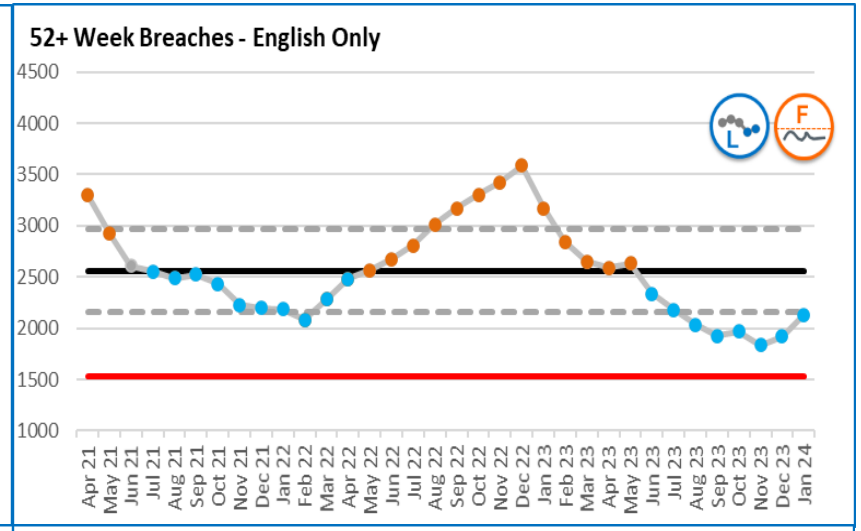
1 additional Radiologist specialising in head, neck and neurology has been recruited and is due to join the department in April. We are also recruiting a further 2 radiologists. Use of agency and bank staff to cover workforce gaps and insourcing for US is proving successful.

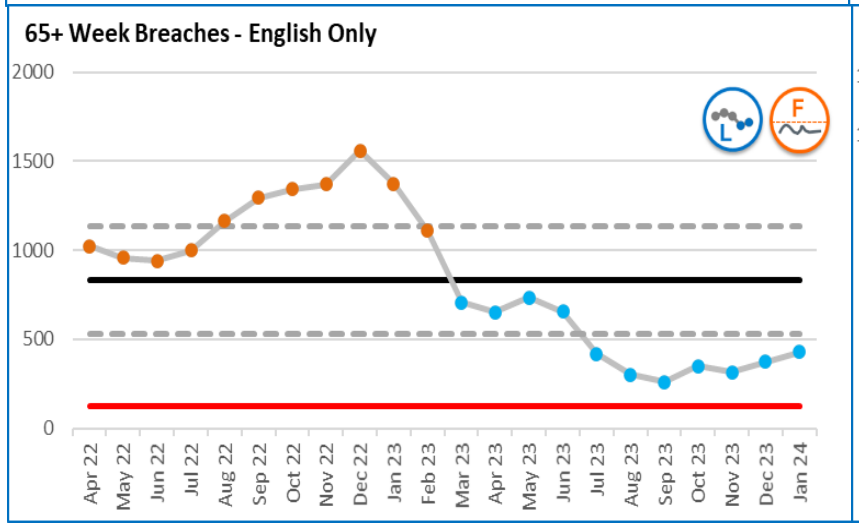
Operational – Referral to treatment (RTT)

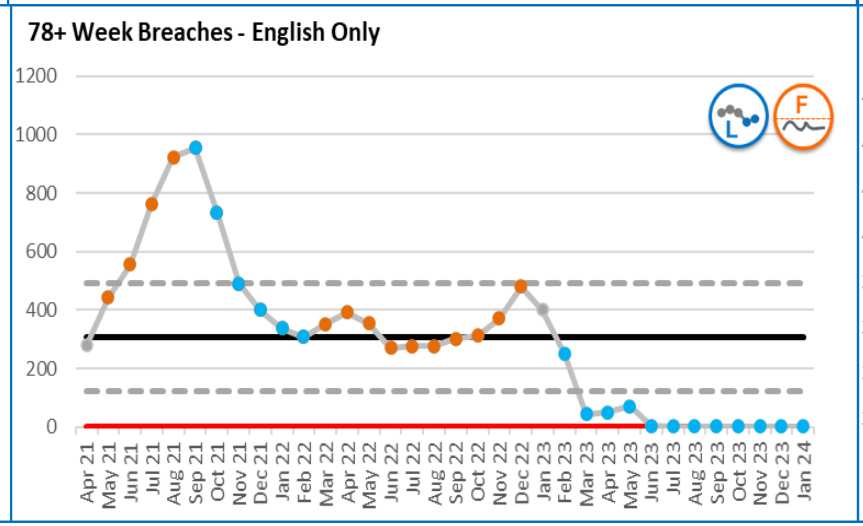
The Shrewsbury and Telford Hospital NHS Trust

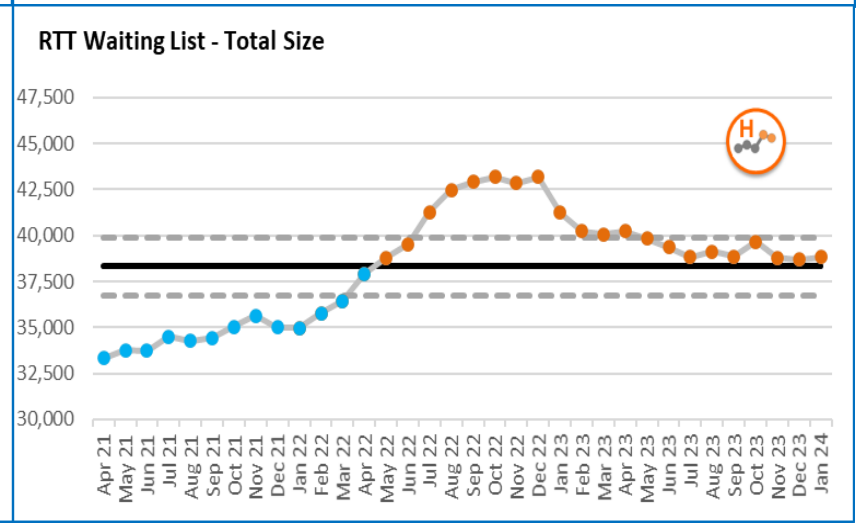












Operational – Referral to treatment (RTT)

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. There is a high level of sickness in the theatre team and a number of PRH staff have commenced maternity leave.

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. 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.

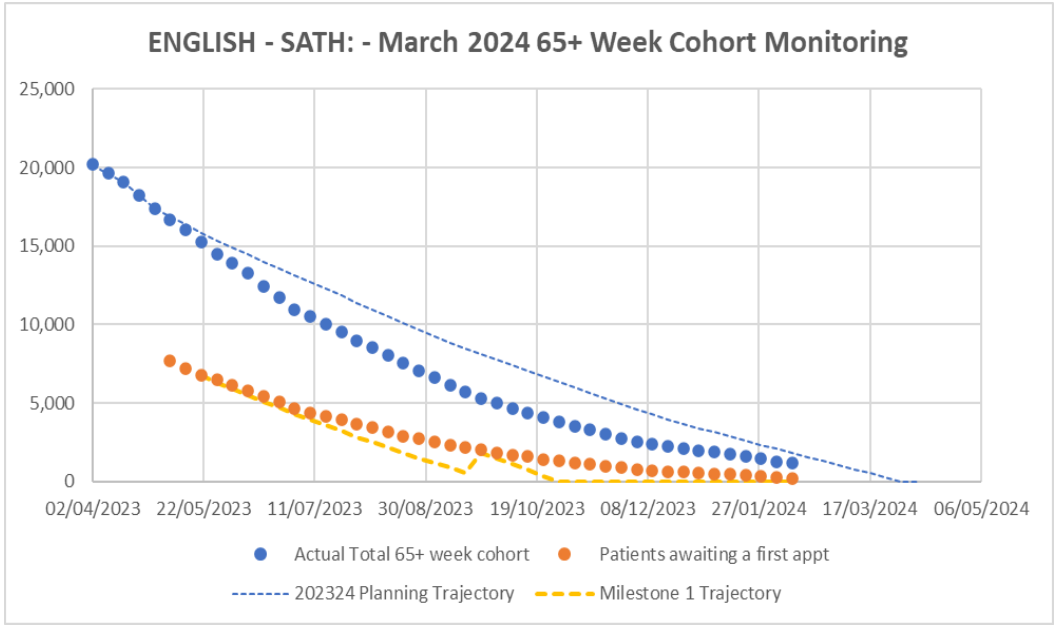
Recovery dependencies:	Mutual aid for avoid risk of 78w+ breaches in specialist H&N procedures; UEC pressures; reduction of patients with no criteria to reside to further reduce medical escalation; funding for additional capacity remaining available for insourcing, WLI, impact of industrial action.

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 therefore improvement of our 65 weeks position remains 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)	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024
NHSE Planning: - TASK50828 - 2023/24 Trajectory	3,655	3,394	3,133	2,872	2,611	2,350	2,089	1,828
ACTUAL TOTAL - 65+ Week Cohort	2,111	1,990	1,861	1,729	1,598	1,447	1,287	1,162
% Actual Movement	-5.3%	-5.7%	-6.5%	-7.1%	-7.6%	-9.4%	-11.1%	-9.7%
65+ Week Cohort - Split by Stage	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024
Milestone 1 *(awaiting 1st appt)*	585	549	501	458	393	341	277	226
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	491	439	391	359	351	310	268	237
Milestone 3 *(awaiting admission)*	1,035	1,002	969	912	854	796	742	699
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	585	549	501	458	393	341	277	226
Patients undated	340	297	189	147	140	74	33	23
Patients dated	245	252	312	311	253	267	244	203
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23								
Oct-23								
Nov-23								
Dec-23	15	0						
Jan-24	194	208	189	144	81	21		
Feb-24	26	34	111	133	141	162	159	101
Mar-24	7	8	11	33	29	80	80	96
>1st April 2024	3	2	1	1	2	4	5	6

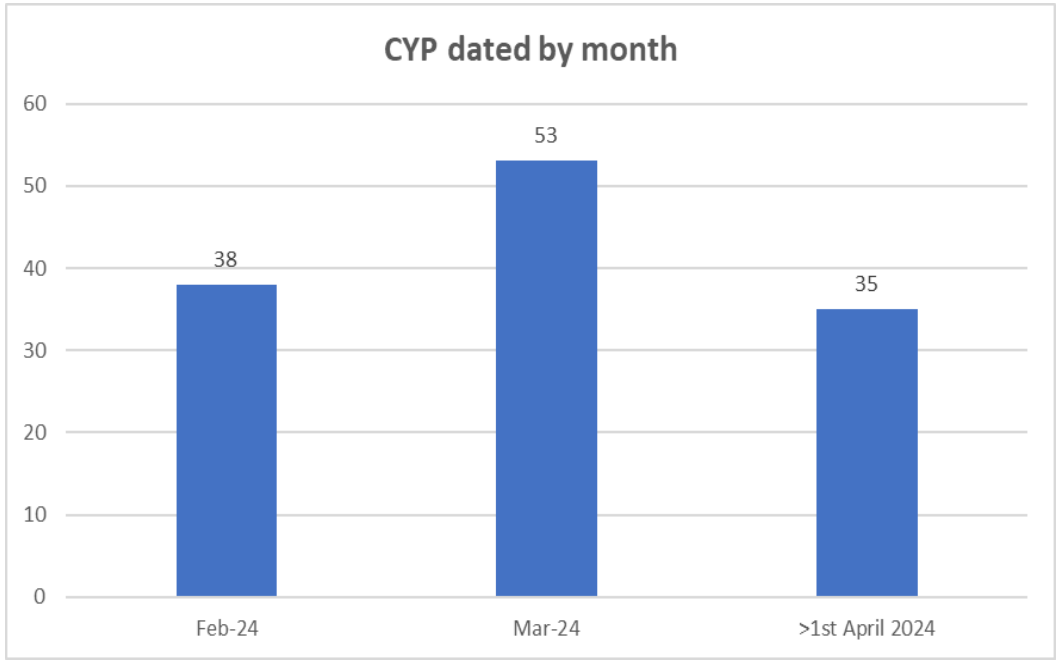


Operational – 52 plus Weeks for CYP cohort

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)	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024
ACTUAL TOTAL - 52+ Week CYP Cohort	757	722	695	657	623	596	560	525
% Actual Movement	-5.0%	-4.6%	-3.7%	-5.5%	-5.2%	-4.3%	-6.0%	-6.3%
52+ Week CYP Cohort - Split by Stage	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024
Milestone 1 *(awaiting 1st appt)*	419	405	379	358	331	311	289	265
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	128	114	119	108	104	105	95	86
Milestone 3 *(awaiting admission)*	210	203	197	191	188	180	176	174
Milestone 1 Trajectory *(awaiting 1st appt)*								
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	419	405	379	358	331	311	289	265
Patients undated	229	208	195	181	156	150	142	139
Patients dated	190	197	184	177	175	161	147	126
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23								
Oct-23								
Nov-23								
Dec-23	3	0						
Jan-24	96	100	81	59	32	7		
Feb-24	35	41	45	51	68	73	64	38
Mar-24	30	30	33	37	34	45	47	53
>1st April 2024	26	26	25	30	41	36	36	35



Activity vs Operational Planning

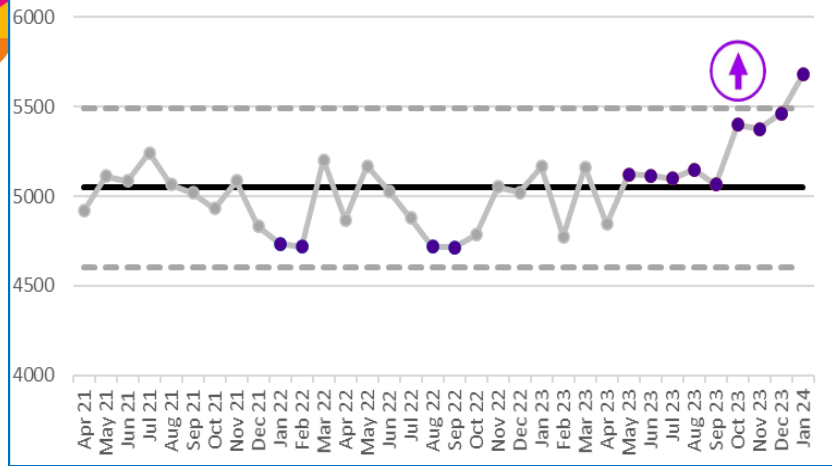
The Shrewsbury and Telford Hospital NHS Trust

		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	119,691
	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	137,412
	23/24 actual	12,152	13,878	13,723	13,684	13,504	13,331	13,954	14,222	11,000	13,484			132,932
	Variance to plan	82.7%	94.3%	92.1%	98.1%	107.1%	98.0%	100.7%	103.5%	92.2%	100.6%			96.7%
	Variance to 19/20	107.1%	111.1%	118.7%	103.6%	120.7%	112.3%	106.4%	118.9%	104.9%	108.2%			111.1%
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	211,181
	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	206,626
	23/24 actual	18,666	22,000	22,587	21,809	21,523	22,386	23,713	24,661	19,932	25,329			222,606
	Variance to plan	92.4%	106.3%	107.2%	103.6%	107.5%	109.3%	110.7%	113.3%	106.9%	119.0%			107.7%
	Variance to 19/20	91.3%	106.3%	113.1%	97.3%	109.3%	107.4%	103.4%	111.7%	104.9%	109.5%			105.4%
Elective admissions	19/20 actual	362	430	473	516	447	421	470	461	401	320	408	307	4,301
	23/24 plan	246	246	296	347	317	329	357	416	341	303	324	403	3,196
	23/24 actual	268	343	371	324	321	367	339	402	327	304			3,366
	Variance to plan	109.2%	139.6%	125.5%	93.5%	101.3%	111.7%	94.9%	96.7%	95.8%	100.2%			105.3%
	Variance to 19/20	74.0%	79.8%	78.4%	62.8%	71.8%	87.2%	72.1%	87.2%	81.5%	95.0%			78.3%
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	56,448
	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	57,196
	23/24 actual	5,164	5,512	5,782	5,660	5,815	5,466	5,955	6,013	4,875	5,767			56,009
	Variance to plan	94.8%	100.5%	98.6%	94.6%	103.2%	94.9%	99.3%	97.3%	91.8%	104.3%			97.9%
	Variance to 19/20	94.0%	92.3%	105.6%	95.8%	107.3%	100.9%	100.8%	106.8%	92.9%	96.6%			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	17,234
	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	15,724
	23/24 actual	1,451	1,651	1,613	1,552	1,605	1,636	1,787	1,757	1,833	1,826			16,711
	Variance to plan	96.5%	104.0%	104.6%	98.4%	105.9%	106.0%	109.9%	105.2%	112.4%	119.6%			106.3%
	Variance to 19/20	91.3%	95.9%	92.9%	82.9%	100.1%	94.8%	96.5%	91.6%	111.6%	115.9%			97.0%
Non-elective admissions 1+ day LOS	19/20 actual	3,346	3,486	3,215	3,318	3,289	3,236	3,493	3,343	3,413	3,407	3,029	2,852	33,546
	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	32,636
	23/24 actual	3,065	3,173	3,191	3,205	3,216	3,087	3,265	3,235	3,286	3,494			32,217
	Variance to plan	95.6%	95.2%	100.0%	95.6%	99.1%	96.1%	98.4%	98.1%	101.8%	107.6%			98.7%
	Variance to 19/20	91.6%	91.0%	99.3%	96.6%	97.8%	95.4%	93.5%	96.8%	96.3%	102.6%			96.0%

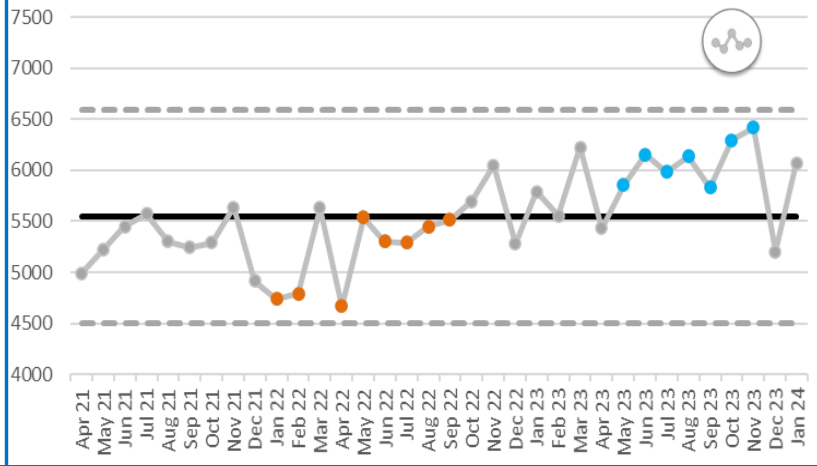
Operational - Activity

The Shrewsbury and Telford Hospital NHS Trust

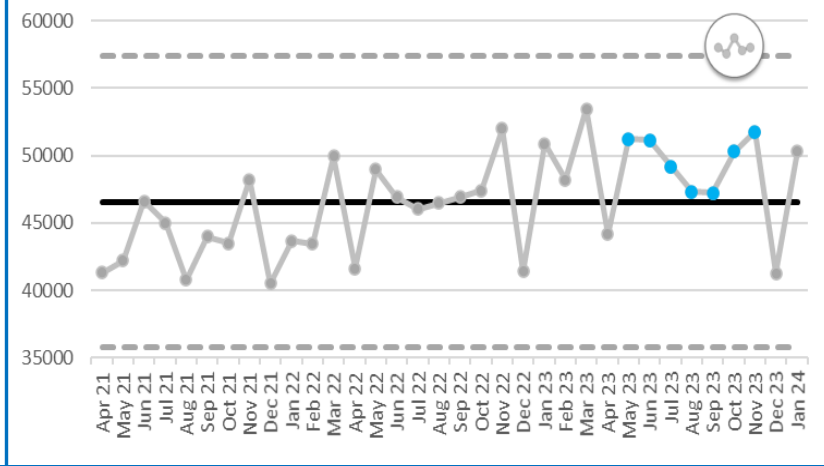
Total Non Elective Activity



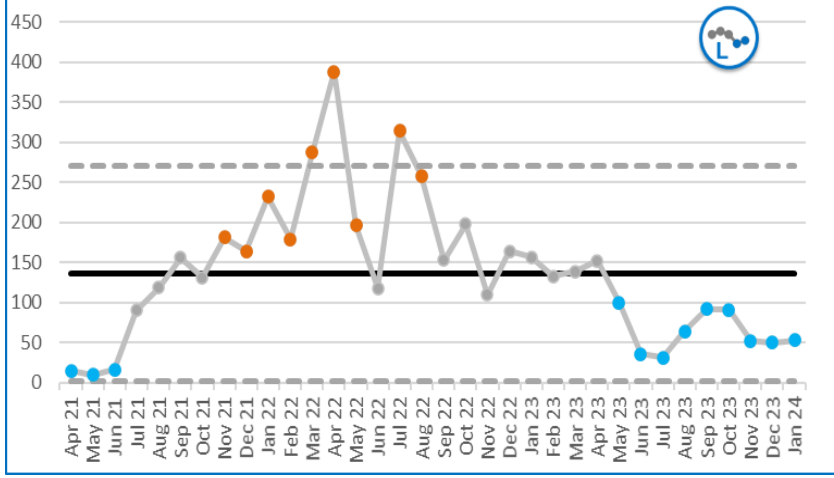
Total Elective IP & DC Activity



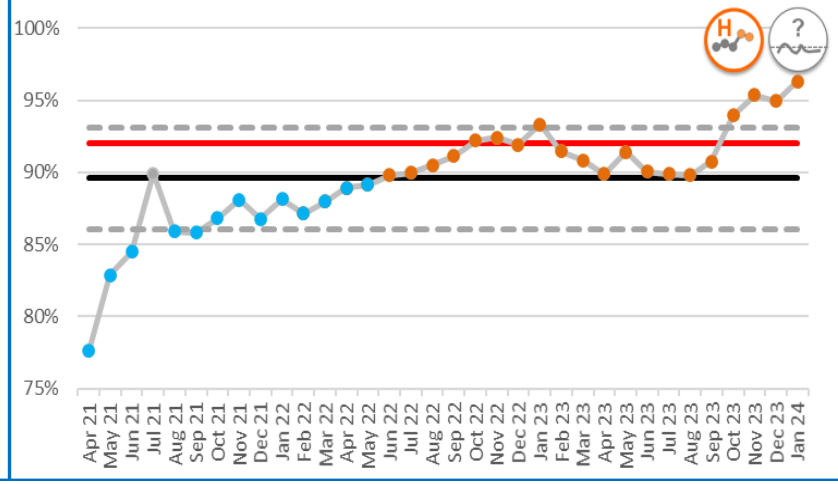
Total Outpatients Attendances



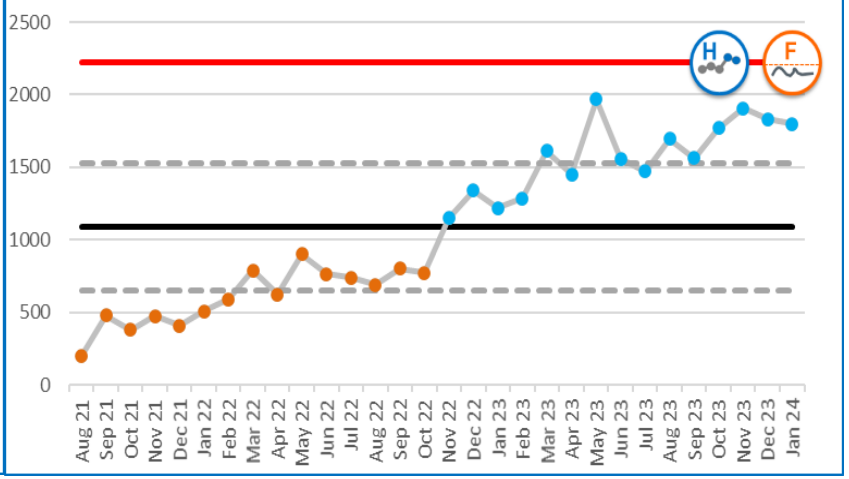
Covid-19 Positive Inpatients



Bed Occupancy - G&A



Number of episodes moved or discharged to PIFU pathway



Partnering Ambitious Caring Trusted

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

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)	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Well Led	WTE employed		-	7,233	6390	6468	6524	6545	6576	6576	6665	6744	6890	6990	7044	7089	7081	
	Temporary/agency staffing		-	-	1029	1031	1114	1057	1113	1113	1054	1106	1046	1033	1027	952	1003	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.0%	0.8%	1.1%	0.98%	0.77%	0.83%	0.93%	0.94%	1.32%	0.85%	0.51%	1.06%	0.73%	
	Vacancies - month end		10%	<10%	9.3%	7.8%	7.3%	6.5%	6.5%	5.1%	5.2%	4.7%	2.7%	2.5%	2.1%	1.8%	2.1%	
	Sickness Absence rate		4%	4%	5.8%	5.6%	5.8%	5.1%	4.7%	4.7%	5.3%	5.1%	5.5%	5.4%	5.1%	5.5%	5.9%	
	Trust - Appraisal compliance		90%	90%	81.04%	81.26%	82.82%	83.20%	83.10%	83.1%	83.6%	83.6%	82.2%	82.0%	81.2%	80.0%	79.7%	
	Trust Appraisal – medical staff		90%	90%	91.3%	91.7%	92.8%	92.2%	93.0%	93.3%	93.8%	94.2%	93.1%	92.3%	92.8%	92.6%	92.9%	
	Trust Statutory and mandatory training compliance		90%	90%	90.2%	91.1%	91.5%	91.5%	92.1%	92.1%	92.2%	92.2%	92.0%	91.1%	91.7%	92.2%	92.7%	
	Trust MCA – DOLS and MHA		90%	90%	82.5%	83.8%	84.0%	83.0%	83.7%	83.68%	80.36%	79.83%	79.47%	79.41%	78.09%	78.02%	77.82%	
	Safeguarding Children - Level 2		90%	90%	90.6%	91.7%	92.5%	92.8%	93.3%	93.4%	94.9%	94.6%	94.9%	95.5%	95.4%	95.7%	95.4%	
	Safeguarding Adult - Level 2		90%	90%	95.5%	93.8%	94.1%	94.8%	95.1%	95.1%	91.1%	95.0%	95.1%	95.3%	95.4%	95.7%	95.3%	
	Safeguarding Children - Level 3		90%	90%	83.0%	83.1%	83.3%	75.6%	76.4%	76.3%	93.7%	87.6%	87.9%	87.7%	88.1%	90.3%	88.9%	
	Safeguarding Adult - Level 3		90%	90%	85.6%	88.8%	89.6%	89.9%	90.9%	90.9%	86.2%	92.4%	90.5%	91.3%	91.1%	90.3%	89.6%	
	Monthly agency expenditure (£'000)		-	1,632	4,677	3,802	5,387	4,118	4,277	3,646	3,750	3,856	3,490	3,612	3,638	3,230	2,985	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Vacancies - Vacancies have increased this month to 2.1% following greater scrutiny through the recently introduced vacancy control panel process. Agency use continues to reduce with a 16 WTE reduction from last month's position. 241 international nurses have now been recruited with a clear intention to achieve near-zero agency usage for non-escalation in 2024-25. 109 nurses will become non-supernumerary over the next six months further reducing agency usage. Agency HCAs are now solely supporting escalation areas only. Through on-going recruitment efforts, we expect to achieve zero agency for escalation areas through Q4.

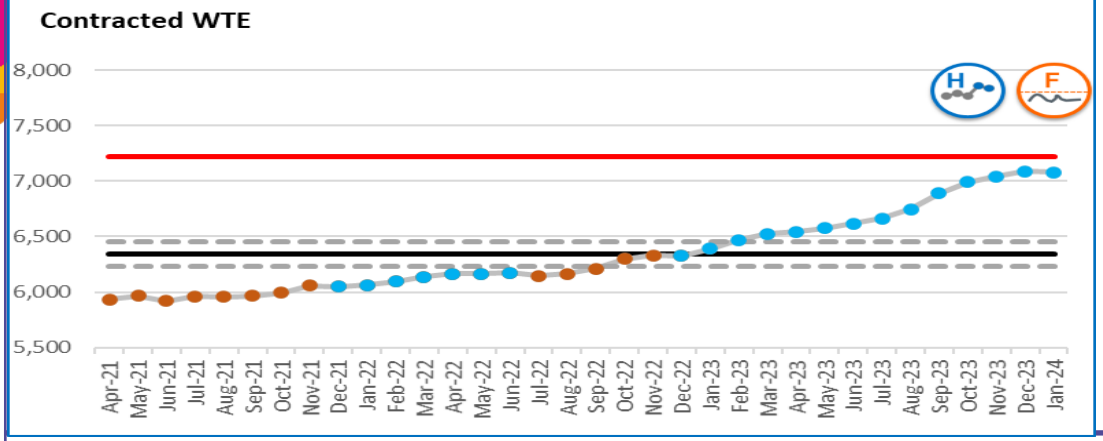
Turnover - Turnover reduction to 11.2% (rolling 12-month position). Our in month turnover rate of 0.7% equates to 50 WTE leavers in January 2024 however several staff groups continue to have a higher turnover rate. The Trust has secured a place on the People Promise exemplar programme to support retention. An NHSE funded People Promise Manager for the next 12 months will strengthen this work.

Wellbeing of our staff – Our overall sickness rate has increased to 5.88%, which equates to 418 WTE remaining above target by 1.9% (134 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 22% of calendar days lost in January equating to 88 WTE. The top 3 sickness reasons account for 48% of all sickness. Flu, cough and cold make up 12% of absence. 48% of colleagues have been vaccinated against Flu, with 54% of Medical colleagues and 46% of Nursing colleagues now vaccinated.

Agency and temporary staffing - There has been a continued decrease in overall agency usage of 16 WTE in January. Escalation spaces have not reduced in line with plan however, agency spend has remained consistent at £1.7m per month despite an increase in escalation places from 62 to 93 from April 2023 to January 2024. In January we are ahead of BAU Plan by c£300k and 79 WTE. Our tactical plans will see a further reduction through Q4 as recruitment efforts continue to impact. Since April, we have reduced agency doctors from 78 WTE to 51 WTE and we have a plan to reduce by 7 WTE in February and March. There has been a continual reduction in medical agency usage from July 2023 and bank-fill rate percentage now exceeds agency-fill rate percentage. We monitor all agency doctors and are working, to address the top-10 high-cost doctors with 2 posts with planned exit dates, 3 posts are hard-to-fill supported by overseas recruitment, 3 posts linked to escalation plan reduction and 2 posts in active recruitment stages. HCA Agency usage has reduced from 89 WTE in April to 3.79 WTE in January. This equates to a reduction in agency spend of £289k.

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,081 in January which is a decrease of 8 WTE in month.

Agency use continues to reduce with a reduction of 115 WTE since August with a reduction over the last month of 16 WTE attributable to internationally educated nurses completing their training and support programmes. A further 95 WTE are currently in their supernumerary training period so it is anticipated that this reduction will continue over the coming months.

Recovery actions:

- We have ceased using agency to cover HCA shifts and have introduced an additional level of rigor to approve any registered nursing shift being escalated above a capped rate agency provider
- We continue to strengthen our governance arrangements, improving procurement arrangements when using agency and maximising our supply of both substantive and bank workforce
- Further development of our automating functionality in ESR by developing several new BI alerts to assist in monitoring data quality and monitor changes to visas
- Further to the successful pilot of electronic job planning in Therapies, additional functionality leading to activity-based rostering is now being explored
- Utilising our digital solutions to improve medical pay processes via ESR Manager Self Service functionality which is supporting more accurate and real-time processing of pay awards. This method of processing is facilitating our doctors in training to be processed on ESR 10+ weeks in advance
- We are currently introducing additional functionality to utilise the rostering system to facilitate retrospective late payments. This will further improve the accuracy of data on our rostering system
- Three new areas have gone live to become electronically rostered helping maximise workforce efficiencies and oversight and providing an enhanced staff experience with greater visibility of shift patterns and annual leave via employee online accounts

Anticipated impact and timescales for improvement:

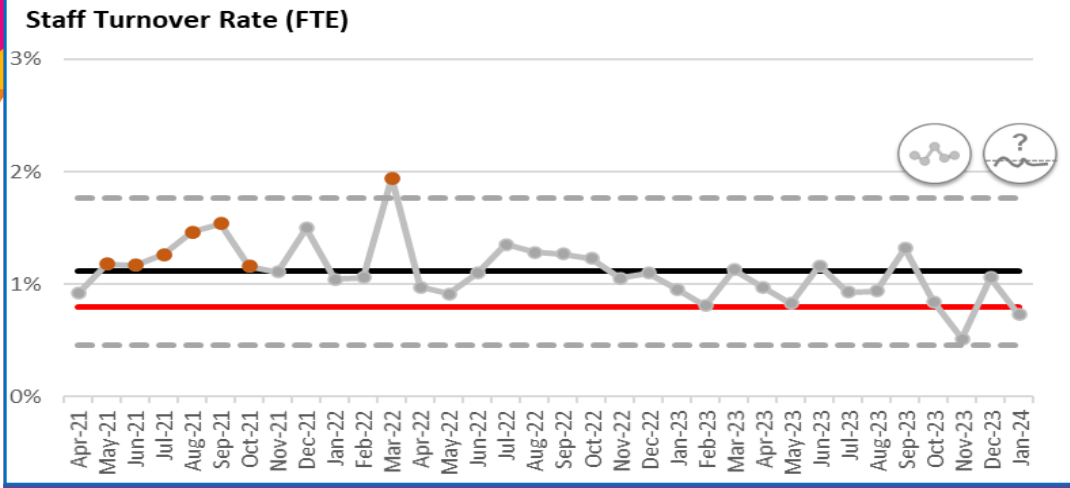
Key 2024/25 People Plan priorities.

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 January reduced further to 11.2% which equates to 715 WTE leavers. An in month turnover rate of 0.7% equates to 50 WTE leavers in January.

Staff groups where turnover is above 11.5% include Add Prof Scientific and Technic, which is attributable to pharmacy staff leaving, 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 with non-reported in January. Relocation is now the second highest reason for leaving with 106 WTE leavers over the last 12 months.

Recovery actions:

We continue to review our Datixes to ensure discrimination concerns are addressed appropriately.

Ongoing work with Divisions to interrogate Staff Survey results to understand how improvements can be made so we are able to provide the best working experience for our staff.

We have recognised and celebrated national weeks including Apprenticeship week and Careers weeks.

Our recruitment teams are reviewing our onboarding platform to help provide new starters the best experience when commencing with the Trust.

We are currently reviewing Loop with our rostering provider which provides us with an opportunity for additional ways of engaging with our colleagues via their e-rostering account.

We have made an easier digital experience by launching additional ESR Employee Self Service functionality to utilise portlets which will allow individuals to access key information such as on-boarding information as well as links to other systems such as LMS, E-expenses and E-rostering.

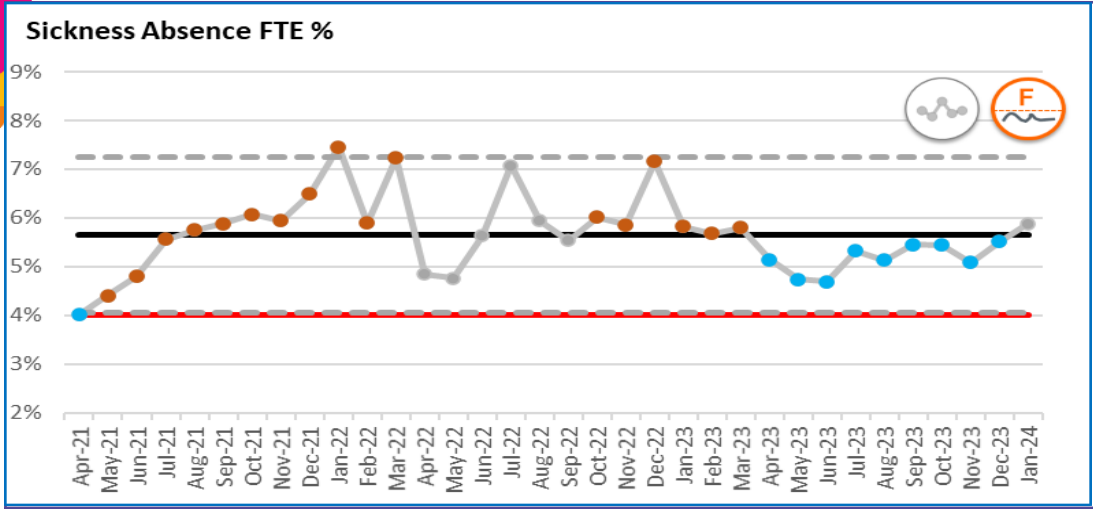
Anticipated impact and timescales for improvement:

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



Summary:
January sickness rate increased to 5.88% (418 WTE), remaining above target by 1.9% (134 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 22% of calendar days lost in January equating to 88 WTE. 14% of sickness was attributed to Cold, Cough, Flu with other known causes at 11%. The average number of days absent per sickness episode in January was 7 days.

Recovery actions:
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.
Our flu campaign continues, and we have now vaccinated over 4000 colleagues.
We are working with our Divisions to review unavailability and absences with a particular focus on Junior Doctor sickness.
We have been working with our OH provider to contact staff whose measles vaccination status is not known.
HELP employee assistance service launched to supersede Care First.
Menopause recording has now been successfully implemented allowing this to be recorded as a related reason within ESR. This new functionality will help provide enhanced support where required.

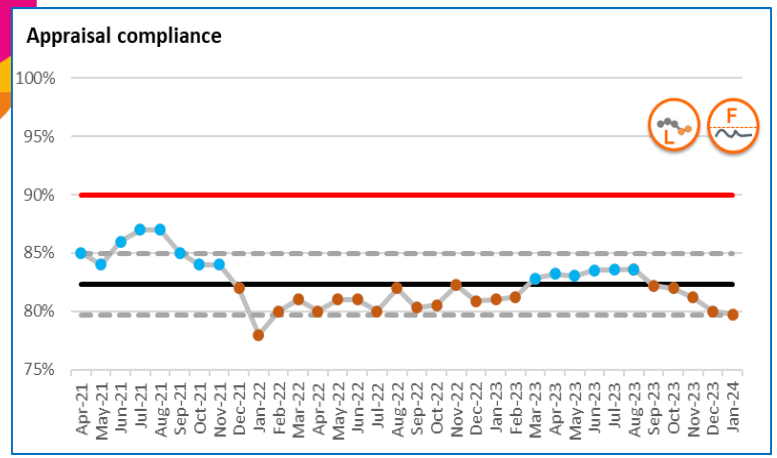
Anticipated impact and timescales for improvement:
Review to be completed during Q4.

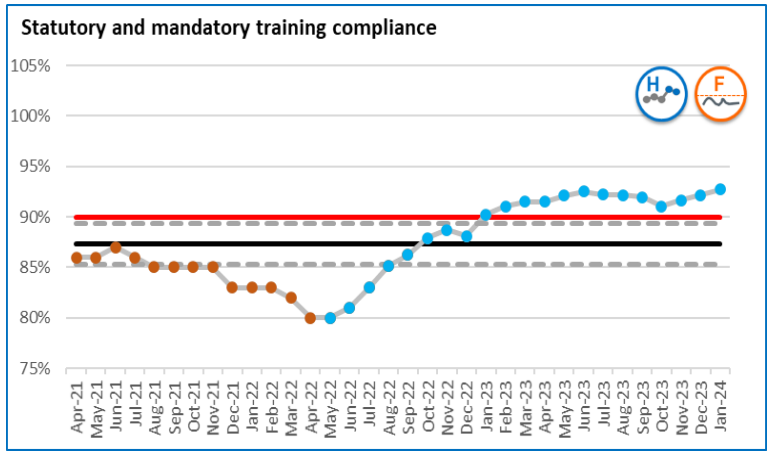
Priority for our 2024/25 delivery plans.

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 92.73% in January 2023, this remains above the target of 90%. Our appraisal rates have dropped to 79.74%.

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.

The Education Senior Business Partner is liaising with HRBPs to work with divisions around their appraisal compliance.

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.

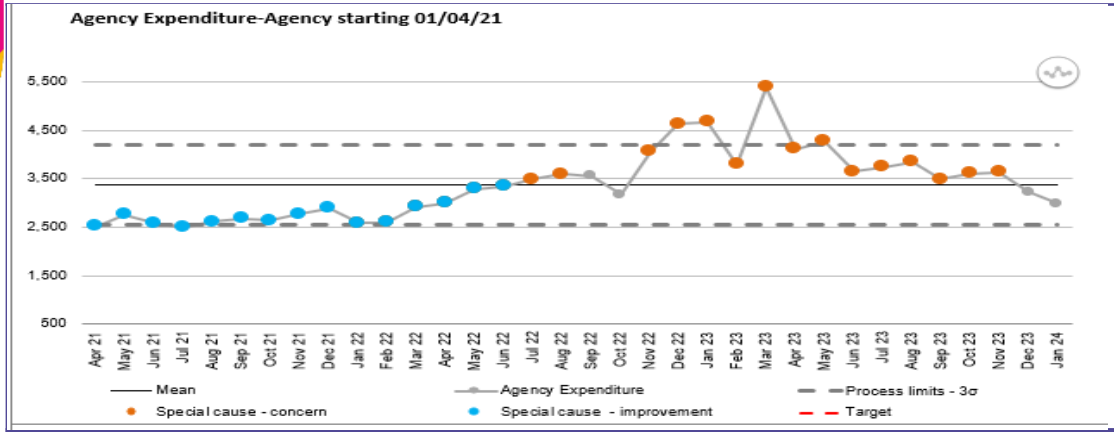
Anticipated impact and timescales for improvement:
We need to ensure appraisal rates improve positively over the remainder of the year. This review is scheduled in Q4.

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. All agency doctors are reviewed fortnightly with the clinical and operational leads for specialties with Medical People Services and recruitment. Current BAU nurse agency costs are £300k per month. Eliminating BAU agency in 2024-25 will equate to £3.6m savings FYE. We have moved to an auto-enrol onto the Trust bank for HCA's and we have seen some overall growth in bank uptake.

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

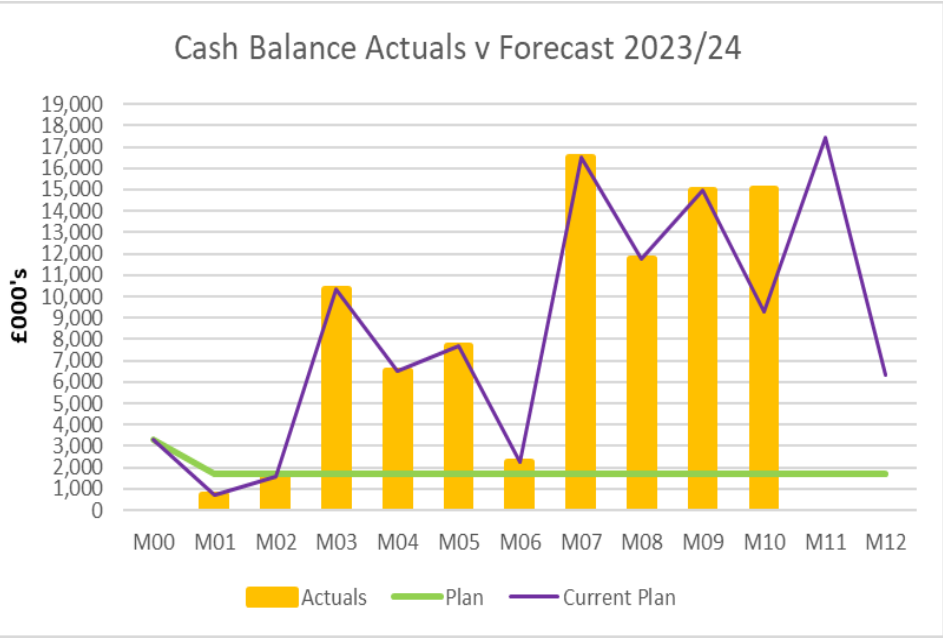
Domain	Description	Regulatory	National Standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Finance	Cash -end of month cash balance £'000's		-	13,103	18,930	3,279	712	1,582	10,319	6,517	7,709	2,271	16,537	11,748	14,939	15,038	
	Efficiency - £000's - in-month delivery		-	783	1168	1363	805	693	1110	1121	1086	1027	1138	2010	1317	1938	
	Year to date surplus/(deficit) £'000		-	(38,560)	(43,105)	(47,206)	(8,538)	(16,909)	(26,359)	(36,151)	(46,086)	(57,447)	(68,661)	(80,155)	(87,977)	(91,696)	
	Year to date capital expenditure £'000			7,852	11,156	19,798	140	323	917	1,062	1,637	2,497	3,205	4,478	4,951	8,246	

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 January (month ten), the Trust has recorded a deficit of £91.7m against a draft planned deficit of £45.3m, an adverse variance to plan of £46.4m.
- The year-to-date deficit to plan of £46.4m 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 £13.5m is deemed to be within SaTH's direct control and £32.9m outside. This is broken down further as follows:
    - Within SaTH's direct control
        - Additional junior doctors to ensure contract compliance and premium costs - £4.9m
        - Staffing costs above planned levels driven by continued use of agency nursing - £3.4m
        - Nursing unavailability above plan - £3.4m
        - Slippage against in year CIP target - £2.7m
        - Slippage on 2022/23 workforce BTI - £2.0m
        - Enhanced bank rates and bank incentive scheme - £1.8m
    - Outside of SaTH's direct control
        - Escalation costs above plan - £13.3m
        - Activity costs above operational plan including drugs and devices - £11.0m
        - Costs of covering industrial action - £2.8m
        - Additional enhanced care provision, linked to high number of NCTR patients - £2.0m
        - Pay award impact for both medical and agenda for change staff - £1.9m
        - Lost income due to industrial action - £1.9m
- £12.2m of efficiency savings have been delivered year to date against an internal plan of £14.9m with year-to-date slippage predominantly against the workforce BTI and direct engagement schemes. It should be noted that the plan for delivery continues to increase over the remainder of the year in order to meet the full year target of £19.7m with £17.1m forecast to delivery.
- For 2023/4 the Trust's system allocation capital programme has been set at £18.4m. Expenditure at month ten was £8.2m – an underspend of £7.0m against plan.
- The Trust held a cash balance at the end of January 2024 of £15.0m.

Cash



Summary:
The Trust undertakes monthly cashflow forecasting.

Due to the Trust's forecast planned deficit and actuals to date, there will be a requirement for revenue support throughout 2023/24. The Trust has received confirmation through the provider revenue support process that February request of £8.913m has been approved. A further £14.597m is required for March 2024.

The cash balance brought forward in 2023/24 was £3.3m with a cash balance of £15.0m held at end of January 2024 (ledger balance of £14.9 due to reconciling items).

The graph illustrates actuals against original plan and reforecast post-M09 (December 23) and shows that the cash position at end of January was higher than plan, this is a timing variance only.

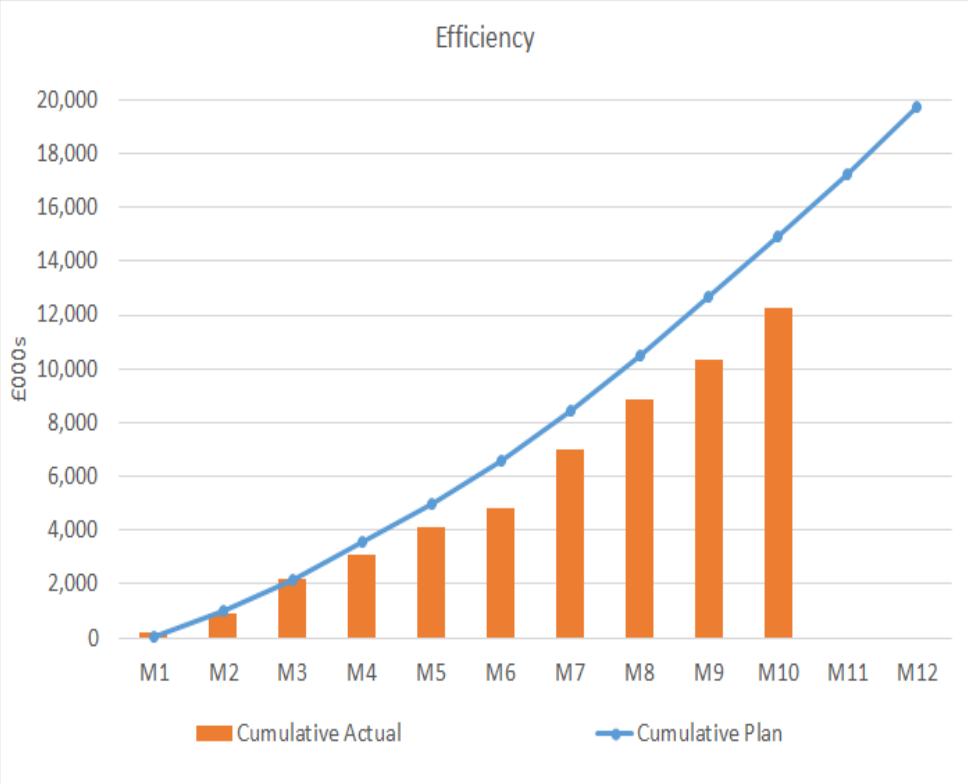
It should be noted that in line with the process to access provider revenue support, revenue and capital cash are now identified separately, leading to more variability in the level of cash held.

Recovery actions:
The cash position continues to be monitored closely.

Treasury management team undertaking active daily cashflow management, with weekly senior management review to allow management intervention as required

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

Efficiency



Summary:
The Trust has an efficiency target for 2023/24 of £19.7m. This is comprised of; 2.2% business as usual efficiency (£12.0m), workforce big ticket item (£3.0m), bridging efficiency in corporate areas (£2.1m), non-recurrent (£1.1m), and a vacancy factor (£1.6m).

In addition, there are schemes to deliver a reduction in cost of escalation capacity (£10.5m), and a share of the system stretch target that is sitting in the SaTH plan (£5.3m).

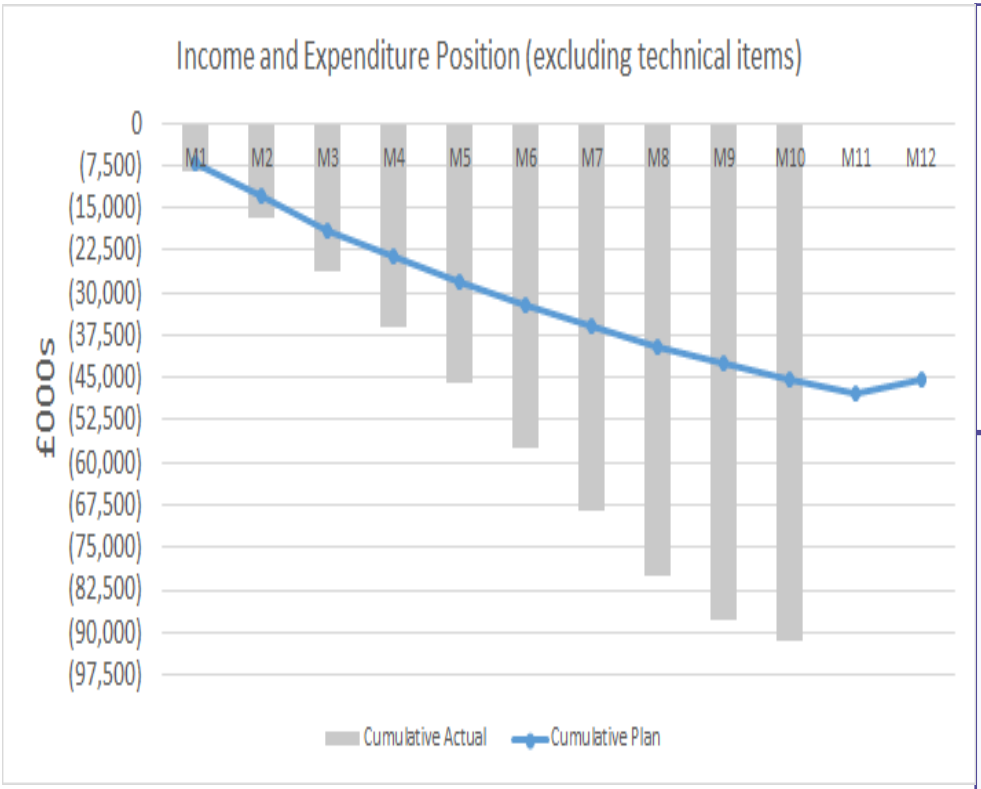
£12.2m of efficiency savings has been delivered year to date against a plan of £14.9m with year-to-date slippage predominantly being against the workforce BTI and direct engagement schemes. It should be noted that the plan for delivery continues to increase over the remainder of the year in order to meet the full year target of £19.7m with £17.1m forecast to delivery.

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	Continued 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 ten of £91.7m which is £46.4m adverse to the plan.

The year-to-date deficit to plan of £46.4m is linked split between items within (£13.5m) and out of SaTH's direct control (£32.5m). The key pressures year-to-date are escalation costs (£13.3m), increased activity related costs (£11.0m), nurse staffing and unavailability (£6.8m), junior doctor rota compliance costs (£4.9m) and industrial action cover costs (£2.8m).

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:

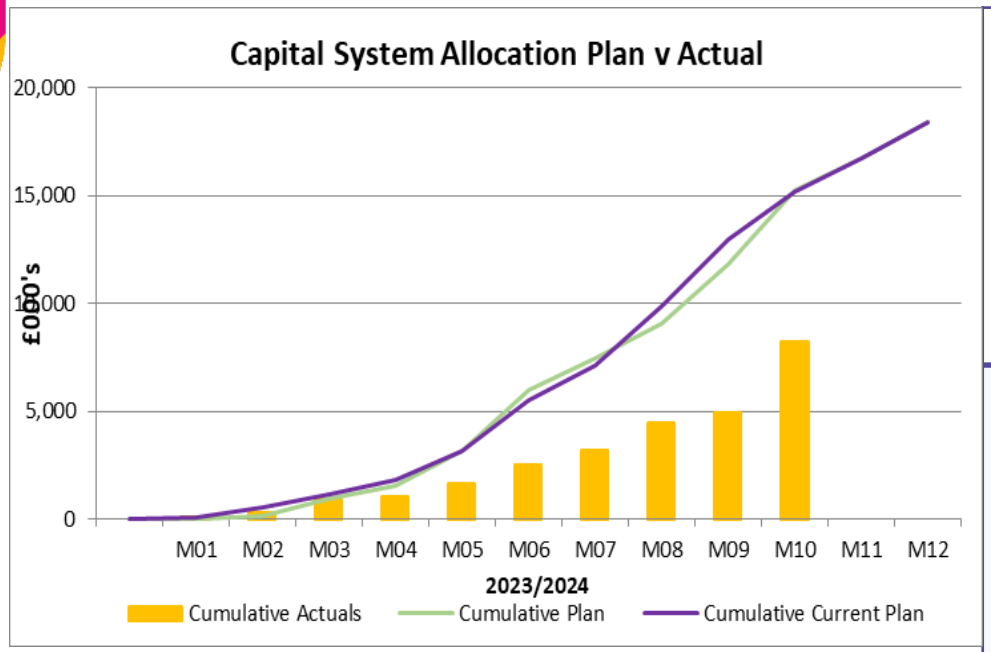
Actions being undertaken will have a continued improvement on the financial position and are monitored on a weekly basis.

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 £15.2m would have been incurred at the end of January (month 10).

The actual expenditure as at month ten was £8.2m, an underspend of £7.0m.

Recovery actions:
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.

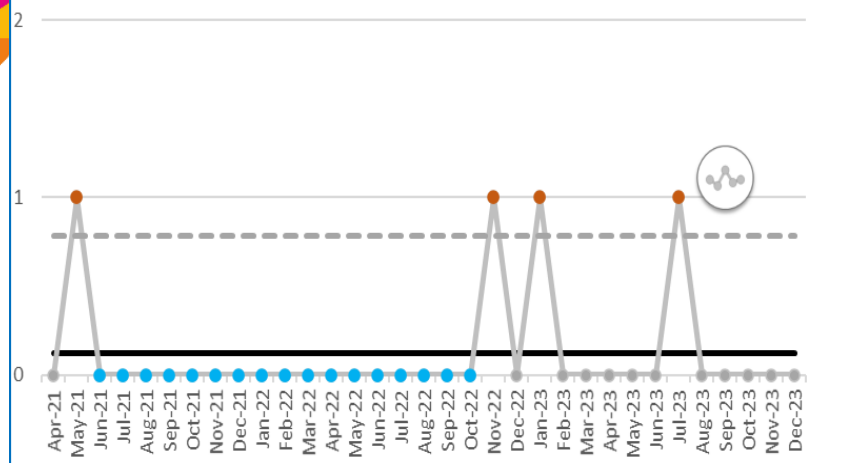
Recovery dependencies:	Management of the capital programme over 2023/24 and 2024/25 financial years.

Appendices

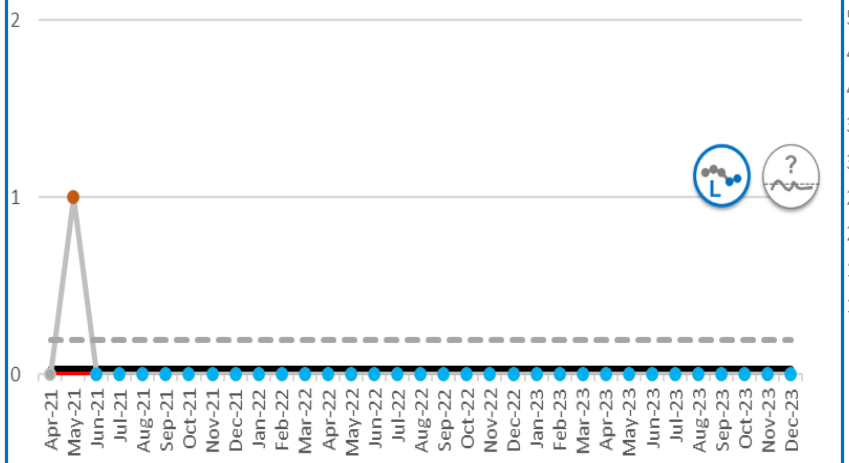
Appendices – supporting detail on Quality and Effectiveness

The Shrewsbury and Telford Hospital NHS Trust

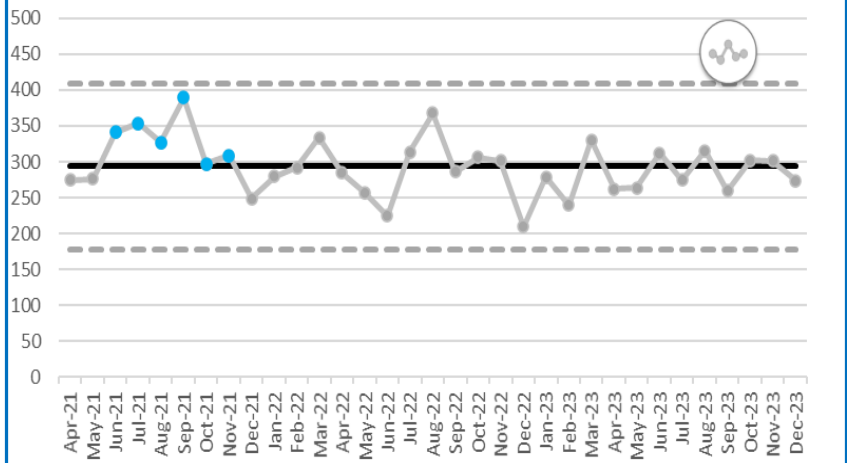
Never Events



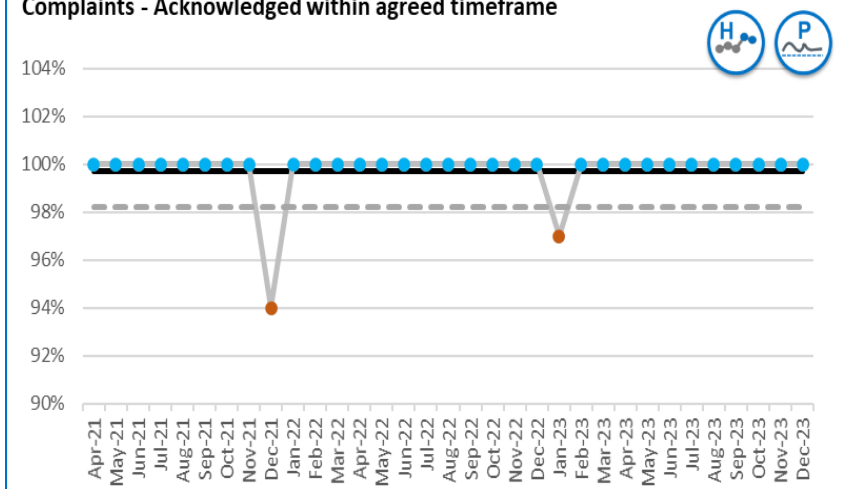
Coroner Regulation 28s



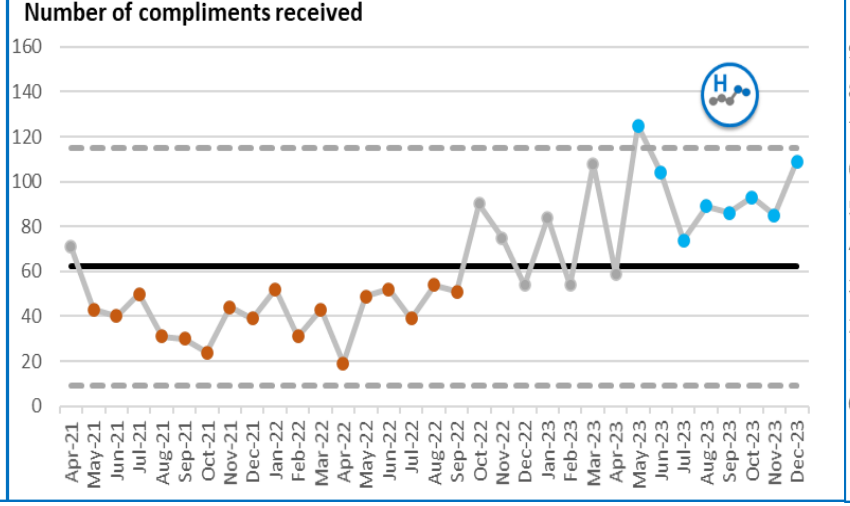
PALS contacts



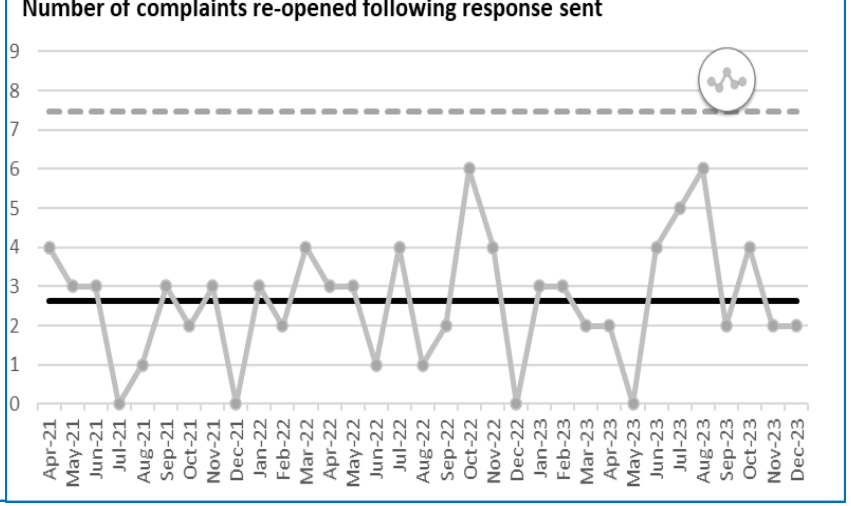
Complaints - Acknowledged within agreed timeframe



Number of compliments received

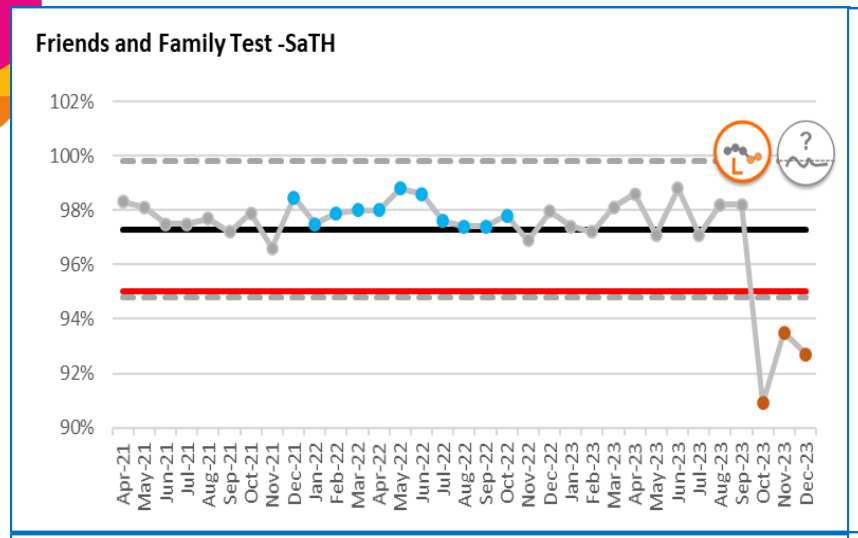


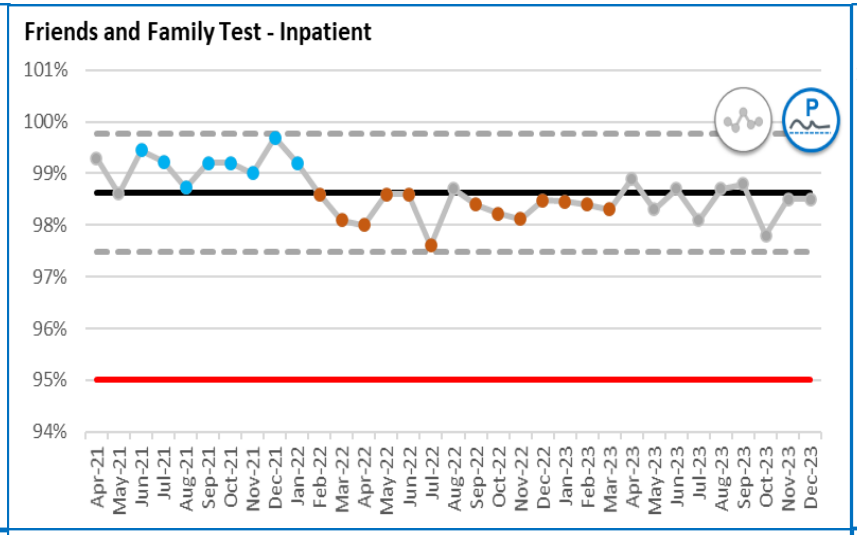
Number of complaints re-opened following response sent

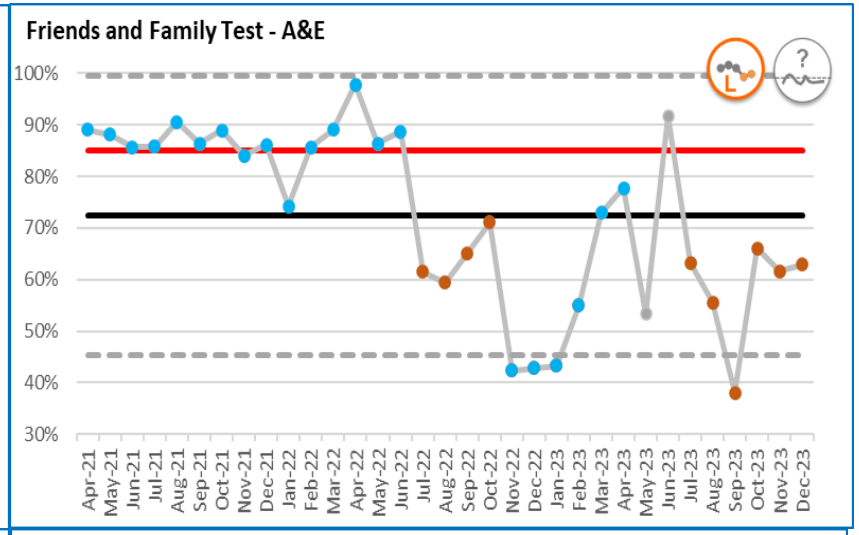


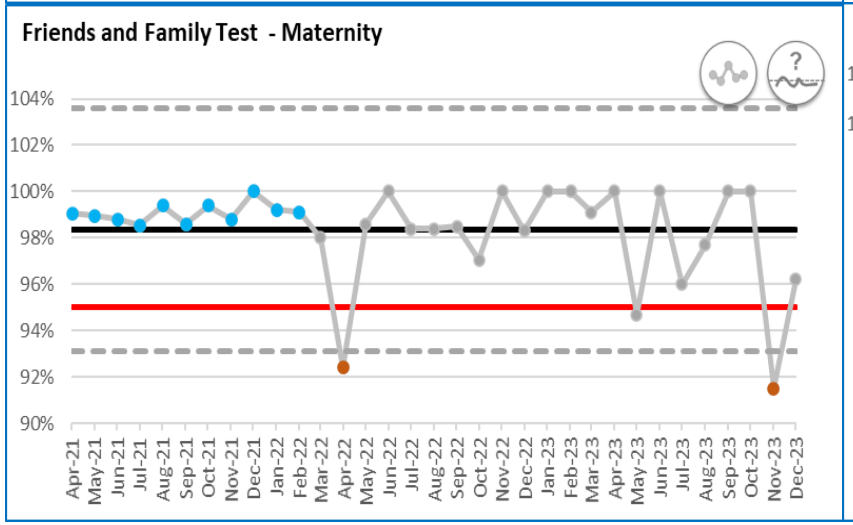
Appendices – supporting detail on Quality and Effectiveness

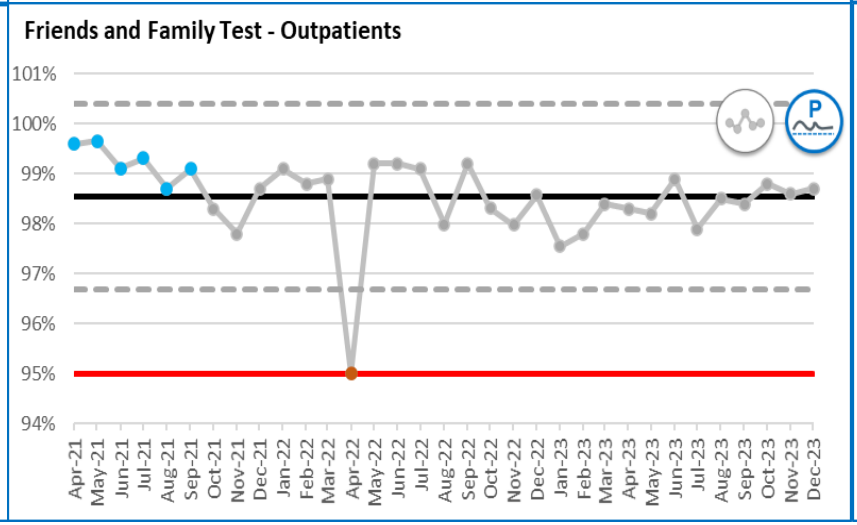
The Shrewsbury and Telford Hospital NHS Trust

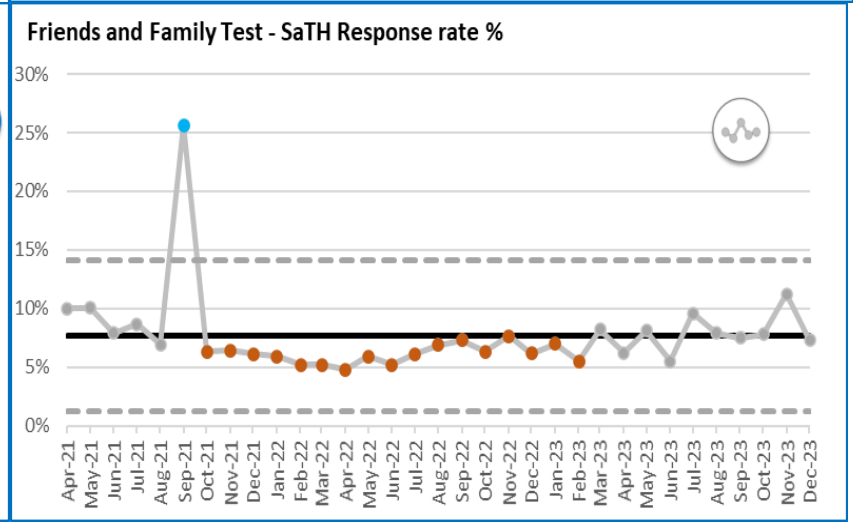










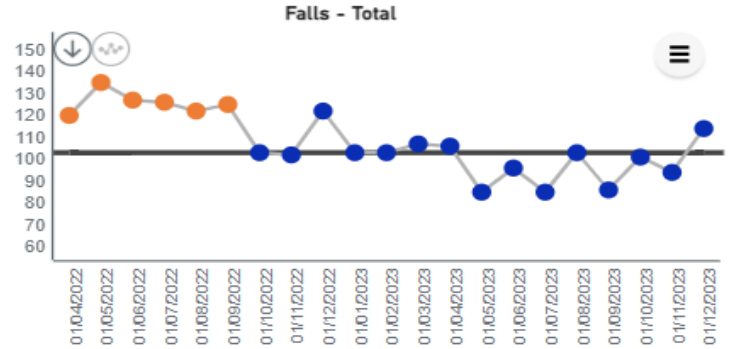


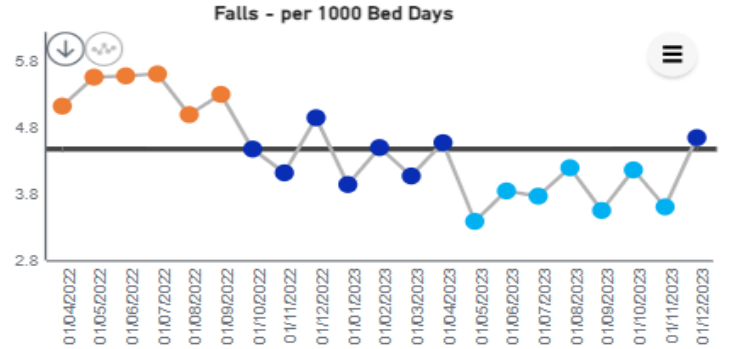
Appendices supporting Quality Strategy

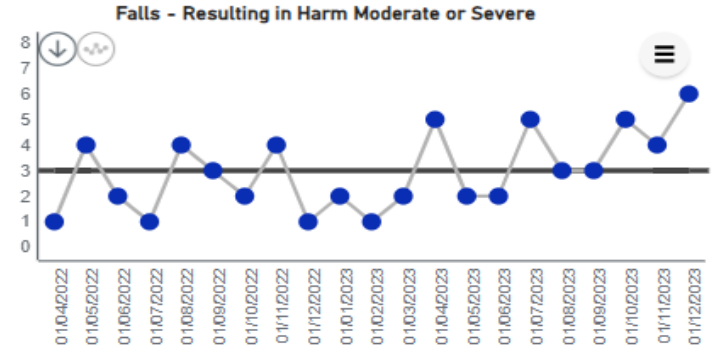
Quality - Safe - Falls

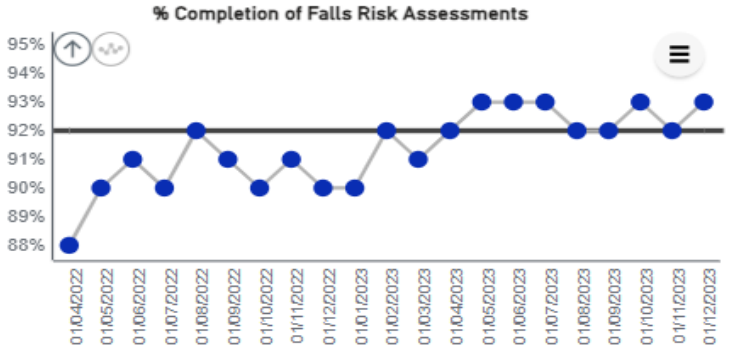
Deteriorating Patient

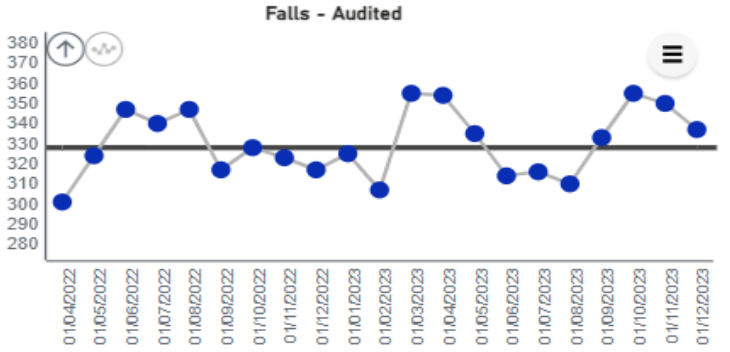
	2	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023
Falls - Total	6	122	125	103	102	122	103	103	107	106	85	96	85	103	86	101	94	114
Falls - per 1000 Bed Days	9	4.98	5.28	4.45	4.09	4.93	3.92	4.48	4.05	4.55	3.36	3.82	3.74	4.17	3.52	4.14	3.58	4.63
Falls - Resulting in Harm Moderate or Severe	1	4	3	2	4	1	2	1	2	5	2	2	5	3	3	5	4	6
% Completion of Falls Risk Assessments	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	93.0
Falls Audited	0	347	317	328	323	317	325	307	355	354	335	314	316	310	333	355	350	337
Falls Prevention Training Compliance % - 2 Yearly	4	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	88.50

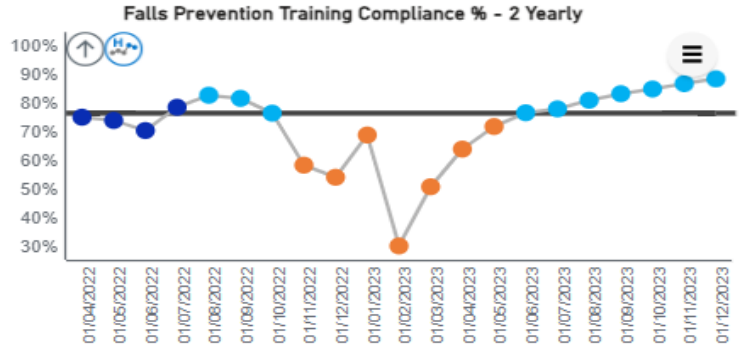












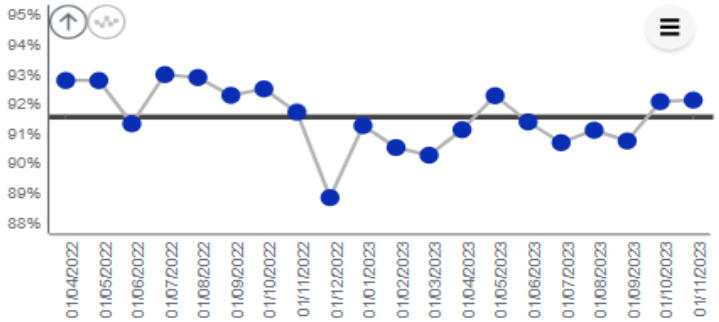
Quality - Effective - Best Clinical Outcomes

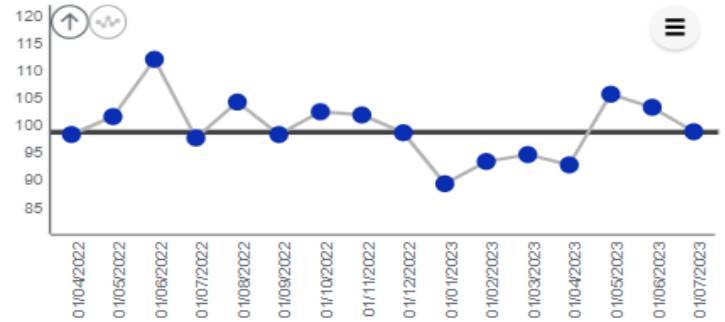
Partnering · Ambitious Caring · Trusted

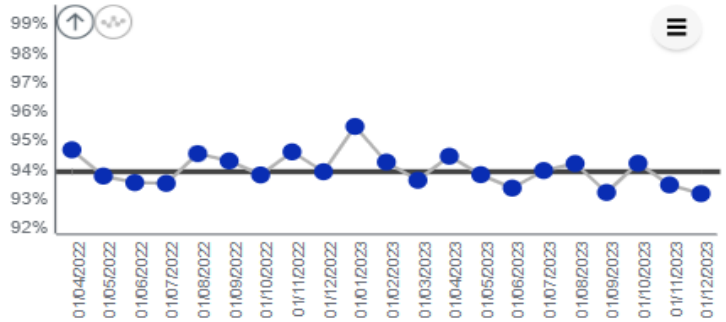
The Shrewsbury and Telford Hospital NHS Trust

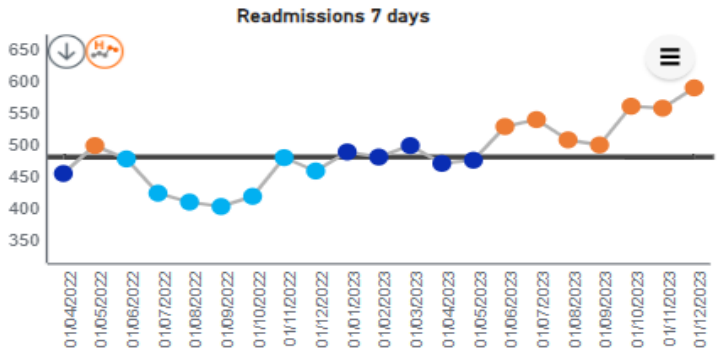
Right Care, Right Place, Right Time

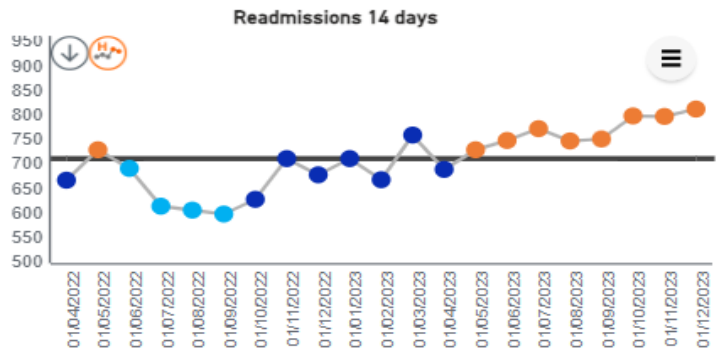
	May-2022	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023
VTE %	92.80	91.34	93.00	92.90	92.30	92.52	91.73	88.86	91.28	90.54	90.29	91.14	92.29	91.41	90.71	91.13	90.77	92.09	92.14	
SHMI	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	98.90					
Day Case Rates %	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	93.18
Readmissions 7 days	500	479	425	411	404	420	481	460	490	482	500	472	477	530	541	509	501	562	559	591
Readmissions 14 days	729	691	614	606	598	628	711	678	711	668	759	689	729	748	772	747	751	798	797	812
Readmissions 28 days	1018	942	840	866	849	888	975	936	975	938	1033	987	1026	1002	1040	1030	1021	1124	1106	1049

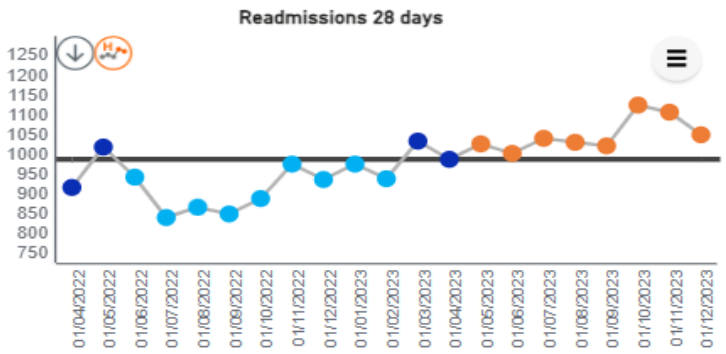












Partnering Ambitious Caring Trusted

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

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

Partnering · Ambitious Caring · Trusted

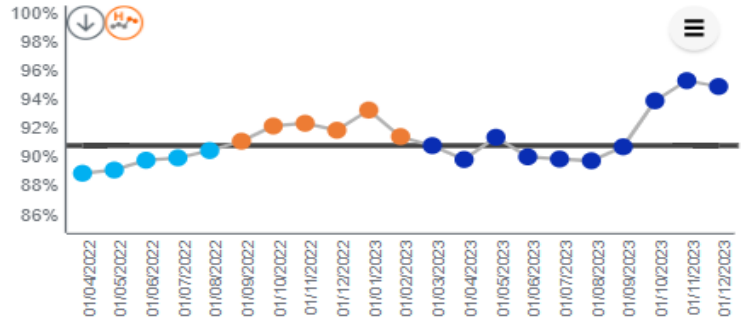
The Shrewsbury and Telford Hospital NHS Trust

Page 2

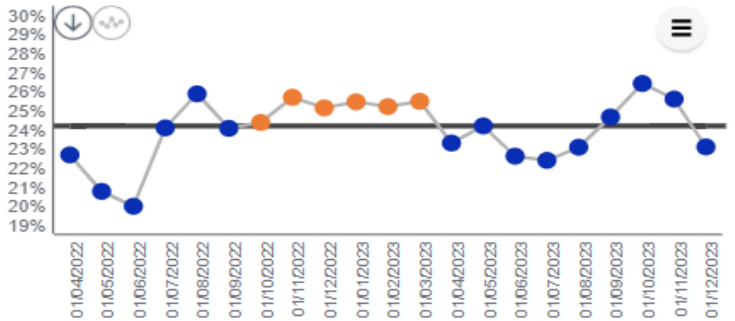
Best Clinical Outcomes

	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	Dec-2023
Occupancy Rate %	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	94.96
% beds occupied by patients with LOS >14 days	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	23.15
% beds occupied by patients with LOS >21 days	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	12.83
Medically Fit For Discharge	149	125	136	151	159	151	153	144	144	136	137	114	117	131	143	140	137
% Discharged By 12pm	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	15.62
% Discharged By 5pm	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	52.97	55.08	52.58

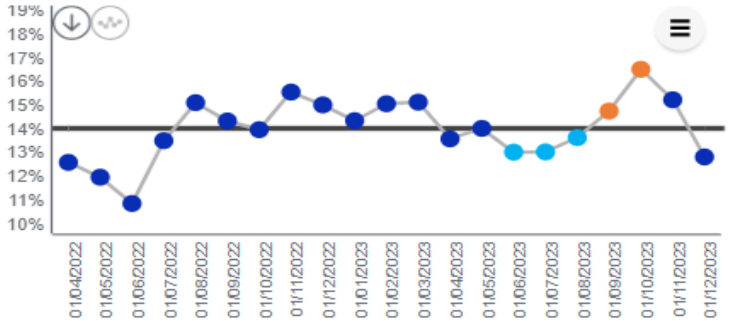
Occupancy Rate %



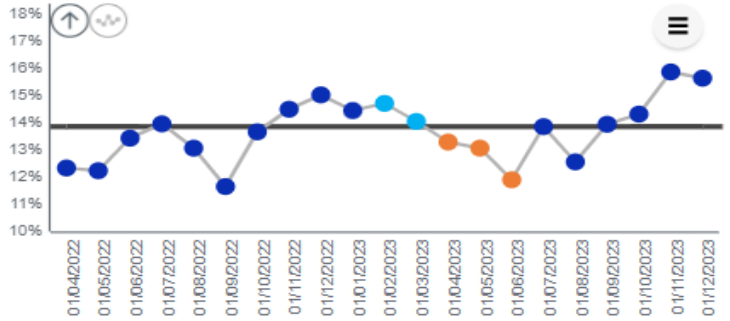
% beds occupied by patients with LOS >14 days



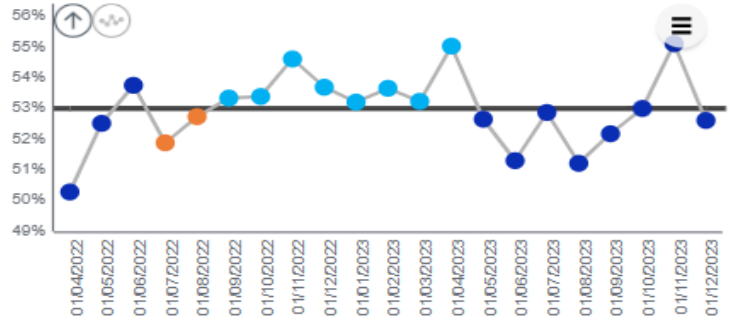
% beds occupied by patients with LOS >21 days



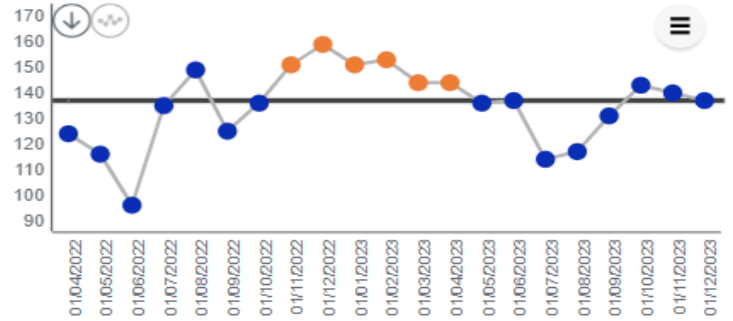
% Discharged By 12pm



% Discharged By 5pm



Medically Fit for Discharge



Partnering Ambitious Caring Trusted

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

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

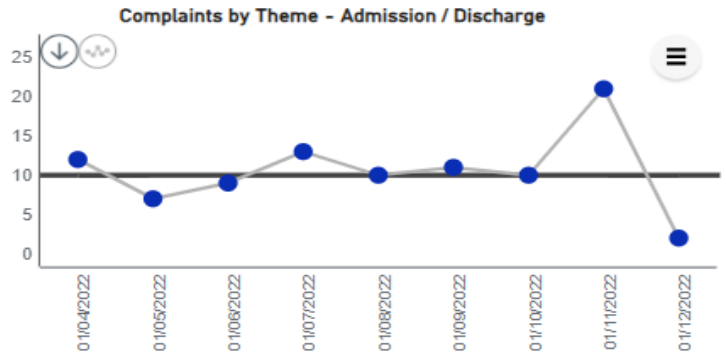
Partnering · Ambitious Caring · Trusted

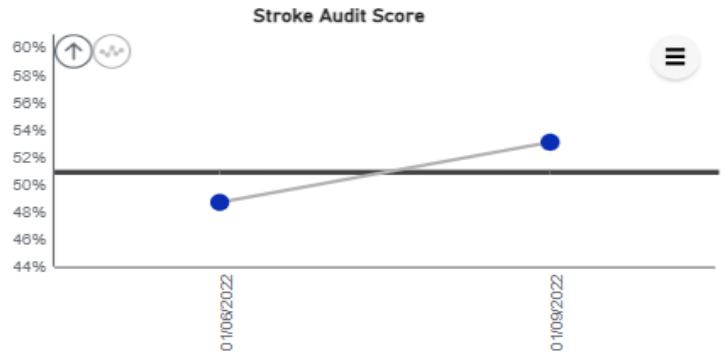
NHS The Shrewsbury and Telford Hospital NHS Trust

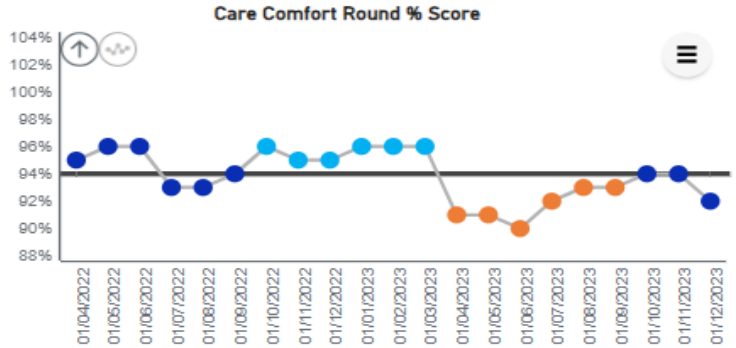
Page 1

Best Clinical Outcomes

	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	Dec-2023
Care Comfort Round % Score	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	92.0
Stroke Audit Score		53.1															
Complaints by Theme - Admission / Discharge	10	11	10	21	2												







Quality - Patient Experience - Learning from Experience

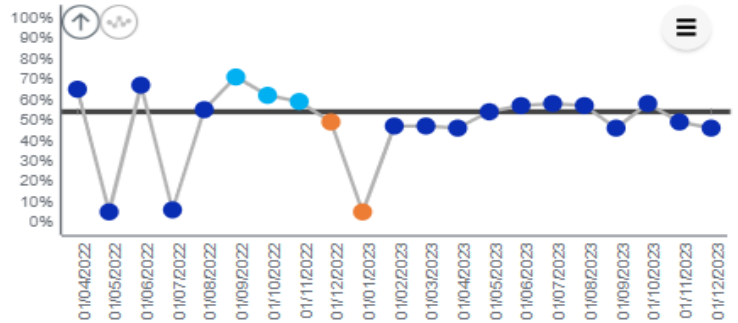
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

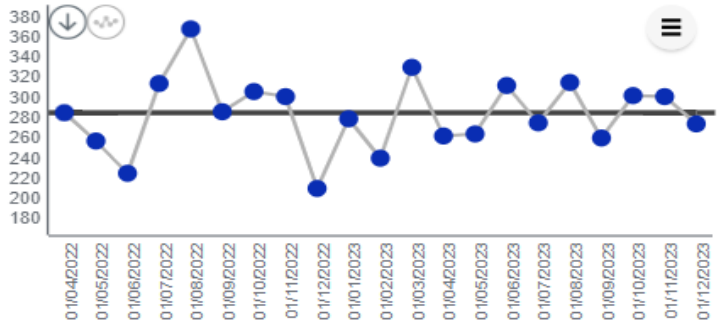
Vulnerable Patients | **End of Life Care**

	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	Dec-2023
Complaints - % Acknowledged within agreed timeframe	55	71	62	59	49	5	47	47	46	54	57	58	57	46	58	49	46
PALS contacts	368	286	306	301	210	279	240	330	262	264	312	275	315	260	302	301	274
Complaints by Theme - Staff	50	45	44	79	32												
Complaints upheld	0	0	2	1	0	0	0	0	0	0	0	1	0	1	0	0	0
Compliments Received	54	51	90	75	54	84	54	108	59	125	104	74	89	86	93	85	109
Friends and Family Test % recommenders	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	92.7

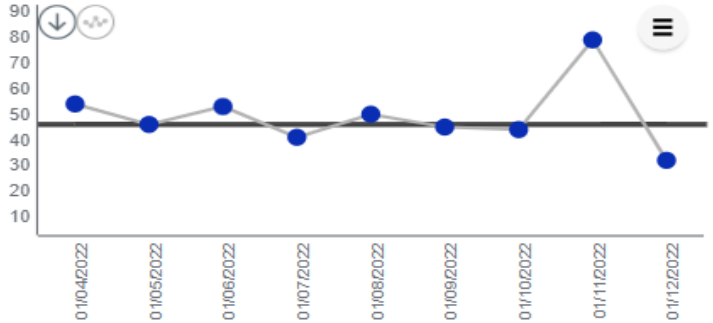
Complaints - % Acknowledged with agreed timeframe



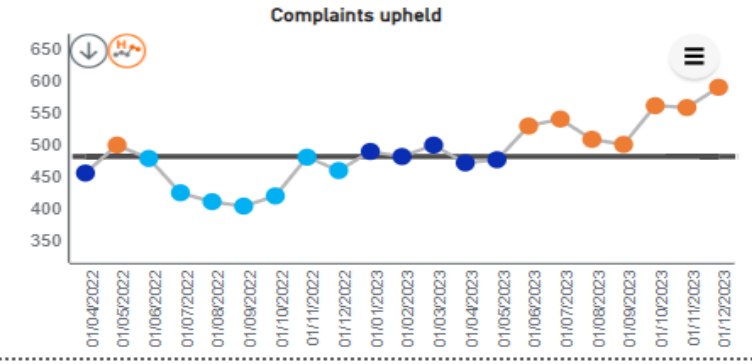
PALS contacts



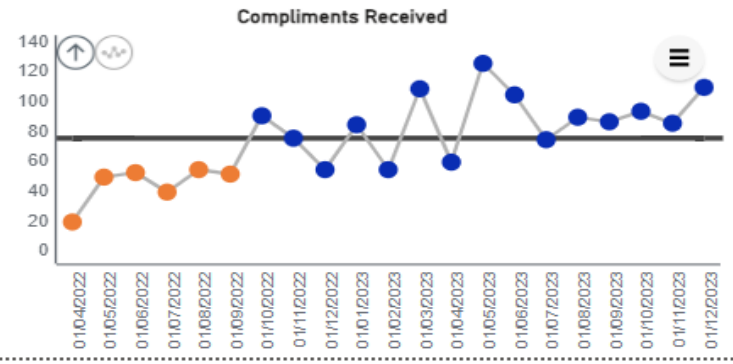
Complaints by Theme - Staff



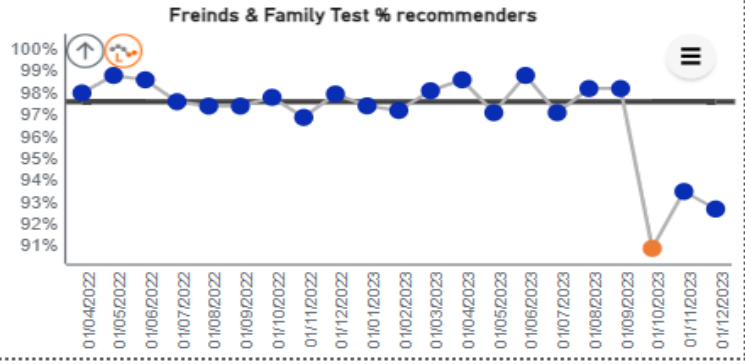
Complaints upheld



Compliments Received



Freinds & Family Test % recommenders



Quality - Patient Experience - Vulnerable Patients

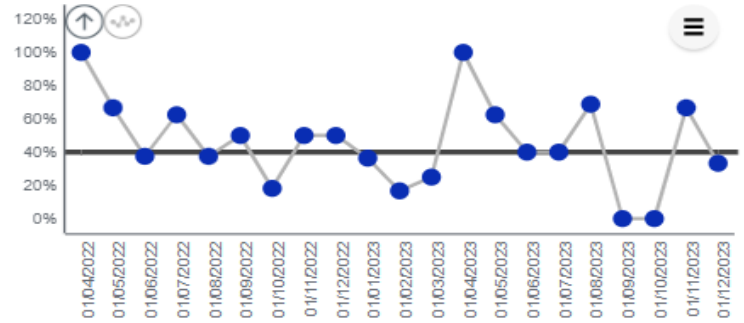
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

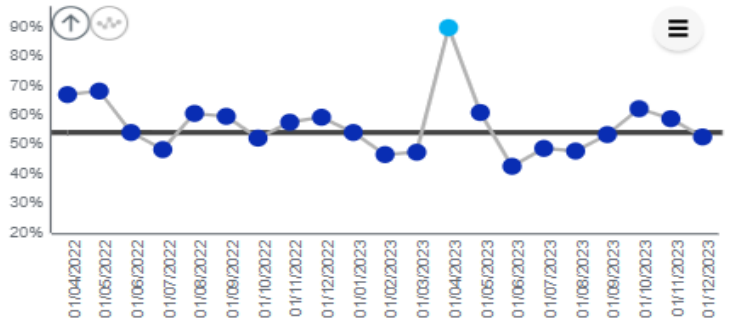
Learning from Experience | End of Life Care

	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	Dec-2023
Improve Dementia screening rates - Patient had an AMT - ED	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	33.3
Improve Dementia screening rates - Patient had an AMT - Adult IP	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	52.3
Improve Dementia screening rates - referral to Team? ED	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	11.1
Improve Dementia screening rates - referral to Team? Adult IP	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	87.5
Dementia Indicator (Fluid and Food)	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	87.5
Complaints by Theme - Dementia Care	0	0	0	0												

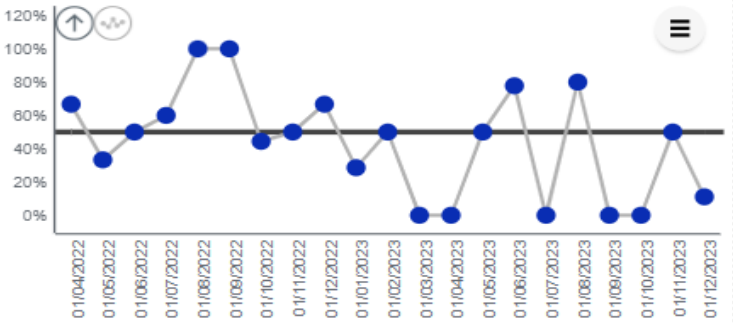
Improve Dementia screening rates - ED



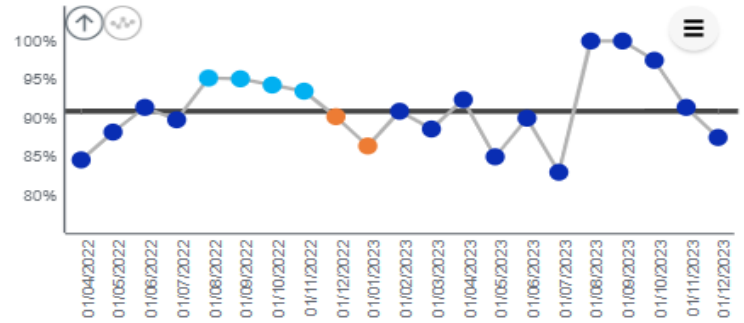
Improve Dementia screening rates - Adult IP



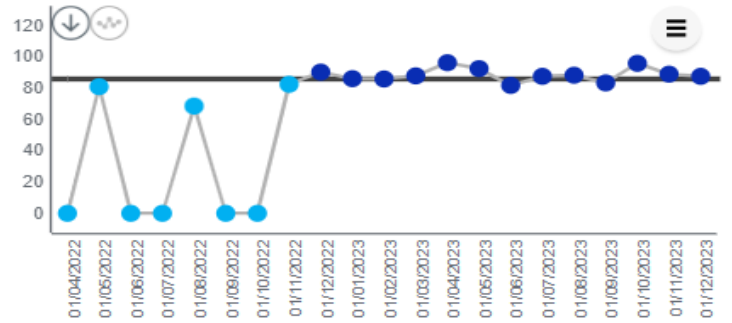
Improve Dementia screening rates - referral to Team - ED



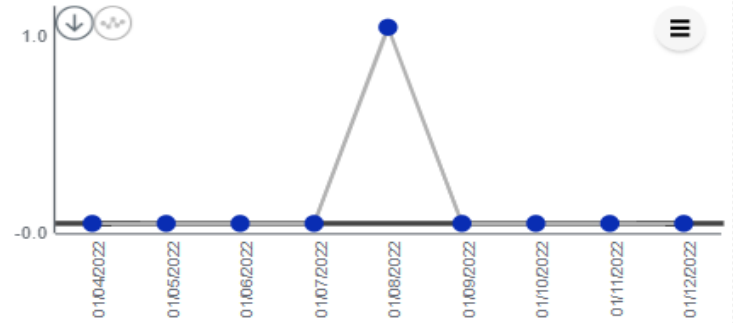
Improve Dementia screening rates - referral to Team - Adult IP



Dementai Indicator (Fluid and Food)



Complaints by Theme - Dementia Care



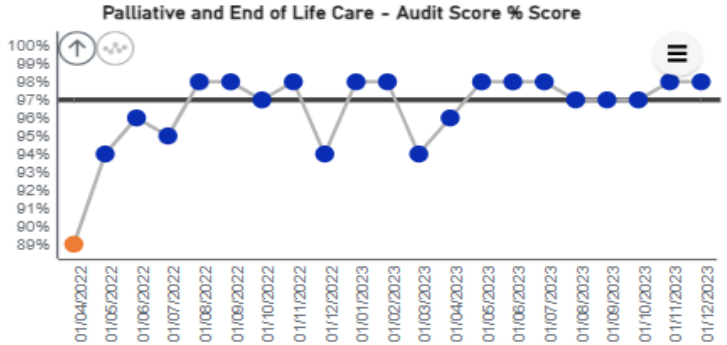
Quality - Patient Experience - End of Life Care

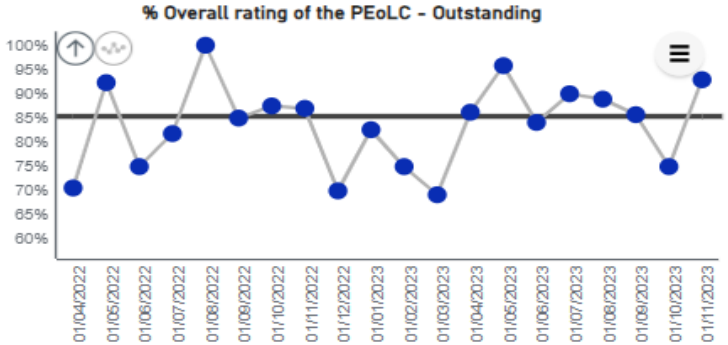
Partnering · Ambitious Caring · Trusted

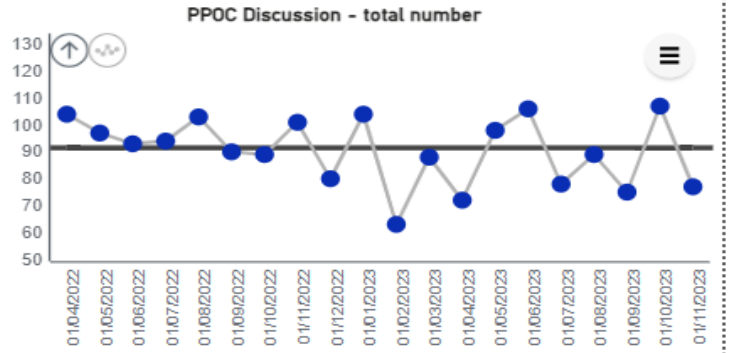
The Shrewsbury and Telford Hospital NHS Trust

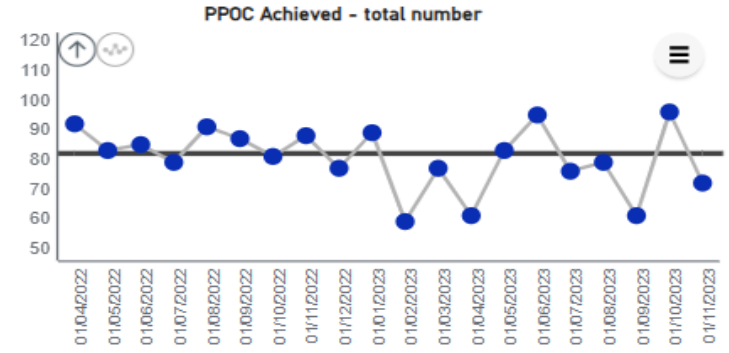
Page 2 | Learning from Experience | Vulnerable Patients

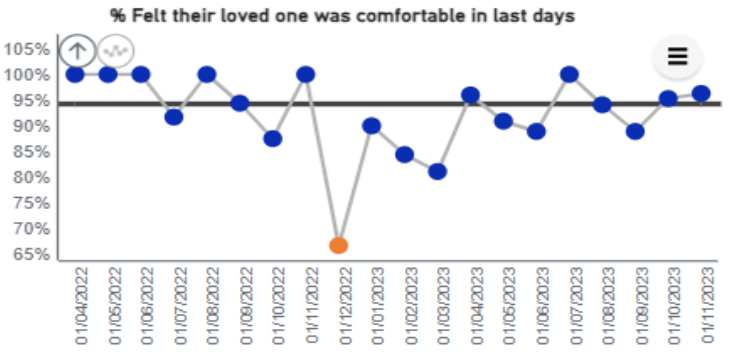
	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023
Palliative and End of Life Care - Audit Score % Score	98	98	97	98	94	98	98	94	96	98	98	98	97	97	97	98	98
% Overall rating of the PEoLC - Outstanding	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	92.9	
PPOC Discussion - total number	103	90	89	101	80	104	63	88	72	98	106	78	89	75	107	77	
PPOC Achieved - total number	91	87	81	88	77	89	59	77	61	83	95	76	79	61	96	72	
% Felt their loved one was comfortable in last days	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	96.3	
Palliative/End of Life Care - Nursing QA Audit	301	278	292	283	278	284	274	304	314	314	295	296	294	312	320	310	297

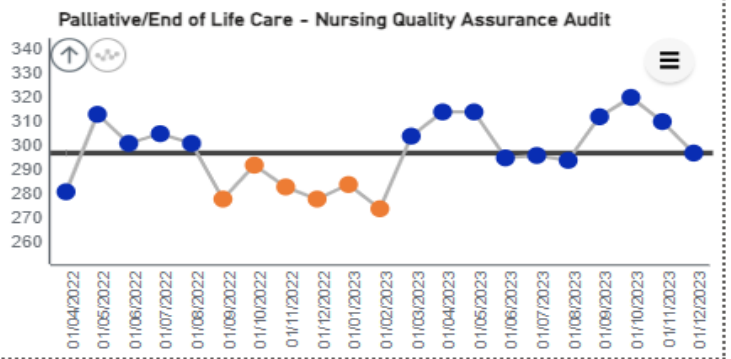












Quality - Patient Experience - End of Life Care

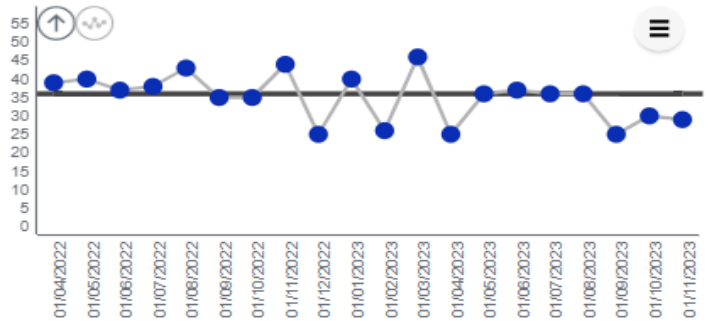
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

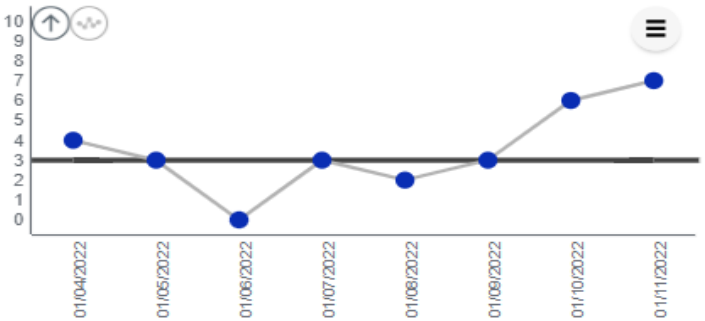
Page 1 | Learning from Experience | Vulnerable Patients

	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	Dec-2023
Bereavement feedback data - Total Number of responses	43	35	35	44	25	40	26	46	25	36	37	36	36	25	30	29	
Complaints by Theme - End of life care	2	3	6	7													
End of Life Care Training	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	89.95

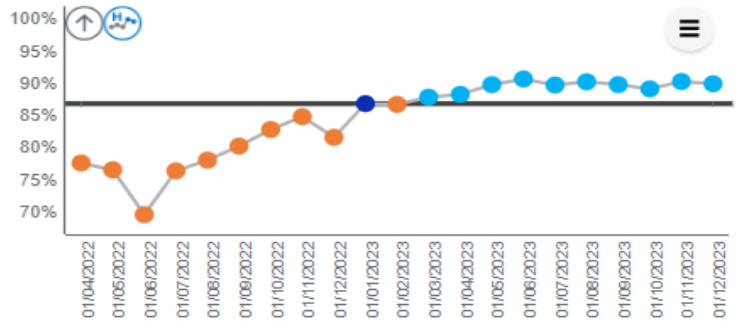
Bereavement feedback data Total Number of responses



Complaints by Theme - End of life care



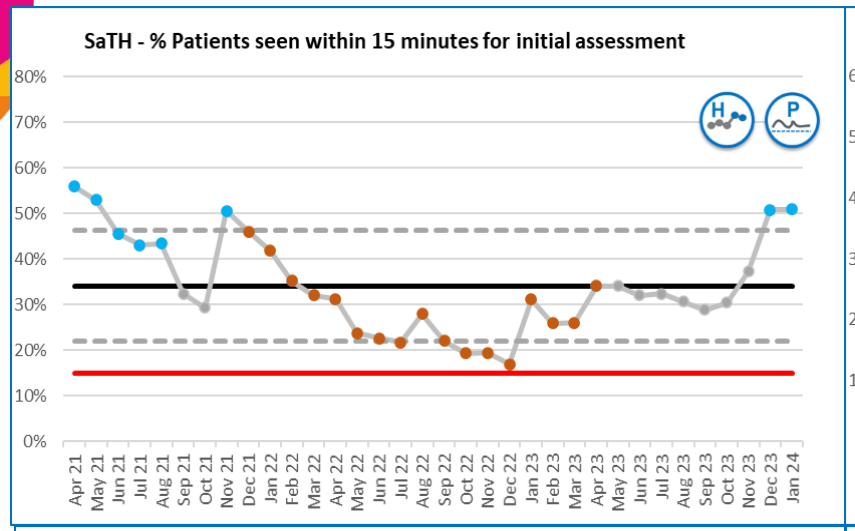
End of Life Care Training

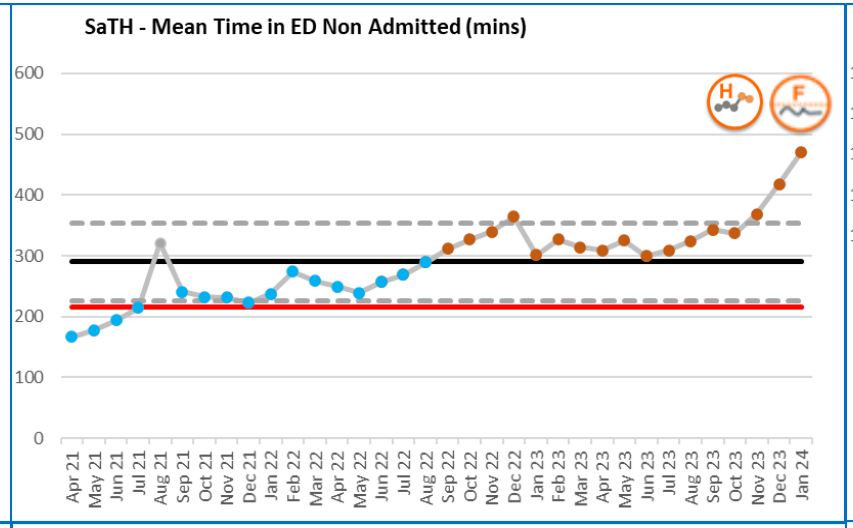


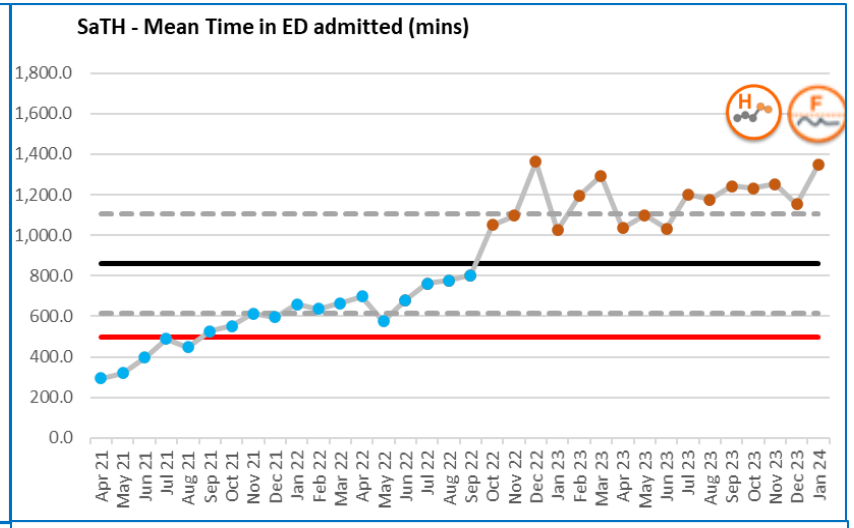
Appendices

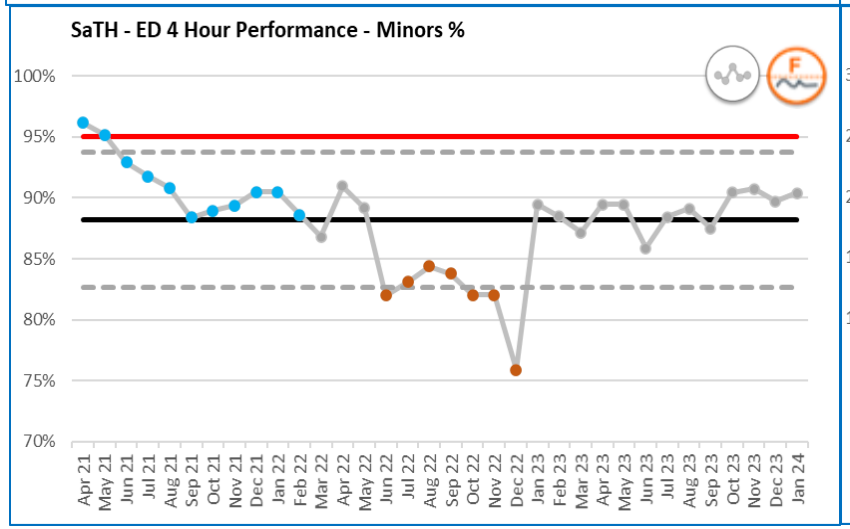
Appendices 2. – supporting detail on Responsiveness

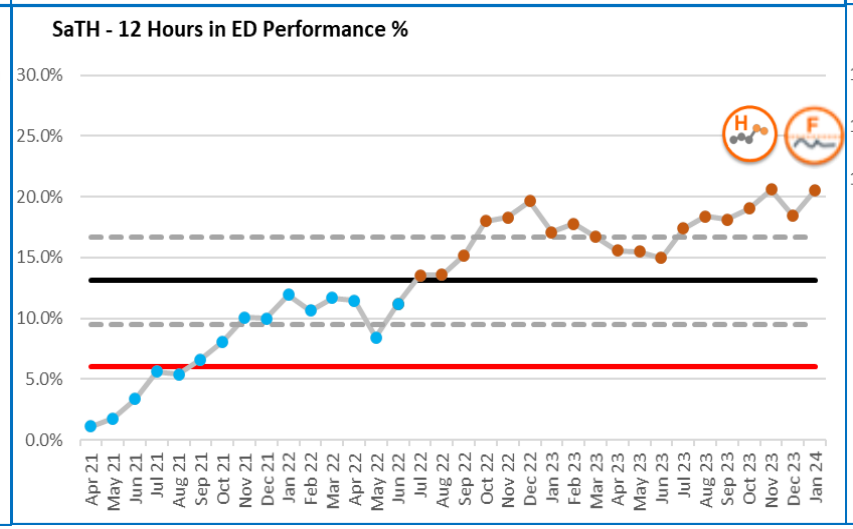
The Shrewsbury and Telford Hospital NHS Trust

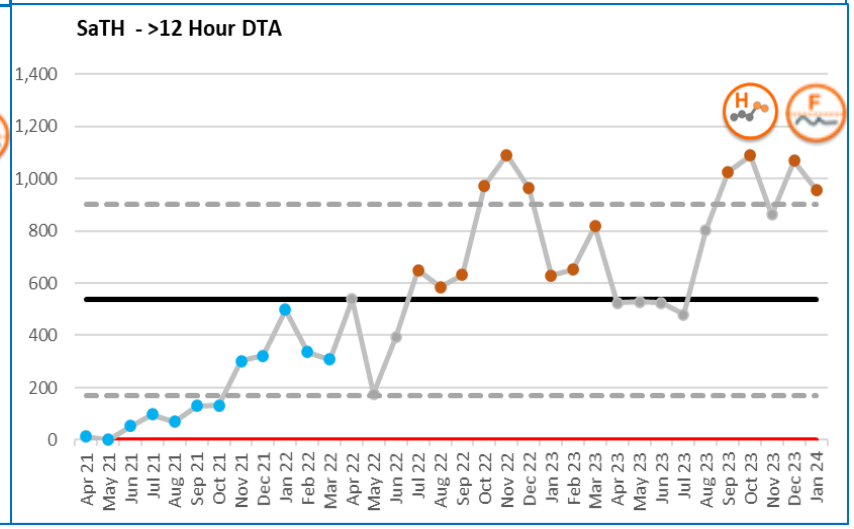






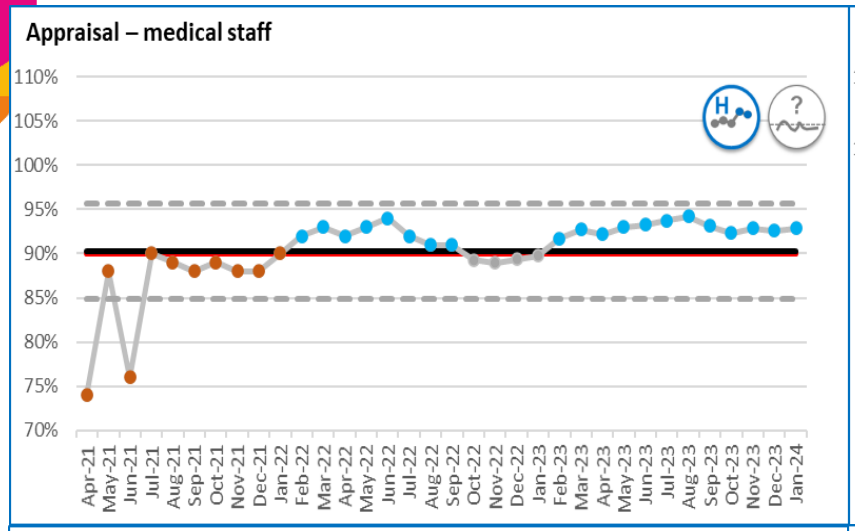


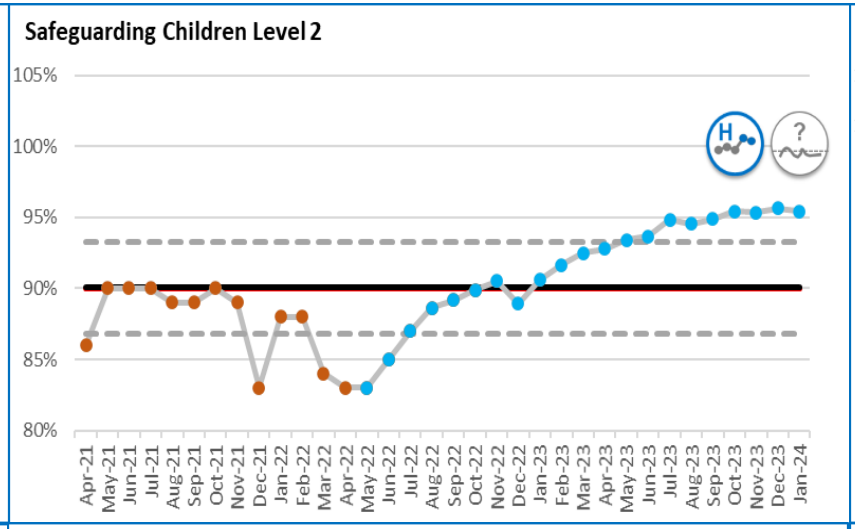


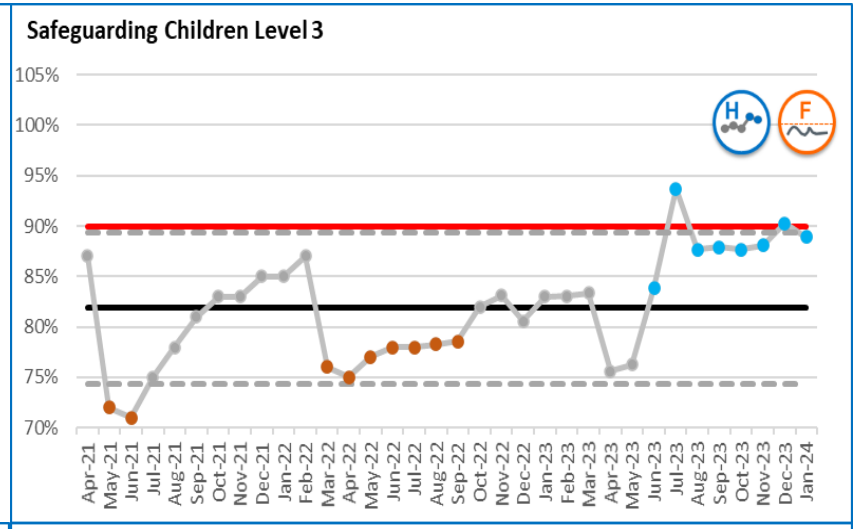


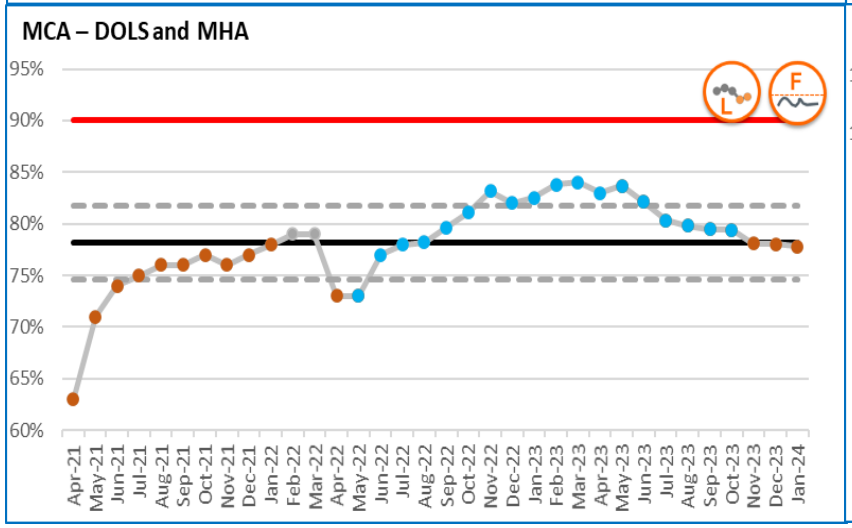
Appendices 3. – supporting detail on Well Led

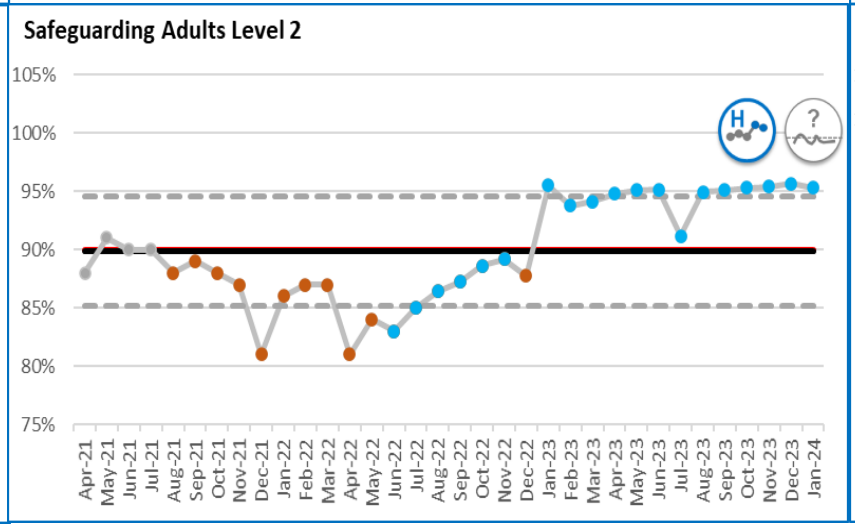
The Shrewsbury and Telford Hospital NHS Trust

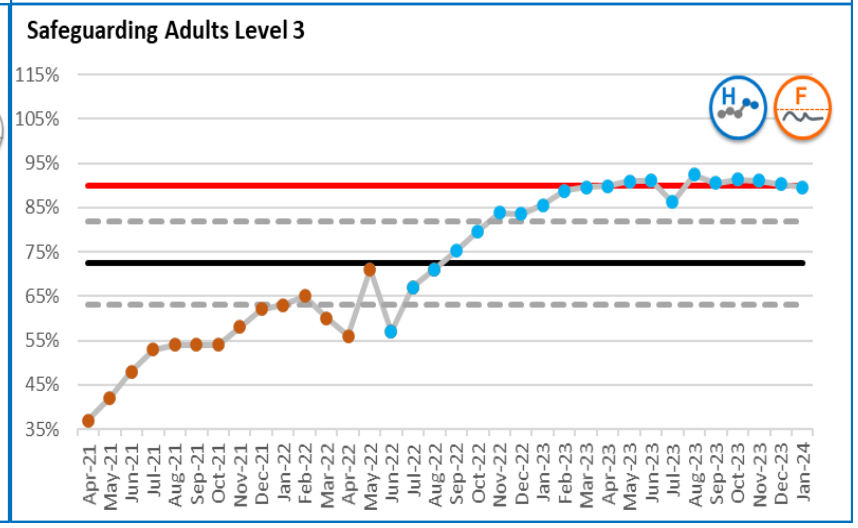












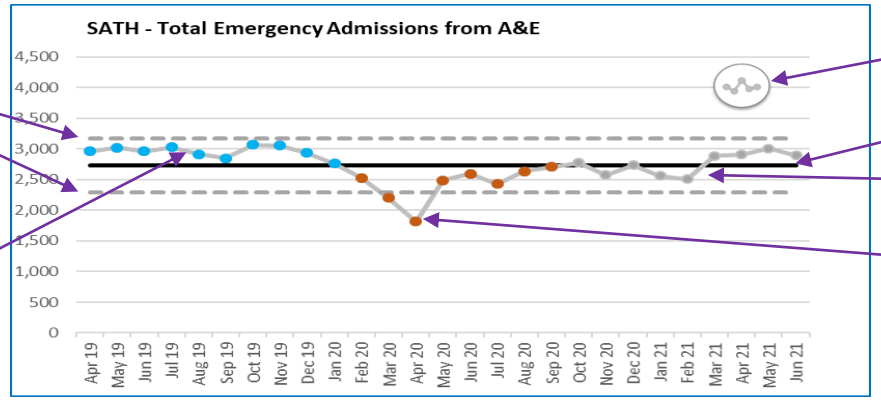
Appendix 4. Understanding Statistical control process charts in this report

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



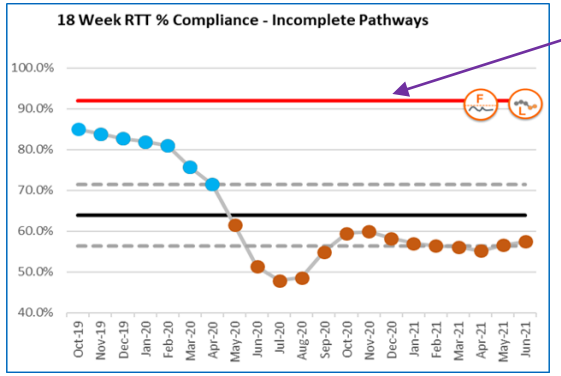
Icon showing most recent point type of variation

Mean or median line

Common cause variation

Special cause variation – data point outside of the process limit

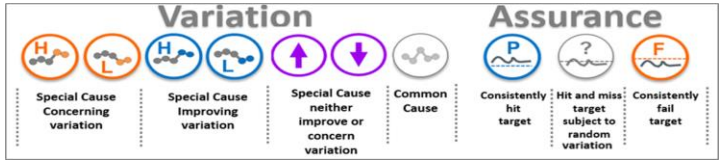
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

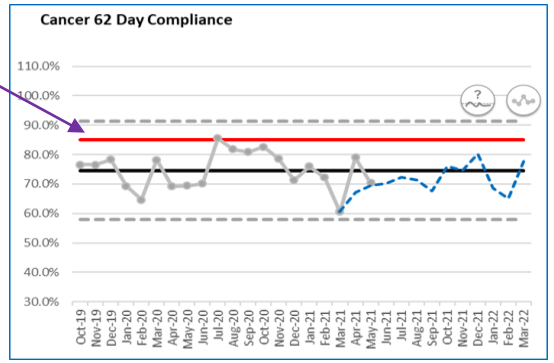


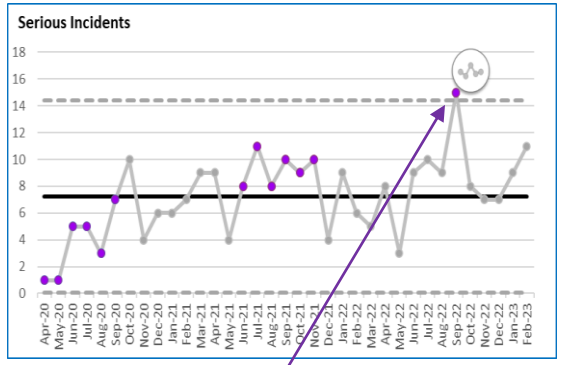
Target line – outside the process limits.

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

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Partnering
Ambitious
Caring
Trusted